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## “Repackaging the Patriarchy”: A Comparative Analysis Between Soviet and Contemporary Russian Reproductive Health Policies and Ideologies

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“Repackaging the Patriarchy”:  
A Comparative Analysis Between Soviet and Contemporary Russian Reproductive Health  
Policies and Ideologies

Senior Project Submitted to  
The Division of Languages and Literature  
of Bard College

by  
Bella S. Mazzetti

Annandale-on-Hudson, New York  
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## Introduction

In 2012 a controversial restriction on abortion made its way into Russian legislation. This restriction eliminated all social justifications, of which there had originally been thirteen, for obtaining an abortion in the 12-22 week time span aside from sexual assault. Although this is one of the more recent threats to reproductive rights in Russia, it was not the first by a long shot. In the same year a ban was placed on advertisement for abortion. In 2003 a series of preliminary restrictions similar to the ones in 2012 were set, further hindering the ability of a person to make a decision on the termination of their pregnancy. Aside from the demographic motives<sup>1</sup> for these restrictions, it appears that they act as nothing more than a way to limit a people's power over their own bodies. The fall of the Soviet Union and creation of the Russian Federation as an autonomous state in 1991 resulted in increased expectations from both the Western world and Russian people who hoped that a transition to democracy would mean a less oppressive and more promising future; it was a common belief held by international actors as well as Russian citizens that the Soviet Union made a point of putting the wellbeing of the state before the wellbeing of its citizens, thereby depriving them of rights that they would have in other countries.<sup>2</sup> Scholars like Rudra Sil and Cheng Chen have said that the dissolution of the USSR was met with high hopes for the future of democracy, a focus on individual rights, and turn away from authoritarianism in Russia.<sup>3</sup>

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<sup>1</sup> The Russian demographic crisis, which will be discussed later on in this introductory section, has a strong influence on reproductive health policies in Russia and the tendency for these policies to be strongly pronatalist.

<sup>2</sup> Pavel Kovaly, "Review: Marxism and the Human Individual," *Studies in Soviet Thought* 13.1/2 (1973), 112.

<sup>3</sup> Rudra Sil and Cheng Chen, "State Legitimacy and the (In)significance of Democracy in Post-Communist Russia," *Europe-Asia Studies* 56.3 (2004): 347.

Russian citizens, especially those who did not identify as men, expressed a concern for their own rights and expected that they would be better addressed in new, democratic Russia. Beth Holmgren states in her article, "Toward an Understanding of Gendered Agency in Contemporary Russia," that although gender equality was promoted in the Soviet Union, it was not always successfully acknowledged or put into practice, and that Russian feminists hoped for improvements in gender equality during democratic transition, but their hopes were not met. While the Soviet Union attempted to create overall equality but remained patriarchal and generally oppressive, in contemporary Russia "the Putin government has repackaged that patriarchy as conventionally and commercially masculinist, combining misogynistic posturing with sentimental paternalism."<sup>4</sup> So, while Russians hoped for change and progress toward a more equal society, some of the issues that had existed in Soviet Russia were perpetuated to fit a more visibly patriarchal society that continues to further the country from empowering all of its citizens today. In "Locating Women's Human Rights in Post-Soviet Provincial Russia," Vikki Turbine states that in post-Soviet Russia, "women have experienced lower levels of representation in politics, and a loss of state welfare protection, as well as facing increasing levels of discriminations on the grounds of gender and age in employment and society."<sup>5</sup> These findings suggest that not only are these people dissatisfied in a post-Soviet society with their representation and rights, but that they may have been better off in Soviet society which the Western world has represented as generally oppressive.

The current limitations on abortion also call to mind restrictions placed on the same act in the Soviet Union. This comparison between Soviet and current Russian abortion restrictions,

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<sup>4</sup> Beth Holmgren, "Toward an Understanding of Gendered Agency in Contemporary Russia," *Signs* 38.3 (2013): 537.

<sup>5</sup> Vikki Turbine, "Locating Women's Human Rights in Post-Soviet Provincial Russia," *Europe-Asia Studies* 64.10 (2012): 1853.

and comparisons drawn between the Soviet Union and contemporary Russia in general propel me to ask one question: are reproductive health policies and laws adopted since the beginning of so-called democratization in Russia more empowering than in the Soviet period? This is the question I seek to answer in this paper. This is the question I seek to answer in this paper. I hope to argue that although democracy brought on an expectation from Russians and Westerners alike for more progressive rights policy, in some aspects Russian reproductive rights are more oppressive now than they had been in the Soviet Union, although as will be noted, Soviet policies themselves differed over time.<sup>6</sup> One would think that based on the increased expectations of less oppressive law from Russian people reproductive rights as well as general human rights would be expanded to better accommodate those affected by them; but the current restrictions on abortion counter this idea of less oppressive reproductive rights and therefore hinder the growth of better reproductive health, empowerment, and equality in the country.

This abortion law also leaves room for one to question the level of progress in other aspects of reproductive health in Russia. My research will cover three topics in reproductive health: abortion, birth control & family planning, and birth incentives, all of which have long and layered histories within Soviet and contemporary Russia. Before I can discuss these three topics and whether or not Russian laws on them are more or less oppressive than they were in the Soviet Union, I will need to answer several questions that will further benefit my research. These questions are: What is reproductive health and how does it relate to empowerment? Why are reproductive health and empowerment important? Why is it important that reproductive health is non-coercive and empowering, even if it is pronatalist? And what is the time scope of this research? From there I will be able to compare policies and laws, or lack thereof, on

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<sup>6</sup> Sil and Chen, "State Legitimacy and the (In)significance of Democracy in Post-Communist Russia," 347.

abortion, birth control and family planning, and birth incentives in order to determine whether or not they have grown to benefit reproductive rights in contemporary Russia.

In order to study the changes in reproductive health policies in Russia and the Soviet Union, it is important to first define reproductive health. In “Three Faces of Women’s Power and Their Reproductive Health: A Cross-National Study,” Roger Clark establishes reproductive health as the “well-being with regard to the reproductive system. It means not having to fear death or disease of one’s child or one’s self around the time of birth, not having more (or fewer) children than one wants to have and care for, and being free of diseases associated with reproductive activity.”<sup>7</sup> It may be assumed that in order for reproductive health to be at its apex, the government must be involved in promoting it in some way. This promotion could include sexual education, family planning programs, and laws protecting this well being of the reproductive system such as those providing reproductive health care free of charge.<sup>8</sup>

In this project I will focus, within the scope of Clark’s definition of reproductive health, on a person’s choice of whether or not to reproduce and the policies that were created in the Soviet Union and contemporary Russia that either promote or hinder that choice. I will cover three aspects of reproductive choice that the government can involve itself in. The first, and most controversial, is abortion. The choice of the state to provide legal and safe abortions can affect the overall health of the person terminating their pregnancy as well as their family.

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<sup>7</sup> Roger Clark, "Three Faces of Women’s Power and Their Reproductive Health: A Cross-National Study," *International Review of Modern Sociology* 32.1 (2006): 43.

<sup>8</sup> Although an ideal, comprehensive reproductive health policy does not currently exist, it is important to establish what that policy would be so that current legislation can be compared to that ideal. A reproductive health policy created and supported by the state, that encourages gender equality and empowerment, would include progressive abortion policies that allow for people to make educated and informed decisions regarding the termination of their pregnancy. Additionally, free and accessible birth control options would be offered to all, along with education on how to use these methods, and education of sexual bodily functions so that people would know how pregnancy occurs, and so that they could better prevent conception if they so wished. In order to further promote equality of the sexes, social welfare and incentives would be offered to both parents, to further spread responsibilities within the household that are traditionally viewed solely as “women’s work.”



Access to contraception and family planning programs will be the second topic covered. A state's policies on access to contraception and family planning programs allows for citizens to better understand and control their reproductive systems and family goals. Supportive family planning options make empowerment, discussed below, more easily attainable for a larger amount of citizens, for instance those who have lower income, live in rural villages, or may be less sexually educated. Additionally, this access may positively impact and decrease abortion rates.<sup>9</sup> The last piece covered will be birth incentives including childcare, and both monetary and non-monetary awards. Birth incentives can create helpful and often financial incentives in order to encourage more families to have children. These incentives may not have the well-being of the person bearing children at heart and can even pressure people into having an unwanted child which would hinder their ability to make clear decisions about their desired family size without influence from the state.

Reproductive health policies that support a person's right to make decisions regarding their wellbeing and family size are incredibly valuable and beneficial. When people, specifically those who are able to carry and give birth to children, have access to a wide array of family planning options it creates a climate for growth of equality and empowerment of those people. Naila Kabeer defines empowerment as, "the expansion in peoples' ability to make strategic life choices in a context where this ability was previously denied them."<sup>10</sup> To expand upon this idea of empowerment, Diana Santillan defines these strategic life choices as "major decisions that affect a person's subsequent life trajectory, such as decisions related to marriage, childbearing,

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<sup>9</sup> Susan A. Cohen, "The Broad Benefits of Investing in Sexual and Reproductive Health," *The Guttmacher Report on Public Policy* 7.1 (2004): 7.

<sup>10</sup> as cited in Diana Santillán, "Developing Indicators to Assess Women's Empowerment in Vietnam," *Development in Practice* 14.4 (2004): 535.

education, and employment.”<sup>11</sup> Decisions regarding childbearing, according to Santillan, are considered strategic- so family planning and laws promoting higher levels of reproductive health can then be considered catalysts for empowerment.

Reproductive health may also be considered an indicator for empowerment because it allows for people who can bear children to exercise greater agency, which Santillan considers to be a fundamental aspect of empowerment.<sup>12</sup> This agency “is often expressed in terms of women’s ability to make decisions and affect outcomes of importance to themselves and their families or, put another way, as women’s control over their own lives and over resources.”<sup>13</sup> Access to legalized abortion and birth control options, for instance, allow people to effectively take into their own hands the ability to have children- this gives them agency because they are able to make their own choices. This ability, unavailable to them legally if the government bans abortion or wishes to not advertise birth control, is less present and even impossible to take advantage of without the help of government factors.

One may ask why reproductive health, equality, and empowerment work positively toward the greater good of society as a whole. While direct medical benefits can be seen when access to abortion and contraception are made easy by the state, there are social and economic benefits to increasing access to reproductive health options and therefore increasing empowerment and equality. In “The Broad Benefits of Investing in Sexual and Reproductive Health,” Sarah Cohen states that although there are social and economic benefits to investing in and supporting reproductive health, these benefits are typically overlooked. She goes on to say:

Women who can successfully delay a first birth and plan the subsequent timing and spacing of their children are more likely

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<sup>11</sup> Santillán, "Developing Indicators to Assess Women's Empowerment in Vietnam," 535.

<sup>12</sup> Santillán, "Developing Indicators to Assess Women's Empowerment in Vietnam," 535.

<sup>13</sup> Santillán, "Developing Indicators to Assess Women's Empowerment in Vietnam," 535.

than others to enter or stay in school and to have more opportunities for employment and for full social or political participation in their community. Improved maternal health means fewer orphans and more time for and greater ability of mothers to care for and nurture their children. Moreover, at a societal level, the services that support [reproductive health] contribute significantly to a range of broader development goals such as improving the status of women, contributing to economic growth and reducing poverty and inequality<sup>14</sup>

This tells us that reproductive health is worth investing in; it could mean more meaningful family relationships, less children in orphanages, and a lower maternal mortality rate.

Additionally, Cohen insists that empowering these people will create economic opportunities that would not be present otherwise including more interest in the workforce and, therefore, more fiscal success for the country as a whole. Empowering traditionally marginalized people, like women, would create economic stimulus, improved family relations, better opportunity for equality in the workforce, and has the overall potential to stabilize populations.<sup>15</sup>

Just because a country has policies on reproductive health does not mean that these policies have the wellbeing of the country's citizens at heart and that these policies contribute to empowerment. In countries like Russia, where population decline is considered one of the nation's worst threats, it makes sense that reproductive health policies would lend themselves toward the pronatalist persuasion.<sup>16</sup> In the mid-1980s the Russian Federation experienced a considerable decline in population, one that concerned them much more than past decreases; this is an issue that Russians may consider to be shameful because it symbolizes the death of their nation. Although there are theories that prove this concern to be unrealistic,<sup>17</sup> Russians still

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<sup>14</sup> Cohen, "The Broad Benefits of Investing in Sexual and Reproductive Health," 6.

<sup>15</sup> Cohen, "The Broad Benefits of Investing in Sexual and Reproductive Health," 6.

<sup>16</sup> Murray Feshbach, "Russia's Population Meltdown," *The Wilson Quarterly* (1976-) 25.1 (2001): 15

<sup>17</sup> Modernization theory, according to Western demographers, is the theory that low fertility and smaller families are representative of a more modern and progressive society where people can afford to only have one child and

view their declining population as a problem that has one possible solution: getting people to have more children. Alana Heitlinger names this support of increasing the birth rate as pronatalism. In her article “Pronatalism and Women's Equality Policies,” Heitlinger states that pronatalism “implies encouragement of all births as conducive to individual, family and social well-being.”<sup>18</sup> This definition of pronatalism implies that childbirth is not always conducive to a person or a family’s well being- for instance, if the family cannot survive economically while supporting another child or if the person giving birth to the child is in medical danger because of the pregnancy. Positive pronatalism takes into account that childbirth is not always “good” or healthy, but a coercive policy would not take this into consideration and would attempt to increase the birth rate at what may seem like any cost.

Heitlinger acknowledges that pronatalism has been characteristically attributed to “right-wing coercive ideologies, laws and practices that overemphasize natalist goals, reinforce the traditional family model of father as breadwinner and mother as homemaker, and severely limit reproductive freedom of choice.”<sup>19</sup> One can deduce from recent legislative action that Russian pronatalist policies tend to be coercive and promote gender inequality based on the demographic crisis as well as a very traditional sense of family. Views from Russian politicians on women and the family show the ways in which pronatalism can become coercive. For instance, in the late 1980’s Mikhail Gorbachev commented on the state of women and their role within the family in his book *Perestroika*. In it he writes:

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more individual freedom without it negatively affecting them in the future culturally, socially, or economically. As cited in Michele Rivkin-Fish, "Anthropology, Demography, and the Search for a Critical Analysis of Fertility: Insights from Russia." *American Anthropologist* 105.2 (2003): 293.

<sup>18</sup> Alana Heitlinger, "Pronatalism and Women's Equality Policies," *European Journal of Population* 7.4 (1991): 344.

<sup>19</sup> Heitlinger, "Pronatalism and Women's Equality Policies," 345.

...Over the years of our difficult and heroic history, we failed to pay attention to women's specific rights and needs arising from their role as mother and homemaker... Women no longer have enough time to perform their everyday duties at home-housework, the upbringing of children and the creation of a good family atmosphere. We have discovered that many of our problems... are partially caused by the weakening of family ties and slack attitude to family responsibilities<sup>20</sup>

Gorbachev's wish to return to a more traditional sense of family solidifies what some would call archaic gender roles that existed before the founding of the Soviet Union, where gender equality was a prized goal before Stalin came to power. He states that "Russian women" do not have time for child-rearing and domestic duties, chores that are often considered a "woman's job," because they are too busy with their careers outside of motherhood. He implies that these people should not hold the same jobs as men but should commit themselves only to their duties as homemakers. If laws inhibiting people who aren't male from working were passed in order to increase birth rate and reestablish traditional gender roles, these laws would be coercive because they not only force these people to not join the workforce, but they imply to these people that they are expected to have children regardless of their career plans or true passions in life.

Heitlinger states that, "reproductive coercion infringes upon the individual reproductive rights of women and couples to determine the number and spacing of their children, and as such, policies of reproductive coercion cannot be seen in any way as being compatible with the goals of women's equality."<sup>21</sup> Coercive pronatalism can hinder a person's ability to exercise agency over their reproductive health. For instance, if abortion is outlawed, then a person with an unwanted pregnancy has limited, and sometimes unsafe, options for how to proceed. This restriction of options for people who are able to carry children limits the choices they are able to

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<sup>20</sup> Mikhail Gorbachev, *Perestroika: New Thinking for Our Country and the World* (Cambridge: Harper & Row, 1987), 117.

<sup>21</sup> Heitlinger, "Pronatalism and Women's Equality Policies," 358.

make, eliminating the chance for empowerment and equality. A lack of education surrounding family planning and contraception has the same effect, limiting the choices that a person has when attempting to control their own reproductive system. And, although Heitlinger considers birth incentives to be non-coercive pronatalist policies, I will try to see if some birth incentives implemented in Soviet and contemporary Russia can actually be seen as coercive and disempowering, influencing people to have children for economic purposes as well as through pressure put on them by the state.

