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8-22-97

**TITLE: THE FEMINIZATION OF POVERTY AND ITS LINKS TO RUSSIAN
HEALTH CARE**

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**THE NATIONAL COUNCIL FOR
EURASIAN AND EAST EUROPEAN RESEARCH**

TITLE VIII PROGRAM

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PROJECT INFORMATION:¹

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COUNCIL CONTRACT NUMBER:	812-17G
DATE:	August 19, 1997

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¹ *The work leading to this report was supported in part by contract or grant funds provided by the National Council for Eurasian and East European Research, made available by the U. S. Department of State under Title VIII (the Soviet-Eastern European Research and Training Act of 1983, as amended). The analysis and interpretations contained in the report are those of the author(s).*

THE FEMINIZATION OF POVERTY AND ITS LINKS TO RUSSIAN HEALTH CARE

KATE SCHECTER

EXECUTIVE SUMMARY

Degradation of women as evidenced by the rise in prostitution and poverty and the acute health care crisis are both critical underreported issues facing Russian society. Despite economic and political reforms, women have not been beneficiaries of the transition period. Seventy percent of Russia's unemployed population are women, and most of them are over thirty years old. In addition, women make up the majority of the hidden unemployed-- workers who officially have jobs, but are not being paid. Given the huge redundancies in the Russian workforce, women are the first to be laid off. Health care in Russia is an occupational sector which has also been largely feminized and marginalized. This paper describes the historical significance of women in Russian medicine and the process by which feminization occurred. The term "the feminization" of poverty is also explained and how this phenomenon is linked to the break down of the health care system.

The neglect of women and children and the dismissive attitude towards health care in Russia are dangerous trends. A regression is taking place, wherein women are reverting back to traditional gender roles and many are willingly participating in their promotion as sex objects. In health care, this trend is evident in the lack of focus on birth control and the elimination of STDs and AIDS. The rise in crime has had a devastating effect on the Russian population and, from a public health standpoint, it is an important contributing factor to the health crisis. Both of these issues, the breakdown of the health care system and the plight of poor women in Russia are not drawing attention partly because they are not new problems. These social ills have been simmering for many years, but it is precisely because they have reached crisis proportions that they must be addressed.

Introduction:

Degradation of women as evidenced by the rise in prostitution and poverty and the acute health care crisis are both critical underreported issues facing Russian society. Women in Russia remain second class citizens, shunted to the side, forced into unemployment, low-wage semi-employment, or prostitution. Although women's groups and non-governmental organizations (NGOs) run by women are slowly emerging in Russia, there are few success stories. Despite economic and political reforms, little has been done to assist this large section of the population. Seventy percent of Russia's unemployed population are women, and most of them are over thirty years old.¹ In addition, women make up the majority of the hidden unemployed-- workers who officially have jobs, but are not being paid. Given the huge redundancies in the Russian workforce, women are the first to be laid off. Adrift in a society which is becoming increasingly competitive, violent, and male-dominated, women find themselves trapped. The cycle of poverty and the development of Russia's underclass are becoming more solidified in the current climate. As described in an earlier paper,

health care in Russia is an occupational sector which has also been largely feminized and marginalized.² Rarely have the two problems of women's poverty and the collapse of the health care system been linked together, however, much evidence exists to suggest that they are interrelated.

The neglect of women and children and the dismissive attitude towards health care in Russia are dangerous trends. Women are a frightened and silenced half of the population. In interviews with women doctors in the spring of this year, respondents told me they did not want to discuss the issues of women or women's health separately from the general issues facing Russia and the health care system. One woman gynecologist refused to discuss the problem of women's health in Russia, insisting that there were no problems with sexually transmitted diseases (STDs), teenage pregnancy, or lack of birth control. These are still taboo subjects even though they are clearly widespread social crises.

Russia is a society divided--not just by income brackets, but along gender lines as well. A regression is taking place, wherein women are reverting back to traditional gender roles and many are willingly participating in their promotion as sex objects. The prevalence of prostitution and pornography are growing, exacerbating the sexist and abusive gender relations among many men and women.³ In health care, this trend is evident in the lack of focus on birth control and the elimination of STDs and AIDS. Both STDs and AIDS have reached epidemic proportions and the Russian people remain largely uninformed about how these diseases are transmitted or how to practice safe sex. Men are the group most at risk, but the trend of high adult male mortality and a disregard for women's reproductive health bode badly for Russian society as a whole.

