

WOMEN'S STUDIES CELEBRATION

Women's History Month 2006

NOMINATION: Papers and projects done in completion of course work for Spring, Summer and Fall 2005 eligible for nomination. Students do not need to be enrolled Fall 2005 or Spring 2006 to be eligible.
(Students are encouraged to identify works they would like nominated and approach their professor to initiate the process.)

Instructor Barbara Kernan Dept. WMNS
Course Number and Name WMNS 301 Semester completed Spring '05
Title of Nominated Work Obstetrics in Soviet Latvia: My
Mother's Experience

Pick one-
CATEGORY:

Sampson:
 Undergraduate Research Paper
 Undergraduate Project
 Graduate

See
 Olson
 Kessler
 Turell
 Belter

(The judges retain the right to reassign categories for all nominated works.)

STUDENT INFORMATION:

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****WHY DO YOU, THE INSTRUCTOR, RECOMMEND THIS AS AN EXEMPLARY STUDENT PAPER/PROJECT? (Attach a separate sheet.)**

As the nominating instructor, please notify the student and ask them to turn in the paper, or attach to your nomination form.

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Awards are sponsored by the UW-Eau Claire Foundation, Helen X. Sampson Fund, and by private individuals. Research involving human subjects must conform to the guidelines given by the Institutional Research Board. Contact Research Services, 836-3405, with questions.

Submission deadline is February 13, 2006.

Gundege Vaska's paper
"Obstetrics in Soviet Latvia:
My Mother's Experience" is a
fascinating look at "ideological
aspects of the dominating policy"
governing child birth. Gundege
is particularly interested in
how political ideology perme-
ates this most personal of fe-
male / family experience. When
we read her paper we are
privileged to view the Soviet
regime as an insider. Her critical
eye shows us how politics trans-
lates into policies, and how
policies support us or degrade us.
Her descriptions are restrained
but powerful. There is hope
in her voice as she compares
her sister's recent experience
to her mother's, but her under-
standing of the power of any
system resonates throughout.
I recommend this paper
to you.

Sauliana Keenan

**OBSTETRICS IN SOVIET LATVIA:
MY MOTHER'S EXPERIENCE**

Gundega Vaska

Women's Studies 301

4/12/05

Timeline

the historical facts

my mother's family

1816-1868

Abolishing of feudalities

my ancestors get freedom

1850's – 1870's

National awakening of the Latvian people

1905 revolution

*in 1907 my grandmother
Zenta is born*

1914-1917 WW I

*my great grandfather gets
job in Russia and the family
spends a few years there*

1918, November 18

Proclamation of independence
of Latvia

*my grandmother studies in
in Gymnasium;
in 1935 she graduates from
University of Latvia as an
English teacher*

1940, June 17

Latvia occupied by USSR troops

1941-1945

Latvia occupied by the German Third Reich.
Return of Soviet troops and reinstatement of
Soviet order at the end of WW II

*in 1942 Zenta gets married;
in 1943 my mother Vija is
born;
in 1944 my uncle Vilis is
born*

1945-1990

Latvia under the Soviet rule

*in 1971 Vija gets married
with Peteris, my father;
my elder brother Matiss
is born*

in 1972 my elder sister Laura is born

in 1977 my other sister Madara is born

in 1979 I am born

in 1982 my younger brother is born

1990, May 4

A declaration restoring independence
with a transition period is adopted

1991, August 21

Complete reinstatement of Latvia's
Independence

1999

The first president woman Vaira Vike-Freiberga was elected

2003

V. Vike-Freiberga was reelected

2004

Latvia joins NATO and EU

Child birth is an unforgettable experience for most of the mothers. Unfortunately, sometimes it is more traumatizing than pleasant. Today, obstetrics is mostly institutionalized – women are isolated from their familiar settings, they have to enter a hospital in order to deliver their children. Although alternative child delivery ways such as home delivery, for instance, have been introduced, the majority still choose to deliver children in a hospital.

Yet one should be aware that the practice of obstetrics in a particular society reflects the ideological aspects of the dominating policy. Derek Morgan states that “The increasing power of obstetricians to control and direct aspects of reproduction and sexuality, conception and childbirth, is attended by legal deference”. (Morgan, 24) This statement reflects the situation in previous decades in Western society which has always been considered to be the embodiment of democracy and liberal ideals. Obviously, the practice of obstetrics in other historical periods and political regimes has been different and much more controlled than today.

