

Transitioning to the West: Gender Attitudes about Contraception and Pregnancy in a Former Soviet Union Country

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Full Text: Headnote ABSTRACT: Over the past 70 years former Soviet Union women have had relatively different reproductive lives and histories than their European counterparts. Since the break-up of the Soviet Union those countries that have European roots now have the possibility to transition toward a Western standard of living. Belarus is a country bordering Poland, and in three years time will likely be one of the countries just outside of the European Union borders. This article reports on the results of the National Survey of Belarusian Men's and Women's Reproductive Attitudes and Behaviors (Borkovskaya & Kurilovich, 2002) as well as a smaller qualitative study of one hundred and fifty women following their abortion experiences (Mufel, Speckhard, & Sivuha, 2002) and discusses how current attitudes and behaviors may influence or impede Belarusian women's transition into modern Western roles. KEY WORDS: gender equality, reproductive behavior, gender stereotypes, abortion, fertility control, pregnancy. BACKGROUND ON THE CURRENT REPRODUCTIVE AND GENDER RIGHTS SITUATION IN BELARUS COMPARED TO EUROPE Reproductive function has a profound impact on the lives of women. It penetrates every aspect of labor activity, political and social life, creativity and sexuality. Among feminists it is generally espoused that increasing reproductive rights and health care for women generally provides the basis that is essential for building the society where men and women enjoy equal rights. Likewise, gender discrimination in this sphere is also a part of general social discrimination. The current general bias in Belarusian society favors men especially in terms of economic opportunities, but also by limiting reproductive choices available to women. Gender Equality As with many countries wishing to come into compliance with current European standards there exists in Belarus a formal declaration of gender equality. However, it exists mainly on paper. There is still no gender expertise or legislation executed regarding women's reproductive rights. As a result there exists only a very superficial and artificial sense of gender equality in Belarusian society whereas in reality gender problems are simply masked in the deeper layers of private life of civil society. While current laws mandate access to certain reproductive services and institutions, they do not address social gender relationships concerning the responsibility for childbearing and offspring. Likewise, women lack reproductive information and access to contraceptives, despite mandated services, and much of their behavior is determined by current social and economic conditions. In the Republic of Belarus there is no association of family planning and no coordinated and planned activity in the community among medical staff and psychologists. Only temporary measures are undertaken. Health Care The Belarusian health care system is profoundly patriarchal in its essence. Women's health problems are approached from the point of view of male psychology. Abortion was legalized in Belarus in 1955 but this action did not occur as a result of the realization of the principle of gender equality. Rather it was a top-down decision by male dominated government authorities. Therefore, the current Belarusian legislation regarding abortion rights remains biased and patriarchal from the point of view of woman's legal security and reproductive freedom (Petina, 2002). In most EU countries the healthcare situation is quite different: women have full access to reproductive information, choices, and high levels of health care. Despite this, European women also have some problems: their use of those services may be hindered by a number of gender related factors. These include lack of culturally appropriate care, lack of transport, and lack of substitute care for dependents (WHO, 1998). There is also evidence that when European women receive treatment, it may be technically inferior to that received by men, and may also be delivered in less respectful ways (WHO, 1998). All

