

Health Education and Beyond: A Soviet Women's Group Experience*

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Family life education groups . . . seem the natural choice for intervention, providing the group leader has the necessary knowledge to teach health care information, the skill and sensitivity to deal with the issues surrounding abortion, sexuality concerns and birth control, and the awareness of his or her own attitudes and values, as well as the prevailing Jewish attitudes and values on these issues.

IN the Soviet Union, abortion is the primary method of family planning, followed by condoms, "morning after injections" (DES), spermicidal suppositories, natural family planning (calendar and basal body temperatures), and douching.¹ In the Soviet Union, oral contraception is not a common method of birth control while in the United States approximately 10 million women are on the Pill, which accounts for nearly half of all couples practicing birth control in the United States.² Most Soviet women do not routinely visit a gynecologist, a necessary prerequisite for getting the Pill, IUD or diaphragm. Faced with the differences between women's health care in the Soviet Union and in the United States, the Resettlement Department at Jewish Family and Children Services in Kansas City implemented a family life education pro-

gram for the purpose of encouraging the use of prevention in family planning and consequently reducing the anticipated number of abortions among recently arrived emigres.³

This paper describes specific family life education groups for new Soviet emigre women dealing with reproductive health issues. The groups were planned by the authors, led by the Director of Family Life Education, with the translation services of the Resettlement case aide,⁴ and timed to begin during the orientation program for new arrivals. We deliberately chose this time period for several reasons. One, potential members did not yet have job commitments and thus were available during the day. Two, we thought it essential to prepare them prior to their medical examinations at the hospital. This latter issue is particularly significant and provides a rationale for Jewish Family and Children Services to be the first to become involved in health care before the Jewish hospital which services all new

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¹ Hedrick Smith, *The Russians*. New York: Ballantine Books, 1977, pp. 141-142.

² Carl Djerassi, *The Politics of Contraception*. New York and London: W. W. Norton and Company, 1979, p. 33.

³ Though abortion is a necessary option, the authors acknowledge a definite bias towards prevention in family planning.

⁴ Many thanks must go to Zhanna Shakhnovetsky, case aide, for her invaluable assistance with the groups described in this paper.

emigres. In Kansas City all medical appointments for recent arrivals are arranged by the Jewish Family and Children Services Resettlement Staff.

While gynecological exams are not routine, our staff encourages all women to accept them as part of their primary care visit. It is during the gynecological visit that the Soviet women must indicate a desire for family planning to the doctor if they are to get any birth control. Not only do they face the personal discomfort of the gynecological examination, which many American women also find disconcerting, but they experience an unfamiliar health care system for the first time, including its preponderance of male physicians. By preparing them to negotiate a foreign health care system, the agency introduces ways in which they may be better able to approach ongoing medical care in the future. In addition, the Jewish hospital, while it does perform abortions for the Soviet women, does so reluctantly and provides only minimal supportive care and follow-up counseling. Therefore, we believed that it was imperative to include, as part of the family life education group's content, knowledge of the availability of quality abortion clinics and hospitals with well developed supportive services should abortion become a necessary choice.

Our third reason for meeting with this group shortly after their arrival in Kansas City was the opportunity it provided to familiarize the emigres with all birth control methods available to them in the United States. The problem of obtaining contraceptive devices may appear minor to the emigres in comparison to finding a job, learning a new language and adjusting to a new culture, yet, if family planning is neglected, a minor inconvenience may become a major crisis in the form of unwanted pregnancy.

An additional reason for beginning

the groups early relates to the couple's sexual relationship. Our "practice wisdom" tells us that an unemployed couple, in unfamiliar surroundings, feeling external stress, may view sex as a way of nurturing each other. The irony is that this one means of nurturance may result in more frustration and stress and sexual dysfunction may occur. The group became a vehicle to reassure the women that changes in their sexual relationships at this time were normal, and that one's physical care and mental health are interdependent.

Finally, it was our intention to initiate the group early in order to set the stage for the women to identify Jewish Family and Children Services as the agency which could help them face the inherent emotional stresses of resettlement generally.