The rise in crime has had a devastating effect on the Russian population and, from a public health standpoint, it is an important contributing factor to the health crisis. Crime is taking a significant toll on Russian women. Eighty percent of violent crimes in Russia occur in the home; 15,000 women are killed by husbands every year. Divorce rates are on the rise and there is little or no legal protection for women. Organized crime's trafficking in prostitutes is a huge, profit-making market that only encourages the idea of women as commodities. Men who run these prostitution rings are rarely punished and carry on international crime rings with near impunity.⁴

Women in Russian Health Care:

The problems facing Russian women today are not new phenomena of the transition period. The degradation of the female portion of the population has a gradual and protracted history. A brief historical examination of women in Russian and Soviet medicine reveals that women have been utilized or discarded as a convenient labor source repeatedly over the years, and the present period is a low point, but not an anomaly. In addition, it is important to note that women have not just been willing victims, pushed wherever the government or the male leadership has directed them. They have played an instrumental role in determining their participation in certain occupational sectors,

most prominently in the field of medicine.

One of the most unusual aspects of Russian medicine is the preponderance of women doctors. Women accounted for ten percent of the doctors in Russia in 1913, by 1950 they made up 76 percent of all doctors (in the Soviet Union), and today women make up about 80 percent of all doctors in Russia.⁵ The Soviet government touted their health care system, with more doctors per capita and more women physicians than anywhere else in the world, as proof of the success of socialism. Reading between the lines revealed a very different world. Physicians received inadequate medical educations that often left them unprepared to practice. Mandatory rural duty left hundreds of doctors stranded in rural outposts with little or no equipment. Isolation from other medical communities left Soviet physicians unaware of new discoveries and technologies. Despite the impressive numbers of doctors and hospital beds, the quality of Soviet health care actually suffered greatly from isolation and neglect.⁶

The process of women entering Soviet medicine had its roots in prerevolutionary Russia. Traditionally, women were regarded as healers in Russian culture. From the sixteenth century to the nineteenth, peasant women were consulted for witchcraft healing and midwifery. Numerous forces prevented women from studying medicine in imperial Russia. Nevertheless, women fought traditional societal values, tsarist legislation, and prejudice within the medical community. The persistence of women prevailed; by 1882 there were 227 women doctors in Russia compared to France's seven and England's ten.⁷ By 1910 there were 1,500 women physicians in Russia, outnumbering any other European country.⁸

The political agenda of the Bolsheviks called not only for the complete socialization and centralization of Soviet medicine, but the proletarianization of the profession as well. Women were the available labor source to carry out the Bolshevik agenda and they became the "surrogate proletariat" for the transformation of health care.⁹ Industrialization, modernization, and military strength were the priorities of the new state. Jobs in medicine opened for masses of uneducated or slightly educated women. Labor was divided into productive and non-productive categories and industrial and military workers ranked high as productive labor. Social services such as health care and child care were considered non-productive labor; these had lower status and were allotted lower priority accordingly.

The industrial revolution brought forth contradictory implications for women all over the world. On the one hand, they began to work outside the home, and gained many political and economic rights. On the other hand, they were still expected to maintain their traditional roles as wives and mothers. Many of the repercussions of the industrial revolution are still intact today, and most advanced industrialized societies have yet to reconcile the contradictions that women face at home and at work. In addition to the double-burden syndrome, the division between the more highly prestigious male-dominated industrial and professional occupations and the non-professional

feminized service sector also originated with the advent of the industrial revolution. This occupational division is evident in most highly industrialized countries. Thus, it is important to note, in any discussion of gender and its relation to professionalism, that the industrial revolution set many of these occupational trends into motion, and Russia is not unique in terms of the struggles women face at home and at work.

Women have traditionally found it difficult to break into the professions.¹⁰ The elitist, exclusive nature of most professions created a barrier which allowed nineteenth century men to enforce their traditional gender roles in the work place. When women began to enter the labor force en masse during the industrial revolution, they were systematically relegated to factory jobs and nonprofessional occupations. Medicine was an area that offered an opportunity to advance into a profession.

