

# “The terrible burden of being a woman”: Childbirth and abortion in the late USSR through the prism of Leningrad feminists’ underground publications (1979-1982)

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## Résumé

Le présent article propose une analyse du problème de la maltraitance des femmes lors de l’accouchement et de l’avortement en URSS tardive à travers les publications du mouvement indépendant des femmes de Leningrad, qui circulent sous la forme de *samizdat* et de *tamizdat*. Les féministes clandestines de Leningrad ont été les premières à mettre en lumière le problème persistant mais tabou de la souffrance physique, de l’humiliation et de l’indifférence auxquelles les femmes devaient faire face dans les maternités et les cliniques d’avortement soviétiques. La rupture de ce tabou, entre autres, a entraîné leur persécution par le KGB, l’exil et l’emprisonnement de plusieurs membres du groupe. Cependant, les mêmes problèmes ont été ouvertement révélés et reconnus par les autorités soviétiques dix ans plus tard, à l’époque de la glasnost. Cet article examine les principales questions soulevées dans les publications des féministes de Leningrad en les situant dans le contexte politique et discursif soviétique de la fin des années 1970 au début des années 1980. Enfin, il offre certaines pistes de réponse concernant les causes de la persistance du problème de la maltraitance des femmes au sein du système de santé en URSS malgré les déclarations officielles mettant en avant une amélioration continue des conditions des femmes et des enfants soviétiques.

**Mots-clés** : féminisme, dissidence soviétique, avortement, accouchement, contraception.

## Abstract

The present article offers an analysis of the problem of women being mistreated during childbirth and abortion in the late Soviet Union based on the material of the *samizdat* and *tamizdat* publications by the Leningrad independent women’s movement. The underground feminists were the first to bring to light the persisting, but taboo problem of the physical suffering, humiliation and indifference women had to face at the Soviet maternity hospitals and abortion clinics. Breaking of this taboo among others resulted in their persecution by the KGB, exile, and imprisonment of several of the group members. However, the same problems were openly revealed and acknowledged by the Soviet authorities only ten years later, in the era of glasnost. This paper examines the main issues raised in the Leningrad feminists’ publications by situating them in a broader political and discursive context of the late 1970s and the early 1980s. Finally, it offers several insights into the factors that may have contributed to the persistence of the problem of women’s mistreatment within the healthcare system in the USSR despite the official claims about the continuous improvement of Soviet women’s and children’s conditions.

**Keywords**: Feminism, Soviet dissent, childbirth, abortion, contraception.

*Then your son despises you, he is taught this so quickly that he doesn't have time to think it out: that it was you who gave him life, that it was you who said “Let it be a son!” and freed your child from the terrible burden of being a woman.*

(R. Batalova 1980, 47).<sup>1</sup>

## Introduction

In the late 1980s, the policies of perestroika (restructuring) and glasnost (openness) introduced by Mikhail Gorbachev soon after his arrival to power provoked a significant liberalisation of public discourse and enabled an open discussion of the issues that had hitherto been censored and taboo. One of these issues was the ill-treatment of women in maternity hospitals and abortion clinics. Up until then, the late Soviet press praised the government's efforts to improve conditions for women and children, promoted motherhood as a “natural” path for women, and denounced abortion as a procedure that is extremely hazardous to women's health, but left no room, barring some exceptions, for women to criticise the healthcare system and share their personal painful experiences. In this context, the almanac<sup>2</sup> *Woman and Russia* [Женщина и Россия] and the journal *Mariia* [Мария] published in *samizdat*<sup>3</sup> in the late 1970s and early 1980s stood out as *de facto* the only platform of uncensored women's expression during the late Brezhnev years. The members of the Leningrad independent grassroots women's movement criticised issues such as the Soviet women's “double burden”,<sup>4</sup> the challenging circumstances faced by single mothers, and the violence experienced by women in prisons in order to publicly expose what they saw as the failure of the Soviet state to solve the “woman question”. They were also the first to reveal humiliation and rudeness faced by Soviet women in state maternity hospitals, persistence of painful abortions carried out without an effective anaesthesia, as well as difficult, if not impossible, access to reliable contraception.

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<sup>1</sup> A quote from Tat'iana Mamonova's text “Human birth,” published in the almanac *Woman and Russia*.

<sup>2</sup> In Russian, the term “Альманах” [Альманах] is used to refer to a non-periodical collection of texts of different authors.

<sup>3</sup> This term, coined from the radicals -sam- (“by yourself”) and -izdat- (“publish”), stands for the production and circulation of texts without the involvement of the state-controlled publishing houses and censorship, and, by extension, to the texts produced and circulated this way. *Samizdat* was used as a means of production of texts and circulation of information by Soviet dissidents, but also by ordinary people who read rare and forbidden literary and non-fiction works by means of *samizdat*.

<sup>4</sup> From the time of Stalinisation onward, Soviet women were assigned two roles that they were expected to combine: mother and worker. In the late USSR, women continued to manage the home and raise children while working side by side with men in institutions and enterprises, which contributed to their overburdening in the context of economic hardships and an inadequate system of services [служба быта]. This phenomenon was broadly discussed in late-Soviet press and found its literary expression in Natal'ia Baranskaia's novel *A week like any other* [Неделя как неделя], first published in the journal *New World* [Новый мир] in 1969.

