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## **For the Father of a Newborn: Soviet Obstetrics and the Mobilization of Men as Medical Allies**

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## ***For the Father of a Newborn*** ***Soviet Obstetrics and the Mobilization of Men*** ***as Medical Allies***

**Translated and introduced by Amy E. Randall**

### **ABSTRACT**

This article introduces the translated pamphlet *For the Father of a Newborn* by contextualizing it in Soviet medical efforts to deploy men as allies in safeguarding reproduction and bolstering procreation in the 1960s and 1970s. It examines the pamphlet as an illustration of how doctors and other health personnel tried to educate men to protect their wives' pregnancy and the health of their wives and newborns in the postpartum period, and it considers the implications of these initiatives for women's bodies, gender norms, sexual practices, models of masculinity, and the socialist goal of promoting women's equality.

**KEYWORDS:** childbirth, gender, masculinity/masculinities, obstetrics, reproduction, Soviet



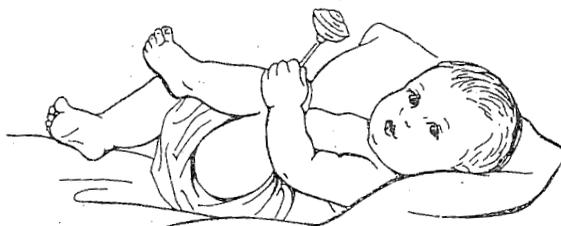
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“Dear comrade! Maternity home workers with all their heart congratulate You for the joyous event in your life—the birth of a baby! We are sure, that You and Your wife will be caring and attentive parents, doing all that is necessary to raise a strong and healthy child!”<sup>1</sup> This text, which followed an illustration of a healthy-looking infant with a rattle, constituted the first lines of a Soviet health pamphlet from 1960 for fathers of newborns (translated below).

This pamphlet was a product of Soviet biopolitics. As the Communist Party, Soviet state, and expert authorities sought to build socialism, they promoted a “series of interventions and regulatory controls” to manage the “mechanics of life” of the Soviet population, including birth, health, and mortality. In the process, reproduction became an arena for the deployment of power, and was linked to economic growth, national strength, and Communist success.<sup>2</sup> After the loss of 27 million lives during the Great Patriotic War (World War II), Soviet pronatalism intensified because of the imperative to replenish the population. Consternation about the declining birth rate in the 1950s



## ОТЦУ НОВОРОЖДЕННОГО



## УВАЖАЕМЫЙ ТОВАРИЩ!

**Figure 1.** Illustration in the pamphlet, *For the Father of a Newborn*, in A. N. Shibaeva, *Gigienicheskoi obuchenie beremennykh zhenshchin i rodil'nits* [Hygienic training for pregnant women and women giving birth] (Moscow: Institute of Sanitary Enlightenment of the All-Union Ministry of Health, 1960), 45.

and 1960s also contributed to new biopolitical strategies to maximize the collective health of the nation and bolster procreation.<sup>3</sup>

This discussion examines medical efforts to mobilize men as allies in the reproductive sphere in the 1960s and early-to-mid 1970s. It focuses in particular on initiatives to convince men to play a role in protecting the health of their wives and fetuses during pregnancy as well as the health of their wives and newborns during the postnatal period. Medical professionals and health educators argued that it was important for men to realize that during a pregnancy and after childbirth their wives needed attentive care and various forms of help, because this would significantly influence “the outcome of a pregnancy and birth.”<sup>4</sup> They claimed that men’s greater involvement in prenatal and postnatal health would reduce complications and illnesses during a pregnancy, foster the growth of healthy fetuses and the birth of healthy babies, improve women’s childbirth experiences, and promote the recovery and well-being of mothers and newborns after childbirth.

Using a critical gender lens to analyze the Soviet medical community’s construction of men as the guardians of newborns’ and pregnant and postpartum women’s health, this discussion argues that the instrumentalization of men served to bolster the authority of doctors, professionally-trained nurse-midwives (*akusherki*), and other medical personnel providing obstetric care, furthering the medicalization of reproduction. Medical discourses about men’s role in maternal and infant care also produced knowledge about reproduction and women’s and men’s bodies that informed Soviet gender norms and sexual behaviors. In addition, efforts to mobilize men contributed to broader initiatives to promote a new model of Soviet masculinity, a more nurturing

and family-oriented manhood, and reasserted the importance of a heteronormative two-parent family in a society with millions of “single-mother” families. And finally, although the new role ascribed to men was supposed to help their pregnant and postpartum wives, it is important to recognize that it also provided men with new tools to control women. By trying to foster more nurturing men who would assume the role of caretaker and protector, Soviet medical authorities simultaneously promoted and impeded Communist efforts to promote greater gender equality.

## The New Male Guardians of Family Health

The opening remarks of the pamphlet, *For the Father of a Newborn*, as well as its subsequent contents, depicted men as conscientious family caretakers, which was at odds with the common characterization of husbands and fathers in the postwar period and the 1950s—as liminal figures in the family. As scholars have explained, this image and all too often reality of the marginal father was a result of various factors, including policies and laws enacted during the early Soviet years, which diminished men’s family authority and roles as traditional patriarchs, as well as socialist gender norms, which encouraged women to gain greater independence from men by becoming mother-workers and pressed men to prioritize politics and work over family life in service to building a new socialist world.<sup>5</sup> Forced collectivization, dekulakization, and the drive for rapid industrialization, starting in the late 1920s, political repression including Stalin’s purges in the 1930s, and World War II also removed many fathers from families, sometimes permanently. A new Soviet Family Law in 1944, discussed below, similarly fostered fathers’ alienation from children. Notwithstanding the incorporation of some father-veterans in Soviet visual culture in the postwar period, which served to signal “the return to normal life” after the “trauma and dislocation” caused by the war, many public depictions of families continued to affirm fathers’ liminal status in them.<sup>6</sup> The idealized characterization of men as nourishing caretakers in the pamphlet for fathers of newborns also departed dramatically from another popular representation—fathers as drunkards and abusive figures who frequently destroyed the family.<sup>7</sup>

The medical community’s main impetus for mobilizing men in the post-Stalin era was the state’s pronatalist agenda. Official pronatalism was not new, of course. Nor was the idea of targeting men to advance it. In 1941, the government introduced a tax on bachelors, single and childless citizens, incorporating men into the “system of categorizing citizens by reproductive contribution to the state.”<sup>8</sup> Shortly after, the tax on “insufficiently fertile citizens” was extended to families with one child. Under the new Family Law enacted in 1944, this tax even included couples with fewer than three children, underscoring the civic duty to procreate. This new law also introduced new maternity awards such as the Hero Mother medal (for ten or more children), to reward “women who showed supreme valour on the reproductive front,” and directed the expansion of resources for childcare, both in an effort to prompt women to have more children.<sup>9</sup> The law additionally promised government assistance to unmarried mothers and relieved men of all responsibility for any offspring resulting from non-conjugal sexual relations, essentially encouraging unmarried and married men “to impregnate

millions of women" and legitimizing "single motherhood as [a] site of reproduction." This novel approach for boosting population growth was successful in replenishing at least some of the war's dead, with a recorded 8.7 million out-of-wedlock children born between 1945 and 1955.<sup>10</sup>

