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# **BIRTH CONTROL IN RUSSIA: OVERCOMING THE STATE SYSTEM RESISTANCE**

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## **BIRTH CONTROL IN RUSSIA: OVERCOMING THE STATE SYSTEM RESISTANCE<sup>3</sup>**

This paper considers the changes in the major proximate determinants of fertility in Russia within the framework of demographic transition theory and Bongaarts approach to fertility analysis. After World War II Russian fertility became a fully controlled process. The complex interplay of abortion and contraception during the Soviet period resulted in a very high abortion level. The Russian government has almost never supported and promoted family planning as an alternative to abortion. However couples' preferences for few offspring appeared more powerful than the will of authorities. Current trends show that despite the lack of governmental support society itself is evolving towards more humanistic and effective birth control. Estimates based on recent surveys' data confirm the validity of official statistics showing there is a decline in the number of abortions.

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Keywords: birth control, abortion, contraception, reproductive health, RLMS-HSE, Russia.

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The paper starts with a brief section on the demographic transition and Bongaarts' ideas. Then a historical narrative section follows, consisting of two parts, pre- and post-1920. The Soviet period is divided into three sub-periods according to changes in legal regulation, which affected or tried to affect demographics. In the last part the paper describes post-Soviet developments. For this period there are more data which allow a more in-depth analyses and conclusions.

## **Theoretical framework**

We base our arguments on the demographic transition theory invoked by Thompson [1929], Davis [1945], Notestein [1945], and Laundry [1934] in the first half of the 20th century. The demographic transition is a descriptive model attempting to explain long-term trends in human mortality and fertility. As Demeny [1972] put it: "In traditional societies, fertility and mortality are high. In modern societies, fertility and mortality are low. In between there is demographic transition."

The transition began with a fall in mortality, and fertility also fell but with a lag [Vishnevski, 1976]. This was caused by market development, mainly the elimination of frequently occurring famines. This model is based on the European experience, but the model works with populations of other regions. Later in-depth studies - mainly European - [Coale, 1987] revealed examples of reduced fertility in poor economic settings (France, Hungary), and high fertility in relatively advanced economies (Great Britain). In many cases of intra-national comparative analyses of fertility decline, religious and cultural factors appear more important than the economic ones. The experience obtained from developing countries revealed the importance of population policies, especially those aimed at population growth and birth control. Basing mainly on the African experience Caldwell underlined that in many cases westernization and the diffusion of the nuclear family norm were more important than industrialization [Caldwell, 1976]. Working on building a causal model for fertility decline most demographers agree with Coale [1973], who in his speech at an international conference at Liege formulated three conditions of fertility reduction: (1) smaller families are perceived as economically and socially advantageous, (2) birth control is morally acceptable, and (3) the means of control are available. Any pronatalist policy has to overcome or reverse one or more of these conditions.

In 1914 Margaret Sanger in her magazine *The Woman Rebel* coined the term *birth control*. Birth control is a couple's behavior depending on a number of already born children. Birth control is more general term than *family planning* or *contraception*; it differs by the number of methods of avoiding an unintended pregnancy and birth. Family planning is wider than contraception, which can be either modern or traditional; family planning also includes

abstinence, infertility treatment, and prolonged breastfeeding, which are hardly contraception. Unlike family planning, birth control includes abortion. The terms *family limitation* and *fertility regulation*, while similar to the above are not widely used now. Having the means of birth control allows a woman to choose when to have a baby, and to avoid an unwanted or untimely pregnancy.

Initially scholars searched for the causes of fertility decline in socioeconomic development, industrialization, urbanization, etc. Louis Henry [1961] introduced the concept of natural fertility as a type of behavior opposite to birth control, which did not depend on number of children already born. Davis and Blake [1956] grouped factors affecting fertility into three categories: (1) those related to exposure, e.g., marriage, frequency of intercourse, (2) chance of conception (sterility, contraception), and (3) pregnancy outcome (miscarriages, abortions).

John Bongaarts, through an extensive study of a number of various surveys of various surveys, reduced a number of factors affecting fertility to four: marriage, abortion, contraception, and breastfeeding [Bongaarts, 1978]. Later he added pathological sterility as a fifth factor [Bongaarts et al., 1984]. He called them proximate determinants, underlining the fact that other factors (education, urbanization, etc.) affect fertility through these determinants. He also suggested that human fecundity is a constant. Thus he made human fertility compatible between various populations and provided a simple kit of measures to make global and historical comparisons.

Bongaarts approach makes us pay more attention to the development of these proximate determinants rather than socioeconomic variables. We could be certain that during the period under observation the duration of breastfeeding reduced greatly, while a factor of marriage changed ambiguously. The age at marriage in Russia always was and remains relatively young and the proportion of never married women is low. These parameters are absolutely opposite to so called European type of marriage [Hajnal, 1965] with later age at marriage and greater proportion of never married. On the other hand the number of children born outside wedlock has increased in Russia. Marriage as a legal status became less important in relation to childbearing and childrearing. Moreover according to some studies the age at first coitus has markedly reduced [Kon, 2010]. These developments made the marriage factor difficult to measure and understand. Our study focuses on abortion and contraception, which are the most important proximate determinants of fertility nowadays.

## **History**

As sources on abortion and contraception are scarce we pursue birth control and its use through the decline in fertility. Although the data on fertility are also far from ideal. Vital

statistics covered a part of the Russian empire in the form of the clerical registration of baptisms and burials, which were close but not identical to demographic events.

### **Traditional or pre-Bolshevik society**

Zakharov [2006] presents an excellent summary of the estimates of fertility regimes existing at the end of the 19th century in Russia at a time when there were high pre-transitional levels of mortality and fertility. The estimated total fertility rate level of almost 8 was about half the fecundity level given by Bongaarts. It shows that some forms of regulation and limitation of a family size existed. The first modern type census (1897) revealed a very young age composition of Russian population with a child-woman ratio (a number of children aged 0-4 per woman 15-45) of 0.66.

Before the Bolshevik revolution family planning methods were virtually unknown and abortion was not only a sin but a crime as well. Articles 1461-1463 of the Russian Penal Code indirectly confirm the spread of abortion. Contraception in Russia never had been banned, unlike abortion, which had been banned probably because it was popular and widespread. Although the prevalence of abortion at that time remains unknown there are some fragments of data about its use among the urban population. According to Gens, the numbers of convictions for abortion were small but rising, 20 in 1910, 28 in 1911, 31 in 1912, 60 in 1913, 40 in 1915, and 51 in 1916 [Gens, 1929]. Certainly few were interested in the implementation of the law, and it was not strictly enforced. However we may guess that the number of abortions more than doubled in six years. The number of women hospitalized after criminal abortion also grew quickly. In one Saint Petersburg hospital it grew five fold from 1900 to 1912 [Vishnevski, Sakevich, 2006: 42-43]. These two examples suggest that Russian society was developing fast to approve the idea of family limitation.

There is evidence that the need for deliberate family limitation existed in both urban and rural populations, but the methods of avoiding conception were unknown [Mironov, 1999]. The only known and widespread method was the very unreliable withdrawal method (*coitus interruptus*) [Tomilin, 1929]. The approaching social revolution in Russia at the time coincided with the start of a demographic transition in fertility.

