



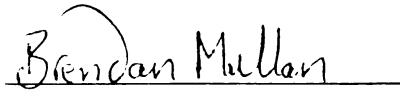
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ANALYSIS OF SOCIAL IMPACTS WHICH CAUSE WOMEN
TO USE ABORTIONS IN BELARUS, RUSSIA, AND THE UKRAINE

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Tracy Lynn Armstrong

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**ANALYSIS OF SOCIAL IMPACTS WHICH CAUSE WOMEN
TO USE ABORTIONS IN BELARUS, RUSSIA, AND THE UKRAINE**

By

Tracy Lynn Armstrong

A THESIS

Submitted to
Michigan State University
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ABSTRACT

ANALYSIS OF SOCIAL IMPACTS WHICH CAUSE WOMEN TO USE ABORTIONS IN BELARUS, RUSSIA, AND THE UKRAINE

By

Tracy Lynn Armstrong

This thesis uses three analytical frameworks and theories to analyze the social factors which cause women to use abortions. Judith Blake's and Kingsley Davis' Framework on the Social Structures and Fertility (1956); John Caldwell's Theory of Fertility Decline (1982); and John Bongaarts's Analysis of the Proximate Determinants (1983) are used to explain why women choose to limit their fertility behavior in Belarus, Russian, and the Ukraine. Women are improving their social status, becoming more educated, increasing their position in the labor market, and controlling their fertility to meet their ideal family size despite government policies to increase the average number of children born to a woman. The frameworks and theories can only explain the decline in women's fertility behavior to a certain degree. Other psychological and social factors have to be examined further to more fully explain why women desire to decrease the number of children they have.

To my mother, Ruth E. Armstrong and my son, Isis.

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I want to express my gratitude to my advisor, Dr. Brendan Mullan. Dr. Mullan assisted me in organizing my masters program in sociology, arranging a Russian overseas independent studies, and supervising this thesis project. He inspired my interest and motivation in demography which lead me to focus my thesis on women's fertility behavior in Belarus, Russia, and the Ukraine. After numerous meetings with Dr. Mullan advising and focusing my analytical thinking, I was able to produce this thesis.

Moreover, I want to thank Dr. Joseph Darden and Dr. Christopher Vanderpool for participating on my committee and being supportive in my academic career. They have given me valuable insights on research techniques, methodology, and critical thinking. Dr. Darden and Dr. Vanderpool encouraged me to expose social inequalities impacting marginalized individuals, domestically and internationally.

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INTRODUCTION

DEMOGRAPHIC TRENDS

Women's usage of abortion in the Belarus, Russia, and Ukraine republics has often been the subject of much demographic scholarship. Currently, there is a strong focus on women's transition in the reconstruction of their roles in the public and private sector in the Commonwealth of Independent States' (CIS) or the former Soviet Union's economy. It is generally acknowledged that CIS has had the highest ratio of abortion to live births of any country in the world (Frejka 1985; Henshaw 1990; and Anderson 1991).

In Belarus, Russia, and Ukraine, the republics have low birth rates and high abortion rates associated with urbanization, high employment of women, a trend to one-or-two child families in urban areas, low marriage rate, and high divorce rate (Sadvokasova 1967; Mazur 1967; Mazur 1973; Schwartz 1979). Since the mid-50's, induced abortion has been the principal method of birth control for as much as 80 percent of the Soviet Union/CIS women, with more than 9 million (legal and illegal abortions) terminations performed

annually (Potts 1990; and Remennick 1991). Official Soviet sources state that 6-7 million legal abortions occurred in 1988 in the Soviet Union (GOSKOMSTAT 1989; Baranov and Bakayenko 1990; and Remennick 1991).

The average woman in Belarus, Russia, and Ukraine republics, has three to four abortions during her reproductive years (David 1974; Popov 1990; Witt 1989; Remennick 1991; and David 1992). It is not uncommon to find women who have had six to seven abortions. In the Russian republic, there are two abortion for every birth (Popov 1980; Kotlyarskaya 1990; Remennick 1991).

The trend in Belarus, Russia, and Ukraine, is for women to maintain a high level of abortion usage. This widespread recourse to abortion in the Soviet Union is due to several reasons. First, there is a shortage or limited range of modern contraceptive means available, such as suitable pills and IUD's (Popov 1980; Sabatello 1992). Second, the traditional orientation of the Soviet health service system which prefers termination to prevention of pregnancy is not willing to change approaches (Baranov and Baklayenko 1990; Remennick 1991; Sabatello 1992). Third, the exaggeration by Soviet physicians of the possible dangers of modern contraceptive devices, which in any case are in short supply detour women from seeking other contraceptive devices. Women trend to rely on abortion to limit their fertility. (Popov 1980; Remennick 1991; Sabatello 1992).

Forth, there is a lack of motivation on the part of obstetricians and gynecologists to promote contraceptive devices because private abortions are a significant income producer. Fifth, there is a underestimation of danger and related complication of abortions as practiced in the USSR. Women are not informed about the problems that could occur after having several abortions (Remennick 1991; Sabatello 1992). Sixth, the inadequacy of sexual education programs do not provide people with accurate information (Popov 1991). Finally, there is a social and psychological acceptance of abortion by Soviet women, as a routine medical intervention (Remennick 1991; Sabatello 1992).

RESEARCH ISSUES AND HYPOTHESES

The high contraceptive use of abortion among women is a major cause of the change in the fertility patterns in these republics. Abortion has been the primary method of fertility control in the Soviet Union since at least the 1960's (Frejka 1985; Anderson 1991). Women have sought control of their fertility behavior though the use of abortion. Thus, abortions have adverse impact on the total fertility patterns in Belarus, Russia, and the Ukraine. The question is: what are the social factors that cause women to use abortion to

limit their fertility?

This research project will examine the social factors which cause women to avoid having unplanned children through abortions. These social factors such as: women's status, mass education, government policies can cause women to choose to decrease the number of children they have. However, these social factors cannot explain totally the decision making process in which women choose to limit their fertility behavior through abortion or not. Nevertheless, these social factors explain to a certain degree why women chose to have an abortion in Belarus, Russian, and the Ukraine.

Chapter one presents a historical overview and description of how abortions impact women's lives and the CIS society at large. The historical overview begins in 1920's and brings the abortion issue up-to-date in the 1990's. It shows government involvement to increase the national birth rate has been adverse to women's fertility rights by making it illegal, time consuming, and/or unpleasant to have a abortion. Research concerning women's experience and health is also presented to express an unwillingness of the government and society to improve women's access to safe means to control their fertility patterns.

Chapter two analyzes Judith Blake's and Kingsley Davis' analytical framework (1956) to explain how women improve their social status in the public sector and how the family has decreased their fertility. The concentration is on Blake's

and Davis' eleventh variable, foetal mortality from voluntary means, which is used to explain women's status in relation to fertility. The framework states that social factors have a negative, positive, or neutral impact on fertility. The hypothesis derived from this framework states as women's status improves, women's fertility declines. By improving their gender status, women have increased control over their family size from the pre-revolutionary era, the peasant mode of production, to the highly-industrialized mode of production by using abortion to limit fertility. Thus, women's improvement in their gender status has a negative impact on fertility.

Chapter three examines the use of John Caldwell's theory of fertility decline (1982) in explaining how the social factor, in particular, mass education, can impact women's fertility behavior. The hypothesis formulated using the theory, states women's introduction to mass education directly causes women's fertility to decline. Mass education encourages women to become independent thinkers and valuable resources in the highly-industrialized labor market. Women's exposure to education increases their level and numbers in the labor market. The transformation from peasant mode of production to high-industrialized mode of production has altered the economic wealth flows. In the past, wealth flowed from the children to their mother. As a result of child labor laws and compulsory education children are not in the labor

market and they do not generate an income. The wealth flows have changed to flow from the parent(s) to the children. This causes children to be expensive, time consuming, and a social responsibility until the infant is an adult. Thus, mass education in relation to women's participation in the labor force and the alteration of the wealth flow concept encourages women to limit the number of children they have through abortion. Women seek education opportunities to increase their occupation level, social mobility, and income for their family and themselves.

Chapter four concentrates on John Bongaarts' analysis of the proximate determinants (1983) to explain the relation of government policies adverse to women's reproductive freedom. The hypothesis generated from the analysis of proximate determinants states that the government's pronatalist policies have no impact on women's declining fertility pattern. The government had implemented pronatalist policies and illegalized abortion for a short period in order to increase the birth rates in Belarus, Russia, and the Ukraine. However, women have maintained control over their reproductive lives. I used Bongaarts' framework to focus on women's desire to limit their fertility using the primary means available, abortion. Understanding the psychological, economic, and social factors that impact a woman's decision making process can be examined by using Bongaarts' Proximate of Determinate variables.

