

# Elderly in Azerbaijan: Care and Welfare

Analytical Report  
A Brief Overview



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**ELDERLY IN AZERBAIJAN:  
CARE AND WELFARE**

**ANALITICAL REPORT  
A BRIEF OVERVIEW**

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## INTRODUCTION

This report is a brief overview of main findings of the first national survey on care and welfare of elderly people in Azerbaijan. Azerbaijan is among countries with relatively young population. According to State Statistics Committee, people elder than 60 years old constitute 11,5 percent of population (State Statistics Committee of Azerbaijan Republic, Population, 2019). International Organizations predict that in thirty years people elder than 65 will compose about 25% of overall population (Population Situation Analysis, 2015: 43). The recent research of local demographers reveals that demographic dividend or demographic window which was characteristic for Azerbaijan during the last forty years came to an end since 2010s and aging of population is accompanied by increase of demographic burden on working-age population. (Gyoza-lova, Efendiyev 2017: 28).

Different aspects which affect to eldercare and welfare of elderly people are being examined in current national survey. These are:

- social norms related to filial responsibilities;
- social expectations related to family/state balance for different types of eldercare;
- personal preferences about family and institutional care at older ages;
- public opinion about policies for elderly;
- stereotypes and ideas in public opinion about elderly;
- discrimination towards elderly;
- public opinion about retirement savings and infrastructure for the elderly.

The main goal of survey is to

study various aspects of welfare ensured for elderly. The additional goal is to reveal trends of transformation of aspects, mentioned above.

We take into consideration the concept of care, specifically in terms of care regime and ideals of care. Care plays very important role in our self-awareness and moral sensitivity to frame our visions of a 'decent life' and 'proper society' (Thelen 2015:499).

Along with care regime and ideals of care, social norms and active aging are also concepts of the research.

Care regime is defined as complex of sustainably reproducing patterns of division of care among different actors and institutes (Zdravomyslova, Temkina 2015: 563).

Ideals of care are stable, deeply rooted ideas in society about who should fulfill care practices, what they should be and how much such care is "enough" according to accepted norms (Hochschild, 2003).

Social norms are shared expectation of behavior that is considered culturally desirable and/or appropriate (Scott, 2014).

Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age (Active Aging: A Policy Framework 2002:12).

As we focused in norms and ideals it is necessary to point their significance. On the one hand, attitudes and preferences are relevant for policy makers, as they point forward and are push-factors towards new life styles and policies. On the other hand, norms and obligations are backward looking,

representing continuities over time and resistance to change (Daatland, Herlofson 2003: 126. Ed. by Lowenstein, Ogg).

**Methodology.** The research questionnaire has been conducted among 1212 respondents older 18 years in all economic regions of Azerbaijan (except exclave Nakhchivan AR and occupied territories of Nagorno-Karabakh). Statistical uncertainty is 2,8%. It was a one-to-one polling at apartments of respondents conducted by applying SurveyToGo program. The fieldwork was conducted in 20-29 November, 2019. Due to the curving of data sum of percentages can differ from 100 percent in some diagrams. As

we are interested in trends of transformation, we also calculated results of respondents which were at intersection of three dimensions (younger than 35, living in a megapolis, with a higher education) separately as a specific pool.

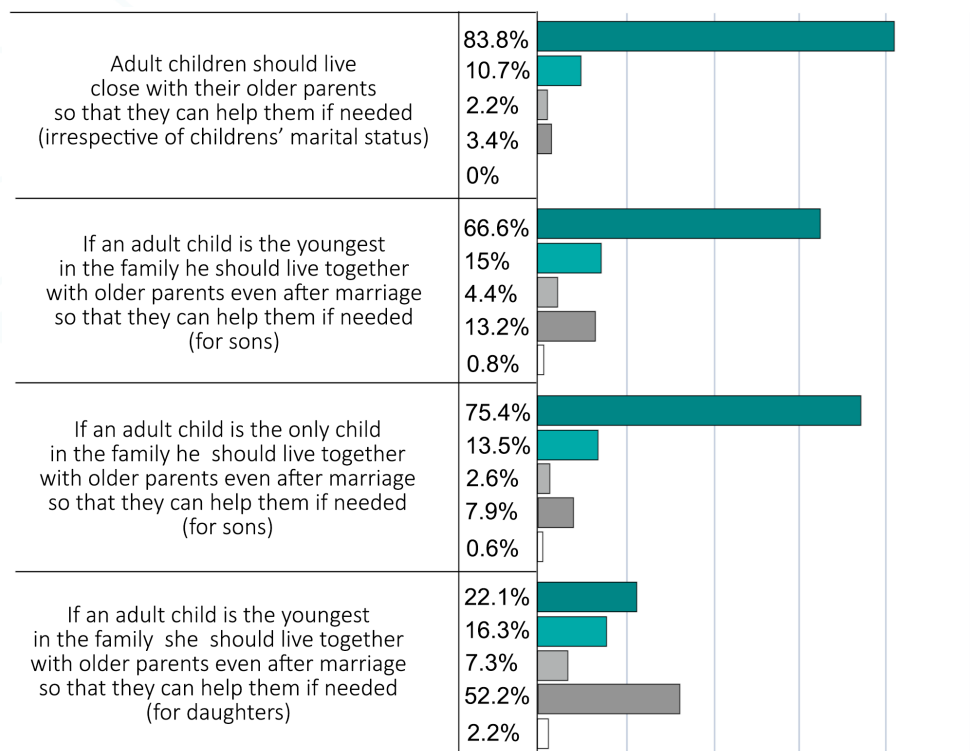
In composing of questionnaire we applied questions of survey “Norms and Ideals about Elder Care” from the “OASIS: Old Age and Autonomy” research project, but modified some sets according to local cultural and institutional features (OASIS, ed. by Lowenstein, Ogg, 2003: 125-164). We also added new sets, based on specific purposes of our research.

