



**MONASH** University

**Reproductive regulation in socialist Yugoslavia:  
a social and cultural history**

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## Abstract

Reproduction, contraception, and abortion are ever-present and dynamic aspects of everyday life. More so than has previously been acknowledged, they represented a central facet of socialist Yugoslavia's state formation on both a domestic and geo-political level. This is a social and cultural history of how Yugoslav communists wielded reproductive regulation in Yugoslavia during its socialist period, 1945-1989, in an effort to build the third way to socialism – self-management – and to position the country as a conduit between the global North and South. Throughout this time period, the state energetically invested in the construction of a medico-legal infrastructure to regulate reproductive matters. It tackled catastrophic population health across the newly-formed socialist country, initiated a science-fuelled modernisation and industrialisation project designed to unify the citizenry under a new national identity, and expressed its commitment to socialist gender equality. Communist leaders balanced immediate demands with long-term aspirations and agendas, and women's reproductive health was pivotal in their bid to build the Yugoslav way, which, by design, straddled the Iron Curtain. Though not unique, the state's changing policies, practices, and legacies reveal the centrality of reproductive regulation to Yugoslavia's state formation, and to its geo-political positioning between the developed and developing worlds.

To analyse reproductive regulation in socialist Yugoslavia, this dissertation is chronologically and thematically organised, weaving together state, institutional, and private archival documents with scientific research and the women's press, as well as private testimonies. In part one, I analyse state legislation and institutions to do with biomedical reproductive healthcare, structural frameworks that the state implemented during the early Cold War period in pursuit of the Yugoslav answer to socialism in Europe. In part two, I follow state gynaecologists and family planning advocates as they developed family planning products – contraceptive and abortion technology, and sex education material – in collaboration with multilateral entities, and in response to international social and cultural paradigm shifts. Finally, I consider the ways that ordinary ex-Yugoslavs remember the system of reproductive healthcare and the legacies of Yugoslavia in the post-socialist successor states.

## **Declaration**

This thesis is an original work of my research and contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

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## **Publications during enrolment**

“Cold War entanglements and abortion technology: Writing Yugoslavia into the global history of vacuum-aspiration, 1964-1974,” *Australian journal of politics and history* 64, no. 3 (2018): 407-421.

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Several people were instrumental in making it possible to study the history of a country that is not the one I resided in. I received help from archivists and librarians from US, Serbian, Croatian, and Slovenian repositories, who corresponded with me regularly, sent me catalogues, and collection inventories, and digitised copies of archival sources.

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## Map of the Socialist Federated Yugoslav Republics



**Figure 1** Map of Socialist Federated Republics of Yugoslavia, 1945-1992, *Source:* Sabrina Petra Ramet, *The Three Yugoslavias: State-Building and Legitimation, 1918—2005* (Bloomington: Indiana University Press, 2006), xxv.



## Introduction: Regulating reproduction in socialist Yugoslavia: a social and cultural history

In a 1958 advice column, in the popular Croatian women's fashion magazine *Svijet* [World], a woman asks for more information about contraception, a topic that interests her because of her personal situation.

I already have four children and I simply do not want to have any more. My current personal circumstances, my work and my health, will not allow it. I have to confess, that I have had a few abortions already and that the fear of them has influenced intimate relations between myself and my husband. I also do not hold much faith in all of these modern means of birth control. I am afraid of their side-effects and I don't really know who I can go to for help and to answer my questions.<sup>1</sup>

The resident gynaecologist, Davor Rogić, responds with concision, stating that 'the protection of women's health by our socialist homeland has become the responsibility of our highest health authorities, who will help women avoid unwanted pregnancies, protecting their health and that of future generations.'