of these same problems in Europe exist on an even greater scale in the Republic of Belarus. Abortion Practice Cross-culturally, the Republic of Belarus is interesting in comparison with European Union (EU) countries because of its "stable abortion culture" as abortion is the main method of fertility regulation (Sevkovskaya, 2002). For example among women between 22-24 years old every fourth woman has had an abortion (Sevkovskaya, Rotman, & Haplichnik, 2000). Twenty-five percent of the respondents of the 2002 National Survey in reproductive behavior didn't use any method of contraception and 16% used only withdrawal (Borkovskaya & Kurilovich, 2002). Given the economic pressure for having small families and lack of adequate housing for larger families, contraceptive non-usage generally results in unwanted pregnancies and abortions. The abortion rate in the Republic of Belarus is 44 per 1000 women of fertile age (Sevkovskaya, 2002) or 123 per 100 deliveries (Sevkovskaya, 2002; WHO, 2001), ten times higher than the average abortion rate in Western Europe of 11 per 1000 (Henshaw, Singh, & Haas, 1999) or 10-15 per 100 deliveries (WHO, 2001), and over two times higher than that in Central Europe of 50 per 100 (WHO, 2001). The higher abortion levels in Belarus shows a low knowledge level about contraception, low access to contraception, low quality of reproductive health services and may be a reflection of economics as well. The economic state of many people in Eastern Europe does not allow them to buy modern methods of contraception. Along with its high abortion rate, the Republic of Belarus is among the countries with the coefficient of fertility lower than the level of reproduction: less than 2.1 births per woman (Tikhonova, 2002). This fertility rate is similar to much of Western Europe (1.5 per woman; UNFPA, 2002) In twenty-six of the thirty-seven European countries that are members of the European Union International Planned Parenthood Federation (IPPF) there exists abortion laws that permit women to choose abortion according to their own desires. Nowadays Ireland is the only country in the net of IPPF in Europe where abortions are illegal. In Israel, Poland, Portugal, Spain, Switzerland, and Cyprus the law allows abortions only in the cases of rape, abnormal development of the fetus, and to protect the physical and psychological health of women. Turkey is the only country in the European area where women need the agreement of their husbands to have an abortion (Confalone, 2001). In EU countries where women must pay for their abortions this policy creates discrimination against poor women. In Belarus abortions are provided free of charge and women may obtain them up to twelve weeks giving only their own consent, and up to twenty weeks if the physician certifies that there is a problem with the fetus or with health of a woman. Currently the level of adolescent pregnancies in EU countries is between 12 to 25 per 1000 of adolescents 15-19 years old, in England this level is 47, which is a significant social and medical problem for this country. But, in Belarus, this level is almost twice higher than the average for the EU (more than 60 per 1000; WHO EURO, 2001).

ANALYSIS OF SURVEY RESEARCH RESULTS The National Survey The purpose of the National Survey of Belarusian Men's and Women's Reproductive Attitudes and Behaviors (2002) was to study models of reproductive behavior in a random national sample of the population of the Republic of Belarus. The national survey (n = 1000) was representative for the age groups 15 to 49 (fertile ages). An additional sample of one hundred persons in the age group of fifty to sixty-five years was included to evaluate public opinion in this group as well. The survey was carried out within the period from March 18 till April 22, 2002 in all areas of Republic of Belarus. The additional qualitative research relied on in-depth research interviews of one hundred and fifty women who had abortion experiences in both urban and rural settings in Belarus. These women were questioned about their reproductive histories and motives of behaviors as well as their psychological adjustments to these experiences (Mufel et al., 2002).

Models of Adolescent Sexual Behavior In the Belarusian national research in 2000, regarding adolescent's reproductive behavior, it was found that their model of sexual behavior could be described as "serial monogamy." Adolescents have multiple partners, but they change only serially, that is when they have a partner they don't betray him or her and these relationships are quite stable. The most popular contraceptive methods among adolescents are condoms (87,2% among respondents who use contraceptives) and withdrawal (45,3%) (Sevkovskaya et al., 2000).

Attitudes Concerning Premarital Intercourse The research shows that old-fashioned "double standards" about sexual intercourse still exist in

Belarusian society. Sixteen percent of respondents argued that sex for women before marriage is not allowed and for men - only 7%. A majority of respondents state that sexual experience before marriage for men is natural (57%) and but far less agree on this for women - only 36%. In rural areas this "double standard" is even more severe (Borkovskaya & Kurilovich, 2002). Demographic data however show that these attitudes are changing, at least in overt behaviors. Since 1990 the number of children delivered by unmarried women has doubled. Every fifth child in the Republic of Belarus is delivered out of wedlock (Shakhotko, 2002). There are a number of possible explanations: Increases in teen pregnancies, the decision of women to bear children on their own, which means that the gender stereotype to have children only in marriage is changing, or the increasing number of unregistered marriages, which also means that the stereotype of a formalized marriage is changing.