Although the development of science and medicine in the United States, and women's entry into these professions differs greatly from the processes described in Russia, there are a few similarities in the ways that women have been treated, and their strategies for coping with discrimination. In both countries women are free to work within the medical profession, but once they become doctors they are faced with numerous obstacles to advancement within the field. For example, both societies still assume that a woman's primary obligation is to her family and that her job is secondary.

An essential difference between the United States and Russia lies in the level of professionalism within medicine and how that affects women doctors. In the United States, women in medicine must struggle to break through well-entrenched professional barriers which were developed by men to keep women from encroaching on their power within medicine. Although more women have entered medicine in the United States in the last two decades, men still dominate both numerically and professionally.¹¹

American women doctors are fighting a different kind of discrimination within medicine because American medicine is steeped in a traditional professional ethos which specifically excludes women and other minorities. Historians of the professionalization of medicine in the United States argue that the exclusivity of a profession like medicine helped develop an elite in American society and that men tried to keep other groups out of this upper class.¹²

In the United States and Britain, as in most industrialized countries at the turn of the century, women became nurses--professionals--but still subordinate to male doctors or male administrators. In Russia, women began to enter the field of medicine through nursing also, but even before the revolution there were more women doctors in Russia than in any other European country. The reasons for the rapid growth of women doctors in the Soviet Union is directly related to the socialization of health care, yet it is noteworthy that this trend began even before the revolution.

In Russian prerevolutionary villages, peasants had little or no exposure to modern medicine.

Female midwives were usually the only doctors with whom peasants had any contact. Peasant midwives, however, had no corporate or professional identity, but rather a familial, grandmotherly matriarchal identity. Preindustrial peasant life did not require nor encourage professionalism. Russian male doctors were developing a professional identity similar to their male counterparts in Europe and the U.S., but women were excluded from this development. Although women have historically practiced medicine in Russia, they have also stayed secondary to their male counterparts in terms of pay, status, and political influence within the field. The reasons for this lack of professionalism are varied. One reason is clearly related to the issue of gender; however gender alone is not a sufficient cause for the state of Russian doctors and health care today.

A cultural bias has developed in Russia wherein many citizens believe that medicine is women's work and women make better doctors.¹³ When asked the question, "Why do you think there are so many women doctors in Russia?" numerous respondents answered that women make better doctors but not surgeons because surgery is too taxing for women. A few responded with comments such as, "Women are more compassionate and caring, they are better with children, and they understand the body better," or "they naturally make better doctors."

Women in Russian Society; The Feminization of Poverty:

The 1920's were a period of liberal ideas and lively discussions regarding women's liberation, but by the 1930's, and Stalin's ascension to power, the "woman's question" was declared officially resolved, and women's political powers were severely curtailed. Abortion, which was legalized in 1920, was banned in 1936 during Stalin's reign. It was not until after Stalin's death that abortion was legalized again in 1955.¹⁴ During the flowering of the women's movement in the west, the topic of women's rights and lack of equal opportunity began to surface again in the Soviet Union.

More women worked outside the home in the Soviet Union than in any other industrialized country. In 1925, women made up twenty five percent of the workforce, by 1987, this had more than doubled to fifty one percent of the labor force. This means that ninety two percent of Soviet women worked outside the home.¹⁵ The unfortunate repercussion of such an enormous influx of women into the Soviet workforce meant that women worked in most of the unskilled and manual jobs in industry, construction, and agriculture, and they were less likely to be promoted or allocated as much responsibility as their male coworkers.¹⁶ The Soviet economy became dependent on this female labor source to perform the undesirable jobs that the better-educated labor force avoided. In many cases, rural women, desperate for any kind of work they could find in the city, took dangerous and unhealthy jobs so they could remain in an urban setting. With the fall of the Soviet Union, these women manual workers lost their jobs first.

The jump in the number of women participating in the workforce, and in medicine in particular, can obfuscate the impact of such a large social upheaval. Never before in modern history

had so many women started working so rapidly. In retrospect it is clear that medicine was not a high priority field for the Bolsheviks nor their successors, and that women doctors were not accorded the privileges that male professionals received. The best contrasting example is engineering. Men were encouraged to enter a profession which would entitle them to the traditional benefits associated with professionalism. They would receive high salaries, prestige, specialized training, and a corporate collegiality developed amongst these engineers who had reached a higher echelon of society. Of course, the state still retained control over the engineers' professional group autonomy, but in return they received high status and high paying jobs.