Group Methodology

In the United States Jews are joiners; groups are the life-line to the Jewish community—to synagogue, philanthropy, *landsman*, and recreation. Groups in the Soviet Union generally exclude Jewish members or Jews exclude themselves. As Goldstein states:

Many immigrants came from big cities like Moscow, Leningrad, and Kiev. They had relatively good economic standards of living and had established themselves in their communities as professionals, but they did not have a feeling of belonging to these communities as active members because there were restrictions on their social and political activities.

These restrictions relate to one important characteristic of this group—their Jewish identification.⁵

The Health Education Group for Soviet women was viewed by the Resettlement Staff as an introduction to a

⁵ Edgar, Goldstein, "Psychological Adaptations of Soviet Immigrants," *The American Journal of Psychoanalysis*, Vol. 39, No. 3, p. 260.

peer group experience, the necessary first step to help the emigres begin to integrate into the myriad of Jewish groups which make us a "community." These latter groups, though different from social work groups, do have fundamental similarities: desire to meet one's self-interest, readiness to be a group member, a common agenda, cooperation in a task, and the creation of intimacy and identity with the group. The norm in the Soviet Union is to relate to family and friends (in that order), and not to strangers in a group. In the Soviet Union, groups are primarily designed to educate, and are subject-centered. The student is a passive listener; the teacher is the expert, imparting information. Consequently, most Soviets do not share their own views in unfamiliar group settings, even with peers. Family life education integrates two approaches to teaching and learning—the subject-centered and the student or participant-centered.⁶ By linking a familiar didactic method of teaching with the unfamiliar, i.e. mutual sharing around a common task, family life education becomes the natural choice for introducing the Soviets to a positive group experience as well as to the purpose of Jewish Family and Children Services.

Formation of the Group

During orientation for all recently arrived emigres, a family life education worker described family life education and invited participation in family planning education. A letter, in Russian, was distributed, and a tear-off sheet was to be returned at the conclusion of

orientation which indicated their preference for participation: groups for all men, all women, or both together; couple or individual counseling with the family life education worker. In each case, an all women's group experience was selected. We speculate that family planning remains the responsibility of the women in the emigre community and the option of an all women's group was the most desirable form for them because it lessened discomfort with the subject matter.

The women ranged in age from nineteen to fifty-five years and included married, divorced, widowed, and young singles. Four groups were held over a two-year period, one to two weeks after the orientation presentation. Groups met after English classes, at the Jewish Community Center, once a week for five weeks. Of an average of fifteen new emigres (four families) at each orientation, approximately six women participated per group.

Each group was led by the family life education worker with the translation being provided by the case aide. Herself an emigre, the case aide was given training on health care information, and spent time with the worker integrating knowledge for herself on birth control, abortion and the gynecological examination. Much effort went into improving collaboration between the leader and the case aide, as at times the leader was left behind in a Russian dialogue between the case aide and the group members. Often attitudes and opinions were being expressed which the case aide "censored" from the leader, in the interest of continuing the flow of information. Missing subtle cues and verbal asides was at times a handicap to the leader.

The topics for each session were established as follows:

Session 1: Mind and Body: Coping with stress; negotiating a gynecological

⁶ Alex Gitterman, "Comparison of Educational Models and Their Influences on Supervision," in *Issues in Human Services*, Florence Whiteman Kaslow and Associates, San Francisco: Jossey-Bass, 1972, p. 18.

examination: What happens during a well-woman examination?

Session 2: Birth Control Methods: Which one is right for me?

Session 3: What About an Unplanned Pregnancy? Choices; the abortion procedure; American and Jewish attitudes

Session 4: Learning breast self-examination; self-image and sexuality

Session 5: Open Session, topics chosen by the group have included Tay Sachs, parenting, pregnancy and childbirth, sexual dysfunction.

