Comments of Association ‘Hera XXI’ in respect of the Committee’s consideration of the fourth periodic report of Georgia under the International Covenant on Civil and Political Rights (ICCPR)

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Georgia 2014
HERA XXI Credentials

Association ‘Hera XXI’ has been supporting reproductive health and rights in the Georgian population for 15 years.

By the initiative of Association ‘Hera XXI’ a number of innovative programs in the field of reproductive health were implemented in Georgia, in particular: young volunteers’ movement was founded and developed all over the country, which enabled us to apply technologies, information, attitudes, and educational programs in various target groups.

Qualified service, safe abortion methods (medication abortion, manual-vacuum aspiration), pre and post consultation on modern methods of contraception – all these became available at partner hospitals of Association ‘Hera XXI’ for fertile age women, among them people in poverty, those living in high-mountainous regions, forcibly displaced persons and people with disabilities.

Association ‘Hera XXI’ is actively supporting AIDS prevention such as paying great attention, creating and keeping anti-discriminative atmosphere for them, connecting reproductive health with the AIDS prevention.

Association ‘Hera XXI’ has conducted informative-educational campaigns and trainings (by ‘pair to pair’ methodology), informative-educational and visibility materials were prepared and disseminated among professional groups, youth, HIV positives, sex workers, forcibly displaced persons, girls and boys residing in the remote areas, ethnic minorities and juveniles.

Since 1998 the organization has been monitoring current problems related to reproductive and sexual health, studying given issues in details, conducting researches and situational analysis.

Youth belong to the objective of special care of Association ‘Hera XXI’, nobody rather than young person himself /herself understands what he/she needs for motivation. Accordingly the aim of Association ‘Hera XXI’ is to develop and support young friendly service and involve young volunteers in its activity on both: regional and international levels. Individual approach towards each young person supports his/her personal and professional growth.

The organization created young friendly service where 2000 young persons, age group from 15 up to 30, have accessibility to receive confidential and anonymous free either personal and/or online consultation throughout a year.

With the support of International Planned Parenthood Federation (IPPF-EN) the document ‘Sexual Rights Declaration’ became available by Association ‘Hera XXI’, which enables each person to achieve high standard of health and enjoy the right of choice regarding their own reproductive and sexual life.

Due to the work of Association ‘Hera XXI’ numerous people were given possibility to avoid problems related to reproductive health and they were given chance to achieve basic sexual and reproductive health standards.2

1 http://hera-youth.ge/

Introduction

Association ‘Hera XXI’ has prepared the present report on fulfilment of Georgia’s obligations in the frame of Covenant.

In 2007 Human Rights Committee completed its revision of implementation of Georgia’s obligations in connection with the Covenant.

In 2012 the Georgian Government submitted to the Committee its 4th periodical report regarding fulfilment of obligations under the Covenant and responded to the Committee’s opinions as expressed in 2007. We note that in the list of issues submitted to Georgia, the Committee asked the state to “outline the measures taken to eradicate deeply-rooted religious and patriarchal attitudes, and stereotypes regarding the roles, responsibilities and identity of women and men in the family and society in general.”

The information we submit is intended provide information in this regard, with a particular focus on sexual and reproductive health and rights.

Our aim is to assess implementation of International Covenant on Civil and Political Rights (hereinafter ‘Covenant’) by Georgia in terms of health/sexual and reproductive rights on the basis of the situation in the country and of the findings of research carried out by the Association.

In addition to the HRC concluding observations on discrimination a range of other issues related to discrimination were considered important by Association ‘Hera XXI’

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3 List of issues in relation to the consideration of the fourth periodic report of Georgia, para 5
Revision of Strategy 2011-2015 of Ministry of Health

There have been a number of positive developments in the context of the National Strategy 2011-2015 on Health Protection of Georgia – “Qualified Available Healthcare”, such as the establishment of screening center in 2008, creation of healthcare program in 2013, etc.)\(^4\). However, the Strategy omits a number of important issues in relation reproductive health, including in relation to traditional practices and stereotyped roles. For example, the Strategy aims to develop mothers’ and children’s health services, but does not address issues such as: adoption of services assessment frame for family planning, monitoring and ways of solution for traditions / stereotypes.\(^5\)

Furthermore, a number of issues included in the Strategy have not been implemented, for instance: improvement of legislation, permanent information about health and lifestyle issues, etc.