This article analyses the representation of childbirth and abortion in Leningrad women’s texts published in *samizdat* and *tamizdat*<sup>5</sup> by inscribing them in a broader context of the late-Soviet gender policies and public discourse. To do this, it relies on a substantial corpus of existing research on issues such as the post-war pronatalist reproductive policies in the USSR (Mie Nakachi 2021), Soviet birthing methods (Michaels 2014; Hrešanova and Michaels 2018), and post-1955 policies and discourses regarding abortion and birth control (Randall 2011; Mie Nakachi 2016; Hilevych and Sato 2018; Claro 2019), among others. Mona Claro was the first to examine the problem of late-Soviet feminist critique of women’s mistreatment in healthcare, contrasting it with “ordinary” women’s critique (Jacquemart and Albenga 2015) from the late 1980s and identifying similarities between the two kinds of discourses and their limitations in comparison to contemporary Western women’s discourses about reproductive health (Claro 2019). The scholar argues that both feminist critique found in underground publications and the one allowed in the official Soviet press during perestroika focused on women’s painful experiences of childbirth and abortion, highlighted the issue of women’s physical and psychological suffering, and ultimately arrived at the critique of the socialist state’s distribution of resources, which did not place a priority on women’s reproductive health (Claro 2019, 305-306). While building on Claro’s study, this article specifically raises the issue of power dynamics between women and the socialist healthcare system in the context of the late-Soviet pronatalist policies and ideology.

According to Michele Rivkin-Fish, Soviet healthcare incarnated the socialist state in the way that it exercised repressive and productive functions at the same time (Rivkin-Fish 2005, 23-24). On the one hand, the Soviet state monitored the redistribution of resources, in this particular case, professional healthcare; on the other, it exerted control over people’s bodies and punished any transgression (Rivkin-Fish 2005, 23-24). These dynamics were reinforced by the ideology of medicalisation,<sup>6</sup> which, according to Peter Conrad, can be seen as a form of social control that removes human conditions “from the public realm” where they can be discussed by ordinary people and brings them under expert control, “on a plane where only medical people can discuss it” (Conrad 1975, 18). Medicalisation as a form of social control not only reinforces

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5 The term “tamizdat,” coined from the radicals -tam- (“over there”) and -izdat- (“publish”), refers to the texts smuggled across the Iron Curtain and reproduced abroad in the original or in the translation, as well as to the process of such a text reproduction itself.

6 The notion of medicalisation can be defined as “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorder” (Conrad 1992, 209) or as a process which “consists of defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to ‘treat’ it. This is a sociocultural process that may or may not involve the medical profession, lead to medical social control or medical treatment, or be the result of intentional expansion by the medical profession” (Conrad 1992, 211).

social norms, including hierarchical ones, but can also reify them (Reiheld 2010, 77). In the USSR, medicalisation of maternity occurred right after the Revolution with the creation of a network of maternity hospitals and maternity clinics and the emergence of the hygiene discourse, which was centred on the prevention of complications and the necessity of women’s supervision by medical professionals (Gradskova 2009, 226). In the Soviet context, medicalisation enabled the state experts’ virtual monopoly on health care and provided a framework for justifying both repressive and productive forms of power (Rivkin-Fish 2005, 24). It can therefore be seen as an instrument of the Foucauldian biopower, *i.e.*, an instrument “for achieving the subjugation of bodies and the control of populations” (Foucault 1990, 140).

In addition, these asymmetrical power dynamics took place in a larger context of the pronatalist social state policies and propaganda, which had a long history in the USSR. The first pronatalist turn took place in the late 1920s amid rapid industrialisation and collectivisation, and it resulted in the outlawing of abortion in 1936 after it had been made legal in 1920 (Mie Nakachi 2016, 300). The second phase of Soviet pronatalism began in 1944 with the passage of Khrushchev’s Family Law, which implicitly encouraged out-of-wedlock pregnancies in response to a sharp population decline brought on by World War II (Mie Nakachi 2021, 36-42). Since the legalisation of abortion in 1955, Soviet state pursued its pronatalist objectives via an extensive anti-abortion campaign (Randall 2011). In response to the growing concern among Soviet social scientists about the demographic decline in the USSR’s European regions in the 1970s (Rivkin-Fish 2005, 12-13), the state introduced numerous (albeit rather modest) social allowances for pregnant women and women mothers, increased maternity leaves, and launched pro-family propaganda associating the “proper femininity” with maternity (Здравомыслова и Темкина 2003, 315). As a result, the image of woman-mother took a central place in the public discourse at the expense of woman-worker, while emancipated women, “similar to men,” were blamed for the rise in divorces and the late-Soviet decrease in the birth rate (Attwood 1990, ix).<sup>7</sup> I suggest, that pronatalist policies and propaganda reinforced patriarchal perception of late-Soviet women and may have contributed to their mistreatment in the maternity and abortion hospitals. Given that motherhood was naturalised and encouraged as a social obligation, women could be seen as reduced to mere functions. At the same time, women’s physical and emotional suffering during abortion can be considered as a symbol of their punishment for the refusal to reproduce (Здравомыслова и Темкина 2007, 129-130).

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<sup>7</sup> A similar turn towards pronatalism can also be found in the post-war gender policies of other socialist states, such as in Bulgaria (Brunnbauer 2009), Poland (Ignaciuk 2020), Czechoslovakia (Lišková 2018) or, with a disastrous effect due to the extremely severe restrictions, in Ceausescu’s Romania (Kligman 1998).

In the light of these dynamics, I argue that the late-Soviet state exerted medical control over women’s bodies and allowed for power abuse in maternity and abortion clinics, including humiliation, rudeness, and neglect (which can be qualified as forms of gynaecological and obstetric violence<sup>8</sup> or gynaecological mistreatment<sup>9</sup>), which occasionally resulted in a virtual dehumanisation of women by medical professionals. Because it would have gone against one of the main propaganda tenets about the Soviet state’s concern for women and children, the state’s censorship did not allow for open public criticism of how women were treated within the reproductive healthcare system in the late 1970s and early 1980s, with very few exceptions. In this context, the writings of Leningrad feminists, the main source used for the current analysis, are unique historical records from the period. Many of the stories included in women’s *samizdat* and *tamizdat* collections of texts were based on actual occurrences that either the authors or their friends and acquaintances experienced, which makes them, with all due limitations, a collection of singular women’s testimonies. Materials from the Soviet Ministry of Public Health’s monthly journal *Health* [Здоровье], the major Soviet women’s journal *Working Woman* [Работница], as well as the newspaper *Pravda* are used in this article to provide the discursive background against which the Leningrad feminists’ texts were produced. Finally, autobiographical articles and a series of semi-structured interviews I carried out with the co-founders and participants of the Leningrad women’s movement are an important additional source for the present analysis.