### **The Soviet Swayings**

One of the first Bolshevik decrees (Dec. 18, 1917) introduced civil registration of demographic events, however it took time to spread these procedures throughout the country. The first Soviet census to include a question about children ever born was in 1989, it shows that women aged 70 and over had on average three children, those with higher education had 1.5, and

with the lowest educational level had 3.5. Definitely after the World War II fertility in Russia was under families' control. In other words, in the first half of the 20th century fertility in Russia from near natural conditions became fully controlled and the fertility transition was over. Since the mid 1960s Russia has experienced a below replacement fertility briefly interrupted in mid 1980s when *perestroika* fueled optimistic aspirations of the population and thus inflated fertility rates.

Soviet Russia was one of the first countries to introduce gender equality and women's suffrage. A more interesting detail is that the time span between dates when men and women obtained the right to vote was the shortest at that time. The first Russian parliament elected by men was in 1905, and Russian women became voters a dozen years later. The equalization of election rights was less a gender issue and more one of general human rights. In a brief period of time, less than half a generation, the peoples of Russia became voters regardless their gender. It is an important, although underestimated feature of Russian history, and its impact on fertility has not been studied by demographers.

### **The first decriminalization and the discontinuity of tradition**

Soviet Russia was the first nation to decriminalize abortion. In November 1920 The People's Commissariats of Health and Justice issued a decree *On artificial pregnancy termination*. The government motivated its decision with racial and female health interests. The wording of the document followed the decision of the 12th congress of the Pirogov Society<sup>4</sup> (1913), which recommended allowing abortions only in a hospital, by a doctor, and without aiming to make a profit. Interpreters express different opinions about this decree, as to whether it was simply an indoctrinated decision, or it had matured within Imperial Russia's public health system with a probable origin in western medical and general literature [for details see: Vishnevski, Sakevich, 2006b].

This decision was based on the assumption that strengthening the socialist system, improving living standards, cultural revolution, campaigning against abortion, and for better maternal and child care practices would gradually lead to disappearance of “the abortion evil”. The viewpoint that improved standards of living and increased prosperity would inevitably make fertility grow and lower the number of abortions has long defined state policy in this area. It remains popular even now. Therefore, the development of contraception, before and after the revolution, did not receive due attention.

Lenin called access to abortion “a protection of the elementary democratic rights of a

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4 "Society of Russian doctors in memory of N. I. Pirogov" is one of the most respected in the Russian Empire voluntary non-governmental associations of physicians of all specialties (1881-1922). In 1985 Pirogov society resumed its activities, and since 2010 it has operated as a movement.

female citizen". He also mentioned the "distribution of medical writings on the means of protection" [Lenin, 1913]. The latter part had little influence on administrative and public health practices of the new state. The attention paid to the means of protection from unwanted pregnancy was insignificant. There are a few barely known or forgotten cases of the development of new contraceptive technologies in that period. One is described by Sanger in her *Autobiography* [Sanger, 1938], where she describes her meeting with Prof. Tushnov who was experimenting with injectable spermicides [Tushnov, 1911, 1938]. Some researchers continued to study the use of X-rays as a method of contraception [Gens, 1929]. We suppose that an initiative of the Soviet government had a wider response, but the topic is still unresearched. Undoubtedly the decision to decriminalize abortion made social life more secular and safer for reproductive health.

The numbers of reported abortions grew rapidly. According to Gens in a survey of 1,000 textile workers 94-95% of pregnancies in 1900-1913 resulted in live birth, 91% in 1914-1916, 85% in 1917-1919, 77% in 1920-1922, and 71% in 1923-1924 [Gens, 1926]. This survey also showed that literate women had lower fertility and performed more abortions.

Since then researchers discuss what the major reason for this was – better registration or actual growth of the rates of abortion. The answer remains unclear. Many experts support the first option<sup>5</sup>. It means that legalization just uncovered a situation that was already occurring.

Since hospitals suffered from a deficit of beds and were unable to meet the demand, in 1924 the government decided to restrict access to free abortion. It established special commissions to decide the priorities in providing free abortions: (1) single unemployed, (2) single employed with one child, (3) large families, (4) wives of workers, (5) all other categories of insured, and (6) all other citizens [Gens, 1929]. Those who did not obtain a referral for free abortion were made to pay for this service and have it performed in a clinic according to regulations, or to resort to illegal methods. With contraception being unavailable, abortion soon became a common method of regulating family size. At about the same time similar developments took place in Weimar Germany [David et al., 1998].

In 1924 medical authorities introduced mandatory registration cards for (1) women admitted to hospital for abortion, and (2) women admitted to hospital when an abortion had been initiated outside the hospital [Gens, 1926], [Gernet, 1927]. The card contained a wealth of data on age, nationality, profession, residence (urban/rural), marital status, housing conditions, numbers of previous pregnancies, live births, and miscarriages, month of gestation. In 1925 the department of moral statistics of Central Statistical Administration (CSA) began processing these cards. In 1927 CSA released two volumes of tables *Abortion in 1925* and *Abortion in 1926*.

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5 According to V. Payevsky recording system of Leningrad achieved completeness in 1928 [Paevsky, 1970: 318].

These volumes contained information not only about the number of abortions, but also on the socio-demographic characteristics of women having abortions, and even their motives. The data provided an opportunity for an in depth study of the reasons for the increase in the number of abortions (which, according to the dominant view, had economic origin) and develop measures to combat them. Unfortunately, this work was not continued.

An analysis of the data on the 10,000 women who applied to the commission for permission to have an abortion in 1924, shows that in urban areas most abortions were for women 20-29 years old (58-60 per cent), having one child (28-34 per cent), whereas in rural settlements they were for women 30-45 years old (51 per cent), having at least three children (48 per cent). The proportion of childless women who had an abortion was relatively low. Women often referred to lack of material resources (44 per cent) and poor health (41 per cent) as reasons for seeking an abortion [Gens, 1926: 13-14].

Most of the literature considers the peasant family as a strongly traditional social institution. The Ministry of Health (MoH) Department of Maternity and Infancy Care in 1925 conducted a survey of rural primary care physicians (2,207 filled questionnaires arrived from 3,761 medical units) [Gens, 1926]. According to the results, a peasant seeking an abortion usually asked the doctor to keep it secret, fearing publicity. A significant percentage of the motivations of abortion (about 20%) were adultery, considered a great shame in rural settings, although widespread. The survey also showed that the demand for such services was high, but only about 40% of abortions were carried out according to regulations. To obtain a referral for a free abortion a peasant had to attend a commission, which meant going to a county town. As a result backstreet abortions were more common than legal ones in rural areas. To overcome this situation on March 17, 1925 MoH gave local doctors the right to make a decision on an abortion.

In 1923 MoH created the Central Scientific Commission for the Study of Contraception under auspices of Department of Maternity and Infancy Care. The resolution of the third All-Union Congress on maternity and infancy (December 1925) pointed out that the education of women through the counseling of gynecological clinic outpatients about contraception, and broad social assistance to pregnant women were the main directions in the fight against abortion. Many of the medical specialists advocated conscious motherhood but their voice was weak. The most well-known and popular contraceptives were chemical methods (douching, sponges, tampons or beads, wetted with lactic acid, acetic acid or quinine, etc.) and mechanical methods (cervical caps, condoms).

Russia lagged behind developed countries in contraceptive research and especially manufacturing. Gens wrote that despite the fact that contraceptives were banned in bourgeois states, they could be bought in any store, they were produced industrially, they were widely



advertised for female patients and were attractive for healthy women [Gens, 1929: 78]. Moreover, The Netherlands and England had never banned contraception, and had been legally developing research and manufacturing.