Chapter five assesses the sociological contribution of Blake's and Davis' Analytical Framework on Social Structures and Fertility (1956); Caldwell's Theory of Fertility Decline (1982); and Bongaarts' Analysis of Proximate Determinants (1983) in explaining the decline of women's fertility due to abortion in Belarus, Russia, and the Ukraine. The summary of the sociological assessment allows for a discussion of what degree the social factors can explain what causes women to limit their fertility through abortions. Finally, further research is needed to explain the factors that Blake's and Davis', Caldwell's, and Bongaarts' frameworks or theories do not address in this research project.

The thesis focuses on primarily three republics (Belarus, Russia, and the Ukraine) out of 15 republics using biographical and documentary data to support the research project. More data is available for these Eastern European republics compared to Muslim and Asian republics in the CIS. Also, it is difficult to collect detailed population census data on republics in the former Soviet Union because of a restrictive Soviet government. This creates limitation in forming comparative analysis of Eastern European republic with Asian and Muslim republics. Nevertheless, the thesis attempts to form a comparison of the less industrialized republics (Asian and Muslim republics) to the more industrialized republics (Eastern European republics).

CHAPTER ONE

HISTORICAL BACKGROUND ON ABORTIONS

HISTORICAL EVENTS

After the Socialist Revolution in 1917, Russia had the most progressive abortion laws in the world; terminations were performed in the state hospitals free of charge, at the woman's request. This coincided with the upsurge of egalitarian ideas; wide involvement of women in the labor market and public activities; and high prevalence of de facto marriage (Remennick 1991). In the 1920's, the new Soviet state and the labor codes had the vision of equal rights to work and equal pay; access to educational institutions; and the right to obtain divorces or abortions. The Soviet Union became the first country to legalize in-hospital abortions upon the request of women in their first trimester of pregnancy. The liberalization had been intended to be temporary, designed to recognize the equal status of women and

to protect their health (Popov 1980; Henshaw 1986; David 1992).

In 1936 under Joseph Stalin, social disorganization (following collectivization, purges, famine, and mass migration) and a decline in the birth rate precipitated the first reversal of the earlier policies. Divorce laws became more restrictive, and abortions were outlawed except under strictly defined medical indications (Lapidus 1978; Schwartz 1979; Remennick 1991). This led many women with unwanted pregnancies to have illegal abortions, risking their health and sometimes their lives (Sadavokasava 1968; Sacks 1976).

Considerably greater restrictions on divorce were passed in 1944, making divorce so cumbersome and expensive that it became virtually impossible. Women were denied the right to establish paternity for out-of-wedlock children; and the right to alimony support, inheritance and the family name was denied to an out-of-wedlock child (Schwartz 1979). Due to the growing number of complications that discouraged self-induced or semi-professional termination, a modest increase in birth rates occurred. But a need to keep women in the labor force lead to a legalization of abortion. The Supreme Soviet repealed the 1936 restriction on abortion in 1955 (Mazur 1966; Heer 1968; Haskell 1981; Remennick 1991).

During 1959, the population growth rate was low which reflected the sharply disproportionate burden of war time losses suffered in the area in Belarus, Russia, and the

Ukraine (Dodge 1966; Feshbach 1982). The loss of large numbers of men through World War I and World War II, had not helped the fertility pattern. The very high mortality of the war year significantly depressed the birth rate, probably by about 50 percent (Dodge 1966; Brown 1986). Thus, the first pronatalist policies were implemented in the period between 1944 to 1974 (Heer 1968; Goodman and Weber 1981). Population in the Eastern European republics grew only 6 percent in 1970, while in Asian republics' population grew 30 percent in Uzbekistan, 31 percent in Tadjikistan, and 28 percent in Turkmenia (Strum 1980).

The resolution of the 26th Congress of the Communist Party of the Soviet Union, held in February 1981, advocated a separate dwelling unit for each family by the year 2000; increased vocational training in response to the emerging labor shortage; and adoption of a pronatalist policy to increase the birth rate (Goodman and Weber 1981; Feshbach 1982; Mandel 1987; Kingkade 1989). The government pronatalist policy was discriminatory in favor of the Belarus, Russia, and Ukraine republics by awarding monetary incentives to stimulate population growth and by using negative incentives to decrease the population in other ethnic population in the former Soviet Union (Goodman and Weber 1981).

In the 1980's, the general (illegal and legal) abortion rate, the number of abortions among all women aged 15-49, (Table 1:1) was 82.3 per 1,000 women and in Russia 182.2 per

1,000). In 1988, it was 121 per 1,000 (an estimated 4.4 million abortions). In 1989, it was 118 per 1,000 (4.2 million). In 1991, it was 110 per 1,000 (3.9 million) (Remennick 1991; Turner 1992). Eastern European republics especially Russia (105.2) have a higher abortion rate compared to Muslim republics such as Armenia (30.2) and Tadjikistan (38.6). Muslim populations tend not have the same family planning views as the Eastern European republics. Religious and cultural reasons in the Muslim republics limit women from obtaining abortions (Anderson 1990).

Table 1:1 Legal Induced Abortion Per 1000, Age 15-49 in the USSR and its National Republics, 1975-1988

Republics	1975	1980	1985	1988
USSR	105.7	102.3	100.3	82.3
Russian	126.3	122.8	123.6	105.2
Ukraine	88.3	94.1	92.2	61.9
Belarus	78.7	81.1	80.0	54.1
Uzbekistan	51.9	43.8	46.9	50.8
Kazachstan	108.7	99.2	90.7	72.2
Georgia	74.0	67.7	52.4	56.6
Azerbaidjan	43.1	39.0	30.8	22.4
Lithuania	53.0	50.9	46.3	38.0
Moldavia	89.4	90.7	96.0	88.3
Latvia	91.4	92.5	88.7	76.8
Kirghizia	84.1	76.6	73.8	67.7
Tadjikistan	53.4	45.3	39.5	38.6
Armenia	60.5	38.8	38.4	30.2
Turkmenia	60.8	51.1	40.9	43.1
Estonia	107.1	96.7	91.4	77.3

Register by the NMH only; Reminnick, Larissa I. 1991. "Epidemiology and Determinants of Induced Abortion in the USSR". Social Science Medicine 33 (7):841-848.

The total abortion rate (the number of abortions a woman can be expected to have during her life time) is calculated to be 3.3 to 4.5 per woman in the CIS. The researchers estimate a total abortion rate of 3.9 from the age composition of abortion in their 1989 sample survey (calculation for all former Soviet republics). The survey indicated that abortion rates are highest among women aged 20-24 (187 per 1,000 women) and slightly lower among women aged 25-29 (179 per 1,000). Rates are lower among women aged 18-19 (149 per 1,000) and aged 30-34 (142 per 1,000), and are much lower in the oldest group (93 per 1,000 among those 35-39 and 49 per 1,000 among those aged 40-45).

Some 65-80 percent of women obtain three or more abortions in their reproductive lifetime, and 36 percent may have five or more. The abortion ratios in 1990 (the number of abortions per known pregnancy) is .66, implying that the total number of abortions is almost double the number of births (Bystydzienski 1989; Remennick 1991; Turner 1992). In Uzbekistan, indigenous women born 1930-1934 and aged 40-45 at interview (by Remennick in 1991) have had 95.3 percent of their pregnancies completed to term and only 3.4 percent interrupted. Women in Russia of the same birth cohort have completed fewer than 59 percent of their pregnancies (Remennick 1991).

Moreover, women in Belarus, Russia, and Ukraine often use abortion to prevent births after their child bearing is

completed. Women have their first child as early as age 22 or 23 (Anderson 1991; Turner 1992). Forty-six percent of induced abortions are obtained after the first birth, and 38 percent after the second. The highest level of contraceptive use is among older women, indicating that younger women may often use abortion as a method of birth spacing. Abortion plays a substantial role in creating the relatively long birth intervals among women. Forty-eight percent of women delivering their second child had at least one abortion after their first child (Turner 1992).

WOMEN'S REALITY OF ABORTIONS

Concerns about the declining birth rates in Belarus, Russia, and Ukraine republics have made the authorities extremely reluctant to encourage abortions. The lack of knowledge and accessibility of contraceptives have made abortion the primary method of birth control (Strum 1980; Engel 1983; Bystydzienski 1989; Remennick 1991). Although most couples are willing to use other forms of contraceptives, they have to rely on traditional methods with high failure rates (withdrawal and rhythm/ calendar (Remennick 1991; Turner 1992). Official figures show that contraceptive supplies in 1989 met only thirty percent of the demand (Khomassuridze 1990; and David 1992).

At the same time, there is a paucity of alternative forms of birth control, the pill is considered too dangerous; condoms are in short supply and so thick they are called "galoshes"; and the diaphragms come in only one size. Thus, abortions are the only resort (Strum 1980; Ruthchild 1983). IUD's are manufactured in small quantities and are of poor quality (Popov 1980; David 1992). Sex education has only been initiated after glasnost which made it possible to overcome long-ingrained ideological cultural, and political barriers. Glasnost fosters an increasing flow of information on reproductive behavior in the former Soviet Union, including data on induced abortion (Khomassuridze 1989; Popov 1991; and David 1992).

