

## THE CONTRACEPTIVE REVOLUTION IN RUSSIA\*

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*In the 1960s and 1970s, with the introduction of hormonal contraception, as well as of a new generation of intrauterine contraception, Western countries saw cardinal changes in methods of fertility regulation so significant that the American demographers Ch. Westoff and N. Ryder called them "The contraceptive revolution." By this time, the transition to low fertility in developed countries, as, indeed, in Russia, was completed, and family planning had become a common practice. However, the new technologies significantly increased the effectiveness of birth control, and this change would have important social and demographic consequences. Underestimation of the importance of family planning and underdevelopment of the corresponding services in the USSR and in Russia led to the contraceptive revolution beginning here much later than in the West, not until the post-Soviet years with the arrival of a market economy and information openness. For decades, induced abortion played a key role in the regulation of fertility, and only in the 1990s did modern methods of contraception become widespread and the unfavorable ratio of abortions to births begin to change for the better. The article describes the composition of the contraceptive methods used in countries of European culture and of those in Russia, and attempts to explain the difference between them. Based on national representative sample data, an analysis is made of current practice of contraceptive use in Russia. The conclusion is drawn that the contraceptive revolution in Russia is proceeding rather quickly, but without substantial state support.*

**Key words:** birth control, family planning, contraception, contraceptive revolution, abortions, fertility.

### REGULATION OF FERTILITY IN THE WORLD BEFORE THE START OF THE CONTRACEPTIVE REVOLUTION

The famous American demographer Charles Westoff studied the reproductive behavior of American families for many years. In particular, he conducted, together with Norman Ryder, two rounds of the National Fertility Study: in 1965 and 1970. In 1975, speaking at the annual meeting of the Population Association of America (PAA), of which he was elected president, he described as the most important result of the 1970 and, to some extent, the 1965 survey that they made it possible to record extraordinary changes in the control of fertility - "changes so dramatic that we entitled our forthcoming monograph: 'The Contraceptive Revolution'"<sup>1</sup> [Westoff 1975: 573].

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<sup>1</sup> The book was published in 1977 [Westoff, Ryder 1977].

Were these changes revolutionary? By this time, contraception had long been familiar to residents of Western Europe or the United States. This was not some rare and mainly clandestine use of various ways of preventing conception, the kind which had been resorted to in special cases or in a special environment since time immemorial, but rather a mass practice which had never existed before. In Europe, as far back as the 18th century, “contraceptive practices were assimilated with vices such a sodomy. Even the atheists of the eighteenth century condemned them as a violation of “Natural Law”, the new divinity” [Sauvy 1969: 362].

Nevertheless, already from the end of the 18th century there was a steady, continuous decrease in fertility in France, indicating that contraception had become a common method of regulating family size. This gave French authors grounds to assert that the contraceptive revolution described by Westoff and Ryder in the mid-1970s was in fact the second. The first had occurred in France, "in a narrow family circle, indifferent to the shocks of political and social history, deaf to the open debate about the “depopulation” of France and, possibly, dumb in the confessional” [Leridon et al.1987: 14].

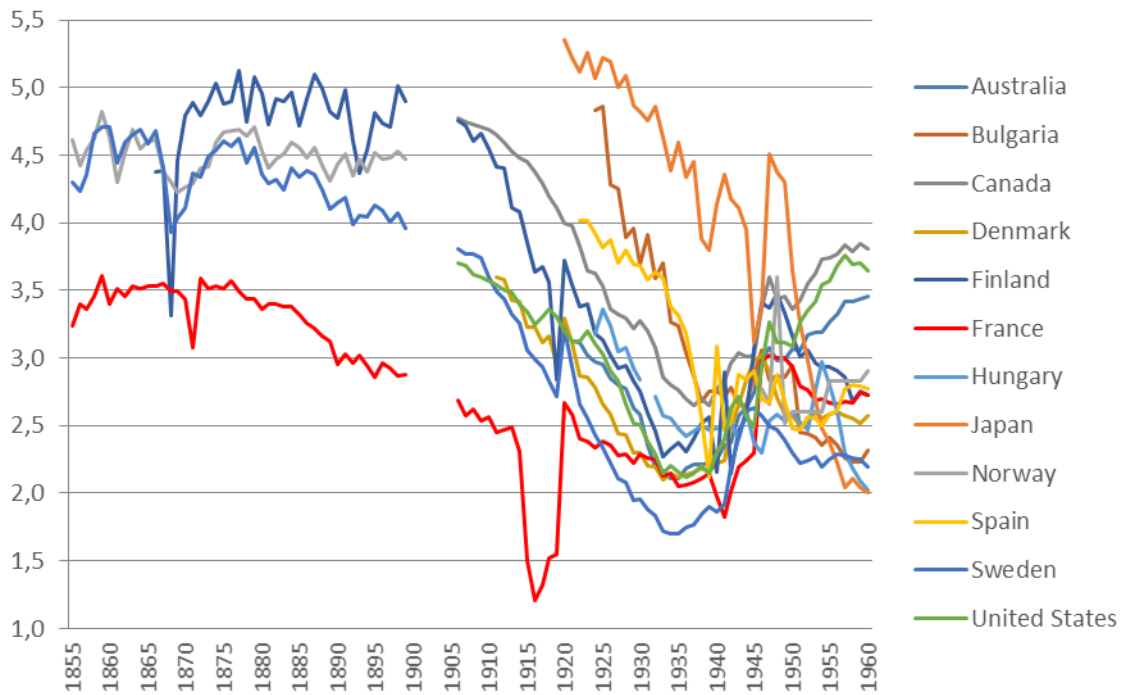
According to Leridon and co-authors, France paved the way for the "first contraceptive revolution", for a long time walking it alone, while the English and American neo-Malthusians fought, seemingly in vain, for the family's right to *birth control*, for which they were persecuted and accused of irresponsibility and immorality. But the growing momentum of the demographic transition made birth control an increasingly urgent demand, and, in the final analysis, it was the French way that proved to be the only possible response to this demand. All European countries, the United States and even Russia would eventually set out on this path, and after the First World War were already confidently moving along it. Since that time, France has lost its exceptional position, its level of fertility no longer differing from that of other countries of European culture. Within a very short time, fertility in all these countries had fallen to an unprecedented level, often lower than in France (Figures 1 and 2). This could only mean one thing: within three to four decades the practice of deliberate birth control by married couples, only recently not recognized, had become a mass phenomenon. It was a truly revolutionary change.

The total fertility of women’s cohorts born in 1910 and 1920, who had basically finished their reproductive activity by 1950-1960, in countries of European culture both in Europe itself and overseas (Table 1) only confirms the above: the practice, rare and to some degree or other forbidden in the 19th century everywhere except in France, of deliberate birth control by married couples had, already in the first half of the twentieth century, become universal.