My mother, Vija Bekere, has lived in the Soviet regime for fifty years. Her child delivery experiences, in indirect ways, do reflect the dominant ideology of the Soviet Union. Before turning to a description of them, I would like to give a brief insight into Latvia’s recent history, as well as to refer to my grandmother’s scarce memories that are also interesting evidence of another ideological regime.

The Union of Soviet Socialist Republics (USSR) collapsed in the early 1990’s but the memories of this totalitarian regime are still alive. The republic of Latvia, previously

the Soviet Latvia was one of the so called 'fraternal Soviet Republics'. Ironically, everybody knew that actually the independent states were occupied by USSR but the official ideology, using powerful euphemisms, tried to persuade the rest of the world that Latvia as well as the rest of the fourteen states had joined this union by free will.

My grandparents from Mother's side were middle class intellectuals – my grandmother Zenta was an English and Russian teacher; my grandfather Paulis was a Biology teacher. As they were not considered dangerous to the new political regime, they escaped repressions and deportation to Siberia after both occupations of USSR (in 1940 and 1945). Those who were considered to be the state's enemies – mostly wealthy farmers, landowners, businessmen, professors, doctors and politicians – were sent to Siberia either to labor camps or just isolated in remote Siberian villages.

Yet, after the first occupation in 1940 by USSR, soon the occupation of the German third Reich followed. In 1943, my mother Vija was born. As both of my grandparents were dedicated Baptists, the experiences of child delivery were never discussed in family. Yet, there are still some memories my grandmother had shared with my mother about this particular time of her life, while both of her children – my mother and my uncle Vilis were born under the German occupation. One of them – abortion was forbidden and the performance of it was considered a crime. Still, in exceptional cases if the life of the mother was in danger it could have been done. This, however, did not apply to Jewish people - Jewish women were forced to have an abortion; in the concentration camps they were even sterilized.

According to obstetrics, my grandmother remembered that after the child was delivered the women had to lie in bed for eight days. Although this sounds highly absurd

and ungrounded today, this long 'rest' had to be practiced since suggestion in totalitarian regime equals command.

In 1945, USSR reestablished the Soviet order. Both of my parents and all four grandparents (all of them have passed away) have lived through the Soviet regime, yet maintaining their and our lives apart from the dominant ideology. We were not a typical Soviet family where both of the parents were working full-time and the children were spending most of the time either with grandparents or in kindergarten. My mother worked part time and quit her job after the third child was born. My father was a musician in an orchestra and afterwards turned only to composing. We are five children in our family and that was unusual as well while mostly big families were subject to suspect (so called 'ill-disposed families' if one or both of the parents were alcoholics). Yet, at the same time, certain traits of the Soviet system allowed people to have big families. A few words about it should be said.

Primarily, the idea of the Soviet system was that of equality. Namely, education from kindergarten throughout university and health care was free of charge. Unfortunately, the quality of the latter was not always sufficient; also, there was an emphasis on physical treatment but counseling services did not exist at all and simply respectful attitude towards the patients was a special privilege. Although the Soviet Union officially was a classless society, the Communist Party leaders, as well as the veterans of the World War II were highly privileged and had their special hospitals with qualitatively higher health care. All the rest of the people had to reconcile themselves with the existing system. Moreover, the health centers and doctors could not be chosen.

Every citizen had to attend the local health center according to living place. Also, regular health checks at schools and working places were practiced.

Big families in the Soviet system, though, had certain privileges. For example, the mother of five could retire at the age of fifty. Also, financially there was no big difference, if the family had more children because, as already mentioned before, health care and education was free.

The first child in our family, my elder brother Matiss, was born in 1971. My mother was 27 then and was considered to be fairly 'old' for the first child. The hospital where the pregnant woman entered to deliver a child in many aspects reminded one of prison. Visits of the husband or other relatives were not permitted. The woman was isolated emotionally but physically she was 'exposed' while the process of child delivery mostly happened in big halls where several women gave birth at the same time. Sometimes child delivery was assisted by medicine students; yet no one ever asked permission for that from the woman. Also, high risk pregnancies that sometimes ended with a death of either a child or a mother were not isolated. So, there was no privacy in the intimate child delivery process; moreover, the attitude of doctors and nurses used to be highly formal and sometimes even cynical.

My mother remembers that she was shamed for gaining weight in her second pregnancy, in 1972. Another shocking moment happened when she entered the child delivery hall - a deceased baby lay on the ground. She was then given some sleeping pills before the child delivery started. Thus the process of child birth turned to a nightmare; my sister Laura was born in the early morning, after an agonizing night.