Abortions have never been a matter of choice for women, but, rather a pressing necessity created by the lack of alternatives (Remennick 1991; and David 1992). A woman who wants to abort must cope first with the intimidating bureaucratic procedures (even by Soviet standards) and the hostility of her doctors. Abortion in the CIS are generally trying and time-consuming. Registering for the procedure, being scheduled for it, and undergoing the preliminary examination, including a blood test for AIDS, take three days. The process is tedious, but at least the public clinic it is free (Ruthchild 1983; Witt 1989).

Many women end up at an abortion clinic such as the one on Lermontov Prospect in Leningrad, which treats 200 to 300

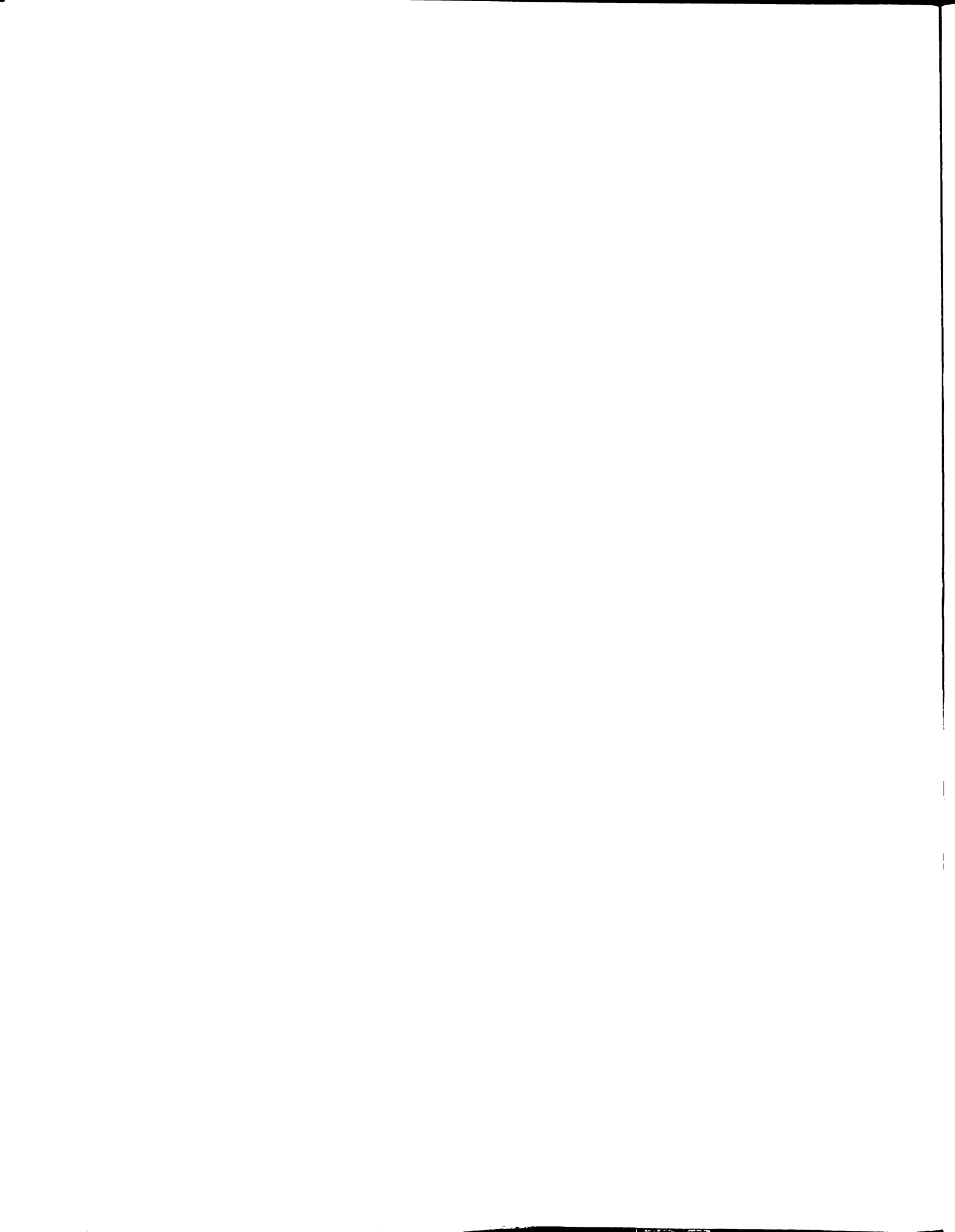
women a day. The clinics are called "slaughterhouses" by the women who go to them. There is no privacy; two to six patients are operated on at the same time; those waiting in the room can see other women's faces distorted in torment and the bloody mess flowing from the women's womb (Ruthchild 1983). In some abortion clinics women are tied to chairs. Strong women faint; mental and physical trauma is inevitable. Some women have as many as fifteen abortions. There is no sex education and contraceptives are in short supply and those available are crude and ineffective (Mamonova 1984).

Choosing to have a child is not much better for women. The unsanitary conditions, overcrowding, and staff callousness indicate that childbirth can be a nightmarish experience. The Soviets pioneered in natural childbirth techniques, but the feminist accounts indicate that inadequate training, isolation (no outside visitors, including the father, are allowed during the birth and for seven to ten days after), and an overburdened staff leaves women largely to their own devices in contemporary Soviet maternity hospitals (Ruthchild 1983). Nevertheless, rural cultural traditions, feelings of shame and guilt among both married and unmarried women, and the assurance of anonymity are driving women to physicians providing unreported private abortion services (Khomassuridze 1990; David 1992).

The clandestine procedures are usually provided privately by physicians after regular hours. Patients often prefer such

procedures because they do not have to endure time-consuming laboratory tests and waiting-list delays. They are guaranteed the availability of anesthesia and they are assured secrecy, because the physicians involved provide another medical reason for their absence from work. The cost of such private service ranges from one-fourth to one-half of average monthly income (Witt 1989; David 1992). To cope with the situation, the Zhordania Institute in Tbilisi established a program of providing abortion services without charge and on an anonymous outpatient basis bypassing the bureaucratic registration requirements and brief hospital stay. Furthermore, training in outpatient menstrual regulation procedures to women is currently expanding (Kavkasidze 1990; David 1992).

In 1990, the during a Tbilisi Conference entitle "From Abortion to Contraception", Soviet health officials acknowledged that abortion is a major health problem in the republics. Over 3,000 gynecologists and obstetricians are reported to be performing abortions full-time, and more than 20,000 women a day are absent from work because of abortion (Leshkevitch 1990; David 1992). The conference affirmed that all couples and individuals have the basic human right to decide freely, responsibly, and without coercion the number and spacing of their children. The basic principle that everyone has the human right to reproductive health, choice, and dignity; that women must enjoy self determination in their sexual and reproductive lives (Lapidus 1978; Popov 1991;



David, 1992).

Currently the main interest of the medical professionals and social hygienists in the CIS, is the impact of several abortions on a woman's body. It has been estimated that as much as 80 percent of secondary infertility cases in the USSR are directly related to a history of having abortions and its association to intermediate conditions (pelvic inflammatory disease, sex hormone disorders, etc) (Sadvokasvova 1986; Hyde 1970; McAuley 1980; Remennick 1991). Approximately 39 percent of women with a history of having an abortion suffer from subfecundity of various forms and severity, most often of recurrent miscarriage. As estimated, post-abortive fertility impairment decreases the birth rate by as much as 25-30 percent (Remennick 1991). Multiple abortions also result in poor gynecological health of young and middle-age women, high prevalence of chronic inflammatory conditions, that in later life may also progress into the breast and uterine cancers (Popov 1991; Remennick 1991). Further repeated abortions can serve as a cause of prematurity and foetal abnormalities in subsequent pregnancies (Sadvokasvova 1968; McAuldey 1981).

CHAPTER TWO

JUDITH BLAKE'S AND KINGSLEY DAVIS'S ANALYTIC FRAMEWORK
ON SOCIAL STRUCTURE AND FERTILITY

PRESENTATION OF THE BLAKE'S AND DAVIS' FRAMEWORK

Figure 2.1 Description of Blake's and Davis' Eleven Intermediate Variables

- I. Factors affecting exposure to intercourse ("intercourse variables")
 - A. Those governing the formation and dissolution of unions in the reproductive period.
 1. Age of entry into sexual unions.
 2. Permanent celibacy: proportion of women never entering sexual unions.
 3. Amount of reproductive period spend after or between unions.
 - a. When union are broken by divorce, separation, or desertion.
 - b. When unions are broken by death of husband.
 - B. Those governing the exposure to intercourse within the union
 4. Voluntary abstinence.
 5. Involuntary abstinence (from impotence, illness, unavoidable but temporary separations).
 6. Coital frequency (excluding periods of abstinence).
- II. Factors affecting exposure to conception ("Conception variables")
 7. Fecundity or infecundity, as affected by involuntary causes.
 8. Use or nonuse of contraception.
 - a. By mechanical and chemical means.
 - b. By other means.
 9. Fecundity or infecundity, as affected by voluntary causes (sterilization, subincision, medical treatment, etc.).