Whenever possible, diagrams and materials were utilized during the didactic parts of each session. A three-page handout, "Health Care and Family Planning," written by the Family Life Education Department and translated into Russian, was distributed to each member. The handout answered questions about the gynecological examination, types of birth control, unwanted pregnancy, pre-natal care and counseling. Each member also received a packet of material on birth control. The leader assembled a "birth control kit" to show examples of each method. The participants chose to write down brand names of over-the-counter contraceptives to locate at the local drug store. During the session on the gynecological examination, a chart of the reproductive system was utilized and a speculum was passed around the group to demystify the pelvic examination. Breast self-examination was taught, and in each session the rights and responsibilities of patients were discussed so that the women could become better health care consumers.

Time was designated for the women to share with each other. The didactic information in each session led to a discussion of many personal issues and concerns. The women questioned the leader about tampons and shared their own views on the Pill and abortion. There was curiosity about sexual atti-

tudes in America, and sexual behavior among American couples. One participant remarked, "I thought I would discover something new about sex but couples do the same things here as they do in the Soviet Union. I guess sex is sex no matter where it occurs." Following a discussion about age as a contraindication to pill use, a woman in her forties who was contemplating using oral contraception asked for help in the group to find an alternative method. The members discussed the pros and cons of all the methods and the woman decided to try a diaphragm, a method she felt was best for her. Another participant brought up an experience she had with her husband and teenage daughter at a suburban shopping center. A young man walking by the family and seeing the teenager smiled and said "Hello." The mother felt this was aggressive behavior and discussed with the group her fears for her daughter being out alone in public. During discussion, the group encouraged the woman to talk with her daughter about sex and developing new friendships with boys her age.

It must be noted that in preparing a group to address abortion and family planning, Jewish Family and Children Services policy, in advocating self determination for clients, adopted a pro-choice and pro-family planning stance. Inherent in any work with clients involving abortion and family planning decisions is the worker's sensitivity to religious consideration. During discussion in the Health group for Soviet women, the leader took responsibility for voicing the differing views on abortion and birth control from the Jewish Orthodox, Conservative and Reform perspectives.

As groups were concluded, former participants continued to raise health-related concerns with agency staff. One woman asked the family life education worker to meet with her and her hus-

band to pursue birth control counseling. Another woman, upon completion of the group, revealed to the resettlement worker that she had undergone a hysterectomy years ago but had never told anyone, not even her husband. Through counseling with the worker this woman was enabled to identify for herself the significance of this change in her body and subsequently was helped to share this information with her husband. Another group participant called the resettlement worker when she found a lump in her breast, following a self-examination, as demonstrated in the group. Fearing the outcome, she did not want to call a doctor, but she did come in to meet with the worker. Together they reviewed information the woman had learned in the group and she was persuaded to make a doctor's appointment.

As word of the group spread to the established emigre community, women began calling the agency for help with family planning and sexual issues. The Resettlement and Family Life Education staff became more involved in problem pregnancy counseling, abortion referral and birth control education. Though we have no documented data on whether the abortion rate declined, numerous clients reported to their workers when they obtained birth control and those women who still needed and wanted abortions called the agency for a referral and were amenable to follow-up birth control counseling.

Conclusion

As the abortion controversy heats up in the United States, there is little doubt

that the availability of abortion as a solution to unwanted pregnancy will diminish. Like other groups of women, Soviet emigres need increased access to information on family planning and reproductive health. Family life education groups at Jewish family and children service agencies seem the natural choice for intervention, provided the group leader has the necessary knowledge to teach health care information, the skill and sensitivity to deal with the issues surrounding abortion, sexuality concerns and birth control, and the awareness of his or her own attitudes and values, as well as the prevailing Jewish attitudes and values on these issues.

The instinct to be wary of one's neighbor is as automatic to Soviets as that careful scan of oncoming traffic is to a native, Italian pedestrian halfway across the piazza.⁷

Our experience with these groups leads us to speculate that future group experiences will not be so foreign to the Soviet women who participated in the health education groups. Already, many of these women have participated in other family life education groups open to the entire community, such as a young mothers' group and a Jewish women's group. The authors hope that one of the consequences of this group experience is that these Soviet women now have further trust in themselves, trust between each other and trust of the professional.

⁷ Paul Panish, *Exit Visa: The Emigration of the Soviet Jews*. New York: Coward, McCann and Geoghegan, 1981, p. 189.