Because I will be discussing several aspects of each of the three chosen topics, the time period of study will vary based on the inception of policies, laws, and ideology in the Soviet Union. For instance, the Soviet Union had one of the earliest laws regarding abortion so for this particular topic my study will begin with the abortion policy of 1920. As for birth control and family planning, very little is known about its use and promotion by the Soviet government but research shows that support of contraception and family planning began in the 1920's and 1930's, which is where chapter two of this paper will begin. Birth incentives such as monetary rewards became popular in the Soviet Union around 1944, while other forms of birth incentive began either earlier, with the inception of the Soviet Union, or later in the 1960's. Because of this, each section within my third chapter will start in different periods of the Soviet Union based on the inception of each type of incentive.

The research done in this paper is important for four very distinct reasons. The first is that it will serve as a clear comparison of reproductive laws and policies between Soviet and contemporary Russia in order to determine whether or not any progressive or regressive change has been made. Current literature that discusses gender equality and reproductive health in Russia may make subtle comparisons between the two but does not actively seek to understand

why they exist and what the implications of these comparisons are. For instance, Holmgren's article uses a general comparison between Soviet reproductive health goals and current ones, but does not explore further what policies these goals influenced and how the state in each case attempted to reach them.<sup>22</sup> I will be drawing these comparisons between Soviet and contemporary Russian policy and ideology purposefully in an attempt to show that in the best case scenario contemporary policies and ideals have only slightly progressed or remained the same and in the worst case scenario these policies and ideals could be likened to those of dictatorial Stalinist times. The purposeful juxtaposition will allow me to clearly prove how and why current policies may be problematic and what this means for the future of empowerment and gender equality in Russia.

The second reason for the significance of this research is to focus attention on people affected by so-called democratic transition that do not identify as male. Rarely in democratization literature and scholarship do we see how reproductive rights are changed and even jeopardized when new democracy is attempted.<sup>23</sup> The same can be said for literature focusing on reproductive rights and "women's" rights, the third reason why this research is significant; although scholars address the issues in reproductive health within Russia, they do not sufficiently discuss how the motive of an authoritative power can affect these issues.<sup>24</sup> In the rare cases of scholars that are able to connect issues in reproductive rights and democratic transition, their research is not always comprehensive and typically focuses on only one aspect of reproductive health within a specific time frame. With this in mind, my research will be

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<sup>22</sup> Holmgren, "Toward an Understanding of Gendered Agency in Contemporary Russia," 537.

<sup>23</sup> Much like other scholars in their field, Sil and Chen address new democracy and issues in democracy and authoritative ideals in Russia but do not consider the way that new democracy will affect Russian people who are not male.

<sup>24</sup> Authors like Vikki Turbine and Michele Rivkin-Fish are an exception to this statement, as they are able to not only address the issues at hand but the reasons behind the stifling of reproductive rights in the country in their literature.

significant based on the information I will address regarding recent reproductive health policies that have not been adequately discussed in this scholarship.<sup>25</sup>

The last reason why the research in this paper is impactful is based in the language used and the audience reached. In order to be as inclusive as possible, this paper will use neutral language regarding those affected by reproductive health policies in Russia. Much, if not all, of the scholarship referenced in this paper refers to these people only as women. Because gender, separate from sex, is not static or limited to a binary of “man” and “woman” for a number of people, using the word “women” to refer to all humans with cervixes, uteruses, etc. may inaccurately represent a large group of people that this research is meant to reach.<sup>26</sup> For this reason, I will use gender-neutral language to refer to those who are theoretically able to control their ability to become pregnant, even when cited scholarship refers to these people simply as “women”.

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<sup>25</sup> For example, "Anthropology, Demography, and the Search for a Critical Analysis of Fertility: Insights from Russia." by Michele Rivkin-Fish is one of few pieces of scholarship that does an admirable job of tying together issues of reproductive rights in Russia with the country's goals and transition into democracy, but because the work was written over 10 years ago it does not take into account the current state of reproductive rights in Russia. It also does not show what the implications of perpetuating authoritative reproductive health policies means for Russia and for Russian people.

<sup>26</sup> For example, members of the transgender community that were assigned female at birth, but do not consider themselves to be women, are still in need of reproductive health care because they have sex organs of female-assigned-at-birth people and are, for the most part, still able to carry children.



## **Chapter One: Abortion**

Abortion is easily the most controversial issue within the scope of reproductive health, and has been even before its recent politicization. Additionally, the act of deciding whether or not to terminate a pregnancy is considered one of the most straightforward ways for a person to exercise agency over their own body. The controversy surrounding abortion begs for either the prioritization of the individual seeking out the act or the child who will not be born as a result of the act and the prioritization of the person making the decision creates a large step forward for empowerment of that person. Access to safe and legal abortion allows for a greater number of options given to people hoping to control their family size and a country's policies on abortion may reveal how valued equality is in their government. In this section of my paper, I will discuss each large abortion law or policy implemented in Russia and the Soviet Union. After discussing each policy I will answer the following questions: What was the reasoning behind the implementation of this law and what did it do for, or against, reproductive health and rights? Additionally, is each law or policy considered to be coercive or non-coercive? Abortion laws and policies created by the Soviet and Russian governments will be addressed in chronological order from the inception of abortion legislation in the Soviet Union in 1920 to the current restricting of justifications for abortion in Russia. These comparisons will aid me in answering the main question posed in this research by determining if any progressive and empowering changes have been made in Russian abortion legislation and whether or not they are influenced by Soviet legislation.

## Abortion in the Soviet Union

### *The First Soviet Law on Abortion*

The law legalizing abortion in 1920 came as a result of years-long debate and observation of illegal abortion and its consequences. Up until the Russian Revolution, the intentional termination of pregnancy was an act punishable by death, exile, or hard labor.<sup>27</sup> The number of actual sentences in the years leading up to the 1920 law is relatively low, mostly because the people who attempted them did so in secret. It is now known that abortion rates are just as high in countries where the act is not legal as in countries where it is- meaning that people will seek to terminate their pregnancies regardless of whether or not the state provides safe conditions.<sup>28</sup> Those who wished to pass this law recognized this fact, arguing that abortion should be considered a “lesser evil”.<sup>29</sup> Abortion was seen as a “lesser evil” based on the many lives that had been endangered by its criminalization.

In revolutionary Russia the dangers surrounding illegal abortion were uncovered. Just a few months before the legalization of abortion, in the spring of 1920, Commissar of Health Nikolai Semashko learned of horrifying accounts of people trying to terminate their own pregnancies. A factory worker writes to him, “Within the past 6 months, among 100 to 150 young people under age twenty-five, I have seen 15 to 20 percent of them doing abortions without a doctor’s help. They simply use household products: they drink bleach and other poisonous mixtures.”<sup>30</sup> This account shows that, as Wendy Goldman states, “women readily

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<sup>27</sup> Alexandre Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," *Population: An English Selection* 7 (1995): 40.

<sup>28</sup> Elisabeth Rosenthal, "Legal or Not, Abortion Rates Compare." *The New York Times*, 11 Oct. 2007.

<sup>29</sup> Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," 41.

<sup>30</sup> Wendy Goldman, "Women, Abortion, and the State, 1917-36," in *Russia's Women: Accommodation, Resistance, Transformation*. (Berkeley: U of California, 1991), 243.

chose to break the law rather than face the enormous consequences of an unwanted child.”<sup>31</sup>

The lives of those performing their own abortions, ingesting bleach and other harmful products, were in jeopardy without legalized and safe abortion. In her book *Protection of Women and Children in the Soviet Union* Alice Withrow Field states that although the abortion statistics of this period were either unreliable or nonexistent, doctors in the early Soviet period agreed that the losses of people attempting illegal abortion were extremely high.<sup>32</sup>

The recognition of lives endangered and lost inspired the Health and Justice commissariats to legalize abortion only a few months later in November of 1920. The law stipulated that all abortions must take place in medical establishments but did not specify how late into a pregnancy a woman could undergo abortion. Additionally, facilities were limited in 1920 leading to many women being turned away for any reason aside from medical need, resulting in them seeking abortion outside of medical establishments.<sup>33</sup> It was clear that if abortion were to be legalized completely, facilities would need to grow and this did not seem attainable. The result was a restriction placed on abortion law- women requesting abortion would need to be interviewed and priority would first be given to those with medical issues, second to women with social insurance who did not have medical problems. Within this category of healthy women with insurance, those without a husband were accepted first, followed by those with husbands who already had more than three children. These waiting lists were “formulated according to a hierarchy based on class and social vulnerability.”<sup>34</sup> Women who had little financial or family support were deemed more unfit for motherhood and,

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<sup>31</sup> Goldman, "Women, Abortion, and the State, 1917-36," 243.

<sup>32</sup> Alice Withrow Field, *Protection of Women and Children in Soviet Russia* (New York: E.P. Dutton, 1932), 75.

<sup>33</sup> Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," 42.

<sup>34</sup> Goldman, "Women, Abortion, and the State, 1917-36," 248.

therefore, were prioritized for receiving abortion more so than those with husbands and better finances.

Goldman states that once a woman was accepted for abortion, the procedure was safer than the act of giving birth at the time; a person's chances of catching an infection after giving birth were 60 to 120 times higher than their chances of catching an infection after receiving a legal abortion.<sup>35</sup> She notes that although the procedure was relatively safe, it was also extremely painful. She notes that, in 1920, an abortion lasted for about 10 minutes and no anesthetic was used. It is said that doctors would use the first painful abortion to deter women from seeking termination of a pregnancy in the future.

As previously stated, the 1920 law that came into effect essentially ended a long debate on abortion in which many were involved. Avdeev, in "The History of Abortion Statistics in Russia," writes, "The law promulgated in 1920 was more the logical conclusion of a debate which had begun in czarist Russia than an ideological import of new principles. It was.... somewhat tempered, and presented the liberalization of abortion as a lesser evil."<sup>36</sup> The debate at hand was not very different from contemporary debates on the issue; according to Laura Engelstein in her essay "Abortion and the Civic Order," abortion was, "defined as a premeditated act, a crime of choice, not desperation, and hence from the legal point of view less excusable and more reprehensible than infanticide" which was considered "an unpremeditated form of murder."<sup>37</sup> On this side of the debate, much like the "pro-life" debate today, regardless of the reasoning abortion was considered a crime based on its definition as premeditated

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<sup>35</sup> Goldman, "Women, Abortion, and the State, 1917-36," 249.

<sup>36</sup> Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," 41.

<sup>37</sup> Laura Engelstein, "Abortion and the Civic Order," in *Russia's Women: Accommodation, Resistance, Transformation*. (Berkeley: U of California, 1991), 188.

murder. The opposing argument was concerned not just with a woman's right to choice and to exercise her agency, but also with the growing issue of illegal abortion.

This opposing argument eventually won over the debate. Because of this, the government's purpose for the legalization of abortion seems to have been based on two arguments. The first is the lowering of the abortion rate and the amount of casualties accrued through abortion-related infections and deaths. The assumption was that if women were going to seek out abortions, they would at the very least do so safely and without very much risk of dying from infection or other complications. The commissariat assumed that eventually abortion rate would go down and become virtually nonexistent. In "Preamble to the Edict of 18 November 1920" it is stated that:

The Soviet state combats abortion, by reinforcing the socialist regime and the anti-abortion campaign conducted among working women and by making provision for mother and child welfare. This will lead to the gradual disappearance of the practice. However, the traces of the past and current economic conditions lead women to have recourse still to this operation. The People's Commissariat for the Health and the People's Commissariat for Justice, while protecting women's health and in the interests of the race, considering that repression in this field has not given the expected results, decrees that abortion is authorized.<sup>38</sup>

The preamble is interesting because it states that, although abortion had been legalized, an anti-abortion campaign also began. Several measures were taken in order to dissuade people from terminating their pregnancies. One woman's account is detailed in Fields' essay shows that abortions were performed without anesthesia in the 1920's, which many doctors used as a 'positive deterrent' from the procedure. After asking her doctor why the operation was done without anesthesia he replies saying, "Now that you know... it's a good lesson to you."<sup>39</sup>

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<sup>38</sup> as cited in Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," 41.

<sup>39</sup> Goldman, "Women, Abortion, and the State, 1917-36," 249.

Additionally, Alice Withrow Field states that the 1920 law recommends that, “abortions be discouraged if the woman concerned has had less than three children; if she has adequate means for supporting another child; if her health would not be impaired by another pregnancy... and if, in general, there is no social, physical, or economic reason for the abortion.”<sup>40</sup> So although abortion had been legalized, people were still deterred from seeking one if it weren’t for medical or extreme socio-economic reasons.

The second motive behind the legalization had been the increased recognition of the importance of equality and women’s rights. In “Women Under Socialism: Role Definitions of Soviet Women,” Janet Schwartz states that “early Soviet legislation on the rights of women... was based on Engels’ postulate that when the means of production became collective property there would be complete equality of men and women.... the nuclear family would cease to be the economic unit of society...”<sup>41</sup> The legalization of abortion at the beginning of the Soviet era is seen as a step toward this equality- access to abortion meant that people would not have to leave the workforce to bear a child. Additionally, increased agency over the choice of whether or not to have a child gave people who were not men a more equal opportunity to take control over their reproductive system.

Because of the layered nature of the purpose of the 1920 law, the answer to the question of whether or not the law was coercive is not an easy one to answer. On one hand, the law was meant for further gender equality<sup>42</sup> and control over one’s own reproductive system and in this

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<sup>40</sup> Field, *Protection of Women and Children in Soviet Russia*, 80

<sup>41</sup> J. S. Schwartz, "Women Under Socialism: Role Definitions of Soviet Women," *Social Forces* 58.1 (1979): 68.

<sup>42</sup> It should also be noted that this law, and a push toward gender equality in general, allows for the encouragement of all people, regardless of gender, to join and stay in the workforce; if people aren’t worrying about their pregnancy and their ‘maternal’ responsibilities, they are able to more positively contribute to the workforce and to the Soviet economy. It is possible that this is an underlying motive for the passing of the legislation in question.

way it was a positive step toward empowerment and equality. On the other hand, the attempt to run an anti-abortion campaign alongside the legalization makes it seem as though there is some coercion involved; although people are technically allowed to seek out professional abortion, doctors would try to pressure them into carrying the child to term. The campaign run alongside the progressive law indicates that shame still surrounded decisions that involve terminating pregnancy, showing that there may have been legislative progression, but that pre-existing ideals of what people should do with their own bodies were still present. So, the enacting of the law itself should not be considered coercive because its intention was to further gender equality, but the anti-abortion campaign supported by the Commissariat was coercive based on the pressure placed on people to not carry out an abortion.

### *Abortion under Stalin*

An abortion law geared towards greater gender equality did not last for very long; in the summer of 1936 abortion was banned completely, with the exception of extreme medical cases. Avdeev writes that, “above all... authorities chose to increasingly ignore social observations, preferring to lean on abstract ideological discourse.”<sup>43</sup> The decline of people dying from attempted at home procedures was less important to authority figures in Stalin’s Soviet Union than the acceptance of traditional gender roles and growing population statistics. In an effort to make sure that the population would grow with the practice of this law, maternity facilities like beds in hospitals and daycare facilities grew in order to support what the authorities assumed would be an extreme increase in population. The Stalinist regime even went so far as to implement a form of surveillance for pregnant people; offices created to combat abortion were

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<sup>43</sup> Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," 43.

tasked with keeping track of those who were denied an abortion, making sure that they carried their child to term and did not seek out an illegal termination of their pregnancy.<sup>44</sup>

The banning of abortion in 1936 was done for two reasons, the first being to return to a more traditional and gender-based society. The Soviet Union transitioned from a society where equality was valued to one where patriarchy and pronatalism became increasingly influential. A *Pravda* article in 1935 explains, “In our country, the mother figure is one of the most respected. We reserve the best conditions for our mothers... to give birth... while the barbarian capitalists are depriving their women of what is most dear to them: their right to childbirth.”<sup>45</sup> In this argument, the writer states that legalized abortion deprives people of their right to have children and that people who can have children are, first and foremost, mothers. This sentiment is in exact opposition to the work done to make progress toward gender equality in the 1920s. Women and other people who had the ability to carry children could also be workers and have the choice to reproduce, with abortion as an option if they felt unprepared or unwilling to have children. With this choice being taken away from them by the state, they resorted to underground and illegal options.

It is now known that when abortion is made illegal, people will still seek them from those willing to perform them or will simply attempt to abort their pregnancy themselves.<sup>46</sup> Because of this, the Soviet Union saw a large increase in illegal abortions in the years after the 1936 law. A Russian journal article by A.A. Verbenko states that, “Abortions resulting in infection and fever, peritonitis, perforation and haemorrhage of the matrix led to a sharp upturn in abortion-related morbidity and mortality. Chronic inflammation, sterility, ovarian disorders

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<sup>44</sup> Anatol Vishensky, *Demographicheskaya Modernizatsia Rossi: 1900-2000*. (N.p.: Novaya Istoriya, 2003), accessed 28 Jan. 2015.

<sup>45</sup> as cited in Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," 43.