Having been published in a state periodical, this exchange and the characterisation of the medical expert and the private citizen reveals at least as much, if not more, about the state's view of these roles, as it does about the anxieties and experiences of ordinary people. The woman

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<sup>1</sup> Davor Rogić, "Vi ste nas pitali: Bojim se pobačaja, što da radim [You asked us: I am afraid of abortion, what should I do]," *Svijet*, September 1958, unpaginated.

posing the question, identified only by her initials – M. V. – represents all that contemporary medical officials viewed as undesirable in women’s fertility control practices: M. V. does not trust, or apparently use, modern contraceptives, has already had ‘a few’ abortions, and does not know how to navigate the medical system in her search for appropriate fertility control measures. In her letter, however, there is as a glimmer of hope, as she seeks to engage medical professionals to help her to plan her future fertility. In seeking expert advice, M. V. enacts the state’s aspiration for citizens to entrust their health to, as Rogić put it, the ‘highest medical authorities’. Rogić speaks for the state: he gives M. V. a political answer, and not a particularly detailed or useful response, elevating the efforts of the current socialist government in ensuring the health of present and future generations. The relationship between questioner and respondent reflects a rift between state and society, a rift that the state sought to mend. The doctor underscores the state’s commitment to improving the lot of this female reader, and by implication, the lot of all Yugoslav women. One of many exchanges published in similar state women’s magazines, this dialogue, whether invented or real, underscores the complex and dynamic relationship between the party, the state and media, and the masses.

This dissertation addresses women’s health, reproduction, contraception, and abortion in Yugoslavia during the period of 1945–1989 — that is, from the establishment of Yugoslav socialism at the end of World War II (WWII) to the fall of communism in Europe.<sup>2</sup> Throughout

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<sup>2</sup> Chapter 4 covers the period of the 1960s through 1980s. While the latter years of the 1980s are not covered in as much depth as the 1960s, 1970s, and the early 1980s, I have opted for the chronological scope that ends in 1989 to coincide with the fall of European communism, and because my respondents’ responses analysed in Chapter 5

the socialist period, the state continually held that progressive laws, free healthcare, and investment into the domestic production of sex education materials and contraceptive technologies, bolstered Yugoslav gender equality. The pervasive image of a state committed to equality of the sexes has seeped into the country's post-socialist legacy. But to what extent were the state's domestic and international efforts to regulate reproductive matters an expression of its commitment to gender equality? Yugoslav communists were troubled by the state of the population's health, particularly that of infants and birthing women. They also worried about fertility rates, which were in constant and uneven decline, the dearth of medical services and specialists around the country, and women's reliance on abortion in the absence of contraception, and how these cumulative factors held the potential to affect the future of the nation and its people. Motivated by the belief that abortions performed by unlicensed practitioners outside of the medical establishment were detrimental to women's health, gynaecologists dedicated their careers to improving fertility-control techniques and technologies, and educating the masses about safer ways to space births. In addition to these health concerns, communist leaders had their own ambitions for the Yugoslav citizenry and wielded reproductive regulation as a tool of state formation and international geo-political positioning.

Women and men in Yugoslavia internalised messages like the one conveyed in the exchange between M. V. and Rogić. The narrative of socialist Yugoslavia as a modern and progressive utopia found expression in recollections of the past as Yugoslavia began to crumble

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consist of their recollections of the 1970s, 1980s and 1990s.

and then devolved into war. In the 1980s and 1990s I was growing up in Vojvodina – a hotly contested autonomous province – in a principally female household that saw the state’s gender equality agenda evidenced in my mother’s career as a scientist, a path my elder sister was set to follow. When friends and family reminisced with nostalgia and warmth about socialist Yugoslavia, women’s health was a common topic. I was told that women could go to a clinic or hospital and access abortion services after their request for a termination was approved. Contraception was also readily available and doctors educated patients on its use. Books on sexual health and sexual development had been available and used by parents to guide children through maturation. Popular perceptions held that women in Yugoslavia had accessible and affordable healthcare in comparison to elsewhere in post-war Europe, or in the United States. These details buttressed the overarching contention that Yugoslav women were equal to Yugoslav men in all aspects of public and private life.

