

Short-Term Travel Grants Program

Victor Agadjanian, Arizona State University “Understanding the Dynamics of Abortion and Contraception in Armenia and Kazakhstan” (September 2-21, 2002)

Research Report

1. Objectives and countries visited

The main objective of this trip to Armenia and Kazakhstan was to gain a better idea of the dynamics of abortion and contraception in these two post-Soviet countries. In addition, the trip served to forge existing ties and establish new contacts with researchers and policy-makers in the field of sociology, demography, and reproductive health and to obtain relevant data and publications that are not easily available outside these countries.

2. Relevance and contribution to the field

The trip to Armenia and Kazakhstan was part of my multi-year research on demographic responses to post-Soviet transition in Central Asia and the Caucasus. Most existing research dealing with fertility adjustments in the region is based on survey data that provide little information on how fertility choices are actually made and implemented. My research added important insights into these processes.

3. Research approach and sites

For this exploratory project I conducted semi-structured interviews with health professionals who deal with family planning and abortion, social services providers, administrative officials, pharmacy clerks, and selected contraceptive users and abortion patients.

In Armenia, I worked in Yerevan, the country's capital and by far the largest city and in Vardenis, a small (c. 20,000) administrative center of a rural county in northeastern Armenia, one of the most socioeconomically depressed parts of the country. In Kazakhstan, I worked in Almaty, the country's largest city and former capital, and in the urban and rural parts of Taldikorgan province (c.300 km from Almaty). The interviews were conducted in Armenian in Armenia and in Russian in Kazakhstan.

4. A summary of research findings

The interviews shed important light on the process of the substitution of contraception for abortion that had been documented with statistical data in both countries. The interviews highlighted the complexity and multidimensionality of this process. One set of the issues is related to health. Although abortion remains available on request in both countries and the whole procedure, from the pregnancy test until the patient's check-out may take as little as 4-5 hours, abortion is increasingly seen both by the medical community and general public as a dangerous procedure that can lead to health complications and impair fecundity. However, contraceptives, especially the hormonal ones (e.g., pills, Depo-Provera), which have been relatively recently introduced in those countries, are also often believed to pose different risks to the users, such as hormonal dysfunction, bleeding, and headaches. Opposition to hormonal contraception on medical grounds among gynecologists and the general population alike appears stronger in Armenia than in Kazakhstan. This opposition is, however, intertwined with political concerns about the very low birth rate and population decline in both countries.

Yet the factor that emerged as most important in shaping contraceptive preferences and choices is financial costs. In both countries, contraceptives, especially the hormonal one, are quite expensive, especially for the generally poorer rural residents. In Vardenis, however, a limited choice of hormonal and intrauterine contraceptives was still available free of charge from the family planning clinic (as part of the contraceptive supplies donated to Armenia), whereas the Taldikorgan clinics have long ran out of such free supplies. Abortions are provided for a rather high fee in Armenia, although the fee can be reduced for indigent women. Although abortion is nominally free in the state medical sector in Kazakhstan, in reality most patients have to pay—either officially or under the table. It transpired through the interviews in both countries that gynecologists may be resistant to the introduction of effective contraception because abortion services constitute an important part of their official and unofficial income. To summarize preliminary findings: while the interviews supplied evidence of how contraception is replacing abortion in the two countries, they also identified important challenges and barriers in this process.

5. Future research directions

This trip was part of my long-term study of how people in post-Soviet societies outside of Russia adjust their demographic behavior to dramatic socioeconomic and political changes. The information I collected during this trip helps me to better understand the place of contraception and abortion in these adjustments. It will complement the statistical analyses of survey data on fertility, contraception, and abortion. I also expect it to serve as an important building block in a future application for longer-term funding to be submitted to the National Institutes of Health or another federal agency.

6. Recommendations for US policy community

My experience in Armenia and Kazakhstan, however short, suggests the importance of a context-sensitive approach to policy-making in the former Soviet Union. Not only it concerns the need to take full account of local cultural and economic traditions and constraints while crafting social policies. It also means that US scholars and policy analysts should be very sensitive to how they and their advice are perceived by local policy-makers. While most people appreciate and even admire Americans' technical expertise, some are often suspicious of their political intentions. In the region where the memories of one form of imperialism—the Soviet one—are still fresh, a new form—an American one—is often suspected and resented. In this context, American scholars' "projects" are sometimes perceived as part of the American "penetration," and Americans' ignorance of local cultural nuances and exuberant self-confidence is sometimes interpreted as signs of arrogance and condescension. Given the region's political volatility and widespread discontent with the outcomes of American-inspired economic reforms, any trivial issue and statement can produce unfavorable political resonance. This concerns even such seemingly politically-neutral medical matters as family planning and abortion: American insistence on contraceptive use, is often viewed as a "plot" to control those countries' demographics and to clear the way for the penetration of American contraceptive makers into the local markets. Hence, as much as it is important for American scholars and policy analysts to share their professional expertise, so much it is necessary for them to *listen* to their local counterparts in order to better understand and to respect their needs and constraints.