Sources of Contraceptive Information The sources of information about contraception that respondents relied upon were as follows: 54% - mass media; 33% - received information from their friends or colleagues; 26% - counseling from medical staff. Among this last category there were more than twice as many women. This shows that women are more likely to rely on medical experts for contraceptive information (Borkovskaya & Kurilovich, 2002). This is both positive and negative due to the fact that in Belarusian culture medical knowledge is highly respected and physicians still practice in a highly patriarchal manner - with patients feeling that they cannot challenge or question the doctor's authority. It is still common practice, for instance, for physicians to withhold information from patients as they deem appropriate and make decisions for them, as in the case of cancer patients who are not told their diagnoses. One of the authors of this paper (Mufel) interviewed doctors who had sterilized rural patients after "too many" abortions without seeking their consent beforehand or letting them know afterwards. In Belarusian society, the doctor is still often viewed as the "guru" who knows the right way. In the case of contraception this can create problems. The authors were also told of ill-informed physicians relying on old medical knowledge telling patients that they needed to take a "vacation" from oral contraceptives after being on the pill for only as short a time as six months. Such gaps in oral contraceptive usage unfortunately often leads to unwanted pregnancies and abortions. As mass media increasingly highlights contraceptive choices and the medical models shifts slowly to increased patient participation in decision making and increased informed consent models, as seen in the West, women's reliance on medical staff for contraceptive advice will likely be increasingly positive. However in the present situation this is not necessarily the case.

Attitudes toward Responsibility for Contraception Seventy-two percent of respondents feel that responsibility for contraception should be divided between partners, 9% consider that all the responsibility is on the shoulders of the woman and 19% on the man. Women are more likely to divide the responsibility with men. Men are twice as often to place all the responsibility on the woman, as are women to place it on men (Borkovskaya & Kurilovich, 2002).

Methods of Contraception 31% of respondents report using condoms as a contraceptive method; 17% - IUD; 16% - withdrawal; 13% - oral contraceptives; 25% - answered nothing (Borkovskaya & Kurilovich, 2002). This last group unfortunately is not favoring large families but instead pay by abortion for their choice. It was interesting that 39% of men answered that they use condoms and only 23% of women say the same. It's possible that men overestimate their contraceptive responsibility regarding condom usage given that sixteen percent less women stated that condoms were used, which means one group is incorrectly reporting. An alternative explanation given by the authors of the survey of these divergent results was that men more often have "double" sexual lives: in the family and out of the family, and outside of the family they are using condoms. But it is true that current gender stereotypes in the Republic of Belarus more easily accepts the unfaithfulness of men, but controls more strongly the sexual lives of women (Petina, 2002). Of those who report using "nothing," 19% of men answered nothing and 30% of women. Again, maybe the women are being more honest about what really occurs in their lives, while the men who underestimate regarding lack of contraceptive usage are ignorant of the real state of affairs and simply hoping their partner "took care of it."

Communication about Contraceptives Seventy-six percent of respondents prefer to discuss the methods of family planning with their partners. Women more often than men try to receive the advice of a mother, sister or

doctor. Men prefer to ask friends and colleagues. This may reflect gender specific stereotypes valuing "men's friendship" for men. Likewise, for women the advice of mother or significant others (doctor) is more preferable. This may demonstrate that the gender role expected from women may be to establish close relations (in family) and to orient to close relations whereas men are expected to orient to friends.

Reasons For Contraceptive Use & Avoidance of Childbearing

When asked about motives for avoiding having children, women more often than men mentioned "unsuitable age" and economical state; and men "absence of desire to have children." Forty-one percent of the women stated that they will not have children now, because they are not the "right age" and because of their bad economical state (Borkovskaya & Kurilovich, 2002).

Attitudes toward Abortion Decision-Making

In the case of abortion, the majority of the survey considered that this decision should be the joint decision of both spouses/partners (81%). The right of a woman to solve this question without consulting her partner is delegated by only 17% of the respondents, although interestingly this number was 22% when looking at only Catholics in the sample and jumped to 29% when looking at respondents who never attend church (mostly young men). Eleven percent of the respondents stated that the abortion decision should only be made after consultation with another person, a doctor or priest, for example. This group likely reflects Catholic and Orthodox religious views that oppose abortion on demand (Borkovskaya & Kurilovich, 2002).