By the end of 1920s the situation worsened. The state began to fear Neomalthusian ideas, and after the severe famine which caused huge population loss pronatalism became the state ideology, thus birth control became an enemy, especially the third and the second Coale conditions - birth control being morally acceptable, and the means of control being available. It led to the termination of studies of abortion and contraception, and the data on them became classified, and remained classified up to *perestroika* in mid 1980s. Interestingly, at the beginning of 1920s to justify the decriminalization of abortion, communist ideologists wrote that capitalist societies needed high fertility in order to procure the reserve labor army, and to reserve food for powder for coming wars [Gens, 1926].

The rising number of abortions and the declining number of live births were considered to have a direct causal link. Since the beginning of 1930s the state began an antiabortion campaign. Abortions became paid, and prices rose annually<sup>6</sup>. In 1934 when average income per family member was 80-100 rubles, an abortion was 75 rubles, or about a quarter of the family income [Lebina, 1999: 286]. In 1963 Urlanis said “based on the fact that the further spread of abortion threatens a further fertility decline, [the government]... adopted a resolution banning abortion” [Urlanis, 1963: 28]. According to Sadvokasova “the initiators of this event expected to increase the birth rate which had been steadily declining” [Sadvokasova, 1968: 209].

Lebina, the author of a comprehensive study of everyday Soviet life in 1920-30s, formulated official norms of sexual and family life established by the end of 1920s. “Soviet people should live in a monogamous marriage, female sexuality could only be realized through births, premarital sexual activity is immoral” [Lebina, 1999: 275]. It was a real return to patriarchal norms. In such circumstances, it was hardly possible to speak of the development of family planning services.

### **Abortion ban**

Old Bolshevik, “*conscience of the party*”, Solz wrote in the trade union newspaper *Trud* [Solts, 1937]: “We need people. Abortions that destroy life are unacceptable in our country. A Soviet woman has equal rights with a man, but she is not relieved of the great and honorable natural duty: she's a mother, she gives life. And it's definitely not a private matter, but a matter of great social importance.”

This reasoning reflects the general opinion on the link between fertility and abortion.

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<sup>6</sup> A budget deficit is an alternative explanation, since anti-alcohol measures were relaxed at the same time.

Later Nicolae Ceausescu repeated it almost verbatim [Baban, 1999]. These two cases (abortion bans in the USSR and Romania) revealed that in a more or less modern society there is no simple link between abortion and fertility. There was also a lack of unity in explaining the ban on abortion: was it a rational choice caused by the enormous population losses due to agricultural reform, or a result of Stalin's psychological traditionalism. The idea that a woman has equal rights with a man but she also must bear and rear offspring became a mantra of socialist population policy [Zdravomyslova, 2009].

On June 27, 1936 both the Soviet parliament<sup>7</sup> and government issued a joint *Decree on the Prohibition of Abortions, the Improvement of Material Aid to Women in Childbirth, the Establishment of State Assistance to Parents of Large Families, and the Extension of the Network of Lying-in Homes, Nursery schools and Kindergartens, the Tightening-up of Criminal Punishment for the Non-payment of Alimony, and on Certain Modifications in Divorce Legislation*. It allowed abortions under medical conditions, i.e. when continuing gestation imposed a threat to the life or health of a pregnant woman, or when a congenital disease was detected. It imposed criminal penalties for persons who perform abortions, and for those who force a woman to have an abortion. Women themselves were subjects of public reprimand, and in case of repeated violation of the rules had to pay a fine.

According to the decree all clinics stopped training programs in contraception for patients, and doctors were no longer obliged to provide consultations in family planning. The Central Scientific Commission for the Study of Contraception was eliminated; popular books and booklets on the subject disappeared [Sadovkasova, 1969: 125]. The decision terminated all scientific studies in the area of contraception.

The situation was not as hopeless as it seems at first glance. Yet another government decision (July 31, 1936) ordered the expansion of the production of condoms, pessaries, and other prophylactics (aluminum uterine caps and some contraceptive gels). A special clause ordered the building of a condom production line in a gramophone record factory at Bakovka.

After establishing the abortion ban the number of abortions reduced and the number of births increased. For example, 43,600 abortions took place in Leningrad hospitals in the first half of 1936, and only 735 in the second half of that same year [Lebina, 1999: 288]. The number of births in Moscow increased from 70,000 in 1935 to 136,000 in 1937 [Urlanis, 1963: 29]. However, this effect was short-lived. The factors making couples limit the number of offspring appeared to be stronger than the pronatalist state policy.

After 1937 the number of registered abortions began to increase. The number of abortions

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<sup>7</sup> Actually it was not a parliament, but its working/executive part (All-Union Central Executive Committee) headed by Kalinin. Some sources call him the president of the USSR.

for the total USSR in 1937 was 568,000; in 1939 723,000; in 1940 807,000 [Isupov, 2000: 132]. In RSFSR the percentage of abortions in all pregnancies in 1939 was 10.1 per cent, 22.2 per cent in urban, and 3.1 percent in rural areas [Sadvokasova, 1965]. Sadvokasova [1969: 30] estimated general abortion rate (abortions per 1,000 women aged 15-49, GAR) for the urban population at 36.5 (1939), and for Moscow 34.7 (which is close to the level observed in 1990s).

At that time abortion for medical reasons constituted less than 10% of registered abortions in Russia, the rest were abortions initiated outside a medical facility. In some regions the percentage of incomplete abortions was even higher, for example, in the first quarter of 1938 in the cities of Chelyabinsk region it was 95 per cent, and in the cities of Yaroslavl region 98 [Vishnevski, Sakevich, 2006b]. It is impossible to say what fraction of incomplete abortions were criminal. Sadvokasova estimated it to be 33% from the fact that one third of women with an incomplete abortion admitted to hospital had septicemia [Sadvokasova, 1969: 31].

A memorandum, signed by the Chief of the Central Statistical Office (TsUNKhU) on May 1938, summarized data from 29 regions of the USSR. It said that 24% of incomplete abortions in rural hospitals and 13% in cities started outside a hospital [Vishnevski, Sakevich, 2006b]. That low percentage of criminal abortions may probably indicate that physicians hid women, helping them to avoid punishment or for a fee. Some doctors gave permission for therapeutic abortion without the required conditions (e.g., by falsifying test results).

Not only doctors, but also people without medical training started to carry out illegal abortions. The composition of those prosecuted for illegal abortion in 1936 was as follows: doctors and nurses 23%, workers (blue collar) 21%, white collar workers and housewives 16%, others 24% [Lebina, 1999: 289]. “Witches, grandmothers, nurses, laundresses, and health workers performs abortions”, wrote a contemporary author [Tadevosian, 1937: 47]. The lack of training of those doing abortion partly explains the sharp increase in maternal mortality.

Mortality from abortion and its consequences increased markedly; 451 (urban) deaths were registered in 1935, and 910 in 1936. Abortion related mortality increased until 1940, reaching more than 2,000 deaths in the urban population. Total maternal mortality in the urban population accounted for nearly 4,000 deaths in 1940, or 329 per 100,000 births. In 1935 the percentage of abortion deaths in maternal mortality was 26%, by 1940 already 51%. At the beginning of the 1950s it exceeded 70% [Vishnevski, Sakevich, 2006b].