<sup>46</sup> Rosenthal, "Legal or Not, Abortion Rates Compare."



became considerably more frequent.”<sup>47</sup> Based on this account one can assume that the 1936 law banning abortion did not go according to plan; people became sterile as a result of seeking illegal abortion and some even died.

Additionally, these deaths countered one of the original purposes of the 1936 law, which, aside from enforcing strict and traditional gender roles, was created in the hopes of increasing the Soviet population.<sup>48</sup> For Stalin, a rising birth rate meant that there would soon be more young Soviets ready to join the workforce, increasing production rates and, therefore, increase the success of the Soviet Union.<sup>49</sup> In the first two years after the law was passed the birth rate increased only to fall again after 1938 to the same low rates of 1935.<sup>50</sup> Even though the law did not completely fulfill its purpose as a means to increase the birthrate it stayed in place until 1955, two years after Stalin’s death.

The intent of this abortion law is very straightforward and mainly serves to benefit the state as a whole rather than the people it directly affects. Factors such as the development of Soviet economy, new Soviet families, and population increase all played into the creation of this ban on abortion rather than the safety and agency of those it applied to. It is then easy to say that the 1936 abortion law was, in fact, coercive and did not contribute to overall empowerment. It was created with the hope that it would give people less of an opportunity to abandon the idea of family, regardless of socioeconomic status, increasing the amount of children birthed in the Soviet Union. Taking away this opportunity to control one’s own reproductive system stifles agency, which then hinders one’s ability to make choices that are empowering.

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<sup>47</sup> as cited in Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," 45.

<sup>48</sup> Huge Soviet losses during the Second World War only added to the sense of urgency surrounding the need for a population increase.

<sup>49</sup> Holland, "Women's Right to Choose," 58.

<sup>50</sup> Goldman, "Women, Abortion, and the State, 1917-36," 264.

*The State of Abortion in the Wake of Stalin's Death*

The loss of Josef Stalin and the beginning of the period known as the 'Thaw'<sup>51</sup> brought about a period of slightly more liberalized reproductive health in the Soviet Union. A law that once again legalized abortion was passed in 1955, just two years after Stalin's death. This law remained in place, with the exception of a few logistical changes, throughout the rest of the Soviet Union's existence. This makes it the longest lasting abortion law in the Soviet Union, almost longer lasting than the first two laws put together. The legislation put in place created lower maternal mortality, seemingly higher abortion rates, and saw the creation of new medical technologies.

The effects of the re-legalization of abortion in 1955 showed very quick benefits for maternal mortality. The Soviet Ministry of Health released statistics that show the maternal mortality rate in 1961 falling to less than half of the rate it had been in 1955.<sup>52</sup> This dramatic fall in the loss of lives shows that with abortion more accessible, people were less likely to attempt them illegally and endanger their own lives. The statistic shows that people were both seeking out safe medical abortions and not dying from complications in childbirth that they otherwise would not have had to go through if they had the choice to terminate a pregnancy. In this way, the abolition of Stalin's 1936 abortion law had a positive outcome for the Soviet state as less people were dying from issues that could have been prevented.

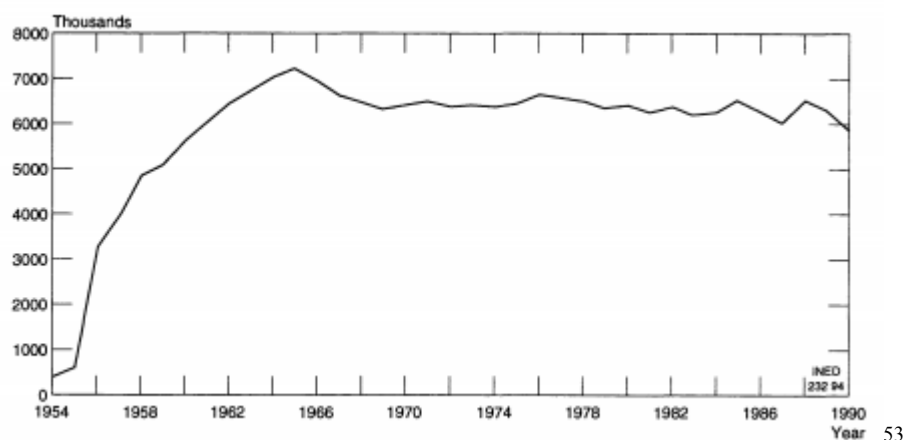
While the maternal mortality rate falling became a positive aspect of the 1955 law for the Soviet Union, what became problematic was the increased rate of abortion in the following years. Although Avdeev states that statistics on abortion in Soviet Russia were rather hazy, it is

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<sup>51</sup> Nikita Khrushchev's Thaw was a period of liberalization in the Soviet Union that occurred just after Stalin's death. The Thaw impacted and reversed strict laws and policies that censored and repressed Soviet people. Naturally, Stalin's ban on abortion was one of these reversed laws, further proving that the ban was in fact oppressive.

<sup>52</sup> Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," 45.

still appropriate to assume that the country experienced an extreme increase in documented abortions. This is not to say that the rate of abortion experienced a dramatic change but that, now that it was once again legal to terminate pregnancy, documentation of these abortions were easier to keep track of. Avdeev uses this chart to show the estimated increase in legal abortions in the Soviet Union:



The initial dramatic increase in abortion is not a surprising one considering the fact that this chart documents legal abortion, and up until 1955 the only legal abortions were ones that were medically necessary. The shoot upwards over the course of about 15 years shows the very quick documentation of people taking advantage of the reestablishment of abortion as a legal act coupled with little to no access to or knowledge of other forms of birth control. In the mid 1960's, about 10 years after the passing of the 1955 law, the abortion rate dips slightly and remains relatively static until the fall of the Soviet Union, albeit at a rather high rate.

Because of the long life of this legislation, one can see the introduction of new technologies and their significance as well as an understandable amount of legislative change. First, technological and medical advances allowed for the introduction of a new abortion

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<sup>53</sup> Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," 58.

procedure in the 1980's. The method known as the 'vacuum-suction' method<sup>54</sup> had been practiced in the West and decreased the amount of complications from abortion to a very small percentage. Although Soviet doctors knew this method they, for the most part, still used the old method of dilation and curettage.<sup>55</sup> Of the more commonly practiced procedure in the Soviet Union, Barbara Holland writes:

[Dilation and curettage]...requires hospitalization for two or three days. A general anaesthetic should normally be given, but there are persistent rumours about this being withheld from women having repeated abortions as a 'punishment', and a Soviet sociologist has even commented on women's fear of painful or experimental methods being used on them in hospital abortions.<sup>56</sup>

The accounts given in Holland's essay are similar to those in Wendy Goldman's piece referenced in the section of this paper on abortion in 1920; legal abortion was painful and often lacked anesthetic, generating a large amount of fear in the person seeking the operation. In addition to the lack of anesthetic and judgmental attitude toward people seeking abortion, the lack of facilities for the operations is once again seen after the implementation of the 1955 law. With hospital beds once again becoming a scarce resource in relation to the number of people seeking abortion, people were either asked to wait for extended periods of time or sent home too soon after their procedure.<sup>57</sup>

A previously stated, the law enacted in 1955 remained in place until the collapse of the Soviet Union, with the exception of a few logistical changes. In 1987 the Ministry of Health

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<sup>54</sup> Planned Parenthood refers to this method as 'aspiration,' stating that its purpose is to vacate the uterus which results in the termination of pregnancy. It is referred to as a 'gentle' method. As cited on Planned Parenthood's website.

<sup>55</sup> This method, known by Planned Parenthood as dilation and evacuation, is the more surgically oriented of the two options. This procedure starts with the dilation of the cervix in order for a doctor to access the uterus. The uterus is then emptied with the use of medical tools. The procedure is considered more painful than its counterpart, the aspiration method, requiring more time and slightly more invasive technique. As cited on Planned Parenthood's website. See also Holland, "Women's Right to Choose," 61.

<sup>56</sup> Barbara Holland, "Women's Right to Choose," in *Home, School, and Leisure in the Soviet Union*, (London: Allen & Unwin, 1980) 61.

<sup>57</sup> Holland, "Women's Right to Choose," 61.

created new and more relaxed stipulations. Now, a person could seek out an abortion up to 28 weeks into their pregnancy and for a variety of reasons that were not considered medical emergencies. These reasons include, “husband’s death during pregnancy, woman’s or her husband’s imprisonment, a large current family size (more than 5 children), deprivation of parental rights, divorce during pregnancy, pregnancy resulting from rape, and disability of a previously born child.”<sup>58</sup> This decision to create more opportunities for people to exercise their reproductive agency shows a relaxing of state policies toward reproductive health.

The purpose of the re-legalization of abortion in 1955 is straightforward. Aside from the Thaw’s liberalization policies, a general knowledge of and care for Soviet people’s health informed the decision. Holland writes, “the decree passed at that time was a simple statement repealing the previous restrictive law, but its preamble contained the important new principle that this was being done ‘in order to give women the possibility of deciding by themselves the question of motherhood.’”<sup>59</sup> This quote given by Holland shows the recognition of reproductive agency because it puts the decision of whether or not a person wishes to have children in their own hands. This sentiment was accompanied by the knowledge of the growing maternal mortality rate which undoubtedly played an additional role in the State being in favor of the repeal of Stalin’s abortion law; while a decrease in maternal mortality meant the chance at an increased population, it also meant the safety of more Soviet citizens, benefiting both the State and the people.

This idea of reproductive agency is indicative of a greater empowerment for people who are not male because it allows for a type of power, the power to choose, which was not in place before. For this reason along with the fact that there is no indication of an ulterior motive from

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<sup>58</sup> Boris P. Denisov, Victoria I. Sakevich, and Aiva Jasilioniene, "Divergent Trends in Abortion and Birth Control Practices in Belarus, Russia and Ukraine," *PLoS ONE* 7.11 (2012): 4.

<sup>59</sup> Holland, "Women's Right to Choose," 60.

the State, the law in itself should be considered non-coercive.<sup>60</sup> Not only is its effect one of general empowerment, but also its creation was purposely meant to lower maternal mortality rates and allow people to decide their own reproductive paths. The Soviet people were able to benefit from its placement. The threat of coercion in this period was not coming from the state but from the medical community; doctors still purposely withheld anesthetic from people seeking abortion and did so in order to “punish” those who sought multiple procedures. This is reminiscent of the period in which anti-abortion campaigns were run in the 1920’s, shaming those who hoped to legally terminate their pregnancies. This equation of reproductive agency with shamefulness is absolutely an attempt to dissuade people from having abortions and is therefore coercive, but is not coercion from the state. One may say that coercion existed in this period even though abortion had been legalized, but not that the law itself or the intent of the State was coercive.

## **The Fall of the Soviet Union and Beyond**

### *Abortion in Societal Transition*

The collapse of the Soviet Union saw no immediate change in the legislation surrounding abortion, but only further definition of the right to seek one. In 1993 a federal law called “Fundamentals of the Healthcare of Russian Citizens” was passed explaining that, “abortion can be performed on a woman’s request up to 12 weeks of gestation or up to 22 weeks of pregnancy in the presence of certain social reasons, and at any stage of pregnancy if there are

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<sup>60</sup> Some may consider the drop in maternal mortality to be an indication of an ulterior motive, but this is not the case. Yes, increasing population is always a priority for the Soviet state, but in the context of the Thaw, it is not the biggest priority. Because the Thaw was the time of de-Stalinization, the main intent behind the re-legalization of abortion was to rescind oppressive law. Although the possibility of an increased population was a benefit, it was not the main reason for the overturning of Stalin’s ban.

detrimental medical indications and a woman's consent for abortion."<sup>61</sup> This decision showed intent to continue the laws legalizing abortion from the Soviet Union and redefining them for the Russian Federation.

In his report entitled "Family Planning and Induced Abortion in Post-Soviet Russia of the Early 1990s: Unmet Needs in Information Supply," Andrej Popov explains another necessary transitional change for the Russian Federation when redefining abortion stipulations and the institutions affected by them. He explains that with the introduction of capitalism the state was unable to hold a monopoly on medical services and therefore the "legal commercialization of induced abortion...ensued."<sup>62</sup> He goes on to further explain that:

This decentralization and legal commercialization has occurred mostly in the larger cities and economically advanced regions of Russia. In most cases this process was merely the legalization of pre-existing illegal and quasi-legal commercial enterprises, which functioned in the gray field of gynecological and abortion services before 1991. Now a real abortion industry exists in Russia and this branch of the market for family planning services is totally oriented to the provision of induced abortion.<sup>63</sup>

This decentralization has both advantageous and detrimental implications; on one hand all medical facilities unrelated to State provisions became legal and therefore more accessible for those in more urban areas. This growth also implies the growth of facilities needed for the procedure that could not be provided by just the State alone in the Soviet Union. The detriment involves the detail of the commercialization of the procedure, as well as other family planning aspects, in the larger and more economically stimulating areas of Russia, a country with many areas that do not have a large economic 'center'. The placement of the newly legal medical

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<sup>61</sup> Denisov, Sakevich, Jasilioniene, "Divergent Trends in Abortion and Birth Control Practices in Belarus, Russia and Ukraine," 4.

<sup>62</sup> Popov, Andrej A. "Family Planning and Induced Abortion in Post-Soviet Russia of the Early 1990s: Unmet Needs in Information Supply," *RAND Corporation*, (1996), 2.

<sup>63</sup> Popov, "Family Planning and Induced Abortion in Post-Soviet Russia of the Early 1990s," 2.

facilities in ‘economically advanced regions’ implies that smaller and more areas in Russia were left out of this growth, still needing to rely on State provisions that were most likely still lacking and inaccessible during most of the year. Nevertheless, encouragement of privately owned medical facilities indicated intent to make reproductive health more acceptable- an act that should be considered one of progression in this transitional period.

Popov shows the Russian Federation’s progressive nature in comparison to other nations, as well. In his report he creates a chart that shows a comparison between 21 countries based on their acceptance of reasoning for abortion. There were three medical reasonings; narrow (life), broad (health), and eugenic (fetal), and three social; juridical (rape and incest), social & medical, and on demand. He comes to the conclusion that Russia, in 1993, is among the few countries that accept all legal grounds for abortion listed on the chart and that only Sweden, the Netherlands, and the United States may be compared to contemporary Russia in their acceptance of both medical and social justifications for the termination of pregnancy.<sup>64</sup>

Additionally, Popov brings to the reader’s attention the many medical advancements in induced abortion made in the transitional period of the Russian Federation. He lists these new procedures as, “including magnetic cervical cups, manual massage, and different reflectorial techniques. One of the most advanced technologies is the magnetic cervical cup, which induces abortion by weak, localized magnetic fields within the first trimester of pregnancy in out-patient conditions.”<sup>65</sup> He goes on to explain that the Ministry of Health had approved these technologies and even advertised in newspapers. The creation and publication of an outpatient technique for abortion in the Russian Federation allows for a higher level of opportunity for people seeking abortion to be fully functional just days after the termination of pregnancy.

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<sup>64</sup> Popov, "Family Planning and Induced Abortion in Post-Soviet Russia of the Early 1990s," 3.

<sup>65</sup> Popov, "Family Planning and Induced Abortion in Post-Soviet Russia of the Early 1990s," 2.



As progressive and inclusive as the new stipulations and developments for abortion politics were in the Russian Federation, they came at a time when it was arguably the least necessary for Russian citizens. When referring to Avdeev's chart above that details the popularity of abortion in the USSR, one can see a progressive dip starting in 1988 bringing the abortion rate to one of its lowest points in 30 years.<sup>66</sup> This dip, although uncharted in Avdeev's research, continues on well into the early 1990's, Popov states. Although the rate of abortion had been lowered, recorded at 3.5 million in 1992, it was still comparatively higher than in other countries around the world where abortion is recognized as a legal act. He reveals the shocking statistics that, "...for every live birth in the country, there were over 2.2 officially registered abortions. This figure is two to three times higher than those for most Western and Eastern European countries."<sup>67</sup> Although the abortion rate continued to decrease, it was still much higher than in other advanced countries. Again, this high rate of abortion compared to lower rates in other countries can be attributed to a lack of access to other contraceptive options as well as a lack of family planning, issues that will be discussed in the next chapter. This statistic became problematic and a part of the argument against abortion in favor of fixing the Russian demographic crisis, an issue that will be discussed in the next section of this chapter.

One can see that the intent of the new stipulations in abortion policy and the commercialization of the procedure was not to hurt or hinder empowerment and equality- in fact these stipulations did quite the opposite: the commercialization of medical facilities, and therefore abortion, resulted in the increasing availability of facilities for people who wished to terminate their pregnancy. Additionally, the allowance of privatization granted for the incorporation of new outpatient techniques that eliminated the need for hospitalization after the

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<sup>66</sup> Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," 58.