## 1. Leningrad grassroots women’s movement in the 1970s and 1980s

In 1979, the almanac “for women and about women” under the title *Woman and Russia* was published in the so-called “second” or underground culture<sup>10</sup> of Leningrad. The initiator of this *samizdat* publication, Tat’iana Mamonova, was an underground

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8 The notion of obstetric violence was first introduced in the early 2000s by Latin American feminists to qualify verbal, physical, and sexual violence experienced by some women at hospitals, as well as inadequate and abusive use of medical practices by medical professionals (Rozée and Schantz 2021, 631). In 2007, Venezuela became the first country in the world to recognise “obstetric violence” as a legal term (Pérez D’Gregorio 2010, 201). Among the major characteristics of gynaecological and obstetric violence are “the non-respect of privacy and modesty, lack of information, absence of women’s consent, abusive acts, words or practices” (Rozée and Schantz 2021, 632).

9 This concept (in French “maltraitance gynécologique”) was used by Mona Claro in her analysis of ordinary and feminist criticism of gynaecology in the late USSR based on the case study of Leningrad independent feminist publications and the journal *Working Woman* [Работница] (Claro 2019).

10 “The unofficial cultural movement” or the Leningrad “second” culture (also unofficial, non-conformist culture or underground) was a network of separate groups formed in Leningrad by the mid-1970s which constituted a cultural milieu (Долинин and Северюхин 2003, 9-10). Most members of the milieu opposed officialdom, denied the Soviet ideological doctrine at the basis of socialist realism and the esthetical principles of the latter. They positioned themselves as participants of the world culture and universal cultural process and strived for an independent creative activity (Долинин and Северюхин 2003, 11). Various forms of self-organisation within the “second” culture of Leningrad included poetry readings, apartment seminars, unofficial exhibitions of nonconformist art, as well as *samizdat* periodical publications.

painter and poet. Tat'iana Goricheva, co-founder of the almanac, was a co-editor of one of the major Leningrad *samizdat* journals entitled *37* and co-organiser of an underground religious-philosophical seminar. Nataliia Malakhovskaia, another co-founder of *Woman and Russia*, was an unofficial writer who also belonged to the milieu of Leningrad underground. Iuliia Voznesenskaia, prominent Leningrad poet and dissident, joined the editorial board later, when she returned from camps where she served time for her “anti-Soviet” activities.

The almanac *Woman and Russia* had no precedents in the milieu of Leningrad underground. Soviet dissent was a sphere largely dominated by men, with women typically occupying subordinate roles (Чуйкина 1996). At the same time, the “woman question” was virtually absent in the discourse of Soviet dissidents (Zakharova 2013) and underground intellectuals. It was the first time when women members of the unofficial culture allied in order to criticise women’s condition in the USSR and raised the issue of Soviet women’s rights. Finally, what distinguished this publication among other *samizdat* journals was its emotional tone, which was later qualified by one of the participants of the group Galina Grigor’eva as a genuine “woman’s shriek” [женский вопль] (Григорьева 1993, 121).

The movement’s initiator Tat'iana Mamonova was interested in history of women’s movement in pre-revolutionary Russia and the USSR and aware of some ideas of second-wave Western feminism. She spoke foreign languages and was in touch with foreign diplomats who provided her with Western feminist journals (Mamonova 1980, 13). Tat'iana Goricheva, in her turn, spoke German and read *The Second Sex* by Simone de Beauvoir.<sup>11</sup> However, knowledge of Western feminist theories and familiarity with the history of women’s movement in Russia were an exception rather than the rule among Leningrad feminists. What actually brought the members of this group together was their dissatisfaction with the conditions faced by Soviet women and criticism of what they perceived as the failure of the Soviet emancipation project. Thanks to their prior involvement in underground activities, the co-founders of the almanac possessed the skills necessary for self-organisation and material production of a *samizdat* publication.

Ten copies of the almanac *Woman and Russia* were published in September 1979, and the first KGB persecutions followed immediately. In December 1979, Tat'iana Mamonova was summoned for questioning to the KGB and notified that she was accused of “the publishing with a group of people of an ideological, tendentious journal *Woman and Russia* with the aim of transferring it to the representatives of capitalist countries for further publication” (*Хроника Текущих Событий* 1979). Mamonova

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<sup>11</sup> Interview with Tat'iana Goricheva, 3 March 2017.

had to halt working on the publication of the almanac as a result of pressure from the KGB. At the same time, the other co-founders of the women’s movement created a new women’s journal *Mariia* to replace the almanac *Woman and Russia* and provide a platform for the discussion of a wider range of issues, including spirituality and religion.

The journal *Mariia* had a more marked religious tendency. Its authors and contributors argued that spiritual revolution was a vital prerequisite for Russian women’s liberation. In March 1980, Iuliia Voznesenskaia’s initiative led to the creation of the discussion club “Mariia”,<sup>12</sup> which included about twenty women. Among its members were those who had already participated in the publication of the almanac *Woman and Russia*, as Sof’ia Sokolova and Galina Grigor’eva, but there were also many new participants: Tat’iana Belaeva, Elena Shanygina, Alla Sariban, Klavdiia Rotmanova, Irina Josan, Natal’ia Lazareva, Elena Borisova, Renata Sycheva, Anna Malonga, Ludmila Levitina, Natal’ia Savel’eva, Tat’iana Fedotova, Kari Unksova, and Natal’ia Voronina. Texts presented at the club discussions devoted to such issues as “Feminism and Marxism”, “Woman and family”, “Modern woman and humility” were later published in the journal. In total, in the context of the ongoing KGB persecutions, six issues of the journal *Mariia* were published in *samizdat*, while the first three issues were subsequently reproduced in *tamizdat*.