Infanticide was yet another consequence of the abortion ban. A circular of the USSR Prosecutor’s Office (April 14, 1937) stated that the main causes of infanticide were “resistance to socialism, and hostility to the communist party and Soviet government efforts to protect the rights and interests of children from those not wanting to have children or to pay alimony, threats and abuse of mothers by the fathers of unwanted children born of casual sex, false shame of

uncultured mothers and similar circumstances” [quoted in: Tadevosian, 1937: 47].

The percentage of infants killed before the age of 1 in the total number of reported homicides might be a good proxy for abortion related infanticide. In 1934-1940 in Russian cities this figure increased by nearly 250%: from 5.8% to 14.3%. In Leningrad it was 25% in 1940 [Vishnevski, Sakevich, 2006b].

The abortion ban did not generate the expected results. Party and Soviet managers at various levels tried to find the reasons for this, and to find ways to avoid responsibility for the obvious policy failure. Sautin, head of TsUNKhU of Gosplan, wrote a memorandum *On the shortcomings of a struggle against illegal abortions* (May 1938), addressed to the deputy Chairman of the Soviet government, the Minister of Health, Trade Union bosses, and the Prosecutor’s office. He wrote, “[MoH] and its local authorities do not conduct a proper anti-abortion struggle, they do not actively identify the persons who performed the abortion, nor do they generate enough awareness about the dangers and harmful consequences of abortion. In the vast majority of cases, medical staff and hospital management avoids clarifying the circumstances that caused incomplete abortion” [quoted in: Vishnevski, Sakevich, 2006b].

It is hard to investigate cases of illegal abortion. Women admitted to the hospital in serious condition after incomplete abortion did not want to report those who helped them to terminate a pregnancy (even before death) [Tadevosian, 1937: 46]. In extreme cases, they claimed that they started the abortion themselves or had an accident. The criminal investigation of illegal abortions took place relatively rarely, and even rarer were cases brought to the prosecutor’s office.

In another memorandum *On fertility and population growth of the USSR in the first quarter of 1938* Sautin again draws attention to the unsatisfactory MoH work “on the implementation of activities to increase the birth rate”, particularly, to a failure in implementing the plan of building nurseries [quoted in: Vishnevski, Sakevich, 2006b]. “Due to neglect, crime, and the bureaucratic irrelevance of health authorities the plans of building maternity houses were also not implemented” [Tadevosian, 1937: 46].

Lebina cites the MoH instruction on the establishment of socio-legal offices to combat abortion: within 24 hours they should keep watch a woman who is refused an abortion the committee, in order to organize protection [Lebina, 1999: 291]. That was the introduction of the surveillance of pregnant women, and a forerunner of the Ceausescu pregnancy police.

Despite the destruction of all the institutions of civil society, Soviet society in this period disagreed with the policies of the government and used every possible opportunity to resist.

## **The second decriminalization**

After the World War II and the demobilization of the army the number of reported abortions increased. After Stalin's death some basic mechanisms of feedback in the national administration resumed their work. On August 5, 1954 The Presidium of the USSR Supreme Soviet issued a decree, which cancelled punishment for abortion [Isupov, 1991: 182]. In 1955 abortion was legalized by decree of the Presidium of the Supreme Soviet *On the abolition of the prohibition of abortion*.

The number of registered abortions increased, partly as a result of uncovering formerly illegal and clandestine abortions. However, the proportion of incomplete abortions fell sharply: from 80% in 1954 to 30% in 1956, and to 16% in 1966 [Sadvokasova, 1969]. It remained at a slightly lower level 10-12% until the 1990s. The number of women dying from abortion also fell. In just three years 1955-1958 it halved.

The registration of abortions was arranged by mid-1960s [Avdeev et al., 1995], but data on abortions remained secret until the end of 1980s. Sadvokasova published some data in her papers. From time to time one or the other figure on the number of abortions appeared in the press. The results of small-scale local studies on this issue appeared in occasional publications.

According to our calculations based on Sadvokasova's data of 1965, total abortion rate (TAR)<sup>8</sup> in 1958-1959 in Russia was about 4 abortions per woman of reproductive age (including only MoH registered abortions).

According to a survey of young urban families married in 1960, 75% of women had had at least one abortion during the first five years of marriage, 33% had had two abortions, and 14% had had three and more abortions [Katkova, 1971: 70]. The survey showed that the first birth was usually not delayed; only about 10 per cent of couples remained childless after five years of marriage [Katkova, 1971: 49].

Only in 1990s Rosstat published an abortion time series which showed the growth in the number of registered abortions from legalization in 1955 till 1964, when Russia had achieved the highest level of abortion, about 5.6 million, or 169 abortions per 1,000 women of reproductive age. Then abortions began to decline.

A huge number of abortions was due primarily to the underdevelopment of family planning services in the country and the lack of effective contraception. About twenty years had passed and, "explaining the harm of abortion and the need for contraceptive use had to start again" [Sadvokasova, 1969: 125].

A study of women admitted for abortion in seven Russian cities compared women who

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<sup>8</sup> Total abortion rate, TAR is the number of abortions to be expected over a lifetime by a woman who experiences the average chance of having an abortion at each age.

used contraceptives and non-users and showed that the use of contraception prevented only from 20-25% of abortions [Sadvokasova, 1969]. According to a 1966 Moscow survey 58% of contraceptive users used a condom, and 32% withdrawal [Belova, Darski, 1972] (see also fig. 2 below).

Since that time health officials sit in a split position, they regularly express concern at the high level of abortion, and at the same time their stubborn pronatalism does not allow them to accept family planning ideology and carry out any realistic measure to reduce abortions. Soviet authorities in 1960s followed the dogma that the way to eliminate induced abortion was by developing the economy and improving standards of living, and low fertility was the short-term result of current severities, which will be overcome soon.

In 1974 MoH distributed an instructive letter *On the side effects and complications of using oral contraceptives*. The letter greatly exaggerated the side effects of the pill. It also generated many legends which have spread since then, e.g., the pill causes significant weight gain, different cancers, and the growth of facial hair. The 1970s was the period when the pill was the most popular method of contraception in western countries. Western countries continued researching, developing, and improving hormonal contraception, reducing the risks of side effects. Competition between pharmaceutical companies played great role in making their products better. At the same time the USSR refused even to pursue a global path. In 1981 a letter *On the adverse reactions and complications caused by oral contraceptives* confirmed MoH position that risk of using oral contraception greatly outweighed its possible health and social consequences.

*Perestroika* started with RSFSR MoH classified decree *On the unsatisfactory efforts to prevent and reduce abortions in the RSFSR and measures to enhance the effectiveness of these measures* (No. 590 from July 25, 1985). The decree explained deplorable state in the area with common mantra: “a formal non-differentiated approach, unsatisfactory performance, ignorance, poor organization”. Some of the regional obstetrician-gynecologists received the rebuke. The decree pointed out that “the prevention of abortion and the promotion of contraception are the major problems for women’s health and for the improvement of demographic processes”. It ordered the promotion of the use of modern contraceptives: intrauterine device (IUD) and the pill, and to conduct socio-hygienic studies on the causes and factors of abortion, and a comprehensive analyzes of abortion.

