



TOWARDS A FRAMEWORK FOR THE ANALYSIS OF ABORTION CULTURE

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ABSTRACT

What is 'abortion culture'? Whenever family planning in former Soviet states is discussed it is almost inevitable that the phrase 'abortion culture' will be used to describe the context within which fertility was, and to an extent still is, controlled in this region. The aim of this paper is to look at the history of abortion in the region, to see how an abortion culture might have been created and maintained, and to suggest a framework for the analysis of abortion culture. The case of Estonia is used as an example and evidence from other former Soviet states and from Eastern and Central European countries is used for illustration of the issues discussed.

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Towards a Framework for the Analysis of Abortion Culture

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What is 'abortion culture'? Whenever family planning in former Soviet states is discussed it is almost inevitable that the phrase 'abortion culture' will be used to describe the context within which fertility was, and to an extent still is, controlled in this region. Abortion rates in the former Soviet states remain the highest in the developed world (Henshaw, Singh and Haas 1999). High abortion rates are said to be a result of abortion culture and, in a kind of circular argument, abortion culture the result of high abortion rates. Mention is often made of limited access to modern and effective contraception, but otherwise little attempt is made to unpick the elements that might together constitute abortion culture.

Abortion rates in this region have neither been stable over time, nor the same within or between states; whilst a high abortion rate is seen as a characteristic feature of the former Soviet states, there is considerable diversity (Potts 1967; Agadjanian 2002). This suggests that the impact of abortion culture was not homogeneous but varied over the decades and was felt differentially by place and ethnicity. This in turn suggests that the constituents of abortion culture, or at least the degree to which they affected behaviour, may have varied too.

The aim of this paper is to look at the background to abortion in the former Soviet bloc in general and in Estonia in particular, to see how an abortion culture might have been created and maintained, and to suggest a framework for the analysis of abortion culture. Such a framework might help to explain differences in fertility control practices over time and across states, and may also highlight those factors which have influenced the rate of decline in abortion rates since the fall of the Iron Curtain.

Estonia is a good testing ground as here abortion rates vary with time and rates differ by ethnicity. Estonia also provides an interesting case as, historically, Estonia was 'western' in terms of fertility transition, had achieved below replacement fertility by the 1920s (Katus 1994) and had done so without the benefit of modern methods of contraception, which of course had not been developed at the time (Anderson, Katus, Puur and Silver 1993). In addition, evidence from other former Soviet states is used for illustration of the issues discussed.

In this paper it is argued that abortion is not just an individual matter but is also a social phenomenon and as such, involves many actors. In the creation and maintenance of abortion culture, the roles of the state, service providers, society, and the individual are considered. Abortion in the context of the post-

Soviet period is discussed and some thoughts about the future of abortion in this region are put forward.

History and the 'Woman Question'

Soviet state socialism was born of mass unrest in Russia in the late 19th and early 20th centuries. Female revolutionaries such as Alexandra Kollontai played an important part in the mobilisation of women to the cause (Kollontai 1977a). Kollontai envisioned a future socialist society where women would be equal to men, 'free' to work (freed from domestic slavery) but able to have many children (Kollontai 1977c). In the new world the state would ensure that *all* children were fed, clothed, educated, housed and cared for (Kollontai 1977c; Bebel 1988).

There was however a divided women's movement. The bourgeois feminists wanted to be free to work (in the professions, which was difficult for the educated woman at that time), but the proletarian woman might have preferred to be freed *from* work. The Russian working class woman did not need revolution to be freed *to* work, she already worked and worked hard, whether in the rural (peasant) situation or in the burgeoning urban centres. Kollontai, a socialist feminist, recognised the oppression of the proletarian woman on the basis of sex *and* class and argued that "the future of the family question is no less important than the achievement of political and economic independence" (Kollontai 1977b). However the Bolshevik leadership gave more credence to the Marxist view that class was the basis of oppression in capitalist society and once class issues were made obsolete in the new socialist society, the 'woman question' would be answered.

Hence the post-revolutionary reality was quite different from that envisaged by Kollontai and Bebel. The 'woman question' was not a major preoccupation for the leadership. They paid lip service to 'equality' without developing policies that might have helped to make it a reality (Holt 1977). Key revolutionary women found themselves demoted and the women's departments, set up to support women's issues, were closed by 1930 (Holt 1977).