**Table 1. Completed fertility per woman of the 1910 and 1920 cohorts in some countries**

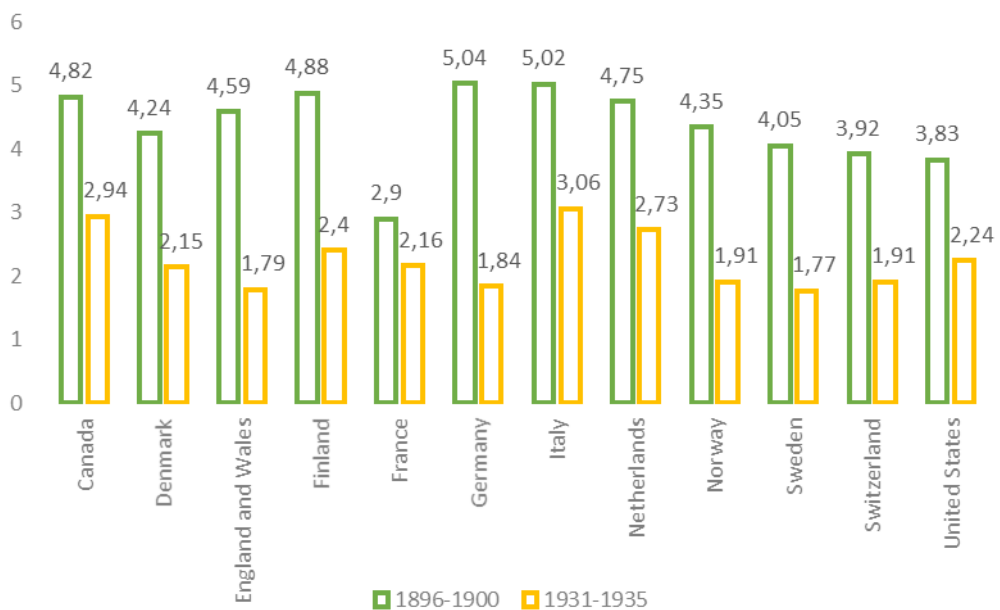
Country	Number of births		Country	Number of births	
	1910	1920		1910	1920
Australia	2.37	2.70	Italy	2.74	2.44
Belgium	2.05	2.13	Netherlands	...	3.06
Canada	2.76	3.18	Scotland	...	2.50
Denmark	2.23	2.43	Sweden	1.89	2.14
England and Wales	...	2.00	Switzerland	2.02	2.27
France	2.27	2.50	USA (white women)	2.23	2.65

Source: [Festy 1979: 300-301].



**Figure 1. Total fertility rates in European countries and in Japan, 1855-1960, births per woman**

Source: [Chesnais 1986: 517-521].



**Figure 2. Total fertility rates in some countries of European culture in 1896-1900 (USA and Canada - 1901-1905) and in 1931-1935, births per woman**

Source: [Chesnais 1986: 522-523].

All this is true of Russia too. A Russian woman born in 1891-1895, whose reproductive activity was mainly in the first decades of the twentieth century, despite all the upheavals of these decades gave birth to an average of 5.5 children. For the generations of women born in 1921-1925,

whose period of reproductive activity occurred in the 1940s - 1960s, this indicator decreased by half - to 2.25 [Demographic modernization ... 2006: 157]. The spread of birth control is obvious.

Conclusion: in the first half of the twentieth century there occurred huge changes of fundamental importance in the reproductive behavior of women in Russia as well as in all European countries and overseas countries of European culture, including eventually Japan (whose total fertility rate in 1931-1935 was 4.65, in 1961-1965 - 2.0 [Chesnais 1986: 522-523]). What had previously been considered unacceptable was now generally accepted: the vast majority of married couples had moved to the conscious regulation of the number of births.

These changes cannot be called anything but revolutionary. The question is whether this revolution was only *contraceptive*. Until the 1960s, the widespread practice of birth control relied on the use of long-known, if usually condemned methods of preventing pregnancy (mainly coitus interruptus, to a lesser extent condoms, female barrier methods and douching) or feticide. The latter was unavoidable, as the traditional methods of preventing conception were not sufficiently effective and reliable, a fact which, given the widening recognition of the rights of women and families to decide the number and timing of the birth of children, could not but lead to a rather widespread increase in the practice of artificial interruption of unwanted pregnancies. In France, for example, for a long time "the only method available to married couples was coitus interruptus, and failure in its application could lead to abortion (and at first, perhaps, to disguised infanticide)" [Leridon et al 1987: 285].

Abortion was everywhere banned and condemned, but in the 19th century many Western countries saw an increase in their number. Of course, there are no reliable statistics on abortions during the time they were legally prohibited, but only some estimates. According to such estimates, for example, in the second half of the 19th century one in five pregnancies in the United States ended in abortion [Pots, Selman 1979: 201]. In Germany in 1890 there were 8-10 abortions per 100 deliveries, and in 1924 - already 25 [Gens 1926: 3-4]. Indirect evidence of an increase in the prevalence of illegal abortion in Europe could be the increase in maternal morbidity and mortality from this cause [Paevsky 1970: 313-315]. In 1929 Marie Stopes, one of the most active champions of the right to birth control in the UK, who opened the first family planning clinic in the country, wrote: "...the fall in the birth rate at present is clearly not to be attributed solely to the use of "birth control" but to a much larger extent is due to criminal abortion" [Davey 1988: 333]. In the late 19th - early 20th century, the spread of abortion began to disturb Russian public opinion too [Demographic modernization ... 2006: 197-199].

It is precisely the presence of abortion among methods of birth control which calls into question the interpretation of changes in procreative behavior in the first half of the twentieth century (and they were in fact revolutionary) as a contraceptive revolution. At the same time, it seems that the role of abortion in Western countries has always remained secondary. In the West, the main methods of birth control have generally involved the prevention of pregnancy; its interruption has not been widespread. This can be judged from the statistics on legal abortions after they were allowed in many Western countries in the 1960s and 1970s. Abortion came out of the underground, became widely available, and statistics did indeed show a certain extension of the practice of legal termination of pregnancy. But no "explosion" in the number of abortions occurred even at the peak of its practice: it was still incomparably lower than in Russia at the time.

For example, in the United States, after the 1973 Supreme Court decision legalizing abortion, the number of abortions increased to 43-44 per 100 births in 1979-1984, after which the indicator declined. In France, despite the decriminalization of abortion in 1975, the number of abortions per 100 births later almost never exceeded 30. In Russia, with the same level of fertility as in the above countries, during the 1960s-1970s the number of abortions per 100 births exceeded 200, and sometimes 250<sup>2</sup>.

Thus, with regard to Western countries we can, if somewhat loosely, still talk about the first contraceptive revolution, although it is more a preparatory stage in which the practice of preventing pregnancy through traditional, "pre-industrial" methods became widespread [Wrigley 1969: 188-190], and eventually led to the contraceptive revolution described by Westoff and Ryder.

## **THE CONTRACEPTIVE REVOLUTION IN THE WEST**

Precisely because the practice of regulating fertility by preventing pregnancy was becoming more and more widespread in the West, efforts were also made to improve contraceptive methods in order to make them more convenient, reliable and safe. The original arsenal of such methods was inherited from the past, when there was neither the technical capacity to create effective contraceptives, nor a great demand for them. Now everything had changed: a public demand for more advanced contraceptive technologies had taken shape, and scientific and technological progress had made it possible to satisfy this demand, just as had happened in all other areas of human activity. This made possible a genuine contraceptive revolution.

A breakthrough came with the appearance of hormonal and intrauterine contraceptives. The search for them had taken several decades. The first sample of an intrauterine device was created in 1909, while the idea of hormonal contraception appeared in the early 1930s. But it was only in the early 1960s that both achieved the necessary standards of reliability. In 1960, contraceptive pills based on synthetic hormones were allowed for universal use, and at about the same time began the widespread use of intrauterine contraceptives (IUDs) made of inert plastic materials. The third reliable method of preventing conception was surgical sterilization, which also became widespread as of 1970, thanks to the introduction of mini-laparotomy and laparoscopy into surgical practice.

