
Yuliya Hilevych and Chizu Sato

Popular medical discourses on birth control in the Soviet Union during the Cold War: Shifting responsibilities and relational values

Abstract

In the mid-1950s, when the first medical tests of the pill started in the West, abortion was relegalised in the Soviet Union. Although at first glance these seem to be unrelated, in the coming decade the confrontation ‘abortion versus the pill’ created probably one of the most significant disputes in the national population policies on both sides of the Iron Curtain during the Cold War. This chapter zooms into Soviet stances on birth control by addressing the evolution of popular medical discourses surrounding the medicalisation of birth control during the Cold War. Drawing on Foucauldian analytic of biopower, we aim to uncover how responsibilities concerning birth control assigned to and shifted between medical practitioners and ‘ordinary’ men and women from 1955 to 1975. The analysis is based on nearly one hundred articles published in Soviet popular health magazine Zdorovie (in English ‘health’), which was the only available periodical source containing professional advice on birth control methods until the 1980s. The main argument arising from this study is that after having relegalised abortion (1955), the Soviet state sought a means to regulate fertility that would not have as negative an impact on fertility rates as the then increasing abortion rates were believed to have. This effort led to making doctors as main gatekeepers in birth control during an unofficial anti-abortion campaign in the 1950s, and encouragement of natural methods of birth control as part of spousal cooperation in the 1960s. At the same time, birth control in the Soviet Union had to be as effective as the US birth control pill, especially after the pill was introduced in 1960 in the West, and easily controllable by the state, as eventually intrauterine devices (IUDs) appeared to be in the 1970s in the Soviet Union. Similarly to abortion, IUDs allowed doctors to easily supervise women, which would not be possible with the birth control pill. We suggest that relational values around birth control emerging on the two sides of the Iron curtain informed this Soviet biopolitical struggle. In contrast to the verbalised ‘Kitchen Debate’, it was a latent yet another hegemonic struggle in the private sphere of everyday life that traces its roots back to the Cold War.

Keywords: birth control, the Soviet Union, Zdorovie, the Cold War, biopower.
1. Introduction

When the first medical tests of the pill started in the West in the mid-1950s, abortion was re-legalised in the Soviet Union (1955). Although at first glance these seem to be unrelated, in the coming decade the confrontation ‘abortion versus the pill’ created probably one of the most significant disputes in the national population policies on both sides of the Iron Curtain during the Cold War. In the West, for many national governments the pill became a means to fight against abortion legalisation\(^1\). In the East, the re-legalisation of abortion, which was associated with women’s liberation, served as an unofficial excuse for not letting the pill become an actual means of birth control in the 1960s and 1970s\(^2\). Some argue that the [Soviet] government was scared that the diffusion of the pill could lead to a significant decrease in birth rates\(^3\) that would be hard to control\(^4\). Contradictory, while officially rejecting hormonal contraception, the Soviet state was neighboring from neighbouring socialist countries that produced it, such as Poland\(^4\) and Hungary\(^5\), to treat infertility and menopause\(^6\). Furthermore, in tandem with the re-legalisation of abortion, and similarly to other Eastern bloc countries, the Soviet states started an internal anti-abortion campaign and demographic policies that were pronatalist and paternalistic\(^7\). So, what were the actual Soviet stances on birth control prior and during the Cold War?

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3 Игорь Кон, Аборт или контрацепция? [electronic resource], (2003), URL: http://demoscope.ru/weekly/2003/0123/analit02.php (accessed on 5 June 2017). All translations by the authors of this paper.


Historically, Soviet policies around birth control were quite progressive when looked at from a global perspective. The Soviet Union was the first state in the world to legalise abortion in October 1920. At the same time, abortion legalisation paved a path to the medicalisation of birth control. Some scholars, indeed, argue that the 1920 legalisation was not so much a response to the reproductive needs of the civil society, but rather a way to grant the Soviet state more control over women’s bodies through institutionalising their reproductive practices. This increased control was argued primarily to decrease maternal mortality due to clandestine abortions and to support better participation of women in the labour market, and by these means to advance the Soviet society’s course towards progressiveness.

In practice, the medicalisation of abortion and reproduction overall meant that women’s bodies were made visible (or accessible) to state medical authorities and institutions. This medicalisation constrained women’s agency in reproductive decisions and practices to some extent, for example, by abandoning midwifery services and traditional medicine while simultaneously enabling women to enter full-time employment. However, restrictions on medical practices concerning reproduction became even stricter during Stalin’s pronatalist politics and the criminalisation of abortion in 1936, when condoms and withdrawal were the only available means of birth control. These restrictions were loosened after the death of Stalin in 1953 and when abortion was legalised again in 1955.

The post-1953 period, often referred to as de-Stalinisation and the Khrushchev Thaw, was associated with general relaxation of the repressive socio-political system of the Soviet state.

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13 On popular birth control methods in the late 1920s and 1930s see: В. А. Гуревич, Статеве життя селянки. Медвидав, Харків 1931, p. 89.
and a return to the original communist values, including women’s equal rights. The re-
legalisation of abortion signified one of the liberating premises of the post-war period because officially it meant to grant women again the ability to decide on timing of birth. Moreover, the re-
legalisation of abortion was intended to decrease the number of clandestine abortions, which were one of the main causes of maternal mortality during Stalin’s abortion ban (1936-
1955) and hence were contributing to a decrease in the total share of labour force.

