

Abortion and gender relationships in Ukraine, 1955-1970

Abstract

This article examines socio-cultural conditions underpinning the so-called abortion culture in Soviet Ukraine. Unlike previous studies on abortion in the Soviet Union which primarily used country-level data, this study employs original sources – in-depth biographical interviews and archival materials – to investigate local conditions and the manner in which decisions regarding abortion were made. The author studied couples whose reproductive years comprise the period from 1955 to 1970, when modern contraceptives were not readily available but abortion was legal. Two localities in Ukraine, the cities of Lviv and Kharkiv, are included in the investigation. The findings suggest that local patriarchal gender regimes and their associated spousal dynamics define when and how women exercise their agency in birth control and abortion decisions. In couples where spouses communicated about birth control and abortion decisions women sought abortions less. Those women did not feel a need to exercise their agency as the husband took over both responsibilities. When abortion was practiced as a routine family size limitation method, spouses did not communicate about birth control and abortion, and the two were practiced solely as a husband's and wife's responsibilities, respectively. Those women sought abortion to fulfill their own goals, and at the same time to maintain the dominant patriarchal order in marital relationships as they understood it. Additionally, peer networks seemed to be the crucial element reinforcing women's agency in these processes.

Key words: Abortion, birth control, gender power relationships, women's agency, Soviet Ukraine.

Introduction

Throughout the second half of the 20th century, Eastern Europe had the world's highest abortion rates. Re-legalization of abortion in the USSR in 1955, underdeveloped medical care, and generalized social tolerance of the practice are commonly cited as the primary drivers of these high abortion rates (David & Skilogianis, 1999; Remennick, 1991), which rose above birthrates (a phenomenon often referred to as "abortion culture" (Stloukal, 1999)). Outside state and medical policies, however, it is not entirely clear how abortion culture was fostered. This study examines the role of local gender regimes and women's agency in that change, and specifically regional differences in the frequency of abortion between two cities in Ukraine.

Many scholars have addressed the relationships between patriarchal gender regimes and women's reproductive activities. Some argue that within a patriarchal context women have little possibility to exercise reproductive choice, and therefore abortion often becomes the only option (Browner, 2000; McIntosh, 2000). Others argue that women practice abortion to exercise their reproductive freedoms (Cook, 2000; Mackinnon, 2010). This question becomes even more complex when it comes to the Ukrainian Soviet context, where female empowerment was encouraged in public sphere, while traditional patriarchal gender roles prevailed within the household.

This combination of legal abortion and informal patriarchy may indicate that Ukrainian women could have used abortion as a way to counter male authority, as women in Yugoslavia did (Morokvasic, 1984). It has, however, also been documented that some women sought abortion to maintain traditional gender roles and not to challenge men's authority in birth control matters (Drezgić, 2010; Paxson, 2002). This study therefore asks: What was the role of women's agency in abortion decisions? To answer this question, this study reconsiders the relationships between individual agency and abortion practice through the spousal power relationships perspective. By looking at how spousal dynamics shape the perceptions and practices of fertility limitation methods, the study aims to uncover how these dynamics may promote or discourage women's agency in these decisions. By studying two urban localities in Western and Eastern Ukraine, the cities of Lviv and Kharkiv, respectively, the study also address regional patterns in abortion behavior which have been noted for present-day Ukraine (Levchuk & Perelli-Harris, 2009), but whose origins have seldom been examined for the historic period. I employ original qualitative sources, in-depth biographical interviews, and both qualitative and quantitative archival data to answer these questions.

I start with an overview of the existing debate regarding birth control and spousal power relationships in Europe. The second section discusses the methods and sources of the study. The third addresses socio-cultural contexts of the study locations, based on an analysis of secondary literature. Soviet policy concerning abortion and sexuality is discussed in the fourth section. The fifth and sixth sections, based on in-depth biographical interviews, analyze the gender aspects of birth control practice and how abortion perceptions and practices were shaped by different spousal power dynamics. Finally, I compare the impacts spousal power dynamics had on men's and women's agency in abortion practices in two cities.

Birth control and spousal power relationships

The use of birth control is a complex decision-making process in which both husband and wife are involved, either as active or passive decision-makers (Carter, 1995). Condoms, the birth control pill, IUDs, and medical abortions are often referred to as birth control methods, as are traditional arrangements such as periodic abstinence and *coitus interruptus*. Practicing and arranging any of these methods requires a certain degree of cooperation between spouses. Spousal cooperation is influenced by individuals' perceptions regarding who should be responsible for birth control, and by the way that family size decisions are communicated and disagreements resolved (Greene & Biddlecom, 2000). These behaviors are established in gender-specific rights and obligations. This collectively results in different patterns of gender power relationships which can generally be referred to as a gender system (Mason, 2001).

It is generally argued that, in traditional patriarchal gender systems, women's reproductive activities are controlled by men due to the substantial reliability of "male" birth control methods such as *coitus interruptus* (Folbre, 1983; Mason, 2001). Fisher (2006), in her study on birth control practices in Britain between 1914 and 1960, questions whether women compelled to use *coitus interruptus* indeed felt sexually restrained. She finds that although men practiced their authority through the use of coital-dependent methods of birth control and often initiated sexual intercourse, their behavior was not perceived as oppressive by women. In Fisher's view birth control was considered a male's duty, sexual ignorance and passiveness were integral components of female identity, and women were not passive victims despite the perpetuation of an apparently patriarchal regime of reproductive control. Their acceptance of a male authority also suggests, as Fisher (2006, p. 12) contends, "women's confidence that most men would concur with the need to keep one's family size relatively small".

However, what happens if there is a conflict of interests and women begin to demand a greater role in reproductive decisions? For many women in Western Europe, abstinence was an important means of reproductive self-assertion until the introduction of modern female contraception. As Secombe (1992), Fisher (2006), and Szreter and Fisher (2010) demonstrate, in Britain during the nineteenth century and until the 1960s, abstinence was often exploited by women as a type of resistance towards potential unwanted pregnancies. This resistance helped make husbands aware of wives' reproductive wishes which ultimately

facilitated spousal cooperation.