One of the major problems in the health system still remains legal and other type obstacles which prevent women’s and men’s equal enjoyment of healthcare services. The Economic, Social and Cultural Rights Committee has raised concerns in this regard and encourages states to take all measure to overcome existing obstacles.\(^6\)

In this submission, HERA XXI respectfully draws the Committee’s attention to five critical issues regarding which law, practice and policy in Georgia falls short of the requirements of the ICCPR. These are:

- A. Early marriage
- B. Safe Abortion
- C. Prenatal sex selection
- D. Discrimination against people living with HIV/AIDS
- E. Access to family planning


\(^5\) Gap Analysis of Family Planning Services in Georgia [http://en.calameo.com/read/000713529f5a20866905a](http://en.calameo.com/read/000713529f5a20866905a) page 11

\(^6\) file:///C:/Documents%20and%20Settings/user/My%20Documents/Downloads/G8917819.pdf
A. Early Marriage (2,3,6,7,19(2),23,24(1),26)

Early marriage is considered to be one of the major problematic issues in Georgia which is caused by several reasons and depends on the stereotypes adopted in the country and traditions on the basis of ethnic, religious and regional factors.

The Committee has repeatedly highlighted that states’ obligations include ensuring that girls are not married before the age of 18 and have the right to enter into marriage only after an informed and uncoerced decision. The Committee has urged states to enact laws banning child marriage.\(^7\) The Committee has recognised that addressing inequality requires the state to take proactive measures to effect the realisation of rights.\(^8\) The Committee Against Torture has highlighted that marriages where consent is given by a guardian, rather than the individual, may be considered as violence as well as inhuman and degrading treatment.\(^9\) Other international conventions, treaties and programs also address early marriage, including:

- Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1962)
- Convention to Eliminate All Forms of Discrimination Against Women (1979)

There is no separate legal provision regarding early marriage in the Georgian Civil Code, but according to the general context it seems that the marriage could be registered even in the case if a person has not reached the age of 18. An impact of girls being subjected to early marriage is that they are left without education and are subject to high risk of domestic violence and/or sexual harassment.

According to the report of Public Defender of Georgia, in total 7367 girls prevented their education at schools during 2011-2013 years.\(^10\)

A study conducted by Association ‘Hera XXI’ highlights the serious human rights issue of early marriage and its consequences for girls.\(^11\)


According to gynecologists interviewed in the frame of the study, there are facts when teenagers visit gynecologists upon their mother’s-in-law initiative, especially regarding consultation on pregnancy, to give a child birth as soon as possible and meet the family’s expectation.\(^\text{12}\)

In most cases pregnancy right after marriage threatens both, mother’s and child’s life and health. It is possible that pregnancy and delivery might be worsened as their body is not ready to give a birth to a child. In case of early marriage both boys and girls are forced to stop receiving their education at school, start working and/or housework. It could be said that it’s necessary to add preventive legal provision regarding early marriage to the Georgian legislation which decrease the number of early marriage on the basis of traditions and stereotypes.

Despite the fact that there is clear provision for both parties’ consent for marriage and the third parties interference against one’s free will is considered as the violation of internationally recognized human rights and according to the national legislation as well as International Covenant on Civil and Political Rights and Universal Declaration of Human Rights, engagement from baby’s age is still continuing.\(^\text{13}\)

In 2007, the HRC committee expressed their concerns about ‘the still substantial number of women in Georgia who are subject to violence, in particular to domestic violence, as well as the insufficient measures and services to protect victims’. They also made three recommendations. First, that the Georgian Government should take steps to ensure that data on domestic abuse is properly collected. Second, that the authorities should promptly investigate claims of such abuse. Third, that the government should take responsibility to open and finance shelters for victims of abuse.

Domestic violence continues to be a problem. According to a national study on domestic violence around 9% of women are victims of physical or sexual violence.\(^\text{14}\)

The HRC’s second recommendation, to ensure that complaints of domestic abuse are responded to quickly and appropriately, also does not seem to have occurred in practice. While ‘domestic violence’ is a recognized crime, it is often considered that one of the main reasons why cases are not brought under this law, is the existing conflict between traditions and the law which is demonstrated in a way that law-enforcement bodies


The Research was carried out within a framework of a project entitled, “Combating the Gender-Based Violence in the South Caucasus”, co-funded by UNFPA and the Government of Norway.
refrain from interference in family disputes. They are not willing to act against the traditions and ‘destroy a family’.15"

The study conducted by Association ‘Hera XXI’ demonstrated that early marriage is not considered to be a serious problem either by state agencies or society. Additionally this is not a priority for those organizations protecting women’s and children’s rights.

