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Abortion is Communism: A Genealogy of "Abortion Culture"

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**Abortion is Communism:
A Genealogy of “Abortion Culture”
Heather Bradford
04/07/2015**

Abortion is Communism: A Genealogy of “Abortion Culture”

*An Thesis Submitted to
the Department of Sociology and Corrections
in partial fulfillment of the Master’s Degree
Minnesota State University-Mankato*

*by
Heather Bradford
April 7th 2015*

Abortion is Communism: A Genealogy of “Abortion Culture”
by
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Table of contents

I. Introduction P. 6

II. Methodology P. 9

III. Abortion in Ancient Western History P. 15

IV. Abortion and Christian History P. 21

IV. Abortion in American History P. 28

V. American Abortion: From Illegality to Legality P. 36

VI. American Abortion and the Rise of the Pro-Life Movement P.45

VII. A Genealogy of Abortion Culture P. 61

VIII. The Meaning of Rare P. 66

IX. The Abortion and Contraceptive Dichotomy P. 73

X. Abortion as a Social Experience P. 79

XI. The Construction of Choice P. 84

XII. Deconstructing Demographic Crisis P.99

XIII. The Medicalization of Abortion P. 110

XIV. The Reproductive Panopticon P. 114

XV. Abortion is Communism P. 128

XVI. Conclusion P. 146

References P. 149

Abstract:

In the twenty years since the collapse of communism in the Eastern Bloc, various scholars of history, women's studies, sociology, political science, and reproductive rights have studied the occurrence of abortion in these formerly communist countries. Although some have sought to question the notion of "abortion culture," most look to these countries as places where abortion was tragically prevalent and accepted. The purpose of this paper is to analyze the assumed knowledge concerning abortion and how this obscures understandings of abortion in formerly communist countries of Eastern Europe. By creating genealogy of "abortion culture," this research seeks to trace the history of how abortion came to be understood as a moral issue, the power behind these understandings, and the resulting consequences. Throughout history, abortion has been understood many different ways until evolving into the understanding that it is negative, it is a moral issue, it is a medical issue, it should be limited, and should only occur rarely. These taken for granted understandings have shaped how abortion in formerly communist countries have been researched and discussed. Beyond academia, these understandings have resulted in a pairing of communism and abortion designed to discredit both.

I. Introduction

Within the United States abortion as an issue, a phenomenon, and a word is controversial, and polarizing. It is highly moralized and politicized. Because of this, it is difficult to see outside of this mire of conflicting world views, morals, controversies, and values. Likewise, communism, as an ideology, word, morality, value system, and adversary has been misunderstood, maligned, misrepresented, and made controversial. Both communism and abortion invoke strong emotions and actions. When abortion and communism are joined together into “abortion culture,” a powerful chimera of fear, loathing, othering, and discomfort is created. However, these particular understandings of abortion and communism are not inevitable, but historical and social developments. Further, these particular understandings of abortion and communism serve powerful interests. According to Michel Foucault, knowledge comes from meaning and meaning is created through discourse. What is known about them separately or when combined into “abortion culture” is the product of discursive rules, authoritative truths, institutional practices, or in short, power knowledge (Hall 2001). It is therefore the task of this paper to trace the historical developments of these particular understandings that new ways of thinking can be achieved.

Since the collapse of communism in the Soviet Union and Central and Eastern Europe (CEE), there has been some scholarly interest in abortion in formerly communist countries on account of the different rates, conditions, and attitudes towards abortion in these countries as compared to Western capitalist countries. These differences are often viewed as problematic, as rates of abortion were believed by researchers to be too high. The high rates of abortion and use of abortion over contraceptives was called “abortion culture.” Scholars believed that ideally the rates should be lowered and to achieve this, contraceptive use should be encouraged. A watershed moment in the history of “abortion culture” was a 1990 conference in Tbilisi entitled,

“From Abortion to Contraception: Public Health Approaches to Preventing Unwanted Pregnancy and Abortion Through Improved Family Planning Services.” One hundred and seventy participants from twenty six mainly European countries attended the conference, including representatives from the World Health Organization (WHO), United Nations Populations Fund (UNFPA), and International Planned Parenthood Federation. The UNFPA did not view abortion as a means of contraception and supported reducing the number of abortions. The organization also provided the keynote speaker for the event. The theme of the conference was that abortion numbers were high, but could be reduced with contraceptives (David 1992). Although this position may seem quite reasonable, it fostered the notion that “abortion culture” should be treated as a social problem. A typical example of the attitude that “abortion culture” is a social problem was Adrej Popov’s, “Family Planning and Induced Abortion in Post-Soviet Russia of the Early 1990s: Unmet Needs in Information Supply.” The article outlined contraceptive use and abortion rates throughout the Soviet Union and very clearly considered the situation a social problem in stating that Russia “is one of the few economically developed countries where abortion still prevails over the use of contraceptives in family planning. The difference between Russia and all Western countries lies not only in this temporal lag, but also in the continuing and widespread underestimation of this as a social problem for Russia (Popov 1994).” This basic assumption has dominated most research on this topic.

Nevertheless, there are some notable exceptions to the treatment of “abortion culture” as a social problem. Gail Grant’s “Towards a Framework for the Analysis of Abortion Culture,” placed abortion in historical and cultural context in an attempt to understand the conditions in which abortion culture emerged in Estonia (2005). Victor Agadjanian has also added to understanding “abortion culture” by placing abortion in the cultural context of Kazakhstan

(2002). Larissa Remennick likewise studied the abortion experiences of Russian women in Israel and Boston (2001, 2007). Perhaps one of the best analysts of abortion culture is Dag Stenvoll, who was one of the few scholars to place “abortion culture” not only in cultural and historical context, but a larger constructionist context. That is, abortion and contraceptives are socially constructed categories which may have different meanings and understandings. Stenvoll observed that few pro-choice advocates consider that abortion could be good, even if they accept it as necessary (2004).

Attempts to place the development of “abortion culture” into historical and cultural context have centered upon rooting it in the history of CEE and Soviet countries. In other words, the origin story of “abortion culture” is rooted in the history of communist countries. This analysis is deficient because although it seeks to contextualize and understand “abortion culture” it continues to uphold the assumption that “they” are the different ones whose social conditions require explanation and that “we” the West, are normal. Therefore, any attempt to understand “abortion culture” should begin with how abortion came to be understood as it is within our own culture. Another oversight in the research is the lack of focus on the ways in which these understandings serve power. So, whereas much of the research has focused on understanding the conditions that contributed to the existence of “abortion culture,” how it has changed over time, or how it might be curtailed, there is little research that considers the ways in which these policies, histories, and understandings serve systems of power such as patriarchy and capitalism. To fill this research gap, this paper seeks to take a two pronged approach to understanding “abortion culture” by tracing its origin in larger Western discourses of abortion and then its specific historical context, while connecting this history to various constellations of power.

Two decades since the collapse of communism in CEE and the Soviet Union, “abortion culture” remains of continued importance because many formerly communist countries continue to have higher rates of abortion than Western Europe and the United States. More than this, abortion remains a controversial issue within the United States and access to abortion has slowly whittled away over the last forty years. To ensure access and legality, it is essential that feminist activists question the prevailing knowledge concerning abortion. “Abortion culture” is founded upon notions that abortion should be rare, can be cured by contraceptives, and is a social problem. Behind these assumptions is the notion that abortion is bad. This notion also divides and “others” women who may not share the same abortion experiences and understandings. It also privileges Western capitalist understanding of abortion over alternatives. Those who defend the right to abortion should consider the origin and consequences of this understanding. To this end, Foucault’s notions of power/knowledge and subjugated knowledge serve as a foundation for this paper. This work joins the attempt to allow disqualified and subjugated discourses and knowledges to speak. Through genealogy, it seeks to bring these “subjected” knowledges into play.

II. Methodology

According to Dreyfus, the best way to see things otherwise is to see that they were once different and how the present view of such things developed over history. To this end, genealogy helps to de-realize a particular understanding of reality that emerged over history and in so doing, move beyond it. Genealogy does not provide a cure to problems associated with a certain way of thinking, but provides a broader understanding of the origins of particular understandings and their associated costs (Foucault and Dreyfus 1987). Genealogy was

developed by Foucault to trace the understandings of an idea over time and how these understandings became imbued with power. In his understanding, power is diffuse through society, existing in a web. Though there are marginal, traditionally powerless people, and institutions with enormous coercive capacity, power is built upon the aggregate of smaller mechanisms. These work together, or against each other, to produce reality. In short, power produces reality. It can also be said, that in doing so, power produces knowledge and that no knowledge can exist without some power relationship behind it (Shiner 1992). This notion of power differs from Marxist or feminist notions of power in that power is something that produces rather than represses, it is exercised rather than possessed, and bottom up rather than top down (Nicholson 1992).

Foucault used this method to analyze the history of sexuality, prisons, and human sciences, but it is more of an anti-method than a conventional research methodology. He viewed the role of researchers or intellectuals as developing knowledge so that it can be applied to their specific field or work place. Therefore, their discourse or theory is action, granting a special place for nurses, psychologists, sociologists, social workers to apply their knowledge to their real experiences. This differs from the notion of a universal intellectual who speaks for everyone. Beyond this purpose, researchers are tasked with revealing “regimes of truth.” This simply means that in each society there is a political economy of truth, which establishes which discourses are true and false, which methodologies of uncovering truth are allowed, and who is empowered to speak what is true. Within a regime of truth, there are those whose knowledge is subjugated and dismissed, such as the knowledge of inmates, prisoners, homeless, or the mentally ill. Other knowledge and methods are privileged, such as science in Western societies. Genealogy is an anti-method inasmuch as Foucault recognized that all methodologies exist

within regimes of truth and are political. Genealogy is itself a political method because it seeks to uncover the power behind knowledge (Shiner 1982).

As a methodology, genealogy tracks the history of one power-knowledge to another for the purpose of challenging and critiquing what is taken to be true. Authorities and challengers produce meaning through challenge. According to Foucault, this challenge is through critique, thought, imagination, and struggle. To critique something is to point out what taken for granted, unchallenged modes of thoughts exist behind what is accepted to be true. Critique looks beyond the accepted social reality to the hidden thoughts that animate social behaviors. Therefore, criticism is about piercing the veil of the things believed to be self-evident to open up the possibility of thinking otherwise (Foucault 1988). However, Foucault did not establish a uniform methodology for this kind of critique. There is no fixed method or language of genealogy, as Foucault was a critic of methodology. To him, history was not only a matter of privileged perspectives of historical events, but a privileged systems and methods for understanding these events. Therefore, although Foucault called genealogy a history of the present, he did not outline how it should be undertaken (Dean 1994).

It is then the goal of this research to create a genealogy of abortion, and in particular, its relationship to communism. In doing so, the hope is that the underlying assumptions behind the current understanding can be critiqued and moved against. Because genealogy is not a precise methodology, this critique of abortion culture will be organized around its history of frames, ideology, and discourse. The purpose of organizing the genealogy in such a way is to highlight the contributions of social movements in shaping how abortion is understood. According to Erving Goffman, frames are interpretive schemata that people use to identify and label events, experiences, and actions, in life (Buechler 2011). Because social movements such as feminism

and socialism have been instrumental in framing issues such as abortion and communism, it is worthwhile to explain frames not only in the general but in how they are specifically used to social movements. Social movements use frames to explain their grievances and politicized people towards collective behavior. For instance, Priven and Cloward observed that protests are most likely to happen when there is a change in consciousness and behavior. Priven and Cloward also argued that in order for individuals to become involved in social movements, they have to believe that something was unjust, change was possible, and participation in a movement could change things. Doug McAdam calls this cognitive liberation, adding that causal factors such as opportunity and organization are catalysts for collective action (Buechler 2011).

According to Snow and Benford, movements must align their frames, or link their goals, ideology, and activities to the interest, values, and beliefs of individuals they want to mobilize, in what is called frame alignment. Snow and Benford identified four kinds of frame alignments: frame bridging, frame amplification, frame extension, and frame transformation. Frame bridging involves linking two more pre-existing frames that are ideology compatible but not connected through outreach, education, promotion, publicity, and diffusion of goals to those who already agree. Frame amplification is appeals to the values that people already hold, through appeals to pre-existing values and beliefs. Frame extension involves enlarging the boundaries of the frame to embrace issues that are important to its followers. The final type of frame alignment is frame transformation, or creating new ideas, understandings, and casting off old frames. Snow and Benford further identified three types of framing, diagnostic, prognostic, and motivational framing. Diagnosis framing identifies problems and attributes blame. Prognostic framing is used by movements to determine which tactics should be undertaken. Finally, motivational framing attempts to call people into action (Buechler 2011). As a whole, movements use frames

to articulate problems, solutions, create identities, sharpen lines of conflict, and a call to action. It is also the means by which movements shape the issues to appeal to other movements and potential supporters through frame alignment.

Frames are strategies used by social movements to gain adherents, identify problems, mobilize members, and delineate between allies and enemies. But, frames do not exist in a vacuum. Rather, they are developed in historical, cultural, economic, and political contexts. This is where discourse can be applied to these understandings. Discourse, as understood by Foucault, is a system of representation. To him, discourse is the production of knowledge through language. Discourse is a group of statements that provide the language for representing or talking about a subject at a particular time in history. Discourse governs how topics can be discussed and creates rules and patterns that indicate what is acceptable, and what is not (Hall 2001). Iara Lessa summarizes discourse as a “system of thoughts composed of ideas, attitudes, courses or actions, beliefs and practices that systematically construct the subjects and the worlds of which they speak (2006).” To apply this to abortion, abortion may exist as a physical, material event, but it is only given meaning and becomes an object of knowledge through discourse. Thus, it is possible that abortion could be given the same meaning as other physical events, such as the removal of a tooth or washing of laundry, but all of these things are given their meanings in society. The present meaning of abortion exists in this particular historical moment, and existed differently in other historical moments.

Discourse can be understood as setting the boundaries of how issues can be framed. Social movements work within discursive opportunity structures, deciding for frames that are resonant or radical. Resonant frames offer the benefit of winning elite allies or popular support, whereas radical frames are useful in challenging hegemonic power and notions. Resonance may

have the benefit of gaining wider support, but this is at the expense of marginalizing alternative frames, speakers, and constituencies. Nevertheless, challengers are captives to existing meanings. There are institutional powers which hold discursive hegemony and can therefore shape which frames are viable or valid, limiting the array of legitimate ideas. In the case of abortion, individualism and privacy were the justification of the legalization of abortion in the United States (Ferree 2003).

Beyond privacy and individualism, there were other frames in existence at the time of the legalization of abortion, such as population control and broader social and reproductive rights to women. The frames that succeeded were the ones that most resonated with people because of their current understandings and were the least threatening to existing power. The same could be said with how biological determinism is the dominant way of framing homosexuality. The Christian right frames homosexuality as a deviant and sinful choice, so to counter this, LGBTQ individuals, institutions, and allies frame it as biologically inherent. Yet, biological determinism is not the experience of all queer people, as many have not experienced continuity in their sexuality or experience sexuality as a flexible spectrum. In this way, biological determinism is a hegemonic discourse that excludes, silences, and marginalizes the experiences of those who do not conform to the dominant understanding. Worse yet, the biological determinism argument is a defensive position that excludes choice, flexibility, and broader understandings of sexuality in favor of an essentialist argument. The real world consequence is that this understanding does not challenge power based upon the heteronormative (Weber 2012). In both cases, the discourse is subject to what Foucault called regimes of truth. These regimes are founded upon a particular economic and political power base, legitimated through institutions of science and knowledge.

Within regimes of truth, the knowledge and experiences of those of the lowest social status are discounted and deemed illegitimate (Shiner 1982).

To link these concepts together, discourse, ideologies, and frames are interrelated concepts, which may be visualized as an inverted pyramid. Discourses are the broadest, largest part of the pyramid, which link concepts together through networks and have a fundamental logic. Discourses are full of debate, conflict, and negotiation, as they include diverse positions. Ideologies are the next part of the pyramid, and are more coherent because they consist of systematic ideas and normative claims. Ideologies are a system of meaning based upon ideas and values, which may imply action and emotion. Frames are cognitive orderings that differ from ideologies in that they lack values, and not necessarily have objectives. They are simply cognitive focuses. Framing is the activity of connecting ideologies and discourse for strategic or social purposes. The act of framing can create new discourses (Ferree and Merrill 2000). To illustrate the differences, gender essentialism might be a frame employed by the Religious Right to justify the inequality between men and women. The ideology behind this frame is Christian fundamentalism, which is situated in the broader discourses of capitalist social relationships.

III. Abortion in Ancient Western History

Genealogy differs from typical methodologies of understanding history in that it rejects the idea of founders and origins. Whereas historians often look for beginnings, genealogy is a method of searching for descent. In other words, it is a method of understanding changes in power-knowledge and seeks to understand why these shifts occurred (Shiner 1982). For most of Western history, women's reproductive lives were a matter of interest, but abortion itself was not necessarily morally alarming. In 150 BC, Polybius, the Greek historian, lamented that Greece

was suffering a demographic crisis of decreased population. However, in this view the blame fell upon men, who in his opinion were not marrying, caring for children, having too few children, or were wasting their semen on non-reproductive endeavors. Polybius' observation that population was connected to the strength of cities and fertility of the land represents a perennial trend in Western thought, which is that population equals strength (McLaren 1990). The fact that this basic understanding of reproduction has descended through the ages with little alteration suggests that it is an idea that sustains many constellations of power.

Despite the observation that population and power were interconnected the ancient Greeks maintained small families and partook in a variety of methods to control their population. In Crete, at least according to Aristotle, homosexuality was officially condoned to control population (McLaren 1990). Xenophon, Aristotle, Plato, Aristophanes, and Plutarch, thinkers spanning five centuries, viewed homosexuality as nothing unusual and among the Greek elite it was the preferable relationship (Yalom 2002). Both Plato and Aristotle advocated for the state policing of marriage and children, both supporting the eugenic elimination of excessive children and the use of abortion to regulate fertility (McLaren 1990). Plato argued in favor of abortion for women over the age of forty and Aristotle supported abortion as a way to limit family size (David 1992). Like the connection of power and population, eugenics and population control have a long history in Western thought. Thus, reproduction has been viewed in a contradictory fashion, in that reproduction is encouraged as a matter of national strength, but also reserved for some populations.

To regulate fertility, the Greeks sought to understand how it worked. Of course, these understandings were shaped by the patriarchal nature of Greek society. As such, this knowledge centered upon the male contribution to reproduction. In 460 BC, Anaxagoras posited that it was

men who provided the material for human development and women only the location or ground. Plato, Diogenes, and Aristotle each followed this notion that women played little role in reproduction and merely provided a place where the male seed developed into a human. However, this view did not go uncontested. Indeed, several Greek philosophers argued that women also contributed to the reproduction of humans. Namely, Parmenides, Alcamaeon, Hippocrates, and Democritus argued that both men and women produced seed. In both cases, the philosophers did not look to divine creation of human life, but viewed it as a natural process that could be understood through observation and reasoning (McLaren 1990). The subordinate role of women in reproduction mirrored the subordinate role of women in Greek society. Wives were segregated from all men but their husbands and punished if caught with a lover and although men could divorce their wives, women were not able to divorce their husbands. Until a woman produced a child with her husband, the marriage was not sealed, so her father could return her to her household of origin (Yalom 2002). So, women were subject to their husbands and fathers, with little rights of their own.

It is important to note that in general, the ancient Greeks did not frame abortion as a moral issue, but rather, a medical issue. It is also important to note that unlike today, to the ancient Greeks, abortion and contraceptives were not distinctly different things and were encapsulated in a single word called *atokion*. Numerous Greek philosophers provided recipes for the prevention and termination of pregnancy, such as Dioscorides suggestion that alum or cedar gum be applied to the uterus or genitals and Aristotle's suggestion of using oil of cedar. There are more surviving references to abortion methods than contraceptives, perhaps because the former is inherently less private. Hippocratic texts warn that women can become infertile if they have abortions but do not flush themselves of the aborted material. Abortion techniques

discussed in Greek medical texts included potions, pessaries, jumping, vomiting, fever, bleedings, suppositories, and fumigation. These techniques were likely either dangerous or unreliable. As an example of the former, one abortion technique was fumigation of the cervix and use of dilators made of wood, tin, or lead and perforation of the amniotic sac. Non-vaginal sex, rhythm method, abstinence, and coitus interruptus were other preventions against pregnancy thought to have been used by the ancient Greeks. The Hypocratic Oath, which foreswears abortion, may have had the anti-abortion clause added later as a Pythagorean addition. The Pythagorean cult was against abortion, but was also against surgery, and was counter to Greek medical practice and theory (McLaren 1990). As a whole, it is important to note that it was men who debated these issues, or at least whose debates survived and were passed down into history, and that these debates differ from modern ones in terms of viewing contraceptives and abortion as the same and not of particular moral concern. These debates are similar to modern ones in that the medical frame played an important role in the discourse, population was tied to national strength, and owing to the superior social position of men, women were excluded and marginalized in the debate.

Fetal rights was also absent from the Greek discourse as fetuses were viewed as nothing more than potential humans. Stoics viewed a fetus as part of the mother until birth and it was expected that unwed daughters would abort rather than dishonor their families. Married women were expected to ask their husbands for permission to abort, but abortion was only wrong in that it represented a defiance of the rights of men. Fetuses were viewed as living things, but living only in the same way animals and plants are viewed to be alive. This is evidenced by the Greek concept of souls, which all living things were believed to possess. As a fetus developed, it was believed to develop a soul. Male fetuses obtained a soul at thirty days according to Hippocrates

and forty according to Aristotle. In contrast, female fetuses, due to their inferior status, were not ensouled until eighty or ninety days. According to Aristotle, even semen and menstrual fluid had souls (McLaren 1990). This notion of ensoulment was important to later Christian thinkers, but differed from the ancient Greek thoughts concerning it. Aristotle viewed ensoulment as a process of development, where different souls developed as the fetus aged, transforming the soul from a vegetable soul to an animal soul, before finally developing into a rational soul. This understanding of ensoulment made it permissible to destroy a fetus before the soul fully developed (Lim Tan 2004).

Like the Greeks, the Romans also had few regulations against abortions (David 1992). The Romans drew from Greek medical knowledge for their knowledge of reproduction, but offered some contributions of their own. Soranus, the Greek physician who later practiced in Rome, argued against Aristotle's view that men and women were different and against Hippocratic writers who viewed menstruation as healthy. He argued that women were healthier when they had fewer children, pregnancies, and menses. Galen, the physician of Marcus Aurelius, argued against Soranus, viewing retention of menses as harmful. Roman elite had one or two children, according to funeral inscriptions, so some measures of fertility control were enacted (McLaren 1990). In fact, Augustus, emperor from 27 BCE to 14CE, decreed that men between ages 25-60 and women 25-50 were obliged to marry, and offered rewards for having three or more children. However, since children were an expense, at least the elite at the time continued to limit their family size (Yalom 2002). Methods of limiting family size included such practices as infanticide, selling children, or abandoning them to exposure. Soranus spoke against Germanic tribes that put infants into icy water as a survival test, but had no trouble with the idea that midwives should dispatch with or abandon babies with abnormalities. The late Roman

Empire, citing population decline, outlawed exposure (McLaren 1990). It is worth noting that female infants were more often abandoned than male ones, again because of the low status of women in the Roman Empire (Yalom 2002). This indicates that like the Greeks, the Romans connected population to national strength.

Aside from killing or abandoning unwanted children, Romans believed and practiced abstinence, rhythm method, sneezing, specific sexual positions, herbal mixtures, douches, and barrier methods to prevent pregnancy, with unreliable results (McLaren 1990). It is possible that homosexuality may have limited fertility, if not explicitly designed to do so. Like the Greeks, the Romans were tolerant of homosexuality, and the Roman Emperor Nero married two men, both in public ceremony. However, female homosexuality was viewed dimly as monstrous, shameful, and as a disease by Roman physicians (Yalom 2002). Despite measures of contraceptives and abortions, women had no right to control their body, which was controlled by their father or husband. Women who aborted were viewed as insubordinate and selfish, and Plutarch, Ovid, and Seneca each spoke out against women who sought abortion. Like the ancient Greeks, Romans did not differentiate between abortion and contraceptives and although Soranus attempted to define each as different, actual differentiation was seldom expressed. Soranus himself described numerous abortifacients, included hot baths, bleedings, mallow, wormwood, warm oil, etc. and warned against surgical intervention. Most Roman physicians did not provide abortions, which were carried out by midwives. As for the legality, in the 7th Century, it was made illegal, but only in the circumstances that a woman obtained an abortion against her husband's will. Again, this was not because abortion was viewed as morally wrong or fetal rights of any particular importance. Rather, it was the rights of men that were the matter of concern (McLaren 1990).

Much like the ancient Greeks, the Romans did not frame abortion as a matter of fetal rights or morality. Rather, it was framed in terms of the rights of men over women and their children. Both ancient Greeks and Romans understood how to perform abortions, and modern methods of abortion are not vastly different from the techniques they developed. For instance, the curette, developed in France in 1846, was based upon spoon shaped instruments found in Herculaneum and Pompei (David 1992). Like the ancient Greeks, the discourse, or at least that what survives, was largely shaped by men and was heavily influenced by medical experts of the day. Like the Ancient Greeks, population was seen as a resource of power and similar to today, women who obtained abortions were viewed as selfish and defiant.

IV. Abortion and Christian History

The control and condemnation of abortion and contraceptives became more prevalent with the raise of Christianity. Christians drew from Judaic views on abortion, which considered abortion a crime worthy of a fine, but not murder (David 1992). Augustine, the bishop of Hippo, was one of the most influential thinkers in the early Christian church and condemned the Manichean sect of Christians for avoiding conception. Yet, Christianity is not entirely responsible for the shift in how reproduction was framed. The late Roman Empire faced a decline in slavery, disrupted trade, aggression with Germanic tribes and Persians, increased poverty, and political instability. In light of this, values that promoted order and control were emphasized and, as such, Christianity and Stoicism became appealing. In art, there were fewer nudes and sexual excess was viewed as a weakness. Thus, Christian values had already been adopted in the late empire through Stoicism and conservatism, and a myriad of practices, including wearing wigs, abortion, contraceptives, divorce, and adultery became objectionable.

The goal of policing these practices was to subject individuals to the family patriarch, and for Christians, it served the function of symbolic difference to pagans (McLaren 1990).

The sexual values of the late Roman Empire are an example of how the body is social, and how power is exerted through the discipline of the body. Foucault observed that Classical Period, the body came to be seen as an object and a target of power. For instance, soldiers of the 18th century were viewed as molded into combatants rather than being combatants because of their inborn traits. Such things as gestures, posture, and punctuality are just a few ways by which bodies are disciplined. Disciplining the body existed much earlier in history through the military, monasteries and workshops, but became a more generalized form of domination in the 17th and 18th centuries. The point of body discipline is that it “increases the force of the body (in economic terms of utility) and diminishes these same forces (in terms of political obedience) (Foucault 1979: 138).” The Romans sought to control bodies through laws against wigs, contraceptives, and abortion, in the larger social context that women’s bodies should be disciplined towards the service of reproduction and male bodies should be put towards the service of war. Although this predates the acceleration and generalization of body discipline, it should highlight that the roots of body discipline run deep in Western history.