<sup>67</sup> Popov, "Family Planning and Induced Abortion in Post-Soviet Russia of the Early 1990s," 11.

procedure, giving people the opportunities to not take off days or weeks from working- keeping them on a more even playing field with people who did not need to worry about reproducing and the internal debates or complications that come with it. Because of this, there was a greater chance for workplace equality at this time, and because these options had not previously existed, they should be considered empowering. The 1993 law and stipulations simply were an attempt to redefine the pre existing Soviet abortion laws in the context of a democratic, capitalist society. For these reason, the law should not be considered coercive.

### *Abortion and Resources after 2003*

Up until 2003 there had been a long list of 13 ‘social’ reasons that a person would be able to obtain an abortion in the second trimester. These reasons were, “severe injury or death of one’s husband, divorce, incarceration of the woman or her husband, loss of parental rights, having three or more children already, a pregnancy resulting from rape, a woman’s unmarried status, homelessness, refugee status, a disabled husband or disabled children to care for, loss of the woman’s or her husband’s job, and having a salary lower than the minimum living standard for one’s region.”<sup>68</sup> In the Decree of the Government of the Russian Federation on August 11th of 2003, this list was reduced to just the four following reasons: “restriction or deprivation of parental rights; the woman’s imprisonment; husband’s disability or his death during pregnancy; rape.”<sup>69</sup> This large restriction, limiting over half of the social justifications for a second trimester abortion, created a large controversy in reproductive rights advocacy in Russia. Two members of the Center for Reproductive Rights, a global advocacy organization, wrote a letter

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<sup>68</sup> Michele Rivkin-Fish, ""Change Yourself and the Whole World Will Become Kinder": Russian Activists for Reproductive Health and the Limits of Claims Making for Women," *Medical Anthropology Quarterly* 18.3 (2004): 282.

<sup>69</sup> Denisov, Sakevich, Jasilioniene, "Divergent Trends in Abortion and Birth Control Practices in Belarus, Russia and Ukraine," 4.

to the United Nations Committee on Economic, Social, and Cultural Rights stating that, “This narrowing of grounds for legal abortion on social grounds will affect the Russian Federation’s most vulnerable women, many of whom may be forced to seek abortions clandestinely under unsafe conditions.”<sup>70</sup> Because the 2003 restrictions eliminated many economic justifications for abortion that previously existed, it may be assumed that many of the people affected by this restriction were economically and socially disadvantaged.

Although the international community pushed back against these limitations, the reaction was not the same from large reproductive health organizations within the country. Inga Grebesheva, the director of the Russian Family Planning Association said of the strict changes that she “did not vigorously object to the regulations since they would not greatly affect a woman’s access to abortion.”<sup>71</sup> In her article “Change Yourself and the Whole World Will Become Kinder”: Russian Activists for Reproductive Health and the Limits of Claims Making for Women,” Michelle Rivkin-Fish states that this idea ignores the issue at hand- that the restrictions would most directly affect the most marginalized women in Russian society; those suffering socially and economically.<sup>72</sup> Additionally, Rivkin-Fish states that:

Grebesheva’s ambivalence toward defending women’s right to abortion mirrored the agenda of family planning proponents throughout Russia... They have not framed abortion or other reproductive health issues as a matter of women’s rights to bodily integrity and equal access to political autonomy. Rather, they have worked to decrease the use of abortion by establishing habits of contraceptive use, thereby preventing secondary infertility cause by abortions and positively affecting the birth rate.<sup>73</sup>

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<sup>70</sup> Christina Zampas, and Laura Katzive, "Re: Supplementary Information on the Russian Federation," Letter to The Committee on Economic, Social and Cultural Rights. Nov. 2003.

<sup>71</sup> Rivkin-Fish, ““Change Yourself and the Whole World Will Become Kinder,”” 282.

<sup>72</sup> Rivkin-Fish, ““Change Yourself and the Whole World Will Become Kinder,”” 282.

<sup>73</sup> Rivkin-Fish, ““Change Yourself and the Whole World Will Become Kinder,”” 282.

This view of abortion that Grebesheva and the Russian government seem to share is mainly one that seeks to benefit the ‘greater good’ of the country, not the people that it directly affects. Yes, it is ideal that abortion rates would decrease which would allow the birth rate to increase, but in order for this scenario to not be made coercive it would need to happen naturally, not by force.

Although her opinions do not represent those of all Russians, Grebesheva, as a representative of reproductive health advocacy invalidated the importance of abortion as an option for empowerment, which does not send a supportive message to Russian people regarding how much they are able, and allowed to control their bodies. People like Grebesheva saw abortion not as a way for people to exercise their reproductive rights but as a representation of the worst aspects of Russian society. Rivkin-Fish writes that abortion reminds these people of, “both material poverty and the impoverishment of male-female relations, as intimate interactions were beset by frustration, hostility, and misery that carried over from the hardship, dependency, and lack of power people had in the public sphere... abortions were about loss, not about choice.”<sup>74</sup> Therefore, a large rate of abortion was considered equivalent to a large rate of loss, of economic and social turmoil, and of shame.

As a high abortion rate in Russia can be connected to a sense of shame for Russian people, so can the decreasing birth rate. The birth rate began to gradually decrease in the mid 1980’s.<sup>75</sup> In “Russia’s Population Meltdown,” Murray Feshbach writes about the sense of urgency surrounding the declining population in Russian society. Vladimir Putin named a decreasing population size the number one problem that Russia faced at the time. “The Russian population,” Feshbach writes, “is shrinking by 750,000 every year, and looks likely to continue

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<sup>74</sup> Rivkin-Fish, ““Change Yourself and the Whole World Will Become Kinder,”” 287.

<sup>75</sup> Feshbach, “Russia’s Population Meltdown,” 15.

dropping for years to come.”<sup>76</sup> Those who feel a sense of shame regarding low birth rates and high abortion rates most likely think of the decline of Russian population as the decline of Russian civilization as a whole.

For this reason, one can consider the 2003 restrictions on second trimester abortion as a small but significant strategy to increase birth rate. Those who agreed to pass these restrictions most likely assumed that they would stop pregnant people from terminating their late pregnancies, especially those coming from a lower socioeconomic status, and who have less access to other forms of birth control. An additional reason for this restriction could be the greater influence that the Russian Orthodox Church began to hold in the Russian Federation; the Church held, and continues to hold, a strict pro-life view in the abortion debate. Their influence within the government is quite possibly one of the reasons for the scaling down of social justifications for second trimester abortion. The elimination of these socioeconomic excuses from carrying a pregnancy to term effectively forces the person in question to have a child when they do not wish to. For this reason, the restrictions put in place in 2003 should be considered coercive ones that take once again place the priorities of the country above the people living within it.

#### *2012 to Present: Recent Changes in Abortion Laws*

Further restrictions and attacks against reproductive agency continue even today. On February 14th, 2012 the list of social reasoning for obtaining an abortion in the second trimester, the same list discussed in the above section, was again shortened to just one

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<sup>76</sup> Feshbach, "Russia's Population Meltdown," 15.

justification, rape.<sup>77</sup> The three eliminated reasons were deprivation of parental rights, imprisonment of the mother, and death or disability of the husband. The official order detailing this further restriction states, “in accordance with Section 5 of Article 56 of the Federal law "On Fundamentals of the Protection of Health of Citizens of the Russian Federation” the government of the Russian Federation resolves: to establish that social indications for abortion is a pregnancy occurring as a result of the crime provided by Article 131 of the criminal code of the Russian Federation.”<sup>78</sup> This crime referred to in the document is coerced sexual violence. In addition to this further subtraction of three quarters of previously existing justifications for later term abortion, advertisement for abortion procedures was banned in Russia in 2013.<sup>79</sup> This exclusion of advertisements for the procedure would make it less accessible to those who are not educated regarding their reproductive rights.

The same reasons for the first restrictions in 2003 can be carried over and applied to the more recent restrictions and bans on abortion and its advertisement. On one hand, the demographic crisis in the country may play a large part in government officials’ feelings about abortion. Not completely separate from the demographic crisis are the traditional and moral values shared by these politicians that may be partially influenced by the Russian Orthodox Church. A Russian news source states, “in early October an official representative of the Russian Orthodox Church blasted abortions and surrogacy as “mutiny against God” and less than a month later the head of the Lower House committee for family and children, Yelena Mizulina, said in a speech that the community must urgently stop tolerating abortions and

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<sup>77</sup> Denisov, Sakevich, Jasilioniene, "Divergent Trends in Abortion and Birth Control Practices in Belarus, Russia and Ukraine," 4.

<sup>78</sup> "Минздрав сократил перечень соцпоказаний для аборта на позднем сроке," *PIA Новости*, 2012

<sup>79</sup> Ian Bateson, "Russia Bans Abortion Advertisements," *Reuters*, 25 Nov. 2013.

surrogacy as they threaten to wipe out the population in Russia, and the world as a whole.”<sup>80</sup>

These two views, both considering abortion a threat to Russian morality and civilization, have been connected by Vladimir Putin who has stated a necessity to both ‘fix’ the population decline and remain true to these traditional values upheld by the Orthodox Church, which seem to be contradicted by the institution of legalized abortion.<sup>81</sup>

Aside from the reasons for these restrictions that one may think are apparent based on the agenda of the now ‘traditional’ Russian government, there is a more straightforward reason given by the Ministry of Health. On the Ministry’s website a note was published stating that abortions in the second trimester that are for social reasons tend to have complications which put the mother in danger of death. For this reason, they believe that it acceptable that abortions should only be carried out when people are in medical danger or if their pregnancy is caused by sexual violence.<sup>82</sup> But, even in the instance where the person’s safety is considered, this decision takes away from the agency of the person who is deciding whether or not to terminate their pregnancy. It can be argued that the outcome of their second trimester abortion, if they are properly educated they will know the risks of a late procedure, is something that they are willing to take into consideration when making a decision. A proper education surrounding abortion rights would allow these people to make their own independent and informed decisions, but the 2013 law banning advertisements for the procedure proves this education to be even more difficult now.

By taking this option away, the Russian government is furthering people who can exercise their reproductive rights from total gender equality; people who can have abortions

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<sup>80</sup> "Russia Outlaws Abortion Ads." *RT Russian Politics*, 25 Nov. 2013.

<sup>81</sup> Ian Bateson, "Russia Bans Abortion Advertisements."

<sup>82</sup> *РИА Новости*, 2012.

now need to worry about a child affecting their job performance and advancement, their home life, and their own mental health while people who can not carry a child do not necessarily need to worry about pregnancy and responsibilities during pregnancy. For this reason, these further restrictions and bans on abortion advertisement should be considered harmful and coercive.

## **Conclusion**

Covered in this chapter are six extremely important laws and decrees regarding abortion both in the Soviet Union and in contemporary Russia. In the section of this chapter dedicated to Soviet abortion law, coercion in Stalinist Russia was sandwiched in between more open and empowering legalizations of the procedure. The last regulation on abortion in the Soviet Union positively influenced the shaping of similar laws in the newly formed Russian Federation, which kept the procedure legal in many forms. It was only in 2003 when abortion law was once again restricted. More recently, it has become illegal to advertise for the procedure, keeping people, especially those in more rural areas, in the dark about their reproductive options.

What is interesting about the comparisons between laws and time periods is this: current abortion legislation is more reminiscent of Stalinist legislation on the matter than the other two Soviet periods covered not only because of the harsh restrictions on the procedure and the information that is not openly advertised, but also because of the reasoning behind such regulations. For Stalin, one of the most pressing reasons behind the criminalization of abortion that he sanctioned was the Soviet population; he believed that if abortion were no longer an option, the population would grow. In the case of Putin's Russia, demography is again a central issue and one of the overarching reasons for the restrictions on abortion. Although it is not an outright ban, these recent restrictions are still considered oppressive for those who are now less



able to exercise reproductive rights than they would have been in the last thirty-year period of the Soviet Union. Overall, the Soviet Union gave women more opportunities to exercise their reproductive agency and therefore can be seen as being more allied with the empowerment of people for whom reproductive health is a concern than contemporary Russia.

## Chapter Two: Contraception and Family Planning

While contraception and family planning are less controversial and hotly debated than abortion, they are just as instrumental in the measuring and establishment of empowerment and equality. Roger Clark states that, “contraceptive use and prevalence affect both women’s ability to control the number and spacing of their children to protect their bodies, and must surely be counted as an important reproductive right.”<sup>83</sup> Just as contraception<sup>84</sup> affects people’s ability to control their family size, family planning education gives them the opportunity to understand contraception and reproductive health. Education on and access to various forms of contraception allow people to make decisions regarding family size that they would not have otherwise been able to make, much like abortion, and are therefore essential indicators of empowerment and equality, alongside access to contraception.

Debates on the validity of contraception and family planning as indicators of empowerment, as well as government involvement in family planning programs and contraceptive laws, have arisen in the past; Roger Clark, in his article on indicators of empowerment, claims that “contraceptive prevalence may appear to have a little less to do with state-mandated rights and may... have less face validity as an indicator of women’s reproductive rights than, say, abortion policy...”<sup>85</sup> One can see where Clark’s statement may be considered correct; because there are contraceptive methods that involve little more than personal effort (i.e., coitus interruptus and abstinence) it is easier to adapt these methods without government

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<sup>83</sup> Roger Clark, "Three Faces of Women’s Power and Their Reproductive Health: A Cross-National Study," *International Review of Modern Sociology* 32.1 (2006): 41.

<sup>84</sup> Contraceptive methods allow people to prevent, time, and plan the spacings of pregnancies.

<sup>85</sup> Clark, "Three Faces of Women’s Power and Their Reproductive Health," 41.

support or involvement than, say, the termination of a pregnancy. But, there are also flaws in thinking this way about the importance of contraception in comparison to abortion. It is necessary to understand that while these options may not need legislation to be practiced, government funded family planning and sex education can make these and other, more effective, methods well-known and widely and safely practiced. Effective methods of birth control such as oral contraception, IUD implantation<sup>86</sup>, condom usage, and voluntary sterilization<sup>87</sup> can all be more effectively spread and supported with government action. With this knowledge Clark also states that, “it is... surely true that the prevalence of contraceptive use is at least partly a function of the legality and morality accorded to the use of contraceptives.”<sup>88</sup> That is, the more legislative support family planning and modern contraceptive methods receive, the more prevalent these methods will be, resulting in peoples’ ability to better control their reproductive health not only when it comes to preventing pregnancies and spacing out births, but also with sexually transmitted diseases and infections. The ability to control the growth of one’s family and safety of one’s reproductive system is an indicator of empowerment, as stated in this paper’s introduction. Contraception and family planning are instrumental in promoting reproductive health and empowerment, and should be seen as such.

While contraceptive and family planning policies are equally as important to the strengthening and development of empowerment and equality as abortion policies, in the course

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<sup>86</sup> IUDs, intrauterine devices, are small contraceptive devices that are implanted into the uterus, that stop eggs from implanting and therefore preventing pregnancy. IUDs are a long-lasting, but reversible, form of birth control making it easy to maintain.

<sup>87</sup> Voluntary sterilization is a permanent form of birth control that may be the right method of contraception for some people. It should not be confused with forced sterilization, which is done against a person’s will, as its name suggests.

<sup>88</sup> Clark, "Three Faces of Women’s Power and Their Reproductive Health," 41.

of Soviet history they were few and far between and little to no comprehensive sources exist that show the structure of such policies in the Soviet Union; my research shows that birth control was not considered a social phenomenon in the way that abortion was then and is now. Because of this, I will not focus solely on policies and laws regarding contraception and family planning but also on the state ideology that influenced government involvement throughout Soviet history and current times. I will also determine whether or not government action taken to help or hinder birth control and family planning are coercive, if any government action was taken at all. In this chapter, I hope to show that very little has been done in Soviet and contemporary Russia to positively influence reproductive empowerment through birth control implementation.

### **Birth Control and Education in the Soviet Union**

Only a few years behind the United States, oral contraceptives were introduced in the Soviet Union in the 1970s. The history of contraceptives in Soviet Russia before 1970 is not thoroughly covered and even less thoroughly discussed in current literature; what is known is that government recognition of birth control and its necessity began in the early Soviet Union in hopes of combating frequent and sometimes dangerous, but legal, abortions. People saw termination of pregnancy as a necessary evil, and so it was important to figure out how to lower abortion rates without overturning its legality; development of and access to contraception seemed to be the only logical and non-coercive option.<sup>89</sup>

Still, very little institutional support for contraception was present in the early year of the Soviet Union. The conversation steered toward support for mothers, not for contraception.

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<sup>89</sup> Alice Withrow Field, *Protection of Women and Children in Soviet Russia* (New York: E.P. Dutton, 1932), 94.