Lack of sexual and reproductive health is an additional significant barrier to women’s and girls’ enjoyment of rights under the Covenant. Seven instances of rape during the last 2 months were reported in one of the Georgia’s regions, in Kakheti. One of the major causing facts of this problem actuality is low level of knowledge of sexual and reproductive health.16

The Committee has called on states to ensure the provision of sexuality education17: however, education concerning reproductive health issues is not a part of program at schools or high educational institutions in Georgia. Biology and Anatomy text books include some aspects of reproductive biology. However, educators frequently avoid this issue and provision of information.18 Taking into consideration all above, children are limited in receiving information and education.

The Covenant on Economic, Social and Cultural Rights make states responsible for regulation this mentioned issue (14, 23), according to which: contracting states has to create safe and encouraging environment for youth in order to support their participation in the decision making process regarding their health, promote development of necessary skills, which is essential for getting relevant information and consultation.

Georgian legislation envisages regulation in this regard: according to article 172, Administrative Law, ‘Non-fulfilment of duties related to child’s bringing up and education’ incurs a warning of parents or a fine. However, this law is enforced used in practice.19

17 Human Rights Committee, Concluding Observations to Mali UN Doc. CCPR/CO/77/MLI (HRC, 2003) and Lithuania UN Doc CCPR/CO/80/LTU (HRC, 2004)
B. Safe Abortion (2)

One of the important recommendations of World Health Organization represents ‘safe abortion’. Studies conducted in Georgia demonstrated that this is still a problem today.\(^\text{20}\)

According to the studies, the majority of population, especially in the regions, do not use contraceptive methods and rely frequently on abortion.\(^\text{21}\)

Safe abortion service must be easily available and financially affordable for all women, from the first aid level up to referral system for everyone who needs higher level assistance. Although taking into consideration existing problems in the country safe abortion is not equally available for everyone. Religious, geographical, financial obstacles, low quality service, lack of information about contraceptive methods in remote areas and non-competitive medical environment creates artificial obstacle, which represents a huge problem.

The government of Georgia has introduced new legal barriers by increasing the mandatory waiting time from 3 to 5 days. The CEDAW Committee has previously issued recommendation to ensure access to safe abortion without subjecting women a medically unnecessary waiting period as recommended by the world health organization.\(^\text{22}\) In 2014 the Ministry of Labor, Health and Social Affairs along with the working group drafted abortion protocol which discusses various important issues. While working the working group protested World Health recommendation, time for consideration as artificially created obstacle for woman\(^\text{23}\) (abortion at medical institution is provided to the pregnant woman only in case if she had preliminary consultation and 3 days has passed between consultation and operation) several times. The initiative about increasing the term up to 5 days was sent to Parliament. Multi-year cooperation between Association ‘HERA and partner clinics shows that mandatory waiting periods do not work in practice and do not influence woman’s decision. On the contrary, such requirements in country it creates psychological, financial, economic and territorial obstacles, while at the same increasing the likelihood of women resorting to unsafe, illegal abortions.

HERA XXI is of the view that the state is failing in its obligation to respect women’s decision and to ensure that she does not encounter undue obstacles in giving effect to her decision.

20 [http://en.calameo.com/read/000713529afa9bb45ab5b](http://en.calameo.com/read/000713529afa9bb45ab5b)


22 CEDAW Committee, *Concluding Observations to Hungary. UN Doc CEDAW/C/HUN/CO/7-8* (CEDAW, 2013)

23 [http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf?ua=1) 96-97
C. Sex selective Abortion (2, 3, 26)

The Committee has expressed its concern about the rising practice of sex-selective abortions reflecting a culture of gender inequality and has urged the adoption of legislation to prohibit sex selection and tackle the root causes of prenatal sex selection through the collection of reliable data on the phenomenon, the introduction of mandatory gender-sensitivity training for family planning officials, and the development of awareness-raising campaigns among the public. Association ‘Hera XXI’ was one of the first which responded to the problem of usage of planned abortion on the basis of sex underlines in the resolution 1829, Parliamentary Assembly, Council of Europe, as the organization has conducted several studies on the mentioned issue.