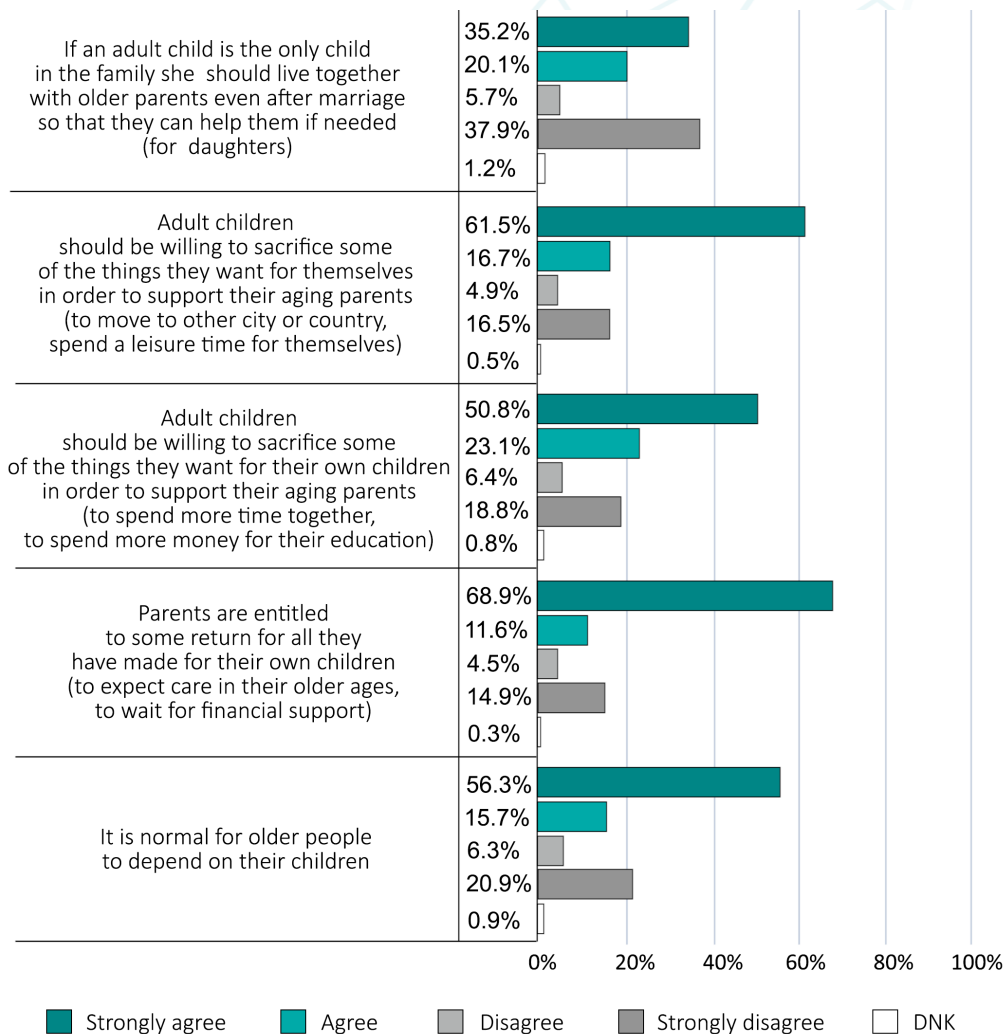
## Social Norms Related To Filial Obligations

Filial obligations are of great importance in maintaining current eldercare regime in Azerbaijan. They are expressed in different social norms related to aspects of intergenerational relations. In an original version applied by Svein Olav Daatland and Katharina Herlofson to which we referred there are five questions covering aspects of cohabitation of adult children and older parents, aspects of intergenerational exchange, readiness to sacrifice one's own aspirations or things desirable for children and a question about dependence of older parents on adult children (OASIS, 2003:130). While applying these questions to our context we revealed necessity to take into account cultural specificity of living adult children together with parents. We assume that social expectations about cohabitation are strongly connected with gender, marital status and birth order of adult children. For this rea-

son additional questions have been formulated and this section have been enlarged up to nine questions. Results are given in Diagram 1. The overall high level of agreement with propositions in this section allows to conclude that responsibilities expected from adult children towards parents are strongly normative. For example, we got 83,8% of responds "strongly agree" to the proposition "Adult children should live close to their older parents so they can help them if needed" from general pool. Along with this, the importance of gender dimension for expectations about who should live together with older parents has been approved by answers for respondents. For instance, we got 66,6% of answers "strongly agree" to the proposition "If an adult child is the youngest in the family he/she should live together with older parents even after marriage so that they can help them if needed" in case for sons and only 22, 1% of "strongly agree" in case for daughters.

**Diagram 1.**  
Social Norms  
Related To Filial  
Obligations





### Social Expectations About Family – State Balance

In this set of questions respondents are asked how much responsibility for different types of care (financial support, instrumental care, personal care) is on family and how much is on the state. Diagram 2 shows that the most expectation about family-state cooperation, their equal responsibility is about financial support at older ages. Expectations for financial support (which may be of different sources) from the state is higher than those from family. For an instrumental care (small repairs, support with house chores) and personal care (nursing, feeding etc.) respondents consider family more responsible than the state. Nevertheless, there is a sufficient adherence towards family/state cooperation.

### Personal Preferences About Family Care And Institutional Care

The next set of questions is for revealing respondents' personal preferences about care at older ages. What they prefer more: family care (both within parent-child relationships and with other relatives) or they accept the possibility of institutional care. As Diagram 3 shows that the most preferable way of living at older ages is living with one's own child. Institutional care got the most negative choices. The noteworthy aspect of results of this set is a high negative answers to the possibility to live with other relatives. This raises new research questions about Azerbaijani family (it's structure, boundaries, becoming more nuclear than it is expected to be) and specificity of care at older ages.