Even members of the Zhenotdel, the Women's department of the Party, were mostly silent on the matter of birth control and, when writing about women's issues and sexuality, rarely discussed methods.<sup>90</sup> The support for mothers rather than a support for contraception in Soviet society reinforces the idea of those able to carry children solely as mothers, putting them into a box with limited opportunities and options because of their perceived gender. The stifling of opportunity that centering on motherhood creates further hinders the overall Soviet goal of equality by valuing people who can carry children as reproducers ahead of producers.

The first sign of advocacy for contraception in the Soviet Union was a public letter published by the People's Commissariat for Health in 1923. This letter stated that people should seek contraceptive information and advice at doctor's consultations and gynecological visits.<sup>91</sup> Although this letter shows that Soviet government officials were thinking about the importance and usefulness of contraception, there are also errors in the way that they go about stating this. The most important issue that must be addressed is the placement of responsibility on the person whose reproductive health is at stake rather than on the government; if people wanted to learn about contraception they needed to actively seek out educational information. The issue here is that it is difficult to actively seek out information without knowing that it even exists. A more effective way to educate and make contraceptive means more accessible would have been for government officials to implement sexual education in schools, or to make a lesson in contraception mandatory for people visiting their doctors.<sup>92</sup>

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<sup>90</sup> Wendy Goldman, "Women, Abortion, and the State, 1917-36," in *Russia's Women: Accommodation, Resistance, Transformation*. (Berkeley: U of California, 1991), 245.

<sup>91</sup> Alexandre Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," *Population: An English Selection* 7 (1995): 46.

<sup>92</sup> This is not to say that many countries were more progressive than the Soviet Union in implementing contraception, many were on the same page and knew very little about non-traditional contraceptive methods.

The mid and late 1920s saw a surge in advocacy for and development of birth control in Soviet Russia; in 1925 a commission for contraception research was created within the “Mother and Child Department” of the People’s Health Commissariat. Although the commission was relatively short lived, their publication detailing contraceptive advances was only published until 1929, it showed the importance of contraceptive advances to Soviet government. Additionally, it shows the importance of the growth of equality of the sexes, at least in some capacity, to the government. The commission not only attempted to develop forms of contraception for people that could become pregnant, but also strived to create methods of contraception that could be utilized by people with penetrative sex organs.<sup>93</sup> Although these studies drew little to no valuable results, they show that the commission, funded by the Soviet state, hoped to create methods of contraception that could be utilized by everyone, not just people who could bear children. This again, plays into the idea of a greater sense of equality that the Soviet’s strived to attain. If contraception is not solely the responsibility of the partner able to produce a child, it allows for a joint, and more equal, sense of responsibility and therefore a greater chance at equality.

Although the commission on birth control strived to find contraceptive options for all, they saw very little scientific progress. Because of this, the most common form of contraception was found to be coitus interruptus, a method that is not nearly as effective as more modern options, and that does not protect against the risk of contracting sexually transmitted diseases. In addition to mainly using this method of contraception, doctors found that people were, “desperate to find a safe, painless, and reliable means of limiting birth.”<sup>94</sup> This desperation expressed by many people worried about pregnancy caught the attention of doctors and state

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<sup>93</sup> Avdeev, "The History of Abortion Statistics in Russia and the USSR from 1900 to 1991," 47.

<sup>94</sup> Goldman, "Women, Abortion, and the State, 1917-36," 258.

officials, raising awareness of the issue at hand. Wendy Goldman states that, “the Kiev Conference of Midwives and Gynecologists in 1927 declared that contraception was, “a vital, moral measure in the present time,” which should be incorporated into the practice of midwifery. Some doctors considered contraception an evil, but.... it was a lesser evil than abortion.”<sup>95</sup> To put this into perspective, at the same time in the United States there was a huge movement for birth control by citizens that was ultimately ignored by the government.<sup>96</sup> In their acceptance of and hope to implement birth control awareness, the Soviet Union was miles ahead the US in empowerment and equality.

Additionally, they had determined that “birth control information should be dispensed in all consultations and gynecological stations as ‘an essential means’ of struggle against the increase in abortion.”<sup>97</sup> These statements show one large issue with the movement for more contraceptive options in the early years of the Soviet Union. While some officials thought, especially in a time where population growth was considered a large priority, that contraception was “an evil,” they thought that it was the best option the nation had in combatting abortion without making the act illegal.<sup>98</sup> While it is forward-thinking to initiate studies on contraceptive development, it is also misguided in its attempt to take away a form of emergency contraception while hoping to provide preventative contraception. Because the purpose of this development was to combat abortion, stifling options that affect reproductive health, it can be considered coercive and in some ways disempowering.

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<sup>95</sup> Goldman, "Women, Abortion, and the State, 1917-36," 258.

<sup>96</sup> Carole R. McCann, *Birth Control Politics in the United States, 1916-1945*. (Ithaca: Cornell UP, 1994): 210.

<sup>97</sup> Goldman, "Women, Abortion, and the State, 1917-36," 258.

<sup>98</sup> Goldman, "Women, Abortion, and the State, 1917-36," 258.

Additionally it has been argued that the Soviet Union, although seemingly ahead or on a level playing field with other nations at the time in contraceptive research and development, was not close to successful in comparison. Victoria Sakevich and Boris Denisov state:

Russia lagged behind developed countries in contraceptive research and manufacturing...despite the fact that contraceptives were banned in bourgeois states, they could be bought in any store, they were produced industrially, they were widely advertised for female patients and were attractive for health women... The Netherlands and England had never banned contraception, and had been legally developing research and manufacturing.<sup>99</sup>

It is unclear whether the Soviet Union suffered material, financial, or ideological setbacks on the issue of development and manufacturing. Any and all of the three may be considered factors but above all the most influential is pronatalist ideology. Deteriorating economic conditions all over the globe can be taken into account and would explain the lack of financial and material investment. Famine and war causing a large decline in population triggered a less progressive and radically pronatalist way of thinking which looked down upon the use of birth control in any form. In his article on Stalinist pronatalism, David Hoffman states that in the 1930s, "Stalinist leadership abandoned women's liberation from the family in order to utilize female industrial and reproductive labor."<sup>100</sup> It is this pronatalist thought which caused the shutdown of both the studies done by the commission for contraception research and the journal that the commission published. It should be understood that if the reason for the destruction of contraceptive research in the late 1920s was due to pronatalist ideology, it is indeed coercive. This ideology places importance of an increasing population above the well-being and choice of

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<sup>99</sup> Victoria Sakevich and Boris Denisov. "Birth Control in Russia: Overcoming the State System Resistance." Diss. National Research U Higher School of Economics, (2014): 8.

<sup>100</sup> D. L. Hoffmann, "Mothers in the Motherland: Stalinist Pronatalism in Its Pan-European Context," *Journal of Social History* 34.1 (2000): 35.



Soviet citizens and therefore contributes to the stubbing out of Soviet choice in reproductive matters.

Pronatalist ideology carried over into the 1930s when Stalin began to enforce it in reproductive health policies. In the same decree from 1936 that banned abortion, it was stated that it was no longer necessary for doctors to provide family planning and contraceptive information. But within a month it was declared that there would be an expansion on the production of “condoms, pessaries, and other prophylactics (aluminum uterine caps and some contraceptive gels).”<sup>101</sup> These decisions present a dilemma for Soviet citizens; on one hand, they should have, in theory, been able to access certain effective and non-traditional methods of birth control such as condoms and cervical caps, although it is unclear how easily accessible these methods were. On the other hand, because doctors were no longer obligated to educate citizens on contraception, making that education less accessible, citizens most likely did not know how to properly use the contraceptive options that were made available to them. Because of this, these people could have either conceived an unplanned child or contracted a sexually transmitted disease after improperly using a device, which contradicts the entire purpose of the device itself.

My research suggests a general lack of care for contraceptive production and development in the Soviet Union in the 1940s, 50s, and 60s. Little to no information exists regarding initiatives and ideology on expanding the reach of contraception in the 30 year span; at this time abortion was more highly politicized and the issue was therefore prioritized, as one can see from my first chapter on the topic. It has been hypothesized that Stalinist pronatalism, which restricted education on contraception in the 1930s, carried over into the 40s and through

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<sup>101</sup> Sakevich and Denisov, "Birth Control in Russia," 8.

the 60s and is the cause for this inactivity in contraceptive development and education. Virginia Gray has stated that, “an indication of the strength of pronatalism is the inability to make contraception available for those who want it.”<sup>102</sup> Helen Defosses writes that even though there was high demand for information on contraceptive options, it was ignored by the Soviet government due to strong pronatalism. My research and correspondence with Victoria Sakevich, a researcher in this field, confirms that the Stalinist pronatalism that held influence over this time span equated contraception with a reduction in fertility.<sup>103</sup> One can easily see how a government hoping to increase population would want to take away or withhold development of most options for preventative contraception. Because it is linked to a strong sense of pronatalism, this inactivity should be considered a coercive act against Soviet people.

While there had been some contraceptive developments in the 1960s, there still remained a lack of initiative to implement and make these contraceptives accessible. Helen Defosses states that, “the IUD, an effective and relatively low-cost device, was described in a Soviet medical handbook as ‘unconditionally harmful,’ and a 1963 volume stated that its use ‘must be forbidden.’ While the IUD was approved in the late 1960s, production has been very limited.”<sup>104</sup> Additionally, Defosses adds that family planning services in the USSR were “woefully inadequate. Only a few centers on marriage and the family exist in the whole country.”<sup>105</sup> So, although there was some development on approving effective and cheap methods of birth control, there were still improper facilities to educate Soviet citizens on how these methods could benefit them and help them plan their families. Lack of access to family

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<sup>102</sup> Helen Desfosses, "Pro-Natalism in Soviet Law and Propaganda," in *Soviet Population Policy: Conflicts and Constraints*, (New York: Pergamon, 1981), 102.

<sup>103</sup> Victoria Sakevich, email message to author, March 6, 2015.

<sup>104</sup> Desfosses, "Pro-Natalism in Soviet Law and Propaganda," 102.

<sup>105</sup> Desfosses, "Pro-Natalism in Soviet Law and Propaganda," 100.

planning education due to radical pronatalism would continue to affect Soviet people negatively well into the 1970s even after the introduction of oral contraceptives.<sup>106</sup>

Across nations and cultures, the 1970s saw a surge in contraceptive technology; the Soviet Union is not to be excluded from this discussion of birth control advancement. According to Barbara Holland, “all the major methods in use in the West (with the exception of sterilization) are now practiced in the Soviet Union. The intrauterine device was officially approved in 1968, and although no similar statement had been issued regarding the pill it is being used by some urban women, particularly those with privileged access.”<sup>107</sup> This statement alludes to the fact that although effective methods of contraception were introduced in Soviet Russia only certain people knew about and utilized them, showing that education surrounding family planning and contraception was still not being incorporated into society.

In addition to a lack of contraceptive knowledge and family planning education, even the more effective methods of available contraception were criticized. Holland writes, “there have... been problems with both the quality and supply of contraceptives (for example, awkward IUDs, shortage of the pill, unreliable condoms) and a significant absence of any propaganda campaign to promote their use. Many people still regard contraceptives as ineffective, unpleasant, pleasure-reducing, or even harmful.”<sup>108</sup> Criticism surrounding birth control, especially oral contraceptives, derived mostly from the state. In 1974 the Ministry of Health released a letter entitled *On the Side Effects and Complications of Using Oral Contraceptives*. The letter dramatizes the side effects of oral contraceptives, stating that they

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<sup>106</sup> Sakevich and Denisov, "Birth Control in Russia," 14.

<sup>107</sup> Barbara Holland, "Women's Right to Choose," in *Home, School, and Leisure in the Soviet Union*, ed J. J. Brine, Maureen Perrie, Andrew Sutton, and Geoffrey Russell Barker (London: Allen & Unwin, 1980), 62.

<sup>108</sup> Holland, "Women's Right to Choose," 62.

can cause weight gain, cancer, facial hair growth, and more.<sup>109</sup> Comparing development and reception of the pill in the USSR to Western countries, Sakevich writes, “the 1970s was the period when the pill was the most popular method of contraception in western countries. Western countries continued researching, developing, and improving hormonal contraception, reducing the risks of side effects... making their products better. At the same time the USSR refused even to pursue a global path.”<sup>110</sup> Here one can see the same dilemma presented to Soviet people as was presented in Stalin’s time; contraceptives were being produced and distributed but not supported by state departments, sending mixed messages to their people about what was right for them and, subsequently, what was right for the Soviet Union. It is not that Russia could not produce birth control- the methods existed. The government advocated against them and controlled their economic production. Birth control pills and other methods in the Soviet Union carried a stigma and were considered harmful because of the high dose of hormones that they contained<sup>111</sup>; this remained an issue even after low dose birth control was introduced in the 1980s.<sup>112</sup>

In 1985 the Ministry of Health acknowledged the poor education around contraception and the infectivity that followed as a result. They issued a decree entitled *On the Unsatisfactory Efforts to Prevent and Reduce Abortions in the RSFSR and Measure to Enhance the Effectiveness of these Measures*. The decree, “ordered the promotion of the use of modern contraceptives: intrauterine device (IUD) and the pill” in an attempt to decrease the amount of

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<sup>109</sup> Sakevich and Denisov, "Birth Control in Russia," 14.

<sup>110</sup> Sakevich and Denisov, "Birth Control in Russia," 14.

<sup>111</sup> Francesca Perlman and Martin Mckee, "Trends in Family Planning in Russia, 1994-2003," *Perspectives on Sexual and Reproductive Health* 41.1 (2009): 43.

<sup>112</sup> Michele Rivkin-Fish, "'Change Yourself and the Whole World Will Become Kinder': Russian Activists for Reproductive Health and the Limits of Claims Making for Women," *Medical Anthropology Quarterly* 18.3 (2004): 286.

abortions taking place in the country.<sup>113</sup> While the promotion of education surrounding modern contraception is a progressive move, it once again is an attempt to limit a person's reproductive option rather than expand them. The Ministry of Health wished to decrease the number of abortions within the country in order to increase population size. Again, one can see a pattern in birth control support, or lack thereof, in the Soviet Union for the benefit of the state as a whole rather than for the benefit of the person directly affected.

While the acknowledgment of poor contraceptive conditions shows the state's wish to improve these conditions, it was not enough to affect quick and meaningful change. Propaganda against and a lack of support for modern contraceptives caused an overwhelming distrust for and a lack of accurate information about birth control and family planning methods. Sakevich states that by the end of the Soviet Union, even after *perestroika* and the attempt to create openness around reproductive education, birth control had "underdeveloped family planning services, insufficient provision of modern methods of contraception, ineffective and incorrect use of contraception, and lack of sex education and widespread ignorance in this area."<sup>114</sup> This ineffectivity and lack of trust for contraceptive methods is then transferred to the Russian Federation, where reproductive health must continue to be developed and advocated.

### **Birth Control in Contemporary Russia**

In contemporary Russia, one continues to see a promotion of contraceptive methods without the inclusion of education on these methods. As previously stated, this approach leads to ineffectivity of contraception among other issues such as distrust toward these methods. Early on, at the onset of contemporary Russian society, we see an initiative for family planning that

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<sup>113</sup> Sakevich and Denisov, "Birth Control in Russia," 14.

<sup>114</sup> Sakevich and Denisov, "Birth Control in Russia," 15.

later disappears. This initiative comes in the form of an organization known as the Russian Family Planning Association.

The Russian Family Planning Association (RFPA) was founded in 1992. It should be noted that its creation is mainly due to support from other non-governmental organizations, not the government itself.<sup>115</sup> The RFPA was the first organization of its kind in Russia; it promoted birth control usage and provided accurate information on methods and education. It was also the first International Planned Parenthood Federation affiliated organization in Russia. The Yeltsin administration supported the RFPA both financially and otherwise, and was given one million rubles from the government for development.<sup>116</sup> The funding by the Russian government of the RFPA shows a willingness to provide more information for citizens, but still shows a lack of initiative for similar programs to be created within the government itself.<sup>117</sup> Public support to help this initiative ended in 1998 when the government cut off its funding to the RFPA, who afterward relied solely on local municipality budgets.<sup>118</sup> The cut in government funding was positively due to radical pronatalism and traditional family thinking that protesters thought the RFPA did not promote.

In some instances, one could say as a result of the creation of the RFPA, the early 90s saw the transformation of gynecological offices into centers where people could go to receive reproductive services including contraceptives and educational programs. Michele Rivkin-Fish recounts the story of one woman named Lubov Anatoleevna who saw this transition first hand.

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<sup>115</sup> Rivkin-Fish, "Change Yourself and the Whole World Will Become Kinder," 285.

<sup>116</sup> Rivkin-Fish, "Change Yourself and the Whole World Will Become Kinder," 285.

<sup>117</sup> In 1993 a law was created that legalized sterilization. While it was not popularly used, it created another option for people looking into birth control and is helpful for those considering their options.

<sup>118</sup> Boris P. Denisov, Victoria I. Sakevich, and Aiva Jasilioniene, "Divergent Trends in Abortion and Birth Control Practices in Belarus, Russia and Ukraine," *PLoS ONE* 7.11 (2012): 8.