Georgia belongs to that group of countries where the ideology of gender inequality and traditional attitudes based on gender stereotypes are pervasive. HERA XXI is of the view that state intervention is required to address the issue of sex selective abortion, which has its roots in deeply held attitudes about gender and is facilitated by the practice of prenatal definition of sex.

The Association conducted a study on that issue, involving interviews with 1600 women residing in 4 regions. The interviews prove the fact that the figure of selective abortion is high, while service quality is low.

Boys are is given priority in comparison with girls in family; he is considered to be labor force and the person who can earn, while girls are viewed as an economic burden on the family.

In the framework of the study the respondents were given several questions. The correlative analysis of responses revealed some discrepancy: for instance half of interviewed respondents who replied that the sex of child doesn’t matter for them, indicated in the questions asked to them that they shared tradition – necessity of having boy in the family and they would apply to examination for definition of child’s sex.

The Council of Europe, regarding prevention of abortion, has said that: ‘definition of sex before birth and family planning according to sex is a cultural phenomenon and indicates that’s there is gender dis-balance in the country. This tendency is harmful in

24 Human Rights Committee Concluding Observations: Armenia, para. 9, UN Doc CCPR/C/ARM/CO/2 (2012)
25 Study ‘Social and Gender Aspect of Sex Natural Balance of New-born Babies in Georgia’ ‘Hera XXI’ 2012, page 1
27 Study ‘Social and Gender Aspect of Sex Natural Balance of New-born Babies in Georgia’ ‘Hera XXI’ 2012, page 6-7-8 http://hera-youth.ge/wp-content/uploads/2014/01/%E1%83%99%E1%83%95%E1%83%94%E1%83%95%E1%83%90.pdf
28 Study ‘Social and Gender Aspect of Sex Natural Balance of New-born Babies in Georgia’ ‘Hera XXI’ 2012, page 6 http://hera-youth.ge/wp-content/uploads/2014/01/%E1%83%99%E1%83%95%E1%83%94%E1%83%95%E1%83%90.pdf
29 Study ‘Social and Gender Aspect of Sex Natural Balance of New-born Babies in Georgia’ ‘Hera XXI’ 2012, page 27-37
terms of population and social disorder as well as increase of crime and violation of human rights. People will face trafficking, sexual exploitation and family creation problems.’

Selection by sex is clearly a form of discrimination on the basis of sex, which is against Georgia’s Constitution. Article 14 of the Constitution sets human equality principle which is one of the major principles in the legal system. The state is obliged to protect their rights according to Constitution whose interests are concerned due to rights’ violations.

The state has to ensure prevention of serious gender inequality through combination of abortion and modern medical technologies on its legal basis which has great importance for future gender balance and normal demography. Georgian legislation declares abortion as legal act. From medical perspective the abortion is allowed up to 22nd week of pregnancy. Abortion could be provided only in medical institution having such entitlement by certified doctor (paragraph 2, article 139, Georgian law on health protection). Violation of given rule creates crime elements. According to article 133, Criminal Code of Georgia, illegal abortion is prohibited and the criminal penalty is set. The legislator underlines this way that abortion rules are strictly defined and envisaged by the law, and any exceptions from these rules are prohibited. There is no legal regulation about definition of embryo’s sex though X rays in Georgian legislation. The law accepts such kind of medical examinations at any time on any stage of pregnancy. Totally, as above mentioned, according to article 140, law on Health care, abortion up to 12 weeks of pregnancy depends on the will of the pregnant woman. Also the law accepts examinations taken for definition of sext any stage of pregnancy. By these regulations we got compliance when the pregnant woman is entitled to know the child’s sex according to the law and at the same time the 12 week term defined for abortion in the frame of article 140 is not wasted. As a result the law doesn’t protect up to 12 week embryo from gender discrimination, meaning that if we clarify there is no legal protection mechanism for elimination discrimination, on gender basis.

In this case type of discrimination and its nature is important: abortion can be applied towards male and female embryo and this way gender discrimination won’t take place but in case of selective abortion it is done on gender reason which is discrimination itself; and it could be considered as legal violation.