I brought these assumptions into my research, but found a far more complex picture where matters of sexual health, including reproductive sex within marriage, were fraught for women, both during the socialist period and since. Women interviewed for this project have told me that feelings of guilt and shame were common in relation to matters of sex, sexuality, contraception, and reproduction. Medical professionals called women whores while in the delivery room, and women often received no support or pain relief when having an abortion.<sup>3</sup>

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<sup>3</sup> These recollections came from informal conversations with women that I had throughout my life and while conducting the research for this project.

The 1970s work of sociologist Mirjana Morokvasić revealed that popular opinion held that if women were on the oral contraceptive pill, they would be more likely to cheat on their husbands; the public also primarily believed that the responsibility for birth control lay with the male partner, mostly through *coitus interruptus*.<sup>4</sup> These recollections left me confused. I tried to reconcile free access to reproductive and sexual health services, including contraception and pregnancy termination, coexisting with women's daily experience of their sexuality and reproduction as sites of stigma and abuse. I pondered how such discrepancies between policy and practice could exist. How could the warm remembrances of the not-so-distant past depart so much from everyday life experiences? My dissertation was borne of these ruminations.

Reproduction, contraception, abortion, and family planning sit at the intersections of global conversations on population control and human rights; public and private life; society, culture and politics; and medicine and custom.<sup>5</sup> These topics collectively reveal the

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<sup>4</sup> Mirjana Morokvasić, "Sexuality and control of procreation," in *Of marriage and the market: Women's subordination internationally and its lessons*, eds. Kate Young, Carol Wolkowitz and Roslyn McCullagh (London: Routledge and Kegan Paul, 1981), 199.

<sup>5</sup> While I use these terms to frame my discussion, I am also conscious that they are not static categories and that their characteristics are dependent on individual experience, and geographical, cultural and historical context. I use the term family planning in a number of ways in this dissertation, mirroring international definitions and trends. Family planning is primarily about contraception and is associated with its use and dissemination, and education about contraception. Over time, it has come to mean more things and these vary drastically by context. For some family planning organisations, it may encompass prevention of sexually transmissible infections, fertility counselling, routine pap smears, breast health, healthy relationships, sex education, disability education and more. IPPF and many family planning organisations around the world are committed to supporting women's access to safe medical abortion. IPPF, "Abortion". <https://www.ippf.org/our-approach/services/Abortion>. Accessed on 26 October 2019. Even though family planning experts advocate for judgement-free and accessible abortion care, family planning ideology primarily aims to instil prophylactic behaviours that prevent pregnancy. The World Health Organisation (WHO) today defines family planning as the 'ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility.' WHO, "Family Planning/Contraception".

collaborations and disjunctions between official party agendas, the interests of the state and its ministries, and the ordinary individuals that made up the Yugoslav population. Tangled within this narrative is the role of the women's press and how state actors, interest parties and individuals navigated its potential. My analysis deals with change over time, both during the socialist years, and in the memory of them. It refines the periodisation of the Yugoslav story by demonstrating the ways that Yugoslav communists built on the legacies of their predecessors, and as the legacy of socialism bled into the post-socialist world. Running through these central themes is my analysis of the gendered challenges and experiences that were particular to women living in socialist Yugoslavia. Drawing on the methods of social and cultural history, this dissertation examines the local, national, and transnational elements of this story to change the picture of state interventions into private reproductive behaviour across Europe during the Cold War period. This dissertation highlights the centrality of women's reproductive rights and health to Yugoslav state formation, through the gradual development of the Yugoslav way. Furthermore, it situates Yugoslavia as a conduit not only between East and West, but between the global North and global South. While the state's position was certainly not unique, the

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<https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>. Accessed on 24 October 2019. Family planning also has to do with the changing tides of global power regarding development, as powerful global institutions use family planning to stem global population growth. It has also served as a tool of Western feminists who see the provision of family planning services as a human right, and as integral to women's emancipation around the world. See: Matthew Connelly, *Fatal misconception: The struggle to control world population* (Cambridge: Cambridge University Press, 2008).