Starting in the late 1950s, health officials and medical personnel offered a very different conceptualization of how men could contribute to pronatalism by enlisting them in the struggle to protect women from the "dangers" of abortion and unwanted pregnancies. Although Soviet abortion was relegalized in 1955 (after first being legalized in 1920 and then recriminalized in 1936), this change was simultaneously accompanied by an antiabortion campaign.<sup>11</sup> Medical authorities claimed that abortion could damage a woman's health and cause subsequent gynecological problems, including infertility, even if performed in a medical facility, and urged men to get involved in reproductive decision making, issuing directives such as "Men, preserve the health of women!"<sup>12</sup> The antiabortion campaign constructed abortion as a "husbandly concern and fatherly matter," arguing that it would not only undermine the health of women and men's potential future children but also family stability, leading to marital problems, even divorce. As one poster explained, "who, if not the husband, should protect the health and life of a wife, the happiness of the family?"<sup>13</sup> Medical authorities similarly appealed to men to safeguard women's bodies by urging them to utilize (more) effective contraception. They explained that women's efforts to use female contraceptives were insufficient, "unless combined with male methods, such as condoms."<sup>14</sup> In targeting men to assume greater responsibility for birth control, doctors urged not only condom use but also abstinence. They simultaneously discouraged coitus interruptus, another possibly strategy to prevent pregnancies, by arguing (falsely) that it had a detrimental effect on men's health, particularly their nervous system, and could lead to a "weakening of their sexual power," including impotence and even sterility.<sup>15</sup> This new focus on men's contraceptive practices effectively transferred some of the doctors' control over women's bodies to men, because unlike female methods of birth control, condoms and abstinence did not require medical supervision. Even so, medical discourses of birth control, like those about abortion, served to demarcate acceptable and unacceptable sexual practices and thereby constrain male as well as female behavior.

Starting in the late 1950s doctors also linked men's behavior as husbands and fathers to women's reproductive health in another way, seeking to persuade them to become guardians of pregnant and postpartum women's and newborns' health. The idea was that if men could be persuaded to envision themselves as protectors, and adopt new domestic practices and family roles, they could support the state's pronatalist agenda by supplementing medical efforts to reduce infant mortality and maximize women's reproductive capacities.

## **Educating Men as Health Allies**

The Soviet health establishment aimed to edify men about pregnancy, ideally early in their wives' term, to strengthen men's support for medical practices that doctors deemed necessary during this time. An earlier conversation, some doctors thought,

might also help to prevent the possibility of a pregnant wife seeking an abortion.<sup>16</sup> One arena for teaching men about the basics of pregnancy was during their wives' medical appointments.<sup>17</sup> To encourage attendance, medical personnel at women's clinics were supposed to send newly pregnant women home with a special letter of invitation for men.<sup>18</sup> Doctors and nurses also tried to enlighten men by involving them in already-existing educational initiatives for expectant mothers and the mothers of newborns, such as "mothers' schools," which were organized by women's clinics and other organizations.<sup>19</sup> As one doctor, Olga Nikonchik, explained, "in the best [mother's] schools," expectant fathers were also drawn into education.<sup>20</sup> Health providers additionally adopted measures specifically to target "future fathers" and teach them about pre- and postnatal care by organizing talks and lectures for men, which they deemed particularly necessary for those who were becoming fathers for the first time or those whose wives had previously encountered difficulties during their pregnancies, including premature births and stillbirths.<sup>21</sup> Educators even organized outreach to men in their workplaces. At a metallurgical factory in Cheliabinsk in 1968, for example, expectant fathers could attend weekly evening classes such as "Guard the health of your wife" and "How to greet the newborn."<sup>22</sup>

Many women's clinics served as key sites for men's education by organizing group meetings with pregnant women's husbands. At one clinic in 1960, for instance, a doctor first invited expectant fathers to meet with him for a "male conversation," and subsequently conducted educational "father's conferences" twice a month. At these conferences, the doctor instructed men to relieve pregnant women of physical and mental stress and advised them to purchase a small item for their future baby—such as a little blanket—because a wife "would be very pleased to see" that she was not the only one preparing for a baby's arrival.<sup>23</sup> Men's responses to such initiatives, however, were not always enthusiastic. When fifty husbands of pregnant women at a woman's clinic were invited to a conversation about "the health of your wife and future child," only twelve men showed up. At first, these men were afforded time to look at posters and exhibits related to pregnancy and childbirth. Then a doctor exchanged greetings with them and began asking questions, including: did they know what needed to be done so that a wife's pregnancy would proceed well or what kind of a regimen she should follow? Reportedly the men answered these questions with "incomprehensible" answers that were accompanied by expressions that seemed to suggest—"how could a man answer these detailed questions" and were these issues "really men's business?" "Unfortunately," a methodological guide for teaching men noted, this was what many future fathers thought.<sup>24</sup> In addition to verbal instruction, personnel at women's clinics, obstetrics stations, and maternity hospitals tried to teach men how to protect the health of their wives and their newborns by organizing educational materials in visitors' rooms or at visitors' desks, such as special photo exhibits, posters, and displays.<sup>25</sup> One exhibit, for example, titled *For You, Baby*, presented four placards with various photos, images, and instructions, including a large picture of a man packing a suitcase of items necessary for his wife's and new baby's departure from the hospital and homecoming.<sup>26</sup> Many facilities featured popular medical texts, such as sanitary bulletins and brochures, including *So That He Is Born Healthy; How to Preserve the Health of a Newborn; The Daily Regimen for Postpartum Women; Pamphlet for Postpartum Women;*

*You Love Children*. . .; and *For the Fathers and Mothers of Newborns*, as well as texts that specifically targeted men, such as the aforementioned pamphlet for fathers of newborns and the *Pamphlet for Future Fathers*.<sup>27</sup> In an effort to reach men, many women's clinics and maternity facilities also distributed these same pamphlets to their female patients so that they would bring them home to their husbands.<sup>28</sup>

Materials in the monthly journal, *Zdorov'e* (Health), which was published in the millions and served as "a medium through which the Soviet state, via selected voices of state-employed medical practitioners and doctors, connected the issues of individual sexual and reproductive conduct to issues of national policy and power," also offered expectant fathers guidance.<sup>29</sup> Indeed, in 1974, this journal offered a series of five lessons under the rubric, the "School for Fathers," which provided instruction to expectant fathers as well as fathers of newborns and infants up to twelve months old. This publication additionally propagated an image of husbands and fathers as nurturing caretakers looking after their families—such as by comforting and holding their babies, taking infants and toddlers outside for an invigorating burst of fresh air, and tying their pregnant wife's shoelaces.<sup>30</sup> These positive representations, however, were accompanied by others that poked fun at fathers' ineptitude as caretakers, such as an image of a father losing track of his young child outside because he was absorbed in his newspaper, or a toddler falling off of a sled unnoticed, because the father who was pulling the child was too busy talking with his male friends.<sup>31</sup> Another page, titled "When Mother Isn't Home," showed similar depictions: a father ignoring his toddler at a park while engrossed in his newspaper, another father smoking in front of his young son, and a third father playing chess with his son while his younger daughter squirmed in his arms (presumably because of boredom from not being included).<sup>32</sup> Such different images underscored the point that men's transformation into responsible and caring fathers was a work in progress.<sup>33</sup>

The various forms of health education, along with methodological texts for medical personnel, provide insight into how Soviet medical authorities conceptualized men's duties. The short book, *Materials for Sanitary-Enlightenment Work among Men for the Protection of Women's Health*, which was first published by the Institute of Sanitary Enlightenment of the Soviet Ministry of Health in 1963, then again in 1964, and modified slightly for additional editions in 1971, 1976, and 1981, was a primary instructional text.<sup>34</sup> Offering details about educational initiatives and the medical knowledge imparted to men by obstetrician-gynecologists and sanitary enlightenment health workers, this text—as well as similar ones—discloses how doctors and health officials expected men to act as wives' helpmates and "doctor's assistants."<sup>35</sup> To fulfill these new roles, they assigned men three main tasks: to reinforce medical authority; help regulate women's bodies and states of mind; and change their own behaviors, including adopting new domestic responsibilities, to protect the health of their wives, future child, and newborn(s).