Despite the special recommendation of Parliamentary Assembly of Council of Europe the state has failed to take any actions to address the root causes of sex selective abortion.

D. Discrimination of HIV/AIDS Infected People (2, 23, 24(1), 19 (2))

Nowadays the discrimination of HIV/AIDS infected people is a huge problem.

A number of studies conducted in Georgia (among them studies of Association ‘Hera XXI’ \(^{32}\)) demonstrated that both state agencies as well as society discriminate HIV/AIDS infected people in terms of stigma / discrimination reproductive health, which is prohibited by our and international countries legislations.

This is a stereotype which has to be dealt through implementation of educational programs and those measures that make services more affordable and attractive but despite that a number of HIV/AIDS infected persons’ right is violated due to established traditions and stereotypes, the Ministry of Health did not foresee this issue in its Strategy 2011-2015 and did not discuss the ways for solution of this problem.

According to the recommendation given by UN to Georgia the state is obliged to implement a number of reforms in order to eliminate stigma / discrimination towards HIV/AIDS infected people in the country and promote their integration in the society. \(^{33}\)

The studies conducted in Georgia \(^{34}\) demonstrated that due to the status there were cases when they were asked to pay more for medical services instead of standard prices. The existing mechanisms for patient’s safety and patient’s interest protection are less sufficient that’s why most of infected people lack trust towards medical services.

The majority of patients consider that the problem is related to the quality of service provided by the doctor-specialists and their attitude towards patients. Frequently the doctors are not polite. Most of them are critical toward young, married or single women, who have started their sexual life in early age. This definitely creates obstacle in the relations between the doctor and the patient and prevents confidentiality and anonymousness, they become subject of judgment and discrimination.

Exactly that’s why they never ever or seldom apply to doctor. They prefer to use the cheapest contraceptives without any consultation with a doctor and get hormone pills although they lack information about either contraceptives or pills.


33 Human Rights in Patient Care( Georgia) http://www.opensocietyfoundations.org/sites/default/files/Practitioner-Guide-Georgia-English-20130516.pdf

E. Accessibility of Contraceptives

In the field of reproductive health one of the problems is related to accessibility of contraceptives, their price, choice, getting information.

By the forecast of the World Health Organization up to 220 million women’s rights are violated due to disregarding of these principles and they lack information about modern ways of contraceptives. Accessibility of modern methods of contraceptives is more problematic regarding women with disabilities, HIV/AIDS infected or forcibly displaced women.

The 2010 Women’s Reproductive Health Survey in Georgia reports that 53% of Georgian population use some method of contraception, with only 35% using modern methods; the remaining 18% use traditional methods, which are subject to high failure rates and consequent abortions. (Resource Study of Women Reproductive Health in Georgia, pg. 12, 2010)

The major problems concerning sexual and reproductive health protection and rights are the following: state inactivity towards reproductive health protection and rights, insufficient information about family planning, insufficient number of relevant necessary contraceptives and fertility control mostly by abortion, lack of sufficient education and priority of juvenile reproductive health protection and rights, domestic violence against women which is a regional problem and is neglected, low level of knowledge about reproductive and sexual health and rights in the society.

The specific problem is geographical obstacle. In high-mountainous and rural areas the quality of medical service is not high enough. Medical staff don’t have competitive environment and accordingly there is no enough motivation for performance their work. Mostly family doctors don’t have sufficient knowledge and information about the modern contraceptives. This causes serious obstacles for the population and keeps in them in informational vacuum.

Studies conducted in Georgia (among them the study ‘Myths and Prejudices about modern contraceptives in Western and Eastern Regions of Georgia’ conducted by Association ‘Hera XXI’ in 2013) reveals that there are myths and prejudices in general public that modern contraceptives are harmful for health and causes side effects, such as gaining weight, more hair, childlessness, etc. This all leads us to abortion most frequently.

The state has to eliminate such type of stereotypes, myths and prejudices through educational or healthcare other programs, for instance, currently family planning units are integrated on the first aid level, although accessibility of contraceptives is not foreseen in the state strategies and budget and mainly this is a subject of donors’ (UNFPA, USAID) assistance, also there are no periodical researches on agency level which is extremely important for improvement results.