Yugoslav case offers insights into the idiosyncratic ways that nations navigated the mercurial Cold War world.

## ***Context & Historiography***

### *Yugoslavia: a brief glimpse*

Once the Yugoslav Communist Party (CPY) took power in 1945, leading communists aligned themselves with the Soviet Union and pursued the transformation of society through a social revolution.<sup>6</sup> Immediately after taking over the Yugoslav lands, the party began a long and protracted effort to claim legitimacy, especially amongst the vast and diffuse peasantry, constantly balancing its long-term revolutionary aspirations with immediate social, political, and economic needs.<sup>7</sup> Unlike other Eastern European states, Yugoslavia broke from the Soviet

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<sup>6</sup> The Communist Party of Yugoslavia formed in 1919 as the main communist opposition party in the Kingdom of Serbs, Croats and Slovenes. The party was banned by the monarchy until WWII. After WWII the party consolidated its power and established a single-party state, which existed from 1952 to 1990 as the League of Communists of Yugoslavia. For broad surveys of Yugoslavia during the long twentieth century, see: Sabrina Petra Ramet, *The three Yugoslavias: State-building and legitimation, 1918—2005* (Bloomington: Indiana University Press, 2006); Igor Štiks, *Nations and citizens in Yugoslavia and the post-Yugoslav states: One hundred years of citizenship* (London: Bloomsbury Press, 2015); John R Lampe, *Yugoslavia as history: twice there was a country* (Cambridge: Cambridge University Press, 2000); Ivo Banac, *The national question in Yugoslavia: Origins, history and politics* (Ithaca, NY: Cornell University Press, 1988); Vesna Drapac, *Constructing Yugoslavia: A transnational history* (New York: Palgrave Macmillan, 2010); Leslie Benson, *Yugoslavia: A concise history* (Hampshire, NY: Palgrave Macmillan, 2004); Dejan Djokić and James Ker-Lindsay, eds. *New perspectives on Yugoslavia: Key issues and controversies* (London: Routledge, 2010); Melissa K. Bokovoy, Jill Irvine, and Carol S. Lilly, eds. *State-society relations in Yugoslavia, 1945-1992* (New York: St Martin's Press, 1997).

<sup>7</sup> In *The three Yugoslavias*, Ramet argues that the drive to gain legitimacy of its rule underpinned the entire timespan of the three Yugoslavias, from 1918 to 2005, and that the disintegration of each of the three Yugoslavias came because of a lack of political legitimacy, which she describes as being 'when its officeholders obtain office according to legally prescribed procedures which are widely accepted in the society'. Ramet, *The three Yugoslavias*, 22. In the early socialist context, Melissa K. Bokovoy explains that 'every regime seeks sources of legitimacy,' which the CPY had through its political monopoly. However, she contends that '[l]egitimacy, in the view of the Yugoslav Communists, should not rest on coercion, brute force, or realpolitik.' Bokovoy, *Peasants and communists: Politics and ideology in the*

Union in 1948; Josip Broz Tito and Joseph Stalin clashed over Yugoslav foreign politics.<sup>8</sup> Fuelled by the split, Yugoslav communist leaders sought to pursue their own form of socialism. The Yugoslav way was defined by self-management socialism, a system that was designed to be ‘emulated’ by the international community.<sup>9</sup> According to Yugoslav socialist theorist Edvard Kardelj, self-management represented a ‘new and direct democratic socialist right, which is possible solely in the conditions of the social ownership of the means of production and the ruling position of the working class in the society.’<sup>10</sup> From the early 1950s, the Yugoslavs’ socialist experiment encompassed a new, more temperate socialist style, typified by a more gradualist economic policy than its Soviet-style precursor, and a dogged pursuit of foreign engagements. The state decentralised federal power, forging a governing system that would see the central state’s function reduced and the country’s workforce empowered through workers’ councils and committees.<sup>11</sup> In forging a new socialism, the party represented itself as benevolent and altruistic, distributing control to republics, autonomous provinces, and local councils.

