

Has Tolerance for Soviet Abortion Culture Diminished in the Three Decades since the Collapse of the Soviet Union? Continuity and Change in Public Opinion on Abortion in Central Asia, Caucasus and Russia

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Central Asia and the Caucasus are culturally, linguistically and geographically diverse regions, yet share a common recent history. The five Central Asian republics of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan have a combined population of 75 million and the three Caucasus republics of Armenia, Azerbaijan, and Georgia have a combined population of 17.5 million (UN, 2024). These low-to-middle-income countries (LMICs) were part of the former Soviet Union (FSU) until its dissolution in 1991 and share its legacy in reproductive health, characterized by high rates of abortion and unintended pregnancy and low modern contraceptive prevalence rates (Popov and David, 1999; CDC and ORC Macro, 2003; Bearak et al., 2022). However, very little has been published on abortion, and especially attitudes on abortion and its permissibility, since the turn of the century.

Context and theoretical focus: In the mid-1990s, Russia was estimated to have the world's third highest total abortion rate (TAR) at 2.6 abortions per woman. This birth control pattern was associated with low modern contraceptive use, especially of hormonal methods, and relatively high use of IUDs and withdrawal (Popov 1993; 1999). At the turn of the century, Georgia had the world's highest documented lifetime abortion rate of 3.7 abortions per woman in 1999 (CDC and ORC Macro, 2003; Westoff, 2005). TARs were also high in Azerbaijan (3.2) and Armenia (2.6) and significantly greater than the national total fertility rates (TFRs, 1.9 and 1.1, respectively), as for Russia (TFR of 1.3). In Kazakhstan (1.4) and Kyrgyzstan (1.5), TARs were still high but lower than the TFRs (1.8 and 2.4, respectively), while TARs in Turkmenistan (0.8) and Uzbekistan (0.6) were low compared to their TFRs (2.2 and 2.9, respectively) (CDC and ORC Macro, 2003). Health promotion and health system improvements made since the 1990s have helped improve awareness, accessibility and use of modern contraceptive methods and lowered unintended pregnancy and abortion rates. However, abortion retains a central role in fertility regulation in both regions, with very little known about what their populations think about this situation.

Russia was the world's first country to legalize abortion on broad grounds in 1920 (Kulczycki 1999). This gave rise to a stubbornly persistent 'abortion culture' throughout the FSU, with a deep-seated tolerance of abortion less subject to moral judgement than in most other world regions (Stloukal, 1999; Karpov, 2005). The heavy reliance on abortion for fertility control was largely due to longstanding liberal abortion laws, ready availability of abortion, and policies that limited contraceptive access and availability, only finally promoting contraceptive services since the mid-1990s (Stloukal, 1999). Continuing through the 2000's, all the post-Soviet states of Central Asia and the Caucasus allowed broad access to free-of-charge or affordably priced legal abortions without restrictions as to reason during the first 12-14 weeks of gestation, and through 22 weeks on medical or selected socioeconomic grounds (David, 1999). However, low quality of care, limited privacy, lengthy waiting times, and other barriers made some women seek abortions outside the public sector and the legal system. Service quality and post abortion

care were also deficient in many private clinics, further adding to high levels of abortion-related complications. Unsafe abortions still represent a major concern for several of these countries, according to the UN's Population Policies database (UN, 2021).

After the collapse of the Soviet Union, Central Asia and the Caucasus republics experienced life expectancy declines, societal disruption and economic hardship, as they transitioned from state-controlled to market economies. Their populations can all now expect to live as long as most Russian people (UN, 2024), although public health challenges remain, including in reproductive health. Armenia, Georgia, Kazakhstan and Kyrgyzstan have since become more open societies, but they are still not fully democratic, although they are less authoritarian than elsewhere (Cornell, 2024). Secondary education levels have risen, but gender inequalities remain pervasive in these overwhelmingly socially conservative societies (UNDP, 2021).