## Men's Main Tasks in Their New Roles

Educational materials emphasized expectant fathers' duty to ensure that their pregnant wives "attended a women's clinic regularly throughout their pregnancy."<sup>36</sup> If

your pregnant wife does not sufficiently understand “the importance of medical supervision,” one pamphlet explained, “convince and remind her of the necessity of regularly presenting oneself for observation.”<sup>37</sup> Instruction for men similarly highlighted the importance of persuading their wives to follow a doctor’s advice.<sup>38</sup> When a pregnant woman did not adhere to a recommended regimen, men were advised, this could lead to problems, including high blood pressure and late toxicosis, which could then pose “a serious threat” to the woman and their future child. Men also needed to support directives for in-patient care and hospitalization because some wives refused this treatment due to broader “family circumstances.” As a result, a doctor cautioned, it was essential for a husband to rise to the challenge and strongly “resolve the situation by taking full responsibility for the care of the family and reassuring his wife that everything would be all right at home.”<sup>39</sup> A husband’s wife, in other words, needed to know that she could depend on him to take care of children as well as other household matters. It was also unacceptable for men to undermine professional recommendations because they “underestimated the necessity of treatment.” Men had an obligation to follow expert guidance and convince their wives that defying health instructions could lead to premature birth, “intrauterine fetal death,” the birth of a sick baby, or a stillbirth.<sup>40</sup>

In addition to encouraging their wives to meet with doctors and follow medical advice, men were also expected to be on alert for potential health issues. Instructional efforts and texts schooled men on possible problems during a women’s pregnancy as well as early indications of pre-labor, such as when an expectant mother began to experience irregular contractions and discomfort in her lower back and abdomen, including “a sensation of pulling and then cramping.”<sup>41</sup> They also informed men when they should bring their pregnant wives to a maternity facility by teaching them about the signs of labor, such as when contractions became strong and regular and/or their wives’ amniotic fluids membrane ruptured. When it came to postnatal care, men gained knowledge about common symptoms of a woman’s illness, including “lower abdominal pain, fever, chills.” They learned that mastitis was a particular concern, because it was “dangerous” not only for a woman but a newborn, insofar as it could “deprive” them of “the very best nutrition—mothers’ milk.”<sup>42</sup> In general, men were advised to seek professional medical assistance for their wives’ labor and any health concerns and to steer clear of any untrained lay help or home remedies that were not scientifically approved. “Your wife should absolutely give birth in a maternity home or a hospital maternity ward,” a leaflet for future fathers cautioned. “Remember,” it continued, “at home it was impossible to provide the special conditions necessary for a successful outcome of childbirth.”<sup>43</sup> A leaflet for fathers of newborns advised men to pursue immediate medical assistance “at a women’s clinic or polyclinic” if their wife became sick in the postnatal period and “at the children’s clinic” if their newborn became ill. It admonished fathers, “[D]o not use home methods of treatment!”<sup>44</sup> These injunctions to convince women to seek prenatal and postnatal medical care, and to give birth under medical supervision, speak to Soviet efforts to expand the medicalization of childbirth, a postwar trend in many countries that accelerated in the 1950s and 1960s.<sup>45</sup>

Another task that health authorities assigned to men was helping to regulate women’s bodies and emotional states. Medical instruction accentuated how in both the

prenatal and postnatal periods men were supposed to assist in organizing women's everyday lives so that the health of women and the wellbeing of fetuses and newborns would be best protected. This included ensuring domestic cleanliness and proper ventilation at home. It involved fostering certain behaviors during pregnancy, such as daily walks, doctor-approved exercise, and regular exposure to fresh air, and discouraging other behaviors, such as sunbathing or swimming in cold water. Men were also expected to influence the diets of their wives—to promote the eating of foods that were particularly nutritious for an expectant mother or a lactating mother and her newborn and prevent the consumption of other items because of the damage they could cause, such as alcoholic drinks and spicy seasonings.<sup>46</sup>

Medical instruction appealed to men to positively influence women's emotional states during pregnancy, immediately after labor and delivery, and in the postnatal period. It stressed the importance of an optimistic mood among pregnant women, for worrying adversely affected pregnancy, sometimes provoking premature labor and delivery. Men were advised to shelter their wives from upsetting things—such as certain books or television and movies—and to accentuate the forthcoming “joy of motherhood.”<sup>47</sup> Some materials articulated the necessity of promoting a positive mood in the context of the medical community's larger goal “to prepare women psychologically for childbirth and relieve her of terror and fear.” This psychoprophylactic approach to childbirth, which originated in the USSR in the late 1940s, informed the ways many women's clinics and medical personnel subsequently sought to educate expectant mothers for childbirth, resulting in a series of lessons that included learning specific physical exercises as well as various pain relief techniques, such as breathing patterns and conscious relaxation, that would help ready their bodies and minds for childbirth.<sup>48</sup> “Try to support your wife's belief in the successful outcome of birth,” a doctor advised, for pregnant women's “training in methods of pain relief” was often very effective, particularly when a husband was “attentive” and “tender” with his wife, “joyously awaiting” the child's arrival.<sup>49</sup> Because Soviet physicians and nurse-midwives believed that “pregnant women were in a state of heightened suggestibility,” men's attitudes as well as that of others had the potential to favorably or negatively influence women's experiences of childbirth.<sup>50</sup> As a result, men were told, they had a “great responsibility as husband[s] and future father[s]” to promote a calm, loving, and worry-free home atmosphere for their pregnant wives.<sup>51</sup>