Not only was there little will on the part of the leadership to change women's lives, there was also little opportunity to do so. From the start life was hard in Soviet Russia – before they could recover from the aftermath of revolutionary uprising and civil war, the people were subjected to forced collectivisation and industrialisation, and famine (Koutaïsoff 1971). Women were not just free to work, they were *expected* to work alongside their male comrades in all spheres of labour¹. Indeed, women's labour was vital. It is estimated that the losses to the Russian population during the period 1914 – 1920 totalled 25 million, which would have resulted in a much depleted work force (Pirozhkov and Safarova 1994). However, women had a dual role - they were also expected to produce children even though the promised childcare facilities were slow to materialise. Modern methods of birth control were not available

¹ "the equal duty of all to labour, without distinction of sex, will become the first fundamental law of the Socialistic community" (Bebel 1988 p180)

and the practice of traditional methods was not widespread. Finding themselves pregnant, unable to feed themselves and their families, many women turned to abortion to terminate pregnancies they could not face. The only other alternative would have been to add to the already considerable number of abandoned children roaming the streets of post-revolutionary Russia (Koutaissoff 1971).

Concerns over the level of illegal abortion and concomitant maternal morbidity and mortality, as well as recognition that repression of abortion had been a failure, led Soviet leaders to legalise abortion in 1920 (Avdeev, Blum and Troitskaya 1995). This was seen not as a woman's right but as a temporary measure which would no longer be required when the socialist state was well established (Holt 1977; Avdeev, Blum and Troitskaya 1995). The need for abortion was, after all, the result of capitalism (Lenin 1973). Moreover, no mention was made of a role for family planning, during hard times *or* in the future and even Kollontai began to emphasise that motherhood would be a "social obligation" (Holt 1977p 119). This hegemonic ideology promoted the role of woman as mother-heroine, placed the needs of the nation above those of the individual and eliminated discussion of family planning (Avdeev 1994; Avdeev, Blum and Troitskaya 1995).

The result was that abortion became established as a key element of fertility control (Popov 1991; Horga and Ludicke 1999). This deviates from the Western route to lower fertility, where birth rates were reduced first by traditional methods such as the calendar method and/or coitus interruptus on the part of individual couples and by societal level controls such as delayed and/or non-universal marriage. With the advent and accessibility of modern methods in the West, traditional methods were increasingly replaced by modern methods, though by the 1960's it was recognised in many Western states that safe, legal abortion should be available too.

The first era of legal abortion in Russia was short-lived - alarmed by the falling birth-rate, and concerned at the level of population losses sustained, not just from 1914 -1920, but throughout the 1920s and beyond, Stalin made abortion illegal once more in 1936. He made clear his belief that it was the duty of the Soviet woman to procreate (Attwood 1987; Remennick 1991). Ironically, the law was allegedly passed out of concern for the health and welfare of mother and child, while virtually the same wording was used in 1920 to legalise abortion (Avdeev, Blum and Troitskaya 1995). Only after Stalin's death in 1955 was the law again changed, permitting abortion on social, not just medical grounds.

What did all this have to do with a country like Estonia? Estonia had been part of the Russian Empire since the early 1700s, but took the opportunity to gain independence while the Russians were otherwise engaged during the turmoil of WWI, revolution and civil war. Russia finally recognised the sovereignty of Estonia on the 2nd of February 1920. However, the First Republic was short-lived. Estonia was occupied during the Second World War, first by the Russians (1939-1940), next by the Germans (1941-1944) and finally by the Russians again. Estonia, like its Baltic neighbours Latvia and Lithuania, was

annexed and soon after became the Estonian Soviet Socialist Republic. Up to a point Estonia 'inherited' a new history and the legacy of the early Soviet days as there followed nearly half a century of occupation and 'Sovietization', the process by which the 'Soviet model' was imposed in member republics. In addition, vast numbers of workers, soldiers and administrators from other Soviet republics (chiefly Russia) were directed to work and live in Estonia, so that over time those of titular nationality represented only about two-thirds of the population in the republic, only half the population in the capital city Tallinn, and were a minority in the north eastern region.

In the early days, as elsewhere in the USSR, abortion was illegal (and had been illegal in the period of independence) (Anderson, Katus, Puur and Silver 1993), except on medical grounds (Tietze and Henshaw 1986), but from the mid-fifties, women in Estonia had access to abortion. Like other 'Soviet' women they were expected to be full-time members of the labour force as well as mothers. The population had been depleted by the out-migration of Baltic Germans to the fatherland in 1939, war deaths, executions and deportations. All ages and both sexes were represented (even in deportations to Siberia), but men disproportionately so (Winter 1992). Hence the labour of women was crucial in the post-war period. However, childcare facilities were inadequate, the housing situation was dire (Misiunas and Taagepera 1993) and even food supplies were erratic. Most women opted for small families², and in the absence of (effective) contraception they had little alternative but to terminate unwanted pregnancies.