This adaptation of traditional patriarchal type gender relationships in Western Europe towards more cooperation and sharing became even more pronounced in the second half of the 20th century (Finch & Summerfield, 1999). On the one hand, men became more cooperative in family size limitation issues. On the other hand, women found a suitable way to accept male authority, as Fisher's (2006) study also shows. Recent studies show that, within these sharing marital relationships, the role of women's agency in accepting modern female birth control methods was however crucial (see Rusterholz, and Sanchez-Dominguez and Lundgren in this issue).

The modernization of patriarchal gender relationships, however, can occur in different ways (Therborn, 2004). After gender equality was introduced in the public sphere by socialist regimes in Eastern and South-Eastern Europe, traditional patriarchal gender roles within the family remained unchallenged (Drezgić, 2010). As women achieved equal rights in the labor market, they were faced with the reality that they must carry the double, or even triple, burden of being a working woman, housewife, and mother. Moreover, in this part of Europe, motherhood remained an integral element of womanhood and women faced the strong expectation that they continue bearing the greatest responsibility for childbearing and rearing (Drezgić, 2010; Morokvasic, 1984; Paxson, 2002; Rotkirch & Kesseli, 2010). Men, on the other hand, still held the major responsibility for birth control. Paxson (2002, p. 315) describes this model of gender relationship as one where "men play the active role in initiating sexual relationships, while moral women either resists their advances (when unmarried or with no intention to commitment) or submits (according to the sacrament of marriage)". The stringent division of gender roles within the household seems to provide little opportunity for women to challenge traditional power dynamics. The question is then if and how they resisted and challenged tradition?

Within the strictly patriarchal set of gender roles, abortion provided a means of post-coital family limitation that could be practiced without involving the husband, which made it a convenient way (if not the only way) of eliminating an unwanted pregnancy without risking spousal conflict. This method may thus abet a traditional patriarchal gender order (Paxson, 2002), and scholars often associate high abortion rates with a low level of female autonomy within the marriage (Browner, 2000; McIntosh, 2000; Szreter, 2002), though some (Cook, 2000; Mackinnon, 2010), contend that it can also indicate women's power over male

pronatalism. It is therefore not yet clear how regional patriarchies can influence women's agency in abortion decisions, especially in societies where abortion rates are high.

The current study takes up this puzzle by reconsidering the relationships between agency and abortion practice from a conjugal dynamics perspective. By looking at how spousal cooperation shapes the perceptions and practices of fertility limitation methods, I aim to uncover how these dynamics may promote or limit women's agency in abortion decisions. By agency I consider women's conscious actions undertaken to control their own fertility within "the broad utilitarian sense of balancing means and ends" (Carter, 1995, p. 65).

Research methodology and sources

The primary subjects of analysis are men and women born between 1929 and 1941, married between 1949 and 1965, resident in the cities of Lviv and Kharkiv, and with whom I conducted in depth, biographical, semi-structured interviews. In total, I collected 28 in-depth interviews—16 from Lviv and 13 from Kharkiv, in July-August 2012, August-October 2013 and September-October 2014. The Lviv informants comprised two men, ten women, and two couples. The Kharkiv informants comprised eleven women, one man and one couple. In the case of couples husband and wife were interviewed separately. I found it hard to recruit couples for this study as at the moment of interviewing many women who I approached and interviewed were already widowed. Purposeful and snowball samples were employed to recruit the informants. These two sampling techniques were used to ensure that the subjects came from as diverse economic, educational and ethnic backgrounds as was possible. Among the informants from Lviv, 10 had a university qualification, and worked as civil servants, while the rest were skilled or unskilled workers. In Kharkiv, six informants were university graduates and worked as civil servants, and seven were trained or unskilled workers. I recruited informants via purposeful sampling and with the assistance of non-profit organizations working with the elderly, through internet advertisements, and with the help of local people encountered during the fieldwork.

The interviews, based on a topic list, were open-ended, direct and personal conversations that, on average, lasted for two hours. In every interview, I attempted to uncover individuals' experiences of various reproductive events such as courtship, cohabitation, marriage,

pregnancy, abortion, and birth control. I also addressed the meanings that participants attached to significant others in their social network who influenced, helped with, or prevented them from making reproductive decisions as well as influential events, social-economic conditions, policy regulations, and other structural conditions. The interviews were collected and transcribed in the original language, either Ukrainian or Russian. Analysis was performed with Atlas.Ti qualitative software in English, and primary coding was done in Ukrainian and Russian.

Abortion is not an easy topic to discuss since it requires building a certain level of trust with an informant. Being a young female researcher helped me to build trust with both male and female informants. However, some informants tried to use “we” and “you” rhetoric, highlighting the regional differences in Ukraine, which remains a sensitive issue. In such situations I tried to position myself as belonging to the younger generation rather than that of being from another region; all the informants knew that I originally come from West-Central Ukraine. This approach to the interviewing process allowed me to emphasize the importance of conducting an interview with the generation seldom studied previously. This in turn motivated many of the informants to be more specific and elaborate more about their past experiences.

When broaching intimate topics such as birth control and abortion I introduced them by using non-personalized questions regarding the general popularity of different contraceptive methods within society and other people’s experiences. A number of informants, in this flow of conversation, subsequently revealed their personal experiences. A few preferred to keep their personal experiences private; I nevertheless analyze their attitudes regarding abortions in general, and circumstances among their friends. There were also women who had had many abortions and could not remember the conditions surrounding all of them. Often only the memories of the first few were retrievable. These memory and silence issues form part of the analysis inasmuch as they indicate individuals’ attitudes towards abortion practice.