In December 1979, a smuggled copy of the almanac *Woman and Russia* was discovered in France by French feminists, participants of the group “*Psychanalyse et Politique*”.<sup>13</sup> They translated Leningrad feminists’ *samizdat* and reproduced the whole issue of the almanac in French in their journal *Des femmes en mouvements hebdo* in January 1980. Later, *Woman and Russia* was also translated and published in West Germany, Italy, the US, Norway, Sweden, Brazil, Japan, and the UK (*Femmes et Russie 1981*, 1981, 11). The international feminist solidarity and public response may have influenced the decision of the Soviet authorities to exile the founders of the Leningrad women’s movement instead of sending them to camps. On 20 July 1980, on the second day of the 1980 Summer Olympics, Tat’iana Mamonova, Tat’iana Goricheva, and Nataliia Malakhovskaia left the USSR. In Vienna they met Iuliia Voznesenskaia who had been exiled a few months earlier. Exiled co-founders of the group continued their feminist activities abroad. Tat’iana Mamonova published three more issues of the almanac from 1980 to 1982 (*Des Femmes russes* [Россиянка] 1980; *Femmes et Russie 1981* 1981; Mamonova 1982) and a collection of reprinted texts in 1984 (Mamonova 1984), while Tat’iana Goricheva, Nataliia Malakhovskaia, and Iuliia Voznesenskaia founded a foreign chapter of the club “Maria” in Frankfurt

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<sup>12</sup> Interview with Nataliia Malakhovskaia, 6 November 2016.

<sup>13</sup> Interview with Michèle Idels, 23 October 2017.

am Main with the support of the International Society for Human Rights (ISHR). By 1982, however, both the club Mariia in Leningrad as well as its branch abroad gradually ceased to exist. In the USSR, the KGB persecutions became tougher. In 1981, another subset of the club “Mariia” members were forcibly expelled from the country, while Natal’ia Lazareva, the illustrator of the journal Mariia, was arrested and sentenced to 10 months in prison. In March 1982, Lazareva was arrested for the second time and given a four-year prison term.<sup>14</sup> Other group participants also experienced constant pressure from the KGB. In the West, the co-founders of the club “Mariia” were torn apart by internal disagreements by the year 1982. But more crucially, they lacked the support of both Western feminists who were turned off by their feminism’s Christian tendency and Soviet emigre dissidents who demonstrated their disinterest in feminism and seemed to view it as a too radical endeavour.

## 2. “The babies must come first”: Giving birth in the late USSR

In a way, it is with childbirth that the almanac *Woman and Russia* began. Nataliia Malakhovskaia recalls that she made her decision to join the women’s movement after reading Tat’iana Mamonova’s autobiographical text “Human birth,” which was later published in the almanac under the pseudonym R. Batalova. The text reminded Malakhovskaia of her own painful experience of puerperal fever that she developed at the maternity hospital:

She brought me the article “Human birth.” And I was struck by such an epiphany... After that, a month later, the almanac was ready. [...] I had a vision. I saw a black mountain and there were bright lights. And I realised that there are many, many women who have endured the same terrible thing that I have endured. It is childbirth. This was the lever that lifted the course of consciousness. Because I, like all women, drove it into the subconscious, all the horrors that happened to me. And the biggest horror was the way I was treated at the hospital. That is, I was practically killed there. If it wasn’t for an old nurse over 70 years old, then I wouldn’t be here. I would have died of puerperal fever.<sup>15</sup>

The text “Human birth” is written in the second person and seems to appeal to every Soviet woman. The protagonist of the story is in labour and experiencing excruciating pain. The process is described with such terms as “catastrophe”, “nightmare”, and “horror”. She is begging for help, yet all she receives is complete indifference. Women’s suffering appears to be accepted as an inherent part of the process and the price she must pay for having a child:

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<sup>14</sup> Фонд Иофе, ф. 03 (Б-2), оп. 1, д. Лазарева Наталья Михайловна.

<sup>15</sup> Interview with Nataliia Malakhovskaia, 16 November 2016.

Panic-stricken and covered in blood, you writhe in convulsions, run into the corridor in search of someone, but you see the gynaecologists and midwives sitting out shift after shift... From your first minute in the *rodilka* (the irreverent name given to this dreadful place, this Golgotha) you freeze with fear. The groans, sobs, and pleas of the women in labour would have a traumatic effect on any newcomer. To the question: “How can you let this happen?” The doctors answer: “The babies must come first. Women can endure it all...” (Batalova 1980, 48)

In her 1984 autobiographical article, Mamonova also mentioned that when giving birth to her son she was denied an anaesthetic, “although the labour was protracted and hard” (Mamonova 1984, xix). According to Mona Claro, there were almost no effective methods for properly relieving labour pain in the USSR, neither pharmaceutical nor psychological (Claro 2019, 293). Existing research also reveals that many medical professionals considered pain to be “a normal and even an important part of childbirth”, while women’s complaints could result in violent verbal and physical responses from midwives (Hrešanova and Michaels 2018, 62-63). Given this, it may come as a surprise that the Soviet Union was a pioneer in this field of painless childbirth with the invention of Il’ia Velvovskii’s psychophysical preparation for childbirth in the late 1940s, which was later adopted in the West as the Lamaze method of birthing (Michaels 2014). Although psychoprophylaxis was enacted as the official Soviet childbirth method in 1951 (Michaels 2014, 42-43), the real education of the method took place only on paper (Hrešanova and Michaels 2018, 63). Women were never taught about the processes of labour and delivery; instead, they were “trained” on appropriate behaviour so that they would remain silent and follow the doctors’ instructions (Rivkin-Fish 2005, 25).