The State

The Soviet state has been described as 'totalitarian' which is defined as 'a system of government that is centralized and dictatorial and requires complete subservience to the state' (Pearsall 2001). However, in spite of this apparent omnipotence women continued to procure abortions, even during the period when this was illegal.

Of course we know that criminalising abortion does not eliminate the practice; abortions are still performed, but often under unsafe conditions. However, law and policy are important – not just in making something legal, but 'legitimizing' it in a wider sense. What role then did the state play in creating and sustaining abortion culture?

Firstly, the state was responsible for abortion law, legalising abortion in 1920, revoking this in 1936 and once again liberalising abortion in 1955. It could never be said that the state approved of abortion, however the 1955 legislation may well have been signalling what the state would *accept* without approval. Certainly, in the early 1950s, just before liberalisation, data suggest that legal sanctions were not being implemented (Avdeev, Blum and Troitskaya 1995). The state was also responsible for law concerning sterilization. Sterilization was only permitted for strictly defined medical reasons, for example following a third delivery by Caesarean section. Couples

² The fertility rates of non native (mainly Russian) women in Estonia were even lower than native Estonians by the 1960s Taagepera, R. (1981). "Baltic Population Changes 1950 - 1980." Journal of Baltic Studies XII(1).

were therefore denied the possibility of sex free of the risk of pregnancy when they might have been prepared to adopt a permanent method.

Secondly, the state was, at least theoretically, responsible for the provision of services. Abortions were carried out in hospitals and polyclinics, but the establishment of family planning clinics was neglected. Family planning belonged within the private realm, unlike abortion and pregnancy which were matters of medical, and therefore state interest (Vikat 1994). Only in the 1980s was the need for family planning recognised and then the attitude was dictatorial: "From the early 1980s the Ministry of Health enforced family planning measures to reduce abortions" (Avdeev 1994). A further disincentive to the use of preventive methods was that the state charged for contraceptives whilst abortion was free (Karro 1997a).

Thirdly, in a planned economy the state was responsible for the production and distribution of goods (Bebel 1988). The Soviet record in this sphere was poor (UNDP 2002). The production of birth control supplies was not a priority (Heitlinger 1979), and their distribution was sporadic.³ It was, after all, a command not demand, economy - the state prioritised production with scant attention to the wishes or even needs of the consumer.

Lastly, the state should have provided up-to-date and accurate education and information, or at least facilitate its provision. However, sex education was virtually absent from the curriculum until the late 1980s (Attwood 1987). Kon argues that the state, in an Orwellian way, feared sex as it was something outside of party control. Hence, sex education was taboo and the population was both "sexually ignorant and mute" (Kon 1992).

Not only did the public have little access to accurate information, the medical profession fared little better (Bruyniks 1994). The oral contraceptive was effectively banned in 1974. The hegemonic view was that the pill was dangerous⁴ and the ban ensured that no independent thinkers could prescribe it. Furthermore, the state ensured that no alternative views were promulgated⁵ – the media were organs of the state, there were no non-governmental organisations (which might have campaigned for contraception) and the churches, whose members might have protested at abortion levels, were suppressed. Willekens and Scherbov state that "Contraception was not an issue to be discussed before perestroika", suggesting that not only was provision of information poor, it was also suppressed (1994 p208).

Paradoxically, the lack of investment in contraceptive methods and family planning clinics led to an excessive consumption of scarce resources by

³ This was not only the case for contraceptives – other essentials, such as toilet paper and soap were often unobtainable Van der Post, L. (1965). *Journey into Russia*. London, Reprint Society.. Sanitary towels were more often than not absent from the shelves and tampons were not produced at all.