The medicalisation of birth control in the Soviet Union, however, did not end with the re-
legalisation of abortion, and quite to the contrary, accelerated after 1955. Alongside, Cold War tensions did not solely take place in the sphere of political influence and technological advancements but also in the private sphere of everyday life and emerging consumption culture, as exemplified in ‘the Kitchen Debate’. Importantly, in the Soviet context, Cold War tensions coincided with rapid population decline, which became a threat to the ideology of communism insofar as within that ideology it was inconceivable that a communist state would produce conditions within which populations would decline. This double threat, demographic and ideological, made both women’s productive and reproductive labour essential for the state’s growth. In this context, women’s reproductive freedom was closely connected to their role as mothers and, similarly to the developments taking place during Stalin’s rule, the role of the family as a ‘primary cell of the society’ continued to be emphasised. The emphasis on women’s rights and on their importance for the family implied that in practice the ‘romantic’ nature of women was pushed into the forefront and women’s role primarily as a mother and

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14 Popov and David. Russian Federation (as in n.6), p. 238.
15 Popov and David. Russian Federation (as in n.6), p. 238. Importantly, the same process was taking place in the US where the pill tests that started in 1956 led to the approval of the pill in 1960. See more in: Lara Marks, Sexual chemistry (as in n.1), p.40.
19 Lenin, On birth control (as in n. 10), p. 82.
20 Goldman, Women, the state and revolution (as in n.8), p. 256.
21 Popov and David. Russian Federation (as in n.6), p. 250.
wife became central exemplifying values similar to those underlining reproductive politics and practices in the West before the sexual revolution. Emerging family-oriented discourses in the Soviet Union during the Cold War encouraged women to perform productive labour, housewifery and motherhood, and to contribute to population growth. Importantly, the Soviet state never qualified abortion as a tool to limit births, but rather as a way to space births for women in successfully combining these roles. Nevertheless, a rapid increase in abortion rates after 1955 was a sign that women started practicing abortion to limit number of children. That said, no effective methods were introduced until 1970s when intrauterine devices (IUDs) became more easily available in the Soviet Union.

To address this contradiction surrounding these Soviet reproductive politics in the post-war period, a significant body of literature has examined how these state regulations impacted motherhood and abortion medicalisation. Less attention, however, has been paid to how the medicalisation of birth control broadly defined was governed by the Cold War legacies during a period when fertility was rapidly declining in the Soviet Union (in some Soviet republics it reached below-replacement level already in the early 1960s). Moreover, little research has examined the role assigned to different actors – women, men and medical practitioners – and their responsibilities in the context of Soviet medicalisation of reproduction.

This chapter addresses the evolution of Soviet popular medical discourses surrounding the medicalisation of abortion and other birth control methods during 1955-1975, and places these

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23 In the US and Western European countries the struggle to recover the population loss was seen in women’s role bearing children, while men were meant to rebuild the economy. See: E. Carter, How German is she?: postwar west German reconstruction and the consuming woman. University of Michigan Press, Michigan 1997, p.45.

24 Vinokurova, Reprivatizing women’s lives (as in n.16), p.76.


27 Popov and David. Russian Federation (as in n.6), p. 247.


29 Randall, »Abortion will deprive you of happiness!« (as in n. 2); Radka Dudová, Regulation of abortion as state-socialist governmentality: The case of Czechoslovakia. Politics & Gender 8.01 (2012), p. 123–144.

30 As it was the case, for example, in Ukraine and in Russia. See: A. Вишневский, Демографическая модернизация (as in n.16), p. 153.
developments in the context of the Cold War. Drawing on Foucauldian analytic of biopower combined with Hall’s methodology of encoding, this chapter studies how responsibilities concerning birth control were assigned to and shifted among Soviet medical practitioners and ‘ordinary’ men and women in popular health magazine Zdorovie (in English ‘health’) during the studied period. Zdorovie, issued by the state and written by state medical professionals and doctors, is an appropriate forum to explore these issues since its primary focus has been to make medical knowledge more accessible to the general public.

In the following, we start with presenting our methodology and source. Next, we present results informed by the three dominant themes in popular Soviet medical discourse about birth control during the Cold War decades: medical versus clandestine abortion; birth control as a benefit for health; and the pill versus IUDs nexus. Finally, we conclude with discussions on how values concerning reproduction were relationally constructed on both sides of the Iron Curtain.

2. Methodology and Source

Zdorovie (1955-present) was a popular state published monthly magazine on health issues in the Soviet Union and the only periodical written source containing professional advice on birth control methods at least until 1983, when the subject of marriage and family life was introduced into the Soviet schools curriculum. It sold some 50,000 copies at the time of launching and by 1980 its sale increased to 12,150,000 copies. Zdorovie was available at newspaper stores, at post offices or most commonly by subscription. The magazine was not gender specific and was presented as an educational material for both men and women. The magazine was edited by state officials and the articles in the magazine were (co-)authored by state-employed medical practitioners and doctors. Selected voices were represented as authoritative advice that the general population was to follow.

In our methodology we combine Foucauldian perspective on biopower with Stuart’s Hall encoding/decoding (1980) approach. This provides us with a theoretical framework through

33 It is still published today and is available in many post-Soviet countries under the same name.
which it is possible to analyse the magazine *Zdorovie* in terms of power-knowledge interactions. Through the lens of Hall’s encoding analytic, particular values and interests of the Soviet state in a context of the Cold War, rapid population decline and de-Stalinisation are understood to be encoded in *Zdorovie*\(^{35}\). Hence, this study recognizes *Zdorovie* as a public pedagogical forum through which the general population was taught their subject positions, identities, values and social relations\(^{36}\). These representational practices in *Zdorovie* can be understood with Foucault as »a technique of power« by the state »to observe, monitor, shape and control the behaviour of individuals situated within a range of social and economic institutions«\(^{37}\). This specific power, according to Foucault, is ‘biopower’ or ‘biopolitics’: »forms of power exercised over persons specifically in so far as they are thought of as living beings: a politics concerned with subjects as members of a *population*, in which issues of individual sexual and reproductive conduct interconnect with issues of national policy and power«\(^{38}\).

From this perspective, *Zdorovie* can be seen as a medium through which the Soviet state, via selected voices of state-employed medical practitioners and doctors, connected the issues of individual sexual and reproductive conduct to issues of national policy and power (e.g., concerning population decrease, high abortion rates, the Cold War)\(^{39}\). Through this state sanctioned magazine readers acquired knowledge about their own bodies, they were taught the state required reproductive practices and sexual behaviours, and they were supposed to develop the motivations required to be good communist citizens. From this perspective this chapter aims investigate the evolution of popular medical discourses surrounding the medicalisation of birth control during the Cold War. Particularly, we focus on how responsibilities concerning birth control assigned to and shifted between medical practitioners and ‘ordinary’ men and women from 1955 to 1975. To address this aim we posed the following research questions: (1)

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\(^{38}\) Gordon, *Governmental Rationality* (as in n.28) (emphasis in original), p.4.