Diagram 2

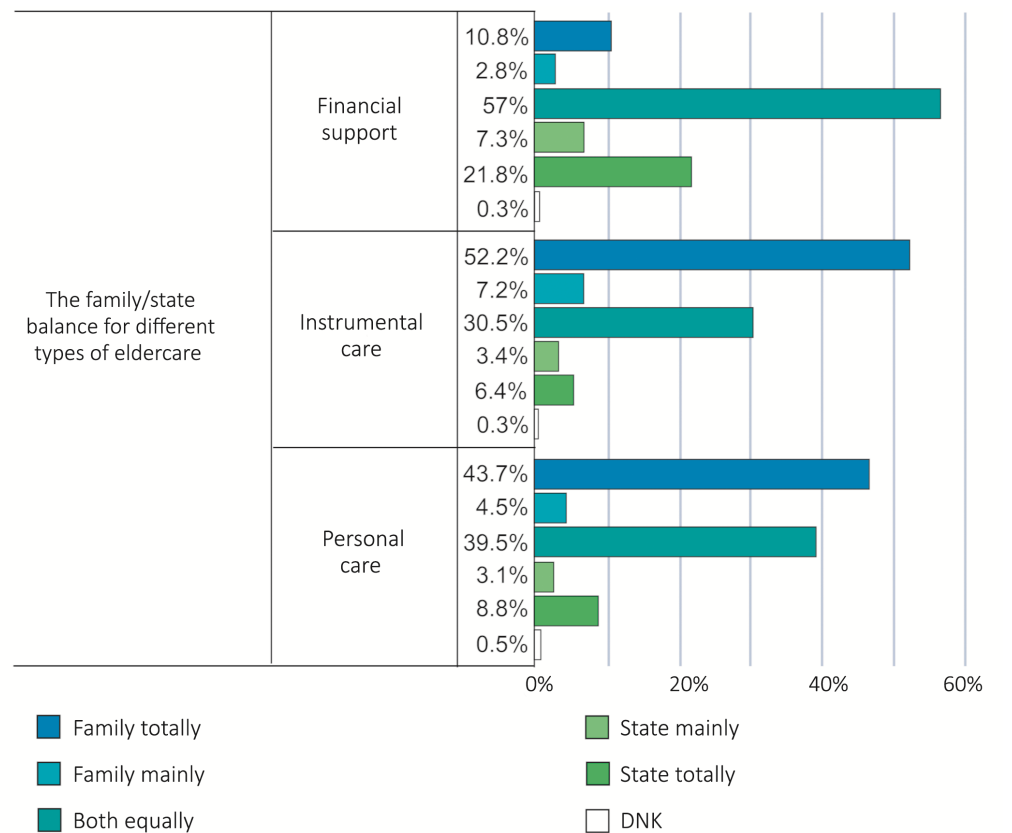
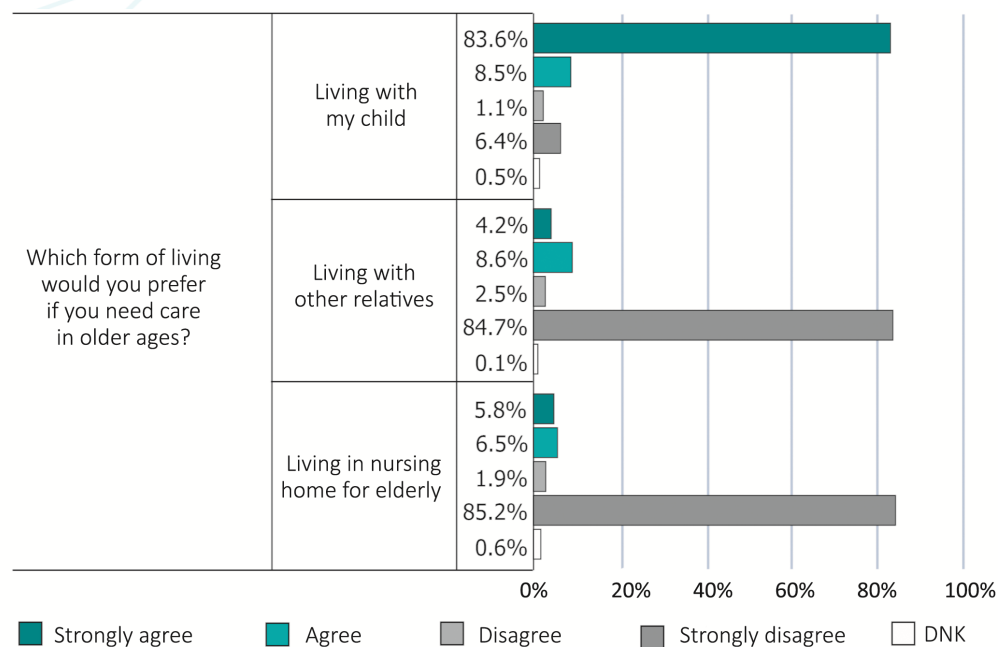


Diagram 3.  
Personal  
Preferences About  
Family Care And  
Institutional Care



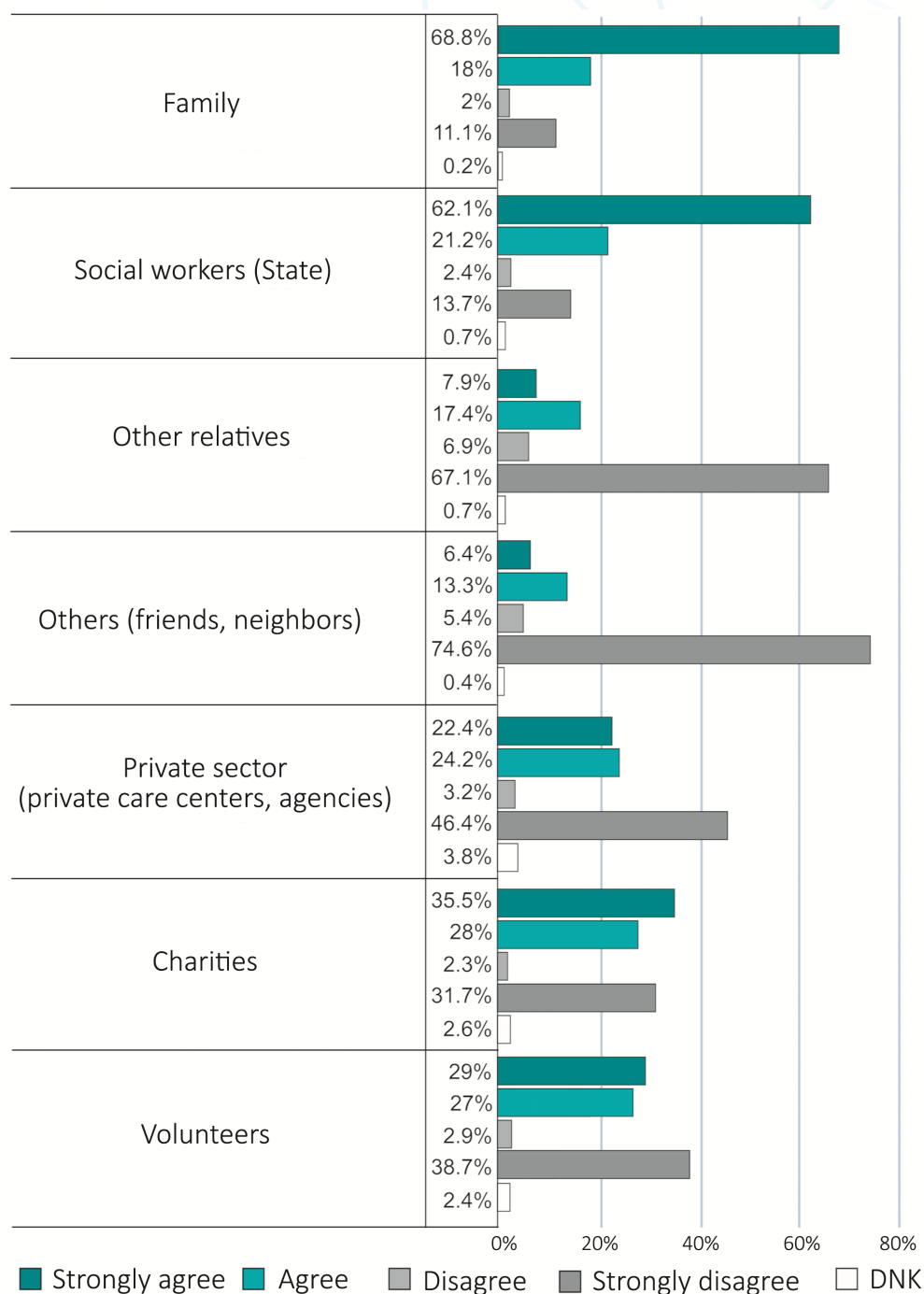
### Public Opinion About Policies For Elderly