⁴ "The long-term use of pills can have as a result a serious destruction of the main internal organs..." 1983 official edict cited by Popov, Visser and Ketting 1993 p 232

⁵ This was not what Bebel envisaged when he stated that the socialist press would contain "the conflict of opinions of those who seek the best" (Bebel 1988 p222)

abortion services (Remennick 1991). Indeed, the system meant that the actual costs of any particular aspect of healthcare were not calculated (EOHS 2000). This raises the question of whether the state had a policy concerning family planning, or whether what has been observed was the consequence of the *absence* of a coherent policy. On the other hand, the result was that the state effectively retained control over women's fertility. As late as 1959 Khrushchev was still associating birth control with bourgeois ideology and asserting the need for births, not just for the labour force but also "for the future of our nation" (quoted in Avdeev, Blum and Troitskaya 1995). The development and distribution of modern methods of birth control risked leaving "choice in the hands of the individual, and that might have unforeseen demographic and moral consequences" (Heitlinger 1979).

Service Providers

Like other professionals, doctors and healthcare workers were 'blanketed' by the totalitarian state and isolated from their peers in the West. The state had control over information and communication as well as the education of medical professionals and their careers (Stloukal 1999) and was willing and able to deal harshly with dissent. People "were paralysed as citizens because they were convinced that everything was controlled. One of my colleagues has called this "the relentless application of a quiet coercion leading to compliance"... children were taught that any adolescent rebellion could deny them a university place. Cooperation, on the other hand, was the route to a better life. So you had the twin methods of bribery and blackmail" (McDermid 2002). Not surprisingly, healthcare providers accepted and promoted the 'party line'.

Doctors and their colleagues in healthcare were deprived of access to their own service statistics – these were sent 'vertically' to Moscow, there was no horizontal dissemination. From 1929 until 1988 abortion statistics were classified 'secret' and only available to the USSR Ministry of Health in Moscow (Popov 1991). Hence, service providers were unable to compare, for example, their abortion rates with colleagues in other locations. Needless to say, they were not able to make international comparisons, especially with the West. This was treason. Nor were providers able to decide upon and implement changes as healthcare decisions were made in Moscow (EOHS 2000). Indeed, taking responsibility or showing initiative were considered risky (Stloukal 1999).

The focus of medical advance was on methods of abortion, not the development of preventive measures. Not only were doctors unable to make statistical comparisons with colleagues abroad, but they were also isolated from debates surrounding 'best practice' which might have challenged their assumptions regarding contraception (Brandrup-Lukanow 1999; Stloukal 1999).

Modern contraceptives were distrusted. The contraceptive pill was considered dangerous and indeed it may have been – the Soviet variety was an early version containing high hormone doses and would therefore be more likely to produce adverse side effects (Westoff, Sharmanov, Sullivan and Croft 1998).

There was a ban on the (legal) import of the Western product as the Soviets wished to be self-sufficient in all things. The state had a monopoly on import and distribution of eastern bloc products (Popov, Visser and Ketting 1993). In common with many other consumer products, the supply of the pill was erratic. Intra-uterine devices were old-fashioned - for example no copper IUDs were available (Popov, Visser and Ketting 1993). Condoms were of poor quality with a high failure rate (Defosses 1981). The production of better quality contraceptives was not considered an industrial priority (Heitlinger 1979).

Abortion was promoted as a safer alternative, although this was not always so – the incidence of adverse sequelae was a matter of concern in the Soviet Union (Remennick 1991). In addition, little is known about the consequences of repeat or serial abortion (Bruyniks 1994; Brandrup-Lukanow 1999). On the other hand, for many years abortion was illegal in the West (and being performed in less-than-ideal conditions) when it was being performed legally in hospitals in the Eastern bloc. In addition the use of the vacuum aspiration technique, though pioneered by Simpson in Scotland in 1860 and used by Bykov in Russia as early as 1927, was already in common usage in Russia by 1967 (Potts 1967), though it was not adopted in the UK and USA until 1977 (Tietze and Henshaw 1986). This method is still regarded as the safest for terminations in the first trimester.

An 'abortion industry' was created (Grant 2004c) with many doctors working full-time in performing abortions (Stloukal 1999) – what incentive would there have been for a doctor to discourage abortion when that was how he or she earned a living?

Society/Community

Those living under Soviet rule became immured, accepted the inevitable and lost the will to resist. A sense of powerlessness was pervasive. Those born later had never experienced any other life and lacked comparative information - "How to explain to people who have never been out in the fresh air or had a window open, that the room they live in is stuffy almost to the point of suffocation?" (Van der Post 1965p42)

The system bred a culture of dependency on the state – it was expected that the state would provide (or not) and in healthcare this meant cure rather than prevention. In addition, public opinion was "physician-dictated" (Popov, Visser and Ketting 1993) and physicians themselves had been 'informed' of the dangers of the oral contraceptive.