35 http://www.amerikiskhma.com/content/who-contraceptives-report/1870540.html
36 http://en.calameo.com/read/000713529afa9bb45ab5b
38 http://en.calameo.com/read/000713529f5a20866905a
Exactly these problems lead us to the conclusion that reproductive sphere is sensitive and gathers fundamental rights that another legal act won’t be able to regulate this field. For that particular reason the law has to be adopted which will solve all these problematic issues.

Elimination of negative traditions and stereotypes could not be possible if there is not regulated legislation about reproductive health and the entity on that basis is founded which will actively participate in preparation of health policy, draft implementation plan and control its implementation, study on regular basis and analyze current problems in reproductive health, supervise, present the recommendations to the state for further consideration and draft supervision methodology on this process.

According to all above mentioned in order to eliminate existing negative traditions and stereotypes in the country for years the following recommendations have to be submitted to the state.

HERA XXI respectfully suggests that the Committee recommend the following to the state of Georgia:

1. Develop a communication / educational strategy and implement comprehensive educational program regarding reproductive health and rights in schools and higher education institutions.

2. Develop a concrete action plan to implement international and national law regarding early marriage Amend the marriage provisions of the Civil Code so that marriage before the age of 18 is not lawful (except in cases of pregnancy)

3. Adopt a law on ‘Reproductive Health and Rights’ Develop a new Ministry of Health strategy in order to fulfil the state’s obligations under international treaties and agreements in the sphere of reproductive health, development of family planning services. The strategy should address the root causes of sex-selective abortion, early marriage and etc. regulate conflict of interest

4. Enabling reproductive health national council according to the Order of Minister of Labor, Health and Social Affairs #34/N, dated on 30 January 2007, which will implement monitoring of environment of high standards at reproductive health institutions and existence of qualified service, support improvement of demographic data in the country and promote overall accessibility and quality of reproductive health service
5. Implement change to overall healthcare state program which supports fertile age women, especially those forcibly displaced or beyond poverty, HIV/AIDS infected and with disabilities economic accessibility towards contraceptives or reproductive health related services

6. Revision of village doctor’s program in the Georgia’s health system where attention will be paid to family doctor, creating competitive environment for the medical staff operating in rural areas (e.g. raising the qualification, training and popularization), support education about consultation technique regarding modern methods of contraceptives and widening consultation volume.

7. Raising awareness through education programs and different informational campaigns provided by the state in order to decrease number of stigma/discrimination towards HIV/AIDS infected people

8. Revise article 139 of the law on Health Care to remove mandatory waiting periods for women who decide to have abortion. As the time for consideration causes psychological, financial, economic and territorial obstacles for woman, the organization considers that 3 days period of time envisaged by the law has to be not even increased but taken from the

9. Create a Department on Health and Reproductive Rights at Public Defender’s Office which will regularly study and analyze current problems in the field of reproductive health, supervise, submit recommendations to the state for effective actions and draft supervision methodology on these processes.
Used Literature


3. Gap Analysis of Family Planning Services in Georgia http://en.calameo.com/read/000713529f5a20866905a

4. Study ‘Social and Gender Aspect of Sex Natural Balance of New-born Babies in Georgia’ ‘Hera XXI’ 2012

   http://hera-youth.ge/wp-content/uploads/2014/01/%E1%83%99%E1%83%95%E1%83%9A%E1%83%94%E1%83%95%E1%83%90.pdf


6. Administrative Offences Code of Georgia

7. http://www.healthrights.ge/wp-content/uploads/2011/06/%E1%83%A1%E1%83%90%E1%83%A5%E1%83%90%E1%83%A0%E1%83%97%E1%83%95%E1%83%94%E1%83%9A%E1%83%9D%E1%83%A1-%E1%83%99%E1%83%90%E1%83%9C%E1%83%9D%E1%83%9C%E1%83%98-%E1%83%AF%E1%83%90%E1%83%9C%E1%83%9B%E1%83%A0%E1%83%97%E1%83%94%E1%83%9A%E1%83%9D%E1%83%91%E1%83%98%E1%83%A1-%E1%83%93%E1%83%90%E1%83%AA%E1%83%95%E1%83%98%E1%83%A1-%E1%83%A8%E1%83%94%E1%83%A1%E1%83%90%E1%83%AE%E1%83%94%E1%83%91.pdf


12. Study ‘Social and Gender Aspect of Sex Natural Balance of New-born Babies in Georgia’ ‘Hera XXI’ 2012, page 1