The plight of Russian women, and the myth of their liberation has been explored extensively and competently by many scholars.¹⁷ The term "double-burden" has become a well-worn phrase that every book and article on Russian women inevitably mentions. One aspect of women's lives that is not very well documented, however, is women's health. There is an obvious correlation between an individual's health and their work performance, and in Russia, the health care system has a direct negative effect on work performance. Women, in particular, are notorious for their absenteeism and ill health. In addition, Russian women have many abortions over the course of a lifetime.¹⁸ These abortions are performed under inadequately sanitary conditions with primitive equipment, and little or no anesthetic. Even under the best of circumstances, abortions cause further health complications and are often depressing experiences that take their toll emotionally. Women have many abortions because they are so ill-informed. Doctors and schools are not equipped to inform the public about birth control choices or even about basic sex education. Grown women remain uninformed about how their own bodies function and about personal hygiene.¹⁹

The large number of maternity hospitals in the Russian Federation obscures the abysmal condition of obstetrics and maternity care.²⁰ Birthing techniques lag far behind western methods, and do little to take the mother's needs into consideration. Women are not trained in any kind of breathing methods for coping with labor pain (ironically, Dr. Fernand Lamaze, a Frenchman, learned about methods for coping with labor pain from Soviet doctors in the 1950's, and brought these techniques to the west where they are widely used today). Mothers are left completely on their own and rarely receive pain killers. No one, not even the husband, is allowed at the birth. Women give birth along with two or more other women in the same delivery room. Infection and contagious diseases plague the maternity hospitals, contributing to high infant and maternal mortality rates. Russian hospitals are trying to discharge mothers with their babies as soon as possible so that they will have less exposure to infection, but they have always had a traditional condition of a minimum of a week's stay after birth, and despite calls to change the system this requirement prevails.

The inadequate obstetrical and gynecological care of women is a problem that affects everyone in Russian society. Women's health or ill health has repercussions for their performance at work, or their absenteeism. It affects their childbearing capacities and their fertility. Not only are women

exhausted and often depressed, they are often too ill to perform all the tasks expected of them.²¹ Physical and mental conditions for work have played a decisive role in the patterns of occupational segregation between the sexes. Inadequate or unsanitary health care is more detrimental to the female population, and affects all aspects of their lives. Seen from this vantage point, health care, especially women's health, becomes a highly political issue. If the state sets health care as a low priority, and neglects to sustain basic medical needs, in the long run, the society and the economy will pay a far higher price than necessary. Women were not provided with enough preventative measures in health care to insure their safety, and now the entire society is paying the costs of high infant and maternal mortality.

One irony is that the Soviet health care system was founded on the principles of public health with an emphasis on prevention. These were radical new concepts about how to disseminate medical care. Initially, the application of these theoretical concepts to the reconstruction of the health care system helped to improve life dramatically. Over the years, the discussion about prevention became largely rhetoric, and other priorities buried the initial good intentions.

Social upheaval and transformation of the type occurring in Russia in the 1990s has historically been to the detriment of women.²² The 1920's, despite the revolutionary atmosphere and the experimentation of this decade, were actually harder on the female population than might be expected. Legally, the revolution helped women immensely, compared to their former status under the tsar. The revolution enabled women to expand their formal legal rights concerning insurance, labor, maternity leave, divorce, holidays, education, and suffrage. Also, after the revolution a minimum wage for all working people was set. Although not all of these new laws were heeded, nevertheless, they established a precedent of developing women's rights.²³ However, on a less visible level, women's burdens only intensified after the revolution. Now they were expected to perform not only all their traditional roles, but also work long hard hours outside the home. The discussion and propaganda spouted about women's emancipation and equality only helped to hide the reality of life for women.