There was probably some stigma attached to abortion, at least there is evidence of reluctance on the part of some women to report abortions (Anderson, Katus, Puur and Silver 1994). Some abortions were also carried out 'privately' in order to avoid the statutory sickness absence note, which revealed details of the operation and 3 day hospital stay (Remennick 1991). On the other hand, it must have been difficult to stigmatise something that was so common – stigma is usually reserved for 'outsiders' and applied by 'insiders'. In the Soviet situation, who could cast the first stone?

Generally the population can expect the media to extract information from the state and disseminate it to the public. However, under the Soviet system the media were part of the state machinery, therefore they were not subjecting the state or providers to scrutiny (Stloukal 1999), not calling them to account, nor raising issues such as the abortion rate (other than to blame this for low birth rate). 'Civil society' was empty – there were no pressure groups, no non-governmental organisations or at least no non-*party* organisations. The church had little power or influence as the Soviet state had “abolished God” (Van der Post 1965p40).

Was there an acceptance of abortion? Up to a point, yes, though abortion was seen not as desirable but inevitable. In addition the abortion issue had “been deliberately denied its ethical and humanitarian dimensions”. The embryo was seen as biological material and the abortion as removal of that material as opposed to the termination of a potential human life (Remennick 1991 p841).

The individual

We, in the west, often refer to abortion as a 'choice', but what choice was there during the Soviet era?

Sex education in schools was at worst non-existent or at best inadequate. (Remennick 1991; Bruyniks 1994). Other possible sources of information, such as the media, were state-controlled and the airing of sexual issues was taboo. Few parents felt comfortable discussing sex with their children, so young people discovered by trial and error. Family planning advice was first received from the gynaecologist *after* the first birth or abortion (Grant 2004c).

The state controlled supplies of contraceptives (such as they were) and both legitimate and black market supplies were often interrupted, which would have been a problem for those using the pill or the condom (Vikat 1994). It was generally cheaper for the individual to resort to abortion than to use contraception. Many women were advised against the use of oral contraceptives⁶ (Remennick 1991; Karro 1997a) and the intra-uterine device was only prescribed for women who had previously had a full term pregnancy. There were no competing sources of information, such as family planning associations or pro-life or pro-choice pressure groups.

Child bearing was early in the reproductive span and pregnancy often preceded marriage. Marriage and childbearing moved a couple up the housing list and this was a key issue due to the shortage of suitable housing. Early childbearing and an average family size of 2 meant that many women/couples were controlling fertility for over 25 years. Vasectomy and sterilisation were not permitted. So many years 'at risk' clearly meant a high probability that abortion would be necessary (Marston and Cleland 2003). This led to a different abortion 'profile' to that of the West, where abortion

⁶ Those doctors who prescribed the pill also advised regular pill 'holidays' and this practice is still common. Unfortunately this leads to a number of unintended pregnancies during this 'holiday' time. (Helle Karro 2003 personal communication)

tends to be more common amongst the young (Anderson, Katus, Puur and Silver 1993; Anderson 1998; Bankole, Singh and Haas 1999).

In view of the absence of choice, there must have been an element of internalisation (D'Andrade 1995)⁷, so that women found a way of accepting the inevitable. Remennick states that there was a "psychological tolerance to abortion on both individual and social levels" and that the procedure was viewed as a "routine, although certainly unpleasant, medical procedure, comparable, say, to a removal of a decayed tooth" (Remennick 1991). However, as the procedure was usually carried out without the benefit of anaesthetic and on an assembly-line basis, women must have dreaded abortion.

Why did couples terminate pregnancies rather than having children? People's lives were difficult during the Soviet era and not conducive to having large families. Relationships between men and women remained traditional with the notable exception that women were expected to participate in the labour force. Soviet-style equality was "masculine-oriented" so that women could be engineers or astronauts, but still had to go home to do the housework (Heitlinger 1979; Karro 1997a). Housing, particularly in urban areas, was in short supply and apartments were very small (Koutaissoff 1971). Estonia was the most highly urbanised of the Soviet republics (Parming 1972), but even rural lives were 'urbanised' as people on collective farms lived in blocks of flats. However it is interesting to note the higher fertility of Estonians in Estonia than Russians living in Estonia. There may have been a hint of demographic competition – certainly the titular nationalities in both Latvia and Estonia feared becoming ethnic minorities in their own lands.