To locate abortion and birth numbers, I gathered hospital, Ministry of Health, and statistical office reports at the city archives. These reports provided the data on abortion and birth numbers from the 1959 and 1970, and some accounts from districts’ gynecology departments. Based on the data from these reports, I calculated abortion ratios for Lviv and Kharkiv. The gynecology departments’ reports provided detailed information on how contraception

prescriptions worked, in practice, during the 1950s and 1960s. Some Ministry of Health and statistical office reports containing information on abortion numbers in Kharkiv were declassified only after I requested them, meaning they have not been previously studied. I thus exploited this data to support or question the arguments posed by the existing literature.

Lastly, during the interviews, some informants referred to magazines that contained information on contraception measures. I investigated the contents of one of these magazines, *Zdoroviye* (Health), in order to gain an understanding of the type of information they offered about birth control. The magazine was established in 1955 and is still published under the same name. I studied the contents of 76 available issues published between 1957 and 1970 and refer to some of this information in the text when it provides additional relevant information.

In the next sections, I will first discuss some background information on the study localities based on the literature and archival research, then present the analysis of the interviews.

Setting: Lviv and Kharkiv

The cities of Lviv and Kharkiv are located more than 1000 kilometers from one another. Although they have been under the same political rule since 1939, they have strikingly different demographic patterns and behavior which could be influenced by the historical developments of the regions. Regional variations in reproductive behavior, including abortion behavior, have been addressed for the present-day Ukraine (Levchuk & Perelli-Harris, 2009; Perelli-Harris, 2005, 2008). However, the historic differences and the changes that took place during the first demographic transition have largely been neglected. This makes the period right after World War II, and the cities of Lviv and Kharkiv interesting laboratories to explore regional variations in reproductive behaviors. In general, Lviv may be thought of as slower to industrialize and adopt Soviet social reforms than Kharkiv, which was comparatively industrial, secular, educated, and more gender-balanced in the workforce.

Figure 1. *Political map of Ukraine*

The western city of Lviv only became part of the Ukrainian SSR in 1939. During the interwar period, Lviv province as well as the entire region of Galicia belonged to the Second Polish Republic which emerged as a result of the collapse of the Austro-Hungarian Monarchy. At the time of Lviv province's annexation to the Soviet Union, Galicia was predominantly agricultural. Ethnic Ukrainians constituted the majority of the rural population but a minority in Lviv, which contained large Polish (64.8%) and Jewish (24%) communities (Лозинський, 2005). Before World War II, Roman Catholicism and Judaism were thus the major religions in the city while Greek Catholicism prevailed in the rural areas.

By the 1950s the percentage of Polish people living in the city had decreased to 3.4%--a result of postwar forced ethnic mobilization processes¹ initiated by the Soviet Government, and rapid industrialization and collectivization programs which led to increased rural-urban migration flows within the region (Боднар, 2010). By 1959, the population of Lviv as a city had reached almost half a million (411,000), which made it the largest city in Western Ukraine. Ukrainians primarily originating from neighboring rural areas constituted a majority of the population (74.3%) (Боднар, 2010). Although religion was officially banned and discouraged, Ukrainian peasants coming to Lviv after World War II retained their traditionally strong religiosity and during this period Greek Catholicism became the major religion in Lviv (Боднар, 2010). Unfortunately, because the Soviet Government did not collect statistics on religious affiliation, it is not possible to provide percentages on religion in Lviv during the Soviet rule.

The Soviet Government brought new industries to Lviv, mainly machinery, textiles, and food processing. This resulted in laborforce participation opportunities not only for men but also for women. In 1950, the proportion of women in the labor market of Lviv was only 12.3%. By 1960 it had reached 42.2% ("Економічна статистика Львівської області [National economics of Lviv oblast: Statistics]," 1987). In addition, the Soviet Government initiated a massive literacy campaign which reinforced women's involvement in the labor market. In 1970, 26% of employed women had received a secondary education while 11% had received

¹ The best-known forced resettlement was Operation Vistula, which resettled Polish Ukrainian in pre-war German territory.

higher education ("Економічна статистика Львівської області [National economics of Lviv oblast: Statistics]," 1987).

Kharkiv, located in the east of Ukraine (see Figure 1), became a part of the Soviet Union in 1919 when it was proclaimed capital of the Ukrainian SSR. Beginning in the early 1920s, Kharkiv developed a machine industry and various light industries. Women in the early years of the Soviet regime were perceived as an essential foundation of a new communist society, and their participation in the workforce was greatly encouraged. In 1950 the proportion of women among blue-collar and white-collar workers was already 46.9% (as compared to 12.9% in Lviv).² Following World War II, the ethnic composition of the region remained approximately the same and, according to the 1959 census, Kharkiv was composed of 48.4% Ukrainians, 40.4% Russians, and 8.7% Jewish (Пикалова, 2004). Kharkiv was one of the largest cities in Eastern Ukraine with a population of 950,000 people in 1959 (Рачков, 2011). Similar to Lviv, Kharkiv also experienced an enormous influx of migrants between 1950 and 1970 as a consequence of rapid economic development—both from the surrounding rural areas and from Russia.

With regard to demographic behavior, there were striking regional differences between the locations. In Lviv province the decline in fertility that emerged in the beginning of the 20th century was slow and protracted with fertility achieving replacement level only in the late 1990s. In Kharkiv province, fertility started to decline in the 1930s, but fell much more abruptly and was already nearing replacement level in the 1960s. Regional variations in abortion behavior were also conspicuous. In Kharkiv, abortion numbers in 1959 were substantially higher than the number of live births: 2,621 abortions for every 1,000 live births (see figure 2). Lviv had a much lower rate of 850 abortions for every 1,000 live births (Figure 2).