Moral Views on Abortion

Respondents were asked to evaluate situations listed in the questionnaire, which justify an abortion from their moral point of view. The overwhelming majority (more than 80%) of respondents considered that only three reasons justify an abortion: when a pregnancy threatens the life or health of the woman, when the child can be born intellectually or physically defective, and when the pregnancy was a result of a rape (Borkovskaya & Kurilovich, 2002). When the woman is not married, there are several children in the family already, or the pregnancy interrupts the woman's plan of life, the overwhelming majority of the respondents consider that an abortion is not justified (only 22-27% of respondents justify abortion in these cases). The evaluation is more difficult when there are problems such as a difficult economic state in the family (47% justify abortion), the pregnant woman is under age (39% justify abortion), or the woman does not want to have this child, irrespective of other reasons (37% justify abortion). It is evident that, while abortion is legal in Belarus, there remain difficult moral issues surrounding it and many women will feel guilty choosing abortion. Given the high rate of abortion and the fact that so many abortions occur as a result of being unable to control their reproductive and economic situations, women in choosing abortion probably often violate their own moral views. Regarding abortion for under-age pregnant women, men are inclined, 7% of the time, to justify an abortion in these cases. In a previous study of psychological responses of women to abortion (n = 150) young age was seen as a predictor of more adverse reactions to abortion (Mufel et al., 2002).

Models of Reproductive Behavior

Respondents were also asked to model their own behavior in the situation of an unwanted pregnancy and provide answers as to what they would advise their friends in this situation. There were no clear results as all the responses had equal weight (25% for every answer): will have this child; probably will have a child; will have abortion; and probably will have an abortion (Borkovskaya & Kurilovich, 2002).

Stereotypes about First Pregnancies

In Belarus there is a very strong public belief that abortion of the first pregnancy is very dangerous. In the qualitative research many women told the authors that their doctors advised against aborting a first pregnancy, warning them that they might become sterile as a result. When these women went ahead and had abortions of first pregnancies, against strong medical advice, afterwards they worried incessantly about their ability to bear another child (Mufel et al., 2002). Measures on the national survey also showed the view this avoidance of aborting first pregnancies: 88% of first pregnancies are finished by childbirth, despite the fact that one-third part of these pregnancies were unplanned (Borkovskaya & Kurilovich, 2002). Of the first pregnancies that were aborted, 29% of these were planned (Borkovskaya & Kurilovich, 2002). Given the high number, it is unlikely that these abortions were due to medical problems and likely reflects the difficult and constantly shifting (downward) economic state and resultant stress in relationships where partners find they suddenly cannot support a pregnancy they had hoped for.

THE INFLUENCE OF GENDER PREFERENCES OF MEN AND WOMEN TO

REPRODUCTIVE ACTIVITY IN THE FAMILY In 2001, a study of 180 respondents (equal numbers of men and women) took place examining the influence of gender preferences upon the level of childbirth in families (Urban, 2002). Two types of gender distribution of family roles were analyzed: patriarchal-conservative and liberal, which were divided into two models each. There were thus 4 models studied: 1) traditional family model of the man in the breadwinner role and the woman as housekeeper; 2) model of two breadwinners with traditional or high responsibility of the woman in family duties; 3) model of two breadwinners with the equal family duties; 4) liberal-situational: everything depends on the situation (Urban, 2002). When asked their preferences one third of the men preferred patriarchal-conservative type of relations and 26% of the men the first model with the male as sole breadwinner. Among women, 40% preferred the third model (Urban, 2002). The analyses between the models of gender preferences and the number of children showed that the highest level of children in the family (the coefficient of joint childbirth is 1.615) is when the man follows the third model and woman (the coefficient of joint childbirth is 1.364) follows the second model. The lowest number of the children in the family (1.053) is when men follow the first model and women (.85) follow the fourth model. The potential for childbirth (for women and men) is the highest in the group following the first model (Urban, 2002). So, we see that, when women follow the traditional scheme of the family, the family will have more children. We can also see in Belarusian society changes in the men's mentality (men have more children if their women take responsibility not only about the family but also work outside the home). This is likely due to the economic pressures in Belarus: women have to work, because men cannot earn enough money to support more children.