To continue with the history, for Christian thinkers like Augustine, sex was to be procreative and anything that permitted sex without procreation was perverse. Virginity and chastity, for both men and women were viewed positively and it was favorable for families to have few children through abstinence. Greek and Roman concerns about the flourishing of population were of less concern to Christians, who believed they lived in the end times and there was no need to reproduce. Jerome, John Chrysostom, and Tertullian each articulated views that are similar to those of Malthus, in arguing for small populations in light of overcrowding,

famine, space, and limited resources. Contraceptives and abortion were both condemned by early Christians, but again, not for fetal rights, but because they were non-procreative. Also, these practices were viewed as a sign of moral superiority of Christianity over paganism. Augustine and other Christian thinkers did not believe that the fetus was fully formed at conception, a notion that they inherited from Greek and Roman thought. Thus, a woman who aborted was not guilty of murder, but guilty of perversion. Tertullian was against abortion and did see it as murder, but did not view the fetus as immediate to contraception, but something that developed sometime later. Contraceptives, which were linked to magic, were also condemned, and since little distinction was made between contraceptives and abortion, both were seen by some as murder (McLaren 1990). Christianity in the late Roman Empire therefore has similarities with Greek and Roman understandings of contraceptives and abortion, in that men still dominated the conversation, but differed in its decline of medical discourse in favor of moral and religious discourse. Fetal rights remained nebulous and the difference between abortion and contraceptives negligible. Like the Greeks and Romans, the fetus was not entirely human, but potentially human. Finally, Christianity was different than Roman and Greek thought on the matter because there was more concern about controlling population growth.

The collapse of the Roman Empire meant that much of the Greek medical knowledge was lost and philosophical debate over reproduction evaporated. Earlier Christian beliefs about limiting population were abandoned as population came to be seen as a resource for war, such as in the context of needing numbers to fight Muslims in the Iberian Peninsula. Fertility was actively promoted by the church through medical guides prescribing aphrodisiacs, fertility herbs, advising on sterility treatment, and diets conducive to reproduction. A blind eye was turned to magic and rituals related to increased fertility. Church writers admonished women who sought

to control their fertility through abortion and contraceptives, indicating that women did these things. Some literature depicted women dying in childbirth or becoming worn out from having too many children, but controlling fertility was still viewed unsympathetically as selfish. Though their voices are not recorded in history, midwives and prostitutes of the Middle Ages were thought by Christians of the time to have secret herbal remedies to prevent pregnancy (McLaren 1990). As such, abortions continued during the Dark Ages with assistance from midwives (David 1992). The church condemned all sex but vaginal sex, and then, only vaginal sex if procreative and infrequent (McLaren 1990). The church condemned coitus interruptus as a male sin, and abortion and infanticide as female sins. Nevertheless, church and secular courts in the Middle Ages heard very few cases related to these. Infanticide was not legally equated to murder until the 16th century. At that point, when the charge carried the death penalty, the number of cases did rise (Yalom 2002).

After the eleventh century, some Greek and Roman knowledge returned to Europe through Arab translations, reintroducing methods of fertility control (McLaren 1990). In the history thus far, the focus has been on Europe, but Islamic physicians made contributions to contraceptive knowledge during the Middle Ages. Historically, Islam did not consider a fetus a human being until it was distinctly human in form. Also, unlike traditional Christianity, Islam does not have laws against coitus interruptus. Though Islam is looked upon disparagingly today as traditional and conservative, in the Middle Ages, Islamic scholars contributed to many areas of science, including gynecology. Al-Razi wrote in the Islamic medical text, *Quintessence of Experience*, that there were three ways to prevent pregnancy, including withdrawal, abstaining from ejaculation all together, or use of pills or pessaries which are listed in the text. In circa 994 AD, Ali ibn Abbas also wrote about remedies that prevented pregnancy or induced abortion.

One suggestion was the use of rock salt as a spermicide, which actually does have some spermicidal qualities. Probably the most well-known Islamic physician was Ibn Sina, otherwise known as Avicenna, who also outlined various methods of birth control (Himes and Tietze 1962). Christian medical texts reported these methods, even if the church condemned them. Most of this writing was by clerics and for clerics, so the masses of people in Europe probably did not have knowledge of them (McLaren 1990). Thus, families in the Middle Ages tended to be large, with seven or eight children considered normal. Men were banned from involvement in birthing, which was done by midwives or female friends and relatives of the mother. Most classes of women nursed their own children, which may have reduced fertility until the child was weaned, though it became customary in France and Italy that elite women should have wet nurses (Yalom 2002).

Laws in the Middle Ages were ambiguous, at least with early abortion and contraceptives. In the Byzantine Empire, abortion was not seen as murder, but like the Roman Empire, a crime against the husband and Frankish King Gontran fined those who provided information about abortifacients. Christian authorities were unclear on the subject of when abortion was acceptable (McLaren 1990). For instance, building upon ideas that Aristotle pioneered, Thomas Aquinas did not believe in ensoulment at conception, but rather, in delayed hominization. Of course, some scholars argue that had Aquinas understood fetal development, he would have believed in ensoulment. However, in all his work, Aquinas only mentioned abortion three times and in those cases, related to other matters. One mention of abortion was advice on what should be done if a pregnant woman is killed or injured so that the child is killed. Aquinas also advised that a pregnant woman should not be cut open to have the child Baptized if the fetus' life was in danger, arguing that infanticide was preferable to homicide of the mother.

In Aquinas' time, a fetus was viewed as a construct of menstrual fluid and formed into human shape by semen. This life form later received a soul, after which, killing it was not permissible, unless the life of the mother was in danger (Haldane and Lee 2003).

Various Christian writers of the Middle Ages passed along folk information about contraceptives, even if the church was officially against them. The Dominican philosopher, Albert the Great, believed that medicine was important to monastic education and passed along some rather magical notions of how to prevent pregnancy. In the 13th century, he wrote that if a woman spat three times into the mouth of a frog or ate bees, she would not become pregnant. Spitting into the mouth of a frog was also echoed by the Greek Christian writer Qusta ibn Luqa. Arnold of Villanova reported that nuns used amulets and potions to restore their virginity. Finally, in a 14th century manuscript, Rudolphus de Bibraco spoke out against the superstitious customs of the German people to prevent conception (Himes and Tietze 1963). Thus, the church through the Dark Ages and Middle Ages generally condemned abortion and contraceptives, but this was part of larger condemnation of all things sexual and non-procreative. Ancient Greek notions of ensoulment and methods of fertility came to be known and arguments against fertility control were not framed as fetal rights, but matters of perversion and magic. The discourse of this long period was dominated by the church, and therefore men, but some resistance may have existed in the unrecorded personal lives of ordinary people. The fact that contraceptives and abortion continued to be matters worth writing about represents that not everyone followed the church's recommendations. Lastly, because church writers themselves either advised upon or reprinted methods of contraceptives, there does not seem to be universal agreement or uniform policing of these matters.

Early modern Europe offered several changes to how the topic of reproduction was treated. During the 1600s, the Catholic Church made some minor changes, such as allowing intercourse during menstruation and granting married couples the right to abstain from sex if children would cause them increased poverty or pregnancy could result in danger to the mother's health. Contraceptives remained forbidden, even though the attention leaders gave them, along with onanism, meant that people continued to practice both. Catholic leaders also debated early ensoulment, but kept with their earlier decision of delayed hominization. Beyond the minor changes to Catholic reproductive policies, the rise of Protestantism in Europe also ushered in changes. Protestants also condemned contraceptives, but Calvin asserted that sex should be enjoyable. Martin Luther argued that motherhood was a woman's natural role and those who did not want it were selfish seekers of leisure (McLaren 1990).

Greater than the changes in the religious framing of reproduction, was the development of medical and technological knowledge. Following the Scientific Revolution in Western Europe, medical knowledge of sex increased in the 16th century. For instance, in 1555 the anatomist Andreas Vesalius described the follicle. In 1560 Gabriella Fallopio further elucidated female genitalia. Despite new scientific discoveries, women were still viewed as passive incubators in reproduction. The invention of the printing press made recipes for anaphrodesiacs more widely available and Jean Benedicti, the French theologian, condemned late 16th century pharmacists for giving women medicines to prevent pregnancy. Again, this represents that despite church condemnation, there were members of society who consciously disobeyed the ruling against contraceptives. There are references to the use of condoms and sponges during the 16th and 17th centuries. In the early 1700s, condoms were sold by brothel owners and supported by some doctors as a means of controlling disease. Although this offered men more control over

reproduction, women came to be increasingly regulated with stronger laws against infanticide and pre-nuptial conception. Yet, doctors continued to prescribe methods of regulating menstruation and early abortion remained morally ambiguous among both Catholic and Protestant leaders. During the 1700s, physicians became increasingly involved in the debate over abortion, or at least were given more attention by the church for performing abortion (McLaren 1990). The prominent role of technology and medicine in reproductive understandings is a critical development in the history of abortion.

V. Abortion in American History

For most of this history, the focus has been on Europe. Just as the Europeans moved to colonize the Americas, it is time to put move European history to America. Abortion has always been a part of American history, even if the debate has not always been as visible. In colonial times, there are several notable cases of abortion. The first person convicted of abortion, was actually a man named Captain William Mitchell, who in 1652 Maryland, impregnated his servant and forced her to drink an abortifacient. The young woman became very ill and gave birth to a still born baby. It could not be proven that Mitchell was responsible for murder, but he was fined for adultery, fornication, and murderous intent. Another similar case occurred in 1656 Maryland, where again, a servant was impregnated and made to drink wormwood by the father. The woman miscarried a three month old child, which was before laws against “quickening” but the father escaped punishment by marrying his servant (Olasky 1992).

Another case in 1663, again in Maryland, follows this same pattern. A surgeon named Jacob Lumbrozo raped his servant and later gave her a strong abortifacient. Again Lumbrozo escaped punishment by marrying the servant. These early cases of abortion are notable in that

the criminal was the man, though criminal charges could be escaped through marriage. It also represents early understanding of abortion as legal before “quickening.” Despite these early records of abortion in U.S. history, between 1670 and 1807 there were 51 infanticide convictions. Infanticide was the more popular method of eliminating an unwanted child, since abortion was unsafe and risked infection. Nevertheless, several abortifacients were known in early American history, including oil of savin, rue, ergot fungus, and tansy oil. Tansy oil is poisonous to both adults and fetuses, but southern doctors reported that it was commonly grown in their gardens to be given to desperate slave women. This again highlights that the early records of abortion were of servant and slave women who certainly were not in control of their reproductive lives (Olasky 1992).

Colonial American understandings of abortion were shaped by both religion and science, and of course, the colonies British and European heritage. Presbyterian and Congregationalist churches in New England followed the doctrines of John Calvin, who said that an unborn child’s life should not be robbed. Anglicans and Lutherans were also opposed to abortion and moral writers like Nicholas Culpeper, Dr. John Burns, and Benjamin Wadsworth also wrote out against seeking abortion. Science at the time believed that life began before conception. In 1674, Anton von Leeuwenhoek used his microscope to discover “animalcules” which he believed were little people who existed in sperm. Thus, sperm was believed to contain entire humans, reducing women to the old Greek notion of passive recipients of reproductive material. Preformationism remained dominant until the 1800s, but even after the ova was discovered in 1827, these old theories stuck around. Science did not offer any early detection of pregnancy and laws against abortion tended to fall under laws against fornication or concealment of birth. Punishments for infanticide and abortion ranged from hard labor to hanging. However, discussions at the time

were not entirely unsympathetic to women. John Broadhead Beck wrote a thesis in 1816 connecting abortion to seduction. Dr. Elizabeth Blackwell, who worked at a Philadelphia syphilitic ward in 1848, commented that most women were unmarried and had been seduced by their masters. Magazines of the era ran stories about “ruined” and seduced women and there were several notable incidents of pregnant and abandoned servant women. Broadly speaking, between the seventeenth and early nineteenth century, although abortion was not accepted, the locus was on men and it was viewed as a problem of seduction or desperation (Olasky 1992).

The narrative of abortion as the fault of licentious men and seduced women continued until the Civil War, to be reaffirmed by Dr. John Cowen in a study of abortion patients and Dr. John Trader. At the same time, the discourse began to shift to include prostitutes and married women as abortion seekers. Dr. J. Milheron observed in 1874 that three groups of women were having abortion, seduced young girls, prostitutes, and married women. In 1854, the *Boston Medical and Surgical Journal* reminded readers that abortion was no longer exclusively performed on unmarried women and that happy wives do not abort. Some doctors blamed this on new values such as free love. Not all doctors were as alarmed by what they framed as a new trend. In 1854, Dr. W.C. Lipsenard wrote that abortion should exclusively be a mother’s right to decide. Other doctors, such as Dr. Ferdinand Rattenmann and Dr. James Soule, argued that abortion should be permissible for medical or psychological reasons (Olasky 1992).

Aside from abortion, doctors became increasingly public about the topic of contraceptives. In 1838, *The Private Companion of Young Married People* became the first American pamphlet on contraceptives published by a physician. Its author, Charles Knowlton, recommended douching after intercourse with a recipe of vinegar, zinc, alum, and other ingredients. Following this, Frederick Hollick popularized douching and the rhythm method for

birth control. In 1860, James Ashton printed five methods of avoiding contraception, including withdrawal, douching, condoms, vaginal sponges, and rhythm method (Yalom 2002). Another significant contribution made to contraceptives during the 1800s, was the invention of the diaphragm in 1842, by Wilhelm Mensinga. Nevertheless, the diaphragm was not often used in the United States until World War I and historically was a device of the upper class because of its requirement of privacy and running water (Dellapenna 2005). Again, this indicates that during the 1800s, physicians became increasingly involved in the debate and dissemination of information on contraceptives and abortion.

Before delving into the important changes to abortion discourse during the 1800s, it is important to look at the laws during this time. Because United States laws and culture are derived from Britain, it is worthwhile to first examine how the abortion history developed there. Between 1307 and 1803, abortions were legal in Britain before quickening, or the perception of fetal movement. Generally, this was between 16-18 weeks after conception. After quickening, the punishment for abortion a fetus was only a misdemeanor. Hundreds of years of lax laws in England were ended in 1803 with *Lord Ellenborough's Act*, which made abortion before quickening punishable by fine, whipping, exile, or imprisonment as abortion came to be understood as equal to murder. These laws were made more severe in 1861 when Queen Victoria decreed that abortion at any point was punishable by life imprisonment. Following Britain's lead, countries across Europe and North America began restricting abortion (David 1992).

The concept of quickening requires further attention. Initially, abortion was legal before quickening, but quickening itself is based upon a woman's perception of her own pregnancy. The move away from the quickening criteria for legality therefore stripped away the power of

women's experiences. The movement away from female experiences to a scientific understanding of fetal development was the result of doctors who lobbied governments to change laws in favor of their medical knowledge. American Medical Association doctors determined that there was little difference between quick and non-quick fetuses and that women's experiences of quickening were emotional and unscientific. As Dr. Horacio Storer wrote in 1868, "Many women never quicken at all, though their children are born living." Consequently, by 1900, both the United States and Western European countries had outlawed abortion at all stages of pregnancy (Peterson 2012). This indicates that the 1800s was a pivotal time in the development of modern understandings of abortion, both legally and religiously. This is also significant because it illustrates the relationship between power and knowledge. Power operated through institutional apparatuses of religion, law, and science to punish those who did not adhere their meaning that abortion was murder (Hall 2001).

In the United States, prior to the mid-nineteenth century, the moral and legal status of an embryo was influenced by canon and English common law. According to both, a fetus was not an infant life until "quickening" or when "the infant is able to stir in the mother's womb (Dunstan 1984: 40)." Until the end of the 19th century and prior to quickening, abortion was not considered a crime and the issue was not given much attention. It was largely a private matter (Sauer 1974). Towards the middle of the nineteenth century, abortion became increasingly public. This is evident from the public sale of abortifacients, famous abortionists such as Madame Restell of New York, and abortion training in medical schools. At the same time, the Catholic Church adopted a clear stance against abortion in 1869, under Pope Pious IX, who argued against the distinction between formed and unformed fetuses. Pope Pious IX proposed that abortion providers and women who have abortions should be excommunicated

(David 1992). This position was bolstered by developments in the scientific understanding of embryology, and subsequently, in 1879, an anonymous article was published and supported by the Catholic Church in support of ensoulment at conception. The article, entitled *De Animatione Foetus*, became the modern position of the Catholic Church (Haldane and Lee 2003). So, although the Catholic Church took up a position against abortion, this position did not congeal until the mid to late 1800s and was shaped by scientific understanding. In sum, abortion was largely a private matter which became more public in the mid-1800s. The framing of abortion was largely inherited from British, Catholic, and Aristotelian traditions.

Towards the middle of the nineteenth century, the framing of abortion within the United States shifted when a movement to limit reproductive choices emerged in the 1840s. It consisted of physicians who wanted to take abortion out of the hands of midwives and unlicensed medical practitioners (Gordon 1986). In 1854, the American Medical Association spearheaded this with an anti-abortion campaign (Beisel and Kay 2004). The campaign against abortion was part of larger campaign of the medical community against illegitimate medical practitioners, such as healers, homeopaths, and midwives. One diagnostic frame of the physicians was the danger frame, or their warning about the dangers of abortions by “quacks” and the risks these dangers posed to the lives of women. The prognostic frame called for stricter laws and regulations of the “quacks.” Another diagnostic frame called those who performed abortions murderers. The associated prognostic frame sought to prohibit all abortions to save fetal lives (Linders 1998).

Doctors also posited a diagnostic frame that tied abortion to xenophobia and racism. The doctors decried that there were more immigrant children than native born Anglo-American children, and blamed this on abortion. Beisel and Kay argue that abortion rhetoric of physicians in that time period appealed to racism, by arguing that Anglo-Saxon reproduction would ensure

its continued political dominance (2004). In the time period, abortions were more common amongst middle class white women. Physicians chastised women for their vanity or trying to be fashionable over their proper role of motherhood. They also compared the practice to barbarian practices of infanticide. They appealed to religion, racism, and civilization, by arguing that Catholic Irish would take over the country if Protestant women continued aborting (Beisel and Kay 2004). Theodor Roosevelt echoed this concern in 1894 when he called women of “good stock” “race criminals” if they refused to have children (Peterson 2012). “Race suicide” is an important and perennial justification for limits on reproductive rights. President Roosevelt was not the inventor of this term, and the notion was about four decades old when he enunciated it, but he was a chief panic monger of race suicide in his time (Gordon 2007).

Besides the racist, xenophobic diagnostic frame, those who wished to restrict abortion used a classist diagnostic frame which argued there that abortions occurred more often amongst the “learned and higher classes (Beisel and Kay 2004: 498).” Finally, they used a diagnostic frame claiming that abortion was connected to illicit sex and a violation of motherhood. Physicians argued that abortion and contraceptives should be illegal because it was the natural role of women to reproduce and that women were defined by their uterus. Many female ailments were believed to be caused by the uterus, such as hysteria, neuralgia, and spinal irritation. Physicians were also against contraceptives, which they equated with legalized prostitution within marriage (Beisel and Kay 2004). As a whole, these frames employed racism, sexism, classism, health dangers, and moral concerns towards the goal of establishing a medical monopoly. These frames were available to use because they fit with larger Master Frames about race and class. They also supported imperialism, by policing the reproduction of dominant groups (Ginsberg and Rapp 1991).

Creating a medical monopoly was not the only goal of medical professionals. Their movement may also be viewed as a countermovement against the suffragist movement. This is because while suffragists asserted that women should have a right to vote and a place in the public sphere, physicians mobilized to control women through motherhood and limiting control of their bodies. Besides the issue of voting, some suffragists supported abortion and brought up issues of sexuality and marriage in their publications. In particular, Elizabeth Caddy Stanton and Susan B. Anthony spotlighted these issues through their organization the National Women Suffrage Association, and later the organization, the American Women suffrage Association. Susan B. Anthony and Elizabeth Caddy Stanton viewed reproduction as power, arguing that women aborted because they lacked political rights. Anthony and Stanton's branch of the National Women's Suffrage Association was the only suffragist group to tackle the issues of marriage, abortion, and sexuality. Suffragists did not support abortion, but saw it as caused by the behaviors of men. Most suffragists did not speak out about sexual matters because they did not wish to taint the image of the movement with the mention of controversial topics. In an article in the suffragist journal, *Revolution*, Stanton articulated that abortion was a social ill akin to child murder and bemoaned the fact that few Anglo-Saxon children were being born because of it. So, although it is often argued that the medical professionals acted to create monopoly on medicine, their actions may have been in response to the suffragist movement as well. After all, physicians did not frame their concerns as a matter of self-interest, but rather, as social and demographic problems (Beisel and Kay 2004). It is therefore possible that the physicians were acting in response to challenges to a woman's place in society, as a vanguard of the interests of men. Whatever their motive, as a result of the physicians movement, abortion came to be defined as a "great crime" and "a direct war against human society between 1840 and 1880

(Linders 1998: 488). Their frames successfully replaced earlier frames of quickening and made abortion illegal, except in the case of saving a woman's life (Linders 1998). Thus, by 1890, abortion was illegal in most states, or left to the discretion of medical professionals (Beisel and Kay 2004)

V. American Abortion: From Illegality to Legality

By 1880 abortion was illegal in all states, whereas prior it was common and legal (Gordon 1973). Contraceptives, on the other hand, became illegal with the 1873 passage of The Comstock Law, which censored "obscene literature" including information about abortion and contraceptives (McGarry 2000). This came about not because of the physicians, but because of another movement in the United States. An evangelical Christian movement called the Second Great Awakening began in 1820 and campaigned against alcohol, prostitution, stimulating foods, slavery, and obscenity. Anthony Comstock, for whom The Comstock Law was named, grew up in a family influenced by this movement and became a moral crusader against these vices (Horowitz 2000). Comstock and the New York Society for the Suppression of Vice campaigned for the passage of laws against vice, including contraceptives and information about contraceptives. Their efforts resulted in the passage of a Post Office Act, often called The Comstock Laws in 1873 (Burton 1993). The law outlawed the distribution of contraceptives through the mail and across state lines and was enforced by the postal service. Anthony Comstock was himself a postal inspector (Tone 2000) and the passage of the law was the result of decades of work. Although it is easy to overstate the contribution of individuals to a movement, he boasted that in his career, he could fill of a passenger train of 61 cars with offenders of obscenity laws that he had helped to arrest and 160 tons of literature. His

diagnostic frame was moral concern, especially for the moral well-being of children and his prognostic frame was the passage and enforcement of obscenity laws. He categorized contraceptives with obscenity and some of the laws that he pushed for remained in place until the 1960s (Brooks 1966).

Whereas Comstock and physicians represent movements against reproductive rights, the first movement explicitly for birth control was the voluntary motherhood movement. This movement emerged in the late nineteenth century and consisted of a variety of groups, ranging from those who believed in free love to radical suffragists. The free love aspect of the movement was mostly remnants of the utopian socialist movements, who were marginal, but posed radical challenges to the values of the time. Suffragists became more conservative at the turn of the 19th century, so fewer fell into the camp of promoting reproductive freedoms. But, suffragists demonstrated support of this cause if only in private letters and diaries (Gordon 1973). Voluntary motherhood activists did not necessarily support contraceptives, since these were viewed as “artificial, injurious, or offensive (Gordon 1973: 6).” Instead, the diagnostic frame was that women were not asexual and that their lives should not be dominated by their sexual organs. The movement established an elementary groundwork for later reproductive rights movements by asserting that women are sexual. Their prognostic frame called upon people to practicing abstinence, an inaccurate rhythm method, or by avoiding climax. They also demanded the right for women to refuse sex, which was important, since at the time, women were expected to submit to their husbands (Gordon 1973). Thus, although the early voluntary motherhood movement did not support contraceptives, it established themes of individual choice and control that have been used by reproductive rights movements since.

Between 1910 and 1930, the main proponents of reproductive freedom were radical feminists, socialists and anarchists, who framed reproductive rights as fundamental to equality between the sexes. Like voluntary motherhood before them, they believed that sexual relationships should not be defined by reproduction (Simmons 2003). The critique of sexual repression also stemmed from a broader critique of all forms of social repression. European sexuality theorists Havelock Ellis, Edward Carpenter, and Ellen Key were each advocates of sexual freedom and each argued that sexual liberation was dependent upon women's sexual liberation and rights to independent and free lives. Carpenter was explicitly anti-capitalist and believed freedom for women required communism. Ellis and Key believed that although pregnancy and nursing kept women unequal to men, that these were still obligations that women should undertake. All three believed in a kind of romantic, utopian socialism that idealized returning to nature. These ideas were attractive to American intellectuals, but the larger, working-class based socialist movement was ultimately more influential in framing contraception (Gordon 2002). American birth control proponents, unlike their European utopian counterparts, made concrete demands for discussion, exploration, and distribution of contraceptives as well as immediate material aid to women (Gordon 2002). Two of the main proponents of this movement were Margaret Sanger and Emma Goldman. Goldman was a Russian-Jewish immigrant and anarchist, and a vocal supporter of free love and fighter against reproductive role of women (Simmons 2003). Emma Goldman aligned her frame with the labor movement by calling working women to reject bringing children into the world to serve in capitalist wars and work places. Likewise, Margaret Sanger was a socialist and member of the Industrial Workers World (IWW) who argued that sex should be central to revolutionary politics

and women's liberation. In fact, the word birth control was coined in 1914 as part of Sanger's campaign (Hodgson and Watkins 1997).

The leading birth control advocates between 1914 and 1920 were socialists, feminists, and liberals who wanted to bring women's rights, civil liberties, and labor together. A significant proponent of reproductive rights was the Socialist Party, which was a powerful and growing force for radical change. Its membership grew from 10,000 in 1901 to 118,000 in 1912. By 1912, the party had elected twelve hundred public officials and published over three hundred periodicals. The party consistently fought for women's rights in its support of suffrage, employment opportunities, and legal rights. As such, many feminists joined the Socialist Party and worked within the party to promote feminist causes, form women's committees, and socialist suffrage societies. However, the party maintained a conventional notion of gender roles, gendered division of labor, and did not support birth control. So, although the Socialist Party was active in the birth control movement, it never formally endorsed birth control (Gordon 2002).

During the early twentieth century, suffragists remained distant from the movement for birth control. Suffragist leaders told Sanger they would wait until getting the vote until supporting birth control. They didn't want to deter from their issue of gaining the vote or alienate potential supporters by supporting a cause that challenged traditional values (Hodgson and Watkins 1997). It was also during this period that there was a shift away from the radical way in which reproductive rights were framed. Margaret Sanger's movement away from her radical, socialist position is evident in a 1914 pamphlet she published called *Family Limitation*. Within the 1914 pamphlet, she framed family planning as a woman's responsibility, that women should be able to enjoy sex, as a medical right to self-help, and made a defense of abortion. The

pamphlet was supported by the Socialist Party and the Industrial Workers World (IWW). Left wing groups helped distribute 160,000 copies of the pamphlet. Sanger's close ties to the left is also evident because after she was arrested for distributing it, Emma Goldman and Elizabeth Gurley Flynn of the IWW campaigned to raise money and awareness for her legal defense. The pamphlet targeted working class women and framed the issue many ways, including as a matter of a woman's control over her own body and as an issue connected to a larger conflict with the ruling class. In 1916 and 1917, Sanger continued using radical IWW tactics of direct action and law breaking to distribute information and contraceptives. During these years, she made only minor changes to the original pamphlet. This changed after 1917, when there were raids of the IWW offices, arrests of leaders, and confiscation of membership lists. The postal service also made it harder for her to distribute her literature due to increased censorship during World War I (Jenson 1981).