The normalisation of imposed silent parturient women’s behaviour is also reflected in Mamonova’s text, the protagonist of which is too ashamed to scream: “...you were ashamed to scream—so you didn’t scream, you sobbed like a mortally wounded animal” (Batalova 1980, 45). The feeling of shame can be also found in Kari Unksova’s text, which was first published in the third *tamizdat* issue of the almanac in French (Unksova 1981) and later reproduced in a 1984 English-language collection of texts edited by Tatiana Mamonova under the title “An uphill battle”. In this latter case, the author recalls being shamed for her screaming by the medical staff: “Shame on you”, they screamed at me, “an educated woman and you’re screaming like some old hag!” (Unksova 1984, 103). At the same time, Unksova’s story demonstrates the parturient woman’s ignorance of what to anticipate during the birthing process. As soon as the contractions start, the protagonist desperately tries to browse through a Czechoslovakian birth manual, which is the only source of knowledge, “obtained with

difficulty”, she has available: “I remember how much difficulty we had understanding that water was coming out of me” (Unksova 1984, 101).

A specific set of rules was also to be followed elsewhere in the maternity homes, and some of them caused women’s isolation from their loved ones. The issue was pointed out by Tat’iana Mamonova in her 1984 introduction to an English-language collection of texts: “I gave birth in one of the major clinics of Leningrad. While I was there, I was not given permission to see my husband or to phone him” (Mamonova 1984, xix). Isolation women had to experience according to the specific set of rules at the maternity hospitals enhanced their subordination to the institution and medical professionals. Isolated from their families, women were also separated from their children after they gave birth. The babies were kept in nurseries and brought to their mothers only for scheduled feedings (Rivkin-Fish 2005, 25). Furthermore, even though Leningrad feminists never addressed the topic, it is nevertheless crucial to note that Soviet women were also subjected to such medicalised interventions as enemas, pubic shaving, and episiotomies (Rivkin-Fish 2005, 40), which continued to be part of the standard protocol up until the 1990s (Claro 2019, 293). The “severely dehumanised nature” of such procedures, which have been found in the West to have no medical benefit, was highlighted in a 1993 World Health Organization report (Rivkin-Fish 2005, 40).

In addition to physical pain and subordination to an imposed order, Leningrad feminists exposed major psychological and emotional distress experienced by parturient women in reproductive healthcare institutions. Indifference and rudeness of medical professionals is another issue one can find at the heart of Kari Unksova’s story. When describing the labour and delivery experience, the woman uses words such as “hell”, “torture”, “squeamish shouts”, “insult”, “pitiless indifference”, and “filthy crudeness”:

In that same hell, where the pain surpasses all limit so that when they cut you alive with scissors, you hear only the crunch and you do not feel any additional torture, in that same hell, only the squeamish shouts of the doctors, who were of no help to me whatsoever, invaded.

[..]

Nothing but bright memories about a deed well done remain from that hellish pain. But the insult will be with me forever. Who do you have to be in order not to feel the pitiless indifference of the hands of strangers, the filthy crudeness (they did not fail to remark, of course, for what deed I was paying when I gave birth), the indifference to the mother and to the child. (Unksova 1984, 103-105)

Insecure and embarrassed, the main character of Mamonova’s text makes an effort to remind the medical personnel of the human nature of all those women who are in pain in the same delivery ward. However, it appears that there is little that physicians and midwives could do to help:

Ten trestle-beds, on which the unfortunate victims of patriarchy writhe  
Bloody sheets. Eyes huge from pain. Bitten lips (they prudently cut your nails on admission). Soaking wet nightgowns. Dishevelled hair.

- Why do we all have to be together?

There are so many of you.

- But we are human beings!

Forget the philosophy. Lie down and get on with it.

- You’re being rude.

We’ve got no choice.

- Nonsense, these women need attention and sympathy if anyone does.

We’ve got enough work as it is. (Batalova 1980, 48)

Naturally, the question of why medical professionals behaved in such a manner toward women emerges. One of the answers was given by Tat’iana Mamonova herself in her 1984 article: “The salaries are low, the staff are too few, and the work is brutal” (Mamonova 1984, xix). Poor material working conditions, extreme density at the maternity hospitals, medical practitioners’ enormous work overload and conveyor system organisation could not help but cause professional burnout and general disregard for the patients. Additionally, Mamonova also emphasised that the majority of medical professionals were women (they accounted for 90% among gynaecologists (Riska 2001, 80-81) who too had to bear the “double burden”, which contributed to their exhaustion:

Clinic physicians, as a rule are women, and they may see as many as thirty patients a day, which eliminates any creative approach to their work and the individuality of their patients. After work they stand in line to shop for their families, carry the groceries home, and then prepare dinner. (Mamonova 1984, xviii)

Medical professionals’ overburdening and poor material conditions can be seen as some of the major reasons of women’s ill-treatment in maternity homes. However, another one could be found in the state’s pronatalism. The Soviet popular press of the period provides numerous examples of experts’ discourse promoting motherhood as natural and good for women’s health,<sup>16</sup> while having multiple children was argued to

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<sup>16</sup> *E.g.*: Leonid Persianinov, obstetrician-gynaecologist, member of the Academy of Medical Science of the USSR, in his interview published in November 1978 in *Health* [Здоровье] under the title “One? Two? Three?”, openly pathologises childless women: “It is unnatural for a healthy woman to not have children! The refusal of childbirth can subsequently lead to the feeling of inferiority, dissatisfaction with life. It is likely to cause real dangers”.

be vital for the nation’s long-term economic development.<sup>17</sup> My hypothesis is that the dominant pronatalist public discourse, together with misogynistic attitude persisting in the Soviet society (and exposed by Leningrad feminists in their writings<sup>18</sup>), on a symbolic level, may have contributed to women’s *de facto* reduction to reproductive bodies. In the context of asymmetrical power relations of the Soviet healthcare system, this patriarchal perception of women could be seen as an additional factor that contributed to their mistreatment and dehumanisation by medical professionals. Considering these dynamics, the normalisation of women’s suffering—both physical and emotional—in order to accomplish their reproductive duty seems only natural.