*Figure 2. Abortion ratios for Lviv and Kharkiv, city and province levels, 1949-2000.*³

² Source: Requested on 02.04.2014 at the main department of statistics in Kharkiv oblast

³ The horizontal lines demonstrate the moving average of two consecutive years. The abortion ratio is a calculated as: number of abortions * 1000/number of live births. For Kharkiv city, abortion number and birth number for the years of 1968 and 1970, respectively, were interpolated (method of spline interpolation) because, for some years, available data on abortion and birth numbers did not coincide. Data sources for *the city of Lviv, 1950-1957*: Lviv State archive funds #P-312 and #283; for *Lviv province, 1955-2000*: Population yearbooks for 1991-2001; for *the city of Kharkiv, 1949- 1965*: Kharkiv State Archive funds #P-5125 and #P-1962; for *Kharkiv*

Lviv and Kharkiv developed extremely dissimilar reproductive behavioral patterns despite similar Soviet-instituted social and medical policies. This suggests not only the importance of economic but also socio-cultural factors such as religion and culturally anchored family values (Stloukal, 1999), where spousal relationships play a key role. Before discussing spousal relationships and family limitation methods among couples in Lviv and Kharkiv, I will briefly address the policy conditions under which they were taking place.

Soviet politics of contraception and sexuality

In June 1921, abortion was legalized in the Ukrainian SSR and women gained the right to request an abortion free of charge in any medical institution. The policy was intended to advance women's emancipation, allowing for their incorporation into the labour market, which was a required step in building a new social state. The Soviet government did not, however, see legal abortion as a means of freeing women *from* childbearing; instead it wished "to demonstrate its commitment to women's equality yet not to condone limitation of birth" (Rivkin-Fish, 2003, p. 290).

The pronatalist Soviet state understood population growth as a necessary element to ensure rapid industrial development (David & Skilogianis, 1999), and in the context of declining fertility, the government soon began to perceive abortion as a problem. As a result, some restrictions were introduced in 1924, and a special commission was created to give permission for free abortions (Popov & David, 1999).⁴ In this manner, the state attempted to prevent declining fertility, yet retain working women in the labor market.⁵

With Stalin's rule (1934-1954) many pronatalist actions were taken to encourage population growth. Among them were policies designed to create an insufficiency of contraceptives and a complete recriminalization of abortion, with punishments for both physicians performing a

province, 1950 and 1955: Kharkiv State Archive funds #P-5125 and #P5231, respectively; for Kharkiv province, 1990,2000: Requested on 02.04.2014 at the main department of statistics in Kharkiv oblast.

⁴ Among the main restrictions was that single mothers and factory workers were unofficially afforded priority in receiving permission (Blum, 2004).

⁵ Abortion and birth statistics, however, indicate that the fertility decline in Ukraine continued at a rapid pace. The total fertility rate (TFR) decreased from 5.38 in 1925 to 4.61 in 1928 (Lutz, Pirozkov, & Scherbov, 1990, p. 6) while the abortion rate simultaneously increased by nearly three times from 3.0 in 1924 to 8.4 in 1927 (Shreider, 1930, p. 3).

operations and women attempting to procure them.⁶ Stalin's rule generally coincided with a broad reassertion of the traditional patriarchal gender system: maternity benefits were significantly augmented, and childbearing was declared one of women's primary responsibilities, in addition to maintaining the household and full-time employment (Popov & David, 1999). The Soviet state did not interfere with the existing gendered division of labor within the household, where all duties and childcare remained a woman's responsibility while the man was considered the principle breadwinner (Ashwin, 2000).

Shortly after Stalin's death in 1955, the government once again legalized abortion in accordance with the 1921 regulations – free of charge⁷ at any point up to 12 weeks after gestation. After 12 weeks abortions were only allowed for medical reasons (by European standards of the time, a generous policy) (Popov & David, 1999). In the 1960s, women who experienced an abortion were also allowed to take unpaid sick leave of up to five days. These conditions made abortion a convenient means of pregnancy regulation for many women, especially in circumstances where other birth control methods were either not reliable or required additional effort.

Family planning centers did not exist in Soviet Ukraine, and it was only possible to obtain technical birth control information from gynecologists, who rarely prescribed female contraceptives, forcing many women into abortion. Intrauterine devices (IUDs), for example, were perceived by gynecologists as being harmful to women's health (Popov & David, 1999). Oral contraceptives imported from Hungary and Czechoslovakia (from the late 1960s) were high dosage pills with numerous side effects. Their use was thus prohibited for contraceptive purposes and only permitted for specific therapeutic reasons (Popov & David, 1999). Hospital medical reports from Lviv and Kharkiv indicate that only in the late 1960s did some gynecologists begin to provide information on different contraceptive methods such as cervical caps, sponges, and the birth control pill.⁸ These consultations, however, were

⁶ Physicians arrested for performing an illegal operation could be imprisoned for one to two years while women attempting to terminate their pregnancies were to be reprimanded on the first offence and, if the attempt was repeated, fined up to 3,000 rubles—approximately an average yearly income (Popov & David, 1999).

⁷ Some contend that a small fee of five rubles (at a time when the average monthly salary was 120-160 rubles) was charged for an abortion (Savage, 1988). Hospital reports from Lviv show that, indeed, during the 1950-1960s, hospitals collected some money for performing abortion operations. This money was later used for the hospitals' needs, e.g., to purchase cots (Source: Lviv State archive fund # P-312, Folder #2, Case #572, Page #225).

⁸Source: Lviv State Archive, Fund #312, Folder #2, Case #646; Lviv state archive, Fund #312, Folder #2, Case #84.

arranged primarily with women who were not advised to give birth due to health problems or who were older than a specified age, usually 30-35, and had already borne two children (Popov & David, 1999).

Obtaining information from other sources was not easy, as issues regarding sexuality and contraception were omitted from the public discourse, and sexual education only appeared in secondary school programs in the 1980s (Rivkin-Fish, 2003). During the 1950s and 1960s, a number of magazines were, however, publishing articles on the disadvantageous aspects of abortion. In 1957, for example, *Zdoroviye* published an article on the film “Why did I do it?”⁹ – the story of a woman who became infertile after aborting her first pregnancy, then gradually convinces another woman not to use a referral to an abortionist. However, neither in this story nor in other *Zdoroviye* stories published between 1957 and 1970 was information provided on alternative methods of preventing unwanted pregnancy.