Interestingly, Soviet men were never directly involved in women's trainings to prepare them for childbirth nor were they allowed to be present during labor and delivery, as men came to be in some Western European countries and the United States in the 1960s and the 1970s, and some Eastern European communist countries in the 1980s.<sup>52</sup> Although Soviet medical personnel explained that this was to prevent the spread of germs, some scholars have suggested that “Slavic traditional culture” contributed to “a taboo against the incorporation of husbands into birthing practices.”<sup>53</sup> Men's presence during childbirth was viewed as “extremely dangerous” and anxiety about the power of the “evil eye” to harm pregnancy and birth, which could be cast unintentionally, likely fueled the idea that the “isolation of the birth process was essential for the protection of the mother and child.”<sup>54</sup> It is also possible that obstetricians and trained nurse-midwives, mostly women, who were poorly paid and held a lower occupational

status than many other professionals in the Soviet Union, might have been opposed to fathers' greater inclusion in childbirth because of concerns that it would further undermine their professional authority. Finally, men's increased engagement in labor and delivery in Western Europe and the United States in the 1960s and 1970s was partly a result of the spread and popularization of psychoprophylaxis, which became known as the Lamaze method, and related to patient-consumers' wishes for a less medicalized and more natural childbirth that entailed emotional support and companionship during labor and delivery. Feminist lobbying for women's greater control over their own birth experiences, including the participation of partners in the birthing process, fostered men's greater involvement.<sup>55</sup> There was no consumer or feminist reproductive activism in the Soviet Union calling for the direct engagement of fathers in the birthing process. Nor does there appear to have been significant professional support for a more "family" approach to childbirth, which fueled changes in obstetric care in socialist Czechoslovakia that eventually led to the greater inclusion of fathers in the mid-to-late 1980s.<sup>56</sup>

Although Soviet health professionals did not allow men to be companions to their wives during labor and delivery, they assigned them postnatal responsibilities, including the task of fostering positive feelings among women immediately after childbirth, while they were still recovering in a facility, and during the months that followed. This was deemed necessary because of the belief that anxieties undermined a mother's ability to breastfeed and tend to an infant.<sup>57</sup> One way men could promote a bright outlook was to send their wives letters of joy and thanks, and avoid any mention of upsetting news that could disrupt her sleep, which would negatively affect her recovery and diminish her supply of breastmilk.<sup>58</sup> Another good option was to send flowers, "which were always pleasing for a woman to receive," but not potted flowers in baskets, because of the possibility that they could contain "tetanus spores" and be harmful to the mother and newborn. While the delivery of other items such as books or food was also recommended, men were directed not to send old books or particular comestibles, such as homemade smoked meat and pickles, presumably because of sanitary concerns. Mass produced and packaged foods, by contrast, such as crackers and cookies, were particularly welcome.<sup>59</sup>

Health personnel sought men's aid in regulating not only women's everyday practices but also their own. Indeed, this was an important part of men becoming medical allies. In particular, medical instruction emphasized the need for men to take on additional domestic responsibilities to ensure the safety of women's health. Just as a pregnant woman was supposed to be protected by Soviet law from heavy physical activities at work, so was she supposed to be protected from the same by husbands at home. Arduous household tasks considered "dangerous" for pregnant women, such as lifting heavy items—including buckets of water, laundry tubs, or groceries—or washing floors or sweeping ceilings, from which they could easily fall, were reassigned to men.<sup>60</sup> As a leaflet for future fathers explained, "you should take on all the laborious house work."<sup>61</sup> They also needed to shelter their wives from similar chores that could hinder post-birth recovery.<sup>62</sup> Taking care of newborns was deemed men's duty as well. A leaflet cautioned men: "Remember! All the concerns about feeding the infant and the main burden of caring for him fall on the mother. She needs Your

help.”<sup>63</sup> This included tending to newborns in the middle of the night, so their wives could get adequate rest to keep up their milk supply. It also entailed helping their wives with bathing and changing the diapers of newborns.<sup>64</sup>

Perhaps to quell fathers’ potential objections to these caretaking tasks, which some men might have viewed as unmanly, some medical educators deployed ideas about masculinity to convince them to take on new roles. In a widely circulated lesson for fathers, for instance, a pediatrician noted that an infant “might seem too fragile to [men] for large male hands.” Nonetheless, he suggested his male readers look at the photos that accompanied his text, which showed how “deftly and carefully” a man’s hands could “master swaddling techniques.” He argued that they too would be able to do likewise with changing diapers and caring for an infant in the middle of the night. This same lesson also pointed to household items necessary for infants, such as hanging structures for drying diapers or bath stands, which men might buy in a store or build themselves at home. The pediatrician explained, “[Y]ou will become the ‘main constructor’ of children’s” household needs.<sup>65</sup> An article called “Papa’s Note Pad” in the journal *Zdorov’e* similarly instructed fathers to build wooden diaper racks, tall benches for bathing babies in tubs, and foot stools that would make breastfeeding more comfortable.<sup>66</sup> This emphasis on “building” products for pregnant women’s and infants’ care was pragmatic: it helped to compensate for consumer goods shortages, a not infrequent problem in the Soviet economy. It also coincided with the growth of a gendered Soviet “do-it-yourself” culture in the 1960s and 1970s, in which the “engagement in making things with one’s own hands became part of the process of constituting Soviet subjects.” Injunctions for fathers to construct items for family care affirmed men’s “do-it-yourself” identity as skilled, rational, and creative “amateur engineers,” who performed their masculine subjectivity by building things—including furniture, electronic devices, self-built boats, and as this article suggests, diaper racks.<sup>67</sup>

Health education emphasized men’s obligation to change their behavior in another way, by engaging in self-restraint. Smoking was one concern, and instructional materials directed men not to smoke around their pregnant wives or newborns for the sake of their health. The pamphlet for fathers of newborns, for example, warned against this by pointing out how nicotine was “extremely harmful” for an infant’s well-being.<sup>68</sup> Since pamphlets, lectures, and radio broadcasts about pregnancy and infant care for women similarly instructed them not to smoke, it is likely that this health advice for men was also intended to encourage them to monitor their wives’ habits and prevent them from smoking.<sup>69</sup>

Men were also instructed to engage in self-restraint by respecting the prescribed sexual regimen for a woman during pregnancy and immediately following birth. During the first two months of pregnancy, doctors recommended, couples should limit sexual activity, purportedly because it might result in a spontaneous abortion, and during the last two months, they should forego it completely, because it could lead to the early breaking of a woman’s waters and a premature birth.<sup>70</sup> Medical authorities also counseled couples to avoid the resumption of sexual relations until six weeks to two months after birth to prevent the “inflammation of women’s sexual organs” and so that women’s bodies could heal properly.<sup>71</sup> Unfortunately, doctors lamented, some men violated these recommendations. Meanwhile, others who did not consider tem-

porary abstinence possible “considered it their right to violate marital fidelity during this period.” “Do I need to say,” one doctor exclaimed, “how amoral this psychology is!”<sup>72</sup> In an effort to try to convince men to act differently, some doctors underscored that temporary abstinence was not dangerous and would not lead to “sexual disorders.” They also tried to normalize the emergence of “nocturnal emissions” during this time, arguing that it was an expedient bodily reaction to an “excessive accumulation of seminal fluid.” Although another obvious way for men to relieve sexual energy or excess fluid during a time of abstinence was masturbation, medical instructions for husbands did not discuss this option, as doctors and others considered it harmful to a person’s health, including their psyche, because it reportedly involved excessive mental strain and overexcitement.<sup>73</sup> Apparently the pamphlet for fathers of newborns, which explained that “during the six weeks after childbirth,” sexual relations were “dangerous for a woman’s health,” was particularly useful in convincing men to act responsibly. When one hundred women were surveyed six weeks after birth about sexual relations with their husbands, many revealed that they had resumed relations because their husbands had “stubbornly insisted” on doing so. Some women who successfully avoided sexual relations, however, noted that the pamphlet *For the Fathers of Newborns* had helped, serving to deter men from making sexual demands. They reported that “[a]fter reading the leaflet, a husband became more conscious and careful about his wife’s health.”<sup>74</sup> Appeals to men to curb their sexual demands were informed by a construction of men’s “natural” sexuality as active and powerful, and women’s sexuality as passive or liminal.