- III. Factors affecting gestation and successful parturition ("gestation variables").
10. Fetal mortality from involuntary causes.
 11. Fetal mortality from voluntary causes.

Blake, Judith and Kingsley Davis. 1956. "Social Structure and Fertility". Economic Development and Cultural Change 4:210-235.

According to Blake's and Davis' framework (Figure 2:1), there are eleven intermediate variables distributed among the three necessary stages for human fertility to occur: intercourse, conception, and gestation. The factors affecting gestation and successful terminating pregnancy are fetal mortality from involuntary and voluntary causes. An abortion is a means to voluntarily interrupt the period of gestation. The framework permits the isolation of one intermediate variable to observe how social factors impact the variable to influence fertility. Fetal mortality from voluntary means can be used to analyze the social factors that cause women to use abortion to limit the number of children they have.

Blake's and Davis' analytical framework can construct a basic model to better understand the social factors that cause women to use abortion (Figure 2:1). The hypothesis, as women improve their gender status, their fertility pattern declines, can be explained by this model. The model constructed

Figure 2:2 Model Constructed Using Davis' and Blake's Analytical Framework.

Women Status----->Abortion Usage----->Decline in
Improving Fertility

shows that social factors directly cause the use of abortion. These social factors incorporated economic, political, women's status, and biological variables to explain why women use abortion to control their fertility behavior. Thus, women control and decrease the number of children they would have with the use of abortions. The age of first marriage and first birth is 23, which is lower than other industrialized countries; women are careful in controlling their fertility behavior (Anderson 1991; Turner 1992). Women are independently more able to determine their family size and maintain the family size at the level through abortions in Belarus, Russia, and the Ukraine.

This basic model (Figure 2:1) becomes more complex, when it is used to explain how social factors cause women in Belarus, Russia, and the Ukraine to use abortions. Women are gaining more independence over their reproductive lives through abortion. The abortion process is a women's method and can be practiced without the man's knowledge (Blake and Davis, 1956). Overtime, women have increased their status from the peasant mode of production to the current highly-industrialized mode of production (neo-socialist society). This has aided women to control their reproductive system. Although, women have gradually accumulated more control over the size of the family, the gender roles in the family structure have not significantly changed with women's status in the public sectors.

WOMEN'S IMPROVEMENT IN THEIR SOCIAL STATUS

Women in the society at large and in the family are radically changed by economic development in a society. These changes in women's positions are not isolated factors but rather are part of general changes that come about as the Russian society slowly develops from subsistence economies to high-technology societies. Gradually the peasant mode of production, family production of goods and services is transformed into a specialized production. This specialization in the republic allows women to improve their status by gaining more control over their lives and fertility patterns.

In the peasant mode of production, using the family unit of analysis, older people have power over younger people, adults over children and men over women of the same age group (Glickman 1984; Boserup 1990). The position of women in the society is closely tied with the gender construction of wife and motherhood (Seccombe 1983; Boserup 1990). In Russia, the birth of a girl is an occasion for mourning, and is sometimes followed by infanticide. Women are valued primarily because they can produce male heirs and because they carry out the more onerous day to day tasks. Women's potential interest in limiting the number of children has no chance to be expressed in action (Anderson, Coale, and Harm 1979; Sack 1982).

Males control the power and access to services and the right to do what they will (Glickman 1984; Boserup 1990). In

Russia, the peasant women had neither direct access to land, the most vital component of subsistence, or a role in the conduct of domestic or communal life. The peasant woman's responsibilities were not limited to the hut and its environments, for the survival of the household depended on her labor in fields as well. By tradition field work was strictly divided between men and women (Sacks 1982; Glickman 1984). The wives of workers and peasants in Russia have always been denied social opportunity (Nearing 1926).

The traditional family hierarchy is imposed by custom or is confirmed by formal legislation, men's customary right to dispose of women's labor usually become extended into a right to dispose of their income earning activities. Women are not allowed to undertake money transactions or to engage in outside work without permission from their male family guardian, whether he is father, husband, brother, or perhaps son (Glickman 1984; Boserup 1990).

The extensive power of the family head, and the whole hierarchical organization by age and sex, may have secured the discipline necessary for family survival in difficult circumstances and situations. However, it usually results in discrimination in favor of the dominate group. Groups in power have the right to control the movements and the sexual relations of the members of subservient groups, such as women and children in Russia. The peasant mode of production is a peasant family working for itself. Peasants were being

exploited by the landlords and/or rulers, while women were being exploited by the adult male in the peasant family.

Women worked the land, cared for the children, and met any of the needs of the adult male in the family. Women were married early at puberty. Since extended breast-feeding is an important determinant of fertility levels, women spend their childbearing periods under permanent stress of hard work, pregnancy, breast-feeding, and/or involuntary abortions (Glickman 1984; Boserup 1990). In the Russian society, women were not in control of their fertility. Husbands, fathers, and other male figures were much more likely to be the decision makers in family matters than women of childbearing age. Russian women's fertility patterns were increased by adult male and/or economic incentives to have a high fertility in order to supply labor on the farm land (Nearing 1926; Glickman 1984).

Gradually as the peasant mode of production transformed into a more specialized, industrialized mode of production, it transformed the family structure in relation to the land. Until the twentieth century the majority of factors were peasants who worked in the factory during the dormant agricultural seasons and returned to the land for planting and harvesting. The male factory worker frequently left elderly kin, wife, and children behind to care for the land during his seasonal work in the factory (Glickman 1984). Men began to work full time in factories, while a large share of adult

women were fully occupied with child-care and domestic duties. Many Russian women took on new in responsibilities and improved their status in the family structure while the men were not present. They attempted to use traditional methods such as breast-feeding, abstinence, withdrawal, and rhythm/calendar methods (Remennick 1991; Turner 1992) with high failure rates. Between the age of 20-40, males increased their population while female decreased. As these ages were peak childbearing and child-rearing years, the factory women were held back from seasonal migration by domestic obligations not shared by men (Glickman 1984). Nevertheless, Russian women gained more control over their fertility behavior and improved their social status.

The most successful agricultural families, invariably large, could afford to dispense with the services of some women, both in the hut and in the fields. If families of this kind need supplementary income, and they did so increasingly in our period, it was more economical to send superfluous women to the factory than to keep them at home engaged in less remunerative "kustar" production. At the other extreme, factory women came from landless peasant families or from families too poor to work the land they possessed (Glickman 1984; Boserup 1990).

In Russia women were increasingly working outside the private sector/home in the paid labor market in the 1880's (Glickman 1984). By 1914, only three million workers in a

population of approximately 170 million people were female. In 1920, the Eighth All- Russian Congress Soviet set the task of drawing more women workers and peasants into state organized industries (Popova 1949). After the two wars, men were a scarce national resource. Scholars estimated that the annual population losses, excess of death over births, were high as 2.8 million during the period of the wars (Dodge 1966; Brown 1984). Therefore, women were left to do undesirable labor. The powerful force of economic necessity has also become on the side of regime in encouraging women in the labor force. Nearly all the women who participated in the labor market worked in unskilled, low wage occupation specially reserved for female labor (Dodge 1966; Boserup 1990).

In 1929, the percentage of women employed in the coal mining industry was 9.4 percent, in iron and steel manufacturing 9.3 percent, in the machine building and metal processing 10.3 percent. In 1938, the corresponding figures were 24.5 percent, 26.3 percent, and 31 percent. The powerful force of economic necessity has also been on the side of the regime in encouraging women into the labor market (Popova 1949; Dodge 1966). Women's participation in the labor market steadily increased throughout the years.

As women's roles began to change their position relative to the changing mode of production, women continued to gain more independence over their lives, bodies, and reproductive behaviors. The transition to a contemporary socialist mode of

production places a great demand on women to participate in the labor market. Women workers were a "race" within a "race", a special subcategory on the lowest rungs of this hierarchy. Despite women workers' improved literacy, relation to the land, urbanization, accumulated work experience, throughout the period women remained exclusively among the unskilled and semiskilled workers (Glickman 1984). The transformation of women's position in the family structure to the labor market and public sector had an important effect on the birth rates. Women were faced with participating in the labor market while providing all the reproductive domestic labor in the family structure. When women began to gain access to the only contraceptive device available, abortion, they used abortion to control their fertility and family size.