\(^{39}\) Drawing on Foucaudian biopower and biopolitics, the existing studies have demonstrated the role of medical authorities as assigning particular responsibilities to themselves and to female and male bodies, and the role of female and male reproductive subjects as using their own means to exercise responsibilities over their bodies. See similar studies: Anna Temkina, *The Gynaecologist’s Gaze: The Inconsistent Medicalisation of Contraception in Contemporary Russia*. Europe-Asia Studies 67.10 (2015), p. 1527–1546; Burgnard, *The family planning service* (as in n.1).
which knowledge particularly with respect to birth control and abortion was made publically accessible and which was not?; (2) what responsibilities were assigned to different actors (medical authorities, women and men) and in what context?; and (3) how did Cold War tensions around population struggle influence the shifts the Soviet birth control discourses take?

Over the studied period, 1955-1975, about 95 articles of various lengths on the subject of birth control and abortion appeared in Zdorovie. Among them, 14 articles there were published on abortion, 13 on birth control, and 68 where birth control and abortion were mentioned but the articles’ main topics were different. These topics were often related to men’s and women’s reproductive health, such as infertility, hygiene, venereal diseases and miscarriage among other pregnancy problems, and to sex education. The magazine articles were coded and analyzed with Atlas.ti.

3. Results
In our analysis of Zdorovie we identified three dominant themes in the discourse concerning knowledge and responsibilities around birth control: 1) medical versus clandestine abortion; 2) birth control as a benefit for health, and 3) the pill versus IUDs nexus. These issues and their order illustrate the non-linear and messy evolution of the Soviet medical discourse about the role of birth control in individuals’ everyday lives during the 1950s, 1960s and 1970s. At the same time, these discourses are not mutually exclusive and they gradually evolved from one into another as shown in this section.

3.1. Medical versus clandestine abortion: abortion as a means to control women’s bodies
Zdorovie was launched in 1955, the same year the abortion was re-legalised. The first articles to discuss the issues of birth control primarily targeted abortion and portrayed it as the sole method of preventing an unwanted birth\textsuperscript{40}. The first article on birth control specifically was published somewhat later and it discussed several alternatives to abortion, primarily female methods such as caps and spermicides, without giving any practical details on how to use these methods\textsuperscript{41}. However, the precautions were given that a doctor should decided on the right

\textsuperscript{41} Zdorovie 1957 (8), p. 31. The very first article on broader sexual matters than abortion was published in 1956 (5), p. 28 called »Marital hygiene« (authors’ transition) did not discuss birth control at all. Surprisingly, condoms and coitus interruptus, which were popular methods of birth control during the Stalin’s abortion ban, as well as in the post-Stalin era, were not mentioned in any of these articles.
method and not the woman. This presentation of birth control in the 1950s contrasted the information available about abortion that was more detailed, as we show below. Importantly, in all Zdorovie articles discussing abortion and other birth control alternatives published before 1965 (18 over the 9-year span), doctors’ authority in giving advice on abortion or any other means of birth control methods functioned as an essential element in the technique of biopower. In this section, we start with discussing abortion, and in the next two sections we build further on other birth control methods.

To represent themselves as holding medical, hence, objective knowledge, the authors of the articles, typically practicing male gynaecologists or doctors with an academic degree (whose sex is notable because most doctors were female)\(^42\), provided detailed description of the medical procedure, educating the readers about the dangers of abortion\(^43\). The following passage from one of these articles published in 1956 provides a description of the procedure:

> The danger of abortion always lies in the fact that a doctor performs it without seeing the object [fetus] during the operation. And under these circumstances some serious directions are still to be performed: the cervix should be forcedly extended, then special instruments should be inserted inside, and then the fertilised egg has to be detached from the cervix and removed\(^44\).

Similar descriptions of abortion procedures and warnings against related dangers and following complications were particularly common before the 1960s. Among the most common complications mentioned were sepsis and penetration of cervix, which were argued to potentially lead to permanent sterility and in more severe cases to death\(^45\). The most noteworthy is that these articles suggested that both medical and clandestine abortion could equally result in any of these complications. While this practice would be unthinkable in the West where abortion was not legalized, in the Soviet Union, due to its legalization (1920-1936) and women’s common performance of double shift in a context where no effective alternative was available, abortion was still practiced even when it was banned (1936-1955) contributing to high post-abortion mortality\(^46\). In Zdorovie’s articles we see the state’s strong interest in

\(^42\) See: Mary Buckley, Women in the Soviet Union. Feminist Review 8 (1981), p. 88. The choice of male medical practitioners indicates the state’s preference for men’s voices to represent the state ideology.
\(^43\) Randall, »Abortion will deprive you of happiness!« (as in n. 2), p. 21
\(^44\) Zdorovie, 1956 (2), p. 10, (authors’ translation). Importantly, back then the only method of abortion was curettage and anaesthetics were not widely used. Curettage was replaced by vacuum aspiration in the mid-1970s, when anaesthetics also became a part of the procedure. See: Popov and David. Russian Federation (as in n.6), p. 239.
\(^46\) Popov and David. Russian Federation (as in n.6), p. 241. Popov, Family Planning (as in n. 34), p.376.
reducing both the rate of and harms arising from abortion in the context of the re-legalization of abortion. Indeed, while, as we have shown before, maternal mortality was still comparatively high in the Soviet Union, these anti-abortion messages used the threat of post-abortion mortality to make women fear the abortion procedures even though they were legally entitled to abortion.

As part of this popular medical discourse, women were portrayed as having the right to have an abortion. In this context, doctors were seen as ‘advisors’ who provided women with necessary assistance. A quote from an article (1957) about a popular-science film »Why did I do it?« illustrates this point. This article presents a woman who considered abortion, but after hearing a story of another woman about her experiences of aborting a first pregnancy that resulted in sterility, she changes her mind:

A consultation at the gynaecologist’s office: a doctor has a talk with her patient, a lady with the slightly tired but kind face. She [the doctor] wants to understand why Lena, a woman in her blooming young years and happy about her marital life, so desperately wants to have an abortion. Is it because she is scared of going into labour? But this is unreasonable. Or is it because of some household difficulties? But these are always possible to solve. The doctor asks and tries to convince and prove all of these, but it leads to no result. That woman who sits in front of her is very aloof and stubborn and she does listen either to advice or to warnings. Her decisions are definite. She would not change her mind47.