The issue of poor conditions, material shortages, humiliation and emotional abuse experienced by women in maternity hospitals was a taboo in the Soviet press in the late 1970s and early 1980s. Up until late 1980s, the abortion and infant mortality rates were kept secret not only from the general public, but also from scientists and the authorities, with the exception of a few high-ranking officials (Claro 2019, 291). The period of perestroika revealed the increase in the Soviet infant mortality by the 1970s, while the maternal mortality rate in the USSR in 1990 was found out to be five times greater than that of the Western Europe (Claro 2019, 291). The era of glasnost of the late 1980s opened a public debate about childbirth and let women openly share their experiences, which they did in a similar way to that adopted by Leningrad dissidents less than a decade ago. A reader’s letter titled “A bad dream?” that was published in November 1988 in *Working Woman* [Работница] sparked a significant public response, and the journal received a few thousand additional letters as a result. Finally, women’s voices were liberated.

### 3. “Inhumane torture” and “barbaric operation”: Abortion in women’s underground publications

In 1920, Soviet Russia became the first country in the world to legalise abortion. This was done as a “lesser evil” and a temporary measure until the gradual disappearance of the practice under socialism should take place. The idea was that the Soviet state will combat abortion by improving social conditions to assure a higher level of life and by carrying out the anti-abortion campaign among working women (Avdeev et al. 1995, 41). In 1936, the new “Decree on the Prohibition of Abortions and the Improvement

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<sup>17</sup> E.g.: A. Vishnevskii, Ph.D. in economics in his article “The eternal value of the family” published in the newspaper *Pravda* on 2 April 1979, argues that when a woman chooses not to have more than one child in favour of spending time on her career, it creates demographic risks and labour force shortages in the future.

<sup>18</sup> E.g.: “Female protest against the arbitrary rule of men finds expression not only in a rejection of motherhood, but more often, in a paradoxical rejection of self. This sort of absurd escape is only to be expected, for there is a negative value attached to all things female—for instance the hidden sexist positions in the press” (*Woman and Russia: First feminist samizdat* 1980, 22).

of Medical Aid to Women in Childbirth” criminalised abortion on social grounds. The new law stated that societal conditions have significantly improved and women no longer needed to undergo abortions, instead they were “to uphold their role as mothers” (Talaver 2020). In 1955, abortion was legalised again, but the introduction of the new legislation did not entail the creation of any kind of sex education programme or a system of accessible and reliable contraception. In these circumstances, abortion became the *de facto* major means of birth control—the phenomenon that Elena Zdravomyslova and Anna Temkina defined as a so-called “abortive contraceptive culture” [абортная контрацептивная культура] (Здравомыслова и Темкина 2003, 315). As the period of perestroika and glasnost revealed, the abortion rate in the USSR since the 1950s was the highest in the world (Popov 1991, 376), while each Soviet woman on the average had three or four abortions over a lifetime (Claro 2019, 292).

The Soviet Union relied on anti-abortion propaganda to combat abortion, whose widespread practice ran counter to the state’s pronatalism. The post-1955 anti-abortion campaign aimed to spread fear about the harm and danger of abortion among women, especially regarding the possibility to conceive and bear another child, and stressed its adverse impact on “family” happiness (Randall 2011, 21). Amy E. Randall argues that the decriminalisation of abortion during the post-Stalin era can be viewed as an illustration of a larger shift in Soviet technologies of power, which saw overt violence and coercion replaced by more covert means of normalisation (Randall 2011, 31). Medicalisation of abortion “shifted the locus of the state’s control of sexuality from legal punitive institutions to medical, educational, and social institutions and increased the professional regulation of women’s bodies” (Randall 2011, 31). Furthermore, the anti-abortion educational campaign aimed not only to influence decisions regarding the procedure in particular, but also to regulate gender norms in general (Randall 2011, 31).

Abortion was one of the central issues raised by Leningrad feminists in their critique of the Soviet women’s conditions. It was first addressed in the text “The other side of the medal” by Natal’ia Mal’tseva (published under the pseudonym V. Golubeva), which reveals harsh conditions of single mothers and raises the issue of abortion as an alternative to the poor life of a single-parent family. According to Mal’tseva, among the main reasons that make women have an abortion are poor social conditions. She seems to appeal to the Soviet state, which failed to fulfil its promises and provide all the conditions necessary for women to have as many children as they want (Claro 2019, 300):

I'm sure that most women who have experienced this inhuman torture but once, would refuse this barbaric operation if they had proper living conditions. Society, however, doesn't seem to understand why a woman has an abortion. Sometimes—although very rarely—when she fills out the numerous forms on her admission to the hospital, a woman is asked why she doesn't want to have the child. The answer is generally the same—bad living conditions or low wages. I don't know where all this information goes, or whether it even goes anywhere at all! (Golubeva 1980, 55)

Mal'tseva refers to the procedure as to “inhuman torture” and “barbaric operation,” and claims that to have an abortion a woman “has to be prepared literally to go through hell” (Golubeva 1980, 55). She argues that in Soviet hospitals, women would face indifference, humiliation, and rudeness from the medical professionals from the very beginning:

First come the humiliations she must endure when she goes to the maternity clinic to collect the pile of papers for her impending ordeal. She will be treated there with a blatant lack of interest and even with contempt (Golubeva 1980, 55).