After the war, there was a second wave of repression against the left. Thus, when Sanger attempted to rebuild her coalitions she found difficulty. In light of the repression, socialists distanced themselves from feminism and birth control, focusing more narrowly on organizing workers. This repression of the left and their abandonment of some of the issues, made her increasingly dependent on middle class, professionals, and other tactics. She continued to work with socialists and communists in Europe through the 1920s, but their influence in the United States had waned (Jenson 1981). Within the United States, the matter was no longer discussed by communists in Marxist journals by 1927. As a whole, because of the repression and distancing from the issue, the far left became less influential in the movement for reproductive rights (Simmons 2003).

The transformation of frames circa 1920 is connected to political process theory. In particular, it is related to political opportunities. Government repression limited the opportunities for organizing around the issue. Emma Goldman, for instance, was deported in 1919. Margaret Sanger remained behind to promote her birth control movement, but this was without the support of her former allies on the left (Simmons 2003). So, she changed the frame, using health and racial betterment frames to attract middle class, native-born whites to her movement (Simmons 2003). However, even after the passage of the 19th amendment, women's organizations did not support her. Because of lack of allies, she became closer to eugenics and Malthusian activists. The Malthusian frame connected population to poverty and the eugenics frame connected birth control to genetic betterment (Hodgson and Watkins 1997). The eugenics movement wanted birth control to improve humanity, for reasons such as preventing disease, racist ideology, and ending certain disabilities (Gordon 1986). This frame became less popular because of its association with Nazi Germany in the 1930s, but, Sanger's movement never fully backed away from the eugenics and survived to become the Planned Parenthood Movement in 1942 (Hodgson and Watkins 1997).

Whereas the eugenics frame waned in society because of World War Two, the Malthusian frame flourished. Population control became a greater motive for birth control, as it was believed that it could prevent social problems in the developing world. Consequently, permanent forms of birth control were pushed onto the Third World (Hodgson and Watkins 1997). Birth control was also framed as a way to stop communism. The 1954 pamphlet *The Population Bomb*, by Hugh Moore, specifically articulated an anti-communist stance by arguing that "There will be 300 million more mouths to feed in the world four years from now-most of them hungry. Hunger brings turmoil-and turmoil, as we have learned, creates the atmosphere in

which the communists seek to conquer the Earth (Gordon 2007: 284). Also, planning parenthood became more popular during this time, not as a result of the feminist movement, but because of the idealization of small, nuclear families. So, planning parenthood was not a matter of choice or empowerment so much as a means to a better life (Gordon 1986). As such, Sanger centered the organization on families and children, rather than sex and women, since the feminist movement became less visible during those years. The Malthusian frame persisted when Planned Parenthood was internationalized in 1946 (Hodgson and Watkins 1997).

Although medical professionals spearheaded the movement against abortion, in an odd turn of history, it was medical professionals who led for its legalization. The abortion legalization movement began with conferences of legal and health professionals during the 1940s and 1960s who wanted to legalize abortion out of health concerns. However, this legalization was coupled with the understanding that physicians and hospitals should determine the services (Rossi and Sitaraman 1989). The movement's first victory was the 1965 Supreme Court decision, *Griswold v. Connecticut*, which gave married couples the right to use contraceptives (Hodgson and Watkins 1997). The ruling determined it was unconstitutional to deny married couples access to contraceptives, creating a zone of privacy in which the state could not interfere. Over the next several years, various laws were passed to liberalize abortion, such as *People v. Belous*, wherein the California Supreme Court determined that a law restricting abortion was unconstitutional due to the right to privacy and a mother's right to life. The frames of the initial movement were a legal frame that sought to protect doctors who did abortions and the medical frame of the health effects of illegal abortion itself (Nossif 1998).

During the mid-1960s, the feminist movement re-emerged as one of the New Social movements born out of the civil rights movement. Unlike the past, they were more inclined to

support birth control (Hodgson and Watkins 1997). Towards the end of the 1960s, the feminist movement coalesced into notable social movement organizations (SMO) in the support of abortion. One of the most significant SMOs was the National Organization for Women (NOW), which began as a civil rights organization concerned with sexual discrimination. However, it extended its frame to include child care, support for the Equal Rights Amendment, maternity leave, and the repeal of abortion laws at its second conference in 1967. NOW, like other mainstream groups of the women's movement, mainly work within the system, through tactics such as lobbying, meeting the media, fundraising, and working with politicians (Bashevkin 1994). Their move to support abortion was not without internal strife. The conference in which reproductive rights were included in the agenda led to heated debate, wherein prominent Catholic members left the organization and founded the Women's Equity Action League. In 1969, a second significant SMO, the National Association for the Repeal of Abortion Laws (NARAL) formed to legalize abortion on a national level. The addition of feminists to the reproductive rights coalition radicalized the frame by asserting that abortion should be the choice of a woman, and not the church, state, or a physician. So, although they worked with physicians and professionals, feminists transformed the frames by rejecting the idea that doctors should have the authority to determine abortion requests (Rossie and Sitaraman 1989) and added to the frames by arguing that abortion was central to the equality of women (Nossiff 1998).

Religious pro-choice groups also joined the movement, and thusly tried to fit into the frames. For instance, the Clergy Consultation Services on Abortion (CCSA) was formed in 1967 to make sure women could have safe, albeit illegal, abortions. They were motivated by the problems of illegal abortions and consisted of liberal Protestant and reform Jewish clergy. Like the medical and feminist frames, their diagnostic frame was that illegal abortion caused suffering

and death to women. However, their prognostic frame was to help connect women with illegal abortion service providers. A second religious SMO to form was the Religious Coalition for Abortion Rights (RCAR), which was founded in 1973 as a response to Catholic opposition to *Roe v. Wade*. Like CCSA, it consisted of liberal to moderate Protestant and Jewish organizations. Since they joined the movement later, they were more focused on defending *Roe v. Wade* than the health of women and focused on the liberty of women. To align their frame with the legal arguments of the secular movement, RCAR framed it as church and state separation rather than privacy rights (Evans 1997).

While the feminist movement was growing and shaping the frames, the Malthusian movement, an old ally to the reproductive rights movement, was waning. Some members of the population control movement in the 1950s began to see population control not as a means to stop the reproduction of socially undesirable people, but as an alternative to communist ideology because population control promised greater economic stability through greater individual wealth and access to land. It also promised environmental benefits. Historically, Planned Parenthood was supportive of population control. In 1961, the organization sponsored a World Population Crisis fundraising campaign and merged with the campaign to support Planned Parenthood World Population. The organization connected contraception use to ending world poverty (Ziegler 2008). Nevertheless, it was not these arguments that motivated the passage of *Roe v. Wade*, but arguments about women's rights and safety.

Because of the new consciousness that developed as the result of the Civil Rights movement and the movements it inspired, population control advocates were criticized for being racist and ablest (Ziegler 2008). In particular, the frame of population control became controversial among radical feminists because it seemed suspiciously targeted at the poor and

women and color (Hodgson and Watkins 1997). As the Democratic Party had evolved to become a supporter of women's reproductive rights it could not alienate its African American supporters by these population control arguments. Subsequently, when in 1968 Planned Parenthood adopted a resolution to end abortion bans, it publically announced with a women's rights frame, rather than a population control frame. Further, in 1968, Dr. Jerome Holland, an African American sociologist, was elected as CEO of the organization to allay accusations of racism (Ziegler 2008). Despite the attempts of the movement to appear less racist, the Malthusian frame was set back in 1974 when criticized by leaders of developing world leaders and radical feminists, at the World Population Conference in Bucharest. Third World leaders said that "development was the best contraceptive (Hodgson and Watkins 1997: 489)." A further set back to the Malthusian movement and the feminist movement was the development of the "right to life" movement following *Roe v. Wade* (Hodgson and Watkins 1997). Overall, the Malthusian frame was jettisoned from the feminist framing of reproductive rights and that movement became less influential than it had been in Margaret Sanger's time.

VI. American Abortion and the Rise of the Pro-Life Movement

Throughout the 1960s, different groups formed into "discourse coalitions" or groups or organizations that share the same view on an issue and act to shape a policy outcome. While a discourse coalition of religious, medical, and feminist allies united towards repealing abortion restrictions, a small countermovement quietly began near the end of the 1960s. It began first with the 1965 Vatican affirmation of the position that abortion was an unspeakable crime (Nosiff 1998). Early SMOs of the movement included Birth Right and the National Right to Life Committee in 1968. These countermovement organizations framed abortion from a religious

standpoint, that life began at conception, abortion was murder, and therefore, the issue was moral (Rossi and Sitaraman 1998). However, as indicated earlier, these religious frames were not eternal to Christianity, but the result of an evolution of discourse beginning in the middle 19th century.

The emergence of the countermovement played a significant role in how reproductive rights came to be framed by the movement. The words “reproductive rights” were coined in the 1970s in light of the countermovement. It originated with leftist feminists who believed that demanding abortion rights was too narrow an agenda. Thus, they viewed “reproductive rights” as a spectrum of rights from government subsidized abortion, contraception, prenatal care, and early childhood care. They also argued that women, even poor women, should choose how many children they wished to have, and have their child’s health needs ensured. Rights were understood in the socialist sense, in that rights were a claim to something, such as health care, abortion, shelter, or food. This notion of reproductive rights was used to challenge the right to life movement. When liberal feminists used abortion rights they meant rights from an individual freedom perspective. As the right to life movement became more successful, the term reproductive rights was used to counter it, albeit, without its earlier, socialist meaning (Rohlinger 2002).

When faced with a counter movement, movements may employ tactics such as frame debunking, frame saving, and polarization-vilification. After the passage of *Roe v. Wade* in 1973, there was a mass mobilization of religious and conservative organizations opposed to abortion, but also against feminism and equal rights. Initially, the countermovement called itself the pro-family movement. They were successful in blocking the Equal Rights Amendment ratification and passing the Hyde Amendment which banned federal funding to abortion in 1977.

In the 1980s, the countermovement (CM) shifted tactics from legislative to tactics such as harassment, clinic bombings, blockades, and violence. They were also successful in making an emotional appeal through a movie called *The Silent Scream*, which argued that a fetus can feel pain (McCafrey and Keys 2000). This represents another important way that the pro-life has tried to promote fetal rights, that is, humanizing the fetus. *The Silent Scream* showed on national television what an abortion looked like, but actually, because of fuzzy images, it hardly showed much at all. It is the narration that directs the viewers what to see, turning a fuzzy image into an aborted baby. This same tactic is used in a number of other ways. For instance, the iconic tiny feet used by the pro-life movement are used because the feet of a fetus look more human than its alien looking body. Fetuses themselves are enlarged in size when used in print media and billboards to exaggerate their development. Some of this relies upon full deception, since at eight weeks, the product of reproduction looked like a shapeless blob, but pro-life advertisement may depict this as a tiny human (Condit 1994).

As the countermovement grew and its tactics changed, the movement, as evident from literature from the National Organization of Women, shifted its focus. For instance, in the early 1970s, before the CM was as large or powerful, statements from NOW were more concerned with access and services at clinics, rather than harassment and violence. Defense of the clinics was not yet a priority, since they were not yet under any physical threat. Similarly, before *Roe v. Wade*, NOW focused on the health of women who suffered from illegal abortions. By the late 1970s, NOW became more focused on vilifying the opposition as zealot, extremists, women haters and fascists, and liars. They also framed themselves as supporting the legal right of abortion in contrast to the illegal tactics of abortion opponents. The purpose of this competitive framing was to attract membership and allegiance, but also justify mobilization (McCafrey and

Keys 2000). This is not only an example of competitive framing, but motivational framing, or calling the recruits to action to fight the CM.

NOW also engaged in frame debunking or advancing their own ideology by discrediting the competing ideology. This was done a number of ways. Firstly, they challenged the use of the word “pro-life” on the basis that the anti-abortion movement used violent tactics such as bombings, which were meant to kill. NOW also argued that pro-life was a misnomer because the CM wasn’t concerned with the lives of unwanted children or women. NOW was also involved in frame saving, or trying to restore credibility to a frame that has been challenged when pro-life argued that they were pro-abortion. NOW clarified this by asserting they were not pro-abortion, but instead, pro-family planning and birth control, as well as for women making decisions for themselves (McCafrey and Keyes 2000). These are just a few examples how the reproductive rights movement has changed its frames in reaction to the countermovement.

As mentioned, both the countermovement and movement engaged in vilifying one another. Vilifying is a method of identifying an enemy, unifying people towards a movement, creating a clear tactic, and painting the opponent in an exclusively negative light. This creates a need for self-defense and the commitment to the cause, as well as magnifying an opponent’s power. In a study of newsletters published between 1973 and 1980 of the Abortion Rights Council of Minnesota and the Minnesota Citizens Concerned for Life, there is evidence that both vilified the other. Early on, pro-choice group described them as Catholic and a well-organized minority who want to impose their thinking upon a pluralistic society. Catholicism was connected many times in 1974 rhetoric as was the issue of violating the separation of church and state. They also targeted pro-life legislation, which they framed as supporting compulsory pregnancy and mandatory motherhood. Furthermore, between 1978 and 1980, the pro-life

movement was characterized as anti-poor, because the movement wanted to deny women access to public funding. On the other hand, pro-choice supporters were vilified as communists who controlled the American media, politics, and financial elite through a pro-choice conspiracy. Pro-lifers also pointed out China's support of abortion resulted in coercion towards population control. They also charged pro-choice advocates as making emotional rather than rational appeals (Vanderford 1989). Thus, between 1973 and 1980, vilification was an important tactic for both sides.

Over the decades of interaction with a strong countermovement, the movement's initial support of abortion itself began to change. For instance, after the passage of *Roe v. Wade*, feminists adopted slogans such as "abortion on demand" and "abortion without apology," which demonstrate a strong support for the use and right to abortion. However, as a result of a powerful countermovement, the 1980s saw a shift towards moving abortion to an issue of the cultural wars as well as legal battle. The anti-abortion movement framed abortion as abnormal and amoral. To this end, they engaged in tactics of humanizing the fetus and exposing the "truth" about abortion practices. Tactics in this period involved nonviolent direct action, such as clinic blockades and a siege on the Democratic Party convention in Wichita Kansas in 1991. But violence was also used, in the form of acid attacks, bombings, arsons, and the killing of physicians. Thus, a new frame "safe, legal, and rare" emerged out of a volatile situation. This phrase has been used since by most pro-choice politicians as well as by the media. Following this, NARAL took the word abortion out of its acronym National Abortion and Reproductive Rights Action League to NARAL-Pro Choice America and in 2005 launched a "prevention first campaign" to reduce the need for abortion (Weitz 2010). "Safe, legal, and rare" along with "prevention first" represented what Borgmann and Weiss (2003) described as the apologetic

approach that the pro-choice movement employs to frame abortion. The apologetic approach attempted to gain new adherents or make reproductive rights more acceptable by avoiding mention of abortion. This approach focused on sex education and contraceptives and only discussed abortion as a regrettable necessity. Although this approach was designed to attract those who feel uneasy about abortion, it submitted to the countermovement by keeping abortion secret, silent, regrettable, or shameful. It also pandered to negative public perceptions of radical feminists by trying to present a new, kinder, gentler feminism. This approach admitted that there is something wrong with radical feminism or that radical feminism is too extreme (Borgmann and Weiss 2003).

This shift represents a larger issue of framing abortion. Over the years, abortion has evolved into a political issue. For instance, in 2008, 20% of registered voters reported that they would not vote for a candidate whose stance on abortion differed from their own (Zigerell and Barker 2011). Abortion's evolution into a political issue began with Reagan administration. President Nixon only spoke of abortion as an unacceptable form of population control in 1972. Both Jimmy Carter and Gerald Ford opposed public funding for abortion in their 1976 campaign, but neither came out strongly to affirm or disavow *Roe v. Wade* itself (Devins 1994). In 1976 both political parties were vague in their stance on abortion, but by 1984 each party took clear positions. The Democratic Party came out in favor of reproductive freedom as a human right, whereas Republicans endorsed a pro-life stance (Carmines and Woods 2002).

To explore this political evolution further, it is useful to track the evolution of abortion as a party issue. Although the Democratic Party is currently more strongly associated with women's rights, this was not always the case. In the 1950s and into 1960s, Republicans were actually favorable to women's rights and officially supported the Equal Rights Amendment until

1980. The GOP actually endorsed the ERA at its 1940 convention, whereas the Democrats added the ERA to their platform four years later and was less supportive of it. In 1972, both Republican and Democratic parties had feminist delegates to their convention, whom pushed for a platform in support of the ERA, equal pay, childcare, women representatives in parties, elimination of sex discrimination, and for more women in public office. In the end, neither party mentioned reproductive rights in their 1972 platforms. The 1976 platforms of both parties were also similar, both including the ERA, end of sex discrimination, and support for child care. However, Republicans supported an amendment to *Roe v. Wade*. The year 1980 marked a sharp divergence between parties on women's issues, when the GOP supported pro-life judges, an amendment to ban abortion, and opposition to using federal funds for abortions. In contrast, the Democratic delegates affirmed a platform that was pro-choice and pro-ERA. These same differences were upheld in 1984 and 1988 elections. In 1992, there was little debate at the democratic convention on women's rights and the platforms of the 1980s were upheld. The 1992 GOP debates criticized feminism and women's rights (Wolbrecht 2002). In sum, the present party alignment to reproductive rights evolved over time.

The present party positions on abortion were neither eternal nor inevitable and occurred for a number of reasons. One explanation for the shift of the Republican Party away from women's rights is that between 1972 and 1980, the number of self-described conservatives increased in the Republican Party from one third to one half. Conservatives in either party are significantly less likely to support abortion rights, the women's movement, and the ERA. The increased number of self-described conservatives in the GOP, more specifically those supportive of Ronald Reagan, may have resulted in the shift in platforms. At the same time, Democrats may have become more aligned with feminists because of changes in the labor movement. The labor

movement was opposed to ERA because of fears that special workplace protections for women would be eliminated and that certain jobs would become more competitive with an influx of women workers. However, other legislation passed in the 1970s, such as the Equal Employment Opportunity Commission and Title VII allayed these fears and unions such as the UAW and AFL-CIO came out in support of the ERA and other women's rights. According to the Convention Delegate Survey (CDS), the labor movement was more supportive of the women's movement in the late 1970s and early 1980s than other Democratic delegates. Organized labor is a larger portion of the Democratic Party than the Republican Party (Wolbrecht 2002). Thus, the shift of labor towards feminism may have set the trend for the rest of the party.

Perhaps as a result of the party alignment with the abortion issue, a study comparing data from the General Social Survey, found that from the late 1980s onward, abortion and political orientation became more sharply correlated, with liberalism a predictor of support. At the same time, Catholicism became slightly less of a predictor of being against abortion, perhaps because of a shift towards the Evangelical Christian movement against abortion (Strickler and Danigeli 2002). Another study found that the correlation of abortion attitudes and party in the General Social Survey in 1974 was .07, but was .24 in 2004. This could represent three trends. One, parties became more clearly aligned with a position on abortion, two, new voters more closely aligned their position on abortion with party than previous cohorts of voters, and three, people switched parties to suit their perspective. A study of National Election Studies survey data indicated that starting in the middle of the 1980s, voters began switching parties to align themselves with the party that reflected their abortion stance (Killian and Wilcox 2008). Thus, it is not only movements and counter-movements that frame, but political parties as well.

From a political process theory perspective the relationship between frames and political parties may be problematic. From an opportunity standpoint, in the United States, there are only two major parties, which limits the diversity of potential frames. Presently, political parties have more power than SMOs in society. As such, their frames are more influential than the frames of social movements. This disadvantage locks social movements into an electoral system wherein the political parties do not necessarily match their frames. This is further complicated by the fact that the actual positions of candidates in either party may not be aligned with their supporters. For instance, even George W. Bush articulated that he supported abortion in cases of rape, incest, or to save a mother's life. Similarly, Al Gore argued that he was against late term and partial birth abortions. Candidates of both parties successfully obscure their positions to broaden their appeal to voters (Brians and Greene 2004).

Beyond the obscuring of candidate positions on abortion, political party positions are themselves murky. For example, 67 Democrats voted in favor of the Parental Notification Bill of 1998, with 135 voting against it. Sixty five Democrats voted in favor of the 2003 Partial Birth Abortion Ban, with 141 voting against it. The average party voting unity for four abortion votes between 1994 and 2005 was 71% for Democrats. Republicans fared better with 87% unity on abortion votes. Even in 1993, when Democrats controlled both chambers of congress and there was a pro-choice president in the White House, 98 Democrats and 161 Republicans joined together to reaffirm the Hyde Amendment's restriction on federal funding for abortion. 25% of Democrats voted against ending the prohibition of funding towards abortion in federal prisons in 2002. Likewise, nearly 25% of Democrats voted against the 2001 Treasury Appropriations bill to end a ban on abortion funding in the federal employee health program (Rose 2007). Although

one might argue that the majority of Democrats vote in favor of legal and accessible abortion, clearly there are many who do not.

The Democratic Party is an ally in the government to SMOs like NARAL-Pro Choice America and NOW. It is strategic for these organizations to align itself with the party in the hope of preserving abortion rights through voting. This strategic alignment began in 1986, when the Supreme Court nearly overturned *Roe v. Wade* in *Thornburg v. American College of Obstetricians and Gynecologists*. At the same time, right-to-life advocates began to erode abortion rights through statewide ballot measures that changed both state abortion policies and state constitutions. In light of defeats and narrow defeats, it became clear that electoral politics were a crucial weapon in protecting reproductive rights. Pro-choice strategists developed a conservative message strategy that would be more persuasive in the mass media than the old tactic of arguing in courts, on the streets, or among loyal pro-choice supporters. The goal of the messages was to persuade conservative voters to support abortion, rather than feminists and civil libertarians. This alignment with conservative frames and electoral strategy first occurred in Arkansas, where in 1986 a referenda threatened to end state-funded abortion. Then Governor Bill Clinton refused to take a position on the referenda and there were not enough liberal and feminist voters in the state to defeat the ballot measure. Brownie Ledbetter, who organized the campaign against the ballot measure hired pollster Harrison Hickman, to determine how to win over the conservative voters. By surveying swing voters, Hickman determined that voters did not care about pro-choice concerns for women's rights, welfare for the poor, or teenagers. At the same time, he discovered that voters disliked big government and supported family sovereignty. Voters viewed abortion as something that should be reserved for rape victims, but not women who choose to have sex. In the end, the leaders of the pro-choice movement oriented themselves

towards the opinions of these voters and the ballot measure failed to pass in Arkansas (Solinger 1998).

Following the Arkansas victory, NARAL hired Hickman to campaign against Judge Robert Bork's nomination to the Supreme Court. Again, the campaign framed abortion as a matter of protection from the government and of privacy. The framing strategy was successful and the Senate rejected his nomination. NARAL expanded this strategy to a national level and recommended their language to Democratic Presidential nominee Michael Dukakis, who followed this advice but lost the election to George Bush. The strategy was used again when *Webster v. Reproductive Health Services* presented another opportunity to overturn *Roe v. Wade*. Hickman again listened to voters and tested arguments, developing a five word pro-choice message, "Who Decides-You or Them?" Again, privacy was central to the argument and "you" was vague enough to encompass families, communities, parents, women, or teens. As a whole, this strategy was successful in allaying some public fears about banning abortion, stole the steam of vehement abortion opponents, and taught Democratic politicians that they could also use the strategy to capture votes. However it created an alliance with conservatives at the cost that it weakened the organization's defense of women, public funding for abortion, and against parental consent laws. The final problem with this framing tactic was that it was usurped and changed by politicians themselves (Solinger 1998).

A turn away from NARAL's strategy in abortion framing came in 1989, when Doug Wilder ran for governor in Virginia as a pro-choice candidate. He defied strategists who advised him not to raise the abortion issue and spent millions promoting his abortion message on television, which until then no other candidate had done. He did not challenge Virginia's ban on abortion funding and advocated for a parental consent law. His basis position was that the

government should not pay for sexual carelessness but abortion was a private matter. He also made a distinction between irresponsible women who did not deserve abortion and those who had been raped. Thus, he framed abortion as a matter of victim's rights rather than women's rights. Politicians glommed on to this frame, which was devoid of any of the feminist or egalitarian content. The very arguments that the pro-choice movement had created in an earlier strategy were warped and turned against them. In subsequent years, states passed more parental consent laws, less funding, and more restrictions. In 1992, Bill Clinton was elected, but as a supporter of parental involvement laws. Al Gore opposed government funding of abortion. The Hyde Amendment was renewed by a wide margin, and was supported by every congressperson given campaign money by the pro-choice movement. During the Clinton administration, federal employee health insurance was barred from covering abortions, military hospitals were banned from providing abortions to servicewomen stationed abroad, federal funds to provide abortion to prisoners was banned, and federal subsidies to abortion providing family planning services abroad were abolished (Solinger 1998). In the end, the conservative framing of abortion was triumphant.

For the most part, conservative framing has not been challenged by social movement organizations because of their dependency on the Democratic Party. In 2000, NARAL spent 1.5 million dollars on a campaign to convince women that a vote for Nader would put their reproductive freedoms at risk. NOW's website also warned that Nader was not "a viable alternative for feminist voters" despite the fact that the Green Party's specifically supported NOW's eleven point platform (Polnachek 2001: 4). Gore was endorsed by NARAL that year despite his anti-choice voting history. Al Gore voted in support of a fetal protection bill that sought to define unborn children as persons from the moment of conception (Polnachek 2001).

This alignment with the Democratic Party is problematic not only because of the voting records of Democrats, but also because the party has more power to popularize its frames. Beyond a matter of privacy, Democrats have framed abortion in terms of prevention since Clinton administration. Hillary Clinton called abortion, “a sad and tragic choice” and reiterated that it should be “safe, legal, and rare.” This sentiment was echoed by Barack Obama, who supported the “Putting Prevention First Act” which sought to eliminate abortion by increasing access to contraceptives (Fried 2008: 44).

The Clinton administration, which inserted “rare” into the discourse, actually created incentives for low income women to obtain abortions. The 1996 *Personal Responsibility and Work Opportunity Reconciliation Act* which President Clinton promised would end welfare effectively decreased federal spending on welfare and increased the role of states in welfare administration. A lesser known component of the act was a caveat that states could deny welfare benefits to infants whose mothers became pregnant as welfare recipients. Between 1994 and 2000, the rate of abortion among low income women actually increased 25% despite rising costs for the procedure and increased barriers to access (Rose 2007). So, although the Democratic Party platform supports abortion, not all Democrats vote along party lines. When they do, this support is with the caveat that abortion should be rare and that it is inferior to prevention (Fried 2008). Consequently, NOW’s original position was that women should have access to legal abortion for “any reason, by her own judgment (Rossi and Sitaraman 1989: 273)” has moved to the “safe, legal, and rare,” posited by the Democratic Party.

Perhaps rare was added to the frame as a strategy used by the reproductive rights movement and Democratic Party to gain more adherents. However, if this is the case, it is not based on the reality of public opinion. Despite the efforts of the countermovement and

movement, there has been relative stability in public opinion on abortion. For instance, in 1977 and 1996, 46% of Americans agreed that abortion should be available to married women who wanted no more children. The stability in opinion may be a counter balance of forces. On one hand, abortion has been legal longer, the population is more secular and educated, and women are more involved in the labor force. On the other hand, the countermovement has framed it as infanticide and family values. Most people are not strictly pro-life or pro-choice, falling on a continuum. Women favor abortion slightly more than men, but a greater predictor of support is educational attainment. The pro-choice movement has either framed abortion as a right of women that is attached to broader values such as gender equality or as freedom from government control. In contrast, the pro-life movement has tried to frame it with family values, morality, and the sanctity of life. Both compete to achieve a cultural resonance with the larger society.