This article, similarly to other ones targeting abortion, vividly illustrates a dominant message around abortion that was encoded in Zdorovie: women make independent decisions about their reproductive health, but they are guilty if they ignore their doctor’s advice. This idea that women are independent decision-makers of their reproduction insofar as they obey their doctor’s advice was normalized and this norm was used to police women. For example, one of the illustrations for an anti-abortion article depicted a sad woman sitting alone on the bench and a happy woman standing behind with her two children48. For those who did not follow the norm, there was punishment. The hardest punishment was a permanent sterility that would automatically deprive women the ‘joy of motherhood’ and could lead to family dissolution49.

In representing sterility as the punishment for ignoring a doctor’s advice, this disciplining technique invited readers, particularly women, to take up the subject position of the woman with children instead of the woman who underwent abortion and became sterile. The

47 Zdorovie, 1957 (2), p. 27, (authors’ translation).
49 See also: Randall, »Abortion will deprive you of happiness!« (as in n. 2), p.20.
significance of this discursive technique becomes more apparent when taking into account a social context in which women were encouraged to perform a double shift – as workers and mothers of at least two children\(^50\).

In the 1960s, the technique of biopower became more closely directed toward women who underwent clandestine abortion – often referred to as ‘criminal’ abortion in Zdorovie – with which the medical dangers described above were re-associated\(^51\). Importantly, this specific rhetoric of naming clandestine abortion as criminal was also legally supported as »all out-of-clinic abortions resulting in death or serious bodily injury« were considered criminal procedures.\(^52\) Descriptions of how ‘criminal’ abortion harms women’s health and which methods could be used became more common. The following passage from an article on women’s health describes a method of non-medical abortion using liquid soap that killed a woman:

During pregnancy, blood actively circulates around the uterus. There are many blood vessels, especially around the place where the placenta starts to form. After the soap solution was used, the placenta started to separate from the uterus and these vessels got opened. Subsequently, once the air that came to the uterus together with other liquids reached the heart, it caused immediate death. […] Some women also think that if they inject some disinfecting liquids or antibiotics in their uterus, it will save them from the complications. However, the reality is very different\(^53\).

Again, a binary construction was deployed to discourage women from having abortions. This time, clandestine abortion was constructed as not only dangerous but also deadly. In contrast, medical abortion – performed at hospitals – was portrayed as a safe and reliable medical practice during which doctors maintain women’s bodies under their control and, therefore, could foresee complications\(^54\).

This discursive shift in the popular medical discourse around abortion could be seen as compromise. In response to resistance of the population made manifest in still high numbers of

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\(^{50}\) The Soviet propaganda poster from 1968 » Один ребенок хорошо, два лучше!« (One child is goo, but two – better) by Vasilij Stepanov clearly represents this vision on the Soviet family size. About the poster and on the issue of two child family see also: A. Rotkirch and K. Kesseli, »Two children puts you in the zone of social misery«: childbearing and risk perception among Russian women. In H. Carlbäck, Y. Gradskova, and Z. Kravchenko (eds.), And they lived happily ever after: norms and everyday practices of family and parenthood in Russia and Central Europe, p. 150.


\(^{52}\) More on clandestine abortions see: Popov and David. Russian Federation (as in n.6), p. 243.


clandestine abortions\(^{55}\), subsequent post-abortion mortality and in the state’s inability to offer an effective alternative during the first years after the legalisation\(^{56}\), medical abortion came to be represented as safe, whereas previously both medical and clandestine abortions were represented as dangerous. In the context of this discursive distinction between medical and clandestine abortion, detailed descriptions and information on how medical abortion was performed became rare. This knowledge now became the exclusive property of doctors which turned women into ‘non-knowledgeable’ hence docile, subjects who were properly to submit to doctors’ advice. This construction produced a new norm: women, when necessary, could undergo abortion so long as it was medical. That said, neither clandestine nor medical abortion was advised for the first pregnancy. The rationales for this advice were that it might lead to tubal pregnancy, to a retroverted uterus and to other complications of the uterus in case of medical abortion, and to infertility and death in case of clandestine abortion\(^{57}\). These rationalizations supported the new norms against which women’s reproductive behaviours were judged.

By making a discursive distinction between medical and clandestine abortion, Zdorovie introduced a certain type of rationality that dominated the birth control debate over the studied period: doctors as knowledgeable protectors \textit{versus} uninformed women who they protected. This clear division was made possible by making knowledge about abortion the sole property of doctors. As such, doctors became not solely advisors but also ‘gatekeepers’\(^{58}\) who would protect women from the negative outcomes and complications that came with clandestine abortion. In this construction, medical practitioners were represented as benevolent protectors on whom women could rely. Consistent with biopower, Zdorovie taught the population to recognize medical practitioners as agents of knowledge: those who know what is best for women. This paternalistic rhetoric was maintained through the entire study period (up until the mid-1970s)\(^{59}\). The following quote from 1964 illustrates this rhetoric:

\(^{55}\) Scholars suggest that non-medical abortions were popular among unmarried women who sought more personalised care and privacy. See: Popov and David. Russian Federation (as in n.6), p. 243. Furthermore, this private care allowed a woman to request anaesthetics that were not used in the hospitals, which also made some married women to seek clandestine abortions. Importantly, clandestine abortions in the cities were still performed by professional doctors. More on abortion practices see: Y. Hilevych, Abortion and gender relationships in Ukraine, 1955–1970. \textit{The History of the Family}, 20, 1 (2015), p. 95.


\(^{59}\) Similar aspirations of protectiveness around women occurred not only in the sphere of reproductive health but also in other spheres of everyday life, such as how women were to combine their role as both a worker and a
Doctors always pay special attention to women who are under the threat of the most tragic hardship – that of not becoming a mother. Sometimes this hardship could be due to an illness but mostly it is due to an abortion, which was done without giving it a proper thought. In other cases, these hardships are pregnancy interruptions, which are hard to treat. But hard does not mean impossible. And in most cases, doctors hold a solution.