During the 1950s and 1960s, men and women were limited to methods with extensive failure rates such as withdrawal, vaginal douches, the rhythm method or Soviet-made condoms which were known for their poor quality (Remennick, 1991). The lack of reliable contraceptives and information can, to some extent, explain high abortion rates during the 1950s and 1960s, yet it can hardly provide an explanation for the regional variation presented in figure 2. The next section addresses these regional differences, referring to the examples of Lviv and Kharkiv.

“He would pull out and that’s it”: Spousal cooperation in Soviet Ukrainians’ birth control practice

Zoya got married in 1954 at the age of 23 and gave birth one year later. At the time, she was completing her final year at the university in Kharkiv, as was her husband. Zoya’s pregnancy was a surprise and, because both she and her husband were still studying, it raised some concerns. They nevertheless decided to keep the child, with the understanding that Zoya’s mother-in-law would assist with childrearing. When I asked Zoya about the birth control

⁹ “Zdoroviye”, 1957 (2), pp. 27-28.

methods she and her husband used prior to their first child, she claimed that, in her life, modern contraception did not exist:

I got married in 1954 and moved out of the dormitory, which was a mistake because I would have better completed my studies in peace. I moved to the in-laws, to my mother-in-law... But these were hard times for me. But the positive thing is that I gave birth soon after marriage. We did not know how to prevent pregnancy; we simply did not know how to do it. So, soon after I got pregnant. [...]

Did you use any birth control methods after you gave birth?

There was no information about it. There were no condoms, neither was the pill available. These were the 'dark ages'... No one, neither my mother-in-law, no one was telling anything... We all lived like that. We tried to be careful... He would pull out and that's it.¹⁰

Zoya's story reveals a few critical issues that are distinctive for her generation. A deficiency of contraceptive knowledge resulted in limited or no birth control prior to a woman's first pregnancy, and *coitus interruptus* appeared to be the primary remedy for controlling later order births. However, how did spouses cooperate regarding these matters? This section discusses spousal cooperation regarding birth control and, particularly, what roles men and women played in acquiring birth control knowledge and taking the responsibility for it.

The lack of contraceptive knowledge and methods resulted in general ignorance, particularly among women. As Fisher (2006) writes of Britain, before the 1960s, sexual ignorance was a central element of female identity. This also appears to have been the case for Ukrainian women who, similar to the British, referred to lack of birth control knowledge as not merely the result of a shortage of information but also as a way to be a virtuous woman. Among Ukrainian women, sexual ignorance often also meant not interfering in the husband's sphere of responsibilities, which included methods to prevent her from becoming pregnant. One of the respondents, Toma from Kharkiv, a researcher at the city's university, clearly expresses this:

Why should I have thought about that (birth control)? He should have thought about it.¹¹

¹⁰ Interview with Zoja fmc/kr#3 (born in 1931, married in 1954, 2 children, 2 abortions). (August 4, 2012). Kharkiv.

¹¹ Interview with Toma fmc/ku#9 (born in 1931, married in 1965, 1 child, no abortions). (October 14, 2013). Kharkiv.

In Soviet Ukraine, however, sexual ignorance appeared to have been less correlated with class than, for example, in Britain where Fisher (2006) contends that sexual ignorance was a crucial component of womanhood among working-class women in particular. Toma and Zoya both completed higher education and were white-collar workers. Yet Aglaia, also from Kharkiv and an unskilled factory worker, had a similar experience:

I did not know anything about the methods he used. I was even shy to ask about it. At that time we did not even feel comfortable to pronounce the word `condom`. It was close to profanity to say so.¹²

Aglaia's quote, as well as other oral testimonies, indicates that women often fully relied on their husbands with regard to birth control matters. Men's methods such as *coitus interruptus* and, sometimes, condoms appear to have dominated marital contraceptive practice, as Larisa's case also reveals:

We sometimes used condoms, but he did not like them much, so more often it was, as people call it, '(to come) on the side.'¹³

Relying on men's methods had a long-standing tradition in Ukraine. According to a medical survey conducted in 1929, nearly 72% of married Ukrainian women residing in rural locations relied primary on male-dependent methods such as *coitus interruptus* and less on condoms (9%) (Гуревич, 1931). By 1999 the percentage of married women relying on these methods decreased to 34.9%, which made it still the most favored method (Levchuk & Perelli-Harris, 2009). These percentages and the testimonies above may suggest that women were rather passive in birth control matters. However, to understand what a woman's behavior was, behind the socially accepted role of a virtuous woman, one should understand how spouses approached birth control related issue and what they did if a woman was not satisfied with her husband's primary arrangements.

During their marital life certain couples discovered that withdrawal and Soviet-made condoms were unreliable and sought other options. Although birth control was generally regarded as the husband's responsibility, some women demanded alternatives, especially those who rarely communicated with their husbands. Viktoija from Kharkiv got married at the age of 18 to her

¹² Interview with Aglaia fwc/kr#7 (born in 1931, married in 1951, 2 children, 18 abortions). (August 20, 2012). Kharkiv.

¹³ Interview with Larisa fmc/ku#10 (born 1939, married in 1966, 2 children (twins), no abortions). (October 10, 2013). Kharkiv.

class-mate from university. Afterwards, she worked as a chemistry teacher and her husband as an engineer. They had three children, and Viktoija had 15 abortions. However, communication regarding birth control issues between the spouses remained difficult throughout their married life.

I did not discuss it with my husband. After intercourse I would usually take a shower and use a bulb syringe with vinegar afterwards.

And how did you get to know about it?

That's obvious, from other women. Not from the doctors of course. I didn't go to them.¹⁴

Viktoija received information on traditional post-coital methods from other women who were not necessarily her closest friends but co-workers or acquaintances. As other informants mentioned, this information was commonly shared in the form of gossip rather than discussion among friends since, even between friends, sharing intimate issues was considered shameful.