In this set several questions are asked to respondents, but taking into account purposes of report overview we present the main question of

the set. The question (which is also based on OASIS project as in previous sections) is following: “In the future the number of old people in need of care will increase. In your opinion who should take primary responsibility for meeting their needs?”

Diagram 4 shows strong reliance on family and state, relatively less on charities, volunteers and private sector. “Other relatives” got one of the least answers of “strongly agree”. But the least popular are friends and neighbors which raises future questions about quality of communication, position of friend circles and neighbors among trusted ones. It needs further explanation why category of “friends and neighbors” are so unpopular for eldercare in case of Azerbaijan society.

**Diagram 4.**  
Public Opinion  
About Policies  
For Elderly





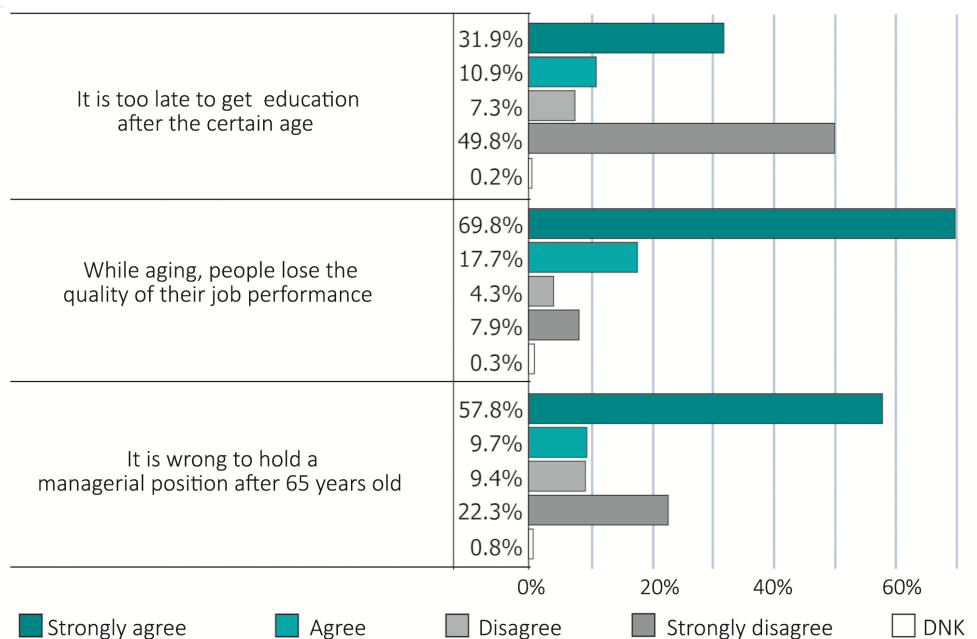
## Stereotypes And Ideas In Public Opinion About Elderly

The next section is constructed especially for this survey and includes typical ideas and stereotypes as they were assumed to be more or less common in Azerbaijan society. General list of them have been divided in relatively various four topics. These are stereotypes and ideas about education and labor force (Diagram 5), stereotypes and ideas about health (Diagram 6), about communication with elderly and their social status (Diagram 7) and finally, ideas about more individualistic life at older ages (Diagram 8). Here we consider results only for

general pool without further analyses for different socio-demographic groups (such as age, gender, education etc.).

Diagram 5 shows less popularity of stereotypes about the limits of ability to study due to the age. However, idea that people tend to loose the quality of job performance while aging is quite popular among respondents which may show inconsistency in their opinion about how aging affects to cognitive abilities and professional performance. The other remarkable aspect revealed in this sub-set is negative opinion about gerontocracy in spite of long-standing social norms of "respect towards elderly" in Azerbaijani society.