The great social and political upheaval of the 1990s in Russia has had many of the same effects as the social transformations following the revolution of 1917. Most of the women did not have access, nor the desire to participate in the contestation for power and money. Despite the historical precedence of the early women's liberation movement in Russia and the Soviet Union, there are few signs of such a movement today. Feminism, as it developed in the United States, has not taken root in Russia. A number of explanations for this significant social difference include: 1) Women were forced to work and now want to have a choice, 2) Poverty and scarcity of material goods have made women long for access to consumer goods, 3) Women want to raise their children and not have to put them in state-run day care centers at an early age, and 4) Free, legal abortion is not a hotly contested issue and therefore, not a right that women need to rally around to protect. The daily grind

of trying to survive has left little energy to organize. During the present stormy period in Russian politics and society, the press and popular attitudes are emphasizing the traditional beacons of stability and women are stressing their femininity.²⁴

Conclusion:

Unemployment, hidden unemployment, prostitution, high levels of abortions, epidemics of STDs, and deeply entrenched poverty all paint a dismal picture of the status of Russian women. Depicting Russian women as purely victims of the economic and social transformation creates an extreme impression. Of course many have found ways to survive in the new economy, learning to patch together unofficial work. Efforts to train women in entrepreneurial skills are making small inroads towards helping women.²⁵ Resourceful, educated younger women learn to use the internet and other new technologies, educate themselves in the methods of the political and economic environment and tap into new opportunities, but the majority of Russia's women are struggling to survive.

The main problem facing Russia's women is hidden unemployment. Women were required to work outside the home, and now they find themselves dependent on this income. This fact alone explains why so many women doctors continue to work in state-run hospitals and clinics even though they have months of wage arrears. In addition to the labor and health problems described above, Russia has one of the highest divorce rates in the world, and the majority of families are run by single mothers, many of whom cannot escape bringing their children up in poverty.

Both of these issues, the breakdown of the health care system and the plight of poor women in Russia are not drawing attention partly because they are not new problems. These social ills have been simmering for many years, but it is precisely because they have reached crisis proportions that they must be addressed. Continued marginalization of these two socio-economic areas will only mean further deterioration of the social fabric of Russia as a whole.

ENDNOTES

1. Sue Bridger, Rebecca Kay, and Kathryn Pinnick. No More Heroines? Russia, Women and the Market. London: Routledge, 1996, p. 51.
2. Kate Schecter, "The Politics of Health Care in Russia: Obstacles to Professionalism," first paper prepared for the National Council for Soviet and East European Research, April, 1997.
3. For more on the rise in prostitution and pornography see: Igor Kon. The Sexual Revolution in Russia. New York: The Free Press, 1995, Igor Kon and James Riordan (eds.). Sex and Russian Society. Bloomington: Indiana University Press, 1993, and Mary Buckley (ed.). Perestroika and Soviet Women. Cambridge: Cambridge University Press, 1992.
4. Swanee Hunt, "Women's Vital Voices; The Costs of Exclusion in Eastern Europe," Foreign Affairs, July/August 1997, pp. 4,5.
5. Zdravookhranenie v SSSR: Stitcheskii Sbornik. Moscow: GOSSTATIZDAT TSSU SSSR, 1960, p.79, and Mark Field, "Postcommunist medicine: morbidity, mortality and the deteriorating health situation," in James R. Millar and Sharon L. Wolchick (eds.), The Social Legacy of Communism, Cambridge: Cambridge University Press, 1994, and