## Conclusion

In addition to instrumentalizing men as “women’s helpers” and “medical assistants,” Soviet health authorities and educators appealed to men’s fatherly interests by emphasizing the happiness of becoming of a parent. Although many men thought that their role in childrearing should only begin when it was possible to take their son “to soccer” or their “daughter to the theater” and that “diapers, pacifiers, and rattles” were “womanly and motherly affairs,” the pediatrician V. Vetrov explained, this was erroneous. Acting in this way would deny a father “irreplaceable parental joy.”<sup>75</sup> A radio broadcaster and proponent of men’s greater involvement in their children’s lives similarly claimed that the “feeling of fatherhood is a wonderful and noble feeling that enriches a man’s life.”<sup>76</sup> Moreover, the “yearning for fatherhood,” Soviet experts asserted, was “instinctual.”<sup>77</sup> In his lessons for fathers, Dr. Vetrov also cautioned men against dismissing the importance of being an engaged parent when their children were young for another reason. “If you don’t participate in the care of your child from the first days of his life, he will not get used to treating you as the closest thing to a mother,” the doctor noted, which would then make it difficult to win over his “love and trust” later. It was for the father’s own benefit, in other words, for him to be actively involved in tending to his infant and young child.<sup>78</sup>

In the post-Stalin era, medical personnel and health officials promoted a new male ideal—the family-oriented and nurturing Soviet man who defended the health of pregnant women, fetuses, new mothers, and babies, and thus the communist nation

itself. The significance of this new ideal extends beyond the sphere of Soviet healthcare, because it emerged in the context of a broader conversation about women, men, and the family in the post-Stalin era, in which the absent and negligent father and the abusive and egotistical husband came under increased public criticism by a variety of institutions, organizations, professions, and individuals, including Communist Party organs, the Komsomol, and the Soviet press.<sup>79</sup> This new focus on men's family behavior and related efforts to change it was a product of a new political landscape in the post-Stalin era as well demographic and social concerns about the birthrate, the plight of "single mothers" and fatherless children, high divorce rates, juvenile delinquency, and domestic "hooliganism."<sup>80</sup> As the Soviet regime sought to discipline the everyday lives and practices of citizens by touting the importance of "Communist morality," personal relations and family affairs came under greater scrutiny.<sup>81</sup> Authorities in various realms, including in healthcare and education, promoted a new model of Soviet masculinity that was supposed to co-exist with other normative models, such as "Cold War masculinities linked to technology, science, diplomacy, and athleticism."<sup>82</sup> This model of a more family-oriented and nurturing manhood was one in which men were expected as husbands and fathers to be in service not only to their families but also the state.

Soviet health initiatives promoted a more family-oriented and caring masculinity by envisioning a new type of Soviet man—one who would bolster pronatalism and family stability by acting as a reliable comrade to his wife, children, and the medical establishment. Rather than insisting on unsafe sexual relations with his wife, this responsible husband would demonstrate restraint and respect the prescribed sexual regime for a woman during pregnancy and immediately following birth. Instead of leaving it up to his wife to decide to keep or terminate a pregnancy, this spouse would intervene actively in reproductive affairs. If his wife experienced prenatal or postnatal pains, this newly attentive husband would make a judgment call about the necessity of seeking medical attention based on his newly acquired health education. As opposed to forcing his wife to shoulder all responsibility for domestic tasks and infant care during pregnancy and following childbirth, this solicitous husband would assume some of this work. While this new type of masculinity required more nurturing behavior and greater involvement in family and domestic affairs than other normative models, thereby challenging existing gender norms, this was not a feminized masculinity. Health discourse explicitly positioned men in this role in a "manly" way—as guardians of the health of their wives and newborns, assigning these men a new role in regulating women's bodies. As a result, by "helping" women during their pregnancies and the postpartum period, men simultaneously constrained them. Presumably some women did not appreciate this new male role, particularly if the balance of men's attention tipped toward controlling them rather than offering real support with household chores, planning for a new child, and infant care. As a result, the mobilization of men as medical allies did not necessarily promote greater gender equality. Finally, it is important to keep in mind that Soviet obstetrics had its limits; doctors and health personnel invited men to shore up medical authority and safeguard women's and newborns' health while simultaneously excluding them from the possibility of offering their wives what could have been significant support—companionship and assistance during labor and delivery.

### ***For the Father of a Newborn***

Dear Comrade!

The workers of the maternity ward congratulate you with all their hearts for the joyous event in Your life—the birth of a child!

We are sure You and Your wife will be caring and attentive parents, and You will do your best to raise a strong and healthy child!

Knowing well that parents inevitably face a number of difficulties associated with caring for a newborn and his<sup>83</sup> upbringing and that the newborn baby requires the greatest care, we consider it useful to give You some advice.

**The most important condition for correctly caring for a newborn is cleanliness.** It is necessary to keep clean not only the baby, his bedding, and his underclothes, but also the room in which he lives. It must be thoroughly cleaned and ventilated. Do not smoke in it, as the nicotine contained in tobacco is extremely harmful to the health of the newborn.

**The baby should have a separate bed.** It is dangerous and detrimental for him to sleep together with adults.

The infant's clothing and childcare products should be kept separately from the items of other children and adult members of the family.

The child should always be dressed in clean, dry clothes. **Do not dry wet diapers just a little bit!** Swaddling a baby tightly is harmful.

It is necessary to **bathe a newborn every day**; the pediatrician will convey when it is okay to begin bathing. It is difficult for your wife to handle bathing alone, **so she needs Your help.**

She needs help not only with bathing. A woman released from a birthing hospital is not completely healthy. She will fully regain her strength no earlier than 6 weeks after giving birth. On the first day after leaving the hospital, she should stay in bed. Then slowly she can get involved in domestic tasks. But during the whole postpartum period (6 weeks), **she should not conduct heavy physical work** (lift heavy items, do laundry, wash floors). You or other members of the family need to take on these types of household work.

A woman always needs the love and attention of her husband, even more so after giving birth. Any nervous excitement and fatigue can have a harmful effect on her fragile health and adversely influence the infant.

Sexual life during the 6 weeks after childbirth is **harmful to and dangerous** for a woman's health.



**Figure 2.** Illustration in the pamphlet, *For the Father of a Newborn*, in A. N. Shibaeva, *Gigienicheskoi obuchenie beremennykh zhenshchin i rodil'nits* [Hygienic training for pregnant women and women giving birth] (Moscow: Institute of Sanitary Enlightenment of the All-Union Ministry of Health, 1960), 46.

Your wife needs a varied and nutritious diet. Vegetables, fruit, milk, and milk products are especially useful for her. Alcoholic drinks, including beer, **are categorically forbidden**, because alcohol negatively affects not only the organism of the breastfeeding mother but also the organism of the infant.