This passage also illustrates that some discursive constructions continued: that abortion could lead to infertility, that a woman who did not obey the medical practitioner’s advice was guilty and therefore naturally exposed to punishments, that these harms could be mitigated by medical practitioners, and that doctors were allies of women and who held solutions. This shift in representations of medical practitioners encouraged women to increase their trust in medical practitioners in a context where women continued to have clandestine abortions that the state was unable to control. Here the new rationality in this biopolitics is illuminated: in response to women continuing to have clandestine abortions, affirming medical and condemning clandestine abortion helped the state to govern the population. This affirmation of legal abortion hand in hand with condemnation of clandestine abortion serves to obscure the state’s inability to offer an effective alternative to abortion. Furthermore, as other studies suggest, this discursive construction was an integral part of an informal anti-abortion campaign discouraging women from frequent abortions.

Intriguingly, during the 1960s, the emphasis on birth control as a marital practice became more explicit, as we show in the next section. And while abortion was still seen as a woman’s decision, husbands emerged as actors taking responsibilities for protecting their wives from unwanted pregnancies.

### 3.2. Birth control should be healthy: calling on husbands to protect their wives

Most of the articles focusing specifically on birth control were published after 1960 (11 out of 13) and more general articles on sexual health and hygiene also appeared in this decade. Overall, after 1960 the discourse that birth control should provide health benefits beyond mother. After the mid-1950s, while continuing to be still largely employed full-time, women were unofficially less encouraged to occupy jobs in industry, agriculture and transportation, where heavy workload was more common, compared to the sectors as education, healthcare and culture, where it was also possible to have more flexible working schedule and combine work with household and childcare duties. See: Vinokurova, Reprivatizing women’s lives (as in n.17), p. 76.

60 Zdorovie, 1964 (9), p. 22, (authors’ translation).
61 Surprisingly, Zdorovie is silent on why women continued to seek clandestine abortions.
62 Randall, »Abortion will deprive you of happiness!« (as in n. 2), p. 21.
preventing an unwanted pregnancy became dominant in the magazine. Importantly, as we will show, this discourse emerged with the incorporation of both spouses’ responsibility (and guilt) for protecting women’s bodies (or not) from unwanted pregnancies, which, as discussed previously, were often connected to abortion. At first glance this discourse seems to compete with that around abortion, as now doctor’s knowledge and power over birth control seemed to be challenged. To be sure, doctors continued to be ‘gatekeepers’ in birth control issues. However, this shift in responsibilities around birth control produced the ‘natural complement theory’ according to which men would be responsible for protecting their wives from an unwanted pregnancy through more healthy and reliable methods of birth control, while wives were required to cooperate. In this respect, men’s reproductive capacities and contraceptive practices also became targeted. Though apparently benevolent, this shift moved the exercise of state power from an ‘office’ a woman might choose to visit to her ‘own bedroom’.

The new view on shared responsibility over women’s bodies between spouses emerged in Zdorovie through the making of a new rubric »A talk about sex education« (Razgovor o polovom vospitanii) between 1965–1967. Additionally, in the late 1960s and until the mid-1970s, matters related to birth control were also appearing in other rubrics as »At the consultation with a gynaecologist« (Na priyome y ginekologa), »To the attention of women« (Vnumanie zhenschuny), and »Parents you should read this« (Roditeli prochtite), among others. In these rubrics different topics concerning men’s and women’s reproductive health starting from youth up until the late forties were discussed. More attention was now particularly paid to gendered responsibilities around birth control, such as male and female contraceptives were introduced.

In the 1960s, Zdorovie constantly introduced new methods of female contraception, indicating that women’s needs and struggles to find alternatives to abortion were taken into account. Intriguingly, similar to abortion, these methods often required a lot of additional attention from medical practitioners. For example, the so-called mechanical contraceptives, like female condoms and cervical caps, which could be used with spermicides such as gramicidin gel, required close and regular assistance of a doctor who would have to advise on size and help with inserting a cap into the body. After all, this procedure should be repeated every 6–7

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days, which automatically would make it a less attractive method for a working woman because of the time investment required.

Other alternatives were vaginal douches, tampons with some simple liquids like citrus acid that could be used together with female condoms, and the application of spermicide cream on a tampon prior to the intercourse\textsuperscript{65}. After the early 1960s vaginal douches became presented as a method to treat vaginal infections, rather than as a post-coital contraceptive, because they turned out not to be very effective means of birth control and could even lead to infertility and ectopic pregnancy\textsuperscript{66}. Because of this, after the mid-1960s vaginal douches were rarely mentioned in the general discussions on birth control and were only discussed in the context of their negative effects.

Finally, in 1962 \textit{Zdorovie} introduced the calendar method and more extensive explanations were provided in 1963, 1964 and 1971\textsuperscript{67}. This method was presented as a healthy alternative, but at the same time, as not always effective. In this respect, the calendar method began to be portrayed as a tool for planning a pregnancy rather than for postponing it, which was a similar idea as was the case with abortion when it was legalised. In order to be effective in the long run, the calendar method had to be combined with other methods.

Although all the female methods described above were represented as relatively ‘healthy’, in contrast to abortion, they were also portrayed as not entirely effective, unless combined with male methods, such as condoms. While this combination may look purely practical, it had a particular rhetoric surrounding it: a husband had ‘to protect his wife’ (\textit{berech zheny}) from unwanted pregnancy\textsuperscript{68}. In the written and oral testimonies of Soviet women from the 1950s and 1960s, this rhetoric was also commonly used\textsuperscript{69}. This rhetoric, due to the state’s inability to present an effective birth control method for women, assigned a ‘protective’ subject position first to medical practitioners and, when it turned out that did not work, to husbands: first doctors and then husbands were responsible for women’s bodies. To normalize the subject

\textsuperscript{68} \textit{Zdorovie} 1962 (12), p. 20.
position of protector, couples were advised to use condoms\(^{70}\). Surprisingly, this information was primarily directed towards women as it was mainly discussed in the articles on female contraception. Women were advised to use different female methods interchangeably and to take breaks in between, and for this reason condoms were introduced as a valuable method of birth control\(^{71}\). As such, women were also educated about how to assign responsibility to their husbands.