Abortion culture in Estonia

Estonia had a history of being more advanced than Russia in development terms. For example, whereas literacy approached 100% as early as the 19th century in Estonia (Coale, Anderson and Harm 1979), only 25% of Russians were literate by the time of the revolution (Van der Post 1965). Estonia was also 'ahead' of Russia in terms of demographic transition. Indeed Estonia fell west of the Hajnal line (Katus 1994). Replacement fertility levels were achieved early and without the benefit of modern contraception. During the 1920's and 1930's, in common with many western European states, fertility fell to below replacement level (Titmuss and Titmuss 1942).

In a society where fertility had been controlled with little recourse to abortion, it is less easy to understand why abortion later became so much more prevalent, especially amongst cohorts born in the early 1950s (Katus 2000). This may however be partly explained by the following. Firstly, part of fertility decline earlier in the 20th century could be attributed to late and far from universal marriage. As more women were exposed (via formal marriage or, later, less formal partnerships) and as the age at first birth fell (Katus 2000)

⁷ "Through secondary appraisals and the cultural shaping of emotion, the beliefs and values of a culture may be *internalized*. The term *internalization* is common in psychological anthropology, where it refers to the process by which cultural representations become a part of the individual; that is, become what is right and true." (D'Andrade 1995 p227)

and the length of time exposed to the risk of pregnancy was extended, the number of unwanted pregnancies would tend to rise (Tietze and Bongaarts 1975). Secondly, considerable numbers of migrants, chiefly from Russia, were directed to work and live in Estonia (and elsewhere in the USSR). Migrants brought with them their own reproductive culture, including higher abortion rates (Katus 2000)⁸. In addition, Russian doctors and specialists were moved, along with the working population, and they too brought with them their own beliefs and working practices. Thirdly, the local population may have adopted some of the habits of the incomers, especially if these were seen to be beneficial. Some who might otherwise have been content with, for example, calendar methods and coitus interruptus, and accepted the risk of method failure, might have seen the advantage of abortion. Lastly, abortion was legalised in the Soviet Union in 1955. This may have led to a 'real' rise in abortion (more abortions were performed) or equally it could have led to an increase in the number of abortions performed legally and recorded (Avdeev, Blum and Troitskaya 1995).

Abortion culture may have become established in Estonia. Possible evidence of this is that abortion rates were, and still are, considerably higher than in the West, but on the other hand they were not as high as, for example, Russia. In addition, as low fertility rates were achieved early and without the use of modern contraception, natural/traditional methods must have been used and it is difficult to accept that these could have, or would have, been forgotten. Indeed Anderson et al state that, for Estonian women, abortion was not, after all, the primary method of fertility control, but a resort when other methods failed, whereas for Russian women *in Estonia* abortion was more likely to be the primary method of fertility control (Anderson, Katus, Puur and Silver 1993). This is important as what is now being observed (increased uptake of contraception and falling abortion rates) may be a change from one type of contraception (traditional and not highly effective) to another (modern and effective), as much as a change from abortion to contraception, at least for some groups.

The Post Soviet Era

The New State

Soviet successor states, despite their diversity, are all experiencing a decline in abortion and this in spite of marked fertility decline (EOHS 2000; CoE 2002). To what can this be attributed?

Clearly, the role of the state has undergone rapid and far-reaching change. Generally, the move has been towards democratic free-market nationhood, so that the role of the state has been diminished. Successor states have had to devise their own abortion legislation, but this has tended to remain liberal, although in Russia for example recent legislation reduced the number of 'valid' reasons for an abortion after the first trimester from thirteen to four (Paton-Walsh 2003). Estonian legislation allows abortion on demand in the

⁸ It is interesting to note that Soviet women who emigrated to Israel took their own abortion practices there too Sabatello, E. F. (1992). "Estimates of Demand for Abortion among Soviet Immigrants in Israel." *Studies in Family Planning* 23(4): 268-273..

first trimester and up to 21 weeks on medical grounds or if the mother is under fifteen years of age or over 45. However, abortion decline cannot be attributed to restrictive legislation, in Estonia or elsewhere in the former Soviet bloc.

Recent legislation in Estonia allows sterilization (male or female) for the purposes of fertility control, but only for those over 35 years of age, or those who already have three children. This could allow those who have completed their families to have many years free of the need for contraception and free too of the fear of unwanted pregnancy. There may however be little uptake. Qualitative research reveals an abhorrence for the idea of permanent methods and some suggestion that sterilization is associated with Nazism (Grant 2004c). So, an increase in the use of permanent methods cannot account for a decline in abortion.