Among some groups, there has been increased support for abortion. For example, a study found that Blacks became more supportive of abortion than whites in the mid-1990s. As a whole, there is not a significant change in support or disapproval from the 1970s. Belief in the sanctity of life and attitudes about sexuality are also correlated to a lack of support for abortion, which could indicate some successful framing of the countermovement (Strickler and Danigelis 2002). Therefore, although the countermovement has been effective in promoting their frames of sanctity of life and sexuality, this has been counterbalanced by education and secularization.

Thus far, the countermovement has been presented as a direct response to the movement. It is too narrow to view the pro-life countermovement as arising entirely in response to the reproductive rights movement. The evangelical Christian aspects of the larger, fundamentalist movement arose in the late 1970s with groups like Operation Rescue, Focus on the Family, Religious Roundtable, and Christian Voice. These groups share a world view that the United

States was a country favored by God to be a moral example to the world, people are naturally sinful, people should submit to various forms of authority such as God, church, and parents. They argue that this authority should be used to fight secular humanism, socialist atheism, feminism, and alternative lifestyles that create new roles for men and women. On the economics side, the movement was paired with laissez faire capitalism, which theoretically would alleviate poverty through invention, self-interest, and ambition. These views are similar to Master Frames of the left, that the personal is political and that the private and public are linked (Fields 1991). Specific to the pro-life and pro-choice movements, both employed Master Frames of rights. For the pro-choice movement, it is the rights of women and for pro-life it is the rights of fetuses. These groups have access to resources like the media, finance, and political process and have been influential in reaching a wide audience of Americans (Lim Tam 2004). So, the countermovement is part of a larger movement based on interpretations of Christianity that serve capitalism. This is important to be mindful of because it places the struggle against reproductive rights within a larger struggle with a broader agenda.

It is worthwhile to pause and consider the changes over the last thousand years and what this means for modern day social movements. The notion of continued history is a powerful narrative used by current abortion proponents. The basic religious argument of pro-life movement is that throughout history, abortion has been illegal and immoral. If history is understood as consistently against abortion, then history is a heritage tale of preserving what is always defined as wrong (Condit 1994). On the other hand, the feminist narrative in support of abortion, attempts to create a history that is not continuous and that abortion was commonly practiced by women with help from other women. Feminists further argue that medicine was a patriarchal institution that usurped the power of women and midwives by medicalizing abortion

and birth. Dellapenna provided a very comprehensive study of abortion history that challenges the feminist historical narrative (2005). In it, he pointed out that throughout most of history, contraceptives and abortion techniques were either harmful to women or ineffective. He also noted that there is no written record of midwives performing abortions, so this is a feminist assumption. Although there are references to remedies that remedy missed menses, he argued that this is not necessarily abortion (Dellapenna 2005).

The narrative constructed in the paper thus far is one of both continuity and discontinuity. Although there is some continuity in the Christian history of abortion as wrong, there is discontinuity over why and when it is wrong. There is also discontinuity concerning what abortion is as compared to contraceptives. The continuity of abortion's wrongness exists in contrast to the discontinuity of other wrongs, such as coitus interruptus, rhythm method, or masturbation, which are currently given more moral leniency today. Past methods of contraceptives and abortion should neither be idealized nor rejected. Some methods were likely just as deadly to the woman as the fetus. At the same time, Dellapenna's argument against these former methods lumps thousands of years of botanical knowledge, which includes plants that were harmful, ineffective, and effective together. The chemicals used in drugs obviously come from somewhere, most often from plants. Though medicine formalizes and advantages some knowledge over others, the contributions of indigenous and folk knowledge should not be dismissed and actually informs medical knowledge. After all, the Mexican yam was the source of diosgenin, the compound used to synthesize progesterone in the first birth control pill (Redig 2003). Likewise, the gandarusa plant in Indonesia is being developed into a male birth control pill (PBS 2011). So, for purposes of creating a history, this paper neither assumes that medicine nor abortion are inherently good or inherently bad, nor is continuity or discontinuity inherently

good or bad. Genealogy itself is not concerned with establishing discontinuity, but rather, examining the shifts in understandings as they relate to shifts in power (Shiner 1982).

In summary of the history thus far, for much of Western history, abortion was not clearly distinct from contraceptives and varied in its legal and moral status. Only since the mid to late 1800s did it come to be seen as something that should be government regulated and made a public affair. This change in conceptualizing arose from doctors, politicians, and religious figures but was not without contest. Suffragists, feminists, Malthusians, and socialists were some of the movements involved with fighting against these understandings. From these struggles, abortion came to be legalized as a matter of public health, privacy rights, and women's rights. Since then, a backlash against legalized abortion emerged and has been successful in reframing the debate and repealing aspects of abortion's legality. Within this contest, the issue grew into a partisan issue, which again shaped the rules of how abortion could be discussed in the public sphere. Most notably was the caveat that abortion should be rare. Thus, present assumptions that abortion is a party issue, a moral issue, or even an issue worthy of public attention, is relatively recent in history.

VII. A Genealogy of Abortion Culture

In the United States and West in general, abortion is currently viewed negatively as something that should only happen because of lack of contraceptives or alternatives (Stenvoll 2007). While abortion is legal, it should be done in secret and with shame (Dellapenna 2005). It is permitted, but not publically financed and although it is a choice, it is better of the choice if it is made early (Condit 1994). When compared to contraceptives, abortion is viewed as irrational and irresponsible (Stenvoll 2007). As it has already been argued, this understanding of

abortion developed over time through complex interactions between social movements and power. Because the United States has a particular understanding of abortion, it seems obvious that this understanding would shape how we view abortion in other countries. So it is with “abortion culture.”

“Abortion culture” is a term applied to communist and post-communist countries wherein abortion is considered widespread. It is a term used to describe places where abortion is not viewed as a last resort, but as an everyday method of controlling pregnancy (Belanger and Flynn 2009). This definition is tautological, since “abortion culture” is defined by a high number of abortions and a high number of abortions are thought to be fostered by abortion culture. It is also a flawed definition because there were and are variable rates of abortion in the Soviet Union and post-Soviet Union. The definition also lumps diverse states and countries together, without taking into account the differences between these countries, or the demographic differences within the countries. This concept creates the illusion of a homogenous and monolithic, Communist Bloc (Grant 2005). Finally, this concept is biased by our own particular understanding of abortion and how much abortion is acceptable. Each of these shortcomings in understanding abortion in formerly communist countries will be examined in turn.

Before delving into the “abortion culture” abortion should be given historical context. Prior to 1920, abortion was illegal and punishable in the Russia under 12th century ecclesiastical law (Savage 1988). Like the Catholics and Protestants, the Russian Orthodox Church had a long history of regulating women’s lives and viewed women even more negatively than these denominations. In early Slavic history, female goddesses and fertility based religions were powerful, matriarchal forces. The Orthodox clergy therefore made it their mission to squash these pagan elements, demoting women to the status of those cursed by God and the devil’s

gateway. Women were viewed as mentally inferior as well as capable of powerful witchcraft (Plessix-Gray 1990). Though the Orthodox Church was against abortion, the exact punishment was variable. The Statute of Iaroslav declared, in the early 11th century, that women who aborted, used contraceptives, or resorted to infanticide should be made to take up the veil as punishment. Women who taught others how to avoid pregnancy faced more severe penalties, which depended upon the stage of fetal development, ranging from five to fifteen years of penance. In this early period, the Orthodox Church still struggled with pagan worship of Rozhanitsky, a deity associated with childbirth and fertility. Pagan rituals didn't entirely evaporate and in medieval Russia, pagan herbal potions, amulets, bathhouses, and cradles were Christianized for use in birth rituals (Clements, Engel, and Worobec 1991).

The Orthodox Church was never a proponent of sex of any kind, and even marriages were deemed as better if chaste. Christians of the Bagomil movement went as far as to denounce children themselves as demons in human guise (Clements, Engel, and Worobec 1991). As a whole, women were forbidden from attending services or baking communion bread until past childbearing age. Marital sex was never idealized, nor was there any tradition of chivalric love or secular influences of the Renaissance or Enlightenment. Mongol occupation of Muscovy in the 13th and 14th century further demoted the status of women, forbidding them to appear in public. Peter the Great upset his subjects by holding mixed gender social gatherings, as even at his time, women were only allowed out of the house to attend church. Ivan the Terrible distributed a church document called "Law of the House" to all Russian households, instructing husbands to beat their wives and wives to be silent about all domestic problems. The Virgin Mary was arguably more iconic and important to Orthodoxy than Catholicism (Plessix-Gray 1990). Yet, even the Virgin Mary was interpreted, at least in medieval times, as having given

birth through her ear to avoid having lost her virginal through vaginal birth (Clements, Engel, and Worobec 1991). Into modern times, the Russian Orthodox Church maintained the position that men, doctors, and women alike were equally guilty in the sin of abortion and could face the same punishment. It was considered a sin for which there was no atonement. Church opinion on the matter was supported by Tsarist laws (Mukhina 2012). For the most part, the Orthodox Church that dominated Russian society was hardly an advocate for women.

In Tsarist Russia, abortion was akin to murder, and the punishment for both physicians and women was imprisonment and sometimes death (Savage 1988). In fact, in the 17th century by special decree from Tsar Alexei Romanov, abortion was punishable with death, whereas murdering one's child resulted in one year's imprisonment. Peter the Great later overruled the death penalty for abortion, but severe laws were kept until 1917. Abortion resulted in loss of civil rights, hard labor, and loss of property (Avdayev and Troitskaya 1995). Abortion was allowed in the case of risk to a mother's life, but was otherwise ranked the same as infanticide according to the 1885 penal code. The punishment at this time was four to ten years of hard labor in Siberia. In 1903, the penal code was softened, but women were still punished with up to three years of house arrest (Mukhina 2012). Because of these severe penalties, abortions were done in secret and few people were charged. In 1910, only 20 women were sentenced for induced abortion, though in 1913 it was 60, and in 1916, 51 women were charged (Avdayev and Troitskaya 1995).

Never the less, there was resistance to criminalized abortion. Women themselves resisted criminalized abortion by attempting the procedure in private. In some instances, women took saunas, either to expel the fetus from the heat or by pounding their abdomen while on the sauna bench. Some women bound their stomachs with horse harnesses, towels, or ropes. Women

boiled green onion stalks or drank an infusion of wine and cinnamon. More deadly were concoctions made of gun powder, kerosene, arsenic, nitric acid, borax, lye, or mercury. The most popular abortifacient was a mixture of gun powder, mercury chloride, and milk. White phosphorus was also taken with lard, milk, or sugar. Vaginal douches of toxic chemicals or applying leeches to the genitals were also believed to end a pregnancy. Because of the dangers associated with these methods, they often resulted in the woman's death. Any herbal remedy to prevent pregnancy was viewed by the Orthodox Church as just as sinful as an abortion if not worse because it represented pagan potion making (Mukhina 2012). As a whole, despite church and state regulations against it, women experimented with methods of ending or preventing pregnancy.

Beyond women's personal resistance, a group of physicians called the Pirogov Society debated decriminalizing abortions between 1889 and 1913. The society decided in 1913 that abortion should not be criminal. Further, Russian criminologists also debated abortion and in 1914 voted 39 to 19 in support of the decriminalization of abortion. Additionally, Russian feminists debated and supported decriminalization, but never made it part of their program (Savage 1988). In 1913, Lenin argued that he was against decriminalizing abortion based on the Malthusian argument of population control. He did, however, express that the criminalizing it was a "hypocrisy of the ruling class (Savage 1988: 1036)." So, many people in Russian society, though mostly professionals, debated abortion and Lenin himself was not necessarily supportive of legalization.

By 1919, abortion laws, though still in place, were no longer enforced. During these time, the Soviet government sought advice from physicians and women's organizations on the issue. This culminated in the 1920 edict to decriminalize abortion and later, a 1921 law which

allowed women to seek abortions with three weeks off of work with pay (Savage 1988). The only restriction to access to abortion was that it had to be performed in a hospital. Ukraine and the other Soviet states adopted the same policy in July of 1921 (Avdayev and Troitskaya 1995). The edict itself did not frame abortion as a women's right. Instead, the document began by declaring the termination of a pregnancy is a regrettable evil, but that women should not be punished for having an abortion. The document stated that the only way to prevent women from dying from underground abortions was to legalize them. The signatories said that it was a temporary measure that would become unnecessary as the economic conditions improved enough to allow women to want to keep their pregnancies (Solomon 1992). This sentiment is evident in the words of Alexandra Kollontai, who said, "...abortion is a problem connected with the problem of maternity, and likewise, derives from the insecure position of women..." and she further argued that the problem of abortion will only go away when there are adequate institutions and conditions to support motherhood (Savage 1988: 1027). Thus, abortion was originally framed by Bolshevik leaders as a problem of capitalism that could be resolved by socialism and the socialization of motherhood. It became the primary method of birth control in a time when birth control technologies were not advanced (Grant 2005).

VIII. The Meaning of Rare

Although abortion in the Soviet Union emerged out of its own unique history and understanding there is a bias in how it is discussed in the West. The American bias in the discussion of abortion in formerly communist countries is evident in how abortion in those countries is framed. Take for instance a 2001 article from Women's International Network News entitled, "Abortion Rates Remain High in the Former East Bloc." In regard to abortion in Russia, the article stated that in 1990 Europe averaged a rate of 193 abortions per 1000 births

compared to 1971 abortions per 1000 births in Russia. The article drew attention to the fact that the number of abortions in Hungary actually increased and that “a decade later, the ratio *stubbornly* remains at 1696 per 1000 births (2001).” Beyond this, the article pointed out that many government services were lost after the collapse of communism and that although contraceptives are used, they have not replaced abortion. Finally, the article mentioned that in Poland, 20,000 unsafe illegal abortions occur annually, despite the enactment of stricter abortion laws. The article represents several particular understandings about abortion, which are not unique to this article alone. In much of the scholarly literature as well as media on “abortion culture” it is assumed that rates of abortion in former Eastern Bloc countries should be lower than it is or was. The notion of rare is problematic in three ways. Firstly, rare is a mythical ideal that is rooted in a particular understanding of abortion that developed in the United States in the early 1990s. Secondly, rare is not operationalized, but instead represents a numerical fantasy. Thirdly, it does not place the rates of abortion into any historical or cultural context (Weitz 2010). Beyond these issues with the notion of rare, there are issues with the notion that contraceptives are different and superior to abortion or that abortion was experienced the same among all Eastern Bloc countries.

The assertion that there were higher rates of abortion in communist and post-communist countries, as compared to the West, is generally supported. High rates of abortion are characteristic of many countries of the former Soviet Union and Eastern Bloc. In the Soviet era, Russian women had an average 35 abortions per lifetime (Remennick and Segal 2001). In 1991, one in four abortions that occurred in the world happened in Russia. Russia had the highest abortion rate of the Soviet Union, and by its end, the Soviet Union itself had over nine million abortions a year. Within Russia, rural areas actually had higher numbers of abortions, with 770

abortions per live births in rural central Russia compared to 110 in urban areas. These numbers declined over time, as ten years after the collapse of the Soviet Union abortion had declined up to 29% as a result of contraceptive use, but also because abortions were no longer free of charge (Karpev and Kaariainen 2005). Even after the dissolution of the Soviet Union, these rates of abortion remained comparatively high. For instance, according to the World Health Organization, there were 95 abortions per 100 live births in Russia in 2006, compared to 30 per 1000 in the European Union. In Romania, there were 54 abortions per 100 live births. However, rates were lower elsewhere. For instance, women in Azerbaijan, Georgia, and Armenia averaged three abortions in their lifetime (WHO 2007). Regionally, there are higher rates of abortion than birth in Russia, Georgia, Armenia, and Azerbaijan (Sedgh et al. 2007). Therefore, it is important to note that these rates of abortion were not uniform in the former USSR and Eastern Bloc. For example in 2006, Tajikistan had 5 abortions per 1000 births and Poland 1 abortion per 1000 births (Sedgh et al. 2007). To better illustrate this point, Table 1 provides a snapshot of the abortion rates in the Soviet Republics in 1990. The table includes data for only fourteen of the fifteen Soviet Republics, and as a whole, shows a quite a range between republics. Although, if graphed, the data is only slightly negatively skewed, the standard deviation is quite large, at nearly half the mean. This indicates that the rate of abortion per 1,000 women throughout the former Soviet Republics is widely dispersed.

Table 1
Abortion Rates in the Soviet Republics, 1990

Soviet Republics	Total Abortions	Per 1,000 women age 15-49
USSR	6,193,561	89.8
RSFSR (Russia)	3,920,287	108.8
Ukraine	1,019,038	82.7
Byelorus	254,726	103.5
Uzbekistan	214,137	44.7
Kazakhstan	354,430	85.0
Georgia	61,127	45.9
Azerbaijan	25,536	14.2
Lithuania	n.a.	n.a.
Kirgizstan	78,105	76.1
Tajikistan	52,658	44.3
Armenia	25,282	29.6
Moldavia	81,931	74.6
Latvia	45,360	70.4
Turkmenistan	35,698	40.4
Estonia	25,246	66.3

SOURCE: Official data of the Ministry of Health of USSR and Russia. **Secondary Source:** Popov 1994

There has been a steady decline in abortions since the 1990s, such as a net decline of 26% in Hungary and 58% in Bulgaria since 1996 (Sedgh et al. 2007). Belarus, Ukraine, and Russia, which within the Soviet Union had the highest rate of abortions, had 1990 abortion rates of 183 abortions per 100 live births in Belarus, 206 abortions per 100 births in Russia, and 155 per 100 births in the Ukraine. As of 2010, these rates have since declined to 31 abortions per 100 births in Belarus, 67 abortions per 100 births in Russia, and 36 abortions per 100 live births in Ukraine.

Each of these countries has seen an annual average decline in abortion rates between 1990-2010, with an average decline of 8% for Belarus, 7% for Ukraine, and 6% for Russia (Denisov, Sakevich, and Jasilioniene 2012). Researchers caution that official numbers often under count abortions as surveys and official records may be biased by withheld information, private abortions, and underreporting. Taking this into account, abortion, although declining, remains a common method of birth control in these countries (Sedgh et. al 2007: 220). These high rates of abortion have been the main impetus for assigning the label “abortion culture” to these countries, even though this abortion culture is far from monolithic, as in the case of comparing Tajikistan to Russia.

The notion of rarity should also be challenged on the basis that the United States actually has one of the highest abortion rates in the “developed” world. The rates are comparable to formerly communist countries such as Belarus, Bulgaria, and Romania. Though abortion in the United States has been declining since the early 1980s, 20% of pregnancies in the United States end in abortion (Rose 2007). In 2003, the United States had 21 abortions per 1000 women aged 15-44, over twice as many as countries in Western Europe including Netherlands, Belgium, Germany and Switzerland. Czech Republic and Slovakia each had 13 abortions per 1000 women and Bulgaria had 22 per 1000 and Hungary 26 per 1000. Russia had 45 per 1000 women and Belarus 35 per 1000 (Sedge. et al 2007). This should illustrate the variability between Eastern European countries, but also that the United States’ abortion rates are high compared to Western Europe. It also demonstrates that a “high” rate of abortion is subjective.

Although the numbers of abortion in former communist counties is generally higher than the U.S and Europe, the assumption that high numbers of abortion is bad should be questioned. Rare emerged out of the U.S. discourse of “safe, legal, and rare,” which came out of the

Democratic Party and Clinton Administration and was adopted by both the media and reproductive rights movement. The notion rare is problematic in many ways. The largest problem with rare is that it is a judgment about abortion. Rare means that abortion is happening more than it should. Rare also breaks a complicated issue down to an individual level of personal responsibility. It also further stigmatizes abortion, which can create negative emotions, cognitions, and behaviors as a result. If it abortion is a choice and a medical procedure, its reason for rarity needs to be elaborated upon. This has been used by pro-life advocates to challenge the positions of reproductive rights advocates, as if abortion should be rare, then it is an admission that it is bad (Weitz 2002). Thus, the position does little to defend abortion in the face of opponents.

Another problem with rare is that it marginalizes abortion as something different from ordinary health care, thereby risking a less of access and quality. The impact of this can be seen in the United States as access to abortion has become rare. In 2004, 85 percent of counties in the United States did not have an abortion provider, which demonstrates a rarity of access. Further barriers to abortion are state regulations enabled by *Webster and Casey* Supreme court decisions in 1992 and 1989, which resulted in waiting periods, parental involvement, mandatory information, and scripted speeches in most states. Also there is no relationship between frequency and controversy, as South Dakota, which narrowly reversed a 2006 ban on abortion by referendum, only 760 women obtained abortions the year prior. Further, Dr. Tiller of Wichita, Kansas was killed for doing third trimester abortions, which are numerically rare, but very controversial (Weitz 2002).

Lastly, abortion cannot be reduced to a number. Even the Netherlands, with one of the lowest rates of abortions in the world, still has 34,000 abortions a year per a population of 16

million. The Netherlands is lauded for family planning and sex education, but this hasn't resulted in an end to abortion. Although the Netherlands has one of the lowest abortion rates in the world, pro-life groups are against Dutch policies on abortion, so to them, even this comparatively low rate of abortion is too high. Furthermore, the Center for Disease control operationalizes rare, in the context of disease, as an occurrence of less than 200,000 affected individuals. Currently, there are 1.2 million abortions per year in the United States per a population of sixty one million women of reproductive age. To meet the CDC criteria for rare, abortions would have to be reduced by 83% (Weitz 2002). Quite simply, rare is an ideal and a subjective judgment statement. As a whole, "high" or "low" rates of abortion are subjective terms that can only be understood from a frame of reference. This frame of reference is Western capitalist countries.

The higher numbers of abortion in formerly communist countries needs to be understood as the outcome of particular social conditions. To put the issue into historical and social context, Soviet Union was the first country to legalize abortion. However, this history does not itself explain why abortion became commonplace. There are several reasons why abortion was the primary method of birth control for decades. Firstly, the state controlled the economy and was responsible for distributing and producing goods. Contraceptives were not prioritized for production and distribution, so there was a lack of access. Secondly, abortions were carried out by hospitals and there was little interest in building family planning institutions until the 1980s. Additionally, oral contraceptives were banned in 1974 because they were thought to be hazardous by medical professionals. Abortion was promoted as a safer alternative to contraceptives and there was little research done on the health impact of multiple abortions. Also, because of the commonality of abortion, there was little stigma for having one (Grant

2005). Finally, within the Soviet Union, abortion was not framed as a necessary evil or illegitimate. It was the legitimate solution compared to contraceptives, which were framed as illegal, unsafe, unhealthy, and unnatural (Stenvoll 2007). Abortion was not framed in the same ethical, religious, or political terms as the West. It was medicalized, state funded, and available free of charge. Additionally, there were few alternatives to abortion and these alternatives were seen as unnatural or hazardous (Remenick and Segal 2001). Thus, there are many factors that led to abortion becoming common.

IX. The Abortion and Contraceptive Dichotomy

Another problem with the discourse surrounding abortion in formerly communist countries is that it assumes a particular understanding of abortion. To argue that abortion culture exists, abortion itself must be defined. It is generally taken for granted that abortion means induced abortion, or the voluntary termination of a pregnancy. However, this definition is blurry with emergency contraceptives and intrauterine devices (IUDs), which do not prevent conception, but embryo development. Another example of the fuzziness in defining abortion is Elaine Gerber's study, "Deconstructing Pregnancy: RU 486, Seeing "Eggs," and the Ambiguity of Very Early Conception." Gerber's study calls into question the binary understanding of being pregnant or not-pregnant. Her research involved interviews with ninety French women who had taken RU486 and found that they conceptualized the products of conception not as fetuses, but as eggs. The women made no indication that they believed they were pregnant or that the products of conception were even fertilized eggs. To them, they were simply eggs (2002).

Within the USSR, the abortion is fuzzy because of menstrual regulation procedures used in 1980s (Stenvoll 2007). Menstrual regulation, which is still common in Cuba, involves vacuum aspiration of the uterus, often without a pregnancy test (Belanger and Flynn 2009). Performed early in pregnancy, this was not viewed as abortion (Stenvoll 2007). In the Soviet Union this was commonly considered to a “mini-abortion.” This understanding muddles abortion statistics, in that these were not recorded as abortions until 1988. In 1992, 26% of abortions were mini-abortions (Popov 1994). Table Two provides some data regarding mini-abortions, once they were recorded.

Table 2
Officially Registered Induced Abortion on Demand in the Russian Federation, by Types of Abortion, 1970-1992*

Year	1970	1980	1985	1990	1991	1992
Total abortions (thousands)	4,670	4,506	4,415	3,920	3,442	3,531**
Early (mini) abortions (thousands)	n.a.	n.a.	n.a.	952	829	914
Abortions per 1,000 women aged 15-49	134.9	127.8	115.7	108.8	100.3	98.1
Abortions per 1,000 women aged 15-49 (early)	n.a.	n.a.	n.a.	26.5	23.6	25.4
Abortions per 100 births	200.5	192.9	184.2	195.3	199.4	224.62

SOURCE: Ministry of Health of the Russian Federation (MZRF), 1993

Whatever abortion is, it is different than birth control in U.S. discourse. In this contrast, it is the illegitimate or necessary evil of two options. This binary creates a cognitive structure the shapes how abortion is understood and discussed, since it is “split” from contraceptives which are “lumped” together. The result is two separate mental clusters of understanding (Zerubavel 1997). But how it is split is not natural or universal, as “menstrual regulation” may

not be perceived as abortions as all, in the case of countries like Russia and even in areas of Asia where abortion is more regulated (Stenvoll 2007). The way that abortion is separated from contraceptives shapes how it is discussed, understood, and how social movements relate to it. So, abortion culture is based on a particular understanding of abortion, an understanding that pitches it as inherently different and inferior to contraceptives. As it has already been suggested, even within European and U.S. history, this particular understanding of abortion as separate from contraceptives is not eternal. The Greeks and Romans made little distinction and neither did the church for most of its history. To split abortion from contraceptives requires some medical knowledge of conception itself. Until the early 1800s, Western scientists believed that human life began before conception. Therefore, the difference exists only because a particular understanding of science produced its existence.

The notion that contraceptives are superior to and should be used before abortion is not only based on an understanding that the two are different, but historical circumstances. In the United States, contraceptives were legalized before abortion, whereas in the Soviet Union, abortion was legalized long before the invention of oral contraceptives. However, the Soviet Union is not alone in historical circumstances that favored abortion over contraceptives. The health ministry of Japan did not legalize oral contraceptives until 1999, even though abortion had been legalized in the country since 1948. In Japan, abortion was legalized under the *Eugenic Protection Law* and justified by eugenics ideology. Women had access to abortion if they or a relative had a mental or physical disorder, were raped, or if the pregnancy would cause physical or economic problems. Japan, like the Soviet Union, had a comparatively high number of abortions with official figures of 662-716 abortions per 1000 live births between 1955-1960 and 1,300-1,500 per 1000 live births by the estimates of some researchers. Other researchers

estimate that abortion occurred three or four times more than official reporting. Based on official reports, Japan's average abortion rate between 1949 and 1998 was 13.4 per 1000 women aged 15-44. This number is slightly less than England and Wales, just above Italy and France, and nearly half of the rate of the United States. Even if these low numbers are true, Japan put abortion before contraceptives as a method of birth control. Although abortion was legalized after WWII, plastic IUDs were not legalized until 1974. Copper IUDs were not legalized until 1999, the same year that the pill was legalized. For forty years, Japanese women relied on abortion as their primary method of birth control (Norgan 2001). Despite this, Japan was not attacked as an "abortion culture." Japan did not legalize birth control pills until almost a decade after the collapse of communism. The world watched and denounced the Soviet Bloc for the horror of abortion culture, while Japan quietly escaped criticism.