Indeed, in the 1950s and 1960s, condoms and *coitus interruptus* were the most popular methods of birth control after abortion\(^{72}\). Although they were easily available at any pharmacy and were also produced in the Soviet Union (the so-called *rezinovoe izdelie nomer 2*), they were perceived as unpleasant and of bad quality, which certainly contributed to the fact that they were never fully accepted by either men or women\(^{73}\). A simple description in 1967 on how to wear a condom to avoid malfunction and rupture\(^{74}\) can be seen as a lesson designed to overcome some of these negative reactions. In this light, condoms were presented as not only fully effective in avoiding unwanted pregnancy but also as perfectly accessible without additional doctor’s assistance\(^{75}\). With this gesture individuals were ‘given’ full control over reproduction. This shift in responsibility came at a time when the state officials thought that husbands were pro-natalist\(^{76}\). But most importantly male methods also did not have as many side effects as most female contraceptive methods did. Moreover, the fact that Zdorovie addressed condoms in the context of female birth control methods suggests that the state was eager to educate women with regards to its effectiveness, as women did not fully approve of this method and men were reluctant to use it\(^{77}\).

The emphasis on condoms was coupled to the discussion of other male birth control practices, primarily those that were neither effective nor medically accepted, such as *coitus interruptus*. Historically, *coitus interruptus* was the most common practice of birth control in Soviet society, when abortion was banned and after re-legalisation of abortion\(^{78}\). *Coitus interruptus* did not correspond with dominant medical ideas and, in practice, it was an unreliable method

\(^{72}\) Popov, Family Planning (as in n. 26), p.373.
\(^{73}\) Hilevych, Abortion and gender (as in n. 57), p. 96; Popov and David, Russian Federation (as in n.6), p.247.
\(^{75}\) Zdorovie 1973 (1), p. 17.
\(^{76}\) Randall, »Abortion will deprive you of happiness!» (as in n. 2), p.27.
\(^{77}\) Hilevych, Abortion and gender (as in n. 55), p.95; Rotkirch, The Man Question (as in n. 69), p.208.
\(^{78}\) Гуревич, Статеве життя селянки (as in n.12), p. 89; Popov, Family Planning (as in n. 26), p. 373.
that could possibly lead to an unwanted pregnancy and hence abortion\textsuperscript{79}. However, this method was widely practiced, and therefore, it became a primary target in \textit{Zdorovie}. Instead of attacking this method as unreliable and possibly leading to an unwanted pregnancy, the technique used was to present it as causing numerous negative effects on men’s health. Namely, it was described as the main sources of weakening their sexual power and disturbing the nervous system among other factors, which could eventually result in impotence and hence in infertility.\textsuperscript{80} This replication of rhetoric of infertility around men’s birth control methods would have triggered women, who had internalised fear of infertility as a side-effect of birth control, to discourage their partners from using this method. Knowledge of this method was never directly introduced into the domain of women’s responsibilities and its relative side effects were often discussed as concerning solely men even though women could have also been affected\textsuperscript{81}. This strategy drew on existing discursive resources to encourage men to find other effective and healthy alternatives, such as condoms and abstinence.

In contrast to the construction of \textit{coitus interruptus} as unhealthy, abstinence was presented as a fully natural, effective and healthy method of birth control for both men and women in \textit{Zdorovie} in the 1950s, and particularly in the 1960s and early 1970s. One technique used to normalize the construction of abstinence as healthy was to draw parallels to animals that had intercourse only for procreation. The articles argued that evolution (should) have made humans carry similar instincts\textsuperscript{82}. Another technique targeted married men: the practice of abstinence during marriage was suggested to benefit their health by saving their energy for work and leisure, and hence for the benefit of the society and family, respectively\textsuperscript{83}.

Pre-marital practice of abstinence, on the other hand, was constructed differently. It was presented as a function of saving unmarried men from catching different sexually transmitted diseases, such as gonorrhoea and syphilis, and transmitting these to their (future) wives\textsuperscript{84}. At the end of the 1960s and in the early 1970s, unmarried men, especially, became portrayed as

\textsuperscript{79} It is a well-documented fact that \textit{coitus interruptus}, although one of the least effective methods of birth control, could be still practiced effectively. See: G. Santow, \textit{Coitus interruptus} and the Control of Natural Fertility. Population Studies, 49, 1 (1995), p. 28.


\textsuperscript{81} In Western biomedical literature of that time, coitus interruptus was portrayed as being equally bad for men’s and women’s health, particular psychological health that can be traumatised if interrupted intercourse is the only practices. See: K. Fisher, and S. Szreter, » They prefer withdrawal: The choice of birth control in Britain, 1918–1950. \textit{Journal of interdisciplinary history}, 34.2, 2003, p. 270.

\textsuperscript{82} \textit{Zdorovie} 1966 (2), p. 19.


being affected by sexually transmitted diseases (STDs). In this discourse addressed to men doctors provided knowledge to protect themselves and patients were guilty if they did not follow their doctor’s advice\(^\text{85}\). This discursive strategy was very similar to that surrounding abortion in the mid-1950s, which targeted women. It used education about the threat of negative consequences of disobeying doctors, such as SDTs and infertility, both to create doctors as benevolent authorities and to discipline men’s and women’s sexual conduct. This partial repetition of the abortion rhetoric – now focusing on men and SDTs – suggests that unmarried men were articulated in the discourse as having full responsibility over reproductive decision-making.

During this time in the US abstinence was also advocated as a healthy and necessary premarital practice particularly for single women.\(^\text{86}\) Similar to the US, the practice of abstinence in the Soviet Union was placed in the context of men’s personal health and hence that of women since men and women together were thought to contribute to the well-being of the entire family and by extension that of the state\(^\text{87}\). Female abstinence was only briefly mentioned\(^\text{88}\). It may seem surprising that Zdorovie put not much emphasis on educating women about the dangers of premarital sex. Less attention to women could be explained partially by the fact there was still a strong societal taboo on premarital sex for women, which often was the reason why premarital childbearing was rare\(^\text{89}\). Furthermore, the Soviet state officially accepted single motherhood, which was in contrast to the US and the Catholic part of Western Europe where women who became pregnant out of wedlock could be forced to give their child up for adoption\(^\text{90}\). Thus, this uneven attention to men’s and women’s abstinence signals that the state was putting more responsibility on unmarried men to practice abstinence.