The new technologies began to spread very quickly. In the US market, hormonal or oral contraception (OC) appeared in 1960, and by 1970 it was being used by 6 million women or over 1/3 of married women practicing contraceptive methods [Westoff 1972: 11]. The proportion of married American women using one of these three methods (OC, intrauterine devices (IUD) or surgical sterilization) among women below the age of 45 at risk of unwanted conception was 52% in 1970, whereas in 1965 this proportion was equal to 1/3, and in 1960 less than 10% [Westoff 1975: 573-574]. The level of use of any method of contraception had also been high before – this indicator grew by only a few percentage points. What changed dramatically was the structure of contraceptive methods, towards ones that were more effective, user-friendly and, importantly,

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<sup>2</sup> <http://demoscope.ru/weekly/app/app40ab.php>

under a woman's control (unlike the prevailing "male methods" of coitus interruptus and condoms).

Similar trends were observed in the 1960s and 1970s in European countries. The available statistics for Belgium show an almost sixfold increase in the proportion of users of pills to all users of contraception over 10 years: from 7% in 1966 to 41% in 1976 [Leridon 1981: 75]. In France, in 1968, about 6 million packages of contraceptive pills were sold, in 1970 - over 7 million, and in 1985 the number of packages sold exceeded 47 million. The number of IUDs sold grew from about 60,000 in 1970 to 950,000 in 1985. In 1968, only 4% of women aged 15-49 years used hormonal pills, in 1985 - over 27%. Another 13-16% of women used intrauterine devices, whereas in 1971 they were less than 1% [Leridon et al. 1987: 69, 72].

By the early 1980s, pills had become the most popular method of preventing pregnancy in many Western countries, although other methods that came with contraceptive revolution were also used. For example, in the United Kingdom sterilization was gaining popularity. If, before 1970, the share of sterilization in the structure of methods was invisible, in 1976 it was 19%, and in 1986 37% of families using contraceptive methods used sterilization [Cleland 2009: 167]. The same happened in the US and Canada. In the first half of the 1980s, in western countries, the number of married women who regularly resorted to modern contraception, as a rule, exceeded 50-60% (Table 2).

**Table 2. Number of women using various modern contraceptive methods, per 100 married women under the age of 45**

	Belgium (Flemish part), 1983	Great Britain, 1983	Canada, 1984	Netherlands, 1982	Norway, 1977	USA, 1982	Finland, 1977	France, 1982
Pills	32	25	12.7	26	13	13.5	11	27
IUD	8	5	6.7	10	28	4.8	29	18
Sterilization								
female	18	28*	28.3	25-30	6	27.5	5	8
male			13.2			11.4		0
Total	58	58	61.0	61-66	47	52.7	45	53

Note: \*Approximately equally male and female

Source: [Leridon et al. 1987: 286].

By the end of the 1980s, modern contraceptive methods in the countries of Northern and Western Europe and North America had entirely replaced the unreliable traditional ones [Frejka, Ross 2001: 233-237]: the contraceptive revolution in these countries was completed. Its main result was a significant increase in the effectiveness of fertility regulation, with the number of unwanted births declining sharply.

The contraceptive revolution in the West had important social and demographic consequences. It made possible a multifaceted change in the behavior of people, which later became known as the "Second demographic transition." The freedom to get married and have children when you wanted had grown: despite a lowering of the age of sexual debut, these could

now be postponed to a later date. Women ceased to depend on men in the sense that they themselves were now able to avoid pregnancy if they chose to, since the link between sex and conception was gone. The number of unplanned pregnancies declined sharply and the “shotgun marriages” of old began to disappear [Lesthaeghe 2010: 216]. Abortion did not disappear completely, but it remained as an extreme measure, used only in cases of failure or misuse of contraception.

## **THE USSR: MISSED OPPORTUNITIES**

Russia began its demographic transition later than many European countries, but at the turn of the 19th and 20th centuries the need for birth control began to be felt here too, and the corresponding practice began to spread. As expected, at first it relied on ineffective and unsafe methods. In particular, doctors recorded a significant increase in the number of patients who had had an illegal abortion [Demographic modernization ... 2006: 197-199]. The idea that the only reasonable alternative to the artificial termination of pregnancy is its prevention was clear to many specialists in Russia even then. An example is the presentation by Dr. L. Okinchits at the 4th Congress of the Society of Russian Obstetricians and Gynecologists in December 1911. According to the speaker, punitive measures against abortion do not work, and calls for abstinence are pointless, so the main way to reduce the practice of abortion should become "precautionary measures against conception." L. Okinchits also formulated the basic requirements for contraception: it must reliably prevent conception, be completely safe, easily and conveniently applicable, and also affordable for the poorest layers of the population [Okinchits 1912: 53-66].

However, neither before nor after the 1917 revolution did the practice of preventing conception receive full recognition in Russia, but was considered rather as a purely medical problem. In official documents, the use of contraceptive methods was allowed mainly for medical reasons, for example, if pregnancy threatened the life and health of a woman. For decades, the country's leadership adhered to the dogma that building socialism and raising the standard of living in the Soviet state would facilitate the return of large families, and consequently there was no need to develop family planning. A decree of the People's Commissariat of Health and the People's Commissariat of Justice of the RSFSR, legalizing abortion in 1920, stated that "the strengthening of the socialist system" and "the broad implementation of the principles of protecting motherhood and infancy" will lead to the gradual disappearance of abortion as a consequence of "the moral remnants of the past and heavy economic conditions of the present."<sup>3</sup> As the chief specialist for family planning of the People's Commissariat of Health, A.B. Gens, wrote in the 1920s, the USSR did not recognize the neo-Malthusian movement, believing that radical social reorganization would improve the situation of workers, which would, among other things, solve the problem of unwanted pregnancies [Gens 1929: 79].

It cannot be said that nothing was done towards developing a family planning service. Contraceptives were legalized by a circular of the Narkomzdrav (The People's Commissariat of Health) in 1923. The Central Scientific Commission for the Study of Contraceptives and the

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<sup>3</sup> Decree of the People's Commissariat of Health and the People's Commissariat of Justice of the RSFSR of November 16, 1920 "On the artificial termination of pregnancy."

Scientific and Production Laboratory were established within the Narkomzdrav's Department of Protection of Motherhood and Infancy. However, the scientific basis for expanding the practice of contraception was of a low level<sup>4</sup>, and soon these efforts were curtailed too.

In 1936, when adopting the law on the prohibition of abortion, the authorities announced they would be developing the production of contraceptives. A decree of the Council of People's Commissars of July 31, 1936 set the task of expanding the production of rubber products (condoms, pessaries) and other preventive measures (aluminum uterine caps, the contraceptive paste "Prekonsol"). At the same time, it was decided to set up a condom production facility at the Bakovka plant, then under construction. But these decisions were not fully implemented [David, Popov 1999: 237-238], which should not be surprising. After all, references to the "conditions of socialism", "increasing the material well-being of the working people", and "the maximum development of the network of maternity hospitals, nurseries, kindergartens" contained in the law on the prohibition of abortion<sup>5</sup> made sense only if they were opposed to any limitation on childbearing, not only abortion. In the conditions of the Stalinist USSR, this practically excluded any activity aimed at the development of contraception. Also of importance was the motive of authoritarian power to limit the freedom of the individual in making decisions, including the composition of the family [Avdeev 1989: 59]. "Doctors did not teach women how to use contraceptives, of which, moreover, there were not enough, and their quality too left much to be desired" [Sadvokasova 1969: 125]. In 1939, contraceptive sterilization was banned in the USSR<sup>6</sup>.