Anatoleevna's experience promoting birth control usage and education was accompanied by anti-abortion campaigns within the same clinic.<sup>119</sup>

What Anatoleevna found to be the most challenging aspect of her career in the early Russian Federation was implementing change in the way that doctors approached birth control education, and a general sense of trust, with their patients. In Rivkin-Fish's article, she is cited as saying:

Sometimes I see a woman leave the family planning office with contraceptives, but I see in her face that she doesn't believe the doctor. I'll ask her, "Are you going to use these contraceptives? Tell me honestly, because if not, then maybe we can find something else for you that you will use." Then we may even...talk to the doctor. The doctor may have no idea whatsoever that the woman didn't understand or trust her. I tell the doctors, "You have to listen to the woman, give her a chance to talk... or else she'll leave here and won't use what you give her..." Our system didn't teach doctors to do this... they just get a patient and say, "Take this pill, drunk this..." but they don't give them a chance to ask any questions and don't have any interaction... I try very hard to explain to the doctors how to deal with women, but it's difficult. I have to morally educate the doctors... so that they'll be able to reach the women.<sup>120</sup>

This experience shared by Anatoleevna shows that the problem with family planning education and birth control promotion does not lie solely in a lack of government initiative to make these components accessible, but that the problem is also due to doctors' lack of communication with their patients and little belief in the products that they were promoting. While they approved more of contraceptives than they did of abortion, it was still an evil that took away from the full potential of society and the population.

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<sup>119</sup> Rivkin-Fish, "Change Yourself and the Whole World Will Become Kinder," 289.

<sup>120</sup> Rivkin-Fish, "Change Yourself and the Whole World Will Become Kinder," 290.

Surveys have been conducted to determine what methods of birth control had been used in areas throughout Russia in the 1990s. A study conducted by Francesca Perlman and Martin McKee shows that of people with the ability to carry a child surveyed, an average of about 25% from 1993-2000 did not use any contraceptive method during sex. Other more common methods of contraception over the course of the study were traditional methods, such as douching, calendar method, and withdrawal, and the implementation of IUDs. The least common methods at this point were barrier methods, such as condoms, and hormonal methods such as oral contraceptives.<sup>121</sup> In the years leading up to and during the early 2000s, the more effective barrier method began to gain popularity. For example, in 1994 barrier methods were only used by 9% of those surveyed. In 2003 that number increased to 20.8%.<sup>122</sup> This increase in the usage of condoms is due to awareness of the spread of HIV and Russian campaigns to stop this spread, much like the 1997 “Safe Sex, My Choice” campaign that promoted condom usage to combat HIV contraction.<sup>123</sup>

While condom usage became more popular by 2003, popularity of hormonal methods such as oral contraceptives only increased by 3%. In their study, Perlman and McKee try to understand why this occurred. The high cost of contraceptives was one possible reason; people hoping to use oral contraceptives needed to bear the full cost of those methods that could have a large price tag. One other possibility, which seems to be the most influential, is the carry over of Soviet propaganda against birth control usage, especially oral contraceptives.<sup>124</sup> In this case, people still believe the disparaging information, mentioned above, provided by the Soviet Ministry of Health on the negative side effects of oral contraceptives, which in turn prevents

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<sup>121</sup> Perlman and Mckee, "Trends in Family Planning in Russia, 1994-2003," 43.

<sup>122</sup> Perlman and Mckee, "Trends in Family Planning in Russia, 1994-2003," 43.

<sup>123</sup> Hans Veeken, "Russia: Sex, Drugs, and AIDS and MSF," *BMJ* 316.7125 (1998): 139.

<sup>124</sup> Perlman and Mckee, "Trends in Family Planning in Russia, 1994-2003," 48.



them from using this method even years later when more information shows that this propaganda is mostly false.

This is not to say that the current Russian government is not at least partially responsible for the lack of contraceptive knowledge and use of effective methods in place of traditional methods that don't prevent pregnancy as well. Implementation of sexual education in institutions and a greater accessibility to contraceptives, which would increase knowledge and literacy of contraceptives, are still not a reality in Russia now; few developments have been made since the early 2000s on sex and contraceptive programming. Abortion still remains one of the most popular methods of birth control.<sup>125</sup> This, a Russian gynecologist says, is due in part to younger people of reproductive age not being able to afford contraceptives.<sup>126</sup> Health insurance provided by the state could offset or completely cover the cost of birth control, like current US healthcare does. This is currently not the case, and all pharmaceuticals, including oral contraceptives, must be paid for out of pocket.<sup>127</sup>

Additionally, it is unlikely that sex education to promote contraceptive literacy is a possibility in the near future for Russian society. In 2014 the Children's Rights Commissioner of Russia, Pavel Astakhov, stated that he intends to never have sexual education implemented in Russian schools. He felt that sexual education would destroy the innocence of Russian children. "The best sex education there is," he suggests, "is Russian literature and literature in general. Children should read more. Everything is there, all about love and about relationships between sexes."<sup>128</sup> Astakhov here states that learning about the workings of sexual encounters should not

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<sup>125</sup> That is, emergency contraception used not to prevent pregnancy but to terminate an existing one.

<sup>126</sup> Chloe Arnold, "Abortion Remains Top Birth-Control Option in Russia," *Radio Free Europe Radio Liberty*, June 28th, 2008.

[http://www.rferl.org/content/Abortion\\_Remains\\_Top\\_Birth\\_Control\\_Option\\_Russia/1145849.html](http://www.rferl.org/content/Abortion_Remains_Top_Birth_Control_Option_Russia/1145849.html)

<sup>127</sup> Perlman and Mckee, "Trends in Family Planning in Russia, 1994-2003," 48.

<sup>128</sup> "Russia: Sex Education Will Never Be Taught," *BBC New*, December 2nd, 2014.

be the focus of whatever sex education is offered. Instead, lessons on the importance of family and tradition are what should be taught to young people. While this may be ideal in a perfect world for the commissioner, it doesn't get rid of the increased spread of STIs and continues to intentionally limit people's options for safer sex. This method does not promote empowerment or equality and is oppressive rather than progressive.

## **Conclusion**

In the 1920s and 1930s the Soviet Union saw a large trend in development and advocacy of contraception; although this advocacy was misguided and was created to decrease abortion rates, it was an overall positive step toward giving people more options when choosing sexual protection. But, as technology advanced and modern contraceptives became universal in the 1970s and 1980s, less was being done specifically in Soviet Russia to: 1) implement these methods 2) teach these methods 3) make these methods accessible. Boris Denisov states that, "the Russian government switched to archaic ideology in reproductive health and family planning."<sup>129</sup> Currently, very little is being done on a government level to complete the tasks listed above. Government funding toward reproductive health centers like the Russian Family Planning Association was stripped, state insurance does not cover the cost of contraceptives, hormonal or otherwise, and sexual education is not being taught in Russian institutions.

In my first chapter on abortion one can see a purposeful, backward transition from progressive to oppressive behavior in government policies and ideologies on the termination of pregnancy. Similarly, one can see that this pattern has been adopted toward policies and ideologies on contraception and access to sexual education and literacy. The contemporary

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<http://www.bbc.com/news/blogs-news-from-elsewhere-30293808>

<sup>129</sup> Denisov, Sakevich, and Jasilioniene, "Divergent Trends in Abortion and Birth Control Practices in Belarus, Russia and Ukraine," 8.

Russian wish to return to a more traditional society where people have strict assigned gender roles and duties to the family has influenced availability and knowledge of contraception. The call for more traditional education concentrated on gender relations and familial responsibilities shows an incentive to bring back strict gender roles that existed before the establishment of the Soviet Union. One can see clearly that the Soviet Union had, as contemporary Russia has, the tools and methods available to make sexual education and family planning methods accessible; but there continues to be a refusal to implement these methods and educational institutions based on pronatalist ideology that negatively affects empowerment, reproductive choice, and equality.

While government policies and attitudes have a large influence on accessibility of contraceptive methods, Perlman and McKee's study suggests that when modern contraceptive methods are universally known, attitudes toward these methods play one of the most influential role in whether or not a person trusts or uses them.<sup>130</sup> Soviet propaganda exaggerating the dangers of hormonal contraceptives and official attitudes toward the effectiveness of these contraceptives has created mistrust from Russian citizens of methods like the pill. Misinformation plays a large part in the formation of personal opinions, and the state can do more to combat negative views and stigmas of birth control methods in order to further reproductive choice and empowerment.

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<sup>130</sup> Perlman and McKee, "Trends in Family Planning in Russia, 1994-2003," 48.

### Chapter Three: Incentives

In his 2006 Address, Vladimir Putin described Russia's demographic crisis as, "the most acute problem facing [the] country."<sup>131</sup> In this address, he proposed a new government program, a birth incentive that would encourage people to give birth in order to solve this crisis.

Incentives, which are implemented through government policy, have the ability to affect empowerment and equality both positively and negatively. To some scholars, birth incentives seem harmless and positive in their effect on family finances, as some incentives involve monetary rewards. Alana Heitlinger refers to all incentives as non-coercive, presumably because they do not seem to directly influence or stifle a person's reproductive choice.<sup>132</sup> Others feel differently. For instance, Ruth W. Grant writes in "Ethics and Incentives: A Political Approach," that, "as a form of trade, incentives appear inherently ethical; understood as a form of power, incentives seem ethically suspect. Incentives, along with coercion and persuasion, are among the ways in which some people get others to do what they want them to do."<sup>133</sup> In a political framework, incentives can therefore be considered coercive because they allow the government to influence personal decisions, and may lead to people making reproductive choices that are not necessarily good or healthy for them, in order to serve the greater purpose of population growth. I believe that in the context of incentives that influence reproductive health, both Heitlinger and Grant can be right; whether an incentive is a persuasive show of power or furthers empowerment and equality depends on the context of that incentive.

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<sup>131</sup> "Vladimir Putin on Raising Russia's Birth Rate," *Population and Development Review* 32.2, (2006): 386.

<sup>132</sup> Alana Heitlinger, "Pronatalism and Women's Equality Policies," *European Journal of Population* 7.4 (1991): 352.

<sup>133</sup> Ruth W. Grant, "Ethics and Incentives: A Political Approach," *American Political Science Review* 100.01 (2006): 29.

It has been stated throughout this paper that coercive pronatalist policies constrain empowerment and equality; when governments implement persuasive or coercive pronatalist policies that stress the importance of the family, they do not necessarily take into account that family life may not be conducive to every person, or that the traditional family suggests that men are the only ones who should work and that they should not be involved in child-rearing. This government support of a traditional family model<sup>134</sup> shows a lack of initiative in implementing equality in the workforce and at home. Additionally, pronatalist policies that are persuasive or coercive have the ability to affect a person's reproductive choice in a way that is not ideal for them and further limit their family planning options, taking away the power that they once had to freely decide if and when to have a child. There is a wide array of incentives that influence reproductive choice; some of them are positively pronatalist and supportive of equality and empowerment, and some are a show of government power as an attempt to get desired results from the population. Because the idea of coercion in specifically incentive based programs, like childcare, is both hard to identify and hard to prove, perhaps it is more constructive not to ask first if an incentive is coercive, but to immediately ask whether or not it is empowering and supportive of equality. An incentive can be non-coercive while still clearly allowing and advocating for inequality. In this chapter, specifically in the section on childcare, I will mainly be discussing whether or not these incentive programs and policies are empowering and promote equality, not just whether or not they are coercive. This will help me to decide which policies are more progressive and if ideas of empowerment and equality in incentives have changed after democratic transition.

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<sup>134</sup> A traditional family model suggests that it is the maternal figure's job to stay home and raise children.

So, what should be considered an incentive in this chapter? In “Pronatalism and Women’s Equality Policies,” Heitlinger defines incentives as, “different social benefits given to families with children. These measures might also be differentiated by their monetary or “in-kind” character.”<sup>135</sup> For the purpose of this chapter, I would like to consider incentives that are both monetary and nonmonetary. I will consider birth incentives, which provide awards for people to give birth, and childcare, which allows parents to further develop their careers while also raising young children. Childcare is a social benefit to families with or expecting children, is seen as an empowering benefit, and therefore will be considered in this chapter as an incentive. I will not be considering maternity, or parental, leave. Because I am dealing with two different types of incentives, this chapter will be first organized by incentive, and then policies will be discussed in chronological order within each section. I will then decide if and how each incentive provided is empowering and indicative of equality.

## **Birth Incentives**

### *Soviet Union*

Research shows that the first Soviet birth incentives were implemented in 1936, at the same time as the ban on abortion. These incentives were directed toward people who had given birth to three or more children and were continuing to produce. They offered family allowance payments that were distributed once a year for five years. Additionally it is said that there were also forms of non-monetary awards involved, but the details of these first birth incentives are not well documented.<sup>136</sup> It is understandable that these incentives did not appear until 1936,

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<sup>135</sup> Heitlinger, "Pronatalism and Women's Equality Policies," 352.

<sup>136</sup> Henry Philip David, *From Abortion to Contraception: A Resource to Public Policies and Reproductive Behavior in Central and Eastern Europe from 1917 to the Present* (Westport, Conn.: Greenwood, 1999), 228.

especially when comparing the goals of the state in the beginning of the Soviet Union and in the Stalin era. In a speech given by Vladimir Lenin in 1919 entitled, “The Tasks of the Working Women’s Movement in the Soviet Republic,” he makes a point of saying that the state is concerned with establishing equality for all citizens. He says, “It seems to me that any workers’ state in the course of transition to socialism is faced with a double task. The first part of that task is relatively simple and easy. It concerns those old laws that kept women in a position of inequality and power... Nothing... is left in the Soviet Republic of those laws that put women in a subordinate position.”<sup>137</sup> Lenin’s goals in Soviet transition were mainly to establish laws that would empower these people and give them equal opportunities to their already privileged counterparts. Because of this, one sees the implementation of labor laws that open up employment opportunities for all people, the legalization of abortion, and the implementation of childcare.

Soviet goals during Stalin’s regime were different, and almost the opposite of Lenin’s. Both economic and demographic success became ultimate goals during these years, which resulted in what is called a double burden; people who could bear children were both expected to work a day job as a producer and work at home as housekeeper and caregiver, or as a reproducer. The particular interest in promoting reproductive duties led to the ban on abortion and the placement on monetary birth incentives. Of these goals and their results Gail Lapidus states that, “Economic policies resting on the underdevelopment of the service sector and policies designed to strengthen the family as a reproductive and socializing institution assigned a set of functions and roles to women that in some respects intensified the sexual division of

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<sup>137</sup> Vladimir Il’ich Lenin and Klara Zetkin, ed., *On the Emancipation of Women* (Moscow: Progress, 1965), 66.

labor both in public arenas and within the family itself.”<sup>138</sup> These birth incentives were seen as actually furthering the state from total empowerment and equality in assuming that those who could carry children were meant to also rear those children. Additionally, the placement of this incentive alongside the ban on abortion could not have simply been coincidental; the cutting off of a viable option for the termination of pregnancy plus the monetary incentive given to pregnant people to have more children is a show of political power that greatly influences a person’s decision to give birth and arguably forces these people to give birth. The incentive itself, although providing some semblance of financial security, was simply a way for the state to force its pronatalist ideology upon its citizens. For these reasons the 1936 birth incentives, when studied alongside the 1936 ban on abortion, should be considered coercive and not in favor of the empowerment of people who were able to bear children; together these legislative acts took away reproductive choice and attempted to essentially bribe people into having children.

Several impactful decrees were created in the 1944. First was the increase in allowances for high order births. This decree, established on July 8th, 1944, declared that allowances would be paid on a monthly basis up until the child’s fifteenth birthday, in cases of third and higher order births.<sup>139</sup> It has also been stated that second and higher order births were rewarded with cash “birth bonuses”.<sup>140</sup> The same coercion seen in the implementation of the 1936 laws is seen here in the establishment of these “improved” versions which provide a larger allowance paid more frequently, in addition to instantly rewarding people giving birth for a second time rather than a third. This coercion again prevented total equality and empowerment, further widening

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<sup>138</sup> as cited in Susan E. Reid, "All Stalin's Women: Gender and Power in Soviet Art of the 1930s," *Slavic Review* 57.1 (1998): 135.

<sup>139</sup> Vladimir Barnashov, trans. and A. M. Belyakova, comp., *Soviet Legislation on Women's Rights: Collection of Normative Acts* (Moscow: Progress, 1978): 34.

<sup>140</sup> David, *From Abortion to Contraception*, 228.



the equality gap, as more people are influenced to have children and raise children as opposed or in addition to pursuing a career.

The second decree of 1944 was one of more blatant coercion. It declared that a tax would be imposed on all people with less than three children, “including childless single or widowed women.”<sup>141</sup> This incredibly transparent pronatalist act should absolutely be considered a birth incentive, and a coercive one at that. While it does not directly reward people for having three or more children, it does actively punish them, through the collection of a tax, for having less than three children, which is essentially an forceful incentive to reproduce more or at all.