Some informants, however, approached birth control as a mutual agreement between spouses. Daryna, a former research assistant at the university in Lviv, said:

We started to be careful later in order not to have a baby shortly after the first child was born. But not before that... Honestly, at that time I did not know that it might occur. I did not even know that I might get pregnant.¹⁵

In fact, among Lviv informants, more than in Kharkiv, mutual agreement in birth control choices (usually in favor of male methods) was an essential element of marital life. Women, despite their general ignorance of birth control, often knew which methods their husbands used, and men's consideration of their wives' wishes appears to have been considered an integral component of male identity. Vasyl and Nadia, a couple from Lviv, got married in their 30s at a time when both were working – he as an engineer at the bus factory, she as a nurse in a kindergarten. Vasyl mentioned that he sought reliable methods:

Maybe she has told it to you before, but she was terrified of abortion and we actually had no need for it.

Were there some religious reasons for it?

I don't know, I have never asked her this, but I knew that she was scared of having an abortion. [...]

¹⁴ Interview with Viktoija fmc/ku#8 (born in 1931, married in 1949, 3 children, 15 abortions). (August 22, 2012). Kharkiv

¹⁵ Interview with Daryna fmc/lr#9 (born in 1939, married in 1964, 2 children, 1 abortion). (September 29, 2013). Lviv

So, how did you manage not to have children between 1968 and 1974?

Well, we relied to a great extent on contraception.

Which one do you mean?

I used to go to Poland quite often, and it was possible to get some there... It happened sometimes, of course, that at the customs, they would have checked the baggage...and these were quite inconvenient situations, you know.

Do you mean because they might have found condoms in the baggage?

Yes, yes, yes!

Were there no condoms here?

Well, sometimes it happened that there were no condoms in the pharmacies and, moreover, the quality of them was pretty bad. [...] So, sometimes, I was also asked to bring some for my colleagues, you know.¹⁶

Vasyl took primary responsibility for contraception but also demonstrated awareness of his wife's concerns regarding abortion risks. Although reliable methods were not readily available anywhere in Ukraine, among the informants from Lviv, spousal cooperation in birth control helped to find alternative solutions, in contrast to the situation in Kharkiv. Spousal cooperation played an integral part in birth control practice, especially because both spouses often held similar views on these matters.

A backup plan or a birth control method: abortion and women's agency

In both Lviv and Kharkiv couples conformed to the generally accepted view of women being ignorant in sexual matters and men being responsible for birth control. In practice, however, spousal cooperation was implemented differently in two cities. While couples in Lviv often sought more cooperation in birth control matters, in Kharkiv birth control was practiced as solely men's concern though women dissatisfied with their husbands' arrangements often sought alternatives themselves, with little cooperation from their husband. Likewise coping with an unexpected pregnancy was primarily a woman's issue where she sought a solution herself, often entailing abortion. Here I investigate how spousal cooperation could have shaped the perception of abortion practice among couples in Lviv and Kharkiv – as either a backup plan or a proper birth control method.

When a decision concerning pregnancy termination was under consideration, both men and women informants from Lviv stated that they approached this matter together with their

¹⁶ Interview with Vasyl mmc/lr#3 (a husband of Nadia (fmc/lu#4), born in 1938, married in 1966, 2 children, no abortions). (July 13, 2012). Lviv

spouse. Fedir was a university lecturer and his wife a part-time teacher at school. Together, they had three children. Fedir recalls his wife having two abortions, during one of which he supported her at the hospital:

*We discussed it, and we decided to abort. It was a joint decision, and I went with her to the hospital.*¹⁷

Fedir's account suggests that his role in abortion decisions could have been as important, if not more, as his wife's.

For nearly every female informant from Lviv abortion decisions also had a joint character, and even if some of them portrayed it as an own decision, the husband's say still mattered to them. Oksana worked as a tailor in Lviv when she got married. Later she switched to working as a waitress in a hotel restaurant and stayed there until her retirement. She had two children, and two abortions – after the first and second births, respectively. Oksana's view on abortion was rather different from the rest of the female informants from Lviv as she tried to portray it as her own choice. At the same time, in her account of the first pregnancy termination, which occurred soon after the first birth, she testified that it was discussed with her spouse:

Did you tell your husband about it?

Yes, I did! He knew about it and then he visited me in the hospital.

But just after the consultation with the doctor when he said that you got pregnant, what did you say to your husband? Did you consult with him about what to do?

*Well, I said 'I will have an abortion' that's it.*¹⁸

More commonly, however, women from Lviv reflected the same idea on abortion decisions as their husbands. They argued it to be a mutual choice, where often a husband, but sometimes also close relatives, such as a sister, might have been asked to assist. Previously mentioned Daryna, a former research assistant at the university in Lviv, sought one abortion where her husband and sister supported her during this event:

We always discussed these issues. It was our common decision.

So, did you tell him that you wanted to terminate the pregnancy?

No, we had to discuss it first [...]. I also told my sister about it, and she...there was one person at her work... I did not know where to go and, at my sister's work, there was a person who knew someone who could do it.

Where was it?

He was in Lviv, and I went to his place to do it.[...]

¹⁷ Interview with Fedir mmc/lr#10 (born in 1934, married in 1957, 3 children, 2 abortions). (September 17, 2013). Lviv

¹⁸ Interview with Oksana fmc/lr#14 (born in 1932, married in 1957, 2 children, 2 abortions). (September 3, 2013). Lviv

Did you take a sick leave?

No, there was no such thing. I stayed one day at home and, the next day, I went to work.

Was your husband with you? How did you feel about it? Weren't you scared?

I think there was someone with me... I think it was my sister there, yes, and her colleague took us to the place. Of course I was, and I did not want to have it again.¹⁹

Daryna's testimony reveals that she had little confidence in seeking an abortion. This in turn, might have facilitated her to go to a private doctor. Therefore, she sought support from her husband and sister to ensure assistance in having an abortion. Daryna expressed that abortion was not her preferred method and she never had another one. At the same time, she made little effort to protect herself afterwards, as she denied trying to use any female birth control methods – exercising her agency, and she kept relying on her husband's arrangements. In this respect Daryna's testimony represents a commonly held view on abortion found among Lviv female informants who hardly perceived it as a female liberation choice. For them it was rather a backup that was used if husband's arrangements failed. Men, on the other hand, exercised significant influence over their wives' decisions, and thus often felt responsible to assure little failure of the methods they used.