The repeal in 1955 of the abortion ban was only a recognition of the widespread practice of interrupting an unwanted pregnancy. The authors of the new law followed the same logic as the authors of the laws of 1920 and 1936: "Prevention of abortion," the law said, "can be achieved by further expanding state measures to encourage motherhood and educational and explanatory measures."<sup>7</sup> Not only politicians, but also many specialists remained "in the networks of the concept of impediments" [Avdeev 1989: 61]. Thus, in keeping with this concept, the famous Soviet social-hygienist and medical demographer Ye.A. Sadvokasova, having constructed a complex system of reasons for women's refusal to give birth, concluded that at least 1/3 of abortions are the result of "absolutely eliminable reasons" such as "lack of living space", "material insecurity," "there is no one to leave the child with" – all of which would supposedly be eliminated as the communist society was built [Sadvokasova 1969: 152-163].

It is not surprising that in the context of underdevelopment of the family planning service and the shortage of contraceptives, the level of abortion in Russia was extremely high [Demographic modernization ... 2006: 215-224]. Little is known concerning the methods of preventing unwanted pregnancies in that period – the corresponding studies were almost never

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<sup>4</sup> For example, the issue of the possibility of using "spermatotoxins" or X-rays as contraceptives was discussed [Gens 1929: 76-90].

<sup>5</sup> A resolution of the Central Executive Committee and the Counsel of People's Commissars of the USSR of June 27, 1936 "On the prohibition of abortions, increasing material assistance to women in childbirth, establishing state assistance to large families, expanding the network of maternity hospitals, nurseries and kindergartens, strengthening criminal penalties for non-payment of alimony and some changes in the law on divorces. "

<sup>6</sup> Clarification of the People's Commissar for Health of the USSR No. 303 of August 7, 1939 "On the prohibition of surgery to dress or remove healthy fallopian tubes."

<sup>7</sup> Decree of the Presidium of the Supreme Soviet of the USSR of November 23, 1955 "On the abolition of the prohibition of abortion".



carried out. According to a survey of married women of reproductive age conducted in 1966 at several Moscow enterprises (N=1351), despite the fact that most women tried to practice birth control (from 74.5% under the age of 25 to 92.6% at the age of 30-34 years), only 25% of respondents had no experience of abortion. In many cases, unwanted pregnancies occurred against the background of ineffective use of contraceptive methods, the most common among which were condoms and coitus interruptus [Belova, Darskii 1972: 126-137]. Another survey of women in Moscow<sup>8</sup> showed that the main contraceptive methods in the early 1970s were vaginal douches, coitus interruptus and the often poorly understood calendar method [Polchanova 1973].

Technological innovations in the field of birth control methods, which marked the contraceptive revolution in the West in the 1960s and 1970s, did not reach Russia soon. In particular, the aforementioned survey of workers from Moscow enterprises in 1966 gave grounds to assert that "... neither oral pills nor intrauterine mechanical means were basically known to Muscovites at all" [Belova, Darskii 1972: 135]. The new contraceptives spreading in the West were viewed in the USSR with suspicion. The attitude of the USSR Ministry of Health to them was contradictory, and its policy was sluggish and inconsistent. In 1970 a Symposium on Hormonal Contraception was held in Moscow; its concluding documents noted the high effectiveness of hormonal contraceptives. While continuing to purchase foreign oral contraceptives from Yugoslavia, Hungary and some other countries, the Ministry of Health instructed leading research institutes and departments of obstetrics and gynecology to develop domestic hormonal means. But, as was often the case in the Soviet Union, good intentions and even decisions basically remained on paper. There is still no production of hormonal contraceptives in Russia. In 1974, the Ministry of Health circulated a letter in which the side effects of using oral contraceptives were so exaggerated that the continued use of them was in question<sup>9</sup>. Citing foreign sources, the letter presented data on deaths – not to mention various health disorders – resulting from the intake of synthetic hormonal drugs in different countries.

Within the conditions of a competitive market economy, Western countries were following the path of continuous development and improvement of contraceptives, and reducing the risk of their use. Yet the USSR Ministry of Health continued to focus on the analysis of complications associated with taking hormonal contraceptives. In 1981, the Ministry of Health issued a new information letter stating: "It's hard to agree with the opinion ... that the positive medical and social consequences of using oral contraceptives exceed their risk."<sup>10</sup> The position of health leaders inevitably caused an almost hostile attitude towards hormonal contraception among the general population [Kohn 2010: 410]. The government intended to combat high abortion rates in two main ways: by intimidating women with information about the harm and dangers of abortion for health, and by promoting maternity and paternity [Polchanova 1973].

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<sup>8</sup> Sample characteristics and survey procedure are not specified

<sup>9</sup> Information letter from the Ministry of Health of the USSR, the Office for the Introduction of New Medicines and Medical Equipment, the All-Union Center for the Study of the Side Effect of Drugs of 1974 "On Side Effects and Complications in the Use of Oral Contraceptives."

<sup>10</sup> Information letter from the Ministry of Health of the USSR, the Office for the Introduction of New Medicines and Medical Equipment, the All-Union Center for the Study of the Adverse Effects of Medicines of 1981 "On Adverse Reactions and Complications Caused by Oral Contraceptives."

Nevertheless, albeit slowly, the tone of official documents changed, gradually coming to recognize the need to develop and promote contraceptives. Methodical recommendations published by the Ministry of Health in 1983, entitled "Methods of Preventing Pregnancy", began with the words: "The introduction of modern contraceptives is the main method of preventing abortion and of reducing gynecological morbidity and obstetric pathology" [Methods of Prevention ... 1983]. Priority was given to the IUD as the main method of contraception for married women, and its use in the 1980s grew rapidly [Demographic modernization ... 2006: 227-228]. In the documents appeared references to "subjective, psychological" factors influencing the decision to terminate a pregnancy, and not just material and housing difficulties. However, the chance had been missed: the gap between the USSR and the developed countries had become enormous.

The official policy in the country maintained a strong pronatalist orientation, and the authorities always feared that the promotion of family planning would lead to a further decrease in fertility.

This cautious attitude towards hormonal contraception was also shared by doctors, whose job it was, to the contrary, to promote this modern method in every possible way. "One factor holding back the spread of [hormonal contraception] ... is the negative attitude of obstetrician-gynecologists to the use of hormonal pills," the Russian Ministry of Health stated in 1992<sup>11</sup>.

In general, despite some positive changes in the years of perestroika<sup>12</sup>, the Soviet period was a time of stagnation in everything which concerned the development of modern methods of family planning for the overwhelming majority of women and couples. By the end of the Soviet Union, birth control in the country was characterized by widespread abortions, underdeveloped family planning services, a shortage of contraceptive means and a low level of sexual culture. One cannot fail to note also the absence of any detailed abortion statistics, the keeping of which poses no problems when abortion is legal.

## **THE START OF THE CONTRACEPTIVE REVOLUTION IN POST-SOVIET RUSSIA**

In the post-Soviet period, the situation began to change. The emergence of the market, including the market of modern means of contraception, and information openness in few years significantly changed the situation.

An important role in the ousting of abortion by contraception was played by the federal targeted program "Family Planning", adopted in the early 1990s and in 1994 given the status of "Presidential". The President's Decree stated that the main reason for the development of the program was "the high prevalence of abortions with a decrease in fertility ... Abortion remains the main method of birth control, and about 4 million abortions are performed annually. In 1991,

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<sup>11</sup> Letter of the Ministry of Health of the Russian Federation to the heads of the healthcare and pharmacy administrations of the administrative territories of the Russian Federation No. 06-15 / 7-15 of July 30, 1992 "On the state of abortion in Russia and organization of the family planning service".