CONTRACEPTIVE CHAOS - INABILITY TO CONTROL FERTILITY In the qualitative research women often explained that they faced severe economic situations (poor pay, crowded housing, limited resources) and, due to their circumstances, they anticipated that they could have only one, or two children at the most, in their childbearing career, which they wished to have at a time when they had achieved some stability in their lives. Despite their desire to time the birth of their children and to strictly limit family size, without contraceptive knowledge and access they had a very difficult time doing so. This meant reliance on abortion to achieve their result. The qualitative sample results closely matched the national results about contraceptive behavior. When we asked women why they became pregnant we received the following results: forty-four percent reported not using any contraceptives or very inconsistent use of contraceptives when getting pregnant. Others cited failed contraceptive methods, although most of these were using faulty methods such as withdrawal or counting days without full understanding of their fertile times (Mufel et al., 2002). As a result of this "contraceptive chaos," these women frequently resorted to abortion as a back-up method of contraception or even as a primary form of fertility control. While the women were not completely choice less, their choice to rely on abortion was psychologically difficult as discussed previously.

Coercion and Decision Making In Belarus, as in all societies, significant others at times try to control women's reproductive choices. Sometimes this occurs in a coercive and destructive manner. In the qualitative research 18% of women reported that they felt coerced into an abortion by their relatives or partner. Often this was due to economic concerns. The family or partner could not see the possibility of supporting a baby and urged abortion, whereas the woman did not want to abort her pregnancy. Some men coerced their partner into abortion by threatening divorce if the pregnancy was carried to term. Likewise, some women told about being impregnated purposely by partners who had promised to use withdrawal, but who purposefully failed to do so. These women aborted the pregnancies and by this means "reclaimed" their bodies, although they often reported that it was at great psychological cost. They suffered anxiety about the safety of the abortion and suffered emotional aftermath in terms of guilt, trauma, and grief over terminating a pregnancy.

Psychological Costs of the High Reliance on Abortion for Fertility Control High abortion usage, as in the Republic of Belarus, is not without personal costs. Adverse psychological and posttraumatic responses in at least a portion of women utilizing abortion has been demonstrated in many samples the world over (Bagarozzi, 1994; Butterfield, 1988; Forst, 1992; Mufel et al., 2002; Ney, 1982; Remennick & Segal, 2001; Rue & Speckhard, 1996; Speckhard 1987; Speckhard & Rue, 1992). Belarusian

women are no different in that some suffer psychologically from having to use abortion to control their fertility. Indeed, in the qualitative research nearly forty-six percent of the sample exhibited posttraumatic stress disorder responses to their abortions and eightyone percent showed posttraumatic symptoms (Mufel et al., 2002). In the qualitative sample we found that the inability to control fertility without reliance on abortion can break the relationship between partners and often created difficulties in sexual relations. It was so anxiety producing to anticipate the possibility of another abortion that women reported that they avoided sex or lost their pleasure in it. Interestingly, because of the psychological toll and anxiety over the physical safety of abortion, forty percent of the qualitative sample reported that after abortions they became more attentive to contraceptives: educating themselves and finding access to modern methods of fertility control as they did not want to repeat painful abortion experiences (Mufel et al., 2002). Despite this, however, some continued to be extremely fearful of a repeat unwanted pregnancy and abortion. The results of the National Survey and of the qualitative research show that women in Belarus still face a challenging situation. Men and women in Belarus live under difficult political and economic circumstances. Both sexes are lacking contraceptive knowledge and easy access to contraceptives and they are often making difficult and painful abortion choices to control their fertility. Women in Belarus find that they are often in essence forced into making "choice-less" choices. All over the world, gender-oriented counselors agree that the social structures influence our psyche and this influence is expressed in gender expectations, limitations, and in the status of women. Gender stereotypes form behavior, as also do the possibilities or absence of choices. The social, political, and economic circumstances of Belarusian men and women at this point in time dictates some awful realities, including a very high reliance on abortion as a form of fertility control. For Belarusian women to reach European and Western standards they must fight for not only reproductive choices but also for political and economic opportunities and freedoms. They are in deep need of social programs and conditions that help them to control their fertility without having to rely so heavily upon abortion. The old Slavic idea that "suffering is the lot of women" and the still present old Soviet mentality that citizens can do little to determine or demand social services leaves many women in Belarusian culture with a feeling of hopelessness about their situation. Some cannot even imagine that the situation can be changed. However, there are others who are working to bring the situation into hand and pushing for reforms in law, social policy, and in economic reforms. It is our hope that they will succeed and that Belarusian women will begin the transition to a Western standard of life both in terms of economic and social status but also in achieving full reproductive health.

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