The third and most elaborate decree of 1944 was the establishment of maternal awards and honors, of which there were several. The decree was entitled, “On the Establishment of the Maternity Medal, Maternal Glory Order, and Mother-Heroine Honorary Title,” and consisted of lengthy descriptions of who could qualify for such awards. The decree describes each award as follows:

12. The Maternal Medal of the First and Second Class shall be established for the decoration of mothers who have born and brought up: five children- with a Second Class Medal; six children- with a First Class Medal.

13. The Maternal Glory Order of the First, Second, and Third Classes should be established for the decoration of mothers who have born and brought up: seven children- with a Third Class Order; eight children- with a Second Class order; nine children- with a First Class Order.

14. A mother who has born and brought up ten children shall be awarded the honorary title of Mother Heroine and awarded the Order of Mother-Heroine and a Certificate of the Presidium of the Supreme Soviet of the USSR

31. The organs of the prosecutor’s office, in conformity with the criminal legislation in force, shall institute proceedings against persons guilty of illegal performance of abortion, coercing women

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<sup>141</sup> David, *From Abortion to Contraception*, 228.

to make an abortion...and insulting and humiliating<sup>142</sup> the dignity of mothers.<sup>143</sup>

It is telling that points 12 through 14 are accompanied, in the same decree on maternal honors, by point 31, which seems to be unrelated to the issue of the establishment of these honors. The description shows a transparent contrast between awarding people for supporting and contributing to pronatalist ideology of the time and those who are “guilty” of not doing the same. This guilt-ridden language addressed toward people who wished to terminate pregnancy and further control their reproductive system was mirrored in the decree that imposed a tax on childless people, discussed above. It is very clear that the language was meant to be shaming, coercive, and to make being childless more of a financial burden than being a parent.<sup>144</sup>

Even with the incentive of local praise, being a parent did become more of a burden with a cut in allowance in 1948.<sup>145</sup> Because pronatalist policies were still strictly in place at this time, it should be assumed that this cut was not done with an ulterior motive in mind; it was merely done to save money in a time where the state had very limited resources; they attempted to lighten the burden of parenting by strongly suggesting that collective farms and factories implement childcare at their facilities. Although they were lowered, allowances stayed in place as well as maternal awards throughout the 50s and 60s. In December of 1969 a piece of

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<sup>142</sup> This language is interesting because of how non-descript it is; what does it mean to be insulting or humiliating? Does it mean clear and public verbal assault and humiliation of mothers or does it mean resistance to becoming a mother? If one was able to bear children but chose not to, was that humiliation? Was that an insult to mothers?

<sup>143</sup> Barnashov, *Soviet Legislation on Women's Rights*, 37.

<sup>144</sup> These maternal awards continued to be offered until the dissolution of the Soviet Union; some logistical amendments were made in 1973, but these amendments did not interfere with the qualifications for the awards. Additionally, because abortion at this time was no longer illegal it should be assumed that the punishment element of the legislation was no longer relevant.

<sup>145</sup> David, *From Abortion to Contraception*, 228.

legislation was approved, entitled, “Encouragement of Motherhood. Guarantees for the Protection of the Health of Mothers and Children.” The legislation itself states:

In the USSR motherhood shall be protected and encouraged by the state. Protection of the health of mothers and children shall be ensured by the organization of a wide network of maternity consultation centers, maternity homes... payment in the established manner of benefits on the occasion of the child’s birth and benefits while taking care of a sick child... general and sanitary improvement of working and living conditions; state and public assistance to families, and other measures as provided for by the laws of the USSR and the Union Republics.<sup>146</sup>

The legislation on the encouragement of motherhood was a departure from the coercive pronatalism of the 1940s and steers more toward Alana Heitlinger’s definition of pronatalism rather than Ruth Grant’s. It promoted motherhood in a way that did not actively shame childless people and offered monetary and institutional social benefits, like childcare, which would aid in the health and wellbeing of the parent. In its ability to create social benefits, like pre and post-natal care, the legislation strives to empower those bearing children, giving them the ability to choose benefits that were not previously available to them. But, in its gendering of parenthood and support of specifically “motherhood,” the legislation does not necessarily promote equality; it still suggests that caring for children is an issue that should be taken on by the maternal parent.

The next birth incentive in the Soviet Union was created in 1981, twelve years after the “Encouragement of Motherhood” legislation and almost 40 years after the maternal awards and child allowances of 1944. This incentive, a law titled “On Measures to Assist Families with Children,” provided, “a child allowance of 50 rubles for a first child and 100 rubles for a second

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<sup>146</sup> Barnashov, *Soviet Legislation on Women's Rights*, 31.

or third child, which constituted 30 to 60 percent of the average monthly wages at that time.”<sup>147</sup> Again, one can see that this seems like a positive incentive that Heitlinger describes; it is a social benefit given to families with children that does not necessarily push pronatalist agenda on these families or those who are childless. The short-term results<sup>148</sup> of this incentive were positive; the Soviet Union saw an increase in fertility and a high, stabilized rate of non-male employment thanks to state-funded childcare facilities. But these results again produced a problematic double burden; mainly non-male parents and employees assumed the responsibility of both full-time employment and after hours childcare, in addition to making less money than their male counterpart. For this reason, although the incentive was technically a well-intentioned social benefit it was not empowering and did not work toward equality because it reinforced the double burden that non-male parents faced without attempting to change anything about that double burden institutionally. Policies like this one are mirrored in post-transition Russia.

### *Contemporary Russia*

It is already known that in the years following the immediate democratic transition Russia suffered both economic and demographic crises. For this reason, one sees no straightforward birth incentives in the 1990s, but a series of amendments starting in 1991 to unpaid maternity leave policies which offered extended job security for those who wished to raise children at home.<sup>149</sup> These policies attempted to temporarily bandage the issues of both the economic and demographic crises by not punishing people who wanted to have children in

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<sup>147</sup> Olga A. Avdeyeva, "Policy Experiment in Russia: Cash-for-Babies and Fertility Change," *Social Politics: International Studies in Gender, State, and Society* 18:3, (Oxford Press, 2011): 368.

<sup>148</sup> Long term analysis showed that this incentive did not actually influence family size, but the timing of fertility within a family, meaning that the children being had were children that families originally knew that they wanted. For this reason, one can see a dip in fertility after the first few years that this incentive had been in place. As cited in Avdeyeva, "Policy Experiment in Russia," 369.

<sup>149</sup> Avdeyeva, "Policy Experiment in Russia," 371.

times of economic turmoil. This series of maternity leave policies in particular are crucial to my analysis of the role that incentives in gender equality and empowerment because of what they represented in transitional Russia. Specifically for the childbearing parent, maternal leave was meant to eventually steer them toward a more domestic role than they had played in the relatively progressive Soviet Union, especially with the lack of government provided childcare institutions. The unpaid leave meant that they would be fulfilling traditional maternal roles rather than providing monetary value like their male counterparts- and therefore squelched economic opportunity for them. This intentional influence on non-male parents to assume a more domestic role, which is not empowering and does not positively influence equality, is one that continues through the 2000s in two Russian birth incentives that took place in 2006.

The first of the two 2006 incentives is one that is an extension of the 1981 Soviet legislation, “On Measures to Assist Families with Children.” The 2006 extension, titled “On State Allowances to Citizens with Children,” provides small monthly allowances of up to 1500 rubles for any child of up to 1.5 years of age, and up to 3000 rubles for higher order births. One can see this incentive’s similarity to its predecessor; it attempts to lower the financial burden of taking unpaid leave while raising children, which is a positive social benefit, but still problematic; it rewarded traditional domesticity of the maternal parent rather than making reentering the workforce after giving birth easier and more acceptable. This incentive negatively affects equality because it focuses on rewarding people, of whom the large majority are non-male, for domesticity rather than economic productivity.

The largest birth incentive put into place in contemporary Russia is 2006’s Maternal Capital. While it became effective on the first day of 2007, it was passed and introduced in May of 2006 during Putin’s Kremlin address. In his address, he discusses why Russia should support

and prioritize families that have more than one child. He says, "...Unfortunately, women in this situation often end up in a dependent and frankly even degraded position within the family... If the state is genuinely interested in increasing the birthrate, it must support women who decide to have a second child. The state should provide such women with an initial maternity capital that will raise their social status..."<sup>150</sup> The capital in question provides specifically maternal figures with a voucher of about \$10,000, subject to inflation, that can be used in three ways. It can be used to buy or improve existing housing and conditions, to go towards the maternal figure's pension, or to go toward any of the family's children's educational costs.<sup>151</sup>

Maternal Capital has been both praised and condemned since its inception. While it was created to lift the burden of childrearing and provided a positively pronatalist social benefit that is not necessarily coercive, it is certainly not a policy that makes strides toward improving equality and supporting empowerment; in fact, Putin's policy has been under fire for actually reducing gender equality and empowerment. Although Putin addresses this societal gender inequality that takes place when motherhood is considered a responsibility he, "aimed to improve women's status by promoting their roles as defined by the states needs."<sup>152</sup> He thinks that pushing the importance of motherhood and gendered domesticity through this new incentive policy will solve the issue of gender inequality. Needless to say, this reasoning is extremely problematic. Yes, state intervention and social benefits for families with children are important in providing parents with financial security, but the language used with Maternal Capital is not neutral; it is highly gendered, geared toward the childbearing parent. As Michelle Rivkin-Fish writes, "The language of parenthood was replaced with explicit statements that

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<sup>150</sup> "Vladimir Putin on Raising Russia's Birth Rate," *Population and Development Review*, 386.

<sup>151</sup> Michele Rivkin-Fish, "Pronatalism, Gender Politics, and the Renewal of Family Support in Russia: Toward a Feminist Anthropology of "Maternity Capital" *Slavic Review*, 69:3 (Fall 2010): 701.

<sup>152</sup> Rivkin-Fish, "Pronatalism, Gender Politics, and the Renewal of Family Support in Russia," 702.

women needed assistance combining work and family responsibilities. Men's responsibilities to the family were again invisible...<sup>153</sup> This language placed the childbearing parent in a box of domesticity; the "mother" is the one responsible for housework and childrearing and should therefore be the one receiving the social benefit in question. In fact, the only way that a man can qualify for Maternal Capital, a problematic and gendered policy even in name, is if he is a single father of more than one child. Making the childbearing parent the sole recipient of Maternal Capital furthers this parent from equality; as long as the language of the policy is gendered, it will place this parent in a mainly domestic role, keeping them from entering the labor force as an equal to their male counterparts.

It should be assumed by the language used in Putin's 2006 address and the details of Maternal Capital that gender equality itself is not currently a priority in contemporary Russia. While Putin addressed that childbearing people assume a "dependent and frankly degraded position within the family"<sup>154</sup> when they become parents, he never actually stated how exactly Maternal Capital would influence or fix that position. Although the policy may lighten the financial burden of having a child, it can not lighten the burden of feeling societal pressure to take care of a child every day, without having institutional help, instead of joining or rejoining the workforce.<sup>155</sup> In fact, the policy is definitely in favor of this inequality.

Since the inception of Maternal Capital, no other birth incentives of significance have been introduced in Russia. Trial results from Maternal Capital will be released in 2016<sup>156</sup>, when it will be determined how successful the incentive is. Whether or not this policy will fix the demographic crisis is unclear to many demographers and policy-makers; still they hope that this

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<sup>153</sup> Rivkin-Fish, "Pronatalism, Gender Politics, and the Renewal of Family Support in Russia," 714.

<sup>154</sup> "Vladimir Putin on Raising Russia's Birth Rate," *Population and Development Review*, 386.

<sup>155</sup> Rivkin-Fish, "Pronatalism, Gender Politics, and the Renewal of Family Support in Russia," 716.

<sup>156</sup> Rivkin-Fish, "Pronatalism, Gender Politics, and the Renewal of Family Support in Russia," 702.

gendered policy will encourage more births. This shows just how much the state values the gendered, reproductive role of childbearing people as opposed to their equality in society. This value is reminiscent of mid and late Soviet views on childbearing parents and their contributions to society.

## **Childcare**

### *Childcare in the Soviet Union*

The Soviet government started off strong in their determination to provide social welfare to citizens with children. In 1917, the Department of Preschool Education was established within the People's Commissariat of Education<sup>157</sup> and in 1918 the Department for the Protection of Mother and Child was created. Both departments strived to pursue, "the upbringing of the child in an atmosphere corresponding to the broad concept of the socialist family, the organization of mother and baby homes, laying the basis for social upbringing from the very first days of the child's life.... [and] the creation of a healthy environment in which the child can develop both physically and spiritually."<sup>158</sup> Because of this desire, it became a Soviet goal to implement preschools throughout Russia. In this first step toward the creation of a Soviet childcare institution, two types of preschools were set up; the first type was a permanent institution that continued to serve through the course of the year. The other was open only at certain points of the year. Although the transition period in the early Soviet years proved to be difficult and resources and physical facilities for preschools were lacking or in poor conditions,

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<sup>157</sup> Abraham Kreusler, "Soviet Preschool Education," *The Elementary School Journal* 70.8 (1970): 430.

<sup>158</sup> Alexandra Kollontai, , *Alexandra Kollontai: Selected Articles and Speeches*. (New York: International, 1984): 161.



parents were still extremely enthusiastic about the new institution and child attendance continued to grow every year.<sup>159</sup>

The first Soviet preschools would begin to solve two issues in society; first, they would bridge the gap of inequality between Soviet citizens. With children being looked after during the day, all Soviet people of working age would be able to join and fully commit to the work force rather than sacrifice personal gain in order to raise children. This option was new to many Soviet citizens who, before 1917, were often charged with the responsibility of staying home with children. Because it had not previously been offered to them and gave them the choice of pursuing a career, it was an empowering incentive that also encouraged equality. The second issue solved with the creation of preschools was the education and upbringing of young children who would become the future of Soviet society. Although it seems like this only benefited the government, because they instilled their ideology in young people from age one on, it benefitted parents and children as well, and not just because it alleviated pressure on parents. The benefits for children and parents alike in Soviet preschools will be discussed further below.

According to Zhenotdel founder Alexandra Kollontai, “the next step taken by the Department for the Protection of Mother and Child was to bring together in one state organization of all institutions involved in child care, from children's homes to village crèches.”<sup>160</sup> Therefore, in 1932 the People’s Commissariat of Education suggested that a universal childcare system be implemented in order to connect education systems and to make sure that all children were being given the same education. Because of a lack of funds, the Soviet government could not approve this universal system,<sup>161</sup> but instead there was an

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<sup>159</sup> Kreusler, "Soviet Preschool Education," 430.

<sup>160</sup> Kollontai, *Alexandra Kollontai*, 161.

<sup>161</sup> Kreusler, "Soviet Preschool Education," 430.

alternative. A publication titled *Preschool Education* served as a sort of educational basis for caregivers in preschools. The publication's contributors at the time consisted of educators and psychologists whose writings were meant to serve as frameworks for everyday teaching.<sup>162</sup> This publication allowed for a sort of universal basis that caregivers could use. Additionally, the lack of funding that the Soviet government had to allot to childcare institutions resulted in the encouragement of workplaces and collective farms to open preschools on their property using their own funding.<sup>163</sup> In order to make these institutions, which were not free at this point, accessible for all families, a 1944 decree was created to make them more affordable. The decree stated that, "single mothers and mothers of more than three children needed to pay only half the fee" of entrance for their children.<sup>164</sup> Here one can see that the Soviet government is attempting to implement accessible childcare for all citizens, even without the funds needed. The decree demanding that lower income families and single parents pay a discounted fee shows this intention to create a welcoming educational environment for all, which further shows a serious attempt at facilitating class equality. But, the decree also uses highly gendered language that assumes the maternal figure is the parent that is responsible for sending a child to these institutions, not the paternal figure or a single father. Aside from the language used, this decree attempts to make empowerment within the workforce of otherwise domestic figures possible; by making childcare accessible for lower income families, it allowed them to use their days toward building careers.

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<sup>162</sup> Yulia Gradska, "'Supporting Genuine Development of the Child': Public Childcare Centers versus Family in Post-Soviet Russia," in *And They Lived Happily Ever After: Norms and Everyday Practices of Family and Parenthood in Russia and Central Europe*. Ed. Helene Carlback and Zhanna Kravchenko (Budapest: Central European Press, 2012), 166.

<sup>163</sup> Kreusler, "Soviet Preschool Education," 430.

<sup>164</sup> Gradska, "'Supporting Genuine Development of the Child,'" 168.