It is necessary to feed an infant every 3 hours (altogether 7 times) in a 24-hour period. You should not feed him at night (from 12 midnight to 6 am in the morning); the infant and mother should sleep peacefully during this time; exhaustion due to sleepless nights can cause a decrease in a woman's milk supply.

**Your wife should sleep no less than 8 hours in a day** (6 hours at night and two hours in the day). **You should try to create conditions for her to do this.**

**Remember! All the concerns about feeding the infant and the main burden of caring for him fall on the mother. She needs Your help.**

In the case that Your wife gets sick, **immediately** seek medical help at a women's clinic or polyclinic, and in the case of your child's illness—at the children's clinic.

**Do not use home methods of treatment!**

With the joint efforts of family members and medical workers, let's raise a healthy and strong child!<sup>84</sup>

## ◆ Acknowledgements

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## ◆ About the Author/Translator

Amy E. Randall is Professor of History and Chair of the History Department at Santa Clara University. Her research on Soviet gender, sexuality, and reproduction during the Khrushchev and early Brezhnev years includes, most recently, "Soviet and Russian Masculinities: Rethinking Soviet Fatherhood after Stalin and Renewing Virility in the Russian Nation under Putin," *The Journal of Modern History* 92 (December 2020). Her other main area of current research, gender and genocide, will soon result in a second edition of her edited collection, *Genocide and Gender in the Twentieth Century: A Comparative Survey* (Bloomsbury, forthcoming).

## ◆ Notes

1. A. N. Shibaeva, *Gigienicheskoi obuchenie beremennykh zhenshchin i rodil'nits* [Hygienic training for pregnant women and women giving birth] (Moscow: Institute of Sanitary Enlightenment of the All-Union Ministry of Health, 1960), 45–47. As this book shows, Shibaeva, a Ph.D. in medicine who worked at the Central Scientific-Research Institute of Sanitary Enlightenment for the Soviet Ministry of Health, authored this leaflet as well as: *Leaflet for Future Mothers; Leaflet for Postpartum Women; What Is Necessary to Know about Toxaemia of Pregnancy (Pre-eclampsia)*.

2. Michel Foucault, *History of Sexuality*, vol. 1 (New York: Vintage Books, 1980), 139.

3. Mary Buckley, "Women in the Soviet Union," *Feminist Review* 8 (1981), 79–106, here 94–95.

4. N. Granat, "Rol' sanitarnogo prosveshcheniia v okhrane zdorov'ia zhenshchiny" [The role of sanitary enlightenment in the protection of a woman's health], *Meditinskaiia sestra* [Nurse] 11 (1966), 48–52, here 51.

5. This literature is too extensive to cite in full. For an excellent summary of how new Soviet laws and policies served to diminish men's power and roles in families and strengthen the state's paternal relationship with women and children, see Olga Issouпова, "From Duty to Pleasure: Motherhood in Soviet and Post-Soviet Russia?" and Sergei Kukhterin, "Fathers and Patriarchs in Communist and Post-Communist Russia," in *Gender, State and Society in Soviet and Post-Soviet Russia*, ed. Sarah Ashwin (New York: Publisher, 2000), 30–54, and 71–89, respectively.

6. Greta Bucher, "Stalinist Families: Motherhood, Fatherhood, and Building the New Soviet Person," in *The Making of Russian History: Society, Culture, and the Politics of Modern Russia*, ed. John Steinberg and Rex Wade (Bloomington: Indiana University Press, 2009), 129–152; Claire McCallum, "Man about the House: Male Domesticity and Fatherhood in Soviet Visual Satire under Khrushchev," in *The Palgrave Handbook of Women and Gender in 20th-Century Russia and the Soviet Union* (London: Palgrave Macmillan, 2018), 331–347.

7. Amy E. Randall, "Soviet and Russian Masculinities: Rethinking Soviet Fatherhood after Stalin and Renewing Virility in the Russian Nation under Putin," *The Journal of Modern History* 92 (December 2020), 859–898, here 883–884.

8. Mie Nakachi, "Population, Politics and Reproduction: Late Stalinism and Its Legacy," in *Late Stalinist Russia: Society between Reconstruction and Reinvention*, ed. Juliane Fürst (New York: Routledge, 2006), 23–45, here 26.

9. Lynne Attwood and Olga Isupova, "To Give Birth or Not to Give Birth," *The Palgrave Handbook of Women and Gender in 20th-Century Russia and the Soviet Union*, 447–461, here 449.

10. Mie Nakachi, "N. S. Khrushchev and the 1944 Soviet Family Law: Politics, Reproduction, and Language," *East European Politics and Societies* 20, no. 1 (2006), 40–68, especially 46–47, 60, 64; Nakachi, *Replacing the Dead: The Politics of Reproduction in the Postwar Soviet Union* (Oxford: Oxford University Press, 2021).

11. For more on abortion in the early Soviet years, see Wendy Goldman, *Women, The State and Revolution: Soviet Family Policy and Social Life, 1917–1936* (Cambridge: Cambridge University Press, 1993); and Susan Solomon, "The Demographic Argument in Soviet Debates over the Legalization of Abortion in the 1920s," *Cahiers du monde russe et soviétique* 33, no. 1 (1992), 59–82. For more on pronatalism and the medical community's policing of abortion in the postwar era, see Christopher Burton, "Minzdrav, Soviet Doctors, and the Policing of Reproduction in the Late Stalinist Years," *Russian History/Histoire Russe* 27, no. 2 (2000), 197–221; Nakachi, "N. S. Khrushchev and the 1944 Soviet Family Law," and *Replacing the Dead*; and Greta Bucher, *Women, the Bureaucracy and Daily Life in Postwar Moscow, 1945–1953* (Boulder, CO: East European Monographs, 2006), 137–173.

12. "Muzhchinu k otvetu" [A man (called) to account], *Zdorov'e* [Health] 11 (1965), 4; Amy E. Randall, "'Abortion Will Deprive You of Happiness!': Soviet Reproductive Politics in the Post-Stalin Era," *Journal of Women's History* 23, no. 3 (September 2011), 13–38.

13. Rossiiskaia Gosudarstvennaia Biblioteka [Russian State Library], Graphics Division, INV # 9325.

14. Yuliya Hilevych and Chizu Sato, "Popular Medical Discourses on Birth Control in the Soviet Union during the Cold War: Shifting Responsibilities and Relational Values," in *Children by Choice?: Changing Values, Reproduction, and Family Planning in the 20th Century*, ed. Ann-Katrin Gembries, Theresia Theuke, and Isabel Heinemann (Berlin: Walter de Gruyter, 2018), 99–121, here 112–113.

15. *Ibid.*, 113.

16. A. N. Shibaeva, "Material dlia besed s budushchimi otsami" [Material for a discussion with future fathers], *Fel'dsher i Akusherka* (FA) [Paramedic and midwife] 11 (1971), 27–30, here 27.

17. "Profliakticheskii osmotr zhenshchin" [Preventative examination of a woman], *Zdorov'e* 3 (1963), 13.

18. M. M. Shening-Parshina and A. N. Shibaeva, *Sanitarnoe prosveshchenie po okhrane zdorov'ia zhenshchin* [Sanitary enlightenment for the protection of a woman's health], 2nd ed. (Moscow: Central Scientific-Research Institute of Sanitary Enlightenment, 1967), 33.