Throughout 70's, 80's, and 90's, women's status in the Belarussian, Russian, the Ukraine republics greatly improved compared to the peasant mode of production. Women have continued to gain more control over their fertility behavior through abortion adverse to government policies and male dominance. The traditional male position over women's fertility behavior have been alter. Women desire to limit their family size and accomplish their desire through abortions. A study of couples marrying in Kiev (Ukraine, 1970) revealed that the average desired number of children was 2.03 to 2.1 for men, depending on income. For women it was lower 1.98 to 2.05. Between 2 and 5 percent of couples

questioned did not intend to have children (McAuley 1981). The improvement of women's social status allowed women to control their fertility behavior with less interference by male's desires to increase their fertility patterns.

Although women are continuing to improve their status in the family structure and in the labor market, they still participate in a male dominated society. As in all male dominated societies, women have gender roles as the primary provider for child care. In Belarus, Russia, and the Ukraine, women's roles are socially constructed around their biology and notions of being care givers for children and men. Women are encouraged or forced to participate in the labor force at a greater number. Women are located in a position in which they have maintained their sanity and self-esteem as they attempt to successfully complete both tasks (Lapidus 1978; Mandel 1987; Kotlyarskaya 1990).

Servicing the household where there is an inadequate supply of consumer goods, retail facilities, low levels of electrification, an absence of modern plumbing, and where the production of services and appliances lag behind the republics' general technological level is timing consuming. Time budget studies have noted that these tasks are unremunerated and suggest that women still perform most of them sleeping shorter hours and enjoying less leisure than their menfolks. As women's status improve, women still have a "double burden" of domestic and work responsibilities (St.

George 1973; Croll 1979; Ruthchild 1983; Moses 1983; and Noonan 1988; Kotlyarskaya 1990).

Blake's and Davis' framework creates a foundation to support the hypothesis. In Belarus, Russia, and the Ukraine, women's gender status has improved overtime, which directly cause the fertility to decline. Women's improvement in their gender status has caused them to have more control of their reproductive lives. If women have control over their reproductive behavior, they choose to have children or abortions.

are transformed as the morality governing those relationships changes.

The central hypothesis is that the introduction of mass education to women has decreased women's fertility pattern. In Belarus, Russia, and the Ukraine, the attainment of low fertility and the ability to erect and sustain massive educational systems are ultimately dependent on on major economic changes. Traditional family-based production is inevitably characterized by high fertility. However, a fully developed industrialized mode of production arising from wage labor offered to women within the family by outsiders, is ultimately just as inevitably characterized by low fertility. The timing of the transition if from a condition in which high fertility is not an economic burden to a situation in which low fertility is an economic burden. The condition of low fertility as a rational and economic decision is not merely dependent on the rate of economic and occupational changed, but the nature of the cultural superstructure and the family economics that superstructure helps to determine (Caldwell 1982).

In the republics, family production works within a framework of family morality, children enjoin children to work hard, demand little, and respect the authority of their elders. Under this system, the patriarch, as head of the family, exercises authority. Children are employed from an early age and valued as addition to the labor market. The

flow of wealth is upward from children to parents and even grandparents. Thus, high fertility is profitable, at least in the long run to the parents.

The social structure supports the economic realities which parents of large families are additionally rewarded by being regarded as honorable and a fulfillment of parents' duty to their elders. Children represented to their parents one type of old age insurance. Conversely, to control family size to the point of bearing fewer children carried the risk of being a demographic hazard and suicidal to the family. The economic risks of an inadequate labor supply is a concern for sub-sustained farming population.

The restructuring of family relationships from modernization and industrialization of the society is a necessary and sufficient condition for women to decrease their fertility behavior through abortion. There has to be change from a situation of no economic gain from restricting fertility to a situation where there is an economic gain from such a restriction. In both situations behavior is not only rational but economically rational. Another corollary is that there is not a whole range of economically rational level of fertility in different societies, but instead only two situations. The first where the economic rational response is indefinitely large numbers of children and the second where it is to be childless (Caldwell 1982).

Wealth flows are no longer flowing from the child to the

parent. The child requires adequate child-care, clothing for school, food, and shelter. It is wise for the women to avoid the financial burdens of supporting a large family (Mazur 1966; Fisher 1977; Heer 1986; Swafford 1978). The child's potential for work inside and outside of home have been greatly reduced in a modernized society. The child's traditional work on the farm has been reduced or eliminated because the family relationship to subsistence production has changed to specialized production. Children have no income generating role for the parents in the specialized mode of production. As a result of child labor laws and children participation in compulsory educational system, the parents are required to provide food, shelter, and clothes to the children without gaining in economic benefits in return.

In Belarus, Russia and the Ukraine, the women have to fulfill social and economic responsibilities to the children from an infant until adulthood. While women have a personal, economic, and social need to participate in the educational system and in the labor market. If women chose to limit their fertility, then they could gain educational, economic, and occupational opportunities for rising aspirations and social mobility which they could not reach if they had several children. In the highly-industrialized labor market, if women's fertility remained at a high level, then women would have more of the responsibility in rearing children which would limit women in participating in the educational system

and the labor market. Women use abortion to limit fertility which decreases the economic, social, and biological responsibility towards unplanned children. Moreover, education increases women's status relatively in the family. Women become more independent thinkers and can control their fertility patterns.

WOMEN'S INTRODUCTION TO MASS EDUCATION

In the pre-industrial mode of production, women generated status and old age security through having children, because the peasant mode of production does not allow women to function independently. Children are a source of economic support, especially if a woman has sons to labor on the land and generate wealth. However, in an industrialized economy, there is a shift from agricultural employment to factory employment. Children's labor was limited in the factories, because of labor laws and the introduction of compulsory schooling for young children. At the same time, women began to increase their participation in the labor market to generate income which could be used to provide for the family and themselves of necessary goods such as food, clothing, and shelter. Children's social and economic needs are the primary consideration and responsibility of their parents, usually the

mother.

In Belarus, Russia, and the Ukraine, women participating in the educational system in order participate or to enhance their position in the labor market. The structure of economic institutions is changed, affecting higher standards of living, aspiration or mobility, and non-familial economic and social rewards. In combination with the declining changes reversed the pressure in the direction to small families (Goldscheider 1971; Caldwell 1982; Boserup 1990). The Soviet society, in changing from an agricultural, peasant mode of production to an industrialized mode of production, has improved women status. Women sought educational goals which assisted them in gaining social mobility and improving their occupation level. Compulsory education was provided for two reasons. First, the introduction of machine production had created a demand for skilled workers that the industries themselves could not meet. Second, many women, beginning to formulate their demands for emancipation, discovered that one of the first requisites for the success of their movement was education (Nearing 1926).

In the middle of the nineteenth century, Russia was poor and backward, her economy agrarian, and her social structure semi-feudal. The land was owned by the state and small landowning gentry and tilled by enserfed peasants who constituted the majority of the population (Glickman 1984). In Russia the popular masses had no access to education. Close to three-quarters of the population were illiterate.

About four-fifth of the children and adolescents did not go to school (Nearing 1926). In 1861, the autocracy emancipated the serfs, to create, a free and mobile labor force in the first step toward stimulating industrial (Glickman 1984).

Shortly before 1897, only 21.1 percent of the population was literate; fully 88 percent of the women were illiterate. Only 3.3 percent of the entire population was in school in 1904. Education was intended for the privileged classes only. Obstacles were placed in the way of peasant children, women, working class children who desired an education (Nearing 1926). In 1914, only 58 out of every 1,000 people attended educational establishments. Before the October Revolution, Russian did not have a single general educational school with successive stages of training (Deineko 1957).

Since the victory of the Revolution, the Soviet government has spared no effort in making education universal. In a short time the Soviet union made great headway in the field of public education (Deineko 1957; USSR Education 1969; USSR Education 1969). In 1917, when the Soviets took power, they inherited a small number of high schools and universities of high quality, whose graduates were cultured in the European tradition. The population as a whole was only 24 percent literate. Rarely did farmer or worker go beyond the third grade. In the elementary schools, only 15 percent of the pupils were children of peasants.

In non-Russian speaking areas illiteracy was over 90

percent. In many areas women were totally illiterate. The first five year plan was focused on educating the millions of illiterates and 40 million semi-illiterates (Bartol and Bartol 1975; Belskaya 1985). Among industrial workers literacy was impressively higher than among peasants 50.3 percent (Glickman 1984). By 1923, 19 percent of the students were workers and peasants, by 1933 the number had risen to 50 percent (Moos 1967). The illiteracy rates of rural women between nine and forty-nine years of age had risen to 98.5 percent by the 1959 census, but still 50 percent of the women working on the collectives had less than four years of formal education (Dodge 1966; Croll 1979). Few women, even in Russian cities had much more than elementary education (Moos 1967).

Women in Belarus, Russia, and the Ukraine have to obtain a high levels of skills to participate in a competitive labor market. Obtaining an adequate education for an occupation which meets one's expectation and standard of living, women have to continue pass secondary education. Increasingly, women's income became more important as well as the need for economic and social mobility. They increased their education by limiting or delaying children, marrying at a later age, and having high divorce rates which resulted in declining their fertility patterns. The higher the educational level of women, the lower is the size of the family (Lapidus 1978; Moses 1978; Patnaik 1989).