Recent changes in abortion rates and regulations and family planning cultures: Abortion rates have declined with the increasing availability of modern contraceptives over the last three decades, but remain high, particularly in the Caucasus. The most recently available data (Bearak et al., 2022) shows abortion rates ranged from 23 and 26 per 1,000 women ages 15-44 in Uzbekistan and Tajikistan, respectively, to as high as 72 and 80 per 1,000 in Azerbaijan and Georgia (Table 1). There remain profound needs to improve reproductive health services across all regions. The family planning demand satisfied by modern contraceptives remains relatively low in most countries, with many women not using reliable methods and adolescents facing particularly inadequate access to comprehensive sexuality education (UNFPA, 2024).

TFRs generally remain higher in Central Asia (1.2-3.8 in 2019) and in the Caucasus (1.6-2.0) than for Russia (1.5) (Table 1). Demographic sensitivities are an underlying concern in the smaller populations of Armenia, Georgia, Kyrgyzstan, Tajikistan and Turkmenistan (each <10 million people). Russian officials perceive profound demographic problems, with longstanding below-replacement level fertility and fears of population decline now compounded by Russia's prolonged war in Ukraine. Politicians and the Russian Orthodox Church have expressed disquiet about these problems. In 2011, Russian lawmakers restricted access to abortion to the first 12 weeks of pregnancy and imposed further measures to counter falling birth rates, and in 2024 moved toward restricting access to abortion pills (Rostovskaya, 2024). Despite declining since the 1990s (Denisov, 2012; Bearak et al., 2022), abortion rates remain relatively high and access to abortion data has been restricted. Several other countries imposed some restrictions on abortion services, with Armenia in 2016 requiring mandatory counseling and a three-day waiting period (WHO, 2024).

All countries experienced state-imposed restrictions on religious activities during the Soviet era. Among them, Kazakhstan and Uzbekistan have since witnessed a partial resurgence of religion and its association with ethnic self-identification and nation-building as distinguishing marks from Russian influences (Yerekesheva, 2020). Ethnic differentials in reproductive attitudes and behaviors are evident in Kazakhstan between ethnic Kazakhs (Muslims) and ethnic Russians and other Slavic groups (Christians). In 2020, Muslims had lower contraceptive use, with religiosity partially explaining these differences (Kan, 2024). In 1999, TARs among Russified Kazaks were

double those of non-Russified Kazakhs and even higher among those of European ancestry (Agadjanian, 2002).

Public opinion on abortion: Data on public opinion about abortion are very limited for these countries. However, two polls conducted in Georgia reveal significant discomfort with abortion. In 2013, 69% of adults stated that abortion could never be justified (Caucasus Barometer, 2013) and in 2017, only 10% of respondents supported legal abortion in most or all cases (Pew Research Center, 2017). Over half (57%) of respondents to the 1999 Kazakhstan Demographic and Health Survey unconditionally disapproved of abortion, with disapproval declining with age and lower among married women (Agadjanian, 2002).

The post-Soviet states of Central Asia and the Caucasus present an intriguing context for studying patterns and differences in opinions about abortion. Beyond the absence of research on the topic and the context of declining yet very high abortion rates, diverse explanations of ideological, religious, cultural, gender, and other disparities in abortion attitudes may exist. Also, the Russian situation is of great interest, where abortion policy has been restricted several times recently as concerns about low fertility have risen (Rostovskaya, 2024). With its higher public acceptance of abortion but low TFR, it serves an interesting contrast to the countries of Central Asia and the Caucasus which have moved cautiously toward greater independence from Russia.

Data and Methods: For the Caucasus republics and four countries of Central Asia (i.e., except Turkmenistan, which lacks data), we have collated data from successive survey waves of the World Values Survey (WVS) and the European Values Study (EVS) to examine public opinion on the degree of abortion acceptance across countries and over time (Table 1). The WVS and EVS are large-scale, cross-national, and repeated cross-sectional surveys that both use the same questions for our purpose. Our measure of public opinion on abortions concerns responses to a 10-point scale question on how justifiable is abortion (0=never justifiable; to 10=always justifiable). Mean responses for each country and recent available years, are shown in Table 1.