Zdorovie articulated a link between birth control, men’s and women’s health and the Soviet state in which it was silent on its struggle to support population growth. This was done so as to


\(^{86}\) Vandenberg-Daves, Modern motherhood (as in n.1), p. 196.


\(^{89}\) Hilevych, Strong families and declining fertility (as in n.18), p. 46.

maintain the official ideology: it was \emph{a priori} presumed that populations do not decline under
communism\footnote{See more on Neo-Malthusianism and birth control under communism in: Lenin, On birth control (as in n. 10).}. Yet, this (quiet) struggle shows the inability of the Soviet state to introduce a
reliable method that would help decrease abortion rates and simultaneously enable it to govern
its population. The logical question would be why state authorities and medical practitioners
did not introduce the pill? This issue should also be analysed from the perspective of the Cold
War competition. Similarly, as it was the case with consumer culture and ‘the Kitchen Debate,
there seemed to be a struggle of political systems around birth control in the private sphere of
everyday life, as we show in the next section.

3.3. The hormonal contraception–IUDs nexus: the state regaining direct control of
women’s bodies
When involvement of men in birth control did not produce the desired results, there was a
search for alternatives. By the late 1960s, two articulations, that abortion was a possible cause
of infertility and that any birth control method should also be good for one’s health, became
hegemonic. These two articulations together created the framework in which \textit{Zdorovie}
portrayed the use of hormones, namely the pill, for contraceptive use.

Importantly, the period between the late 1960s and early 1970s was the time when the use of
the birth control pill became controversial in the Western medical and popular debate mainly
because of discovery of its side effects. These side effects had not been studied carefully before
the pill went to market\footnote{Lara Marks, Sexual chemistry (as in n.1), p. 96.}. In the Soviet context, this Western debate seemed to be the primary
source for highlighting the side effects of the pill: several articles in \textit{Zdorovie} drew on debates
at international conferences rather than on the findings of Soviet doctors, as it was the case
with abortion\footnote{\textit{Zdorovie} 1967 (2), p.30; 1974 (5), p. 20.}. It is important to note that the pill was imported to the Soviet Union from
neighbouring socialist countries, such as Hungary and Poland\footnote{Popov and David, Russian Federation (as in n.6), p. 247;}. This implied that little or no
value was placed on the development and medical testing of the pill by Soviet scientists
themselves. Moreover, showing that Western countries failed to provide their women with a
safe birth control method, such as medical abortion, was consistent with Cold War politics, at
least until 1973 when abortion was legalised in the US\footnote{On abortion as state’s achievement of protecting Soviet women see: \textit{Zdorovie} 1962 (12), p. 18; 1965 (5),p. 17.}. In this context, the pill was portrayed

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\begin{itemize}
\item \footnote{See more on Neo-Malthusianism and birth control under communism in: Lenin, On birth control (as in n. 10).}
\item \footnote{Lara Marks, Sexual chemistry (as in n.1), p. 96.}
\item \footnote{\textit{Zdorovie} 1967 (2), p.30; 1974 (5), p. 20.}
\item \footnote{Popov and David, Russian Federation (as in n.6), p. 247;}
\item \footnote{On abortion as state’s achievement of protecting Soviet women see: \textit{Zdorovie} 1962 (12), p. 18; 1965 (5),p. 17.}
\end{itemize}
as an effective but unhealthy technology for women’s sexual liberation outside the Soviet Union\textsuperscript{96}.

The first articles addressing hormonal contraception in the early 1960s present it as associated with undesirable side effects, such as problems with menstrual cycle and breasts’ development\textsuperscript{97}, ectopic pregnancy\textsuperscript{98} and even men’s temporary infertility by causing impotence and thus suppressing the work of male sex glands (testicles)\textsuperscript{99}. In the later 1960s and early 1970s, while hormonal contraception was still portrayed with caution and as a matter to be discussed with a doctor, the effectiveness of the method was acknowledged and some details on how it actually worked in a woman’s body were now more openly discussed\textsuperscript{100}. However, Zdorovie adopted a rhetorical stance regarding the pill, which echoed that around clandestine versus medical abortion in the early 1960s. In this case, the pill was contrasted with a novel alternative, an intrauterine device (IUD). An article published in 1974 discussed positive and negative sides of new contraceptives, namely the pill and IUDs in binary form\textsuperscript{101}. This article was the first in Zdorovie to give this type of overview on both methods. It presented IUDs as a healthy and effective method and as such a perfect substitute for abortion. On the contrary the pill was presented as an effective but not entirely healthy method, which could cause complications in latter pregnancies and other health disorders as vein inflammation\textsuperscript{102}. This repeated pro-IUD representation taught women not only to not use but also to not even consider the pill. Importantly, similarly to the pill, IUDs (copper and plastic) were also first developed and produced in the US in the 1960s\textsuperscript{103}. However, in the Soviet view, contrary to the pill and similarly to abortion, IUDs made women’s bodies more visible and more useful to the state in terms of labour, housewifery and motherhood, as will be shown in the next paragraph.

The first articles on IUDs appeared in Zdorovie in 1973\textsuperscript{104}. IUDs were presented both as a reliable and as an easily accessible method. On the one hand, IUDs allowed doctors to still

\textsuperscript{96} Zdorovie 1974 (5), p. 20.
\textsuperscript{97} Zdorovie 1962 (2), p.20.
\textsuperscript{98} Zdorovie 1960 (9), p. 13.
\textsuperscript{99} Zdorovie 1962 (9), p. 31.
\textsuperscript{100} Zdorovie 1974 (5), p. 20.
\textsuperscript{104} Brief accounts on IUDs were previous discussed in 1973: Zdorovie 1973 (1), 17; 1973 (8), p. 17.
closely supervise women at all stages and, similar to abortion, they supported the construction of doctors as advisors and ‘gatekeepers’. On the other hand, IUDs enabled women to practice spacing and limiting births much more easily since an IUD can be used continuously for 2–3 years. Importantly, this method did not require the actual involvement of a husband. This means that doctors could directly supervise women and eliminate their husband in decisions about birth control. *Zdorovie* immediately gave this method a ‘green light’ by also providing direction on when a woman needed to acquire it by stating that a doctor could easily insert it after menstruation ended\(^\text{105}\), which again paralleled the rhetoric around medical abortion with a doctor being a ‘gatekeeper’ of birth control that started in the mid-1950s. The only limitation was that it was suitable for women who already had at least one child\(^\text{106}\), similarly to abortion. It was not recommended for women who did not have their first child yet since they were expected, as discussed in the previous section, to practice abstinence. Immediate acceptance of IUDs signified state authorities’ recognition of the fact that the population needed a tool not only to space births, which previous birth control methods supported, but also to limit them\(^\text{107}\).