Although there have arisen a plethora of private health providers, the vast majority of people still rely on state (or municipal) services. These are no longer free (except for emergencies), but operate under the cost-sharing principle. Perhaps due to what Agadjanian describes as the “inertia of the soviet tradition” (2002), the organisation of healthcare has proved to be remarkably resistant to change. The system remains top-heavy, with a sizeable number of specialists and hospital doctors and a relatively undeveloped primary sector, in spite of attempts to create a family doctor service. Doctors are now being trained (or re-trained) to fulfil the role of family doctor, where it is intended that they will be the first port of call for family planning advice (EOHS 2000). However, as patients still have direct access to some specialists including gynaecologists (and venereologists) this attempt to change the patient’s pathway to reproductive health services may not succeed (EOHS 2000). Family planning advice still tends to be delivered by gynaecologists and for too many young women this is rather late.

In recognition of the new challenges faced by the population, especially HIV/AIDS, the Estonian government adopted a new national reproductive health programme, but its implementation has been hampered as it was not allocated a share of the state budget (UNFPA 2003).

The state is no longer responsible for the production and distribution of supplies; there is now a market in contraceptives. However, the state health budget struggles to cope with the financial burden of internationally priced pharmaceuticals, as do individuals when they pay a part of the cost (for example for the oral contraceptive) or buy their own (for example condoms). In spite of this there is good evidence that the use of modern methods of contraception has increased. In Estonia the increase in supply *facilitated* by the state has improved access to contraception.

In terms of information and education, great strides have been made. Doctors and scientists were given some freedom to travel to international conferences during the 1980s. However, it was not until the 1990s that high abortion rates were discussed (Papp, Kontula and Kosunen 1997). Doctors now have full access to data and peer-reviewed international journals.

In Latvia conservative attitudes have hampered attempts to introduce sex education into the curriculum (Cengel 1999). In Estonia however 'human education', which includes sex education, has been revolutionised. Teaching is earlier, broader and deeper. However, some teachers have found the material, and the rôle, too challenging, so that the standard of sex education in schools remains variable (Grant 2004c).

The Media

Those raised during the Soviet period were deprived of sex education within the school system and had little reliable information from other sources. Adults have been 'catching up' in terms of sex education, via the media. Some of this is factual and of high quality. However, the market for pornography was quicker to establish itself than public television and radio were to adapt to the new freedom, so that in Estonia as elsewhere, a good deal of misinformation was made available before high quality information could reach the public (Peetso, Laanpere, Part and Pollumaa 1999). In reference to the Ukraine, Vornik and Govorun state that oppression has been replaced by exploitation and that society has become permissive, but without proper sex education (1996). In addition, not all the media employ responsible journalism – the 'yellow press', with a taste for reporting 'moral panics'⁹, has become established in Estonia in recent years (Ilvi Joe-Cannon – personal communication).

A New Society

Pressure groups and non-governmental organisations are now being created, for example Eesti Pereplaneerismise Liit, The Estonian Family Planning Association linked to the International Planned Parenthood Federation (IPPF 2003), and their impact is growing (Karro, Klimas and Lazdane 1997c). In addition, the influence of the churches has grown, though the impact of this may be negative in terms of reproductive health (Karro, Klimas and Lazdane 1997c).

Improvements in the expertise of providers, the education of young people (and some of their parents), and the development of non-governmental organisations have all served to increase the demand for contraception, without which access to modern methods would be wasted. However, economic transition has imposed some constraints. At the same time as the state has instituted fees for healthcare, many people are experiencing unemployment or a lack of job security which makes fees expensive for many people. In addition, fertility rates have fallen substantially over the decade since independence, so that even with increased contraceptive prevalence abortion may still play a key rôle. There is a level of anxiety about the new system, including impending membership of the European Union, and a continuing fear in Estonia of Russian aggression: "It is like living next to a volcano" (Eve Variksoo, personal communication 2003). The increase in age at birth may be a sign of people adopting what Stloukal calls "wait-and-see forms of behavior (sic)" as a response to feelings of insecurity (1999 p37).