19. T. Brodskaia, "Vospitanie malen'kogo rebenka" [Cultivating a small child], *Meditsinskii rabotnik* [Medical worker], 7 January 1958, 3; I. Zhelokhovtseva, *Organizatsiia akushersko-ginekologicheskoi pomoshchi v SSSR* [Organization of obstetric and gynecological care in the USSR] (Moscow: Soviet Ministry of Health Institute for the Advanced Training of Doctors, 1966), 18.

20. Olga Nikonchik, "Liubov' i vnimania" [Love and attention], *Zdorov'e* 1 (1964), 15–16, here 16. Ideally these "mothers' schools" would hold 4–6 classes for pregnant women. See Shening-Parshina and Shibaeva, *Sanitarnoe prosveshchenie*, 98–110.

21. N. E. Granat and A. N. Shibaeva, *Materialy dlia sanitarno-prosvetitelnoi raboty sredi muzhchin po okhrane zdorov'ia zhenshchin* [Materials for sanitary-enlightenment work among men about the protection of a woman's health], 2nd ed. (Moscow: Institute of Sanitary Enlightenment of the All-Union Ministry of Health, 1964), 8.

22. Gosudarstvennyi Arkhiv Rossiiskoi Federatsii (GARF) [State Archive of the Russian Federation], f. 8009, o. 50, d. 3022, l. 146. Reportedly these classes involved 1,271 male participants.

23. Children's polyclinics also conducted meetings with fathers to teach them about changing diapers and swaddling babies. "Chto dolzhen umet' papa" [What should a father be able to do], *Zdorov'e* 3 (1968), 16.

24. Granat and Shibaeva, *Materialy*, 3.

25. A. Lebedev, "Maiaki zovut" [Lighthouses are calling], *Meditinskii rabotnik* (1961), 3; Shibaeva, *Gigienicheskoi obuchenie*, 29; Zhelokhovtseva, *Organizatsiia akushersko-ginekologicheskoi pomoshchi v SSSR*, 68. It should be noted that visitors' rooms were not for visitors to see women who had just given birth but rather to obtain information about the childbirth and to relay letters and packages to these women.

26. "Sanitarno-prosvetitel'nye materialy po okhrane zdorov'ia zhenshchiny i novorozhdennoho" [Sanitary and educational materials for the protection of the health of women and newborns], *FA* 11 (1966), 29-32, here 31.

27. These materials are referenced in the following archives and books: Natsional'nyi Arkhiv Tatarskoi Federatsii [National Archive of the Tatar Federation], f. 3959, o. 3, d. 2356, ll. 43, 96ob; Shening-Parshina and Shibaeva, *Sanitarnoe prosveshchesnie*; Shibaeva, *Gigienicheskoi obuchenie*; Granat and Shibaeva, *Materialy*. While some references contain detailed information about the authors and publication of these materials, others do not. I have not been able to independently verify the publication of the texts. This is not surprising, however, for the texts are so short (1-3 pages) that it is unlikely that they would have been saved in major libraries (which does not mean that they are not preserved somewhere).

28. Medical personnel were supposed to distribute the first pamphlet to women seeking prenatal care at a women's clinic or similar facility, so that they could give it to their husbands. The second text (originally called a "letter" to the father of a newborn) was supposed to be given by the mother to the father when she was released from a birthing home or other medical facility. Shibaeva was the author of both texts.

29. Hilevych and Sato, "Popular Medical Discourses," 105.

30. Cover page, *Zdorov'e* 11 (1964); 10 (1965), photo between pages 24-25; photo in *Zdorov'e* 3 (1974), 19.

31. "Segodnia guliaut papy" [Today fathers are taking a walk], back cover of *Zdorov'e*, 3 (1968).

32. *Zdorov'e* 3 (1964), between page 24 and 25.

33. For a great discussion of satirical representations of men in the home during this time, see McCallum, "Man about the House," 338-343.

34. Granat and Shibaeva's text, *Materialy*, was renamed as *Sanitarno-prosvetitel'naia rabota sredi muzhchin po okhrane zdorov'ia zhenshchin* for the 1971, 1976, and 1981 editions. The 1981 version is significantly shorter than the other texts.

35. Granat and Shibaeva, *Materialy*, 25. The following methodological books about pregnant women and women's health more generally also discussed the need to teach men to protect women's health: Shibaeva, *Gigienicheskoi obuchenie*; A. V. Bartel's, E. Ch. Novikova, and A. N. Shibaeva, *Materialy dlia gigienicheskogo obucheniia rodil'nits* [Materials for the hygienic training of women giving birth] (Moscow: Central Scientific-Research Institute of Sanitary Enlightenment of the Ministry of Health, 1962); Shening-Parshina and Shibaeva, *Sanitarnoe prosveshchesnie*.

36. Granat and Shibaeva, *Materialy*, 24.

37. Granat and Shibaeva, *Materialy*, 41. The text of the pamphlet for the father of a newborn was first published in 1960, if not before, and the text for the leaflet for the future father was published as early as 1962, if not before. See Shibaeva, *Gigienicheskoi obuchenie*, 45-47; and Bartel's, Novikova, and Shibaeva, *Materialy*, 42-43.

38. Granat and Shibaeva, *Materialy*, 24.

39. I. S. Rozovskii, "Shkola ottsov: zaniatie pervoe" [School for fathers: Lesson one], *Zdorov'e* 3 (1974), 19.

40. Shibaeva, "Material dlia besed," 29; Granat and Shibaeva, *Materialy*, 25.

41. Granat and Shibaeva, *Materialy*, 30.

42. Granat and Shibaeva, *Materialy*, 30; Shibaeva, "Material dlia besed," 30.

43. Granat and Shibaeva, *Materialy*, 41.

44. Granat and Shibaeva, *Materialy*, 44.

45. Paula Michaels, *Lamaze: An International History* (Oxford: Oxford University Press, 2014), 12–13; John D. Bell, "Giving Birth to the New Soviet Man: Politics and Obstetrics in the USSR," *Slavic Review* 40, no. 1 (1981), 1–16, here 3; Tania McIntosh, *A Social History of Maternity and Childbirth: Key Themes in Maternity Care* (London: Routledge, 2012), 3, and chapters 4 and 5; Laura King, "Hiding in the Pub to Cutting the Cord? Men's Presence at Childbirth in Britain c. 1940s–2000s," *Social History of Medicine* 30, no. 2 (2016), 389–407, here 391; Philip Wilson, ed., *The Medicalization of Obstetrics: Personnel, Practice and Instruments (Childbirth: Changing Ideas and Practices in Britain and America, 1600 to the Present)* (New York: Routledge, 2006).