The Soviet government continued to rely on collective farms and factories to expand education institutions on their own until the mid 1950s when Soviet industry further expanded, allowing for faster development of preschools taken on by the government itself. In “Soviet Preschool Education,” Abraham Kreusler states that at this time there was an initiative to completely rebuild the education system and implement teaching programs that would instruct young children on the values of being a Soviet citizen and to prepare them for their futures in a collective society. Nikita Khrushchev praised this revamping of the system and, “the advantages for the state, hailed the new emancipation of women from household slavery, and welcomed the results of the institutional upbringing of children.”<sup>165</sup> Here Khrushchev acknowledges both points made about the two issues discussed earlier that childcare would improve. He recognizes that a system of preschools will positively influence Soviet equality while also molding ideal Soviet people from a young age, which is an additional advantage to the state.

From this period of development on, nurseries and kindergartens operated as institutions where children gathered the tools they needed to become good Soviet citizens. For this reason, these institutions were required to be a part of every workplace employing people with the ability to give birth, apartment complex, and collective farm.<sup>166</sup> This requirement, under Soviet law, displays the importance of the shaping of new Soviet socializing to the government as well as making education accessible to all citizens. In these organized institutions, regimented lesson plans were organized by age group and had very specific missions in childhood development. Kreusler writes, “From the outset the children are trained in collective living. At the age of three

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<sup>165</sup> Kreusler, "Soviet Preschool Education," 430.

<sup>166</sup> Kitty D. Weaver, *Lenin's Grandchildren: Preschool Education in the Soviet Union*, (New York: Simon and Schuster, 1971), 32.

months... the major objective... is to develop a positive attitude toward surrounding adults and children... Emphasis is on the group, not the individual.”<sup>167</sup>

Childcare, on one hand, does allow for all people to join the workforce without worrying about neglecting their children and without those children interfering in their ability to engage in labor. In this way it is extremely positive and important for total equality and for empowerment. But, it should be taken into consideration that for the most part, at the end of the work day maternal figures were still mainly responsible for completing household duties and for this reason, family traditions and inequalities were not completely eradicated. Masculine and feminine roles in the household were still strictly defined and on average, those who actually gave birth to children did at least four extra hours of work once they got home.<sup>168</sup> Although this inequality comes to mind, it is difficult to see how the Soviet government could have influenced intimate domestic relations within the family.

On the other hand, it is entirely possible that equality was not the only goal the Soviet government had in mind when creating this childcare system, especially in the later years. Creating new and ideal Soviet citizens and increasing the population and workforce was arguably more important to them than the idea of equality itself. It is possible that, because equality was not the main intention of the government, childcare policies were potentially coercive plans. But overall, the Soviet institution of preschools and general education initiatives were and still should be seen as important developments in equality and therefore in empowerment as well. For parents, the nurseries and kindergartens were seen as blessings that made employment more easily accessible for them and comprehensive care possible for

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<sup>167</sup> Kreusler, "Soviet Preschool Education," 432.

<sup>168</sup> David R. Mace, "The Employed Mother in the U. S. S. R.," *Marriage and Family Living* 23.4 (1961): 333.

children, who were not only educated, but also socialized and fed every day in their classes.<sup>169</sup>

So overall childcare initiatives in the Soviet Union positively influenced the empowerment and workforce equality of maternal figures, although little was, or could feasibly be, done to affect change in equality within the home.

### *Childcare in Contemporary Russia*

The transition from Soviet to post-Soviet childcare was a difficult one. Very little legislation has occurred in the rebuilding of this institution for a handful of reasons.<sup>170</sup> In the late 1980s, right before the dissolution of the Soviet Union, 70% of children between the ages of one and six<sup>171</sup> were registered in the childcare system. By the mid 1990s, in the middle of the economic and demographic hardships of new Russia, this number decreased by more than 50 percent because of a lack of funding and government financial support.<sup>172</sup> Preschools at this time were mainly funded by private enterprises instead of through local government budgets because of economic difficulties caused by democratic transition. The economy at this point played a large part in the lack of preschool accessibility; the government could no longer afford to run state preschools, which led to a shortage of facilities and a lack of financial aid for families unable to afford the facilities. From this angle, the lack of childcare provided by the state was due to a shortage in finances caused by democratic transition. Although this financial instability was not foreseen, more should have been done to provide social services for families

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<sup>169</sup> Weaver, *Lenin's Grandchildren*, 33.

<sup>170</sup> The main difficulties at this time were financial and ideological. The transitional period saw a large financial crisis that made it increasingly difficult to continue government programs that existed in the Soviet Union. Additionally, because Soviet childcare programs were centered solely around the implementation of Soviet ideology, the Russian government would have needed to plan and implement completely new programs which takes time and resources that they may not have had at that point in their transition.

<sup>171</sup> 15 million

<sup>172</sup> Michael Lokshin, "Household Childcare Choices and Women's Work Behavior in Russia," *The Journal of Human Resources* 39.4 (2004): 1.

with children. The loss of facilities and financial aid for them took away from the progress made over the previous years; people now needed to find other forms of childcare or stop working in order to look after their children which took away from their personal empowerment and workforce equality.

By the mid 2000s, most if not all government backed childcare facilities were eliminated and many parents, particularly from lower income households, could no longer afford private childcare, which did not operate with the same discounts that government childcare facilities did.<sup>173</sup> This is not to say, however, that government intent was to eliminate childcare and make it less accessible. Quite the contrary, as pronatalist policies typically dictate, accessible education for Russian children was and continues to be a goal of the Russian government, which, as of 2006, was still not realized.<sup>174</sup> What I will critique in this section, instead of the Russian government's obvious lack of financial prioritization for family support, is the effect that the government's pronatalist policies have on the way Russian citizens view childcare. As previously mentioned, Soviet citizens were grateful for state childcare and felt that it made pursuing their own careers easier as well as improved the general well being of their child. For parents in contemporary Russia, mostly maternal figures, opinions on preschool systems differ from their Soviet counterparts. Yulia Gradszkova says that one parent asked, "how could someone possibly leave their one and a half year old child in kindergarten? She understands that there might be economic motives, but she still says that the child's physical and psychological health must be the first priority."<sup>175</sup> This sentiment, shared by many Russian parents, shows that

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<sup>173</sup> Lokshin, "Household Childcare Choices and Women's Work Behavior in Russia," 1.

<sup>174</sup> Gradszkova, "Supporting Genuine Development of the Child," 170.

<sup>175</sup> Gradszkova, "Supporting Genuine Development of the Child," 175.

there is more pressure now than in the Soviet Union for parents, mainly maternal figures, to take care of their own children.

There are two potential reasons for this sentiment that could inform my argument on whether or not modern Russian childcare is empowering for parents. The first issue is compensation for a lack of government resources for childhood developmental education. If this is the main reason why parents are not enrolling their children in the childcare system it is an independent parenting choice; because institutions no longer have the same universal direction and discounts that they had in the Soviet era, it is possible that they do not offer the same developmental substance and intentionality that Soviet childcare did. David Mace notes that, “the Western provision of childcare for working mothers has, with a few notable exceptions, been reluctant, makeshift, and sporadic. The Soviet approach has by contract been wholehearted, and, for the most part, highly efficient.”<sup>176</sup> Here, Mace says that there was an intention in Soviet childcare of creating better Soviet citizens through moral, physical and psychological development while most Western childcare is created with the intention of solely keeping children busy while parents are at work. It can be assumed that, without the influence of Soviet ideology, current Russian childcare is run out of necessity and not with the intention of creating citizens that will better society. Because of this, parents may feel that by enrolling their children in preschool, they are doing them a disservice and deciding to stay home with them pay in itself be an empowering choice for them.

The second potential influence on parental attitudes toward Russian childcare is current pronatalist ideology. Vladimir Putin has stated that, in addition to the demographic crisis, the institution of the family is waning in Russia and needs to be built up again in order for the

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<sup>176</sup> David R. Mace, "The Employed Mother in the U. S. S. R.," *Marriage and Family Living* 23.4 (1961): 331.

problem to be fixed.<sup>177</sup> It is highly possible that Russian parents are influenced by this pronatalist, traditional ideology and that it affects their parenting styles so much that they may feel ashamed for enrolling their children in childcare rather than taking care of them on their own, like parents in a traditionally viewed family would. This shame can influence parents' careers, as they may feel the need to focus more on childrearing than on their own careers, which would more likely than not take the maternal parental figure away from their job rather than the paternal figure. This would bring Russian parents further away from equality both within the home and in the workplace. If it is true that parental reluctance to enroll children in daycare is due to shaming from traditional pronatalist ideology, then it is without a doubt a coercive, disempowering, and inequitable tactic to reinstitute masculine and feminine roles within the family.

## **Conclusion**

Although early Soviet policies were focused on increasing gender equality rather than fertility, placing guilt and shame on people who chose to have one child or no children in the 1930s and 40's began to develop along with strong pronatalist views and policies on childcare and social welfare benefits following birth incentives. These policies existed throughout Soviet history and then into contemporary Russia. But, starting in the late 1960s with the "Encouragement of Motherhood" policy, the guilt associated with childless people ceased to exist in Soviet legislation. Instead, it was replaced by an attempt to celebrate and support mothers, inherently pushing childbearing citizens into a domestic position. Olga Avdeyeva stated that instead of trying to empower people through equal work opportunities, the

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<sup>177</sup> "Vladimir Putin on Raising Russia's Birth Rate," *Population and Development Review*, 386.



contemporary Russian government hopes to drive home for maternal figures that their responsibilities lay on a domestic plane. They do so through incentives like Maternal Capital and a lack of State responsibility for childcare facilities.<sup>178</sup>

So, one can see the balance, or lack thereof, when comparing the popularity and relationship of childcare incentives and birth incentives. Since the dissolution of the Soviet Union, childcare facilities on a federal level, and on a private level, have either ceased to be accessible or ceased to exist. The dwindling of these facilities has occurred at the same time as a major campaign to raise fertility rates while supporting the position of the maternal parent as the domestic, childrearing caretaker. This position, as the sole role of maternal parents, excludes them from the labor force and deems them reproducers, not producers. While it is true that not all reproductive incentives are or need to be coercive, it is also true that in many cases these incentives perpetuate gender inequality through their placement of childbearing parents in the role of domesticity and, therefore, disempower them by supporting them more in childrearing than in joining or rejoining the workforce. While the Soviet Union emphasized empowering childcare while still using some form of birth incentive, contemporary Russia has cut off, and does not prioritize, funding for childcare programs that allow equality in the workforce, stifling empowerment of the marginalized parental figure. Instead Russia currently pushes for a traditionally sense of family and gender that can be seen in the language used for the 2006 birth incentive “Maternal Capital.”

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<sup>178</sup> Avdeyeva, "Policy Experiment in Russia," 373.

## **Conclusion**

The alleged democratic transition that took place after the fall of communism left Russian citizens and global observers with an expectation for a larger emphasis on civic, including reproductive, rights in a newly “liberated” Russia. In this paper, I sought to determine whether reproductive health policies and laws adopted since the beginning of so-called democratization in Russia are more empowering than during the Soviet period, which itself can be divided into early and later phases. In my attempt to answer this question, I studied the history of Soviet legislation and ideology on abortion, birth control and family planning, and incentives, in addition to their contemporary Russian counterparts. In studying these legislative acts and ideologies, I used empowerment, equality, and coercion as indicators for progression toward more progressive reproductive policies. The most ideal reproductive health policies would allow people to exercise personal agency which would further their empowerment and would allow them to participate in the workforce, and in social and domestic life, as equals. Coercive policies would take away from individual agency and would therefore decrease the possibility of empowerment and equality.

It becomes clear after analyzing all of these legislative acts and ideologies that the early Soviet years held the most progressive ideology and policies for the empowerment and equality of people with reproductive capabilities. This government wanted to eliminate traditional gender roles of maternal figures by affording them better opportunity to join the workforce. Because of this abortion was legalized, an initiative to study contraceptives for members of all sexes was started and funded, the Department for Preschool Education was founded and there were no birth incentives. People could decide if they wanted to terminate their pregnancies, if they wanted to send their child to daycare so they could join the workforce, and did not need to feel pressure from the state to reproduce. In theory, their empowerment and equality was the number one priority in the early years of the Soviet Union. This ideal was complicated in the Stalinist era; abortion was banned, there was no effort to provide sexual education or birth control, and coercive policies promoted motherhood and shamed people who had no interest in it. At that point, the state was more concerned with growth of the Soviet population than with the equality of its own citizens. To a certain extent, some aspects of progressive and positive reproductive health policies were recovered in the late Soviet years. The ban on abortion was overturned, childcare facilities were expanded, and birth control, as a result of a global movement, was made available. Although these details are empowering, other aspects of reproductive health and rights at this time promoted the same gender roles that Vladimir Lenin attempted to dispel; although there was no longer the shaming language of the Stalinist era, motherhood and domesticity of the maternal parent was still widely encouraged and accepted as a social norm. Additionally, hormonal birth control was frowned upon and propaganda against it influenced popular opinion and decisions of whether or not to use it. The assumption of motherhood as a norm and the stigma hormonal forms of birth control gained severely limited

these people's means of empowerment. The former made it more difficult for these people to pursue careers outside of domestic homemaking and the latter severely restricted reproductive choice with active condemnation.

In contemporary Russia, it seems that very little progress has been made toward a more empowered and equal society. In fact the reverse seems to be true. Restrictions on abortion and advertisement of the service continue to occur, negatively affecting the opportunity for and accessibility of reproductive choice. Although birth control is used, there is virtually no sexual education that teaches citizens how to use it correctly and a great deal of people still do not trust it as a result of the late Soviet propaganda that denounced it. Childcare, which once allowed for a more leveled playing field in a very gendered workforce, has dwindled due to a lack of prioritization of funding. Its once glowing reputation has been replaced by doubt on the end of parents who feel that they would be doing themselves and their children a disservice by enrolling them in the programs. 2006's Maternal Capital birth incentive continued the work of the Soviet Encouragement of Motherhood incentive, allowing for some financial assistance while also continuing to gender parental responsibility and further society from total equality.

In writing this paper I have found that, at best, current Russian reproductive health policies can be compared to those of the mostly non-coercive but equality hindering 60s, 70s, and 80s. For instance, while Maternal Capital does not necessarily hinder reproductive choice, it does highly gender parenthood and perpetuate the stereotype of a domestic maternal figure, which does not promote equality. The more restrictive policies can be compared to those of the Stalinist era or, even worse, have nothing to be compared to in Soviet history. The recent restrictions on abortion are leading toward an almost outright ban on second trimester

termination and most closely resembles Stalin's total ban on abortion. The lack of state-run and state-funded childcare facilities is incomparable; even during Stalin's regime, parents could still count on daily childcare for additional support. Even at their best, current Russian reproductive health policies are not comparable to those of the most progressive and empowering early Soviet era, and are simply "repackaging the patriarchy" of a traditional, pre-Soviet period. Valerie Sperling comments on this still patriarchal state in her book *Sex, Politics, and Putin*, stating that, "democratization has been hindered... by the infusion of gender norms into politics... Emphasizing gender norms and reifying a gender hierarchy that... values women mostly for their [reproductive] service reinforces the idea that some should rule over others."<sup>179</sup> The above comparison, which shows the similarities between Stalin and Putin's reproductive health policies, proves that democratic transition in Russia where reproductive health is concerned has not yet been reached.

Something must be done with reproductive health policies to promote further equality and empowerment in Russia. We know that an ideal state of reproductive health doesn't currently exist in practice, but the ideal state described in my introduction is what I will use in voicing my recommendations. We should also note that the Russian demographic crisis cannot be "fixed" solely by restricting abortion and offering birth incentives, but that offering more empowering and less gendered policies, like comprehensive childcare and accessible family planning options, may encourage people to have children. Population increase cannot happen rapidly and, as detailed by modernization theory, is not necessarily ideal for a modern and economically prosperous society.

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<sup>179</sup> Valerie Sperling, *Sex, Politics, and Putin: Political Legitimacy in Russia*, (New York: Oxford UP, 2015), 307

More can absolutely be done to further equality and empowerment in Russia than is being done now. Comprehensive sexual education and family planning should exist within medical and instructional institutions to teach anatomical sexual functions, and proper usage of and options for birth control that would help to decrease unwanted pregnancy and the spread of sexually transmitted diseases. This would also decrease the abortion rate, even if it were, as recommended, fully legal; a decrease in unwanted pregnancy would mean a decrease in emergency contraception like abortion. The state should highly consider providing better funding for state-run childcare institutions that provide an educational component in their teachings. A substantial childcare institution that allows for educational growth and provided daily meals and care for children would give parents an incentive to enroll their children, which would then allow stay-at-home parents the opportunity to join the workforce if they please. Additionally, if birth incentives like Maternal Capital continue to exist past 2016 when the 10-year results of its practice are released, the incentives should not be gendered. It should instead be seen as parental capital. The state should do everything in its power to destroy the stereotype and expectation of the domestic maternal parent. Progressive results will only be seen when the state attempts to promote gender equality, reproductive choice and empowerment.

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