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*Yugoslav countryside, 1941-1953* (Pittsburgh, PA: University of Pittsburgh Press, 1998), 35, 36. Carol S. Lilly attests that the Yugoslavs’ benevolent ‘vision for a new and better society,’ was ‘the party’s ultimate goal and main source of legitimacy.’ Lilly, *Power and persuasion: Ideology and rhetoric in communist Yugoslavia, 1944-1953* (New York: Routledge, 2001), 1.

<sup>8</sup> For some analyses of the Tito-Stalin split, see: Banac, *With Stalin against Tito: Cominformist splits in Yugoslav communism* (Ithaca, NY: Cornell University Press, 1988); and Jeronim Perović, “The Tito–Stalin split: A reassessment in light of new evidence,” *Journal of Cold War studies* 9, no. 2 (Spring 2007): 32–63.

<sup>9</sup> Ramet, *The three Yugoslavias*, 1.

<sup>10</sup> Edvard Kardelj, *Pravci razvoja političkog sistema socijalističkog samoupravljanja* [Directions of the development of the political system of socialist self-management] (Belgrade: IC Komunist, 1977), 119. For more in-depth discussion of self-management see: Štiks, *Nations and citizens*; V. Unkovski-Korica, “Self-management, development and debt: The rise and fall of the ‘Yugoslav experiment’”, in *Welcome to the desert of post-socialism: Radical politics after Yugoslavia*, eds. S. Horvat and I. Štiks (London: Verso, 2015).

<sup>11</sup> Kardelj, *Pravci razvoja*, 119.



As in other nations, exceptionalism was the backbone of the Yugoslav socialist project, and the party used the state-sponsored women's press to gain legitimacy with the citizenry. State propaganda dominated mass media and popular culture – predominantly through periodicals and papers in the early Cold War period, and later through film and music – where official propaganda constantly reiterated Yugoslavia's distinctiveness.<sup>12</sup> A 1946 article from state-sponsored women's magazine *Žena danas* [Woman today] confidently asserts that 'no other people, apart from those of the Soviet Union, can praise themselves on their efforts in rebuilding their own land; no other people can say that they have achieved as much in this brief [post-war] period as have the people of Yugoslavia'.<sup>13</sup> Patriotic messages about the new socialist country were bolstered by a cult of personality constructed around Tito. Reprinted and disseminated nationally, his speeches and those of his communist comrades, promoted an image of the party's collective benevolence towards the Yugoslav people.<sup>14</sup> Fostering political cohesion, the women's press emphasised women's gratitude for Tito's generosity: 'Thank you to comrade Tito, who gave to us women the right to choose our freedom!'<sup>15</sup> Even though over time, the impassioned

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<sup>12</sup> While the term propaganda is usually used in the pejorative sense, here I mean only literature meant to persuade. For an account of how Yugoslav communists sought to instil communist values in pursuit of a social transformation, see Lilly, *Power and persuasion*.

<sup>13</sup> "Za bolji život radnice majke [For the better life of the working mother]," *Žena danas*, March 1946, 15.

<sup>14</sup> Gorana Ognjenović and Jasna Jozelić recently published two edited collections analysing diverse aspects of socialist Yugoslavia through the cult of Tito. Gorana Ognjenović and Jasna Jozelić, eds. *Revolutionary totalitarianism, pragmatic socialism, transition* (London: Springer Nature, 2016); Ibid., *Titoism, self-determination, nationalism, cultural memory: Volume two, Tito's Yugoslavia, stories untold* (London: Springer Nature, 2016). See also the Foreword by Ramet in the second volume as she outlines the different ways in which Tito was a unique socialist leader – for example, he set up a ruling party that would outlive him and continue his legacy – and ways in which he mirrored others – for example, through state censorship and his use of violence to thwart potential dissenters.