<sup>12</sup> For example, in 1989 was created, by the decision of the CPSU Central Committee (!), The Family and Health Association, whose task was to provide information on methods of family planning and on contraceptives.

according to the State Statistics Committee of Russia, the rate of abortion per 1,000 women of childbearing age was 100.3. Abortions account for one third of the structure of maternal mortality." The goal was "to reduce the number of abortions by 25 to 30 percent of the baseline."<sup>13</sup>

For the first time in Russia, a state family planning service was starting to take shape, provided with modern equipment and contraceptives "in the right amount and assortment." Within the framework of the program, work was carried out to raise public awareness regarding the prevention of unwanted pregnancies. The introduction of a system of sexual education for adolescents was envisaged. About 40% of the funding for the "Family Planning" program was allocated annually for the purchase of hormonal contraceptives, which enabled many health care institutions to distribute them to socially unprotected groups of the population, such as youth and low-income women [Sharapova, Baklayenko 2003: 4]. Training courses were organized for specialists in the field of abortion prevention and safe maternity. Similar programs were adopted in the regions.

The program was largely initiated by the Russian association "Family Planning", which had existed since 1991 and was later, under the influence of the political conjuncture, renamed the Russian Association "Population and Development". One of the statutory goals of the Association was "to promote the introduction of modern methods of contraception for the prevention of unplanned pregnancies and abortions, the reduction of the level of maternal mortality, and the birth of desired and healthy children."

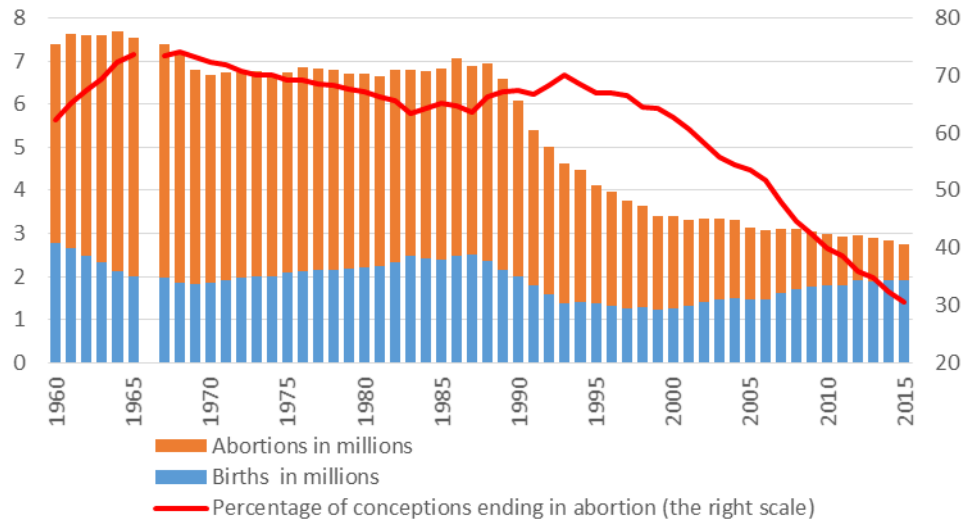
All of this activity was in full accord with the position of international organizations, formulated, in particular, in a report at the 1994 Cairo International Conference on Population and Development: "Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning, and in all cases provide for the humane treatment and counseling of women who have had recourse to abortion" [UN 1994: 7, para. 7.24].

The "Family Planning" program received funding (perhaps not very generous) from the state budget. Substantial financial and technical assistance was also provided by international organizations, government and private foreign foundations, in particular the United States Agency for International Development (USAID) and the United Nations Population Fund (UNFPA).

The program proved to be quite successful. The most eloquent evidence of this is the rapid decline in the number of abortions, which for several decades had been unachievable. The number of abortions per 100 births, or, in other words, the proportion of pregnancies ending in abortion, began to decline precisely starting in 1994, when the presidential family planning program was adopted, and fell despite the decline in fertility: abortion had clearly lost its role as a method of regulating childbirth, giving way to contraception. Since then, the number of births has been steadily approaching the number of conceptions, which indicates an increasingly effective family planning (Figure 3).

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<sup>13</sup> Decree of the President of the Russian Federation No. 1696 of August 18, 1994 "On the Presidential Program "Children of Russia".



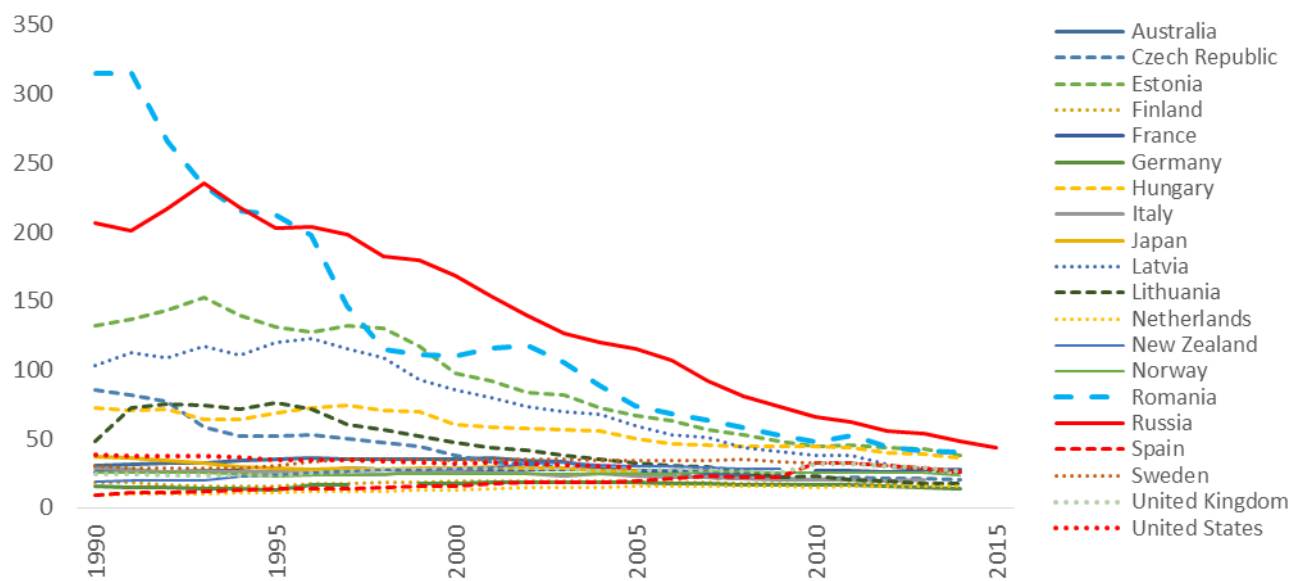
**Figure 3. Number of births, number of abortions and percentage of conceptions ending in abortion, 1960-2015**

*Note: The number of conceptions is taken as the sum of births and abortions.*

*Source: Authors' calculations based on Rosstat data.*

In 2015, the number of abortions per 100 births was more than 5 times lower than in 1993, after which the decline began. Now it is already possible to say with certainty that although Russian rates of abortion are still higher than the corresponding indicators of countries that have gone through a contraceptive revolution, the gap between them is declining year by year (Figure 4). Does this mean that this revolution is also taking place in Russia? And if so, how far has it gone?

To answer these questions, it is necessary to analyze the modern practice of contraceptive use in Russia.