After the child was delivered, it was only shown to its mother for a short while and then brought away to the children's room. The mother could see her child only after two or three days when it was brought for the first breast-feeding. The child was always swathed; so, she saw her baby naked for the first time only after returning home. In addition, women had to spend at least six or seven days at the hospital, regardless of their health condition. An eating regime was also regulated. Children were brought to their mothers every four hours six times a day. As the result, many women suffered from mastitis, some of them lost milk.

Sterility was another strict requirement. Before and after nursing, women had to wash up and disinfect their breast. During the nursing, the head of the mother had to be covered with a scarf and the face – with a gauze mask. The exaggerated cleanness, though, did not justify itself because the natural immunity of the new born could not develop in this hyper sterility. Also, women were not allowed to take any personal belongings to the hospital; the relatives could send a few things (very restricted items though) but, as I mentioned before, no one was allowed to see the woman during her stay in the hospital.

My mother's experience with her next two child deliveries - my sister's (Madara, 1977) and mine (1979) – was less traumatizing. Yet, the memories of her fifth pregnancy are evidence that during ten years the situation in patient care had not improved, rather worsened.

In 1982, when my mother entered the hospital, there were no free beds at the moment. So, she was suggested to walk for a couple of hours, till somebody would check out. After a few hours, the pain increased and my mother went to the child delivery hall.

As this was my mother's fifth child delivery, the doctor started blaming her for being so weak and unable to bear. The humiliations did not cease though. The doctor threatened her that she would have to go back to bed and deal with the delivery herself if she did not progress. Eventually, after my youngest brother Pauls was born, she had to hear other reproaches for him being so tall and heavy (he was a healthy new born weighing 4kg/8.8lbs).

Standards were another phantom in the Soviet medical system. If the child's weight did not correspond to the official standards she/he had to be examined by several specialists. The united standards of preferred child and women's weights were absurd since the Soviet Union included totally different nations and races, from far north to south.

My mother's experience is a fairly typical one for that period of time. There was a lot of stress, humiliation, remorse and insecurity during pregnancy as well as child delivery. The father of the child was excluded from the whole process and the pregnancy was never a subject of discussion. Pregnancy was something that happened with a woman, preferably in wedlock, and the woman alone had to deal with it. The emotional discomfort that was almost inevitable was also beyond discussions. The medical treatment of the body was always performed, but emotional support and encouragement was supposed to be unnecessary luxury.

In the same way, the notion of sex would never appear in public discourse; it was totally 'tabooed' and never mentioned. Also, the doctors would not talk about contraception if not specially asked. The consequences of that was an extremely high

abortion rate. Abortions were performed without limitations; my mother knew a woman who had had as much as eight abortions.

With the regaining of independence in 1991 the situation in medical care has improved. Now there is a possibility to choose a doctor and hospital for child delivering. Yet, it is also true that medical care is much more expensive and those women who financially can not afford private health care still have to rely on skilled but unresponsive doctors.

My sister's child delivery experience differs greatly from my mother's. She chose a private health center where her husband could be present in child birth. The pregnancy and the actual child birth was an unforgettable experience for both of them. Moreover, during the next few days, parents and the new born could spend time together and get used to his daily rhythm.

In contrast to my sister's experience, my mother's memories may sound not just unpleasant but also traumatizing. They do reflect the absurdity of the totalitarian society where every single aspect of human life, including child birth, is under state's control. The highly institutionalized practice of health care did not allow any variations or changes. The patient was alienated from herself and, the human body was objectified.

People tend to repress the unpleasant memories but we can never completely eliminate them. Our lives, our future are being formed based on the previous experiences – not only our personal but also those which we have inherited from our parents. I am impressed by mother's courage to give birth to five children under the Soviet rule and to share her experience. Yet it certainly shows that rational reasoning does not play a remarkable role and other motivations – a desire for a big family, willingness to raise

children in company of their siblings, as well as spite against the system are much more powerful and human.

REFERENCES

1. Bekere, V. (personal communication, April 10, 2005)
2. Ceruzis, R. (2004) The timetable of Latvia's history. In *Latvijas Instituts*. Retrieved April 10, 2005, from <http://www.li.lv/en/>
3. Morgan, D. (1992) Judges on Delivery; Change, Continuity and Regulation in Obstetric Practice. In *Obstetrics in the 1990ies: Current Controversies*, ed. by Chard, T., Richards, M.P.M., Mac Keith Press, 1992.
4. Obstetrics. (2000) In *Routlage International Encyclopedia of Women* (Vol.3, p.1473-1476). New York:Routlage