After queueing for more than an hour, a woman would find herself in a large ward with ten or fifteen beds. The whole procedure was organised in the assembly-line-style. According to the author, the abortion clinic on Lermontov Prospekt in Leningrad (“the ‘slaughterhouse’ women call it”), for instance, had a daily turn-over of two hundred to three hundred women. Indifference and hostility of the medical staff were enhanced by this dehumanising conveyor-like organisation of the procedure:

The women line up outside the operating theatre.

Abortions are carried out on two, even on six women simultaneously in the same theatre. The tables are placed so that a woman can see everything that goes on opposite her: the face distorted in pain, the bloody mass extracted from the womb. (Golubeva 1980, 55-56)

According to Mal'tseva, the emotional distress that women experienced was more often than not accompanied by terrible physical pain, as abortions were often carried out without effective anaesthesia or without anaesthesia at all:

Sometimes [the doctor] gives her an injection, but it has no effect because so little Novocain is used, and he doesn't wait for it to work anyway. As she isn't anaesthetised, the woman suffers terrible pain. Some lose consciousness. (Golubeva 1980, 56)

As it was revealed in the late 1980s, abortion without anaesthesia was in fact a widespread phenomenon in the USSR. In an article published in *Health* [Здоровье] in January 1988, V. Pichugin, secretary of the Ministry of Health, acknowledged the use of contemporary anaesthetic in just 5%-20% of all cases. This means that 80% to 95% of all women who had an abortion suffered severe pain. However, sometimes women found a means to bypass the established system and have an abortion under

anaesthesia, which can be seen as a manifestation of women’s agency.<sup>19</sup> One such way was “blat”,<sup>20</sup> as described in Tat’iana Beliaeva’s text entitled “Rachel weeping for her children”<sup>21</sup> published in the second issue of the journal *Mariia*<sup>22</sup>: “We are enviously watching the ‘blatnyie’–they have [an abortion] under anaesthesia! I once managed to be among them as well. Long live ‘blat’!” (Беляева 1982, 56).

Another option was to buy an anaesthetic and to bring it to the abortion clinic. However, this possibility was equally scarce since one needed proper connections. The protagonist of Beliaeva’s story was lucky enough to have the necessary connections to get “a precious ampoule”. However, the medical staff rejected to use it:

Several people at a time enter the operating room. The nurse suggests that we help each other. They refused to take my ampoule; she has immediately thrown it away. Awful pain, rudeness, businesslike manner of dead-hearted doctors, their shouting supposedly aimed to calm us down... (Беляева 1982, 57)

The absence of effective anaesthesia in the state abortion clinics seems to have been one of the reasons that pushed women to seek out an illegal, underground abortion with higher health and life risks. Such an example was described by another participant of the women’s movement, Elena Shanygina, in her article “Who is to blame?” published in the third issue of the journal *Mariia* under the pseudonym Elena Doron. The protagonist of the story is a young woman who had her first abortion in the state abortion clinic without anaesthesia and with complications, which made her turn to underground practitioners for her second and third abortions. However, the woman died after the third operation (Дорон 1982, 56-57). Among other reasons that pushed women to look for an underground practitioner may have also been the absence of medical secrecy and the necessity to provide one’s employer with a sick leave with explanation of the reason. This issue was exceptionally raised on the pages of *Working Woman* [Работница] when a letter from K. Sidorova titled “Certificate of Secrecy” was published in January 1977. The woman criticised the bureaucratisation of the procedure, which made it impossible to have an anonymous abortion, the obligation to

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<sup>19</sup> I would like to rely on the definition of women’s agency formulated by Saba Mahmood in her analysis of the Egyptian women’s mosque movement: “a capacity for action that historically specific relations of subordination enable and create” (Mahmood 2001, 203).

<sup>20</sup> “Economy of favours” (Ledeneva 1998); “the practice of friends and acquaintances being tied together in an intricate weave of favours and counter-favours in order to facilitate access to commodities or services in short supply” (Rehn and Taalas 2004, 239).

<sup>21</sup> The title of the text is a quote from the Bible: “In Rama was there a voice heard, lamentation, and weeping, and great mourning, Rachel weeping for her children, and would not be comforted, because they are not” (Matthew 2.18).

<sup>22</sup> In the context of the late USSR, even the participants of the club “Mariia,” who were Christian believers and considered abortion to be a sin, saw it as an unavoidable evil. At the end of her text “Rachel weeping for her children”, Tat’iana Beliaeva mentions that the events she described took place a long time ago, and since then she “has been tormented by the sin of infanticide.” She confessed to God that she would never ever commit such a crime. However, she admits that in the context of the USSR, abortion is inevitable. (Беляева 1982, 58)

give one’s employer a sick leave with a clear explanation of the cause, and the resulting need to divulge this private information to numerous people. Additionally, the need to undergo abortions more frequently than was advised by medical professionals and feasible in public clinics may be another reason driving women into the hands of the underground practitioners (“After four months... Pregnant again! It’s terrible! I can’t go to the [women’s] consultation, they won’t do the abortion”) (Беляева 1982, 57).

Official figures show that in 1988, 13% of all induced abortions in the USSR were illegal, *i.e.*, carried out outside of medical institutions; among women who were first time mothers, this proportion rose to 20%; at the same time, 68% of all induced abortion-related deaths were the result of underground abortions (Popov 1991, 375).<sup>23</sup> Apart from abortion-related life and health risks, underground abortions performed outside of the healthcare system also put women in danger due to unrestricted asymmetrical power dynamics. Tat’iana Beliaeva recounted one such instance in her text. The protagonist of the story recommended a doctor performing underground painless abortions for money to her friends. However, the doctor sexually assaulted one of them before performing an abortion in his kitchen: “He was so impressed by the beauty of one of my friends, that she had to satiate his desire before the procedure –there was no getting out of it” (Беляева 1982, 58).