Andropov was the first Soviet leader who publicly mentioned demographic processes after many years of silence and understatement. It was a result of the activities of Soviet demography which had been revived in mid-1960s. The research units had been created within the statistical agency and MoH, and a research and training unit in demography was opened at

Moscow University (MSU). The joint UN-MSU training program *Population and Development* took place at Moscow University from the late 1970s until 1990s. The socialist dogma that temporarily bad socio-economic conditions impede fertility growth started to erode. The idea of the similarity of Soviet populations with populations of the rest of the world began to gain more and more supporters.

Although MoH made some fruitful efforts in IUD promotion, abortions remained more important than contraception. During *perestroika* legal conditions and access to abortion became perhaps the most liberal in human history. The MoH order №1342 from December 31, 1987 made abortion legal up to the 28<sup>th</sup> week of gestation under social indications.

Long-term disinformation about contraception formed the distorted and inaccurate views of the population on various birth control methods. According to a survey in Moscow and Ufa in mid-1980s 25% of young married women in Moscow, and 31% in Ufa had never heard of hormonal contraception, and of those who had only 5-6% considered it harmless. Respondents named withdrawal the most effective method [quoted in: Vishnevski, Sakevich, 2006b].

Inadequate views inevitably led to inadequate use. The least effective and most archaic methods prevailed. Many authors have pointed out that despite wider use of contraception approximately 70-80% of induced abortions were the result of incorrect and inefficient use [David, Popov, 1999], [Kon, 2010], [Schneiderman, 1991], [Remennick, 1991]. For inappropriate use the most common mistake was irregularity (the pill) or not using one at each intercourse (condom). IUD appeared the method which mostly fitted the level of mental ratio of Soviet populations. The supply of contraception did not cover the demand. According to estimates for 1980 supply covered 26% of the total need for contraceptives, including 18% for condoms, 54% per cent for IUD, and 19% for the pill [Schneiderman, 1991].

By the end of the Soviet Union the birth control has the following features:

- easy access to and widespread abortion;
- low quality of abortion, large numbers of complications;
- underdeveloped family planning services;
- insufficient provision of modern methods of contraception;
- ineffective and incorrect use of contraception;
- lack of sex education and widespread ignorance in this area.

Some of them remain, but *perestroika* opened society, and launched westernizations in many sectors of political and social life. More adequate knowledge, attitudes, and practices penetrated the USSR; and birth control was not an exception.

## Recent trends in birth control

Above we discussed how Russia came to a state of low fertility, despite permanent state pronatalist efforts. For modern Russian demographics deliberately controlled fertility is already a tradition, it has existed for at least two generations. The question is: what do couples prefer abortion, or contraception?

### Abortions

Many things have changed in Russia since 1990s, birth control has experienced huge changes too, the number of abortions has steadily declined [Denisov, Sakevich, Jasilioniene, 2012].

The number of abortions in 2012 was 25% of the 1990 figure, as was the GAR. All age groups of women improved; and teenagers show the fastest reduction. TAR, an integrated parameter, independent of the age structure of women, in 2007 became less than the total fertility rate for the first time since 1959, i.e. the average woman now experiences fewer abortions than live births unlike during long decades before.

Rosstat collects data on reported abortions from MoH institutions and combines these data with information obtained from medical institutions of other ministries as well as from private abortion providers. Medical institutions subordinated to MoH perform about 90% of officially registered abortions, and the private sector contributes about 10%. In 2012 Rosstat reported 1,063,982 abortions, or 29.3 per 1,000 women of reproductive age; MoH reported 935,509 abortions (tab.1).

**Table 1. Official abortion statistics in the Russian Federation**

Year	Rosstat data				Abortions according to MOH, thousand
	Abortions				
	thousand	per 1000 women aged 15-49	per 100 live births	Total abortion rate*	
1990	4103.4	113.9	206	n/a	3920.3
1995	2766.4	72.8	203	2.62	2574.8
2000	2138.8	54.2	169	2.00	1961.5
2005	1675.7	42.7	117	1.51	1501.6
2010	1186.1	31.7	66	1.07	1054.8
2011	1124.9	30.5	63	1.02	989.4
2012	1064.0	29.3	56	0.97	935.5

\*The average number of abortions per woman during the entire reproductive period according to a given abortion rate at each age; prior to 2008 it is based on broad age groups (<20, 20-34, 35+), since 2008 on five-year age groups.

Source: Rosstat data base, <http://www.gks.ru/>

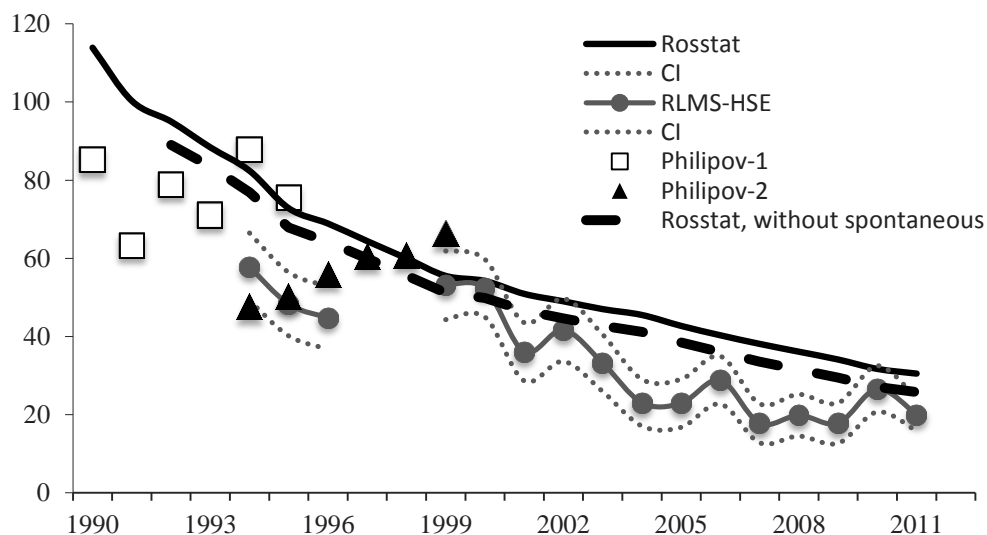
The remarkable reduction of the abortion level has raised doubts; skeptics suppose that it



might represent only the growing incompleteness of their count, particularly, because of the development of private or commercial medical services. For example, the vice president of the Medical Sciences Academy and former Soviet deputy minister of health Baranov claims that the officially reported number of abortions is at most half the true number [Radzinski, 2013]. State Duma deputy Mizulina states that the number of abortions in Russia remains at 5 million per year [RIAN, 2013]. The Gutmacher Institute, which regularly publishes reports of worldwide abortion statistics, considers Russia a nation with incomplete statistics because of underreported abortions in private clinics [Sedgh et al., 2011].

In our view, these suggested undercounts are greatly exaggerated. Private organizations, which are licensed for medical activities are obliged to report to Rosstat, and if they omit some of their activities and thus revenues, they violate the law. The interviewed experts insist that abortion is a small share of the total business and it is a folly to risk the entire business by not giving an accurate report of a minor segment [Denisov, Sakevich & Jasilioniene, 2012].

Beyond the state data collection system there are only a few studies which give an opportunity to estimate the abortion indicators and compare them with official statistics. Figure 1 shows the GAR estimates of abortions obtained from the sequence of the RLMS-HSE<sup>9</sup> waves from 1994 to 2011 presented in comparison with the results of other authors and with official statistics.