The notion of "abortion culture" not only splits contraceptives and abortion into two separate categories, it lumps diverse countries and regions together into a monolithic, communist, abortion culture. Therefore, it is important to break down the idea of a monolithic "abortion culture." Firstly, there was greater acceptance of abortion among Russians than those from the Soviet Central Asian republics. To illustrate this, in a survey of Kazakhstani women, those who were identified in the survey as "Russified" were more likely to support abortion unconditionally versus non-Russified Kazakhs. Their support for abortion also varied with age and location within Kazakhstan. For example, there was more support for abortion among urban versus rural women in the country (Agadjanian 2002). Another flaw in the monolithic, homogenous definition of abortion culture is that not all countries of the former Soviet Union have been studied with equal attention. Russia, Ukraine, Belarus and the Baltic states have received more attention than Central Asian republics. Among the Central Asian republics,

Kazakhstan and Uzbekistan have been studied, but there exists less research on Tajikistan and Kyrgyzstan. The Caucasus was hardly studied at all, even though this region continues to have abortion rates that exceed births.

According to the 2002 Russian census, the Russian Federation itself consists of over 185 ethnic groups, which does not mean that general things cannot be said about abortion in Russia but only that there is the potential for enormous diversity of experiences and attitudes in regards to abortion. This isn't to argue that high numbers of abortions did not occur in these countries. Rather, abortion may have been experienced or understood differently in lesser studied regions and there is less information concerning them. Table three provides regional data within Russia from 1990 to 1992, which offers some insight to how abortion differed regionally. Again, Russia should not be viewed as a homogenous entity, but a country with a wide range of abortion rates. Northern Caucasus and Central Russia both have comparatively low rates of abortion, whereas Northern and Baltic areas were much higher (Popov 1994).

Table 3: Officially Registered Early Abortion Rates Per 1,000 Women Aged 15-49 in the Russian Federation, by Economic Region, 1990-1992

Region	1990	1992
North	n.a.	31.8
Northwest	n.a.	18.7
St. Petersburg city	17.9	18.3
Central	n.a.	19.0
Moscow city	17.7	21.5
Volga-Vyatsk	n.a.	22.4
Central, "Chernozem."	n.a.	24.3

Volga	n.a.	25.0
North Caucasus	n.a.	14.5
Urals	n.a.	n.a.
West Siberian	n.a.	27.1
East Siberian	n.a.	27.1
Far East	n.a.	22.8
Baltic	n.a.	40.4
Russian Federation	26.5	25.4

ORIGINAL SOURCE: Official data of the Ministry of Health of Russia **Secondary Source:** Popov 1994

More fundamental than the lumping and splitting of contraceptives and abortion, eggs and embryos, or of communist states, is the splitting of life and death. In his lectures, Foucault identified that in the early modern era, sovereigns exercised the power of determining who should live and who should die. In other words, this is a power over which subjects should be allowed to live or allowed to die. In the 19th century, this power shifted to a power over who is *made* to live or let to die (Feder 2007). The pro-life movement stands for life over death, but these concepts are not absolutes. The concept of life developed at a particular moment in history and is a medical and scientific understanding. These understandings, so taken for granted, yet fundamental to the abortion debate, emerged with capitalism as a part of what Foucault called “bio-power” or state exerted power over bodies for the purpose of disciplining and socializing populations to do work and for the maintenance of productive relationships. In short, humans are socio-economic resources and destroying human life destroys labor. As it has already been argued, the Catholic Church could not have defined the sanctity of life as beginning at conception without some basic knowledge of human reproduction. Medical experts and scientists produced knowledge in the field of embryology in the 19th century that was used to control women’s reproduction by both the state and by churches. In that time period, it was the interest of the state to promote the reproduction of middle class, white women (Randall and Waylen 2002).

The notion of a monolithic, Communist Bloc with grotesque rates of abortion is founded upon particular understandings of abortion and communism. These understandings are themselves founded upon knowledge of life, pregnancy, gender, conception, morality, state, and economy. The bio-political power of the state is exerted through biological understandings and

distinctions which are used to define what is good and what is bad or what is inferior and superior. More than defining, this knowledge exerts power over bodies through the process of normalization. Normal is understood in contrast to pathological or delinquent. In Foucault's analysis, normalization represented a shift from controlling illness and crime to controlling the abnormal individual or abnormality itself (Feder 2007). Amongst both pro-life and pro-choice activists in the United States, it is generally assumed that abortion is bad or abnormal and those who obtain abortions are abnormal. Both generally accept that abortion should be understood medically, using the tools of science and medicine to argue for or against it. In this way, abnormal is a positive view or experience of abortion, the elusive "too many" abortions, and the normalization of medical distinctions such as the idea that an embryo is not an egg or that an abortion is not birth control.

X. Abortion as a Social Experience

Just as abortion was and is not consistently understood the same way, it was not experienced the same way in countries of the former Communist Bloc. Experiences exist in a social world. There are conventions of feelings, or rules of how people should feel in given situations. These feeling rules shape how people feel in social situation and reflect patterns of social membership. These rules can be universal or unique to particular groups. In addition to feeling rules, there are framing rules, which are rules of how meaning is assigned to a situation or experience. Framing rules are attached to ideology, and as such, can change with a change in ideology. With framing rules, feeling rules also change. Furthermore, feeling rules and frames can be used by elites and social groups to gain legitimacy (Hothschild 1979). In other words, the way that women in the Soviet Union and post Soviet Union feel about abortions may be different

from how women in the West feel about the experience, since these feelings are mediated by social expectations, but also by ideology and how abortion is framed.

Perhaps the best example of the social construction of emotions and medical discourse around emotions is the case of Post-abortion Syndrome. Typically, the pro-life movement used emotional arguments to frame fetal rights, but, to gain greater supported, attempts have been made to bolster these arguments with science and medicine. Post-abortion syndrome was one such discursive concoction, invented and promoted by David Reardon of the pro-life organization, Justice for All. Post-abortion syndrome is a condition that can afflict anyone who has been associated with an abortion, no matter how tangentially, including women, men, grandparents, etc. It is characterized by anxiety, depression, regret, suicidal thoughts, and lowered self-esteem. The insidious condition may lay dormant for over twenty years or may manifest in seemingly unrelated health problems. The condition was based on Reardon's survey of 252 women who'd had abortions, of which 80% reported regret. However, it is important to note that the survey respondents were all members of a group called Women Exploited by Abortion, so the sample was not representative of the general population. Further, it infers causation where there is correlation as although the women studied may have experienced psychological distress, it is not necessarily the abortion itself that caused this (Dadlez and Andrews 2010).

Despite the lack of evidence of Post-abortion Syndrome, this fictitious condition has resulted in laws in Michigan, South Carolina, South Dakota, Nebraska, Texas, Utah and West Virginia that require women to be informed of the psychological consequences of abortion. This is despite the fact that many medical procedures can be psychologically distressing, yet require no pre-counseling. Given the conditions of obtaining an abortion and the social attitudes

concerning abortion, it would be astonishing if women did not experience some stress, anxiety, or depression. Nevertheless, researchers at Johns Hopkins University reviewed 21 studies involving more than 150,000 women and found no evidence that abortion caused psychological problems (Dadlez and Andrews 2010). This example illustrates that framing abortion as emotionally damaging serves the interest of power and secondly, the experience itself is mediated through medical institutions and its surrounding discourse.

Differences in framing and feeling rules are illustrated in Remennick and Segal's study involving interviews with 23 Israeli born women and 25 Russian immigrants after having abortions in Israel (2001). In this study, a variety of differing attitudes about abortion were found. For instance, the Israeli women were less informed than the Russian immigrants about the legal restrictions against abortion in their own country. This is surprising considering that the Russian women had lived there less and were more marginalized as immigrants. Russian immigrant women were also better informed about contraceptives than the Israeli women. The reason for seeking abortion also differed, as Russian immigrants reported non-use of contraceptives or inefficient methods as the most common reason for seeking abortions, whereas Israeli women cited flawed use of efficient methods. Neither group reported significant emotional problems after the abortions, but expressed relief and wanting to put it behind them. Interestingly, the Russian immigrants more often framed their experience as though they were victims rather than actors. The Israeli women framed the abortion as a personal failure, whereas the Russian immigrants viewed the abortion as a fact of life. Russian immigrants were less likely to frame abortion as related to sexual responsibility, but instead, were worried for their ability to have children in the future (Remennick and Segal 2001). This study highlighted two important ideas. Firstly, it demonstrated that Israeli and Russian women framed their abortion

experiences differently. Secondly, it showed that although the Russian women were informed about contraceptives, they chose abortion instead. This contradicts the American framing of abortion as a last resort. In the decades following the collapse of communism, Eastern European women have become aware of contraceptives. Thus, lack of knowledge only accounts for a small number of abortions (Muresan 2008).

To further illustrate this point, a study compared post-traumatic stress following abortion that studied Russian and American women. The study was based on similar psychological self-reported surveys administered to a sample of approximately 250 American and 250 Russian women following abortions. The research found that 65% of American women and 13.1% of Russian women experienced symptoms of increased arousal, re-experiencing, and avoidance associated with PTSD. 14.3 % of American women and .9% of Russian women met the full diagnostic criteria of PTSD related to their abortion. As a whole, the American women experienced more stress, PTSD, and other negative effects. They also perceived themselves as experiencing more pre-abortion trauma such as childhood trauma (Rue et al 2004). Again, this indicates that Russian women experience abortion differently than American women, at least in terms of how they perceive the psychological impact of it. If a woman is generally ambivalent to her abortion experience, there is less reason to frame abortion as inferior to contraceptives. It also demonstrates that the experience of abortion is situated in a cultural context.

In another study involving interviews with twenty four Russian immigrants in Boston, all of the women articulated that they supported abortion under all circumstances. They believed that contraceptives were better than abortion as a means of birth control. Never the less, many of the women were reluctant to use contraceptives. Some cited not wanting to talk about it with their partner or not wanting to be too demanding in their relationship. Many of the women were

also reluctant to take oral contraceptives because they viewed them as more dangerous than abortion. Some saw the pill as unnatural and causing weight gain and headaches (Remennick 2007). This means that even within the American context, the Soviet frame of the dangers of oral contraceptives remained on the minds of the women. It also indicates that there may be rational reasons for women to choose abortion over contraceptives.

Another study using data from the Kazakhstan Demographic and Health Survey (KDHS) found that knowledge of contraceptives was common, with 98% of Kazakh women able to identify one or more methods of birth control. Despite this, only 59% of the women reported using contraceptives, most commonly IUDs. The study found that there was an average of 1.8 abortions per woman. This study concluded that although there has been an increase in contraceptive use, as there is little stigma for abortion so it remains an option (Mahler 1997). Another study of Kazakh women concluded that contraceptives are not viewed as an alternative to abortion, but a compliment to it (Agadjanian 2002). These studies again highlight that abortion is not necessarily viewed as the lesser or necessary evil, but a compliment to birth control or a logical alternative.

Moving away from Eastern Europe, it is useful to examine Cuba, since it is a place where communism still exists and where there is also an “abortion culture.” Prior to 1938, abortion was illegal in Cuba under Spanish penal code. Abortion laws were loosened in 1938 to allow abortion in the case of threat to mother’s life, rape, and hereditary conditions. Despite the restrictions, abortion became common in Cuba in rural and urban areas. In 1965, abortion was legalized in the interest of providing safer and wider access to abortion. Further, because of the U.S. embargo, access to contraceptives was limited. By the 1990s, Cuba had one of the highest abortion rates in the world. In depth interviews conducted in 2005 with 24 women and 10 men

revealed an awareness and everydayness to abortion, as many respondents saw abortion to be normal. Further, many of the respondents saw the decision to have an abortion as a woman's choice, with women informing their partner rather than consulting with him or her in all but one case. The respondents unanimously made no mention of religious considerations in their decision. It was also common for women to switch methods of contraceptives. Many had negative views of contraceptives, that they had discomfort with IUDs and found the pill to be ineffective. Abortion was sometimes viewed as preferable to contraceptives because of these reasons (Belangers and Flynn 2009). Again, many of the findings of other studies are confirmed in this one. Like the Soviet Union, there was limited access to contraceptives in Cuba, but, even when they became available, abortion was used to compliment them. Likewise, abortion was not viewed as extraordinary or morally wrong.

XI. The Construction of Choice

Another bias in studying abortion in formerly communist countries is the notion of choice. Individual choice, like notions of freedom and democracy, is highly regarded in Western capitalist countries. The collapse of communism was viewed positively in the West, as it was seen as a harbinger of increased choices as these countries transitioned to capitalism. However, choice does not have a universal meaning and in those countries it exists alongside other symbolic pressures such as "mother of the nation" or "value of life." The collapse of communism did not necessarily bring more choices to the lives of women, since it limited access to birth control normally provided by the state. Capitalism resulted in privatized health care, which allowed choices to wealthy but not to ordinary women. Furthermore, the free market favors

some workers over others and motherhood and pregnancy are often barriers to employment (Alsop and Hockey 2001).

In reality, the end of communism did not result in greater reproductive choices. For example, the unification of East Germany with West Germany resulted in changes to the liberal East German abortion laws and cuts to social supports. Prior to unification, 90% of women in East Germany were employed or involved with education. Women had access to publically funded childcare, maternity rights, one day off a month for house cleaning, and abortion. After unification, East German women lost their maternity rights, access to day care, and welfare system. Although it was argued that they could now choose between motherhood and working, the economic reality often meant unemployment and fewer choices. As a result, in the former German Democratic Republic (GDR), many women chose to sterilize themselves for job advancement after reunification (Alsop and Hockey 2001). Following the collapse of communism in Bulgaria, inflation meant that many women could not afford contraceptives and opted for abortion, which was cheaper. The Czech Republic also increased the price of abortion following the collapse of communism there, further limiting women's choices (David 199). Belarus, Russia, and Ukraine each lack domestic production of birth control pills. Therefore, oral contraceptives are imported and costly (Denisov, Sakevich, and Jasilioniene 2012). In Poland, the transition to capitalism resulted in a reduction of maternity leave from two years to four months and the privatization of child care facilities. As of 2006, Poland's government health expenditures were the second lowest in the EU after Latvia (Mishtal 2010). These are just a few examples of how choice is limited by the free market.

Choice has also been limited by the increased power of religious institutions in the post-communist era. No country illustrates this better than Poland, where, the increased political

power of the Catholic Church has resulted in fewer reproductive choices for women. Abortion has been made illegal in Poland. Access to hormonal contraceptives and prenatal tests for abnormalities has also been limited by the Conscience Clause Law. In 2002, the church was successful in helping eliminate health insurance coverage for contraceptives. Even voluntary sterilization, a sin according to the Catholic Church, has been made illegal in Poland and physicians who sterilize women can be imprisoned for ten years (Mishtal 2010). The choice of women in Poland was further limited in Poland because motherhood was coupled with nationalism. The notion of the patriotic Polish mother was used by the Catholic Church to promote pro-life as pro-Poland. The social obligations of Polish women towards patriotism, Catholic identity, and family, limited choice (Alsop and Hockey 2001).

Another limit to choice has been the feminization of poverty in former Soviet states. In the first ten years of transition from the Soviet system, low to mid-level jobs were shed as the result of privatizing and reorganizing sectors of the economy. Women occupied more of these jobs, resulting in higher unemployment rates. For instance, in 1999 70% of the unemployed in Ukraine were women. Further, in a 2002 survey, women reported unemployment as the greatest challenge facing their family and 56% reported having experienced unemployment. Another limit has been increased discrimination in the labor force. In the case of Ukraine, young women experienced difficulty finding work because it was assumed that they would get married and have children. Otherwise, they were unable to find work outside of what was viewed to be gender appropriate employment. Despite many failings of the Soviet Union, at the very least, it provided employment for women, with 90% of women in the workforce and the highest number of female professionals and specialists in the world (Predborska 2005). Western abortion

discourse is discussed in terms of pro-life and pro-choice, but the meaning and reality of both are elusive. Choice is limited by social obligations, social sanctions, and economic conditions.

Even in the United States, there are many limits to the choices of women. In 1992, no states had enacted informed consent laws, whereas by 2005 thirty-three states had informed consent laws in place. Likewise, in 1992, no states had waiting periods for obtaining abortions. By 2005, twenty-two states required women to wait to get an abortion. In 1992, twenty states enforced parental involvement laws, compared to thirty four in 2005. The 1990s ushered in numerous restrictions to abortions because in 1989, the Supreme Court decided in *Webster v. Reproductive Health Services* that it was constitutional to allow state restrictions on abortion. This made it easier for states to develop legislation against abortion. State regulation of abortion was also bolstered by the 1992 Supreme Court decision in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, which allowed states to regulate abortion so long as it didn't cause "undue burden" on women seeking abortion (New 2011).

Choice is also limited by funding and nearness to services. The 1977 Hyde Amendment prohibited the use of government funding of abortion through Medicaid or other health, education, or welfare programs, unless the abortion was to save the woman's life. The Hyde Amendment was later expanded to include military personnel, women in federal prisons, federal workers, and women on Native American reservations from obtaining government funded abortion services. The 1980 Harris and McRae Supreme Court ruling reconfirmed the earlier Hyde Amendment ban on federal funding, but extended this to limits on state funding of abortion.

Beyond financial restraint and legal restrictions, choice is limited by a hostile environment to choice. For instance, women are exposed to pro-life protestors who seek to intimidate, harass, or obstruct access to abortion clinics. Although the 1994 *Freedom of Access to Abortion Act* established that there should be buffer zones or bubbles of protection at the clinics, and that staff and patients should not be intimidated or harassed or property damaged, only 25% of abortion clinics are protected by this law. Although laws prohibit abortion funding, since 2001 the federal government has spent \$30 million on Crisis Pregnancy Centers (CPC). CPCs are designed to dissuade women from obtaining abortion, presenting themselves as a medical or social service, while offering misinformation, shaming, and biased advice. There are 4,000 CPCs in the United States, but only 2,000 abortion clinics (Dean 2007). It is important to note that many of these changes in abortion laws within the United States occurred in 1990s, which was when the Soviet Union collapsed and was transitioning to capitalism. As a country, we were looking to the remains of the Soviet Union through a lens shaped by our own restrictions and debates on abortion. This was a time when ideas of rare and prevention first took hold in public discourse. Had the Soviet Union collapsed in 1960 or 1975, the way in which we viewed abortion rates there may have been very different.

Although the transition to capitalism has limited women's choices, it would be biased to argue that communism did not. Within the Soviet Union, there were also limits to choice. As mentioned earlier, contraceptives were not a priority in the planned economy of the Soviet Union and therefore, women were left to choose between IUDs and abortion. Further, women may have chosen abortion because of small apartments and work responsibilities. However, economic privation can impact choice as much as economic stability. Improved economic conditions in Eastern European and Central Asian Republics actually resulted in lower fertility

(Rivkin-Fish 2003). Legally, there were some restrictions to access to abortion. Abortion was available upon request to Soviet women up to twelve weeks after conception. After twelve weeks, abortion was only available for medical reasons. In 1987, the USSR Ministry of Health changed these laws so that women could have abortions up to 28 weeks for a variety of non-medical reasons, such as imprisonment of the husband, large family size, husband's death, divorce, rape, or disability of a previous child. Abortion itself could only be obtained at a hospital or clinic (Denisov et al. 2012). Table Four outlines the legislative changes to abortion law between 1920 and 1993 in the Soviet Union.

Table 4
Conditions for Legal Abortions in the USSR and Russian Federation,
1920-1993

Year, Document	Medical			Social			Final Gest Age	Place of Service	Cost
	Narrow (life)	Broad (health)	Eugenic (fetal)	Juridical (rape, incest)	Social & Medical	On Demand			
1920, L	x	x	X	x	X	x	-	C	Free
1924,I	x	x	X	x	X	-	-	C	Free
1924,L,a	x	x	X	x	X	x	-	PC	Fees
1924,I,a	x	x	X	x	X	-	-	C	Fees
1926,I,a	x	x	X	x	X	-	12 wk	C	Fees
1936,L	x	x	X	x	-	-	-	C	Free
1955,L	x	x	X	x	-	-	12-28 wk	C	Free
1955,L	x	x	X	x	X	x	12 wk	C	Fees
1962,I,a	x	x	X	x	X	x	12 wk	C	Fr+Com*

1976,I,a	x	x	X	x	X	x	12 wk	C	Fr+Com* *
1982,I,a	x	x	X	x	X	x	12 wk	C*	Fr+Com* *
1982,I,a	x	x	X	x	-	-	12-28 wk	C*	Fr+Com* *
1987,I,a	x	x	X	x	X	x	20 days	Amb	Fr+Com* *
1988,L	x	x	X	x	X	x	20 days	CC	Fees
1993,I,a	x	x	X	x	X	x	12-28 wk	C*	Fr+Com**

KEY:

- L State laws of the USSR
- I Instructions of the Ministry of Health of the USSR
- Ia Amendment to a previous Law or Instruction
- C Only in special clinics or hospitals
- C* Changing of local abortion clinic or hospital is permitted
- PC Abortions made available in private clinics
- CC Abortions made available in commercial clinics
- Amb Abortions made available in hospitals on an outpatient basis
- 12 wk Abortion is available up to 12 weeks gestation only
- 12-28 wk Abortion is available up to 28 weeks gestation only
- 20 days Abortion is available up to 20 days gestation only
- Fees Abortions made available only for a fee
- Free Abortions made available only free of charge
- Fr+Com* Abortions free of charge and monetary compensation is available for employed women only
- Fr+Com** Abortions free of charge for all women, monetary compensation available for all women in case of complications

Source: Andrej Popov. Center of Demography and Human Ecology, 1994.

One of the greater limits to choice is the construction of gender itself. Marx and Engels argued that women's emancipation would arise from the abolition of private property. The emancipation of women was not taken lightly and in 1918, the *Code on Marriage, the Family, and Guardianship* was ratified. The code established civil marriage, easy access to divorce, equal status to "illegitimate" children, that either spouse could adopt the surname of the other, alimony for both registered and later, unregistered marriages (Kaminsky 2011). The new code also declared that women and men were legally equal and legalized crimes such as bigamy, incest, and adultery (Glass and Stolee 1987). The Women's Bureau, or Zhenotdel, was established in 1919 and led by Inessa Armand and Alexandra Kollontai. The department established communal kitchens, daycares, and organized women for discussion and education (Engel 1992). The questions of women, family, and children were subjects of debate following the revolution. For instance, in the case of children and family, some Bolsheviks advocated abolishing the family and replacing it with the state. A more moderate view was reforming the family, but educating families and children towards socialist goals, and finally, the third position was empowering children so they could be agents of socialism in the home and in society (Glass and Stolee 1987). Likewise, alimony was a matter of discussion in the party, with differing opinions on if cohabitation constituted informal marriage, and therefore a right to alimony (Kaminsky 2011). It would therefore seem on the surface that following the revolution, the women's question was given some serious thought.

Of course, the Bolsheviks failed in many areas when it came to the emancipation of women. One failure was women were assigned less important roles in the party and their voices were quieted. Feminism was itself rejected as divisive and bourgeois. Both Mensheviks and Bolsheviks distanced themselves from feminism and saw women's liberation as only possible

through socialism. Lenin thought of the question more tactically, as women were needed to make a revolution successful (Farnsworth 1976). Lenin's observation was true to the reality of the Russian revolution, as well as 1905 uprising, as women played essential roles in both. In the 1905 uprising, working women were among the first to raise their voice against the tsar, in protest of such things as alcohol, working conditions, autocracy, and in favor of voting rights. The February revolution in 1917 was sparked by demonstrations on International Women's Day, where working women turned out to call for bread and peace, urging men to join them. Several days later, in the face of strikes and protest, Tsar Nicholas the II abdicated and a provisional government was established (Engel 2004).

Although there were prominent Bolshevik women, such as Inessa Armand, Alexandra Kollontai, Sophia Smidovich, and Nadezhda Krupskaya, these women tended to be relegated to areas specifically directed at women or education. Alexandra Kollontai came to be seen as troublesome in the party for not supporting the New Economic Policy and for being a member of the Worker Opposition. She was nearly expelled for factionalism, but instead was marginalized and silenced by being sent abroad in diplomatic posts (Farnsworth 1976). Women were not as numerically prevalent in the early Communist party, making up only 8% of the 1922 party membership. The Zhenodtel and literacy campaigns were meant to draw women into politics, but women's involvement in the public sphere went against many traditional beliefs. For example, in 1928, there were 203 reported murders of women in Uzbekistan related to campaigns to unveil, make divorce available to, and educate Muslim women. Women who participated in politics as deputies to the Communist Party increased steadily over time, from 1 percent in 1922 to 32 in 1934, and further to 47 percent by 1973. Participation in the Supreme Soviet also increased and by 1975 females made up 31 percent of the body. Nevertheless,

women were rarely members of the Politburo or Central Committee. Between 1917 and 1975, only 3.4% of all central government positions were held by women (Lapidus 1975). As a whole, although there were some gains for women as the result of the Russian Revolution, as well as growth in political participation, women rarely held high ranking political positions.

The image of socialist women, at least put forth in the Soviet Union, was that women were to be self-sacrificing and involved in the workplace. Women were presented as workers, often with technology and machines, to represent the domination of nature. Women were to be do-ers, fighters, laborers, revolutionaries, and functionaries. In contrast to Western women, who were fashionable, consuming, and sexual, Soviet women were to be chaste and virtuous. Equality was promoted inasmuch as women had equal access to the labor force, education, and voting, but not in terms of their assumed roles as mothers (Corrin 1999). Two characteristics of the ideal Soviet woman were that she represented both nationalism and socialism. The nationalist identity was based on Russian identity, as long before the revolution, the Russian Empire grew into a prison of nationalities. Following the revolution, most of imperialist Russia remained intact, and local customs outlawed (Kandiyoti 2007). Although the Soviet Union provided the resources and possibilities for women to be both workers and mothers, it did not provide the time. State run daycare centers were understaffed and had long waiting lists. Daycare workers themselves reportedly engaged in corrupt activities, such as adulterating milk with water or meat with bread so that they could have the excess. Not all daycare centers were subject to this kind of pilfering, since professional groups subsidized them. Children at daycares for the Central Committee, for example, were served caviar for breakfast. The choice to have a child was therefore met with these kinds of constraints. Working women enjoyed greater prestige than *khozhaika*, or homemakers, which was seen as a derogatory word. Despite the

sacrifices of the second shift, by the late 1980s, only one in five women reported that they would give up their work if they could afford to (Plessix- Gray 1989).

Some Soviet policies specifically fostered gender roles and identities. For instance, beginning in 1943 under Stalin, separate schools for boys and girls were established throughout Soviet cities. This measure was enacted by policymakers who framed separation of gender as important to fostering specific gender needs of society. Boys were needed to fight and girls were needed to bear children, two important functions in the face of the German invasion of the Soviet Union in 1941. So, whereas after the revolution educators believed that coeducation was important to gender equality, war and an increasingly militarized society resulted in gender segregated schools. By 1954 when the policy was finally reversed, there were gender segregated schools in 169 Soviet cities (Ewing 2010). Motherhood was especially emphasized under Stalin, but this continued after as well. For example, Brezhnev was also pro-natalist and during the Brezhnev era, schools, although co-ed, were still expected to socialize students into their “proper” gender behaviors. Biological and social science of also emphasized the inherent differences between men and women. So while Lenin’s wife, Nadezhda Krupskaya, had long ago asserted that people were people and the same gender traits existed in both women and men, gender difference was fostered into the 1980s under Gorbachev. The 11th Five Year Plan, from 1980-1985, specifically sought to increase the status of motherhood, as Gorbachev viewed motherhood was every woman’s mission (Buckley 1997).