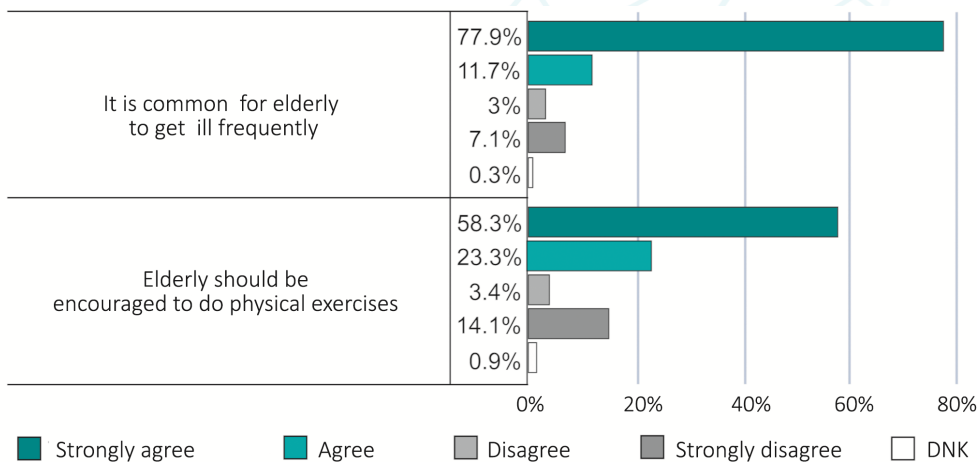
**Diagram 5.**  
Education and Labor Force



In Diagram 6 we see strong normative assumptions of ill health at older age. As "this is normal to be ill for elderly" it raises further research questions about practices of health care at older ages, how families respond to the illness of elderly and standards of health care services while dealing with diseases of older citizens.

We also notice that encouraging

to do physical exercises is rather being welcomed by the most part of respondents. Though this is not common for older adults in Azerbaijan to practice physical exercises widely, these results show awareness of its positive role in health improvement and that promoting such activity is reasonable for prolonging physical activity of elders.



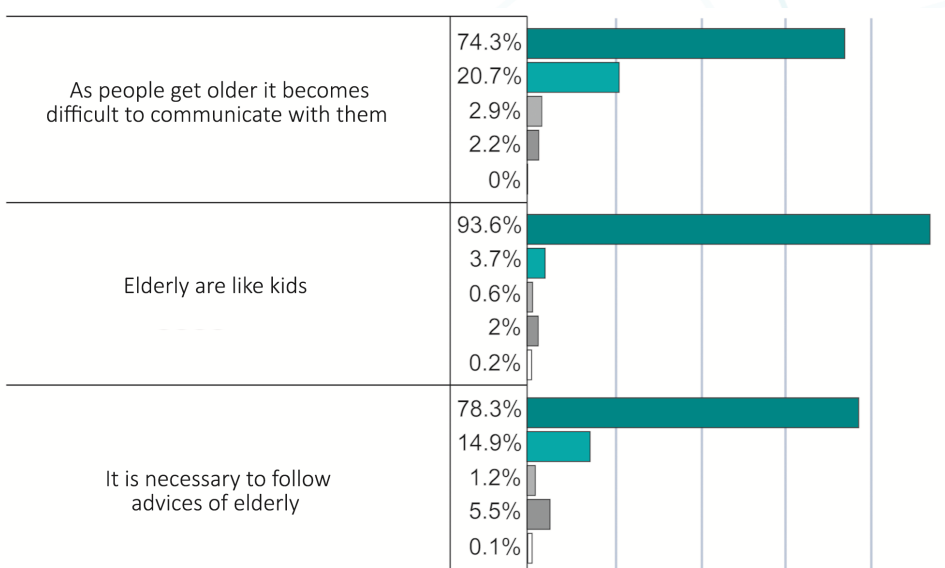
**Diagram 6.**  
Health at  
Older Ages

Diagram 7 contains common stereotypes and ideas about communication with elderly and their social status. We take into account that relations between declared ideas and actual behavior are multiform, so we don't tend to make any conclusions about behavior towards elderly based on these answers. However, the idea of what is normative is crucial to lay and sociological understandings of social interaction (Scott, 2014).

Some of the statements rather looks like norms, such as "It is necessary to follow advices of elderly". In Diagram 7 we see that ideas about elderly are not to be consistent. So, 93,6 % of respondents strongly agree

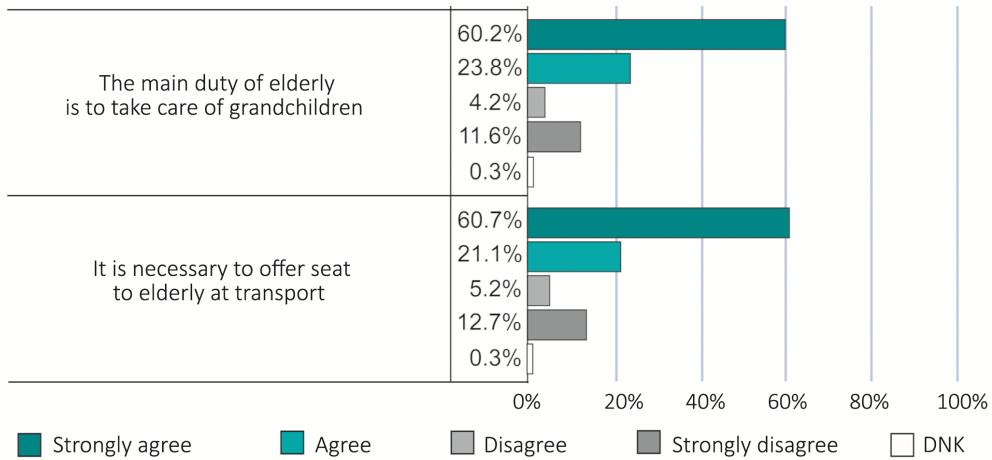
with the statement that "elderly are like kids", at the same time 78,3% strongly agree that it is necessary to follow advices of elderly which is also marks high normativity of obedience towards elderly. These two examples can seem controversial. In our view this shows at least unevenness of intergenerational relations.

74,3% of respondents strongly agree with difficulty in communication with elderly. In the one hand, such attitude may be the reason of negative expectations from elderly, on the other hand it can become basic emotional resources while being in situation of "difficult communication" with them.