We will explore variation in views on abortion permissibility by socio-demographic (age, sex, marital status, educational attainment), income, and religiosity, to better understand similarities and differences between the countries. Religiosity is measured by responses to a 4-point scale question on the importance of religion in life, coded 1 for not important at all to 4 for very important, with recent means scores reported in Table 1. Given the partial trends towards greater religiosity in both regions (Filetti, 2014; Khalid, 2007), we can explore its impact on public opinion over time and across countries.

Preliminary Observations: Regarding justification for abortion in Russia, support for legal abortion in all circumstances has stayed low but very consistent over the period 1990-2017, with mean scores ranging from 4.18-4.94. Support is somewhat lower but also stable in Kazakhstan (~3.7 and 3.5 in 2011 and 2018, respectively) and lower still in Uzbekistan, where it rose slightly from 2.54 in 2011 to 2.89 in 2022. Kyrgyzstan now exhibits the greatest opposition to abortion, with mean scores having fallen from 2.61 in 2003 to 2.37 in 2011 and just 1.81 in

2020, most similar to Georgia. Tajikistan had a mean score of 2.33 in 2020, indicating that the level of societal opposition is similar to Uzbekistan and Kyrgyzstan.

Support for abortion declined further in the Caucasus from relatively higher overall levels in the late 1990s in Armenia, Azerbaijan (4.52 and 4.37, respectively, in 1997) and Georgia (3.92 in 1996), to means of 2.06 in Georgia in 2018, 2.51 in Armenia and 3.66 in Azerbaijan. Importance of religion in life in the most recent surveys are generally lowest in Russia and Azerbaijan (followed by Kazakhstan), indicating a low overall level of religiosity and reflecting longstanding state-imposed secularism.

Discussion: To the best of our knowledge, this is the first systematic analysis of public opinion on abortion justification across the post-Soviet states of Central Asia and the Caucasus and over time. Abortion rates have declined everywhere since the dissolution of the FSU, although they remain high by international standards in nearly all countries despite the lack of public support. Russian public opinion has proved consistently more accepting of abortion than elsewhere over the three decades, 1990-2017, although it has recently placed more restrictions on access to abortion services than have other countries in the regions studied.

Kazakhstan shows a somewhat lower and relatively stable degree of acceptance of abortion, whereas justification shown for abortion is appreciably lower in countries elsewhere in Central Asia. Support is lowest in Kyrgyzstan and is also low in Tajikistan, the two poorest countries considered. The Caucasus republics exhibited relatively higher levels of acceptance for abortion in the late 1990s than more recently. Justification for abortion declined most sharply in Georgia where efforts to improve family planning may have proceeded further, whereas acceptance of abortion declined less in Azerbaijan where modern contraceptive use remains lowest among all countries analyzed. Acceptance of abortion is also lower in countries with smaller populations (Georgia, Armenia, Kyrgyzstan and Tajikistan).

Table 1: Central Asia, Caucasus and Russia Descriptive Statistic of Key Measures

Country (survey years)	Abortion Rate	Abortion Justified (Mean Never to Always), 2009-2011	Abortion Justified (Mean Never to Always), 2017-22	Modern Contraceptive Prevalence	Importance of Religion (Mean Not to Very)	TFR 2019
Armenia (2011, 2018)	43	2.43	2.51	28.0	3.37	1.64
Azerbaijan (2011, 2018)	72	2.93	3.66	13.9	2.60	1.83
Georgia (2009, 2018)	80	2.57	2.06	32.7	3.60	2.01
Kazakhstan (2011, 2018)	47	3.48	3.51	50.1	2.86	1.17
Kyrgyzstan (2011, 2020)	31	2.37	1.81	37.8	3.35	2.79
Russia (2011, 2017)	46	4.34	4.58	55.0	2.52	1.50
Tajikistan (2020)	26	2.33	--	27.1	3.53	3.76
Turkmenistan (none)	19	--	--	--	.	2.05
Uzbekistan (2011, 2022)	23	2.54	2.89	61.9	3.01	1.70