**Figure 1. General abortion rate (per 1,000 women aged 15-49) according to Rosstat and sample surveys (CI confidence intervals)**  
Sources: Rosstat data base; RLMS-HSE authors's estimates; Philipov-1 and Philipov-2 [Philipov et al., 2004]

The solid line on the figure 1 depicts the data reported by Rosstat, these are official

9 The Russia Longitudinal Monitoring Survey (RLMS-HSE) is a series of nationally representative surveys conducted by the National Research University Higher School of Economics and ZAO "Demoscope" together with Carolina Population Center, University of North Carolina at Chapel Hill and the Institute of Sociology RAS, <http://www.hse.ru/en/rllms/>.

figures. Triangles and squares depict the results from Philipov et al. [2004] using the data of two regional surveys (carried out in 1996 and 2000). The line marked with circles depicts our estimates made on RLMS-HSE data together with confidence intervals (dashed lines). During RLMS-HSE interview female respondents were asked if they had had an abortion in the last twelve months, and if so how many. This provided an opportunity to calculate the indicators compatible with those routinely published by Rosstat.

First, we note the coincidence of the direction of trends according to official figures and RLMS-HSE estimates and the difference of these trends with the estimates of Philipov and coauthors. This is not surprising. Our estimates and Rosstat figures are compatible, they are numbers of abortions divided by numbers of women of reproductive age. Our estimates are derived from a question about the number of abortions a year; these answers produce common annual rates. Philipov and coauthors ask about the life long number of abortions. Figure 1 shows that the most right either triangle or square, which represents the closest to the interview estimate, lies closer to official figures than others. Philipov and coauthors conclude that women tend to forget some previous abortions while they remember the more recent ones. In other words the estimates of the figures belonging to one or two years before an interview are more accurate than more remote estimates.

Second, the levels of abortion estimated from RLMS-HSE data are always below the official figures. Entwistle and Kozyreva [1997] obtained a similar result using earlier RLMS data. It was expected since this statistic includes miscarriages and spontaneous abortions, or abortions initiated outside a clinic and those of unclear character (spontaneous or not). According to MoH data the percentage of spontaneous abortions is growing and in 2012 it was about 24%. MoH also reported that 4-5% of abortions were of unclear character. Subtracting spontaneous abortions from total pregnancy terminations reduces the official GAR figure from 31.7 to 27.1, subtracting abortions of unclear character reduces further to 25.7 (calculated for the year 2010). Total abortion rate in 2010 was 1.07 (table 1), and without spontaneous abortions it was 0.92.

Basing on the data from the 19<sup>th</sup> wave of RLMS-HSE we estimate GAR at 26.9 (23.9-29.9), and TAR at 0.92. That means that estimates derived from RLMS-HSE data are very close to official Rosstat figures. Both independent sources (official statistics and the data from various sample surveys) confirm a reduction in the number of abortions in Russia; moreover no survey provides a result contradicting the Rosstat data. Thus we do not have a rationale evidence to suspect a substantial undercount of abortions. Therefore we conclude that significant changes in contraceptive behavior have taken place in Russia.

## Contraception

MoH routinely collects and publishes information on the number of women using IUDs, the number of users of hormonal contraception, and the number of sterilizations. Private clinics are not obliged to report to MoH. Researchers observe only women who applied to state medical institutions. The quality of these data is questionable, particularly in relation to hormonal contraception. In many cases pills are readily available across the counter. Nevertheless, since the data collection procedures remain stable over a long time span the trends are reliable. The MoH data are useful to assess the vector and dynamics of contraceptive use.

At the end of 2012 MoH reported the following figures: 4.54 million women use IUDs, and 4.51 million women use hormonal contraceptives, i.e. 12.6 and 12.5 per cent of all women of reproductive age. Comparing these figures with those of the 1990s, we see that the proportion of women using IUDs decreased, whereas the proportion of women using hormonal contraception increased substantially. The overall share of women using these two methods of contraception increased to 24.5% by 1997 and then remained at approximately the same level. The ratio changed in favor of hormonal contraception.

Sterilization is the most popular method globally, but it is not popular in Russia. According to MoH, the annual number of sterilizations, some of which are carried out with aims other than contraception, is declining in Russia. In 1999, the number of sterilizations was 21,900, in 2009 16,600, and in 2012 14,200. Despite vasectomies being easier and less expensive than female sterilization, 80% of operations are performed on women.

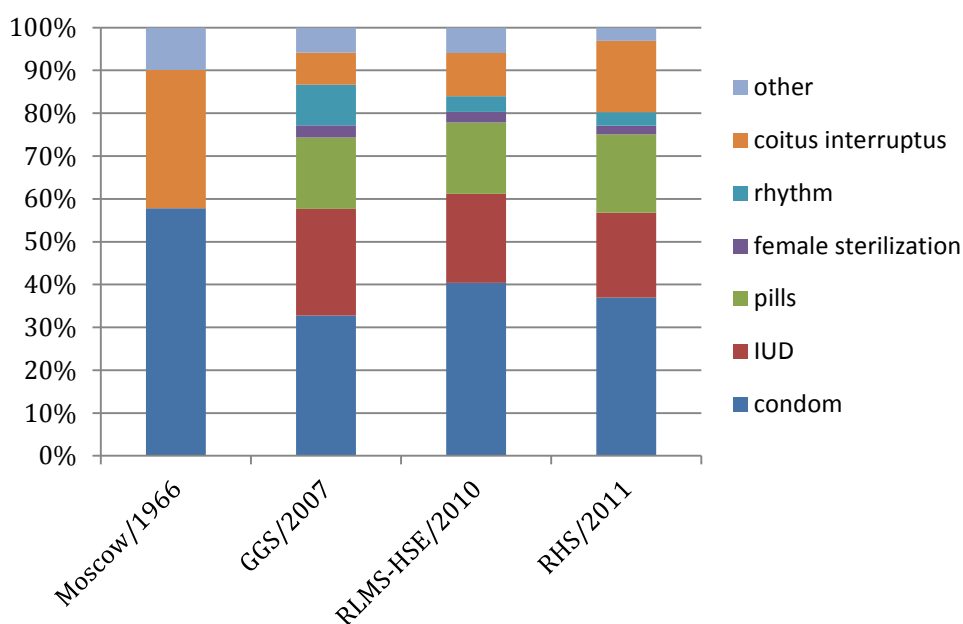
Sample surveys are the most comprehensive source of information about family planning. Before 2011 Russia had no data from surveys focused on contraceptive behavior representative at the national level. The programs of the two waves (conducted in 2004 and 2007) of Gender and Generation survey contained some data on contraception [Sakevich, 2009]. The 19th wave of Russia's RLMS-HSE in October-November 2010 collected more detailed data on reproductive health than it usually does. The very first specially designed survey of reproductive health took place in 2011 (RHS-2011) by Rosstat; Rosstat presented and published a general report, however the detailed data remains inaccessible to researchers.

The results of all sample surveys agree that contraceptive prevalence in Russia is high. Basing on RLMS-HSE data we estimate the contraceptive prevalence for 2010. About 65% of married or cohabiting women use a method of contraception, for comparison the European average is 72%, and North American 77% [UN, 2012].