The discursive strategy deployed in *Zdorovie* put a limit on the universality of the pill and encouraged IUDs. While the pill was also represented as a reliable and possible means of birth control for specific circumstances, it was recommended only for women who could not use other methods, and this decision must be discussed with a doctor\(^\text{108}\). Further, the primary purpose of the pill was presented as treatment of infertility and menopause. This, in fact, had been the original use for progesterone in combination with other hormones, before their contraceptive abilities were discovered\(^\text{109}\). *Zdorovie* treated the pill as treatment for infertility and menopause quite differently than the pill as birth control. The general population was not educated about side effects when the pill was discussed as treatment for infertility or menopause\(^\text{110}\). That knowledge stayed with medical practitioners. In contrast, as we have shown, the general population was taught about the many negative side effects of the pill as

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\(^{107}\) The idea of limiting births and hence fertility comes from Neo-Malthusian theorising about population, which communist thinkers and leaders have never accepted. See: Lenin, *On birth control* (as in n. 10). That said, the Soviet state had to acknowledge that the idea of smaller families was also of the state’s interest, which subsequently implied limiting rather than spacing births.


\(^{109}\) Lara Marks, *Sexual chemistry* (as in n.1), p.70.

contraception whose use, ultimately, required discussion and prescription by medical practitioners.

A coupling of the rejection of the pill for contraception and acceptance of IUDs in Zdorovie may suggest Soviet hostility to major achievements of US and Western biomedicine during the Cold War. Different in origin, but similar in effect, other scholars suggest that it was too costly to adopt the pill for contraception as it would require re-education of medical practitioners and a whole new set of tests to be done on the pill111. Whether these were the only reasons or not, in the following decade the perception of hormonal contraception as being dangerous for women’s health became hegemonic in the Soviet Union and to this day the use of hormonal contraception has been very low while abortion and IUDs are still the most popular women’s methods of birth control, alongside with men’s methods, i.e. coitus interruptus and condoms.112

4. Conclusions
This study analysed how in the Soviet Union responsibilities for birth control were attributed to different actors – women, men and medical practitioners in a manner that allowed the state to maintain control over its population. By drawing on Foucauldian analytics of biopower, we discussed that the medicalisation of birth control was attempted not by force but by encoding particular messages in Zdorovie. We found at the centre a discourse in which the state, either directly or through men, claims knowledge and authority that is used to protect women. This construction naturalised early medical practitioners’ exercise of power over women’s bodies in controlling women’s access to medical abortion and, thus, gaining control over the entire population.

In the mid-1950s and early 1960s legal abortion was presented as the only safe and effective means of birth control. However, the state’s attempts to manage abortion rates in the 1960s were unsuccessful. Presumably pro-natalist men were then included in birth control decision-making in a manner consistent with the ‘natural complement theory’ within which men are responsible for protecting women from an unwanted pregnancy by using more healthy and

111 Кон, Аборт или контрацепция? (as in n.3).
reliable methods of birth control, such as condoms and abstinence. In this discursive formation medical practitioners still maintained their subject positions as ‘gatekeepers’ in these matters whose main role was to protect women by educating men. This discursive shift was also connected to the failure of the state to offer effective methods of birth control other than abortion, such as the pill, which, in the 1960s, was already available in the US and many Western European countries. In the 1970s, however, the state regained direct power, and thus control, over women’s bodies from men with the introduction of IUDs. This method was presented as a safe alternative to abortion. Also, IUDs allowed doctors to easily supervise women, since they would have to insert an IUD into a woman’s uterus, and it was easy for women to use it since they could keep it there for two to three years. This discursive turn also illuminated the state’s need to introduce a more reliable birth control method in a context where hormones as a means of birth control were already accessible in the West. The pill–IUDs nexus provides an example of Soviet biopolitics: the pill would not allow women’s bodies to be visible to medical practitioners as easily as abortion; yet, abortion was linked to infertility. IUDs made women’s bodies visible and provided a viable alternative to abortion that did not require the state to recognize the pill as a Western success.

This analysis of the Soviet birth control discourses demonstrates the productivity of situating Soviet biopolitics in the context of the Cold War. The evolution of discursive fields described above was not solely the matter of national population politics in the Soviet Union alone, but also and maybe even more prominently it was a product of the Cold War competition. The Soviet state sought a means of birth regulation that would not have as negative impact on fertility rates as the high abortion rates were believed to do. At the same time, the Soviet birth control methods had to be as effective as the US contraceptive pill, especially after the pill was introduced in 1960 in the West, and easily controllable by the state, as eventually IUDs appeared to be. We suggest that this struggle around birth control is yet another hegemonic struggle in the Foucauldian sense, a product of the Cold War, in the private sphere of everyday life, similarly to ‘the Kitchen Debate’. Our research implies that ‘the Kitchen Debate’ and the struggle around birth control could be connected processes as the sphere of consumption and households, the battleground in the first, constituted the context for the individual possibilities and decisions in the second. Therefore, further research to address these Cold War interdependencies though a comparative lens by including also the US and Western Europe in this picture would be productive. That said, it would be too short-sighted to conclude that the
Soviet population’s reproductive behaviour was totally dominated and controlled by the state and that the Soviet state power was always capable of maintaining its hegemony over its population. If we take for granted what’s written on the pages of Zdorovie, we would (mis)recognise the benevolent yet regulatory biopower exerted on men and women by the state via the medical practitioners as absolute. In this respect, this type of research is unable to detect the (ir)rationalities and agency of individuals in reproductive decision-making. Therefore, future research should also look into how the population understood state messages and practiced birth control in their everyday life.

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