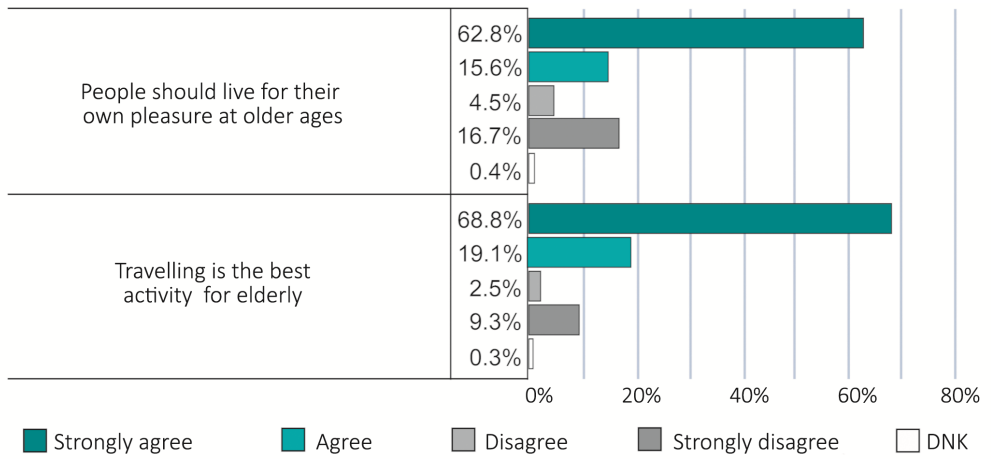
**Diagram 7**  
Communication  
with People at  
Older Ages an  
Their Social  
Status

**Diagram 8.**  
*Trends of  
Individualization  
at Older Ages*



We consider two statements of this set as a different sub-set named “trends of individualization at older ages” (Diagram 8). In common views Azerbaijan society is being considered as society with strong ties and collectivity. Living for “one’s own pleasure” or travelling at older ages were not considered as common. Nevertheless more than

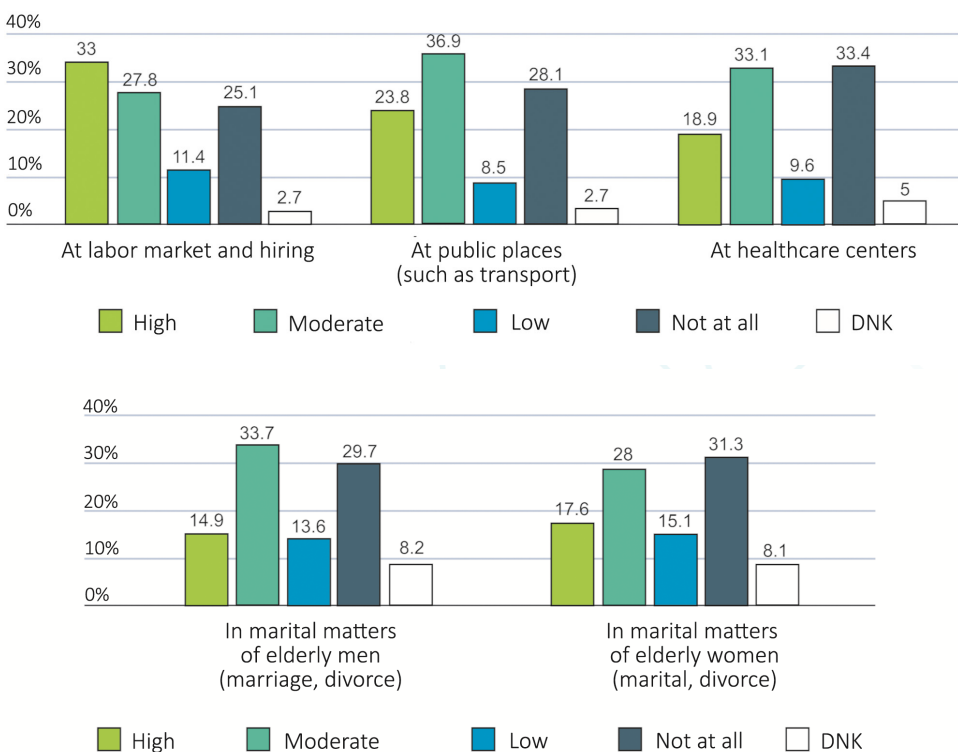
60% of respondents strongly agree with the statement “people should live for their own pleasure at older ages” and about 70% with the idea that “travelling is the best activity for elderly”. Based on these results we make an assumption that there is some fertile ground for the development of more individualist attitudes about better living at older ages.



**Discrimination Towards Elderly**

Another set of survey is on awareness of discrimination towards elderly. Respondents are being asked to define the level of discrimination at labor market, at public places such as transport, at healthcare centers and in marital matters of elder men and women. Spaces for discrimination are divided into two relative domains of public and private spheres (Diagram 9). Results

show that labor market and hiring seems to be more problematized by respondents, the least among problematized public spheres is healthcare centers. Surprisingly discrimination towards men valued higher than those towards women, which arises further questions (and rather for qualitative researches) what discrimination means for respondents specifically and how they make decision about this in their everyday life.



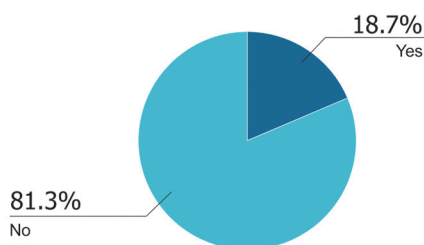
**Diagram 9.**  
Discrimination  
Towards Elderly

## Retirement Savings and Infrastructure for Older Citizens

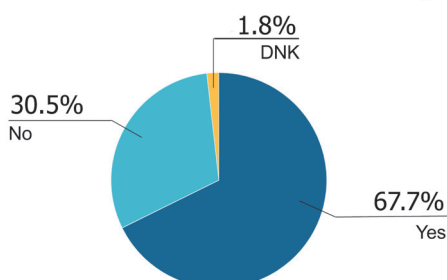
In order to define practices related to retirement savings two questions have been addressed to respondents in the last section of survey:

- "Does your income allow to save money regularly?"

In case of agreement the next **Diagram 10.**



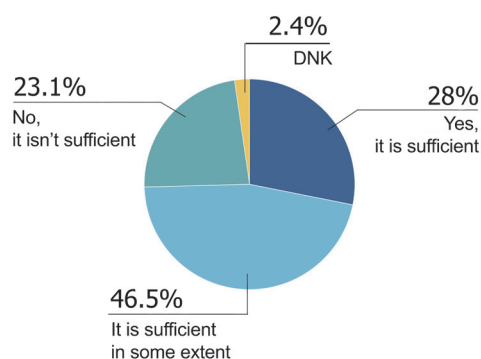
**Diagram 11.**



question is following: "Is some part of your savings for welfare in older age?"

The answers are given in **Diagram 10** and **Diagram 11.**

**Diagram 12.**



The question about infrastructure issues is partly open ended. First we asked whether respondents consider infrastructure for elderly sufficient and then asked about problems they observed in case of dissatisfaction. The answer to the first part of the question is in **Diagram 12.** The issues which have been articulated were about lack of public places where elderly can spend leisure time and lack of comfortable pedestrian areas.