⁹ after Stanley Cohen 1972, 'Folk devils and moral panics – the creation of the Mods and Rockers, London, MacGibbon and Kee

A Threat to Choice

A worrying development is the emergence of an anti-abortion movement in states of the former Soviet bloc (Stloukal 1999; Walder 2000). This has three elements: firstly the revival of religion (especially relevant is the recovery of the Catholic¹⁰ and Russian Orthodox churches); secondly there is a reawakening of conservatism as a reaction to years of socialism and all its ills (and in this context the ills are women's 'liberation' in general and abortion on request in particular); and thirdly, with reference to perilously low fertility rates, there is a fear of "ethnic extinction" (Haas 1996p72), especially in the Baltic states where titular population sizes are so small (WHO/UNFPA 1995). Some go as far as blaming the 'demographic crisis' on non-governmental organizations promoting contraception and the right to abortion (Johansson 2001). However, it is likely that recent steep fertility declines throughout the region are the result of economic change and associated social upheaval, indeed there is a near linear relationship between the economic situation and fertility in Estonia (and Lithuania) (UNECE 1999). After all, abortion is only a *proximate* determinant (Horga and Ludicke 1999). This situation demonstrates perfectly what Freedman and Isaacs call "the tension between demographic priorities and reproductive choice" (1993p18). It is to be hoped that governments are not persuaded to pass restrictive abortion legislation, which may serve only to transfer abortions from legal to illegal status. Restrictions have been considered in several former Soviet states (Rahman, Katzive and Henshaw 1998). So far abortion and the birth rate have not been explicitly linked by policy makers in Estonia, even though a population affairs Minister has been appointed to explore ways to increase fertility (Gunter 2003). In Latvia, the Minister for Child and Family Affairs Ainars Bastiks, who has also been charged with increasing fertility levels, has been quoted as stating "It is tragic that so many babies that could have been born were killed" (BalticTimes 2003 p2).

Conclusion

Abortion culture was just one of the consequences of an ideological stance which prioritised the productive over the private sphere, industry over the health and service sectors. Abortion culture was created by a "complex combination of perceptions, beliefs, attitudes and practices" and it might be "extremely resistant to change" (Horga and Ludicke 1999p109). However in populations where abortion culture was never entrenched we may observe that abortion rates fall faster, because women or couples had a previously unmet *aspiration* for contraception, than in those groups where abortion culture was well established. In addition, abortion culture may fade as those raised in its atmosphere become older and move out of the reproductive ages, to be replaced by those with better knowledge and different attitudes and practices, as Agadjanian found in Kazakhstan (2002).

Clearly, access to a range of modern affordable contraceptive methods will hasten further decline. However, in the new market economies healthcare is

¹⁰ Not only does the Catholic Church in Lithuania oppose abortion, but also contraception and sterilization. (Karro, Klimas and Lazdane 1997)

no longer free-at-point-of-delivery. Cost recovery policies mean that most people have to pay for contraception and the level of payment is perceived as expensive for some (Brandrup-Lukanow 1999). In Estonia a social insurance system has been established, however there are some people who are not insured and who are not therefore entitled to subsidies (Karro 1997a; EOHS 2000). Indeed economic considerations are especially important in the post-Soviet context where unemployment and *underemployment* are new concerns (Puur 1997a; Puur 1997b).

Sex education that is light years away from that provided during the Soviet period should begin to leave its mark, especially if and when parents themselves are well informed and no longer reluctant to talk to their own children about sexual issues (Grant 2004c).

In order to analyze abortion culture, it is important to examine the history of the society in question, the role played by the state, by service providers, by society as well as the individual. It is easy to blame former Soviet bloc peoples for high abortion rates and yet most of those involved would have been powerless to act differently. As Kai Haldre states "I'm sure that if people in the Netherlands had lived in isolation under Soviet occupation for 50 years, they would have similar abortion rates. For a better understanding of why people in this region have behaved in certain ways under the given circumstances I'd like to recommend reading George Orwell's classics 1984 and Animal Farm" (2000).

Independence has presented former Soviet states with difficult challenges but also considerable opportunities. Great strides have been made in undermining abortion culture and abortion rates have fallen. If the impetus is maintained in training providers and teachers, involving NGOs, supporting high quality public broadcasting and health promotion campaigns, much will be accomplished. It is however vital that policy makers ensure that a wide range of affordable services and contraceptive methods are available so that use and effectiveness are maximised and only a "residual demand" for abortion remains (Cohen 1998; Marston and Cleland 2003). It would be ironic if newly acquired freedoms lead to loss of reproductive rights, so perhaps the most important task for those in power is to resist the pressure to pass restrictive abortion legislation, which could have dire and predictable consequences for women in Estonia and in other states which share the Soviet past.

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