The majority of women said the desire to become pregnant was a reason for not using any contraception, they also referred to a lack of regular sexual life, or health problems. Very rarely women said difficulties of acquisition, the high price, or inconvenience of use was a cause of

non-use of contraception. Religious beliefs appeared invisible statistically. If we exclude women who wanted to become pregnant and who have not had sexual intercourse in the last month (not at risk of conception) from the calculation of the contraception prevalence, the level of contraceptive use increased from 65% to 75.6%.

Condom is the most popular contraceptive method among Russian couples; 40% of them use this method (fig. 2). Other commonly used methods are IUD (20%) and the pill (17-18%). Other modern methods of contraception are used very rarely. Many couples in Russia rely on traditional methods, the calendar or rhythm method, and withdrawal. These methods have high risk of failure.



**Figure 2. Contraception methods mix in Russia according to sample surveys. All users = 100%**

Sources: Moscow/1966 – [Belova, Darski 1972], GGS/2007 – [Sakevich, 2009], RLMS-HSE/2010 – authors’ calculation, RHS/2011 – [Rosstat, 2013]

Although there is not a lot of evidence on method failure, simple logic and the high level of abortions suggest that the user effectiveness of contraception is low. RHS-2011, for example, shows that almost half of women who have terminated their pregnancy in 2006-2011, were using contraception at a time of conception, about two-thirds of them used modern methods (mainly condom) [Rosstat, 2013]. RHS-2011 also revealed a lack of adequate knowledge about the effectiveness of different methods of contraception; for example, many women perceived condom to be the most effective method, more effective than sterilization. This demonstrates the need to increase contraceptive literacy in Russia.

## Conclusion

We considered the fertility transition in Russia and its major determinants, abortion and contraception, over a period of about 100 years. The theoretical framework of the paper was the demographic transition theory and Bongaarts approach to fertility analysis with the use of proximate determinants.

After World War II fertility in Russia became fully controlled on the family level; since mid 1960s it fell below replacement level. Russia was the first nation to legalize abortion. Due to archaic or forced pronatalism, contraception, as alternative to abortion, was almost never promoted. The viewpoint that improved life conditions and increased prosperity would inevitably make fertility grow and lower the number of abortions long defined state policy in this area.

Under conditions of unavailable contraception abortion became a common method of regulating family size. The level of abortion was very high during the Soviet period except during the years of abortion ban from 1936 to 1955 and it remains relatively high now, especially comparing with other developed countries. At the same time it would be a mistake to say that abortion was a major instrument of birth control as the prevalence of ineffective contraception together with its incorrect use were major sources of abortions. Despite constant pronatalist efforts the government remained unable to overcome preferences for small families. It was also unable to use the well-known anti-abortion tools – sex education and accessible family planning, and the promotion of modern effective contraception.

Based on our analyses we conclude that there were a few brief periods when the population policy was more or less adequate; more often the government tried to force the population to act against their own interests, but without much success.

Current trends in abortions and contraception show that despite the lack of government support society itself is evolving towards more humanistic and effective birth control. Russian couples are substituting abortion with family planning, using more, and more effective, contraception. Recent surveys confirm the validity of official statistics and thus the reality of abortion decline.

## References

- Avdeev A., Blum A., Troitskaja I. (1995). The History of Abortion Statistics in Russia and the USSR from 1900 to 1991 // *Population: An English Selection*, 7.
- Baban A. (1999). Romania. In: *From Abortion to Contraception: A Resource to Public Policies and Reproductive Behavior in Central and Eastern Europe from 1917 to the Present* / Edited By Henry P. David with the assistance of J. Skilogianis. Greenwood Press.
- Belova, Darski (1972). Белова В.А., Дарский Л.Е. Статистика мнений в изучении рождаемости. М.: Статистика [Statistics of attitudes in fertility research].
- Bongaarts J. (1978). A framework for analyzing the proximate determinants of fertility // *Population and Development Review* 4: 105–132.
- Bongaarts John, Odile Frank and Ron Lesthaeghe (1984). The Proximate Determinants of Fertility in sub-Saharan Africa // *Population and Development Review*, 10: 511-537.
- Caldwell John C. (1976). Toward a restatement of demographic transition theory // *Population and Development Review*, 2 (3/4): 321–66.
- Coale Ansley J. (1973). The demographic transition. IUSSP Liege International Population Conference. Liege: IUSSP. Volume 1: 53–72.
- Coale, ed. (1987). *The Decline of Fertility in Europe*. Princeton, NJ: Princeton University Press.
- David H. P., J. Fleischhacker, Ch. Hohn (1998). Abortion and Eugenics in Nazi Germany // *Population and Development Review*. 14, No. 1.
- David H. P., Popov A.A. (1999). Russian Federation and USSR Successor States. In: *From Abortion to Contraception: A Resource to Public Policies and Reproductive Behavior in Central and Eastern Europe from 1917 to the Present* / Edited By Henry P. David with the assistance of J. Skilogianis. Greenwood Press.
- Davis K. and J. Blake (1956). Social structure and fertility: an analytic framework // *Economic and Cultural Change*. 4(2): 211-235.
- Davis Kingsley (1945). The World Demographic Transition, *Annals of the American Academy of Political and Social Science* (237), pp. 1–11.
- Demeny P. (1972). Early fertility decline in Austria-Hungary: A lesson in demographic transition. In: Glass, D.V. and Revelle, R. (eds.). *Population and social change*. London: Edward Arnold: 153-172.
- Denisov BP, Sakevich VI, Jasilioniene A (2012). Divergent Trends in Abortion and Birth Control Practices in Belarus, Russia and Ukraine // *PLoS ONE*. 7(11): e49986. doi:10.1371/journal.pone.0049986
- Entwisle B. and P. Kozyreva (1997). New Estimates of Induced Abortion in Russia // *Studies in Family Planning*. 28 (1): 14-23.
- Gens (1926). Генс А.Б. Аборт в РСФСР. Доклад на Всесоюзном съезде по охране материнства и младенчества (1-8 дек. 1925 г.). М.: «Охрана материнства и младенчества». [Report to the All Union Congress on maternal and infant care]
- Gens (1929). Генс А.Б. Проблема аборта в СССР. М.: Госмедиздат [Abortion problem in the USSR].
- Gernet (1927). Гернет М.Н. Аборт в законе и статистика аборттов // *Аборты в 1925 году*. М.: ЦСУ СССР [Abortion in law and abortion statistics].
- Hajnal John (1965). European marriage pattern in historical perspective en D.V. Glass and