## Signs of (Future) Trends

As it has been noted before, another goal of survey is to reveal trends of transformation of norms and ideals of elder care in Azerbaijan. For this, we picked out those respondents who were in an intersection of three socio-demographic features. These are: respondents aged younger than 35 years old, residents of a big city with population more than 1 million (this means the capital of the country – Baku) and having higher education. We define this specific pool as “trend-setters” and consider them as group of population who tends to newer practices in everyday life and thus, change social norms, gradually (Bicciari, Funcke 2018).

Taking into consideration restricted aim of this report we choose three topics where it will be better to get a view to some trends which appeared in comparative analyses of results of general pool and specific pool of trendsetters. The first topic is about opinion on family/state balance for different types of elder care, the second topic is about personal preferences on care at older ages and third is about how gendered is eldercare in view of respondents.

### Trendsetters and family/state balance

Diagram 13 shows opinion of this special group about how different types of care should be divided between family and state. Results indicates specific shift in views of this group if we compare them with general pool.

73,3% of this group consider financial support of elderly as sphere of equal responsibility of family and the state. In general pool this answer got 57%. Only 3,3% chose “strongly agree” with total responsibility of family, versus 10,8% of general pool. And 11,7% of trendsetters group agreed with idea of total responsibility of the state, versus 21,8% of those in general pool.

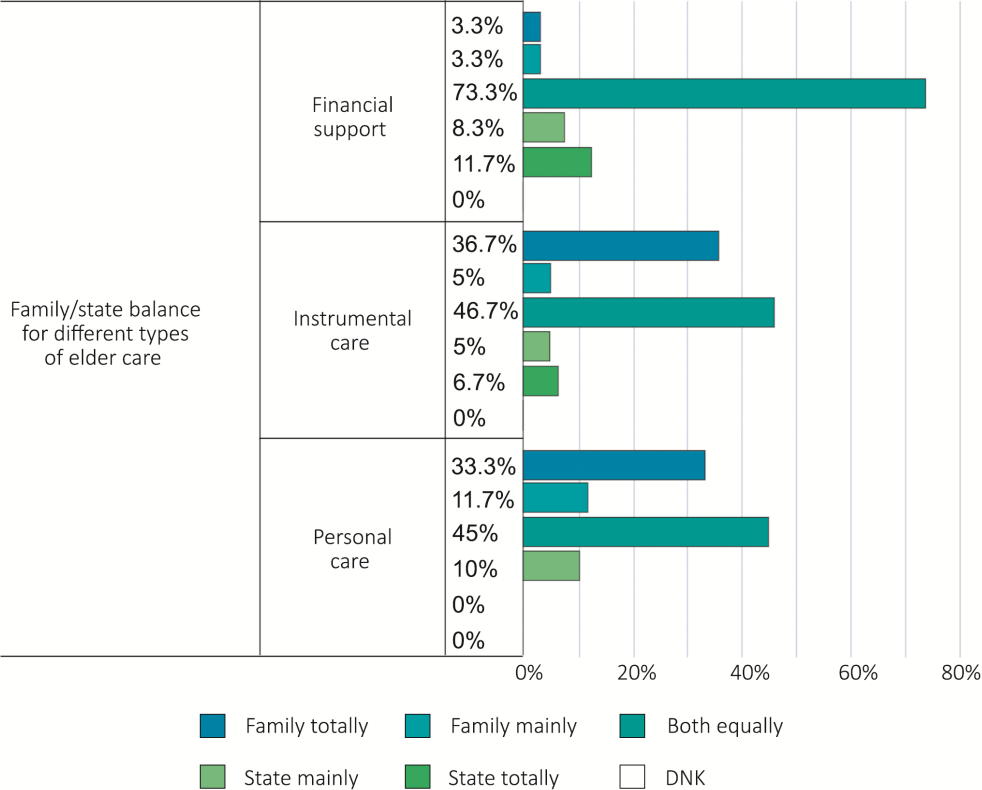
Concerning to instrumental care the answer “both equal” has been chosen by 46,7% versus 30,5% in general pool. It should be marked that consideration of family as the only responsible actor for instrumental care is less than in general pool – 36,7% versus 52,2%. However, choices of total responsibility of the state by specific pool and general pool are almost the same (6,7% versus 6,4%).

In relation to personal care we notice decrease of idea about total family responsibility – 33,3% versus 43,7%, but some increase of “both equal” responsibility for family and state – 45% versus 39,5%. Versus to those in general pool who consider this type of care as totally state responsibility (8.8%), no one in specific pool have chosen this answer.

Related to all three types of care percent of equal responsibility is higher than total responsibility of either family, or state. This allows to make an assumption about tendency to family/state cooperation in providing elder care than total responsibility of any of them.



Diagram 13.



**Trendsetters and preferences about care at older ages**

Diagram 14 shows that care at older ages within boundaries of one’s own family is more preferable in spite of differences between results for general pool and specific pool. However, the following differences should be noted.

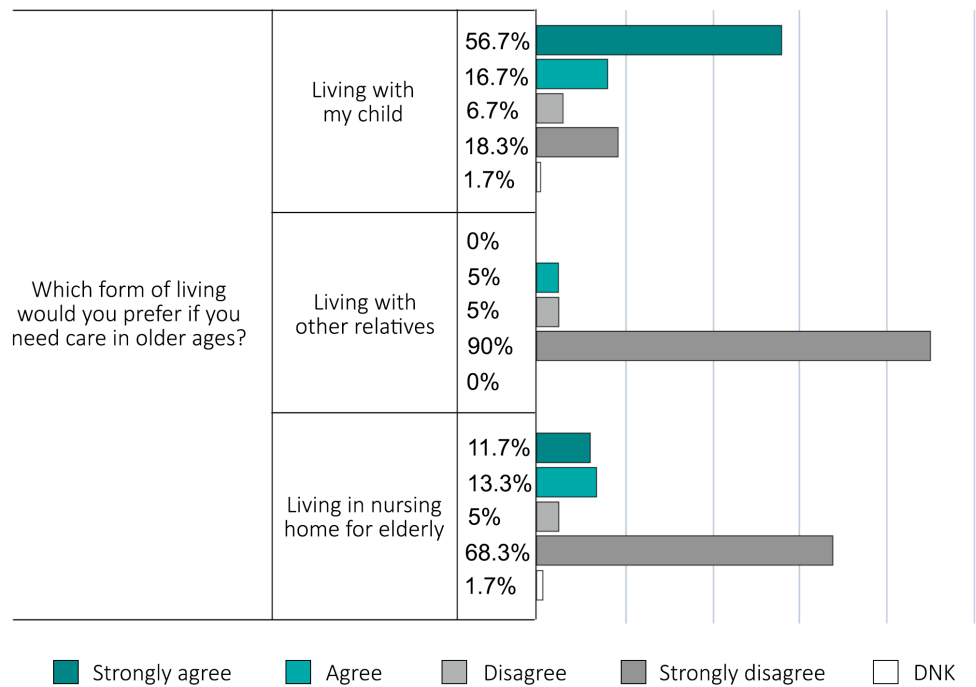
56,7% trendsetters strongly agree to receive care at older ages from their child versus 83,6% of general pool. We notice rise of “strongly disagree” answers also. If 6,4% of respondents in general pool have chosen this, in trendsetters group this is 18,3%.