Although the majority of Leningrad feminists’ writings on this topic emphasise abortion as a primary method of birth control, the issue of contraception was also brought up, and it is the difficulty to have access to effective contraceptives that was discussed. After the induced abortion, the protagonist of Tat’iana Beliaeva’s story wanted to install an intrauterine device (IUD). However, while she was trying to get through a complicated and bureaucratised medical system, she fell pregnant again:

The “spiral” [пружинка] is not easy to get. At the University clinic, there are “no conditions”, at the Otto institute–they “ran out of them and do not expect them [to be supplied] any soon”–this is how I began to act after the abortion. I had to go to my clinic again. As usual, it is impossible to find out anything at the reception desk. I wondered [around the building] and saw the “Contraception cabinet”. There was a schedule. Next time I came during the reception hours–it was closed. I found out with effort that first I had to go to my district doctor, who will give me referrals for tests, and then I will be able to go to the dear cabinet during strongly determined hours. I did everything in the right order... The cabinet is closed, and no one knows anything. So, a month went by. By the end of the month there was no need to install the salvatory “spiral”–I was pregnant again. (Беляева 1982, 58)

It was recognised as early as the 1960s that the USSR had a problem with the

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<sup>23</sup> These figures, however, can be considered insufficient because the official statistics only covered abortions performed outside of medical institutions that resulted in complications, hospitalisation, and further treatment (Popov 1991, 374).

lack of access to modern contraceptives, which led to a high reliance on abortion (Popov et al. 1993, 227). However, the situation did not change, and since 1975, the availability of contraception in the Soviet Union was officially estimated to be lower than demanded (Popov et al. 1993, 231). Several surveys conducted in Soviet Russia in the early 1980s demonstrate that in about two thirds of the cases the traditional unreliable methods (rhythm or calendar method, vaginal douches, withdrawal) were used (Popov et al. 1993, 229). According to posterior estimates, in 1979, only 0,5% of women took the pill, and 1,5% had an IUD; by the mid-1980s, less than 1% relied on oral contraceptives, whereas the number of those who had an IUD reached 10% (Claro 2019, 292). By the time the almanac was published, the Soviet government had only recently started to invest in contraception, and the availability of IUDs rather than the provision of a full range of methods was the main focus (Claro 2019, 292). More expensive than IUDs and seen as harmful and inconvenient by Soviet doctors and high officials,<sup>24</sup> oral contraceptives were not produced within the USSR (Claro 2018, 91). Although by the middle of the 1980s, the Ministry of Health was making some headway in promoting IUDs, Victoria I. Sakevich and Boris P. Denisov argue that abortion still remained more important than contraception (Sakevich and Denisov 2014, 14).

According to Michele Rivkin-Fish, the lack of effective contraception and high reliance on abortion were “perfectly suited to the logic of state socialism” because they gave the state control over the distribution of the major birth control technique and ensured the highest level of medicalisation of women’s bodies (Rivkin-Fish 2005, 24). A similar argument was advanced by Yuliya Hilevych and Chizu Sato regarding the state officials and medical professionals’ control over women’s bodies through promotion of IUDs and rejection of the pill in late-Soviet times. The scholars argue that IUDs “allowed doctors supervise women” and made their bodies “visible” to medical practitioners (Hilevych and Sato 2018, 21). At the same time, given the conditions in which abortions took place in Soviet healthcare institutions, it became a symbol of women’s punishment for their refusal to fulfil the reproductive function (Здравомыслова и Темкина 2007, 129-130). As Elena Zdravomyslova and Anna Temkina put it: “The punitive function of healthcare reveals itself as if by accident—as an unexpected consequence of the care given to women in reproductive health institutions” (Здравомыслова и Темкина 2007, 130).

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<sup>24</sup> In 1974, the Soviet Ministry of Public Health issued a list of ten absolute and 20 relative contraindications to the pill, which constituted “a *de facto* prohibition on the use of oral contraceptives in the Soviet Union.” In 1983, the Ministry officially recommended the prescriptions of the pill “exclusively or principally for medical purposes.” (Popov, Visser and Ketting 1993, 232)

## Conclusion

To conclude, despite Soviet state propaganda about the ongoing improvement of conditions in medical institutions for women and children, the Leningrad feminists' underground writings from the late 1970s and early 1980s revealed that for a certain part of women, the experience of childbirth and abortion involved both physical and emotional suffering. In this article, I argued that in order to better understand the root causes of gynaecological and obstetric violence, consideration must be given to the question of power relations within Soviet reproductive healthcare in particular and within Soviet society in general. In late-Soviet times, the female body was subject to both direct state control through the socialist healthcare system and symbolic control through pronatalist policies and propaganda that naturalised motherhood and made it a social obligation for women. More specifically, Soviet medical professionals' control was realised via strictly regulated (over)medicalised childbirth, the predominance of medical abortion as a means of 'contraception' ("abortive-contraceptive culture") and the promotion and use of IUDs. The state's pronatalism and asymmetrical power relations in maternity hospitals and abortion clinics, aggravated by material shortages and structural overload of the Soviet healthcare system, provoked the persistence of gynaecological and obstetric violence. The Leningrad women's *samizdat* and *tamizdat* represent a unique example of open criticism of the women's mistreatment in the healthcare institutions at a time when the problem continued to be censored in public discourse. Underground feminists were thus the first to break the taboo and uncover this gap in the Soviet social system, among others, and the KGB persecutions were the price they had to pay for their audacity. But silence around the issue was not to last, as the period of glasnost allowed for a more large-scale liberation of women's voices, which was followed by the Soviet authorities acknowledging the problem and announcing the first measures, and it finally seemed that women were heard...

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