**Figure 4. Number of abortions per 100 births in some countries**

*Source: [WHO Regional Office for Europe].*

## MODERN PRACTICES OF CONTRACEPTIVE USE IN RUSSIA

A low abortion rate alongside low fertility is an indisputable sign of the mass practice of birth control. However, we saw that in Western countries this practice was quite widespread even before the beginning of the "second" contraceptive revolution, which radically changed the structure of the methods used to prevent conception. What is happening to this structure in Russia? To what extent is the modern contraceptive practice of Russians based on the use of the latest-generation contraceptives, and to what extent do the methods used still remain traditional, i.e. insufficiently convenient, reliable and effective?

The main source of information about contraceptive behavior is usually sample surveys of the population. Unfortunately, in Russia until 2011 special nationwide surveys of the reproductive health of the population were not conducted. Some information about contraceptive use was contained in the program of two waves of the survey "Parents and children, men and women in the family and society" in 2004 and 2007 [Sakevich 2009; 2010]. A number of questions related to family planning are included in the program of "The Russia Longitudinal Monitoring Survey - Higher School of Economics (RLMS-HSE)"<sup>14</sup>. Valuable information about this little-known side of Russians' private lives was obtained as a result of several regional surveys, for example in Yekaterinburg, Perm and the Ivanovo region [Troitskaya, Andersson 2011], but how representative they are for the country as a whole is unclear.

In 2011 in Russia for the first time in her history a special "Russian Reproductive Health Survey (RRHS)"<sup>15</sup> was conducted, containing, among other things, detailed information on attitudes to and knowledge and experience of contraceptive use in Russia. In this article, we use the results of this unique survey.

Both the RRHS and all other recent sample surveys that touch on family planning indicate that today the prevalence of contraception in Russia is high. The vast majority of couples resort to contraceptive methods for birth control, although not always successfully.

According to the RRHS, 72.3% of women aged 15-44 years who are married or in a partnership used contraceptive methods for 30 days before the survey (table 3). Russia here differs little from other countries with a post-transition type of fertility. Very close to the Russian rates of contraceptive use are those typical for countries such as Australia, Belgium, Germany, Austria, Spain, Romania and many others. However, in some countries the level of contraceptive use is even higher: in Norway 88.4%, in The Czech Republic 86.3%, and in Canada and China 85% of women in a partnership use contraceptive methods [UN 2016].

At the time of the survey, 27.7% of married women of reproductive age were not using contraception, and almost 85% of them named as the reason for this a current pregnancy, a postpartum period, a desire to become pregnant, an inability to conceive, or a lack of sexual

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<sup>14</sup> <https://www.hse.ru/rlms>

<sup>15</sup> The survey was conducted by Rosstat jointly with the Ministry of Health of the Russian Federation with the assistance of the United Nations Population Fund, the United States Agency for International Development and the reproductive health department of the Centers for Disease Control and Prevention (USA); field work was carried out by the Information and Analytical Center "Statistics of Russia". A total of 10,010 responses were received from women aged 15-44.

activity: for all these categories of women contraception is not needed. A small proportion of women who did not use contraception said they did not think about contraception (2.6%), did not want to use it (3.3%), were afraid of side effects (2.2%), or yielded to a partner who objected to contraception (1.9%). Only a very few did not use contraceptive methods because they did not know where to buy them, could not afford them, or because of their religious beliefs.

Modern methods are preferred by 57.5% of women aged 15-44 who are married or in a partnership, or about 80% of contraceptive users, and this is the main difference of today's situation from that in Soviet times. According to the RRHS, the most popular contraceptive method among Russian families is the condom, which is used by almost 27% of couples or 37% of contraceptive users. A condom is considered a method of medium efficiency, since it is difficult to use ideally in practice<sup>16</sup>. The second most common method is intrauterine contraception (14.2% of couples), followed by hormonal contraception (13.2%). The question of why Russians give preference to the condom requires additional research. One possible explanation is a reluctance to deal once again with the public health system, a distrust of it, and a desire to avoid "medical supervision" in such a private sphere as one's sex life [Temkina 2011: 221-226; 2013: 10]; moreover, a condom can be bought freely in a supermarket. Perhaps some role is played by the fear of contracting HIV/AIDS and other sexually transmitted diseases [Temkina 2011: 213-215], whose incidence rate in Russia is high.

**Table 3. Percentage of women aged 15-44 years using contraception, according to the Russia Reproductive Health Survey (RRHS), 2011**

	Women married or in partnership	Sexually active women, never married
Any method of contraception	72.3	89.9
Modern method	57.5	79.2
<i>including:</i>		
condom	26.6	65.1
IUD	14.2	0.4
hormonal pills (oral contraception)	13.2	11.1
spermicides	1.3	1.7
sterilization of woman	1.5	-
other	0.7	1.0
Traditional method	14.8	10.7
<i>including:</i>		
calendar	4.2	1.1
coitus interruptus	10.1	9.5
other	0.1	-
Don't use contraception	27.7	10.1
Total	100	100
<i>Number of respondents</i>	<i>6091</i>	<i>447</i>

*Note: Respondents not answering the question were left out.*

*Source: Calculations of authors based on the survey database.*

<sup>16</sup> With regular use of contraception for 12 months, the risk of failure using traditional methods is estimated at 14-26 unintended pregnancies per 100 person-years (naturally, the calculation applies only to women). With modern methods, the risk of failure is reduced to less than one unintended pregnancy per 100 person-years. The corresponding indicator for the male condom, which is usually considered a modern method, is estimated at 14 unintended pregnancies per 100 person-years [Frejka 2008: 74].

The preference given to one method or another depends on age (Table 4). Women under the age of 25 who are married or in a partnership use hormonal contraception 1.4 times more often those aged 30-34, whereas the IUD, on the other hand, is much more common in age groups over 30. But the condom occupies the first place in popularity in all age groups from 15 to 45 years.

**Table 4. Structure of contraceptive methods depending on the age of contraception users. Women married or in partnership, 2011, %; according to the Russia Reproductive Health Survey (RRHS)**

	Woman's age, years					
	15-44	under 25	25-29	30-34	35-39	40-44
Use contraception	100.0	100.0	100.0	100.0	100.0	100.0
Modern method	79.5	79.8	79.0	80.8	79.4	78.5
<i>including:</i>						
OC	18.2	22.2	20.6	21.5	15.5	11.8
IUD	19.6	6.8	13.7	22.2	25.1	26.5
condom	36.8	49.1	42.6	33.0	29.9	33.6
Traditional method	20.5	20.2	21.0	19.2	20.6	21.5

*Source: Authors' calculations based on the database of the RRHS.*

According to the RRHS 14.8% of women, married or in a partnership, use only traditional methods with low reliability. This, of course, is much less than in the Soviet period, but not so little. In Western Europe today traditional methods are used by no more than 5% of couples. The main reasons given by Russian women for rejecting modern methods of contraception were: fear of side effects (77% of users of traditional methods), the decision of husband / partner (77%) and low availability of modern means (65%). Very few respondents gave such reasons as religious beliefs or the high price of contraceptives.

Never married, but sexually active women use contraceptive methods more often than married women (Table 3), which is quite expected. Among these women, 65.1% indicated the use of a condom.

To assess the changes in contraceptive behavior of Russians over the past few decades, we compare the data of the RRHS with the results of a survey of women in three Russian cities (Moscow, Saratov and Ufa), conducted in 1983-1985. The 1983-1985 sample included married women under 35 living together with a partner and having one or two children. Accordingly, among the respondents from the RRHS we selected women of the same age, marital status and number of children born, living in Russian cities.

