

HIGH SEX RATIO AT BIRTH IN SOUTHEAST EUROPE

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BACKGROUND

The situation of birth masculinity in Asia is relatively well known. Over the last twenty years, parents have resorted in increasing numbers to prenatal sex selection to avoid the birth of daughters. The sex ratio at birth (SRB) has gradually increased from a biological level of 105 male births per 100 female births to levels above 110 in countries from West, South and East Asia, with SRB levels above 125 in several regions of China and India. Three preconditions for this rise have been identified: a demand factor linked to the preference for sons in patriarchal societies, a supply factor associated with the emergence of prenatal sex diagnostic combined with the availability of abortion, and the exacerbating factor of low fertility that reduces the probability to have a son in smaller families (Guilmoto 2009).

The increase in prenatal sex selection in a population has been perceived as one of the most blatant manifestation of gender bias. The rising proportion of male births reflects poorly on women's status in rapidly modernizing societies. But beyond its signification for current gender relations, the declining share of female births is also portent of serious future social and demographic imbalances in affected countries linked to the surplus of adult men in the decades to come.

BIRTH MASCULINITY IN EUROPE

The major case of rising SRB levels documented outside Asia refers to Asian diasporas residing in industrialized countries including the UK. But no significant rise in birth masculinity has been described for autochthonous



European populations except for minor, short-term variations. The following note summarizes the first findings of a preliminary survey of birth and census statistics across Europe and demonstrates the existence of a regional core of high birth masculinity.

A detailed review of birth statistics demonstrates an unusual rise in birth masculinity that can be observed in four countries and areas: Albania, Kosovo, Macedonia, and Montenegro. These four countries form a regional block in the Western Balkans and share many political, anthropological, economic and demographic features. Traces of SRB distortions are also detectable in several neighbouring countries.

The major bulk of data used here is primarily drawn from the raw figures compiled and disseminated by national statistical bureaus. While birth registration is the most appropriate indicators of high birth masculinity, the child sex ratio computed from census figures may offer an indirect confirmation of existing distortion. The analysis is often possible at disaggregated regional level such as the *rrathi* or *prefektura* in Albania, the *distrikt* in Kosovo or the *opštini* in Macedonia and Montenegro.

STATISTICAL EVIDENCE

Albania

Albania is the clearest case of rising proportions of male births. Ever since 1990, the national SRB estimate has been above 110 in no less than 11 years and reached 111.5 in 2008 (36,000 births), a level comparable to recent estimates for India or Vietnam.

The quality of demographic data from Albania remains a serious issue and a preliminary review of birth registration would be necessary. This birth imbalance is however confirmed by the 2001 census results pointing to a slight surplus of male children (child sex ratio of 107). These results are also corroborated by findings from other surveys (e.g. DHS, LSMS).

Kosovo (Serbia)

Despite the absence of reliable census data since 1981, Kosovo has enjoyed a relatively good statistical monitoring system since 2002. Available birth statistics point to systematic distortions in birth masculinity levels over 2002-08 when the SRB has oscillated between 107.9 and 110.7. The SRB computed on the 277,000 births recorded during this period is 109 and was 108.9 in 2009.

Macedonia (FYROM)

Even if SRB levels in the Republic of Macedonia have been above 106 since 1990 (except in 2005), birth masculinity levels appear normal and exceeded 110 only in 1990 and 1995. However, a statistical analysis of the 2002 census results indicates that several municipalities have recorded an unusually high proportion of boys among the child population, a feature that can also be linked to the proportion of ethnic Albanians in the population.

Montenegro

The situation prevailing in Montenegro is statistically difficult to assess because of the small number of annual births (8,300 in 2008) in the country. The SRB level has been, however, above the biological level and exceeded 110 on eight occasions since 1990. Using the 2000-08 cumulated data, we find a sex ratio at birth of 109.7 (74,000 births). The 2002 census results confirm the masculinity of the child population, with a sex ratio of 107.6 for children below five.

Sex ratio at birth, recent estimates

	SRB	Year	Births
Albania	111.5	2008	36.000
Kosovo	109.0	2002-09	277.000
Macedonia	106.4	2009	24.000
Montenegro	109.7	2000-08	74.000

SRB = sex ratio at birth
Biological SRB level = 104-106

OTHER EVIDENCE

Studies devoted to gender relations and inequalities in Southeast Europe have often focused on health, education, employment and legal aspects. Gender-based violence and human trafficking are two issues that have led to detailed monographs in this region. But no specific in-depth qualitative surveys have addressed the issue of prenatal sex selection.

Sex selection is however mentioned in several gender assessment reports on Albania and Kosovo. References to sex selection in Albania can be found in studies prepared by SEDA and UNDP in 2005, by CEDAW (for USAID) in 2005 and by UNICEF in 2008. Two different UNFPA-sponsored publications on Kosovo—devoted to pregnancy and family planning (2006) and gender-based violence and reproductive health (2008)—offer a somewhat more detailed treatment of the issue. They include separate sections describing gender preference (desire for male birth) as a specific reason for pregnancy termination among Kosovar women to avoid unnecessary (female) births. The son preference results from the central place occupied by sons in patriarchal Albanian

families. The role of the newly introduced ultrasound technology is also acknowledged. We recognize here the three classical preconditions for sex selection observed in Asia.

A preliminary survey of other sources such as vernacular press reports, blogs and NGO reports in Southeast Europe has failed to identify many references to prenatal selection.

KNOWLEDGE GAPS AND CHALLENGES

There are two main reasons for the relative lack of interest in birth masculinity in Southeast Europe. One is the relative heterogeneity of sources and their quality. Statistical bureaus in post-socialist countries, especially in the former Yugoslavia, have been affected by important administrative changes, with unpredictable effect on data availability and quality. In some cases (Bosnia and Herzegovina, Kosovo, etc.), the absence of recent census counts and incomplete statistical series are distinct difficulties.

Another reason for this situation is that the evidence has so far remained restricted to statistical sources and therefore indirect. As indicated previously, there are only a few qualitative surveys confirming the trends observed from demographic series and to describe the social context of prenatal gender discrimination. As a result, these issues have received little attention from local newspapers, NGOs, governments and international organizations.

WAYS AHEAD

This brief assessment has shown that while several statistical and qualitative sources attest to the existence of sex selection in Southeast Europe, more work lies ahead to document the issues involved in order to break this cycle of relative ignorance and neglect. Specific recommendations for strengthening the knowledge base include the following two activities:

Task 1: a systematic demographic analysis of the existing sex imbalances at birth in Southeast Europe should be conducted. This comparative study should include detailed analysis based on additional registration and census data, in coordination with national statistical offices. The analysis would cover disaggregated birth registration series, sample surveys with birth history, and original census data when available. The objective of this baseline demographic analysis would be to produce reliable estimates of SRB, as well as complementary evidence on other features of gender bias.

Task 2: there is a need for a review of the existing documentation on prenatal sex selection and the related issues of gender preference and change in the healthcare system. This would involve an inventory of existing references to prenatal selection in press reports, NGO materials, qualitative surveys, and other available documentations. Ideally, this preliminary phase should be followed by small-scale pilot qualitative studies targeted towards mothers, families and the medical community and focusing on sex selection practices and gender preferences.

These two phases are required for a more accurate mapping of sex selection in the Southeast Europe, its extent, and its main contextual factors, focusing on the four adjacent countries identified here. The comparative approach will highlight the many shared sociological and economic features of these countries. Both the statistical and qualitative reviews will provide the fact-based baseline analysis to further explore the issues of sex selection in Southeast Europe for a more informed policy dialogue.

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