The reproductive decision becomes a significant immediate

economic decision as well as a long-term one. The fall of fertility was partly due to the women's access to abortion which successfully limits her fertility size with a different conjugal relationship to the changing technology in a society. This impacts and accelerates the change in family relationship and size. Having more than two children had much lower priority for women than does career advancement, personal development, acquisition of consumer goods, or cultural pursuits. By limiting their families to one or two children, they are financially more able to provide educational and cultural advantages for their children (Moses 1987; Caldwell 1982; Kotlyarskaya 1990).

Belarussian, Russian, and the Ukrainian populations are known for its highly specialized labor force. Women comprise over 51 percent of the "high-tech" labor. Since mass compulsory education for women, the former Soviet Union's fertility pattern has declined. Compulsory schooling intensify women's movement for more rights and independence of their fertility patterns. A greater role for female in making fertility decision would itself imply an important transition in the superstructure toward a greater belief in female co-participation or companionship in social activities, and evidencing and accelerating a decline in fertility (Caldwell 1982).

Women cannot allow their fertility behavior to adversely impact their educational and/or vocational training for social

mobility (Figure 3:1). Children require economic and social support from the mother, which will cause economic constraints and time consumption concerns. Parents tend to concede that the demands of children are fundamentally right, even if irritating and impoverishing. Mothers usually see to it that their children obtain a large share of the family wealth, and justify this to their husbands or the older generation (Caldwell 1982). Women control their fertility patterns to have few children in which they can provide for their economic and social needs. Thus, women have used abortions to prevent an unplanned, uneconomically rational pregnancy.

Women have decreased their fertility behavior to the desired number of children they wanted. The families where both spouses have primary education (ie less than 8 years schooling) cumulative frequencies of pregnancy and abortion are respectively, 43 percent and 35 percent higher than in families with college/university education of both husband and wife, while the mean number of live births in the former was only 19 percent higher (Remennick 1991). It seems improbable and has yet to be demonstrated that any society can sustain stable high fertility beyond two generation of mass education (Caldwell 1982).

This states that the higher the education of women the more they will use other means of birth control than less educated women in Belarus, Russia, and the Ukraine. More educated women were significantly more likely than less

educated women to have ever had an abortion, but there was no relation between educational attainment and the number of abortions a woman had (Henshaw and Silverman 1988; Anderson 1991). On the other hand, women with more education will tend to have an occupation receiving more money and influence than women with less education. Thus, it is understandable that the women with more education have more access to commodities and service compared to less educated women (Strum).

The numerous changes tied to wealth flows by introduction of women to mass education was due to modernization and industrialization. There are three necessary and sufficient conditions for the transition of high to low fertility. First, the shift of the extended family to an emphasis on the nuclear family. In Belarus, Russian, and the Ukraine, the family households are small compared to Muslim republics such as Azerbaidjan and Tajikistan (Table 3:1). This regional difference is cause by religion, different level of industrialization, and cultures.

Table 3:1 Regional Differences in Fertility and Family Size

Republics	Birth rate	General Fertility Rate	Child Woman 1970	Children Living With Mothers 1979	Total Family Size 1979	Fertility Ratio 1979
USSR	19.8	76.0	0.859	1.96	3.5	0.224
Russia	17.6	65.8	0.731	1.80	3.3	0.209
Ukraine	16.0	61.1	0.696	1.68	3.3	0.191
Belarus	17.5	66.6	0.834	1.92	3.3	0.223
Uzbekistan	35.3	152.3	1.968	3.30	5.5	0.393
Kazakhstan	24.4	95.5	1.300	2.50	6.1	0.296
Georgia	18.0	70.0	.940	2.18	4.0	0.228
Azerbaijan	26.2	98.5	1.764	3.27	5.1	0.346
Lithuania	16.3	61.5	.803	1.84	3.3	0.199
Moldavia	22.5	82.0	.944	2.23	3.4	0.252
Latvia	15.9	60.2	.613	1.55	3.1	0.158
Kirghizia	31.5	134.0	1.630	2.85	4.6	0.356
Tajikistan	38.7	170.3	2.075	3.38	5.7	0.450
Armenia	23.6	87.2	1.436	2.90	4.7	0.314
Turkmenia	35.6	149.6	1.953	3.29	5.5	0.396
Estonia	16.0	62.8	0.642	1.57	3.1	0.167

Jones, Ellen., and Fred W. Grupp. 1987. Modernization, Value Change and Fertility in the Soviet Union. London: Cambridge University Press.; Patnaik, Ajoy. 1989. Perestroika and Women Labor Force in Soviet Asia. New Delhi: New Literature.

Second, is the improvement in the living standards and raising aspiration for social mobility with an emphasis from ascription to achievement. Lastly, values and goals emphasizing individualism and rationalism (Goldscheider 1971; Caldwell 1982).

To some irreducible degree, child-bearing and child-raising, on the one hand, and economic employment and education opportunity for women, on the other, are in conflict. Much emphasis on working women might depress the birth rate below a desirable level (Sacks 1976; Brown 1986). Women have a double burden of total responsibility for child care and generating a income in the economic activity in the

labor force. Even though women tend to accept their child-care and household responsibilities as the natural responsibilities of women, they also accept the view that it is "normal and natural" to work outside the home. For women who have a particularly high employment rate, both the occupation role and the family appear to have relatively equal importance in Belarus, Russia, and the Ukraine (Bystydzienski 1989). Women are considered super women. They do not have the time, income, and sanity to handle more than two children and participate in the labor market. As in every male dominated culture, men are not held accountable for assisting in the domestic work at home. Therefore, under these conditions, fertility declines is rational.

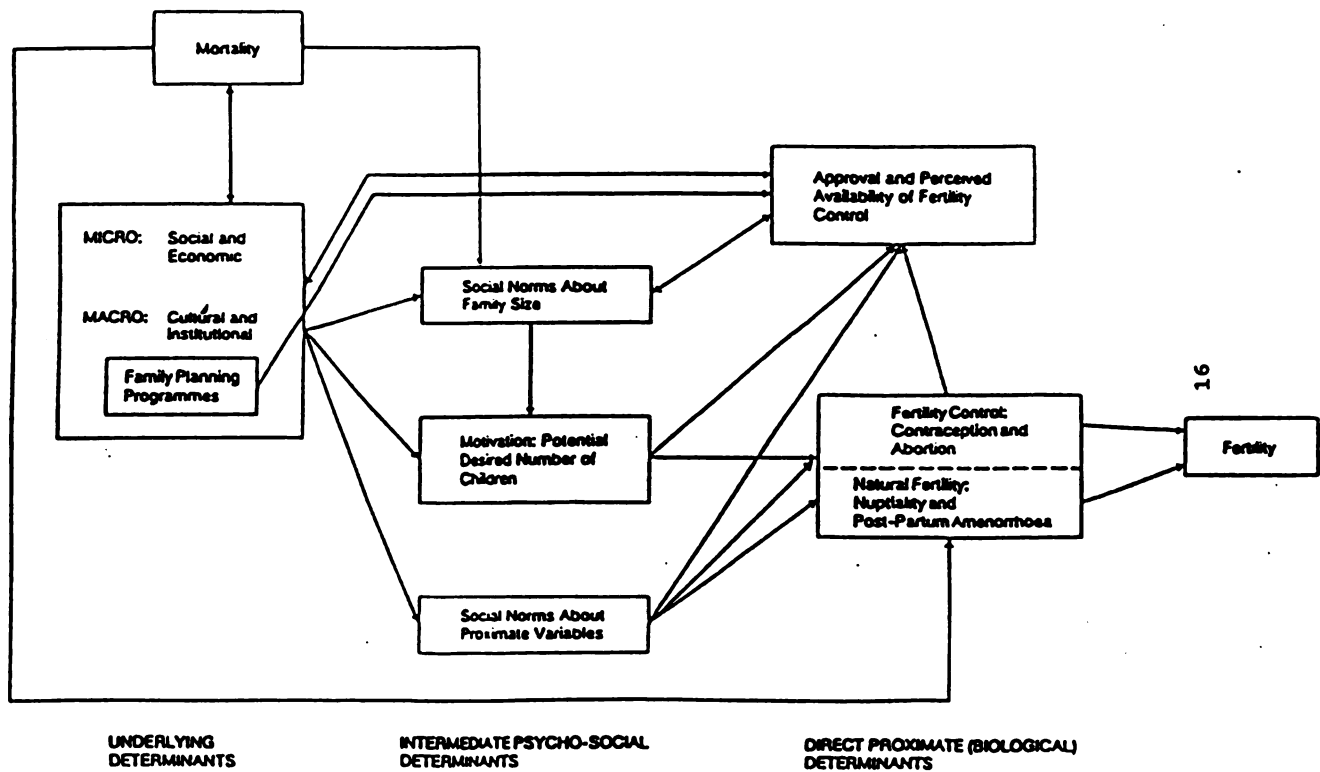
Caldwell's Theory of fertility decline, does support the hypothesis that women's introduction to education does cause fertility to decline. In the Soviet society women's introduction to mass education was to incorporate women into a highly specialized mode of production. Women's pursuit of education in order to have social mobility caused women to control their reproductive behavior. The less number of children a woman has, the less economic physical, and mental responsible the woman has.