Tables 5 and 6 convincingly show that knowledge of and attitudes to contraceptive methods have undergone significant changes in the last 25 to 30 years.

In the mid-1980s, the population's views on various methods of birth control were formed in the context of very limited information, and even disinformation, about contraceptive methods, hence were extremely incomplete and often incorrect. In 1983-1985, 25-31% of young urban women did not know of the existence of hormonal contraception, whereas almost everyone knows about this method now. According to a survey in 2011, the practice of douching more or less disappeared, with a mere 6 out of almost 2000 women claiming to use it. Compared with the mid-1980s, the proportion of those who knew about spermicides had decreased, but information had appeared on sterilization and contraceptive injections, which were not used in the Soviet era.

The fact that women had heard about this or that method in the 1980s did not mean they had a good idea how they worked. When asked about the properties of contraceptive methods, many women in Moscow, Saratov and Ufa answered "I do not know," and the rest were distrustful of most methods (Table 5). Only 7-18% of the women surveyed considered oral contraception to be a reliable, and 4-6% – a harmless, method of birth control. The most effective (albeit unsafe) method was considered by residents of Moscow and Saratov to be coitus interruptus. Obviously, the situation was even worse in small towns and villages.

**Table 5. Knowledge of contraceptive methods. Women younger than 35 years of age living together with a partner and having one or two children, % of respondents**

Contraception method	1983-1985			2011
	Moscow	Saratov	Ufa	Urban population of Russia
IUD	95.6	94.8	96.2	98.0
Oral contraception	75.0	69.4	69.4	98.8
Condom	97.5	98.1	96.8	99.8
Chemical means (spermicides)	76.0	74.6	74.3	54.0
Female sterilization	-	-	-	77.0
Male sterilization	-	-	-	59.1
Injections	-	-	-	26.2
Coitus interruptus	93.6	91.6	86.7	92.5
Calendar method	95.1	91.7	91.6	80.4
Douching	86.8	89.5	89.5	...

*Note: The number of respondents in 1983-1985 was 1000, in 2011 - 1973. In the questionnaire of the 2011 RRHS the question was formulated as follows: "Have you ever heard of ...?"*

*Sources: 1983-1985 - [Babin 1986]; 2011 - Authors' calculations based on the RRHS database.*

**Table 6. Opinions on contraceptive methods. Women under 35 years of age living together with a partner and having one or two children, % of respondents**

	1983-1985			2011
	Moscow	Saratov	Ufa	Urban population of Russia
<b>Consider method effective (reliable)*</b>				
IUD	29.9	26.6	34.3	88.6
Oral contraception	18.1	7.0	8.9	91.0
Condom	36.8	34.7	29.5	93.5
Chemical means (spermicides)	3.4	4.1	6.7	n.a.
Female sterilization	-	-	-	68.5
Injections	-	-	-	17.8
Coitus interruptus	41.7	39.7	29.3	65.9
Calendar method	23.0	30.7	31.2	44.7
Douching	15.7	14.3	15.6	n.a.
<b>Consider method safe (harmless)**</b>				
IUD	20.6	25.5	28.5	16.6
Oral contraception	6.4	5.1	3.7	18.5
Condom	48.5	45.7	34.6	88.9
Chemical means (spermicides)	11.8	8.5	14.8	n.a.
Female sterilization	-	-	-	4.2
Injections	-	-	-	1.8
Coitus interruptus	10.3	7.2	5.6	n.a.
Calendar method	75.0	77.1	70.1	n.a.
Douching	36.3	37.7	43.2	n.a.

*Notes: \*For 2011, the answers are combined: "very effective", "effective" and "somewhat effective". \*\*For 2011, the answer taken is: "a low level of threat to health".*

*Sources: 1983-1985 - [Babin 1986]; 2011 - Authors' calculations based on the RRHS database.*



Today's city dwellers are much more competent in this matter, although even now only 18.5% of young urban women see no health threat in hormonal contraceptives, and 70% believe their use leads to weight gain. The long-term discrediting of hormonal contraception has borne fruit. Still today it is possible to hear women say: "They [hormone pills] are bad for the liver, basically like any medications you take", or "When it comes to pills, it seems to me they make you fat" (Temkina 2011: 217).

In the time between the two surveys attitudes towards condoms improved significantly (the quality of today's condoms can indeed hardly be compared with that of Soviet ones), however, opinions on the safety of IUDs worsened. In 2011, a majority of respondents (53%) called women's sterilization (rather than coitus interruptus, as in the mid-1980s) a "very effective" contraceptive method, after which came the IUD (26%) and oral contraceptives (20%), but hormonal injections are probably still little known to Russian women - only 3% of women considered them very effective.

The level of contraceptive use during the period under review has changed little, but there have been dramatic changes in the structure of the contraceptive methods used (Table 7). We see an obvious drop in the popularity of traditional methods (coitus interruptus, douching and the calendar method), the total proportion of which among all contraceptive users decreased from 60-65% in the 1980s to 21% in 2011.

**Table 7. Contraceptive prevalence by method used by women younger than 35 years living together with a partner and having one or two children, %**

	1983-1985			2011
	Moscow	Saratov	Ufa	Urban population of Russia
Use contraceptive methods including:	100	100	100	100
IUD	9.8	8.5	14.5	17.2
Oral contraception	2.0	2.5	1.4	20.1
Condom	24.4	20.5	15.1	38.8
Chemical means (spermicides)	2.5	3.0	4.2	1.7
Female sterilization	-	-	-	0.5
Coitus interruptus	24.9	20.7	19.2	15.9
Calendar method	27.0	27.6	26.0	4.3
Douching	8.1	17.0	18.2	0.4
Other	1.3	0.2	1.4	1.1

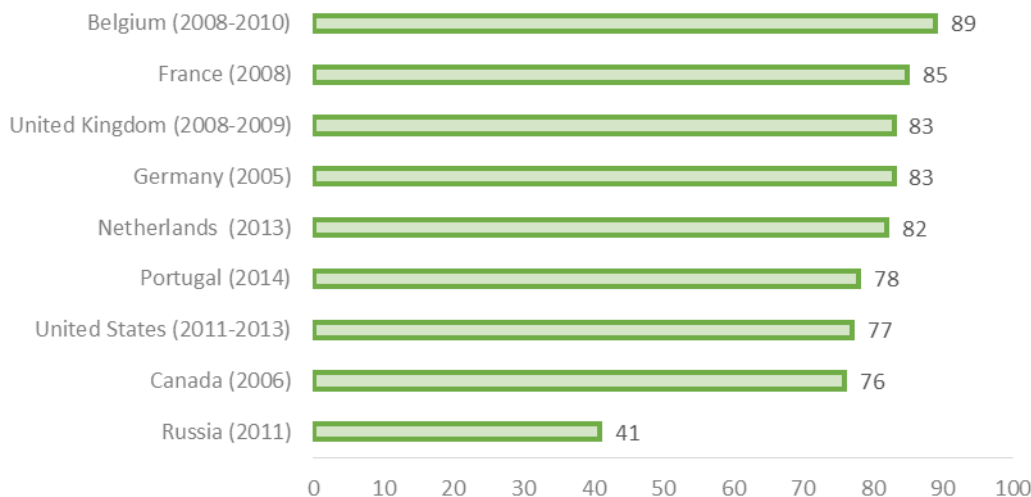
*Note: 1983-1985 - "currently use"; 2011 - "used within 30 days before the survey".*

*Sources: 1983-1985 - [Babin 1986]; 2011 - Authors' calculations based on the database of the RRHS.*

Particularly striking is the increase in the proportion of oral contraception. Used in 1983-1985 by only 2.5% of young married women in Saratov, 2% of Muscovites and 1.4% of women in Ufa, it is now the method of choice for one in five urban users of contraception younger than 35. This, of course, is not 2/3, as, for example, in Portugal, but the trend of the growing popularity of OCs is obvious. The percentage of women using another highly effective method - intrauterine contraception – also increased. Condom use also increased from 15-24% in the mid-1980s to 39% of all contraceptive users in 2011.