Another limit to choice was the conservative sexual discourse and culture through most of the Soviet Union’s history. Words such as prostitution and menstruation were banned in the Soviet press until the Gorbachev era (Plessix-Gray 1989). For the first 10-15 years after WWII, sex education was left as a private matter, as CEE governments had the opinion that teaching

youth about sex would inspire promiscuity. When sex education programs were developed in the 1960s and 70s, sex was approached as a matter of human anatomy and health. The word sexual itself was rarely used. State controlled media rarely discussed abortion, and when it did, only negatively. However, too much criticism of abortion or highlighting its commonness also threatened state legitimacy, and was also avoided. Sex was also avoided in the media, as it could be associated with Western sexual freedoms. As a result of lack of sex education and media avoidance of sexual topics, people were generally not informed about sex. For instance, as late as 1994, representatives of the Bulgarian Family Planning Association complained that Bulgarian journalists did not know basic terms like reproductive health and contraceptives (Philip and Skilogianis 1999). At the same time, there were no groups or movements to challenge sexual conservatism. Although the Soviet Union legalized abortion and homosexuality, conservatism dominated from the mid-1920s onward. Homosexuality was reclassified as a crime in the early 1930s, though it did not cover female homosexuality. Feminism was banned to the point that in 1979, when three women printed Alexandra Kollontai's work along with bisexual themed poetry of Marina Tsvetaeva, they were expelled from the country. Theirs was the first published feminist text since the 1920s. Very few women identified as feminists even in the 1980s and it was largely seen as a movement of Western man-haters (Plessix-Gray 1989). So, unlike in the West, there wasn't as much room to challenge or critique the dominant ideology.

The sexual conservatism of the Soviet Union and Eastern Europe should not be viewed as entirely monolithic, or for that matter, so strikingly different from the West. The sexual revolution in the West was not itself uniform or complete. Most Americans lived far away from the metropolitan based sexual revolution in towns and communities that were far from the

cutting edge of new sexual practices. East Germany was not as sexually conservative as the Soviet Union. As early as the 1950s, GDR doctors endorsed sex before marriage as healthy and *The New Marriage Book*, a popular book published in the late 1950s, advised that 19-25 year olds should have premarital sex and only 14-18 olds were advised not to have sex regularly (Malloy 2009). This is a very different attitude than those espoused by Khrushchev era Soviet pamphlets which argued that sex should only happen within marriage, ideally for procreation (Field 2007).

In contrast to the conservatism of the Soviet Union, by the mid-1960s nude bathing became popular in East Germany, and by the 1970s, full nudity was the norm at beaches and holiday resorts. Nudity within the home, amongst both adults and children, became popular as well (Malloy 2009). In the 1970s and 1980s, GDR sexologists surveyed women for self-reported sexual satisfaction and in one study, found that 20% of women reported four or more orgasms during their last sexual encounter. Although women may have reported what they thought the researchers wanted to hear, it is certainly different than the Soviet Union which shied away from the word sexual (McLellen 2011). On the topic of orgasms, a Khrushchev era pamphlet directed towards men instructed them that women often do not experience arousal and only agree to intimacy out of love (Field 2007). Finally, whereas Soviet media avoided sexual topics, the popular East German magazine *Das Magazin*, established in 1954, featured erotic stories, nude photographs, reader surveys, and articles on relationships (McLellen 2011).

Even in Romania, with its repressive government and no tradition of public nudity, vacationers flocked to “2 Mai” a Black Sea fishing village on the Romanian and Bulgarian border to enjoy nudity on the beaches. The nudist movement began with a few communist writers, artists, and intellectuals with a pre-Communist Era interest in nudity who visited the

village each summer, but by the late 1970s included thousands of vacationers. Nudism itself emerged as a socialist movement earlier in the century with a philosophy that nudity would break down sexual conservatism and foster gender equality, but was stifled by the conservatism of state socialism. The area attracted youth in the late 1960s and these youth were inspired by Western music, poetry, fashion, and reforms in Czechoslovakia in 1968, congealing into a youth movement of hippies. This nudist movement ended when the beach became too popular and the beach became demarked between nude and non-nude areas. The final blow was in 1985, when a member of the original nudist group, Gheorghe Ursu, was arrested for keeping a journal of life under socialism. He died of severe beatings sustained during the police interrogation (Giustino, Plum, and Vari 2013). A small pocket of nudist activity may mean little compared to the overall sexual conservatism of Romania, but demonstrates that there was some resistance to this hegemony in the form of nudist and youth movements.

There is ample evidence that reproductive choice is limited in the United States and in the former Eastern Bloc. Although reproductive choices have been limited in different ways, both fall short of the feminist ideal of choice. However, this ideal stems from its own particular understanding of choice. In late capitalism, consumerism is so prevalent that choice is taken for granted. One can go to the store and find seven brands of margarine or turn on the television to hundreds of stations. Choice is associated with freedom, novelty, the development of the self, and the good life. Although access, income, and attitudes are limiting factors to reproductive choices in the United States, there is no shortage of market choices. Condoms come in an assortment of brands, colors, textures, and flavors. Choices for women are abundant including such things as female condoms, Nuvaring, Implanon, Nexplanon, Ortho Evra, FemCap, Today Sponge, Paraguard IUD, Plan B, ella, Mirena, mifepristone, and of course, in-clinic abortions.

In contrast to these many choices, the Soviet Union had abortion, low quality condoms, and later, IUDs. To outsiders and even those living in that situation, the number of choices may seem offensively narrow. Choices, in the consumerism sense, have consequences. Capitalism makes invisible many of these consequences because of the fetishism of commodities and alienation from the production of goods.

Though it has not gained much attention, even reproductive choices have environmental and social consequences. For instance, birth control pills can add estrogen to aquatic environments, causing male fish to feminize (Patton 2008). Most condoms, although made from latex which is natural, are not biodegradable because of additives. Those made of polyurethane will be around for hundreds of years and the package is non-recyclable. 437 million condoms are sold in the United States each year (Rastogi 2009). However, Trojan recommends that they are disposed of by flushing them down the toilet (Patton 2008). This generates a lot of waste. Though not well studied, a study in India found that improperly disposed condoms were eaten by cows, blocked drains, and incurred costs to waste water treatment plants (Ehiri and Burley 2002). Of the choices available, the copper IUD has less environmental impact, since it is long lasting and non-hormonal. Less environmental impact yet would be tubal ligation or a vasectomy (Rostogi 2009). After the collapse of communism, consumer culture was quick to arise in the newly capitalist countries, bringing cars, televisions, computers to these countries (Ehmer, Ehrhardt, and Kohli 2011). Choice is the pillar of Western feminist reproductive discourse, but social and environmental consequences of choice in the context of consumer capitalism are rarely questioned. In this way, providing increased reproductive choices to women should not necessarily be idealized.

XII. Deconstructing Demographic Crisis

To further dispel the notion that abortion culture existed, it is pertinent to point out the actual similarities between Soviet-Communist understandings of abortion and Western-capitalist understandings. The dominant discourses of both view population as a resource. Demographic panics date back to ancient Greece, but are alive and well in the United States. For instance, Rick Santorum blamed “abortion culture” within the United States for shortcomings in Social Security. This is because abortion had resulted in a shortage of workers to replace retirees (CSB, March 30 2011). Rick Santorum’s argument is basically the same made by Karpev and Kaariainen, who posited that Russia’s abortion culture was among several post-communist social problems that shunt the country’s ability to become a superpower and provide adequate elder care (2005). To them, abortion culture is “a deep seated view that abortion is perfectly acceptable way of dealing with medical and socio-economic hardships (Karpev and Kaariainen 2005: 14).” This argument should be evaluated for its spurious connection between demographic replacement and economic development and its underlying assumption that a country should strive to be a superpower. It should also be questioned for its claim that abortion was acceptable in the Soviet Union.

Because both capitalist and Soviet countries operated under similar assumptions concerning demographic replacement, the pro-natalist policies of Stalin were not unlike those pursued by European countries. Birth rate was connected to industrial and military power both in the Soviet Union and Western capitalist countries. Long before the Soviet Union, both Catherine the Great and Peter the Great identified population as a national resource. In Europe, following defeat in the Franco-Prussian War, French officials worried about their decline in birth rate (Hoffman 2000). Between 1870 and 1914, France’s birth rate had fallen by a third,

whereas Germany's birthrate remained the same. This created a panic that women should have as many children as possible, a sentiment that quickly spread through Europe (Peterson 2012). By 1900, the French had set up a commission to tackle the issue of depopulation, to protect the "development, prosperity and grandeur" of France (Hoffman 2000: 36). Interestingly, most of Western Europe's anti-abortion laws were modeled after the 1810 Napoleonic legal code. Anti-abortion laws were in part enacted because of nationalist and imperialist rivalries, as fewer children resulted in less military strength (Peterson 2012). Population and national strength was a concern to every European nation after WWI, but the ability to make this connection between population and strength and create discourse around it, was part of larger developments in history. Statistics, demography, and scientific management all made possible, first the ability to track population trends and secondly a world view that these trends could be scientifically managed (Hoffman 2000).

The ability to track and study population through disciplines that emerged through the mid to late 19th century provided the tools for understanding demography, while conflict and worries over state power provided an impetus for developing the notion of "demographic crisis." Across all political ideologies, there was little questioning of this idea. Karl Marx posited that there was a positive correlation between population growth and economic growth, but also that demographic problems were problems with capitalism. Because of this, communist countries pursued policies that encouraged full employment and rational use of labor resources, as it was believed that these combined with population growth would improve material and cultural well-being (Falkingham and Gjonca 2010). On the other side of the political spectrum, Mussolini argued that population decline heralded the fall of great civilizations in his essay "Numbers as Force (Hoffman 2000)." The similarities between capitalism, communism, and fascism make

sense in that they are each based upon modern, bio-political states. Each state sought to measure biological processes such as birth, death, and fertility within the larger framework of exerting power through objectify and controlling knowledge of these things (Ferer 2007).

Russia lost more lives in WWI than Western Europe and even more from the Civil War following the Russian Revolution. A demographic study conducted by the nation's top statistician Strumilin found that the births per thousand in the Soviet Union had dropped from 42.2 in 1928 to 31.0 in 1932. The study also found that urbanization and the entrance of women into the workforce correlated to this drop in the birth rate and that those with higher wages had less fertility. The study was instrumental in changing how officials thought about population, as they had previously believed that with better conditions, women would have more children. This shifted the blame then to abortion, which was already seen as dubious by medical professionals and media reports (Hoffman 2000). In light of this basic understanding that population was connected to economic or political strength and well-being, all Eastern European and Soviet countries adapted pro-natalist policies (Falkingham and Gjonka 2010).

The only notable exception to pro-natalist policies amongst formerly communist countries was Albania, where there was little official attention to explicitly pro-natal policies. The only five year plan policy related to population in Albania was a reduction of infant mortality. However, the reason for this exception may be that large families were seen as beneficial without official intervention and Albania. After WWII, Albania had the highest fertility rate in Europe, with six births per woman. Fertility in Albania increased through the 1950s, reaching nearly seven births per woman by 1960. Although fertility rates declined over the subsequent decades, by 1990 there was still three births per woman. This was a steep decline, but still a high rate when compared to the rest of Europe (Falkingham and Gjonka

2010). So, while Albania demonstrates an exception to communist policy making centered upon population concerns, the high fertility there may have made demographic crisis less of a concern than in other countries.

Albania as an exception requires attention because it further dismantles the notion of a monolithic abortion culture. Clearly, abortion laws and attitudes varied regionally and from country to country. If there are exceptions to the rule, then the rule itself is called into question. Another clear exception to the “rule” of abortion culture is Yugoslavia. Unlike other communist countries, Yugoslavia had a strong family planning orientation and maintained a regular supply of modern and effective contraceptives. In contrast to the rest of the Eastern Bloc and Soviet Union, in Yugoslavia there was no period of interrupted abortion access through illegality. In 1969, the Federal Assembly passed the Resolution on Family Planning which stated that it was the state’s responsibility to provide contraceptives and education on how to use them. Unlike the pro-natalist language of other communist policies, the resolution specifically said that parents had the right to determine the number and spacing of their children. This right was later built into the constitution in 1974. At the same time, the resolution listed abortion as less favorable than contraceptive use (Drezgic 2010).

Despite the fact that population growth in Yugoslavia was below replacement since the 1950s, officials viewed the policies as potentially divisive if they favored one ethnic group over another. Fertility rates were not uniform, with Kosovo and Macedonia experiencing rapid population growth. Although contraceptives were made available, abortion remained the primary method of birth control. This was despite the fact that doctors, officials, and demographers each condemned abortion. This is also despite the fact that abortion required a fee, whereas as contraceptives, including birth control pills were offered at no charge. For a

number of reasons, including lack of knowledge about contraceptives, male partners unwilling to participate in their use, and wider gender inequalities are some of the reasons why contraceptives were not widely used despite their availability (Drezgic 2010). Yugoslavia provides an interesting example because unlike many communist countries, it provided contraceptives and took measures towards promoting family planning. Despite the differences, abortion was still the most popular form of birth control. Perhaps women were not empowered to choose contraceptives over abortion, which highlights again the limits of choice. Choice is an ideal that can only exist upon gender equality. On the other hand, given the choices and the power to make them, it is possible that abortion was still the preferable choice. In either case, the history of Yugoslavia illustrates that it is possible that even if the Soviet Union and Eastern Bloc countries had promoted contraceptives, their use is not necessarily inevitable.

Demographic context should be given to alarmist views that abortion leads to declined fertility and declined fertility threatens the strength of a nation. According to demographers, replacement fertility is approximately 2.1 children per woman. As early as the 19th century, some countries in Europe transitioned into beneath replacement fertility rates (Bradatan and Fireborough 2007). Despite the relatively high numbers of abortions in these countries, by 1990 the only countries in Europe with fertility rates beyond replacement were in Eastern Europe. For example, in 1989 women in Tajikistan, Uzbekistan, Turkmenistan, and Kyrgyzstan each had about four children. It can therefore hardly be argued that these republics experienced a demographic crisis as the result of abortion. The Slavic and Baltic states, along with Central and Eastern Europe, women had approximately two children. Again, even with the higher numbers of abortions compared to the West, women still chose to have children at roughly the same rate as their counterparts in Western capitalist countries. In Russia, this rate of about two children

per woman was stable since 1964. Like the West, the number of children correlated with income, level of education, rural location, and agricultural livelihoods. Nearly all of the countries had at replacement or growth birth rates, with the exception of Hungary (Heleniak 2010). This is despite the fact that Eastern Europe did not experience a post-World War II baby boom like North America and Western Europe (Bradatan and Firebough 2007).

Karl Marx was optimistic about population growth within socialist societies because greater population would result in a larger labor force. This position is in opposition to the Malthusian nations that poverty and population were inherently connected. Because of this, communist countries were on board with the anti-Malthusian 1974 World Population Conference in Bucharest and its declaration of reproductive rights. Nevertheless, these countries were concerned with declining population (Drezgic 2010). To encourage population growth, countries can adopt either positive or negative fertility policies. Positive policies are incentives, such as maternity and paternity leave, allowances for having extra children, and benefits to mothers and children. Negative policies are restrictions, which can entail stricter laws or punishments. As an example of a positive incentive for fertility, Poland began offering birth allowances in the 1970s and up to three years of paid maternity leave during the 1980s. In Czechoslovakia, the *Family Allowances Act* enacted after 1945 offered financial support to families with children irrespective of income. By 1970, Czechoslovakia spent 4% of its budget on cash benefits to families and 7% on services to families with children. Bulgaria encouraged births during the 1960s by offering cash incentives for a third child (Bradatan and Firebough 2007).

The Soviet Union also enacted positive population policies. In 1983, the USSR passed a benefit package allowing for up to three years of maternity leave and provided incentives such as

housing, services, and child allowances to encourage fertility. This is coupled with existing services such as low cost food, free health care, and free education and the existence of day cares on site at most workplaces. Thus, although there were large numbers of abortions, women were encouraged to have children and according to the Soviet Census in 1989, only 7.7% of women aged 45-49 had never given birth. As a whole, the state in the Soviet Union and Eastern European communist countries actively promoted family and child-rearing through social policies and generous provisions to families, in many ways out performing Western capitalist countries in this respect (Heleniak 2010). In light of the Bucharest World Population Conference, throughout the 1970s and onward, most communist countries adopted positive measures to stimulate population growth (Drezgic 2010).

It is also worth mentioning the negative policies used to encourage population growth. To this end, Hungarian laws were changed in 1953 to restrict access to abortion and contraceptives. Bulgaria passed stricter abortion laws in the 1960s, limiting abortion to childless women or women with only one child. Romania had the strictest abortion laws and most limited access to contraceptives, which resulted in one of the highest fertility rates in Eastern Europe, but also the fastest decline in fertility once abortion was legalized in 1990 (Bradatan and Firebrough 2007). Both Bulgaria and Poland enacted taxes in the 1970s for those without children. Limiting access to and production of contraceptives was also a measure to promote fertility. However, for the most part, positive policies were more widely utilized than negative ones (Drezgic 2010).

Since the collapse of communism, fertility in all 28 formerly communist countries of Eurasia has declined. Within the former Soviet Union, women have averaged birthing one less child in 2009 than they did in 1989. In the Central Asian republics, the decline has been as much

as half as their former fertility rates. Thirteen of the 28 countries have more deaths than births (Heleniak 2010). There are several explanations for the decline in fertility in formerly communist countries. These explanations broadly fall into the categories of economic, cultural, and psychological factors. The economic argument focuses on increased poverty as the main cause for a decline in fertility, whereas the psychological explanation emphasizes the shock and anomie resulting from the transition to capitalism. The cultural explanation ties declined fertility to changes such as changing values concerning family and marriage (Bradatan and Firebough 2007). Since 1990, there have certainly been economic, cultural, and psychological changes that would impact fertility. Nevertheless, abortion is often blamed for lowered rates of fertility. Delayed marriage, aging populations, and the spread of contraceptive have resulted in lowered fertility. Contraceptives in particular have resulted in less abortion, with an overall decline among these countries from 7.2 million abortions in 1989 to 2.3 million in 2007 (Heleniak 2010).

Because abortions have actually decreased in the countries of the formerly Communist Bloc, its role as the cause of lowered fertility is dubious. More likely, the fertility result stems from the economic impact of the transition to capitalism. The transition to capitalism varied from country to country, with Ukraine, Russia, and Moldova experiencing a very long transition marked by much lower living standards, greater economic inequality, much greater poverty, and loss of essential health and social services. In Russia, the life expectancy for males decreased by seven years between 1989 and 1994. In an unstable economic situation, it is little wonder why having one child became more popular in places such as Ukraine (Ehmer, Ehrhardt, and Kohli 2011). To further illustrate this, Armenia and the Czech Republic both experienced a decrease in the fertility rate after 1990. Armenia's fertility dropped from 2.6 children in 1990 to 1.6 in 1996. By the end of the 1990s, the fertility rate had only increased to 1.7. Likewise, the fertility rate in

the Czech Republic decreased to 1.2 children by 1998 and was among the lowest fertility rates in the world. During this same period, although abortion was still legal and used by both countries, so were contraceptives. The decline in fertility was not the result of more abortions, but because of major shifts in economy and society. Armenian culture generally values children, but in light of war with Azerbaijan, increased numbers of men working abroad, and general social instability, having children was postponed. Even during Soviet times, Armenia had one of the lowest levels of abortion in the USSR (Agadjanian 2002). Thus, blaming abortion for either lack of economic development or for declined fertility, does not take into account other barriers to economic developments or other contributors to population decline. Economic development can be, but is not inevitably beneficial and the assumption that abortion is a barrier to political hegemony, as some researchers have argued, should be questioned for its priorities and values.

At this point, it is worthwhile to pause and evaluate the assumptions behind both the capitalist and communist discourse about fertility. Both positions view population as a resource and fertility as a positive thing. Absent from this discussion is the experiences of women themselves, who in demographics are either breeders who reproduce the nation or deniers withholding their reproductive capacity through contraceptives and abortion. At the center of demography is fertility, yet, invisible to the discussion is the fertility desires of women. Demographics provide insight to population and information about women, but nothing about gender itself or the social contexts surrounding fertility. Demography itself is most often based on quantitative methods, but the variables used reflect an understanding. For instance, gender is itself socially constructed, so using men and women as demographic variables reinforces this binary while ignoring and limiting the possibility of being both, neither, or something else.

Further, hidden behind most demographic research is favor for modernization and support of modernization theory (Riley 1999).

An example of an article that encapsulates the patriarchal and modernity bias in demography is “The Dying Bear: Russia’s Demographic Disaster by Nicholas Eberstadt. Eberstadt (2011) argues that, “over the past two decades, Russia has been caught in the grip of a devastating and highly anomalous peacetime population crisis (95).” This crisis is described as “the toll has already been immense, and the continuing economic cost threatens to be huge (96).” Many reasons for this decline are cited, including alcoholism, violence, and disease. More telling is the section on population decline related to fertility, in which, “in 2010, Russia celebrated 1.79 million births, the highest national total in 20 years. Even so, this total was 25 percent lower than a quarter century earlier and represented a pattern that, if continued, would average out to a long-term fertility level of just over 1.5 births per woman (100).” This is quite interesting, since it assumes that every birth was celebrated. The long term fertility level is also of interest, since apparently, 1.5 births per women is not enough. The opinions of the women actually giving birth is not taken into account. These demographic patterns are described as abnormal, requiring immediate action, detrimental to the economy, dreadful in consequence, and potentially causing military instability (Eberstadt 2011). Behind all of this is the notion that humans are a resource to be used in war or as workers and that women are breeders whose decisions determine the destiny and well-being of a nation.

Foucault argued that the management of population is a form of bio-political power which is used for economic forms of governing. In *The Order of Things*, Foucault observed that modern economies, in contrast to Classical understandings of economy, are defined by scarcity. So, whereas in Classical times, scarcity was viewed as a simple lack of a resource, modern

economic thought viewed scarcity as perpetual and fundamental to economy, in what Foucault called an “archaeology of finitude.” With the advent of mercantilism, population itself, though a concern in earlier eras of history, came to be viewed as a productive force as well as something potentially problematic. Although Foucault did not address the contribution of Thomas Malthus’ essay, *On the Principle of Population* to Western thought on population, the essay introduced the fear of over population and spotlighted population itself as a worthwhile political concern. Catherine Gallagher coined the word “bio-economics” to describe Malthus’ valorization and problemization of population and how the body itself is made into a social problem. Population, sexuality, and the body are each objects in which the economy are at stake. Thus, to Foucault, liberal governmentality is both bio-political and economic (Tellman 2013). It comes as little surprise then that both capitalist and communist countries are similar in their unquestioned approach to population.

In light of the demographic concerns of various Eastern European countries, three discourses have emerged. The first is the conservative discourse, which promotes traditional gender roles, valorizes motherhood, promotes marriage, opposes abortion, is against sex education, and stands against homosexuality. This discourse is usually linked with a church and has been the most dominant in Slovakia, Poland, and Lithuania, as well as Orthodox adherents in Russia. The second discourse is the nationalist discourse, which supports xenophobia, racism, and nationalism and argues that the national majority is dying out. This discourse has been most successful in the elections of nationalistic parties, such as Ataka in Bulgaria. Founded in 2005, it argues that Bulgaria is being overrun by Roma and Muslims. The final discourse has been the feminist discourse, which is less concerned with the fertility decline and blames the propensity for smaller families on gender inequality, men’s limited role in child care, and lack of work

opportunities and flexibility for women. The feminist discourse benefits from support from the European Union but has not been the dominant discourse in any formerly communist country (Ehmer, Ehrhardt, and Kohli 2011). It is no coincidence that formerly communist and Western capitalist countries that share a long history of making a bugaboo of demographic crisis also share in having a marginal voice of feminism.

XIII. The Medicalization of Abortion

Another shared characteristic between the U.S. and formerly communist countries is a dominant medical frame. Since the mid-nineteenth century in the United States, physicians have played a role in shaping abortion policy. Initially, physicians were vocal opponents of abortion and sought to delegitimize midwives. Physicians successfully established themselves as better skilled and more knowledgeable. At the same time, many actually provided abortions, becoming gatekeepers in the reproductive lives of women. Fast forward to the 1950s and doctors reversed their position on abortion, under the stipulation that abortion only be available for medical or socio-economic reasons. This is important to note, as it is a stipulation shared by both the United States and communist countries. This dichotomy of legitimate reasons that a woman should seek an abortion has its roots in hospital review boards, as highlighted by the 1962 case of Sherry Finkbine (Rose 2007).

Finkbine sought an abortion through her local hospital's abortion review board when she learned that her fetus had been impaired as a result of the morning sickness medicine she'd been taking. The board initially determined that she could obtain an abortion, but reversed the decision as a result of media and public scrutiny. *Roe v. Wade* established that abortion should

be available to women on demand, but with some very medical stipulations. The language of *Roe v. Wade* specifically states that in the first trimester, women are free to choose abortion in consultation with their doctor (Rose 2007). The Supreme Court determined that hospital committees were unconstitutional in *Doe v. Bolton*, but neither of these decisions established a woman's right to abortion unconditionally. The power of medical knowledge was exerted through the notion of viability (Peterson 2012).

Fifty years ago, fetal viability was a strictly medical term used by embryologists and neonatologists meaning that a fetus could survive outside the womb. The consensus at that point of time was that viability was reached at thirty-four weeks of gestation. The term itself was technical and only used in obstetric emergencies. Since then, the term has grown into a legal understanding and by opponents of abortion to justify restrictions (Solinger 2005). Today, viability determines if the state can restrict abortion (Rose 2007). The viability of a fetus is something determined by advances in medicine and a medical consensus of when a fetus is likely to survive on its own, so in this sense, the right to abortion is connected to medical knowledge and technology. However, the notion that pregnancy can be divided into trimesters is a recent idea (Peterson 2012).

The pro-life movement in the United States also employs medical frames to restrict abortion. Partial birth abortion bans and post-abortion syndrome have both been mentioned, but another method that appeals to medicine is Targeted Regulation of Abortion Providers (TRAP). TRAP entails limiting abortion by imposing unnecessary and burdensome regulations on abortion providers. As an example, in 2012 the Virginia board of health passed regulations that would treat first trimester abortion clinics as hospitals. This meant that the 21 abortion clinics in the state had to conform to the construction guidelines of hospitals and has threatened to close

most all of these clinics. 45 states have TRAP laws which prohibit certain qualified health care professionals from performing abortions (NARAL Pro-Choice America). A more obvious example of how the pro-life movement invokes medicine and science are the many “Prolife Across America” billboards that feature babies and facts about fetal development, such as “My Heart Started Beating 24 Days After Conception.” Of course, some of this is more swathed in the illusion of science than actual fact. For instance, despite efforts to humanize fetuses at early stages of development, few would argue that life begins before conception. Yet, the Arizona state legislature passed a law that counts gestational age as beginning two weeks prior to conception so abortion could be banned at 18 weeks (Peterson 2012). These are but a few examples of how medicine dominates U.S. abortion discourse.