CHAPTER FOUR

JOHN BONGAARTS' ANALYSIS OF THE PROXIMATE DETERMINANTS ON WOMEN'S FERTILITY BEHAVIOR

EXPLANATION OF BONGAARTS' PROXIMATE DETERMINATE APPROACH

Figure 4:1 Bongaarts' Schema for Factors Affecting Fertility.



Schema for factors affecting fertility

Bongaarts' proximate determinants is similar to Blake's and Davis analytic framework (Figure 1:2). However, Bongaarts, schema for factors affecting fertility incorporates underlying determinants and intermediate psycho-social determinants (Figure 4:1) which impact the proximate determinants or the eleven intermediate variable. Bongaarts focuses on the underlying determinate which women use to make decisions concerning their fertility patterns. Underlying determinates are social and economic factors at a micro level and cultural and institutional factors at a macro level affecting women's participation in family planning programs.

The underlying determinates interact with social norms about family size, individuals' desires to limit fertility of children, and the social norms surround the proximate variable (Blake's and Davis' Eleven Intermediate Variables, Figures 1:2). The result of the interaction is a spectrum of effects on overall fertility. One extreme is the use of abortion as the ultimate means to limit or end fertility behavior. The other extreme is for natural fertility to occur. The use of various forms of contraception, abstinence, and post-partum amenorrhoea from breast-feeding, fall between the use of abortion, limited fertility and natural fertility. According to Bongaarts, four proximate determinate are primarily responsible for the level of fertility in a population: age at first sexual union, contraception, infecundability following childbirth (breastfeeding), and abortion. These

four variables shape fertility by reducing the total fecundity rate, which represents the total potential for fertility (Bongaarts 1983).

Abortion can be used in three ways to prevent births: for postponing, spacing, and stopping. First, abortion can be used to postpone the beginning of childbearing, if a woman is not yet ready to start a family. Second, it can be used to space children after some children have been borne, even if a woman plans to have additional children later. Third, abortion can be used to stop childbearing. After a woman has borne the children that she desires, she can use abortion to terminate additional pregnancies. Abortion has often been promoted as a backstop for contraceptive failure, especially in situations in which the women do not want additional children.

**Figure 4:2 Model of Bongaarts' Proximate
Determinants of Women's Desires to Limit Their
Fertility Behavior Adverse to Government Policy**

Women's Decision----->Desire to Limit Fertility---->Decline
Process Fertility

The hypothesis using Bongaarts' analysis of proximate determinants states Soviet government's pronatalist policies have not impacted on women's declining fertility patterns. The model (Figure 4:2) shows that a woman's decision process

incorporates social, economic, psychological, and individual concerns to reach a desire to limit fertility. Whether the decision to limit or increase fertility is made, then the access to the means to accomplish a woman's ideal family size is necessary and sufficient. In Belarus, Russia, and the Ukraine, women desire to limit fertility through the primary means available, abortions. The government had attempted to deter the use of abortion and change women's desire for a small family to a larger one. However women's reasons for wanting to limit their fertility out-weigh the incentives and penalties from the government.

WOMEN'S FERTILITY DESIRES IN CONFLICT WITH GOVERNMENT POLICIES

Trends in official policy toward family planning in relation to abortion are easy to track since abortion policy is embodied in public legislation. Abortion was first made legal in the USSR by a decree on November 18, 1920. The purpose of the measure was to minimize health hazards of abortion. The legalization of abortion then, was not a population measure, but a social welfare measure. In 1936, abortion was again made illegal (Jones and Grupp). The measure was accompanied by the introduction of family allowance and promises to expand the childcare network. The

Soviet government attempts to assist women in their roles as providers for their children. The state provides day care centers and kindergarten programs in thousands of locations throughout the state. The family has to pay less than 8 percent of their salary to the state for any number of children they have in the state funded childcare services (Geiger 1968; Sacks 1976; Lapidus 1978; Berliner 1988; Berlinger 1989; Waters 1992).

However, many negative aspects surround the government's provision of health care. First, there are not enough staff members to meet the needs of the children they are caring. Second, overcrowding of many day care centers is an increasing issue. The state has not been able to keep up with the demands for children's services (Engel 1983; Mandel 1987). Third, most day care centers provide food and other services for the children. Since the economy has been on a steady decline, the child care centers have not been able to provide adequate food and other services to the children (Engel 1983; Ruthchild 1983). Last, the occupation of working in child care facilities, is a low paying position. Many times the staff may feel unsatisfied with their occupation. This dissatisfaction with their job is passed to the children. In many cases, children are not being taken care of as properly as they should (Ruthchild 1983; Kotlyarskaya 1990; Waters 1992).

Under the 1936 provision, abortions could be performed

only with a medical certificate. In each abortion case, was determined by an abortion commission composed of three medical specialists (Jones and Grupp 1987). The USSR had discouraged abortions in order to curtail the dropping birth rate (Popov 1980; Bystydzienski 1989; Remennick 1991; Sabatello 1992). In spite of the stand taken by the state, the poor Russian women protected themselves from a physical breakdown, and their families from an economic breakdown, in the only way they knew how, by using abortion to prevent a too frequent birth. While the mothers were pregnant, they were less efficient workers in the home and work. Thus, their pregnancies cut down still further the family's finances. Young women wanted the abortion because the revolution had banished the illegitimate child, making marriage and cohabitation practically synonymous; it was the poor women with children who were unable to support more (Field 1932).

The decree restricting access to legal abortion was apparently were interpreted rather narrowly by most commissions. Few abortions were granted for "social" reasons. Only about 10 percent of the recorded abortions were induced abortions performed with medical certification. As a result, the number of illegal abortions soared, as did illnesses and deaths associated with abortion complications. In state hospitals, 79 percent of abortions result in death. In the USSR, 42 percent of abortions resulted in deaths which mean that 41 percent of abortions were not performed in a state

hospital in 1923. It decreased to 14 percent in 1927. In 1954, non-hospital (illegal) abortions constituted an estimated 80 percent of all abortion. The high number (and undesirable consequences) of illegal abortion was the major reason for the re-legalization of abortion, which took place in 1955.

Pronatal policy was the Five-Year Plan, which allowed for families to encourage births (Heer 1972; Mandel 1987). Children in low-income families were given allowances. The number of days of paid leave for the care of sick children has been increased. The leave for pregnancy and childbirth has begun to be paid in the full magnitude of wage regardless of work seniority. All these measures have a substantial demographic aspect (Heer 1968). Some mothers of small children are able to enjoy the right of furthering their training during working hours with their wages remaining intact. This is granted by the state. However, this goes against the interest of the production unit in question as aspirations of the female worker. As practice shows the issues are hampered by the passiveness of officials and many trade union's neglect of women's professional development (Sacks 1976; Kotlyarskaya 1990).

Despite Soviet government interference and implementation of pronatalist policies to positively impact the birth rate, women have the ultimate control of their fertility patterns. The prerequisite for limiting fertility in a population is for

there to be a desire to limit fertility. Women decide to limit fertility based on social, psychological, economic, and individual factors. In Belarus, Russia, and the Ukraine, women have a desire to limit fertility because of health, housing conditions, material circumstances, family relations, age, access to adequate child facilities, and other factors (McAuley 1980). A survey concluded (Russian 1920's) the reason for abortion was the lack of financial means for supporting the mother during pregnancy, 44.3 percent; lack of material means to wean and support new baby, 5.8 percent; possible loss of employment due to pregnancy, 2.9 percent; miscellaneous 2.1 percent (Field 1932).

Women faced with government pronatalist policies and government measures to limit other modern contraceptives from the economy have led to an increase in the rate of abortions used by women in Belarus, Russian, and the Ukraine. In countries where women want few children, the demand for abortion depends to a large extent on the prevalence and effectiveness of contraceptive use. Women who want to end an unplanned pregnancy will find a means to do so (Henshaw 1986). About one-half the women who ever had at least one abortion used abortion to stop childbearing in Belarus, Russia, and the Ukraine, rather than to delay the beginning of childbearing as in the West (Anderson 1991). Sixty-seven percent of women who, in the course of their fertile lives, have been pregnant, are estimated to have had an abortion. Of these, 49

percent had three or more, 23 percent have had two and 29 percent have had one abortion. The abortion rate for employed women is 2.5 times higher than the full-time homemakers (Heitlinger 1979).