<sup>15</sup> "Novosti [News]", *Nova Žena*, July 1946, 7.

patriotic sentiment waned somewhat, as communist women leaders questioned the breadth of the state's commitment to public promises, these patriotic messages shaped perceptions of the state project beyond the life of Tito and of the country.

Throughout the socialist period, Yugoslavia continued to be politically and economically linked with Western powers, while remaining socialist in political character. Tito saw the break with Stalin as an opportunity to dissociate his country from the West's Cold War enemy.<sup>16</sup> Amid the Cold War, the Yugoslav state presented itself as a unique socialist nation, one that existed outside of the East/West divide, taking simultaneously from East and West to produce its own version of socialism. As historian Vesna Drapac argues, "Tito eventually emerged as the favourite of the European left. His split with Stalin... revealed to sympathetic outsiders that one could deviate from the Soviet path without betraying communist principles."<sup>17</sup> These moves gained Tito international praise and popularity among non-communists in the West, and brought Yugoslav communists into a closer relationship with the US, as compared to other socialist European states. Soon after the split, the US began to give significant financial aid to Yugoslavia, which contributed to the Yugoslav state being one of the wealthiest socialist countries in post-war Europe.<sup>18</sup> Indeed 'the country went on to receive enormous amounts of Western material

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<sup>16</sup> Drapac, *Constructing Yugoslavia*, 206.

<sup>17</sup> Ibid., 20.

<sup>18</sup> See: Lorraine M. Lees, *Keeping Tito afloat: The United States, Yugoslavia, and the Cold War* (Pennsylvania: Pennsylvania State University Press, 1997); Tvrtko Jakovina, *Američki komunistički saveznik: Hrvati, Titova Jugoslavija i SAD 1945–1955* [America's communist ally: Croats, Tito's Yugoslavia and USA 1945-1955] (Zagreb: Profil International, 2003). For scholarship on consumption of Western culture and products in Yugoslavia, see: B. Luthar and M. Pušnik, eds. *Remembering utopia: The culture of everyday life in socialist Yugoslavia* (Washington: New Academia Publishing, 2010); Sabina Mihelj, "Koka-kola socijalizam: Amerikanizacija Jugoslovenske popularne kulture šezdesetih godina 20 veka.

help, as well as political support and, even more importantly, developed its own, much more liberal and internationally open brand of socialism'.<sup>19</sup> However, a relationship with the US was not the only foreign engagement that Yugoslav communists craved, and Tito energetically pursued affiliations with emerging independent countries of the global South.

In its burgeoning relationship with countries that would eventually form the Non-Aligned Movement (NAM), the state aimed to do two things: present itself as a developmental model for those newly-decolonised countries; and serve as a bridge between those and Western countries. By 1961, Yugoslavia had become a leading force in the NAM, whose existence aimed to skirt Cold War tensions. According to Yugoslav historian Sabrina Petra Ramet, 'nonalignment and self-management were developed as the central principles of foreign policy and domestic policy,' and the combination of those policies opened doors for the state to engage with other foreign parties.<sup>20</sup> The distinctiveness of the Yugoslav way, attests Odd Arne Westad, helped Tito build 'close relations with Third World revolutionaries who also wanted to be socialists without accepting the full Soviet package.'<sup>21</sup>

The state aimed to bridge divisions between the global North and South by way of its involvement with international Non-Governmental Organisations (NGOs). From the late 1950s,

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[Coca-cola socialism: Americanisation of Yugoslav popular culture in the 1960s],” *European journal of communication* 28, no. 6 (December 2013): 720-722.

<sup>19</sup> Ana Antić, “The pedagogy of workers’ self-management: Terror, therapy, and reform communism in Yugoslavia after the Tito-Stalin Split,” *Journal of social history* 50, no. 1 (September 2016): 180.