Moving on to the Soviet Union, abortion laws required that abortion occur in state hospitals and by medical professionals. The 1920 law that legalized abortion did so under the conditions that abortion be performed by a surgeon, in a hospital, provided free of charge or at low cost, performed surgically as opposed to through drugs, must be performed in the first trimester, barring the first pregnancy unless the woman’s life is at risk, with three days mandatory hospital stay, two weeks of mandatory time off of work, and doctors are allowed to counsel against it but are legally required to perform it if the legal criteria were met. Midwives were specifically banned from performing abortions and doctors who accidentally killed the woman while performing an abortion could be charged with manslaughter (Davis 1932). Although it was legal and available, little effort was made towards the comfort of women during abortion. It was not uncommon that abortion occurred in large wards without privacy and at times without anesthesia. Women themselves described the experience as factory like or as meat grinders (*miasorubki*). Some doctors recognized that the conditions were dehumanizing, but

needed so that the women felt guilty or punished for refusing motherhood (Rivkin-Fish 2013.) The issues of privacy and punishment are particularly important, as privacy plays an important role in U.S. abortion discourse and lack of privacy is a way by which individuals are disciplined.

The official rationale supporting the medicalization of abortion was the safety of women and the assumption that midwives or folk medicine were unsafe. Nevertheless, medicalized abortion did not necessarily put an end to illegal or unsafe abortion. The actual number of illegal abortions that occurred in the Soviet Union is unknown. In 1987 the British Medical Journal reported that for each illegal abortion there were 2-7 legal abortions, a foggy estimate to be sure. The journal estimated that 67% of women had terminated their first pregnancy illegally and over 87% of women aged 19 and younger were believed to have ended their first pregnancy via illegal abortion. The reason for this, at least according to the Soviet magazine *Working Women*, was that there was poor quality of care in State hospitals. The poor quality of care included such things as shortages of anesthesia, indifferent or callous staff, a high volume of procedures, and lack of privacy due to mandatory time off of work. The high number of illegal abortions amongst women under the age of 19 was due to laws requiring that a mother accompany a woman under the age of 18 to the hospital for the procedure (Ryan 1987). Illegal abortions were not necessarily the result of medicalized reproduction itself, but may instead be seen as resulting from the lack of privacy and dignity in obtaining abortion. This represents a third shared characteristic between U.S. and communist country abortion policies and discourse. This shared characteristic is the surveillance of reproduction.

XIV. The Reproductive Panopticon

In the United States, abortion was legalized by the Supreme Court on the basis of privacy. *Roe v. Wade* determined that the right of privacy was large enough to encompass whether or not a woman decides to terminate a pregnancy (Colker 1992). This decision was based on earlier rulings that the government should not interfere in intimate, private matters such as contraceptive use, child rearing, marriage, and procreation (Solinger 1998). The right to privacy is far from absolute as the state still maintained the right to regulate abortion if it was in its interest to do so. As such, regulations have been passed that limit privacy, such as parental consent laws. Privacy also plays an important role in the feminist framing of abortion. To feminists, privacy in reproductive matters is an important part of autonomy. For example, in *Webster v. Reproductive Health Services*, the Supreme Court case over the constitutionality of state laws requiring “viability testing” for pregnancies over twenty weeks, NOW and Catholics for Free Choice framed their briefs with privacy (Colker 1992). In the end, the Supreme Court determined in *Webster* that viability tests could be performed and that states had a right to declare when life begins so long as such proclamations did not restrict abortion or contraceptives (Rose 2007).

Although privacy is an important frame to feminists and the Supreme Court decisions, in practice, privacy is more an ideal than a reality. For example, a trial court judge ordered Susan Taft to undergo an operation on her cervix to protect her pregnancy. Her husband had disagreed with her decision not to have the surgery, on the basis that her pregnancy was at risk, and went to court to compel her to have the operation. At the time of the judge’s order, she was four months pregnant and entitled to have an abortion if she wanted, even without the consent of her husband. She appealed the decision and the Court of Appeals stayed the judgment, and later, the Supreme

Court ruled against the trial court's judgment. In another instance, a pregnant woman admitted herself to a hospital because she was bleeding. Her doctor informed her that she needed a blood transfusion. Because she was Jehovah's Witness and religiously opposed to receiving transfusions she refused the procedure. Though she could have lawfully obtained an abortion, in the interest of fetal rights, the hospital took the matter to court and the woman was ordered by the New York State Court to receive the transfusion on (Colker 1992). In both cases, the right of women to control their bodies was challenged by medical power.

There are numerous examples of medical situations that undermined the agency of women. Another example is the Angela Carter case. In this case, Angela Carter was pregnant while suffering from terminal cancer. Despite her illness, she requested not to have a Cesarean Section before the twenty-eight week of her pregnancy so that her child would have a better chance of surviving without disabilities from the complications of being born prematurely. She was ordered by a court to have a C-Section early despite her wishes. Her non-viable fetus died within hours and she died five days later. The court of appeals later reconsidered the case and overturned the earlier decision, though by then, both Ms. Carter and the fetus were dead. There is a racial component to these instances, as a 1987 survey of court ordered cesarean sections found that of 15 cases in 11 states, seven of the women were black, five were African or Asian, three were white, and four did not speak English as their primary language. In 88% of the cases, court orders were obtained within six hours. Finally, in another case, Jennifer Johnson, a low income black woman living in Florida became pregnant, but through the pregnancy struggled with cocaine addiction. She sought help for her addiction out of concern for her fetus, but was instead prosecuted for distributing drugs to children under the age of eighteen (Colker 1992).

Each of these cases represents legal and medical interventions wherein fetal rights trumped women's rights, but also where the wishes and privacy of women was disregarded.

A more everyday example of the lack of privacy in reproductive matters is the case of access to hormonal contraceptives, and until recently, emergency contraceptives. Although oral contraceptives are safer than some over the counter medications such as aspirin, which may damage the stomach, or acetaminophen, which may cause liver damage, oral contraceptives are not available to women without a prescription. Some of the justifications from a medical frame include arguments that obtaining a prescription protects women from adverse health effects if they have an underlying medical condition or that women may misuse oral contraceptives if they are not prescribed. Another argument against over the counter availability is that women would no longer have themselves screened for sexually transmitted diseases. However, if they were made more easily available, more unwanted pregnancies could be prevented. In a survey of 1,271 women aged 18-49, 60% of women not using a highly effective method of birth control responded that they would use hormonal contraceptives if they were made available over-the-counter (The American College of Obstetricians and Gynecologists 2012). The consequence of the prescription policy is that women do not have privacy in their reproductive lives, and as such, do not have autonomy. Hormonal contraceptives are doled out by doctors and pharmacists, the traditional gatekeepers of women's reproduction. If privacy were not enough, not all women have access to medical care or comfort meeting with medical professionals. In either case, it is a barrier to access.

The feminist framing of abortion and contraceptives as a private matter is not without problems, but is right in its connection of power to surveillance. The alternative to women having control over their bodies is that an outside entity to have control over these bodies.

Historically and presently, these outside entities that try to control women's bodies include such things as religion, state, employers, men, and doctors. However, exerting control over women's reproductive lives requires some measures of monitoring. Sex is generally treated as a private matter in this society, with intercourse usually occurring in bedrooms or other private places and sex organs covered by clothes. Medicalized reproduction is one of the few means by which outsiders to the female body can access, control, and monitor what is usually private. In this sense, hospitals and clinics serve as a Panopticon. According to Foucault, the Panopticon was a model prison of such permanent visibility that surveillance is always assumed. It is a tower, in which an anonymous supervisor watches unseen and under this gaze, behaviors, minds, and bodies are disciplined (Foucault 1977). Consider again the case of Jennifer Johnson. Johnson had a drug addiction, which may have remained a private matter until she confessed to her doctor the problem so that she could obtain help. Before the umbilical cord of her infant was cut, the baby was drug tested and she was subsequently punished for providing drugs to a minor. The doctor, in this instance, was the anonymous guard in the tower. Other guards may have been friends, social workers, clergy, drug counselors, or a partner. It is a lesson to women that their struggles are not private or personal and can be punished, even when there are intentions to seek help. No one can be trusted and someone maybe watching. In more subtle ways, a pharmacist may distribute emergency contraceptive at a woman's request, but the others in line at the pharmacy may shame the woman for being a slut.

In the Soviet Union and Communist countries of Eastern Europe, reproduction was moderated by medical institutions, which themselves were subject to the state. With exceptions in East Germany, Poland, and Yugoslavia, during the 1950s the vast majority of health care institutions became state owned with government direction of all legal and procedural medical

practices. Once abortion was legalized again after the death of Stalin, large numbers of physicians began working full time as abortion providers in the Soviet Union. In Czechoslovakia, doctors who wished to become obstetricians or gynecologists were expected to have expertise in pregnancy termination, meaning that no one with objections to abortion could become doctors (Philip and Skilogianis 1999). On one hand, this may be viewed as positive from a Western feminist perspective, as doctors acted according to state policy and there was little room for ethical or religious objection on this matter. Nevertheless, as it has been already illustrated, state policies varied over time and ultimately shaped the rules and methods of the Panopticon.

According to Foucault, another characteristic of the Panopticon is that it is a place of experimentation and investigation in search of scientific knowledge (Foucault 1977). This is also true of the medical panopticon. Pharmaceutical companies permitted incomplete testing of oral contraceptives through the 1960s and 1970s. Both Dalkon Shield IUDs and Depo-Provera were disseminated or widely tested on women before they were deemed safe for use. Dalkon Shield IUD's were supported by the FDA as safe and effective. However, the pharmaceutical companies behind the device made certain it was not classified as a drug so that it would not require further research. The FDA also ignored calls for further research and was deceptive on data for its effectiveness. Women experienced infections, infertility, complicated pregnancy, and injury. Initially, women were blamed for these problems as it was their "promiscuity" and no fault of the device. At the same time, two million IUDs were shipped to seventy five countries. Many were shipped unsterilized and with one inserter for every one thousand devices. A half a million women in developing countries were fitted with IUDs by 1974. Even Planned Parenthood supported targeting low income women with the product. By the late 1970s, the

Dalkon Shield IUD was no longer manufactured, but this trend of experimentation continued. Depo-Provera, a hormonal contraceptive injection, was similarly distributed without adequate testing. The injection had been administered to women in the Third World, poor Black women in the south, and distributed to hospitals without FDA approval. This is despite the fact that it was linked to stroke, permanent infertility, and fetal abnormality. Physicians told women who complained of the side effects that their pain was emotional, not physical (Solinger 2005).

Another example of experimentation on women is the forced sterilization of low income and minority women. In 1971, Medicaid paid for 90% of the cost of sterilization procedures and the government paid for 100,000-150,000 sterilizations of poor and minority women each year. Low income women were informed by doctors and social workers that if they were not sterilized, they would lose their welfare. Although the exact number of women who were forced sterilized is unknown, Northern Cheyenne Mary Ann Bear Comes Out's study found that in a three year period in the early 1970s, 56 out of 165 women aged 30 to 44 had been sterilized. In a 1972 study of doctors' attitudes published in *Family Planning Digest*, 94% of ob-gyn physicians were in favor of compulsory sterilization and withholding welfare to unwed mothers with more than three children. The reasons why physicians performed sterilizations on poor women and women of color was framed as a way to limit the growth of poor families. Many doctors also argued that it reduced the tax burden of the middle class. Many also argued that it was a way to provide poor women with the means to manage their reproduction through permanent and effective contraception. A few even argued that it curtailed radicalism of people of color, such as through the American Indian Movement. Aside from the classist, racist, sexist and paternalistic reasons for sterilization, it also provided physicians with a source of income and an opportunity for gynecological training (Solinger 2005).

This sort of control over women may seem like a thing of the past, but is simply expressed in different ways. Since 1980, the number of incarcerated women in the United States has increased five times. 80% of female prisoners are mothers of children under the age of eighteen. At any given time, about 10% of imprisoned women are pregnant. Imprisoned women have few reproductive choices in their lives and are both coerced into abortions and denied them. At the same time, 46% of the female prison population in state prisons is African American, quite disproportionate to the 12% African American population of the United States. In this sense, the prison system enforces eugenic policies of who in society should reproduce (Solinger 2005).

United States history differs from Soviet history in that the United States was founded upon racial oppression, slavery, and genocide. The forced sterilization of minorities is just one method by which the state has policed the reproduction of races. Historically, Black women were breeders who created property for white slave owners. In the 1662 *Act Defining the Status of Mulatto Bastards* of the Virginia Colony, it was determined that the children of slaves were born slaves, and the children of slave owners and slaves were born slaves. Impregnating slaves was therefore useful to white men, as it created property. Later laws made it illegal for a free Black man to buy the freedom of his wife until she was thirty, or at that time, through her child bearing years. Slavery broke up families and in many areas, slave owners selectively bred slaves. Thomas Jefferson proposed that an African American baby should be given the fixed market value of \$22.50. Native American people were physically removed from their territories, forced to convert to Christianity, or massacred. As a result, cultural traditions concerning childbirth, menstruation, and fertility control were destroyed or lost (Solinger 2005). Control of who can reproduce and for what purpose is built into American history and prosperity, so it

should come as little surprise that women, especially minority women, continue to be controlled in this manner.

Information about forced sterilization in the Soviet Union and former communist countries is harder to come by. Bolsheviks were involved in the Russian eugenics movement, but not the dominant voice. During the 1920s, Marxist scientists in the Soviet Union published articles on eugenics, among other topics, promoting experimental, material, scientific approaches to improving the human condition. Scientists such as M. V. Volotskoi and Aleksandr Serebrovsky of the Koltsov Institute supported eugenics through negative or positive breeding selection in humans. However, the problem with eugenics was that it meant that the proletariat contained the qualities of previous generations and eugenics was more focused upon inheritability over social conditions. So, a strange compromise with eugenics was made, wherein socialism was accepted as the means to eugenics, as only in a classless society could the true characteristics of people come to light and positive characteristics be reproduced (Spektorowski 2004).

Genetics itself was tossed out entirely by Stalin and replaced by Lysenkoism, which posited that environment, not genetics, shaped an organism's characteristics (Spektorowski 2004). Soviet ideology shifted from one that supported world revolution and internationalism, to building socialism in one country. With this shift, attitudes about ethnic minorities also changed, from one that supported indigenization to one that fostered Russian identity. Nevertheless, it is difficult to determine if medical attitudes in favor of eugenics or growing nationalism translated into actual policies of forced sterilization. Rather than sterilization, ethnic minorities were at times expelled from the country or moved to other areas. Between 1935 and 1938 the Soviet government either moved or exiled 69,283 Germans and Poles, 30,000

Finns, 6,000 Iranians, and 5,889 Kurds, Armenians and Turks. In 1937, 171,781 Koreans, most of whom were not Soviet citizens, were moved from the Far East to Central Asian Republics. Between 1918 and 1952, over eleven million people were deported from the Soviet Union, most of which were diaspora ethnic groups repatriated in neighboring countries (Statiev 2009). It is possible then that the movement of populations was used rather than forced sterilization as a form of population control. The only well-known instances of forced sterilization have been in regards to Roma. In 1972 because of fears and prejudices against Roma population growth, Czechoslovakia began forced sterilizations of Roma in the country. Despite denials of the Czech Republic, these allegations of forced sterilization exist from victim advocacy groups and international organizations (Crowe 2008).

The extreme spectrum of the reproductive Panopticon is the case of Romania, wherein after abortion was made illegal in 1966, women of reproductive age were subjected to mandatory pelvic exams at their places of employment. Nurses made unannounced visits to new mothers to make certain they were taking proper care of their infants, doctors could be prosecuted for providing abortions, and informers for the security police were posted at maternity hospitals (Badea, Serbanescu, Stephensen, and Wagner 1992). A special section of the secret police was established to monitor obstetrics departments of hospitals and nurses and doctors were recruited to work for this service. Factory physicians would not receive their full salary unless they met their monthly birth quota. It was actually written into law that every woman had a duty to the country to produce five children. In the 1980s, it became law that women were to submit to one gynecological exam each month. Women faced six months imprisonment for obtaining an abortion, whereas physicians faced more severe punishments of up to twelve years of prison and loss of their license (Cazan 2011). During these years of illegality and surveillance, women

continued to have abortions, though at risk to their health. Prior to illegalizing abortion, maternal mortality was about the same in Romania as the rest of Europe, but in wake of criminalizing it, rose to ten times the rate of the rest of Europe. In the 23 years of illegal abortion in Romania, over 10,000 women died as the result of unsafe abortion (Badea, Serbanescu, Stephensen, and Wagner 1992). Women's bodies were not their own, but rather objects to serve state interests. There was no public discourse of individual rights over the body, though resistance to state power existed inasmuch as women attempted self-induced abortion or sought illegal, clandestine abortions (Cazan 2011).

Romania was as an extreme case and formerly Communist countries should be viewed as a spectrum of abortion experiences. Nevertheless, there is generally a shared characteristic of lack of privacy and coercive reproductive policy between formerly Communist countries, though this arguably true of most countries. To be sure, the Soviet Union had a different set of medical and scientific ethics than the West. One rather obscure example was a project to hybridize humans and apes. In 1925, the Bolsheviks, after several years of debate on the issue, decided to fund the project of a zoology professor named Ilya Ivanov. Ivanov was granted \$10,000 to travel to West Guinea to collect apes for his insemination project. The project was signed off by Kamenev himself. Ivanov caught several live adult chimps, which he intended to use to inseminate local African women, first by paying them, but when that didn't work, by force during a medical examination at a local hospital. Ivanov complained to the Kremlin when the local French officials forbade him from impregnating the women. Moscow officials debated the issue then forbade him from impregnating women without their consent. He later returned to the Soviet Union with chimpanzees from Africa and continued his work at a laboratory in the Soviet Republic of Abkhazia. Five women consented to the experiment and to make certain

that the women were acting in the interest of science and not financial reward, they were not paid. No hybrids were ever created by the project and in 1930, Ivanov was arrested and exiled to Kazakhstan. The reasoning was not scientific ethics, but his connections to foreign bourgeois. Nevertheless, his primatology lab lived on and some of the chimps later used in the space program. The lab remained open until 1992 when war between Georgia and Abkhazia closed it (Etkind 2008). This unusual example should not typify Soviet science, but suggests that scientific ethics were different than in the West. More than this, it represents a willingness of some scientists to experiment upon women. Certainly, the bodies and privacy of the African women that Ivanov almost coerced into forced insemination were not respected.

A more typical and modern example of experimentation related to reproduction is the issue of fetal tissue. A byproduct of the numerous abortions in Russia was a large amount of fetal tissue for research (Rivkin-Fish 2012). The Soviet Union did not have laws against funding research that used fetal tissue nor did it require extensive testing on animals prior to experiments on human subjects. In one instance, the Soviet Union used fetal tissue towards an experimental treatment of Parkinson's disease via tissue transplant. Patients who received these treatments saw improvements in their condition, but these improvements were mitigated by the immunosuppressive drugs to prevent rejection of the tissue (Hull 1991). Both the Parkinson's patients and the women who had abortions and unwittingly donated the fetal tissue might be seen then as part of an experiment.

Finally, legalized abortion in the Soviet Union was itself seen as a giant social experiment. The Soviet Union legalized abortion in 1920, and for 16 years, until it was legalized elsewhere, led the world in medical techniques meant to make abortion safer and more efficient. As a pioneer in this area, it is expected that some of this knowledge came from practice and trial

and error. In 1937, Henry E. Sigerist, a medical historian from John Hopkins University described Soviet abortion exactly as an experiment, albeit a failed one. Sigerist described legalized abortion as, “an experiment of great interest, not only to the Soviet Union but to the rest of the world. One result, however, is already clear: repeated abortion is harmful to the mother’s health ... (Imber 2005:30).” He went on to conclude that abortion should be illegal in countries wherein health care is provided for free, employment is guaranteed, aid is given to large families, and information about contraceptives is available (Imber 2005). Others wrote about this Soviet experiment as well, and framing it as such depersonalizes some of the private experiences and consequences of the “experiment.”

There is little evidence that privacy played much role in public discourse about abortion in the Soviet Union or formerly communist countries. Whereas the legal framing of abortion in the United States at the passage of *Roe v. Wade* was privacy, the Soviet frame was women’s health. Also, whereas abortion was legalized in the United States as the result of the combined efforts of doctors, lawyers, and a mass movement of feminists, in the Soviet Union it was legalized after a the social upheaval of revolution. The American notion of a right to privacy originates from a revolutionary upheaval and was embedded into the constitution in the Fourth Amendment protections against unlawful search and seizure. However, it really did not become a prominent American value until the early 1900s and was, at that time, connected to the urban middle class. City planners and architects responded to this middle class demand for privacy, as did doctors, lawyers, and bankers, who each provided confidential, privately purchased services to their middle and upper class clients. At the same time, Freudian opinion was sexuality was irrepressible, but could managed privately. Well-off women could afford a measure of privacy in their sexual lives, whereas poor women could not, and as such were ostracized and

criminalized. Yet, even as Margaret Sanger called poor and working class women to publically protest and visit her clinic, they still sought privacy. Doctors advocated for privacy, since it protected their wealthy patients from social stigma. The public body was, to them, a poor body. Privacy was therefore a privilege of having resources, but itself emerged at a particular moment with a particular understand to serve the interests of a particular class (Solinger 2005).

Privacy never factored into Soviet framing of rights. One reason for this may be the timing and social conditions of the Russian revolution. The Russian revolution occurred after WWI, which was when European countries first began state sponsored surveillance of their populations. These surveillance projects were ways for European states to manage their populations during the war. Following this trend, in 1915, the Russian Ministry of the Interior began a surveillance program of that involved reporting on public attitudes on the war. After the revolution, anti-Soviet movements established their own surveillance organizations. The Information Department of White resisters to the revolution was established in May 1918 and had trained four cohorts of agents before the Red Army established a surveillance organization in the late summer of 1918. Both sides of the revolution saw surveillance as a way to gauge public sentiments and therefore essential to governing. This represented a change in the concept of governing. Whereas in Czarist Russia, there was little official concern with public sentiment, modern states view public sentiment as a resource that can be understood and shaped. In this way, the incessant government gaze was a new method of governance (Holquist 2005). This interpretation of surveillance again connects to Foucault's notion of the development of the Panopticon as a modern method of social control, but also the idea that people can be shaped in the interest of power (Foucault 1977). Though communist countries are generally cast as authoritarian regimes where domestic spying was commonplace, some degree of surveillance is

typical of all modern states. As a more recent example, the U.S. National Security Agency has engaged in cyber and cellphone surveillance of a scale previously unknown in history. NSA spying has been compared to the domestic spying of the East German Stasi. A commentator for Speigal summed it up best with, “No matter in what system or to what purpose: A monitored human being is not a free human being (Speigel Online 2013).”

Privacy should not be viewed as always and inherently good, nor should medicine be viewed as always and inherently bad. To address the issue of privacy, privacy is not the only way in which feminists might frame abortion, but is the most common way. Another way it may be framed is as a matter of equality. Women are not equals in society and because they are saddled with responsibilities and expenses related to pregnancy, childbirth, and child rearing, they should be able to control their reproductive decisions. Furthermore, in order to be equal and full participants in society, women need to be able to control having children as mandatory pregnancy is a barrier to such things as employment, sustenance, and education. This offers a much broader justification for legalized abortion than a simple argument for privacy. At the same time, the notion of privacy suffers the problem that the world can be split into two camps: public and private. In reality, private decisions are made in a social world. Likewise, private decisions impact society. Finally, abortion arguments based on privacy risk atomizing and individualizing women (Colker 1992). Another negative aspect of privacy is when it is a privacy based upon shame or guilt. Although one in three women in the United States has had an abortion, this is not something openly discussed in society as an experience, only as an issue. As much as there are women who regret having abortions, there are women who are proud to have abortions and a range of experiences in between. Framing it only as a private matter may

silence and marginalize a common experience for women. This only serves to construct abortion as something deviant rather than normal.

Although the medicalization of reproduction has negatively impacted women by discrediting their knowledge and experiences and controlling their bodies in the interest of male power, medicine and medical knowledge should not be viewed as good or bad in and of itself. In the United States, doctors who perform abortions are regularly harassed, threatened, attacked, and sometimes killed. In the account of Dr. Warren Hern, even the publisher of a textbook he wrote called *Abortion Practice* received hate mail and was boycotted, eventually destroying the stock of three hundred books and refusing to keep it in print. The American Medical Association, which helped to outlaw abortion, worked to legalize it (Solinger 1998). Furthermore, seven abortion providers have been murdered in the United States (Rose 2007). Medicine should not be viewed as an enemy to women or reproductive rights, and in many cases, has been an advocate of women's health and rights. It is, however, a tool, and in both U.S. and Soviet contexts, it has been a tool of control and surveillance.

XV. Abortion is Communism

The final issue with how abortion has been understood in formerly communist countries has been an overstatement of the connection between communist ideology and support of abortion. Scholarly articles are generally sensitive to the cultural and historical context of abortion culture. However, this is not always the case. For instance, "Abortion and the Right to Life in Post-Communist Europe and Russia," easily equates abortion with Marxism and atheism. In the article, Patrick Flood asserts that "there is nothing in Marxism that stands in the way of

legalized abortion (Flood 2002: 191).” This assertion is carelessly made without citing Marx. Further, Flood argued that “unrestricted abortion facilitates faster progress towards utopia (Flood 2002:192)” and that legalized state funded abortion was a way to encourage women to build socialism and not families. Again, this assertion is made without evidence from the policy makers at the time. To Flood, the decision to legalize abortion in 1920 was a calculated, top down decision to put women into the work force. He argued that had Lenin believed that the Party would better be served by pro-natalist policies he would not have legalized abortion. Again, there is no evidence used to support this claim. He also used loaded language, such as “atheist indoctrination,” “anti-family policies”, and “fanatic ideological intensity,” to describe the reason why abortion wasn’t immediately debated in Russia after the collapse of the Soviet Union (Flood 2002: 211).

Flood’s article, in many ways, echoes how abortion has been framed by a variety of pro-life websites and organizations. For instance, one site reported on “fifty minutes of bell ringing to mourn fifty years of legalized killing” in communist Lithuania, where abortion was legalized in 1955 (Life Site News 2005). Another website, Strike the Root, pointed out “Lenin and his communist Bolsheviks were the first ones to widely and openly legalize and advocate abortion as a woman's right. Communism viewed abortion as a vital part of implementing Marx's and Engel's Communist Manifesto and their desire for the 'Abolition of the family! (Strike the Root 2005).” The connection between socialism and abortion was highlighted on another website with the statement, “Indeed, wherever socialists have taken power, they have always pushed ahead legislation to legalize and further liberalize abortion. Socialists have never been known to oppose abortion (The American Society for the Defense of Tradition, Family, and Property 2011).” Likewise, according Silent Voices, “The Soviet Union was the first nation to legalize

abortion in 1921. It is well known that Soviet Communism encouraged abortion as a badge of women's liberation under Marxism-Leninism.” At the Evangelical extreme, abortion and communism are taken to be signs of the end times. *Birthing Eternity: A Different Perspective on the Four Horsemen of the Apocalypse*, a recent book by Jane Elizabeth Cody, posits just that high numbers of abortions in the Soviet Union and China are signs of the Red Horsemen of the Apocalypse (2013). The American pro-life discourse is quick to point out the connection between communism and abortion.