- Bridger, Kay and Pinnick, op.cit., p.42 (This book gives a higher statistic of 86%).
6. For more on problems in Soviet health care see: Field, op.cit., Kate Schecter, "Professionals in Post-Revolutionary Regimes: A Case Study of Soviet Doctors," Dissertation, Columbia University, 1992, Michael Ryan. Doctors and the State in the Soviet Union. New York: St. Martin's Press, 1990, and William A. Knaus, M.D. Inside Russian Medicine. Boston: Beacon Press, 1981.
 7. Christine Johansen, "Medical Courses for Women," in Joseph L. Wiczyński (ed.). The Modern Encyclopedia of Russian and Soviet History. vol. 21, 1981, p.174.
 8. Knaus, op.cit., p.69.
 9. I have borrowed this term from a book by Gregory Massell called The Surrogate Proletariat: Moslem Women and Revolutionary Strategies in Soviet Central Asia, 1919-1929. New Jersey: Princeton University Press, 1974.
 10. A large literature about women in the professions exists in the United States, Great Britain, and other western industrialized capitalist states, but there is no literature on women in the professions in the Soviet Union. There are numerous books on the woman's question and the achievements of women in Soviet society, but the history of women in the professions has yet to be examined by Russian historians, sociologists, or political scientists.
For examples of work on women in the professions in the United States see, 1) Cynthia Fuchs Epstein. Woman's Place: Options and Limits in Professional Careers. Berkeley: University of California Press, 1970, 2) Patricia Hummer. The Decade of Elusive Promise, Professional Women in the United States, 1920-1930. Ann Arbor: Research Press, 1976, 3) Barbara Harris. Beyond Her Sphere: Women and the Professions in American History. Westport: Greenwood Press, 1978, 4) Jonathan Cole. Fair Science: Women in the Scientific Community. New York: Free Press, 1979, 5) Margaret Rossiter. Women Scientists in America; Struggles and Strategies to 1940. Baltimore: Johns Hopkins University Press, 1982, and 6) Regina Markell Morantz-Sanchez. Sympathy and Science; Women Physicians in American Medicine. New York: Oxford University Press, 1985.
 11. Judith Lorber. Women Physicians; Careers, Status, and Power. New York: Tavistock Publications, 1984, p.x.
 12. Ibid., p.356.
 13. See Mary Buckley. Women and Ideology in the Soviet Union. Ann Arbor: The University of Michigan Press, 1989, pp.44, 46. This bias is not unique to Russia, and there are strains of it in the United States as well, see, Perri Klass, "Are Women Better Doctors?" The New York Times Magazine, April 10, 1988, pp.32-97.
 14. Ibid., p.356.
 15. Annette Bohr, "Resolving the Question of Equality for Soviet Women- Again," Radio Liberty: Report on the USSR, vol.1, no.14, April 7, 1989, p.11.
 16. Zoya Pukhova, "For a Better Life and More Good Will," Novosti Press Agency Publishing House, Moscow, 1988, p.7, cited in Mihalisko, Kathleen, "Women Workers and Perestroika in the Ukraine and Belorussia- A Problematic Relationship Unfolds," Radio Liberty: Report on the USSR, vol.1, no.15, April 14, 1989, p.31.
 17. See for example, 1) Gail Warshofsky Lapidus. Women in Soviet Society; Equality, Development, and Social Change. Berkeley: University of California Press, 1978, 2) Norton T. Dodge. Women in the Soviet Economy; Their Role in Economic, Scientific and Technical Development. Baltimore: The Johns Hopkins Press, 1966, 3) Dorothy Atkinson, Alexander Dallin, and Gail Warshofsky Lapidus (eds.). Women in Russia. Stanford: Stanford University Press, 1977, 4) Barbara Holland (ed.). Soviet Sisterhood. Bloomington: Indiana University Press, 1985.
 18. Although there are official numbers on how many abortions are performed every year, it remains unclear on average how many abortions a woman receives over a lifetime. It is clear that abortion remains the most highly used form of birth control. One source estimates the average ratio of abortions to live births were 95 per 1,000 births in 1993. Source: Christopher Williams, "Abortion and women's health in Russia and the Soviet successor states," in Rosalind Marsh (ed.). Women in Russia and Ukraine. Cambridge: Cambridge University Press, 1996, p.150.
 19. Kon and Riordan, op. cit., p.4-6.
 20. Zhenshchiny i Deti v SSSR, Moscow: Finansy i Statistika, 1985, p.139.

21. Natalia Baranskaia, "Nedelia kak nedelia." Novyi Mir, 11 (November, 1969) pp.23-55, is one of the most popular short stories in Soviet fiction. The author portrays a typical Soviet woman, Olga, struggling to keep up with her job, husband, and her children. One problem she bemoans repeatedly is how tired and depressed she is from all the pressures tugging at her.

22. For more on women during revolutionary crises or massive social change see, Darline Gay Levy, and Harriet Branson Applewhite, "Women and Political Revolution in Paris," pp.279-308, Laura Levine Frader, "Women in the Industrial Capitalist Economy," pp.309-334, and Richard Stites, "Women and the Revolutionary Process in Russia," pp.451-472, all in, Renate Bridenthal, Claudia Koonz, and Susan Stuard (eds.). Becoming Visible; Women in European History. Boston: Houghton Mifflin Company, 1987, also Joan Kelly. Women, History and Theory. Chicago: University of Chicago Press, 1984, pp.1-18.

23. Buckley (1989), op.cit., p. 35.

24. These assertions about Russian women are based on interviews with Russian women doctors and personal discussions with Russian and American women and recent literature about Russian women such as Bridger, Kay, Pinnick, op.cit.,pp. 26-27.

25. Hunt, op.cit., p. 6.