

The Long-Term Effects of Civil War on Reproductive Health in Tajikistan

Contact Information:
Michelle L. O'Brien
The Mershon Center
for International Security Studies
The Ohio State University



Introduction

I examine the long-term consequences of the 1992-1997 civil war in Tajikistan on abortion and miscarriages, critical components of reproductive health. Research on conflict-affected areas tends to focus on fertility, but rarely examines abortion and miscarriage, especially over the long-run. These are important components of reproductive health, but in most settings are under-reported and under-studied.

Core Question: How does conflict exposure affect the likelihood of experiencing abortion and miscarriage?

Method: Cohort analysis of women in the ten years following the 1992-1997 civil war in Tajikistan

Core findings: Women who were 15-20 and exposed to conflict events are more likely to have an abortion, even after the war ended. Conflict events increased the likelihood of miscarriage for all cohorts of women, even those who were children during the war.

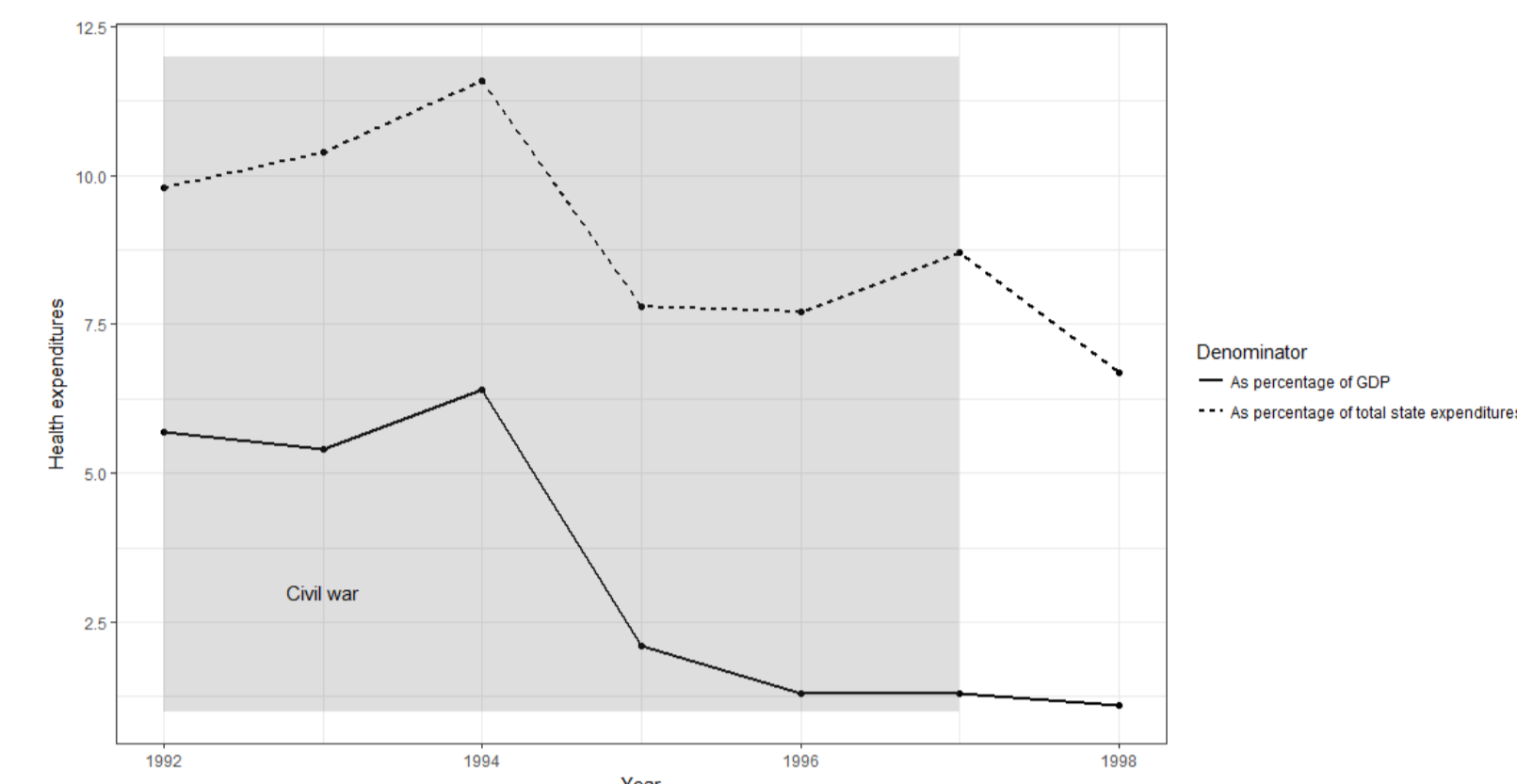
Background

Why Tajikistan?