Despite undoubtedly important recent changes, the contraceptive practices of Russians are still significantly different from the corresponding practices in countries that went through the

contraceptive revolution of the 1960s and 1970s. In Russia, three of the most effective types of contraception – hormonal, intrauterine and sterilization – are less common. As can be seen in Figure 5, in many countries three quarters or more of couples resort to effective contraception, while in Russia this figure does not reach even half.



**Figure 5. Percentage of women using three types of contraception (hormonal\*, intrauterine and sterilization), among all women who are married / in a partnership and using contraception**

*Note: \*Including pills, injections, implants; Belgium - including also emergency contraception.*

*Sources: [UN 2016]; Russia – authors' calculations based on the RRHS database.*

The structure of contraceptive methods varies from country to country. For example, in France, Belgium, Portugal, Canada and the Czech Republic, over 40% of women who are married or in a partnership (or sexually active) use pills [UN 2016]. In the UK, about a third of all couples (29%) resort to contraceptive sterilization, with male sterilization more common than female sterilization; about the same number (31%) use hormonal methods. In the USA, the prevalence of sterilization is even higher: 33% of couples [UN 2016]. But all these methods are fairly reliable.

The same cannot be said about the modern structure of contraception in Russia. Although it has improved significantly compared with the Soviet period, it is difficult to call it optimal. It has a very high proportion of relatively unreliable methods, which is associated with a risk of unwanted conception and subsequent abortion. But the situation does not remain unchanged, and one can hope that the contraceptive revolution in Russia will reach its completion in the near future.

## CONCLUSION

In all societies that have experienced the demographic transition (and in the world there are more and more of them), individual regulation of procreation is an integral part of a person's family and sexual life. All such societies recognize the right of a woman or a married couple to freely decide on the desired number of children and the timing of their birth. The twentieth century brought not only recognition of this right, but also convenient, safe and effective methods for its

implementation. Indeed, their rapid spread in the 1960s-1970s in many countries was the essence of the contraceptive revolution. New, more sophisticated methods of contraception pushed to the sidelines such an archaic way of regulating births as abortion, reducing its use to a minimum. At the same time, they opened up to women and men unprecedented opportunities to confidently plan their lives in such a way that the birth and upbringing of children could be conveniently combined with the solving of other vital tasks - education, the achievement of a certain social status, the acquisition of a necessary level of material well-being. This historically new situation is equally advantageous for parents, children, and the whole society.

Unfortunately, for several decades, Russia, along with the whole of the USSR, remained on the sidelines of this movement common to many countries with a similar level of development, and took practically no part in the contraceptive revolution. Significant changes began only in the 1990s. It was then that Russia quickly began to make up for lost time, and now it can definitely be stated that starting approximately from the mid-1990s the contraceptive revolution has been taking place in our country. Perhaps the most dramatic evidence of this is the rapidly declining number of abortions and the convergence of the number of births with the number of conceptions: people are becoming more and more confident and skillful in planning the birth of their children.

At the same time, one cannot fail to see that the contraceptive revolution in Russia has not yet been completed, and not all the obstacles in its way have been overcome. It's not just that the structure of contraception in Russia is still somewhat archaic, that it has a large proportion of not the most reliable methods which require daily vigilance and self-discipline. Very few people know about the newest methods of long-acting contraceptives (for example, hormonal implants and injections). There remains a suspicious attitude to hormonal contraception fostered in Soviet times. Sterilization among Russians is unpopular.

What is also important is that society, as represented by its state institutions, has not sufficiently realized the social significance of that shift called the "contraceptive revolution", its close connection with the general changes in the life of modern people.

In Russian public opinion, and in the minds of many Russian politicians, the myth lives on that family planning and affordable contraception lead to a decline in fertility. Meanwhile, this myth is easily refuted by the example of many European countries. Thus, in France, which has almost the highest level of fertility in Europe, there is partial compensation for the cost of contraceptives: 65% of the cost of hormonal pills (which is the most popular method in France), implants, IUDs and emergency contraception (if there is a prescription) is covered by basic insurance<sup>17</sup>. Underage French adolescents are able to receive contraceptives free of charge in special family planning centers or a prescription for free contraceptives from a school nurse [IPPF EN 2015]. Beginning from the age of 6, 2 hours per year of required sexual education classes are provided for French schoolchildren.

In the Netherlands, the prevention of unwanted pregnancies has been named one of the priorities of government policy. From 1971 to 2004, hormonal contraceptives, IUDs, diaphragms and sterilization were fully covered by basic medical insurance; after 2004, this applied only to

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<sup>17</sup> <http://www.radiancehumanis.com/conseils-sante/infos-sante/moyens-contraception-remboursements>

women under 21 years old, while other women could receive compensation for contraceptive costs through the supplementary insurance system. Family planning counseling is available in the Netherlands through general practitioners, special youth clinics and government centers for sexual health. Sexual education is compulsory for schoolchildren aged 6 to 15 years [IPPF EN 2015].

In Germany, where abortion rates are among the lowest in the world, for girls under the age of 18 the cost of contraceptives is fully covered from the mandatory health insurance funds, and for girls aged 18-19 years, a discount is provided. As in many other European countries, in Germany there is a system of compulsory sexual education in schools for children and adolescents aged 6 to 18 years [IPPF EN 2015]. State subsidies for purchasing contraceptives are also provided in Spain.

All of these are examples of how the state is meeting the demands of the time and the needs of its citizens, unlike the Russian state, which at best provides citizens the opportunity to decide for themselves personal issues that seem to it unworthy of even a mention when compared to the far more important cares of a great power.

The Russian Ministry of Health has proposed to make a distinction between the concepts of "the prevention of unwanted pregnancy" and "the prevention of abortion." In fact, they are of course the same thing, but by introducing an artificial distinction, officials propose to understand by the first the use of contraception, and by the second –measures to preserve an unwanted pregnancy, should one occur. All the activity of the Ministry of Health and other non-governmental organizations specializing in anti-abortion rhetoric focuses on this interpretation of "abortion prevention".

To the extent that the contraceptive revolution is nonetheless occurring in Russia, it is due to a sharp expansion of information and market opportunities, not to any state involvement. The Russian state does nothing to promote modern methods of family planning, despite the fact that there are practically no families which would not, in one form or another, practice such planning. According to a poll by the Levada Center, the main source of information about methods of preventing unwanted pregnancies among Russians are friends and acquaintances, not specialists<sup>18</sup>. In official documents, including documents of the Ministry of Health, the word "contraception" is not mentioned. Contraceptive means are not included in the compulsory medical insurance system. Modern means of contraception are not produced in Russia (with the rare exception of some IUDs and condoms) and not developed; mostly they are imported from the West (although produced, probably, like so much else, in Asia). Sexual education in Russia is lacking. Nevertheless, the contraceptive revolution in Russia is proceeding quite rapidly. The indifferent state does nothing to speed it up, but cannot stop it either.

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