When it comes to the testimonies from Kharkiv, female informants commonly mentioned abortion as a woman's issue that would rarely be discussed with the husband. Moreover, in Kharkiv women were already certain of their decisions before informing their husbands. Earlier mentioned Viktoija, a former schoolteacher from Kharkiv, never discussed birth control matters with her husband. However, she mainly relied on his methods of birth control, and also used some traditional female methods privately. During her reproductive life she had 15 abortions, yet only a few of those were to her husband's knowledge, as she did not perceive abortion as a matter of joint decision-making:

Did you tell him (husband) that you wanted an abortion?

No, we did not discuss it.

And did he know that you went to have the abortion?

Well, of course, he did. When I already was at the hospital, he would obviously know about it.²⁰

¹⁹ Interview with Daryna fmc/lr#9 (born in 1939, married in 1964, 2 children, 1 abortion). (September 29, 2013). Lviv

²⁰ Interview with Viktoija fmc/ku#8 (born in 1931, married in 1949, 3 children, 15 abortions). (August 22, 2012). Kharkiv

Viktorija's case was not exceptional, but rather a typical of women's behavior in Kharkiv, where the majority of female informants preferred not to discuss their abortion decisions with their husbands. For Kharkiv women abortion seemed to be a specifically female concern about which women made their own decisions. The view on the frequent use of abortion in the Soviet context was, however, rarely questioned from a gender perspective. Particularly, how did men perceive their wives' abortion practices and what role the men themselves played?

In the few accounts of Kharkiv men, I also encountered the lack of shared decision-making regarding abortion. Viktor, a researcher at the Physics Research Institute in Kharkiv recalled that his wife had one abortion following their first child. This was not discussed, as his wife was already certain of this decision prior to informing him.

She did not have an abortion afterwards then (after the first child), did she?

Yes, she did. She had one [...].

Did you discuss it (abortion) with her?

Yes, this we probably discussed. Probably, yes. I mean she said that she got pregnant and will have an abortion. I did not object.

Do you mean that she actually asked you to face the fact that she was going to have an abortion?

*Yes, yes, yes.*²¹

Viktor however objected little, if at all, to his wife's decision. He shared her concerns that having a second child right after the first would have been too much for her, as she was planning to continue with her work, as a university lecturer. Because women claimed to act independently in their decisions and they informed their husbands', they may have been exercising their agency in making reproductive decisions in favor of abortion to challenge the existing gender order.

However in certain couples women preferred to keep abortion private from their husbands as it might have caused tensions, especially if abortions were often sought, as in Larisa's case.²² A former unskilled factory worker from Kharkiv, her first child, a girl, died at the age of nine months as the result of a stomach infection. Within one year of the child's death, Larisa gave birth to a second child. She then had 15 abortions and never gave birth again. From her

²¹ Interview with Viktor mmc/kr/#11 (born in 1939, married in 1960, 2 children, 1 abortion). (October 12, 2013). Kharkiv

²² Interview with Larisa fmc/kr/#12 (a wife of Tolik (mmc/kr/#13), born in 1948, married in 1968, 1 child, 15 abortions). (March 15, 2013). Kharkiv

testimony it becomes clear that she was not completely happy in her marriage and showed little trust toward her marital partner. According to her, she did not discuss any of the abortion plans with her husband as she did not want to live through childbearing or child death again. In the interview with her husband Tolik, a former electrician, I discovered that he was aware of only one abortion his wife had had and that this abortion was disclosed to him by the neighbor.²³ He suspected that Larisa might have had more abortions. However, even the knowledge of just the one abortion caused many quarrels and general mistrust within the family that eventually led to divorce.

Little consultation with husbands were often compensated for by discussions with female friends and colleagues, who women could ask for advice and/or help, as Naida's testimony also illustrates. Naida, a former unskilled worker and later a brigade leader, had four abortions, three of which occurred after her first birth. After the second birth, she had one more abortion, which was her last. Naida claimed that the doctors had probably done something to her as she was never pregnant again; however, this did not really disturb her. In her narrative, Naida stated a number of times that her decisions regarding abortion were rather spontaneous and she rarely mentioned her husband's role in her choice. She also mentioned that she did not want her mother-in-law to know about it. Instead, abortion was something discussed and shared with a female co-worker:

*When I went to have my second abortion, I think I was in the second month already. When I had the abortion...it was a midwife from the hospital who did that for me. Did you know her from before?
No, she was a friend of a friend. And I actually went to her with another woman. Was she your friend?
Well, she was from my work. She also got pregnant, and I said "Let's go?" She said, "Let's go!"²⁴*

Naida had two abortions after her first childbearing in 1961 and 1962, respectively, and back then she still lived with her in-laws. She decided to go to the private midwife as it was more confidential and did not require her to remain in the hospital for extra days, which would have raised suspicions at home. She was especially scared that her mother-in-law would find out, which could have been also a reason why she kept it absolutely secret from her husband.

²³ Interview with Tolik mmc/kr#13 (a husband of Larisa (fmc/kr#12), born in 1941, married in 1968, 1 child, 15 abortions). (March 23, 2013). Kharkiv

²⁴ Interview with Naida fmc/kr#1 (born in 1936, married in 1959, 2 children, 4 abortions). (August 3, 2012). Kharkiv

Like Naida, Kharkiv female informants typically experienced a fear to clearly assert their reproductive wishes to their husbands, as men's authority was strong in many Soviet households. Those women however sought an abortion in order not to run into the spousal conflict, and also to satisfy their needs to continue working and contribute to the household budget. In other words, they exercised their agency to fulfill their living needs, but also to submit to the dominant patriarchal gender regime, as they understood it. They thus often used abortion as the only reliable female method of birth control.