Tajikistan is a small, landlocked country in Central Asia. It was the poorest of the former Soviet Socialist Republics, and remains poor today. Islam is nearly universally practiced, with 97% Sunni around 3% of the population (mostly in Gorno-Badakhshan) identifying as Ismaili Muslim. Tajikistan is an optimal case to study abortion in the aftermath of conflict because:

- abortion in the Soviet Union was widely practiced with relatively low social stigma = more reliability in reporting
- abortion was the primary method of birth control in many parts of the USSR (Agadjanian 2002; Remennik 1991)
- After independence, abortion remains legal, relatively free of social stigma, and commonly practiced
- strong "abortion culture," even in Central Asia (although not as high as E. Europe) (Agadjanian 2002)
- rates of abortion 1990-2014 were relatively stable (Sedgh et al. 2016)

Individual vs. Institutional Legacy

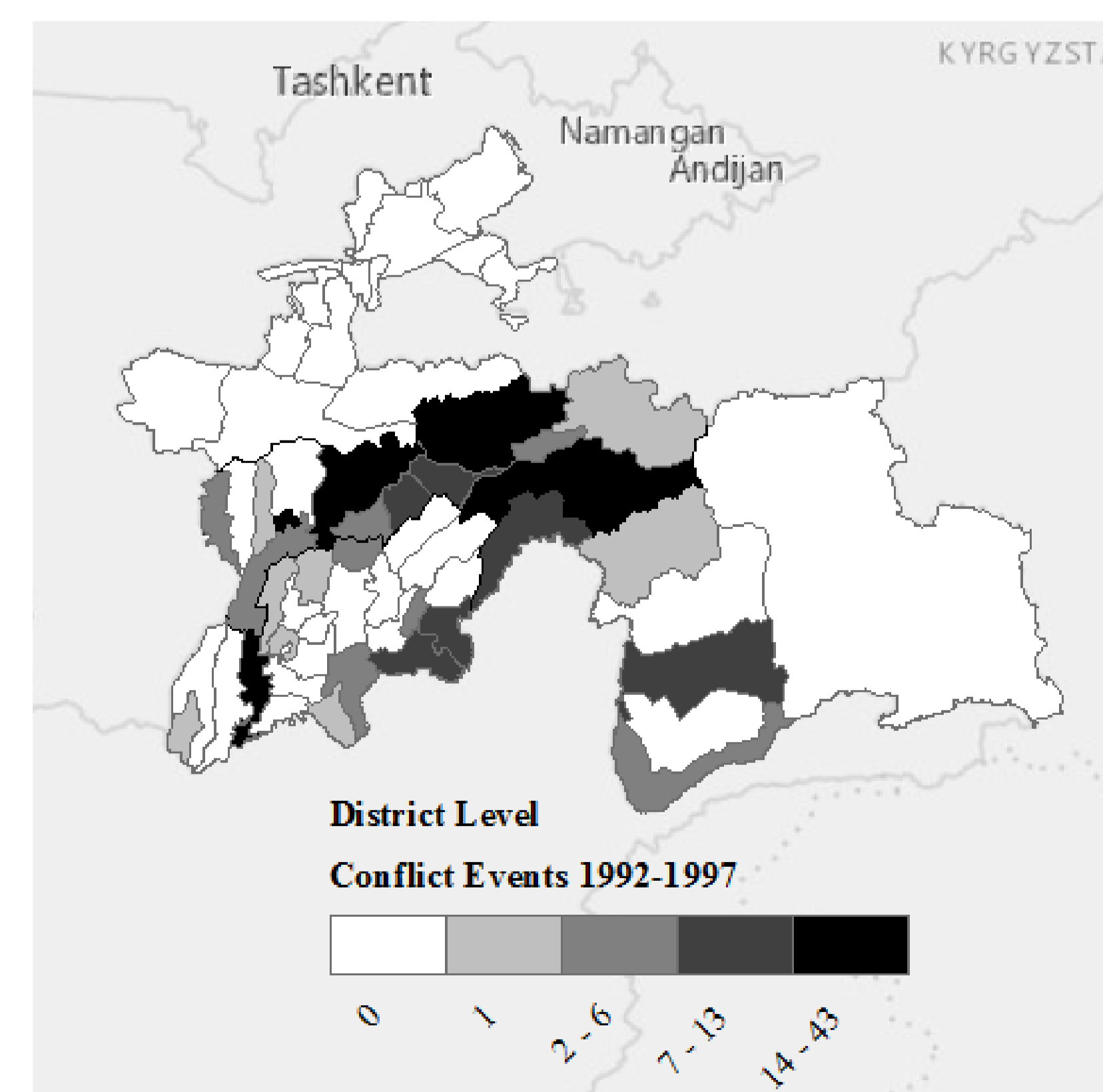


The experience of conflict can create individual disruptions and institutional legacies alike. Conceptually, I consider:

1. **Abortion:** driven by the Ready Willing Able framework
2. **Miscarriage:** driven by health-seeking behavior and access to institutions

Data and Methods

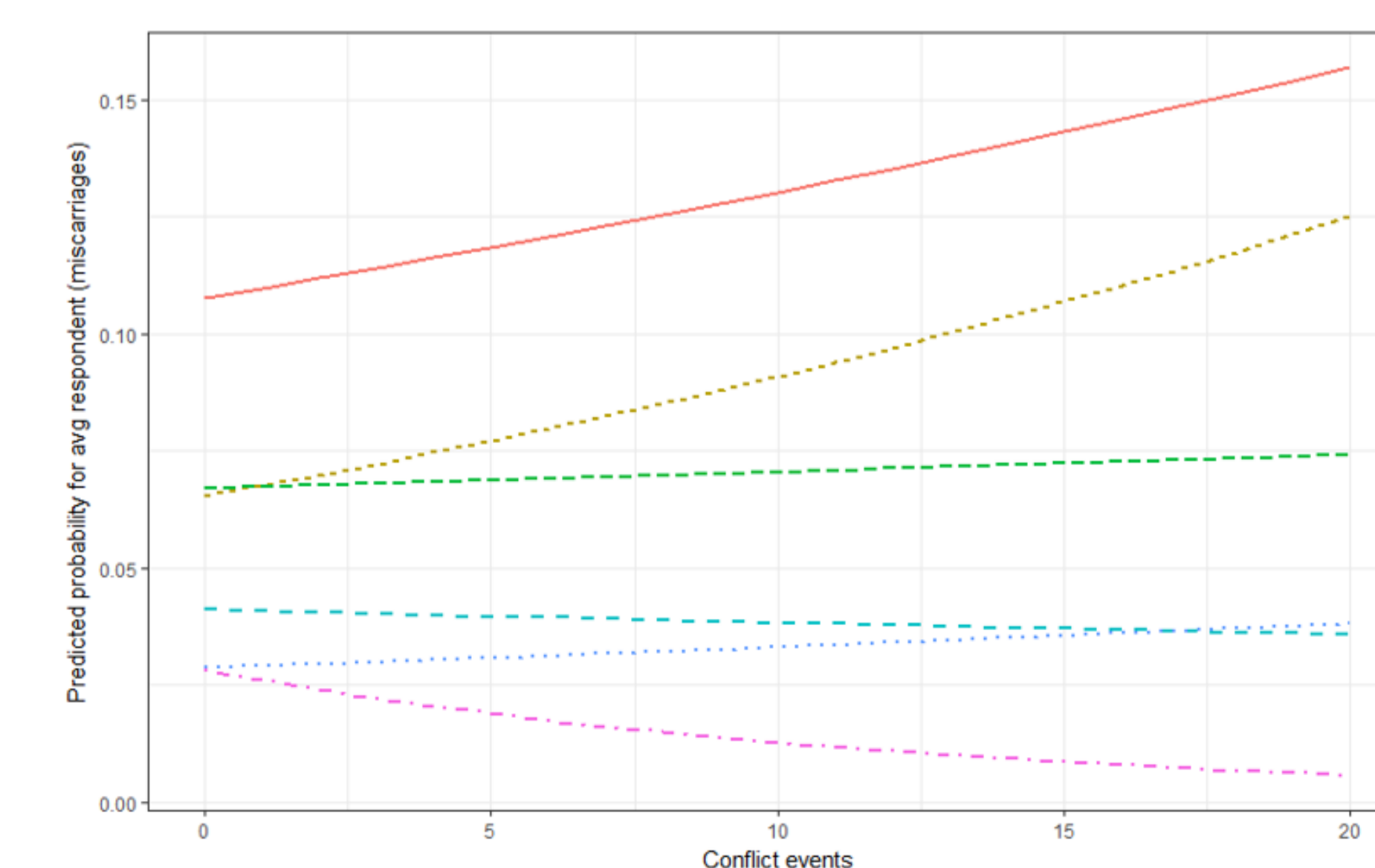
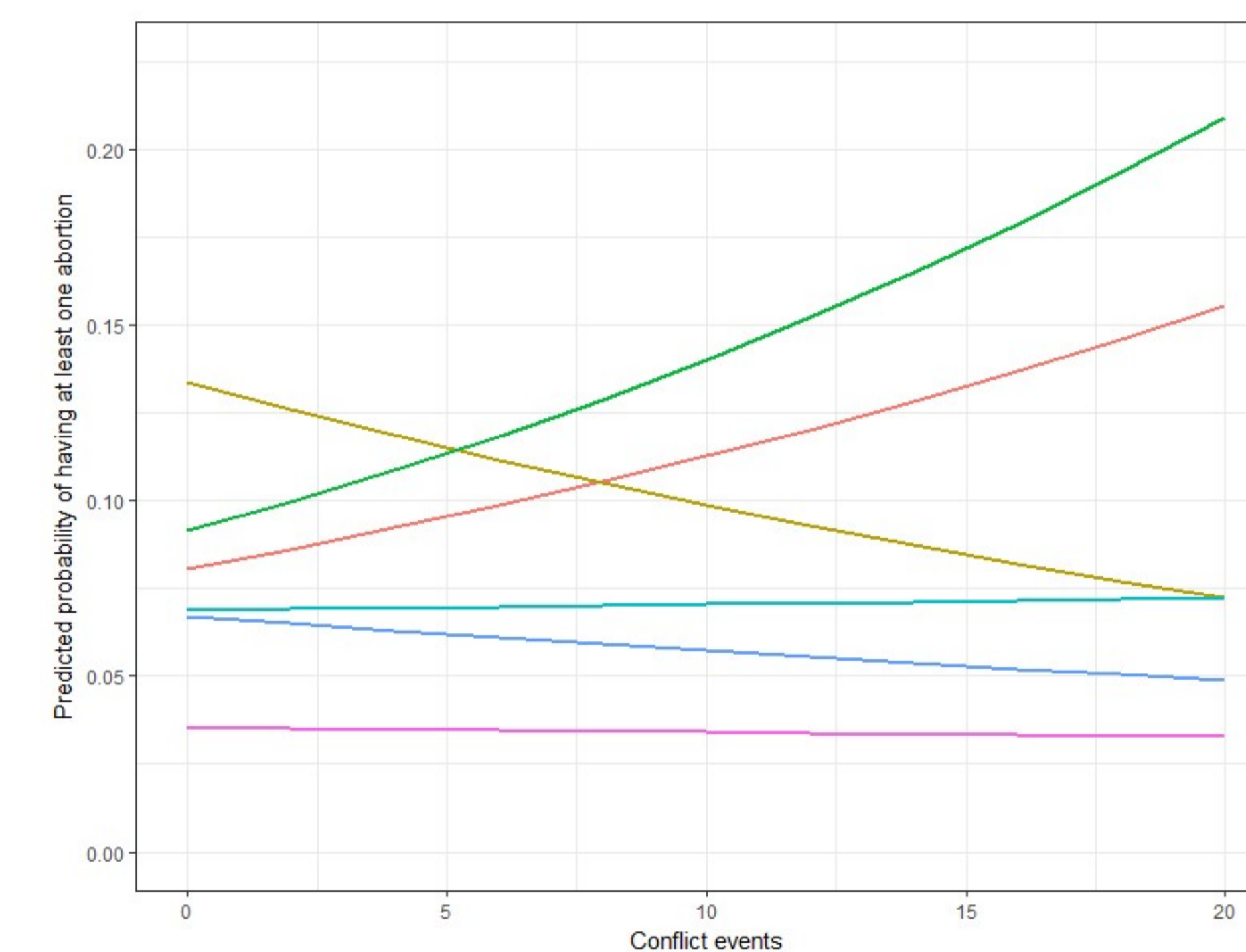
- Individual and Household Data come from the 2007 Tajikistan Living Standards Survey
- Conflict event data come from the Uppsala Conflict Data Program Georeferenced Event Dataset (UCDP GED)
- Leverage subnational variation in conflict events and a cohort design to examine effects of war on abortion and miscarriage
- Zero-inflated negative binomial models + offset for the number of pregnancies experienced



Findings

	Abortion	Miscarriage
Conflict events	-.026	-.081
Cohort		
26-29	.676	.018
21-25	.754	.391
15-20	1.06	.907
12-14	1.42	.881
Under 12	.920	1.43
Conflict Interaction		
26-29	-.002	.096
21-25	.015	.074
15-20	.065	.087
12-14	-.017	.117
Under 12	.054	1.03