The connection between Marxism, atheism, and abortion is inaccurate in several ways. For instance, Romania was atheist and communist, but made abortion illegal and miscarriage something that warranted police investigation (Flood 2002). Abortion was legalized in Romania in 1957, following the re-legalization of abortion in the Soviet Union (Berelson 1979). This marked the beginning of Romania's “abortion culture.” This change coincided with other changes, such as women's entry into the workforce, industrialization, and greater autonomy for women (Muresan 2008). Contraceptive use increased from 41% in 1993 to 48% in 1999 to 58% in 2004. However, abortion came to be the main form of birth control, increasing from 30 abortions per 100 births in 1958 to 408 abortions per 100 births in 1965. Thus, abortion was made illegal in 1966, except in cases of danger to life, deformity of the fetus, rape, or a mother older than 45 (Berelson 1979). When abortion was suddenly made illegal in 1966, fertility doubled the following year, but tapered off in subsequent years as perhaps women adjusted to the new situation, illegal abortions became available, or women sought out alternative methods of contraceptives. Other forms of birth control, such as IUDs and pills were not imported into the country and even discouraged by the government (Muresan 2008). Romania's birthrate spiked and remained above the rest of Eastern Europe's averages for the next ten years and the

population increased by 12% (Berelson 1979). Abortion was made legal again in 1990 and abortions increased to three abortions per one live birth. Although abortions declined in Romania over the next ten years, it was not until 2004 that live births exceeded abortions (Muresan 2008).

Even in the Western media, abortion in Romania was originally framed abortion as anathema to communism. According to, “Accessing the Trauma of Communism: Romanian Women on US Television News,” some of the first images of post-Communist Romania to appear in the American media came from the Jan 3, 1990 ABC coverage of women lined up at an abortion clinic in Bucharest. Peter Jennings reported that dozens of women were awaiting abortion after the abortion was again decriminalized. A report a few days later showed a woman weeping for a daughter who died of self-induced abortion. The report then moved to a woman in a hospital bed, moaning and contorting in pain. The report showed women, two to a bed, as they recovered from abortions. Context was given to the scene as reporter, Rick Davis, informed viewers that the anti-abortion laws were repealed. Scenes of post-abortion women, mention of botched abortions, and mid-abortion patients were used to dramatize the effects of communism in Romania. A January 17th 1990 report on CBS brought up the abortion issue again with a report of crowded orphanages of developmentally delayed, malnourished children and a special focus on a baby girl fighting for her life after surviving a botched abortion. Of course, Romanians and Romanian women were not in control of the portrayal to the Western media, who showed them as victims overwhelmed by communism (Borcila 1991). So, this illustrates a hole in abortion culture. As it has already been stated, “abortion culture” was not monolithic, as there were countries that served exceptions to the rule. What’s more, there was some awareness in the West of these differences between formerly countries.

Everything has history and social context. In case of communist Romania, the state's control over the reproductive lives of women is horrific to Western feminists and might be seen as just one of many communist crimes against freedom and humanity in the West. The restrictive abortion laws of Romania were built upon a history of understandings. Fertility in Romania began to decline in the early 1900s and the primary method of birth control was abortion. In Romania, as it was throughout Europe, the dominant frame was that population was related to national strength and as such, abortion was viewed as undermining a "healthy nation." Over the years, articles appeared in the popular Romanian newspapers *Adevural* and *Universul*, which took up the debate of abortion, but mostly from a eugenics perspective. In 1936, Sabin Manuila, an important public figure, published an article about the state's concern for the birth rate and the same year, abortion was criminalized, except if one or both parents were mentally ill. Eugenics fell out of popular discourse when Communist Party assumed power in 1945, but abortion remained illegal. It was not until 1957 that abortion was legalized, only to be made illegal again in 1966. Abortion was made illegal in 1966 for similar reasons it had been in 1936, that is, the communists feared the impact on the economic wellbeing of the country as the result of a declining fertility rate. Before abortion was made illegal, a media campaign primed the public by publishing news articles about the benefits of motherhood, health benefits of pregnancy, maternity as a national duty, maternity as a source of feminine charm, the selfishness of abortion, and how life was better when people had more children. The media campaign and language of the law itself, in many ways framed its arguments similarly to the eugenics frame. The legal language outlawed abortion with exceptions to specific medical conditions, such as transmissible genetic diseases, whereas the media campaign invokes the past and national duty of motherhood (Bradatan and Firebaugh 2007). As repressive as the abortion laws were in

communist Romania, they should be understood as part of a century long debate on the issue of abortion in that country and a tradition of state intervention to bolster national strength.

The connection between abortion and communism is also tenuous because abortion was illegal, not only in Romania, but in many communist countries in different time periods. For instance, it was made illegal in the Soviet Union in 1936 under Joseph Stalin. Abortion was later legalized two years after Stalin's death in 1955. The reasoning of the Supreme Soviet of legalizing abortion again was to reduce the harm to women who sought illegal abortion and to give women control over their reproduction. All of the countries of the Communist bloc, with the exception of Albanian, liberalized their abortion laws after this (David 1992). In Albania, abortion was illegal except for medical reasons until after 1990 (Falkingham and Gjonca 2010). Bulgaria and Hungary also placed limits on abortion in different periods of time (Bradatan and Firebough 2007). Taking these periods of illegality into account, there seems little inherent connection between abortion and communism.

The period when abortion was illegal in the Soviet Union did not go unnoticed in the West. An article that appeared in *The Nation* on July, 15th 1935 described the changes as, "During the last month, the Soviet press has been full of what every girl should know....abortions are harmful and dangerous and undesirable." The article described how the communists appear to be capitulating to Western family values and surrendering their attack on family. Though, communists themselves explained in the article that they never attacked family and meant to fortify it. The communists in the article explained that they want to strengthen marriage, outlaw abortion because of its dangers and social programs to care for women and children. The author connected the birth rate to producing fighters for war and a reason for soldiers to fight harder (Fischer 1935). Thus, when that article was written, there was no sense

of alarm over Soviet abortion culture. Instead, the overall tone was a conservative, sexist, “told you so” attitude towards communists who’d finally realized the folly in their ways.

Abortion was unfavorably paired with the Soviet Union by Arizona Republican State Representative Debbie Lesko in 2012. In reaction to federal laws mandating that contraceptives be covered by employer health insurance, Lesko stated, “We live in America. We don’t live in the Soviet Union. The government shouldn’t be telling mom-and-pop employers and religious organizations to do something that’s against the moral or religious beliefs. It’s just not right (Dolan Rawstory 2012).” Embedded in the statement is again a perception about abortion and the Soviet Union. In this case, mandated contraceptive coverage is framed as akin to totalitarian government control that does not respect morality and religion. Though abortion laws were generally a top down decision, over which women had little control, there were some minor exceptions to their rule. East Germany legalized abortion in 1972 in the midst of social movements elsewhere. Despite active social movements to legalize abortion in the West, this was a decision of the Politburo as part of one of many social reforms under Erich Honnecker. In Germany, abortion was illegal during the Third Reich. Following the war, the Soviet Union shaped abortion policy in East Germany firstly by a de-facto loosening of restrictions and then by legalizing abortion in the case of medical, social, and ethical grounds. In 1950, the laws were again tightened, making abortion legal only in cases of medical necessity and by request reviewed by three physicians, a female representative of the Division of Mother and Child, and an envoy from the Women’s Democratic League. Abortion was punishable by imprisonment and was, at that time, illegal in the Soviet Union. Nevertheless, many sectors of society joined in debate over the issue, including physicians, gynecologists, working women, and social workers. Despite the illegality, 70,000-100,000 abortions happened annually between 1950 and 1955 in

East Germany. Medical professionals shared their voices in the matter, as they made up the majority of termination boards. There was no party or official mention of abortion between 1954 and 1961, but the issue arose again as citizens complained to physicians and authorities and gynecologists voiced public health concerns from illegal abortions. In 1963, a government working group was created to examine the problem (Harsh 1997). So, although the legalization of abortion in East Germany may generally be seen as a top down decision, people had some influence through their complaints and some public debates.

Further evidence that at least early on in the history of the Soviet Union there was more public debate over the issue of abortion was another article that appeared in *The Nation*. In a 1926 article entitled “Sex Standards in Moscow” the reporter is shocked by the openness about sexual matters. The reporter observes an outdoor meeting of six hundred people aged 18-25, who were engaged in a debate on abortion. The observed consensus was that abortion was dangerous but without alternative due to the impracticality of abstinence. The reporter also described a Soviet film called *Abortion*, which showed an actual birth during the documentary and warned against going to midwives for abortion services. Interestingly, the article observed that the communists were hostile to contraceptives as bourgeois. It also reports on a 1924 study in Moscow that most women who sought abortions sighted overcrowding as their reason. Soviet officials framed it as a matter of public health, citing that in Germany, where abortion laws were strict, four out of 100 abortions resulted in the woman’s death. In contrast, 1/10 of one percent resulted in death in Moscow (Blanshard 1926). The article represents several things. Firstly, that the reporter came upon a public meeting about abortion demonstrates that at least early on, there was public debate on the issue. Secondly, it demonstrates the medical frame that the Soviet Union used to justify abortion, but also that abortion should be mediated through medical

institutions over midwives. Thirdly, it sheds light on early attitudes about available contraceptives, which were framed as bourgeois.

A more complete report on the status of abortion in the Soviet Union was written by Alice Winthrow Field in 1932. Field was a social scientist who during the 1930s and 1940s visited the Soviet Union to report on education, women, and family life and later went on to work for the Kinsey Institution. Her report entitled "Protection of Women and Children in Soviet Russia" made several important observations. Firstly, she noted anti-abortion propaganda posters which warned women of the health risks of abortion, that preventing pregnancy is less dangerous than obtaining abortion, and denouncing abortion as evil. Secondly, she interviewed doctors who were not in favor of abortion but believed it should be legal on the basis that women might obtain it illegally at greater risk to their health. She also noted the sentiments of women, who after the revolution, supported abortion on the basis that it would grant them greater equality. This framing of the issue is very similar to the framing of abortion that occurred in the United States in the 1960s. She also mentioned that abortion was only legal in state hospitals and used statistics to support the government's reasoning on the issue. In 1923, .79% of abortions performed in state hospitals resulted in the mother's death. At the same time, 42% of abortions resulted in death, which meant that over 41% of abortion deaths occurred outside of state hospitals. Finally, Field discussed contraceptives, which were promoted by doctors as a method of preventing abortion. She mentioned a contraceptive device which was used by 50% of the women who visit Russian clinics as well as literature that advised women on birth control methods. Field was not familiar with the device she saw and could not republish the contents of the Russian birth control literature because of censorship laws in the United States (Davis1932). As a whole, her research is evidence that abortion was studied by those in the West, doctors and

women had at the very least, a minor role in the framing of abortion, and that once again abortion was not perfectly acceptable in the Soviet Union.

Abortion culture is usually defined by high numbers and acceptability of abortion, but to call abortion perfectly acceptable in the Soviet Union is simply untrue. Tichtchanko and Yudin elaborated on the definition by defining abortion culture as a condition where abortion is the main form of birth control, it is a developed industry of medical service, and social values adjust to or justify the practice (1998). They argued that it arose from the unavailability of contraceptives and the desire for people to control their reproduction. However, abortion was never acceptable. Abortion was a deviance from the ideal role of women, which was to be mothers. Although abortion was free and legal, it was not available with comfort, privacy, or compassion (Tichtchanko and Yudin 1998). Further evidence that abortion was not accepted in the Soviet Union comes from its history of illegality. Abortion was made illegal in 1936, but the social costs of criminalizing abortion began to become apparent during the 1940s and 1950s. The government resisted decriminalizing abortion by promoting anti-abortion education, expanding the range of medical conditions under which abortion was legal, and policing women's reproduction. Only in wake of Stalin's 1953 death and reports of 4,000 illegal abortion related deaths a year was the policy reversed. Even then, the government pursued officially pro-natalist policies and positions. Khrushchev publically announced that the country's strength was tied to its population. As a whole, once legalized, abortion was framed as a medical, rather than legal manner. Women were encouraged to seek medical consultation in their reproductive health and medical institutions were the only legal avenue for abortions. Throughout the 1950s and 1960s, the government campaigned, through propaganda and public education programs, to show that abortion was dangerous, a complicated procedure, not without consequences, caused

premature aging, and resulted in infertility (Randall 2011). The same decree that outlawed abortion provided awards for women who had many children. Women with over six children were given 2,000 rubles a year for each additional child that they had. Women who had over ten children were given an annual bonus of 5,000 rubles per additional child. This was given to women irrespective of their ethnicity, or even if they had husband's who'd been arrested as counterrevolutionaries. Funding for nurseries and maternity care was also increased following the decree. These rewards for maternity were not unique to the Soviet Union, as France gave medals for motherhood starting in 1920 and mothers in Nazi Germany were allowed to choose national leaders as the godparent of their fifth child (Hoffmann 2000).

Other evidence that legality and prevalence do not necessarily correlate with social acceptance is public response to a television program. There was enough public outrage over footage of an abortion that aired on Russian television program *Itogy* to elicit an official government response. The footage depicted an abortion without anesthetic and then the harvesting of the fetus for tissue for medical uses. In response to the outrage, the government established a commission to investigate fetal tissue transplants. Finally, even if there was greater acceptance of abortion in formerly communist countries than elsewhere, this may not be the result of state policy. Titchankto and Yudin argued that abortion might be seen as resistance against the state, which limited contraceptives and sought to increase fertility. They pointed out that even when abortion was made illegal, people risked their lives and punishment to obtain illegal abortions (1998). This offers a very different view of abortion, but also women of the Soviet Union. Whereas other research presents women as passive recipients of state mandates, this argument presents women as challenging motherhood and the state through abortion. This

argument may idealize the women as independent actors, but at the very least offers another dimension to acceptability of abortion.

Since the collapse of communism, there has generally been a shift away from the acceptability of abortion. For instance, Uzbekistan experienced a shift away from acceptance of abortion after the Soviet Era as Islamic identity became more important. Nevertheless, IUDs continue to be popular in Uzbekistan, as they were during the Soviet era. Their popularity stems from their effectiveness, privacy, familiarity, and ease of obtaining. Yet, just as in the Soviet era, oral contraceptives continue to carry some prejudices, such as beliefs that they cause health problems, require more effort, and are less private (Krengel and Griefeld 2000). Elsewhere, there has also been a move away from abortion. In 2000, Hungary changed its abortion laws so that abortion would only be funded in the case of medical reasons or rape. The laws were also changed so that women were required to attend two counseling sessions to dissuade her from having an abortion. Likewise, Latvia changed its laws in 2003 so that women were required to attend counseling session to discuss alternatives, consequences, and complications that might arise. A three day waiting period was also enacted along with parental consent for those under sixteen. Russia also made its abortion laws stricter, reducing the number of acceptable reasons to seek abortion from twelve to four after the twelfth week of pregnancy. Unemployment, income, refugee status, number of children, and unmarried status are among some of the reasons no longer considered legitimate terms for ending a pregnancy (Boland, Reed, and Katzive 2008).

Changes in the abortion laws of formerly communist countries are not without consequences. For instance, after the breakup of Yugoslavia, Croatia outlawed abortion as a move away from its communist past, but also in the interest of increasing its population. The legislation called for such things as discouraging late marriage as unwomanly, give preferential

treatment to large families, tighten the criteria for divorce in marriages with children, gradually eliminate child care facilities, and remove “anti-life” mentality from school books, medicine, and media. Yet, during the 1992 war in Bosnia, an estimated 20,000 Bosnian women were raped to humiliate them and assert Serbian nationalism. The real consequences of the changed laws in Croatia meant that pregnant Bosnian refugees could not obtain abortions (Enloe 1993). As mentioned earlier, following the collapse of communism in Poland, laws were changed in 1993 to make abortion illegal in most circumstances, with three year of imprisonment to doctors or abortion providers who break the law. As of 2007, the government reported that only two hundred abortions occurred in the country each year. Because of this environment that is hostile to abortion, even those who can obtain abortion for legal reasons are unable to. This was illustrated by *Tysi c v. Poland*, a 2007 case that went to the European Court of Human Rights. Ms. Tysi c became pregnant in 2000, but because of a medical condition risked going blind if she continued the pregnancy. Despite the fact that termination would have been legal on medical grounds, she was unable to find a Polish doctor who would provide her with an abortion. She was referred through various physicians, none of which would sign the paperwork for termination. All the while, her vision declined. After giving birth, she nearly lost her eyesight and required daily assistance and constant care for her disability. The Court ruled in Tysi c’s favor and acknowledged that Poland needed to change its procedures for obtaining legal abortion (Priaultx 2008). Both of the examples are extreme, but it is not extreme to consider that women who have been raped have less access to abortion and those with medical conditions cannot obtain abortion because of an anti-abortion environment. The point is that changes in laws have real, and sometimes terrible, consequences.

At the core of the connection between abortion and communism is an attack on both. In the pairing of the two, communism is attacked for being a system without morals. Abortion itself is discredited for its association with communism. Karpev and Kaariainen argued that a moral situation fostered “abortion culture.” In their argument, Bolshevik morality is based upon whatever benefits proletarian revolution. Abortion was not good or bad, only beneficial or harmful to Soviet society. Based on a 2002 Values study in Russia, they argued that acceptance of abortion was still widespread, and one of the “lasting demoralizing effects of communism (2005).” The morals and values of communism would require its own historical genealogy. Whatever communist values are, they are perceived as different from Judeo-Christian values, which are themselves diverse and rooted in history. At the core of this moral debate is the idea that abortion must always be viewed as good or bad and can never be divested of its moral meaning. As it has already been illustrated, this moral framing is ahistorical, and biased towards this culture and this time period. If the issue is removed from the arena of crude, oversimplified morals, it is an attack not on morality, but on communism.

Far more prevalent than the occasional academic pairing of abortion and communism is the connection between them made by right wing or pro-life groups. In a simple Google search of “abortion and communism” the very first result is from thereturnofcommunism.org. The page describes the connection between the two as such, “for the Communist human beings are just material stuff, there is no universal morality – no rules to be observed except those which are imposed by the State and directed towards the creation of the Communist Utopian State (*Communism and Abortion*, 2013).” The same article went on to point out that China is fascist/communist and imposes abortions upon women, and warned that the United States is moving towards communism because it is funded by “extremist organizations such as Planned

Parenthood whose history is strongly linked with the eugenics movement through its founder Socialist Margaret Sanger...(*Communism and Abortion*, 2013)” In two short paragraphs, the article sought to discredit communism, fascism, socialism, abortion, Margaret Sanger, China, and the Soviet Union by making connections between all of them. The next result, an entry from Conservapedia is less alarmist, pointing out that the Soviet Union was the first country to legalize abortion and free of charge. To its credit, it stated, “generally one can say, that in communist countries abortion was the most common method of birth control (*Abortion and Communism*, 2013).” The use of the caveat “generally” is useful, but no mention was made of times that abortion was illegal in the Soviet Union, Albania, or Romania. The next result, from Life News, was an article entitled, “The Disturbing Link Between Obama, Communism and Abortion.” Once again, the article tried to connect the dots between abortion and communism in an attempt to link President Obama to that history. This article was more moderate than the others, but again tried to discredit abortion by its unfavorable comparison to abortion (Kengor, 2012). Dozens of other websites also made these connections, using abortion and communism to discredit everyone from Nelson Mandela to Girl Scouts. It is important not to make much of a few search results, but it should serve as an example of how the connection between the two is used.

Anti-communist frames have a long history in the United States, permeating many parts of society. Fear of communism was used in the 1880s as a way to control labor organizations and unruly masses, as it legitimated the use of excessive force and policing (Berlet 2012). The government has been instrumental in shaping the discourse through state frames, or the official frames employed by the government. The government is powerful because it is a source of political opportunity to social movements, but also an actor in the creation of frames (Noakes

2000). Historically, the government has promoted an anti-communist Master Frames. For instance, after WWI the FBI framed communism as subversive, communists as alien, and that they should be deported (Noakes 2000). However, this frame was eventually discredited as the Russian revolution did not spread to the United States. This frame was revived again during the Red Scare directed towards Hollywood (Noakes 2000). Historically, anti-communist frames were used by the government against activists, but also towards policies like involvement in the Vietnam War.

The Soviet Union may have collapsed over twenty years ago, but communism is still good coin when it comes to fear mongering. The notion of “cultural Marxism” is the newest incarnation of this old bugaboo. Cultural Marxism is theory originating from the Christian Right Free Congress Federation and gained popularity within the Tea Party. “Cultural Marxism” posits that political correctness, war on Judeo-Christianity, and multiculturalism are subverting America and are tools to building a totalitarian state (Berlet 2012). The Tea Party movement glommed onto socialism as akin to Nazism and representative current direction of the U.S. economy and government. Fox News, Ron Paul, and others have likewise promoted the conspiracy of “Cultural Marxism.” Beyond the political sphere, Marxism has been associated with the apocalypse or a false belief put forth by the anti-Christ by Christian Evangelicals (Berlet 2012).

There are many reasons why communism would come under attack or be used to discredit abortion. According to Geoffrey Skoll, since WWII, terrorism, communism, and crime have been the three main concepts used by policy planners to sell their policies. Fear of these three things has led the American people to buy into costly policies. For instance, the Cold War was estimated to have cost the U.S. \$10 trillion in military expenditures and since the 1970s, the

war on drugs, has cost as much as \$80 billion (2011). Skoll applied Marxist inspired notions of commodification and fetishism to argue that these concepts have been made commodities to sell U.S. policies against labor unions at home to militarism abroad. Of the three, communism was the first to be used in this way. Communism has been commodified in the sense that it has been given exchange value and can be a source of profit. Its development as a commodity of fear followed a pattern of first existing in society as a label or issue, then becoming politicalized, and finally, becoming a commodity. These concepts have been fetishized, or they no longer are symbolic or rhetorical in their meanings, but as words are powerful in themselves. In this sense, the word communism does not have to mean anything to the public, it needs only arouse or gratify (2011). Thus, any politician or activist who compares something to communism, need not define communism. It exists almost as a material thing and the reaction to this thing, is fear. This fear can be mobilized to encourage people to buy into programs that limit the choices of women in the United States, since certainly no one wants to be like the Soviet Union.

Behind both the pro-life and pro-choice discourses about abortion in the Soviet Union is an unspoken, insidious, and imperialistic bias. As an illustration of the pro-life imperialism, consider a 1993 article that appeared in *The Nation*, entitled “Right-to-Lifers Hit Russia.” In the article, Dr. John Wilke, the president of the Right to Life Foundation, described his visit to Russia as follows: “We have seen historic achievements in regions of the world previously impenetrable to pro-life activity,” and continues “Clearly Russia is an immensely fertile field to be plowed in terms of value systems and our issue.” Father Marx, a Catholic Priest who visited Russia to promote pro-life organizing through Human Life International described his visit with Russian health officials as follows, “They struck me as children (the Russian health officials). They grabbed anything we had, our antiabortion buttons, our literature. They’re fascinated with

anything American (1993).” Both men spoke about Russia in words reminiscent of colonialism, as Russia was a place to impose new values and the people (in this case officials no less) were like children. Of course, the reproductive language can’t be ignored either, as Russia is a fertile place to be penetrated by the pro-life movement. The Russians themselves had a slightly different take on the abortion in their country. For example, Dr. Guzov, the head of the pro-life group Support for Motherhood, described the situation as such: “The demographic crisis in our country has grown into demographic catastrophe. Entire Russian villages are dying out, while the Muslim population explodes. We need to salvage Russian purity (1993).” Dr. Guzov’s comments show again the specter of demographic crisis and in this case, the racist nationalist ideology underlying the perceived crisis. Yet, this is a different framing than U.S. the pro-life movement, which most often uses fetal rights over racist appeals. There is some room for resisting or re-defining colonizing ideas, and the article pointed out that some Russians accepted pro-life messages as a way to distance themselves from a communist past. Therefore, the role of the people in interpreting Western messages about abortion should not be ignored. Nevertheless, *Silent Scream* was shown on national television in Russia and the article mentioned that programs from Focus on the Family were broadcasted across 2,500 radio stations (Vanden-Heuvel 1993). Irrespective of the success of pro-life campaigns or how their messages might be interpreted, the words and actions of American pro-lifers resemble a civilization mission.

It should not be argued that people from formerly communist countries reject either the pro-life or pro-choice perspectives. A recent article in the European news website Transitions Online closely mirrors Western themes. A Belarussian journalist, Katerina Baruska, interviewed a gynecologist in Minsk, who called the past number of abortions in Belarus tragic, as her department did five to six abortions daily. This sentiment was given context by a gender

researcher who asserted “the *sky-high* rate reflected a leftover Soviet reality.” Further, as the first country to legalize abortion in the 1920s, the Soviet Union “viewed women first as workers, then as citizens, and only last as mothers (2013).” The gender researcher explained that contraceptives were expensive, making abortion the number one method of birth control. To some degree, both women have accepted that abortions are either bad or lesser than contraceptives. Finally, Katerina Baruska herself cited that Belarus has an aging population, which has resulted in government programs to encourage women to have children and discussion by religious groups to limit abortion. Again, this and the title, “Baby Bust” follows the shared Western and Soviet frame of demographic crisis.

XVI. Conclusion

In summary of the argument thus far, studying the prevalence of abortion in the former Communist Bloc is a challenging task and a task that scholarly research has faltered in to varying degrees. The greatest challenge is moving beyond the biases and understandings embedded in the U.S., and to some degree, the larger Western discourse. A fuller understanding abortion in these countries requires defining abortion, attention to variable rates between countries and regions, operationalizing rarity, dismantling Western specific dichotomies of birth control and abortion, questioning individual choice, taking into account historical and cultural contexts, and understanding the genealogy of our own understandings. It seems a daunting task to fully understand abortion as it exists and existed in those countries, since this requires dismantling and questioning our own knowledge and assumptions. Nevertheless, a better understanding of “abortion culture” can enable us to better understand abortion in our own culture. The Soviet

Union was the first country in the world to legalize abortion. The Soviet Union and Eastern Bloc went on to have notoriously high rates of abortion. Furthermore, socialists and anarchists were some of the early proponents of reproductive rights. These historical facts have been used by the pro-life movement in the United States to discredit abortion because of its association with communism. The pro-life movement is not alone in its negative association between abortion and communism. Since the emergence of the popular U.S. reproductive rights mantra of “safe, legal, and rare,” abortion has been framed as the lesser choice compared to contraceptives. The notion that abortion should be rare has also shaped how abortion in formerly communist countries has been discussed outside the social movements. These countries have been viewed as having too much abortion, which fostered an abortion culture, where abortion was accepted as the norm.

It is impossible to discuss and understand abortion in those countries without evaluating our own biases, values, and understandings of abortion. In this sense, these frames are a mirror. The framing of abortion culture in the Communist Bloc tells us more about our own biases in the U.S. than about abortion elsewhere. Nothing is inevitable or perpetual about our current way of thinking. Understandings have history. They are created by actors, like the members of social movements, but these are shaped by power and existing knowledge. This is particularly important for abortion, which is viewed as good or evil or normal and abnormal, depending on the movement. Though, increasingly abortion has been seen as abnormal and even evil, by those who support it. According to Michel Foucault, creating a genealogy of an idea disrupts the inevitability of these binaries and creates new possibilities. The purpose of the genealogy is to think differently towards something more ethical by seeing beyond immoral or moral. Foucault’s insight is his notion of the importance of the other. The other can be a glimpse into the self. To him, dialogue with another is important to self and self-creation (Coles 1992). Thus,

movements create identities or can only understand themselves through their understanding of their enemy. If communism was the enemy, and remains an imagined enemy through fear, this understanding solidifies and shapes a particular understanding of ourselves. Foucault also argued that history should open new areas of discussion (Pickett 2006). Thus, understandings of abortion have evolved over time in response to variables in the social environment. Like evolution, new definitions are built upon the skeleton of old ones, though some go extinct along the way. The promise of studying the history is a broader understanding that the current understandings are not inevitable or perpetual, but rather, stem from a long, history. As such, they can be evaluated critically, challenged, and changed.

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