- D.E.C. Eversley, (eds.) *Population in History*, Arnold, London.
- Henry Louis (1961). Some data on natural fertility // *Eugenics Quarterly*. 8: 81–91.
- Isupov (1991). Исупов В.А. Городское население Сибири: от катастрофы к возрождению (конец 30-х – конец 50-х годов). Новосибирск: Наука [Urban population of Siberia: from disaster to recovery (end of 1930s – end of 1950s)].
- Isupov (2000). Исупов В.А. Демографические катастрофы и кризисы в России в первой половине XX века: Историко-демографические очерки. Новосибирск: Сибирский хронограф [Demographic disasters and crises in Russia in the first half of the 20th century].
- Katkova (1971). Каткова И.П. Рождаемость в молодых семьях. М.: Медицина [Fertility of young families].
- Kon (2010). Кон И.С. Клубничка на березке: Сексуальная культура в России. М.: Время [Strawberry on a young birch tree. A culture of sex in Russia].
- Landry Adolphe (1934). *La révolution démographique – Études et essais sur les problèmes de la population*. Paris, INED-Presses Universitaires de France.
- Lebina (1999). Лебина Н.Б. Повседневная жизнь советского города: нормы и аномалии. 1920 - 1930 годы. Спб.: Журнал «Нева» - Издательско-торговый дом «Летний Сад» [Everyday life in a Soviet city: norms and extremes].
- Lenin (1913). Ленин В.И. Рабочий класс и неомальтузианство // Ленин В.И. Полное собрание сочинений: В 55 т. / 5-е изд. М.: Политиздат. 1973. Т.23 [The working class and Neo-Malthusianism].
- Mironov (1999). Миронов Б.Н. Социальная история России периода империи (XVIII – начало XX в.). С.-Петербург: «Дмитрий Буланин» [Social history of Russian imperial period, 18th-beginning of 20th centuries].
- Notestein Frank W. (1945). *Population — The Long View*, in: Theodore W. Schultz, Ed., *Food for the World*. Chicago: University of Chicago Press.
- Pauevski (1970). Паевский В.В. К вопросу о рождаемости в Ленинграде (по материалам статистики абортов) // Статистический сборник Ленинградского областного отдела здравоохранения за 1929 г. В кн.: Паевский В.В. Вопросы демографической и медицинской статистики (Избранные произведения) / Под ред. проф. А.М. Меркова. М.: Статистика. 1970 [On the issue of fertility in Leningrad (analysis of abortions statistics)].
- Philipov D., Andreev E., Kharkova T., Shkolnikov V. (2004). Induced Abortion in Russia: Recent Trends and Under-Reporting in Surveys // *European Journal of Population*. 20: 95–117.
- Radzinski (2013). Радзинский В.Е. Регулирование рождаемости в современном мире // *StatusPraesens. Гинекология, Акушерство, Бесплодный брак*. №2 [13] [Birth control in the modern world].
- Remennick L. I. (1991). Epidemiology and Determinants of Induced Abortion in the U.S.S.R. // *Social Sci. Med.* Vol.33, No. 7: 841-848.
- RIAN (2013) РИА Новости 10 ноября 2013 г., [Russian Information Agency «News»] (accessed March 20, 2014) URL: <http://ria.ru/society/20131110/975842743.html>
- Rosstat (2013). Росстат. Итоговый Отчет "Репродуктивное здоровье населения России 2011". Росстат, Минздрав РФ, ЮНФПА, Отдел репродуктивного здоровья Центров по контролю и профилактике заболеваний (США), Информационно-издательский центр «Статистика России» [Final Report "Reproductive health of the Russian population, 2011"].
- Sadvokasova (1963). Садвокасова Е.А. Некоторые социально-гигиенические аспекты изучения аборта // *Советское здравоохранение*. М., №3 [Some socio-hygienic aspects of the

study of abortion].

Sadvokasova (1965). Садвокасова Е.А. Аборт как социально-гигиеническая проблема. Дисс. ... докт. мед. наук / Ин-т организации здравоохранения и истории медицины им. Н.А. Семашко МЗ СССР. М. [Abortion as a social and hygienic problem].

Sadvokasova (1968). Садвокасова Е.А. Роль аборта в осуществлении сознательного материнства в СССР (по материалам выборочного обследования) // Изучение воспроизводства населения. М.: Наука [Role of abortion in the implementation of conscious motherhood in the USSR (analysis on a sample survey)].

Sadvokasova (1969). Садвокасова Е.А. Социально-гигиенические аспекты регулирования размеров семьи. М.: Медицина [Socio-hygienic aspects of family planning].

Sakevich (2009). Сакевич В.И. Особенности внутрисемейного контроля рождаемости в России // Родители и дети, мужчины и женщины в семье и обществе. Сборник аналитических статей. Выпуск 2 / Под науч. ред. С.В. Захарова, Т.М. Малевой, О.В. Синявской; Независимый институт социальной политики. М.: НИСП: 119-138 [Peculiarities of birth control in Russia].

Sanger Margaret (1938). Margaret Sanger, An Autobiography. New York: W.W. Norton.

Schneiderman (1991). Шнейдерман Н.А. Откровенный разговор: Рождаемость и меры ее регулирования. М.: Мысль [Straight talk: Fertility and means of its control].

Sedgh Gilda, Susheela Singh, Stanley K. Henshaw and Akinrinola Bankole (2011). Legal Abortion Worldwide in 2008: Levels and Recent Trends // International Perspectives on Sexual and Reproductive Health. 37 (2): 84–94.

Solts (1937). Сольц А.А. Аборт и алименты // Труд, 27 апреля, №97 [Abortion and alimony].

Tadevosian (1937). Тадевосян В. Закон 27 июня 1936 г. в действии // Социалистическая законность. М. №8 [The law of June 27, 1936 in action].

Thompson Warren S. (1929). Population // American Journal of Sociology. 34 (6): 959–75.

Tomilin (1929). Томилин С.А. К вопросу о плодовитости крестьянки и влиянии ее на детскую смертность. В кн.: Советская демография за 70 лет / Отв. редактор Т.В. Рябушкин. М.: Наука. 1987 [On the peasant fertility and its influence on child mortality].

Tushnov (1911). Тушнов М.В. К учению о спермотоксинах. Биологическая роль спермотоксинов при оплодотворении. Казань [On the studies of spermotoxins. Biological role of spermotoxins in fertilization].

Tushnov (1938). Тушнов М.В. Проблемы спермотоксинов и лизатов. М. [Problems of spermotoxins and lysates].

UN (2012). World Contraceptive Use. Department of Economic and Social Affairs, Population Division.

<http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2012/MainFrame.html>

Urlanis (1963). Урланис Б.Ц. Рождаемость и продолжительность жизни в СССР. М.: Госстатиздат ЦСУ СССР [Fertility and life expectancy in the USSR].

Vishnevski (1976). Вишневский А.Г. Демографическая революция. М: Статистика [Demographic revolution].

Vishnevski, Sakevich (2006a). Вишневский А.Г., Сакевич В.И. Регулирование деторождения: запретная практика. В кн.: Демографическая модернизация России, 1900-2000 / Под ред. А.Г.Вишневского. М.: Новое издательство, с. 38-43 [Birth control – forbidden practice. In: Demographic Modernization of Russia, 1900-2000].



Vishnevski, Sakevich (2006b). Вишневский А.Г., Сакевич В.И.. Россия между абортom и планированием семьи. В кн.: Демографическая модернизация России, 1900-2000 / Под ред. А.Г.Вишневского. М.: Новое издательство, с. 195-246 [Russia between abortion and family planning. In: Demographic Modernization of Russia, 1900-2000].

Zakharov (2006). Захаров С.В. Неэффективная рождаемость. В кн.: Демографическая модернизация России, 1900-2000 / Под ред. А.Г.Вишневского. М.: Новое издательство, с. 29-43 [Ineffective fertility. In: Demographic Modernization of Russia, 1900-2000].

Zdravomyslova (2009). Здравомыслова Е. Гендерное гражданство и абортная культура. В кн.: Здоровье и доверие: гендерный подход к репродуктивной медицине: сборник статей / под ред. Е.Здравомысловой и А.Темкиной. Спб.: Издательство Европейского университета в Санкт-Петербурге, с. 108-135 [Gender citizenship and abortion culture].

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