Additionally, frequent discussions with, and support from other females helped women to accept abortion more easily. These broad female networks of colleagues and acquaintances – defined by Watkins and Danzi (1995, p.483) as heterogeneous networks – are “more likely to bring new information and to offer an opportunity to consider a wider range of options for reproductive behavior and less pressure to conform to prevailing community norms”. They thus are very likely to promote women's agency. On the contrary, strong bonds with the husband and family of origin among women in Lviv meant women sought external support only if required. Limited communication with peers could have thus resulted in little credibility being given to abortion as an alternative birth control method, as homogenous networks are “more likely to support the prevailing social norms rather than challenge them” (Watkins & Danzi, 1995, p. 483).

Conclusion and discussion

Previous research has emphasized the popularity of abortion practices in societies where strong patriarchal gender regimes prevail (Browner, 2000; McIntosh, 2000; Paxson, 2002; Szreter, 2002) as abortion is a convenient way to limit family size and at the same time does not challenge “‘proper’ gender roles” (Drezgić, 2010, p. 203). Some scholars, however, find that in some societies women seek abortion as they use it as their power to resist men's authority and thus make their own decisions (Cook, 2000; Mackinnon, 2010). Dissimilarities between patriarchal regimes (Therborn, 2004) led me to assume that women's agency in reproductive decisions can be shaped by the regional implementation of patriarchal values and associated spousal dynamics. In other words, in different patriarch structures women may have differing needs and possibilities to exercise their agency in reproductive activities.

At the first glance, men's and women's' testimonies from Lviv and Kharkiv seemed to support similar patriarchal gender values. The generally accepted view of men being responsible for contraception and women being ignorant in these matters, which Fisher (2006) also finds for pre-war British society, were typically recalled by the Ukrainian informants. However, by uncovering what people imply by these norms and how they claim to implement them, I revealed different spousal strategies of coping with birth control and abortion issues among the couples in Lviv and Kharkiv.

Among Lviv informants birth control practicalities were often agreed and the details of arrangements were commonly taken for granted. This was generally achieved through a husband's awareness of his wife's wishes. Both spouses typically claimed mutuality when it concerned birth control; men however in particular claimed mutuality and responsibility when it concerned abortion decisions that is linked to family size regulation, which in traditional patriarchal society is typically of men's responsibility. This suggested that behind the public idea of spousal cooperation, men actually exerted private dominance and authority in reproduction and marital life. This in turn worked as a discouraging factor for a woman to seek other alternatives. Further research is needed to explore the origins of the spousal power relationships in Lviv, and in particular the influence of Greek Catholicism which might have contributed, or even formed the discourse of spousal mutuality.²⁵

On the contrary, for women in Soviet Kharkiv abortion typically became the only reliable resort for limiting family size, and it was commonly perceived as solely a woman's responsibility. Kharkiv women did not perceive themselves as being at an impasse, as they exploited abortion as their natural and legal right. In practice, however, these women still tended to completely rely on their husbands in birth control matters even though the commonly employed coital dependent methods tended to fail, as the high abortion levels

²⁵ In our study quite some informants from Lviv considered religion as an integral part of their lives, although not in the sense of following the church postulates, but rather in existential terms of perceiving marital life difficulties and unexpected pregnancies as part of fate, especially among women. It is therefore hard to understand the link between religion and marital life. However, in Ukrainian Greek Catholic Catechism I found a section that says about spousal relationships in the same manner as my informants did. The section describes spousal relationships as to be cohesive, trustful, and sharing with regard to all the aspects of marital life. This mutuality was especially emphasized in the birth control section where abortion, for example, was perceived as a shared guilt of both the wife and her husband ("Катехизм Української Греко-Католицької Церкви "Христос - наша Пасха" [Catechism of Ukrainian Greek Catholic Church: "Jesus - our Pascha"]," 2012).

indicate. Women made little effort to change the situation since discussions about birth control rarely occurred between spouses. Scholars interpret this abortion practice as the only way for women to enjoy their sexuality and to prove their procreation abilities, which are important for male status (Morokvasic, 1984; Paxson, 2002). In fact, these women did not aim to resist their husbands' authority, and exercised their agency to seek abortions in order to maintain the patriarchal gender system, while perhaps also aiming to fulfill their sexual needs, but also those related to work and education. In the conditions where women were supposed to carry the double burden of being a working woman and housewife/mother fulltime, abortion seemed to be a suitable life strategy for them. The increasing female power over childbearing and rearing issues could have later resulted in increased passiveness of men in this domain, and hence in a problem of fulfilling a role of a father. Further research might seek to study how the transformation of spousal relationships could have contributed to the appearance of, what recent scholarship defines as, "the crisis of masculinity" in Ukraine (see for example the study by Bureychak (2013)).

Spousal power relationships play a crucial role in different adoptions of birth control and abortion behaviors as they can promote or discourage women's agency. This study additionally suggests that scholars should also pay attention to the role women's social environments (such as peer relationships) play in reinforcing women's agency. This study ascertained, for example, that more heterogeneous social networks of peers, such as those found in Kharkiv, reinforce women's agency in reproductive decisions. In the case of abortion practice, women's support and reciprocity put less stigma on abortion and offered a new perception on it as method that can satisfy both husband and wife's needs. On the other hand, in more homogeneous social networks containing more family members, such as those among the informants from Lviv, women could possibly be less motivated to seek and employ methods of fertility limitation as their close environment exerts more social control over the new methods, especially if these methods were stigmatized in the society. Therefore, for the future research agenda it would be interesting to study the role that men's and women's social network configurations might have played in promoting individual agency in other reproductive choices, such as those related to choosing a marriage partner, and fertility starting and stopping.

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Appendices

Figure 1. Political map of Ukraine

Figure 2. Abortion ratios for Lviv and Kharkiv, city and province levels, 1949-2000.