Predicted Probabilities



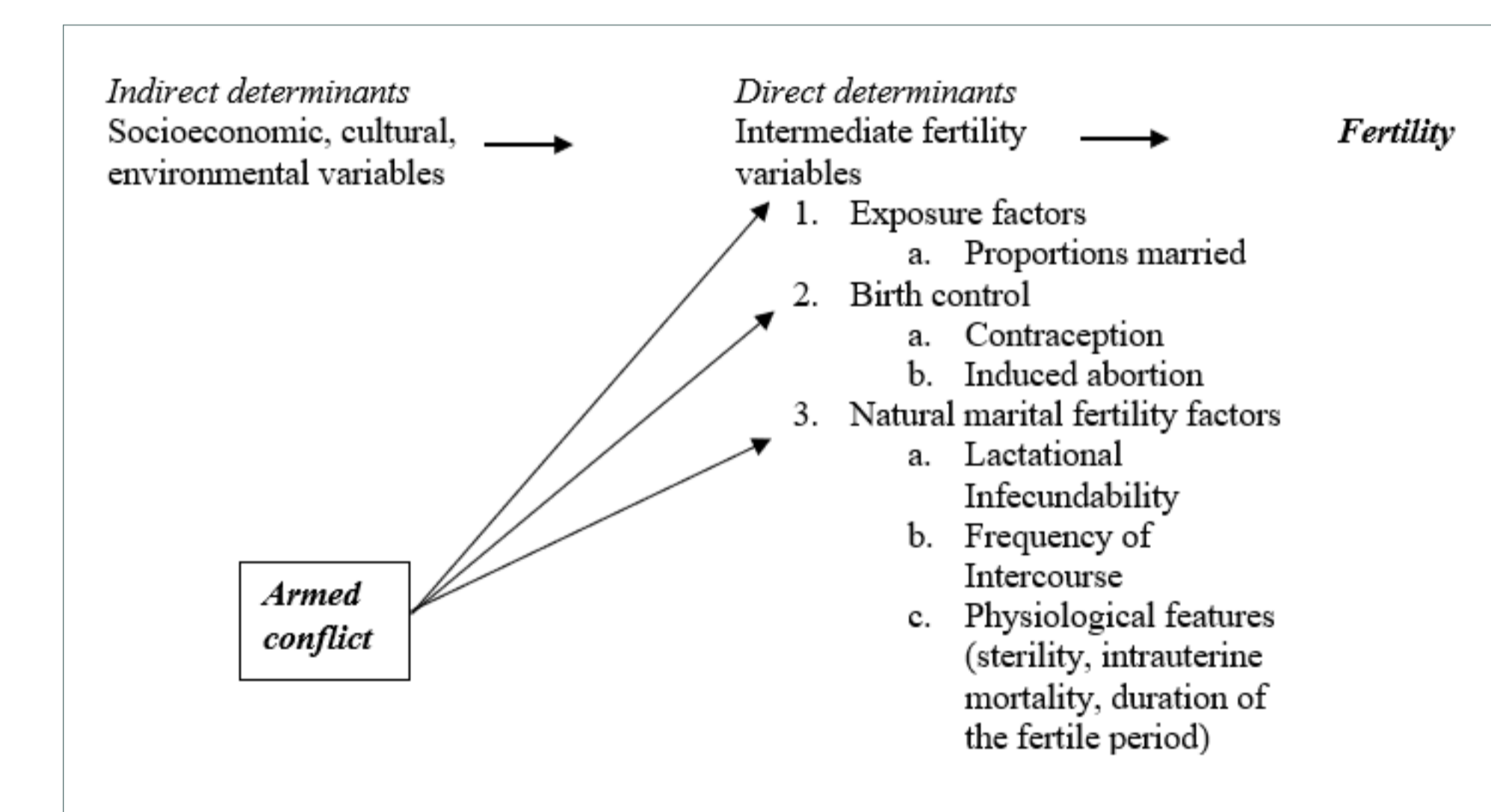
Conclusion

The influence of exposure to conflict events is **limited for abortion** to women who were 15-20 when war began. For **miscarriages**, cohort effects persist during the decade *after* the war ended.

While there were behavioral responses that affected individuals during the civil war, *the institutional and environmental repercussions of armed conflict continued to affect reproductive health*, even a decade after the war ended.

Next Steps

Comprehensive accounts of reproductive health are lacking if abortion and miscarriage are ignored. In the future, I plan to leverage these cases in Central Asia to examine interconnected reproductive health in the aftermath of violent conflict.



Limitations

Respondents in the TLSS do not tell us the *precise timing* of their abortions and miscarriages. For some women, we know their age at menarche was during or after the war. For others, the story is less clear. When did these abortions and miscarriages occur?

Acknowledgements

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