46. Shening-Parshina and Shibaeva, *Sanitarnoe prosveshchesnie*, 142.

47. Granat and Shibaeva, *Materialy*, 26.

48. Although Soviet psychoprophylaxis came under criticism in the 1950s by many doctors who doubted its efficacy, many of the ideas remained a part of women's "training" for childbirth in subsequent years. For example, see Zhelokhovtseva, *Organizatsiia akushersko-ginekologicheskoi pomoshchi v SSSR*, 18, 67; V. N. Shishkova, "Obezbolivanie rodov" [Painless childbirth], in *Zdorov'e zhenshchiny* [Women's health], ed. O. V. Makeeva (Moscow: Meditsina, 1965), 65–71. For more details about this training, see the five lessons promoted by Professor Boris L'vovich Gurtovoi of the USSR Ministry of Health's All-Union Scientific Research Institute of Obstetrics and Gynecology in *Zdorov'e* in 1969: "Zaochnaia shkola: psikhoprofilakticheskoi podgotovki k rodam" [Correspondence school: Psychoprophylactic preparation for childbirth], 3 (1969), 23–24; 4 (1969), 24; 5 (1969), 25–26; 6 (1969), 24; 7 (1969), 26–27. For the fascinating story about how Soviet prophylaxis came to be popularized internationally as the Lamaze method, see Michaels, *Lamaze: An International History*; and Bell, "Giving Birth." For comparative scholarship on the psychoprophylactic method in two socialist countries, see Ema Hrešanová and Paula A. Michaels, "Socialist Science across Borders: Investigating Pain in Soviet and Czechoslovakian Maternity Care," *Revue d'études comparatives, Est-Ouest* [Journal of comparative studies, East-West] 1, no. 1 (2018), 45–69. For more on this approach in Czechoslovakia, see Hrešanová, "The Psychoprophylactic Method of Painless Childbirth in Socialist Czechoslovakia: From State Propaganda to Activism of Enthusiasts," *Medical History* 60, no. 4 (2016), 534–556.

49. Rozovskii, "Shkola ottsov: zaniatie pervoe," 19.

50. Maya Haber, "Concealing Labor Pain: The Evil Eye and the Psychoprophylactic Method of Painless Childbirth in Soviet Russia," *Kritika: Explorations in Russian and Eurasian History* 14, no. 3 (2013), 535–559, here 547.

51. Rozovskii, "Shkola ottsov: zaniatie pervoe," 19.

52. King, "Hiding in the Pub to Cutting the Cord?"; Judith Walzer Leavitt, *Make Room for Daddy: The Journey from Waiting Room to Birthing Room* (Chapel Hill: University of North Carolina Press, 2009); Peter Hallama, "'Are We Afraid of Fathers in the Delivery Room?' Experiments in Obstetrics in Late Socialist Czechoslovakia," in *After Utopia: Czechoslovak Normalization between Experiment and Experience, 1968–1989*, ed. Christiane Brenner, Michal Pullmann, and Anja Tippner (Göttingen: Vandenhoeck & Ruprecht, forthcoming).

53. Haber, "Concealing Labor Pain," 558, 545–546.

54. Jeanmarie Rouhier-Willoughby, "Birth Customs: Ancient Traditions in Modern Guise," *Slavic and East European Journal* 47, no. 2 (2003), 227–250, here 229–230.

55. Michaels, *Lamaze*, chap. 5.

56. Peter Hallama, "Are We Afraid of Fathers in the Delivery Room?"

57. V. P. Vetrov, "Shkola ottsov: Zaniatie tret'e" [School for fathers: Lesson three], *Zdorov'e* 7 (1974), 18–19, here 18.

58. Granat and Shibaeva, *Materialy*, 28.
59. Michaels, *Lamaze*, 29; Granat and Shibaeva, *Materialy*, 28.
60. Granat and Shibaeva, *Materialy*; Shibaeva, *Gigienicheskoi obuchenie*, 59.
61. Shening-Parshina and Shibaeva, *Sanitarnoe prosveshchenie*, 143.
62. Granat and Shibaeva, *Materialy*, 30.
63. Shibaeva, *Gigienicheskoi obuchenie*, 47.
64. In addition to women's clinics, some children's polyclinics also tried to teach fathers new practices, such as changing diapers and swaddling babies. "Chto dolzhen umet' papa," 16.
65. V. P. Vetrov, "Shkola ottsov: Zaniatie vtoroe" [School for fathers: Lesson two], *Zdorov'e* 5 (1974), 18–19, here 19.
66. "V bloknot page" [In Dad's notebook] *Zdorov'e* 6 (1964), 18.
67. Alexey Golubev and Olga Smolyak, "Making Selves through Making Things: Soviet DoItYourself Culture and Practices of Late Soviet Subjectivation," *Cahiers du Monde Russe* 54, no. 3–4 (2013), 517–541, here 521.
68. Shibaeva, *Gigienicheskoi obuchenie*, 45.
69. For example, see Shening-Parshina and Shibaeva, *Sanitarn'noe Prosveshchenie*, 122, 130, 144.
70. Shibaeva, *Gigienicheskoi obuchenie*, 62.
71. I. Benediktov, *O gigiene braka* [About the hygiene of marriage] (Sverdlovsk: Sverdlovsk Publishing House, 1963), 13.
72. T. S. Atarov, *Voprosy polovogo vospitaniia* [Questions about sexual education] (Moscow: State Publishing House of Medical Literature, 1959), 78.
73. S. A. Dashtaiants, *O polovom vospitanie shkol'nikov* [About the sexual upbringing of schoolchildren] (Grozny: Chechen-Ingush Book Publishing House, 1966), 53; A. A. Gabelov and E. B. Derankova, *Gigiiena braka* [Hygiene of marriage], 2nd edition (Moscow: "Medicine" Publishing House, 1965).
74. Bartel's, Novikova, and Shibaeva, *Materialy*, 10.
75. Vetrov, "Shkola ottsov: Zaniatie vtoroe," 18.
76. N. Makarova, *Vysokaia dolzhnost'—otets!* [The highest duty—father!] (Moscow: Political Literature Publishing House, 1965), 11.
77. Professor Malinovskii, "Oshibka molodykh supriugov" [The mistakes of young newlyweds], *Sovetskaia zhenshchina* [Soviet woman] 2 (1960), 31; Nikolai Granat, *Posledstviia aborta* [Consequences of abortion] (Moscow: "Medicine" Publishing House, 1966), 26.
78. Vetrov, "Shkola ottsov: Zaniatie vtoroe," 18.
79. Randall, "Russian and Soviet Masculinities," 860–861, 867.
80. Helene Carlbäck, "Lone Mothers and Fatherless Children," in *Soviet State and Society under Nikita Khrushchev*, ed. Melanie Ilic and Jeremy Smith (London: Routledge, 2009), 86–103; Edward Cohn, "Sex and the Married Communist: Marital Infidelity, Family Troubles, and Communist Party Discipline in the Post-War USSR, 1945–1964," *The Russian Review* 68, no. 3 (2009), 429–450; Brian LaPierre, "Making Hooliganism on a Mass Scale: The Campaign against Petty Hooliganism in the Soviet Union, 1956–1964," *Cahiers du monde russe* 1–2 (2006), 1–28.
81. Deborah Field, *Private Life and Communist Morality in Khrushchev's Russia* (New York: Peter Lang, 2007).
82. Randall, "Russian and Soviet Masculinities," 862.
83. The pamphlet uses male pronouns and declensions, which I incorporate here, even though the newborn could obviously be of male or female biological sex (or intersexed).
84. Shibaeva, *Gigienicheskoi obuchenie*, 45–47.