In order for fertility to decline in spite of the Soviet government efforts to increase the birth rates in Belarus, Russian, and the Ukraine; there must be means such as abortion, contraception, and other forms of family planning. Although contraceptive facilities and information are unavailable to most women, abortions were used to prevent unplanned pregnancy. By limiting variety of modern, quality contraceptives in the society, the government attempted to coerce women to combine compulsory work at state enterprises with frequent childbearing (Bartol and Bartol, 1975; Remennick, 1991).

In 80' and 90's, the Soviet Union still did not produce its own Pill but imported the Hungarian one. It is easily available only for those with connections. Contraceptive use prevented 30-50 percent of abortions which might otherwise have occurred (Heitlinger 1979). In Belarus, Russia, and the Ukraine, women do not use other means of contraceptives such as : condoms, IUDS, foam and others (Table 4:1).

Table 4:1 Current Contraceptive Use by Method in Moscow and Saratov as Reported by Wives and Husbands in Percentage

	Moscow		Saratov	
	Wives	Husbands	Wives	Husbands
All Users	100	100	100	100
Rhythm/Calendar	27	29	27.6	28.8
Withdrawal	24.9	26.2	20.7	22.6
Condom	24.4	26.2	20.5	24.2
IUD	9.8	9.3	8.5	8.2
Douche	8.1	4.9	17.0	10.6
Chemical Spermicide	2.5	2.1	3.0	3.3
Pill	2.0	1.3	2.5	2.1
Cervical Cap	1.3	1.0	0.2	0.2

*Ranked according to decline in Moscow wives.; Reminnick, Larissa I. 1991. "Epidemiology and Determinants of Induced Abortion in the U.S.S.R.". Social Science Medicine 33 (7):841-848.

Contraceptive devices such as condoms, rubber caps and chemical pessaries were produced and sold on the streets and in shops, but they were never produced in sufficient quantity and the quality was poor. They were not publicized as a major alternative to abortion as a birth-control method, despite constant calls from some medical circles that this should be done (Heitlinger 1979).

The conflict between women's productive and reproductive roles has been particularly sharpened in the CIS by the government's pressure on women to bear children in order to halt the downward trend in the birth rate. However, women have the desire and access to the means to limit their fertility. Therefore, the results of women's fertility patterns are a decline in fertility. The decline from 44.3 births per thousand in 1928 to 24.9 in 1960, is one of the

most rapid ever recorded (Dodge 1966; Gieger 1968; Croll 1979). The births per thousand future decline, in 1965 to 18.5; (Heer 1972) and in 1983 16 births per thousand (Bystydzienski 1989).

The decline of fertility determined by female participation in the labor force and higher education (Berliner 1988; Carnaghan and Bahry 1990). Low marriage rates, late marriage age, and a high degree of marital instability have an adverse, albeit indirect, effect on fertility, the aim of the first set of proposals is to expand the pool of married females in the prime reproductive age cohort (Lapidus 1978). Thus, women control and reduce their fertility and the overall birth rate in Belarus, Russia, and the Ukraine. Whether living conditions rather than reproductive motivation is the major obstacle to increased family size, women accomplish their goal of limiting their fertility (Lapidus 1978; Gornostayeva 1988; Trimble 1990).

The government's implementation of pro-natalist policies have no impact on women's fertility behavior. Women's decision process incorporates social, economic psychological, and individual factors to reach a desired fertility. Women who have a desire and the means to limit the number of children they have, will ultimately decrease their fertility. The Soviet government cannot interfere with women's decline in their fertility patterns because the government cannot control women's decision and the usage of illegal abortions.

CHAPTER FIVE

DISCUSSION OF SOCIOLOGICAL IMPORTANCE

SUMMARY OF THE EXPLAINED SOCIAL FACTORS

The purpose of this research is to explain the social factors that impact women's fertility behavior in Belarus, Russia, and the Ukraine. Women are controlling their fertility patterns through abortion because of material circumstances, family relations, age, health, housing condition, access to adequate childcare, and other factors. Judith Blake's and Kingsley Davis' Analytical Framework on Social Structure and Fertility (1956); John Caldwell's Theory on Fertility Decline (1982); and John Bongaarts' Analysis of Proximate Determinants (1983) are used to expose social realities that cause women to use abortions. These social realities are an improvement in women's status, women being introduced to mass education, and women's objection to the pronatalist policies by the government.

Blake's and Davis' framework gives insight to the social factors that affect the eleven intermediate variables.

Concentration on the historical development of women's social status in relation to industrialization and modernization, generates reasons why it is rational for women to limit their fertility behavior in Belarus, Russia, and the Ukraine. Women advanced from a situation where they had little or no control over their fertility to a condition where they had total control of their fertility. In the peasant mode of production, the economic need to farm the land and male dominance in the Russian society, forced women to have large families. Now, women have gained more independence over their reproductive lives. Women gain economic independence and participation in the labor force which has encouraged women to limit their fertility behavior. Furthermore, women's socialized gender roles in the family structure and labor market also negatively impact women's fertility. Women are forced to become super women in order to meet the demands in the public and private sector in the economy.

Caldwell's Theory of Fertility Decline generates an understanding of how mass education can impact women's lives in terms of modernization. Women's introduction to mass education prompts women to be independent thinkers and valuable human resources in a highly-industrialized economy. Mass education stimulates women to pursue educational and occupational goals which would increase their social mobility. In a modernized society, women choose not to have several children because of the economic and social responsibilities

to the child. Women face difficulties in obtaining their educational and occupational satisfaction if they have several children to rear. Mass education has caused women to think about the economic, social, and individual factors in altering their fertility patterns. In Belarus, Russia, and the Ukraine, women are choosing to control their family size through abortion, which allows women to further their education and to increase their social mobility.

Bongaarts' Analysis of Proximate Determinants uncovers the impacts of the government's pronatalist policies on women's fertility. The government has sought to detour women's use of abortion by illegalizing abortion in the 1936, providing childcare facilities, and giving women improved maternity leaves as incentives to increase the overall birth rate. Bongaarts stresses that women who desire to limit their family size, will do so despite the governments initiatives. Women go through a psychological and social process to form a decision to limit fertility. After the decision is made to limit fertility, women need access to the means to accomplish their ideal family size. In Belarus, Russia, and the Ukraine, women have access to one primary form of contraceptive, abortion. Abortions are used to limit the number of children the average women has.

The results of women using abortion as family planning have disturbed the Soviet government. The government desire high fertility levels, while women continue to have low

fertility patterns. Despite the government's incentives and penalties, the fertility levels are determined by the women. In a modernized society, women's improvement in status enables women to accomplish their desires to have a smaller family size.

The frameworks and theories have produced explanations of women's social realities in relations to their fertility patterns in Belarus, Russia, and the Ukraine. These explanation of women's declining fertility patterns can be used to better understand the transition of fertility behaviors from a situation of high fertility to low fertility. Moreover, the explanation generated from the frameworks and theories can give insights to future trends in women's reproductive lives. Understanding historical, cultural, and societal trends in women's fertility behavior will assist governments, women's health centers, and other institutions in forming future policies which will benefit women. Policies acknowledge the importance of the social factors which encourage women to limit their family size, in order to be effective.

A CALLING FOR FUTURE RESEARCH

There is a great need to continue research on the various

social factors that impact women's fertility behavior in Belarus, Russia, and the Ukraine. First, there are future social factors other than improvement in women's status in relation to industrialization, women's introduction to mass education in terms of women's participation in the labor market, and women's fertility behaviors in conflict with the Soviet government pronatalist policies. This thesis only analyzes three of the many social factors that impact women's fertility. The research initiative does not explore the housing conditions, religion, and age differentials in explaining why women desire to limit their fertility. These areas lack sufficient data and research to incorporate them into the thesis.

Second, the three frameworks and theories (Blake and Davis, Caldwell, and Bongaarts) are not the only approaches which explain fertility decline with in a society. Other approaches from scholars such as Ansley Coale and Calvin Goldsheider could have uncovered different dynamic in women's fertility patterns. These different approaches could have reach a conclusion which would lead to additional explanations of the social impacts on women's fertility behavior in Belarus, Russian and the Ukraine.

Last, there are elements that cannot be explained in using primary social factors to determine why women desire to limit their fertility patterns. Women using an abortion to prevent an unplanned pregnancy, have unique, individual

reasons for having an abortion. These reasons can not be generalized and applied to the entire population. For instance, when the number of children becomes really large, they raise problems of control, noise, and emotional deprivation even in rural societies. The list of non-economic reasons is quite formidable evidence that economic rationality alone is unlikely to determine fertility in any society. Economic rationality dictates zero fertility. This does not happen. Fertility often falls slowly and even irregularly, again for social and psychological reasons the extent to which child-centeredness renders children relatively expensive, the climate of opinion, and so on. Fertility does not reach zero for reasons that are entirely psychological and social (Caldwell 1982).

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