Institutional care at older ages got more preference than in general pool. 11,7% of trendsetters strongly

agree with this way of living at older ages, though the same answer got only 5,8% in general pool. Along with this decreased strongly disagreement for institutional care (68,8% versus 85,2% in general pool).

High negative answers of general pool to the possibility to live with other relatives became higher in group of trendsetters (95% versus 87,1%). Again it rises additional research questions about boundaries of contemporary Azerbaijani family and transformation of family structure. It make obvious necessity to rise new research questions about family structure and solidarity within large traditional families and suppose that they become rather virtual than real.

**Diagram 14.**  
*Preferences About  
Care at Older Ages  
(Special Pool of  
Trendsetters)*

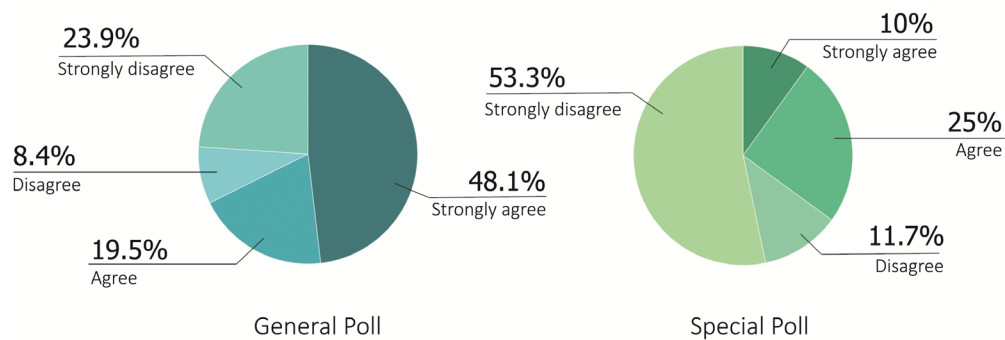


**How Gendered Is Family  
Eldercare?**

Care is one of the most gendered practices. It is traditionally attributed to women and Azerbaijan is not an exception. One of the questions which is addressed to respondents is to which extend you agree with the statement: “Taking care of elder family member is women’s duty”? Drastic differences should be noted in answers of general pool and specific pool of trendsetters (Diagram 15). Almost half of general pool strongly agreed with the statement about primary responsibility of women for eldercare in family. While in specific pool only 10% chose this

answer. Together with this more than half of specific group strongly disagree with this statement, while they are 23,9% in general pool. How can we interpret such a significant difference between answers for this question? We tend to consider these difference as one of the signs of changing gender order and part of a larger social process. As care may become less gendered in view of trendsetters group, we can also assume the possibility of more egalitarian division of care within family. This also may help recognition of care as not only just women duty or job, but also universal requisition of dignified human life.

**Diagram 15.**





## CONCLUSION

The first national survey on care and welfare of elderly people in Azerbaijan with main focus on norms and ideals gives opportunity to outline some features specific for modern Azerbaijan society in relation to abovementioned issues.

Eldercare regime in Azerbaijan can be defined as familialistic, thus family is the main social actor fulfilling elderly care in everyday life. Crucial findings of the survey support this conclusion:

- Responsibilities attributed to adult children towards parents are strongly normative.

- Living with one's own child is more preferable at older ages. On the contrary, institutional care is highly undesirable.

- Family is being considered as the most responsible for welfare of elderly, especially in such types of care as instrumental and personal care.

- However, state also responsible according to answers of respondents. It is on the second place after family. Respondents rather agree with its responsibility for material support of older citizens.

- Filial responsibilities towards older parents include norms of cohabitation (even after marriage, especially for adult sons), sacrifices of one's own wishes, and normalizing dependence on adult children at older ages.

- Private sector, charities, volunteers are less popular (that means they are expected as less responsible for elderly) among respondents.

- "Other relatives" which rather means those who is beyond nuclear family were repeatedly displayed as almost the least preferable as one's caregivers at older ages. Seeing them as caregivers is undesirable as much as institutional care. This view increased in results of trendsetters.

The analyses of stereotypes, ideas and also awareness of discrimination display that issues related to education and labor force are more problematized by respondents. Many stereotypes normalizing health issues and difficulties of communication with older people are common, but also there may be probability to develop more individualistic images of elderly in future. Discrimination in private sphere seems not be much problematized, especially those which are towards women, such observable in everyday life (for example, living independently at older ages, or marriages of older adults are less common for women than for men).

The group of respondents whose results have been analyzed also separately from general pool as trendsetters (highly educated people younger 35 living in a big city) shows some new tendencies and views on the issues of eldercare. They tend to family-state cooperation and to the less gendered view on care, in general. They are more tolerant to probability of institutional care in their own older ages, yet living with one's own child is still more preferable.

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NOTES

This image shows a blank sheet of white paper designed for writing notes. It features horizontal blue ruling lines spaced evenly down the page. A single vertical red margin line runs along the left edge. At the top center, the word "NOTES" is printed in a bold, black, sans-serif font. On the far left side, there are faint, light gray decorative elements consisting of curved lines and small circular dots, resembling a spiral binding or a stylized graphic.





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