<sup>20</sup> Ramet, *The three Yugoslavias*, 5.

<sup>21</sup> Odd Arne Westad, “The Balkans: A Cold War mystery,” in *The Balkans in the Cold War*, eds. Svetozar Rajak, Konstantina E Botsiou, Eirini Karamouzi and Evanthis Hatzivassiliou (Nottingham: Palgrave Macmillan, 2017), 358.

the state established partnerships with multilateral humanitarian and health organisations, including the United Nations (UN), to establish itself as a leader in the provision of aid around the developing world. Yugoslavia's deliberate engagements with those global entities demonstrate a shift away from earlier Soviet-style socialist leadership in the first post-war decade, in pursuit of a new geo-political position between the global North and South. While it fostered its burgeoning relationship with the West, as a leader of the NAM Yugoslavia also led the way for developing countries to adopt policies aimed at reducing their populations by influencing women's reproductive decisions.<sup>22</sup> By becoming the vanguard of the production and expertise in fertility control, the state wielded the authority of science for its own benefit, evidencing Cold War historian Westad's characterisation of the country as an 'independent centre of communist power in Southern Europe.'<sup>23</sup>

Reproductive regulation constituted one aspect of the state's broader strategy to construct a uniquely Yugoslav communist project. As was common amongst the newly-socialist post-war European states, Yugoslav communists adopted and implemented constitutional legislation, gender and reproductive policies from the Soviet Union under the banner of the

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<sup>22</sup> See: Ljubica Spaskovska, "Building a better world? Construction, labour mobility and the pursuit of collective self-reliance in the 'global South', 1950–1990," *Labor History* 59, no. 3 (February 2018): 331–351; Rajak, "No bargaining chips, no spheres of interest: The Yugoslav origins of Cold War Non-Alignment," *Journal of Cold War studies* 16, no. 1 (Winter 2014): 146–179; Nataša Mišković, Boškowska Fischer-Tiné and Nada Leimgruber, eds. *The Non-Aligned movement and the Cold War: Delhi-Bandung-Belgrade* (London: Routledge, 2014); Aleksandar Životić and Jovan Čavoški, "On the road to Belgrade: Yugoslavia, Third World neutrals, and the evolution of global Non-Alignment, 1954–1961," *Journal of Cold War studies* 18, no. 4 (Fall 2016): 79–97; Alvin Z. Rubinstein, *Yugoslavia and the nonaligned world* (Princeton, NJ: Princeton University Press, 1970); Darko Bekić, *Jugoslavija u hladnom ratu: Odnosi s velikim silama 1949–1955* [Yugoslavia in the Cold War: Relations between super powers] (Zagreb: Plava Biblioteka, 1988).

<sup>23</sup> Westad, "The Balkans: A Cold War mystery," 358.

socialist commitment to gender equality.<sup>24</sup> One of those measures included the 1946 Constitution, which aimed to unify the Yugoslav citizenry across ethnic, cultural, and class divisions and ratified equality of the sexes. After the split, Yugoslav legislators set out to express their commitment to gender equality through new codes to do with abortion, contraception, and parental rights. They did so by drawing on examples from international humanitarian organisations, from their predecessors in interwar public health, and from other socialist states.<sup>25</sup>

From the federal decriminalisation of abortion in the 1951 Penal Code, through the 1960s as the Federal Assembly and the republican seats adopted the Federal legislation, abortions were legally guaranteed for Yugoslav women.<sup>26</sup> Following the 1969 General Law, which legalised women's access to abortion 'on demand' before ten weeks gestation, the 1974 Yugoslav constitution affirmed parents' rights to decide on the number and spacing of their children.<sup>27</sup>

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<sup>24</sup> Several historians have argued along these lines regarding the state and gender policy in the early Cold War period. See Ivan Simić, *Soviet influences on postwar Yugoslav gender policies* (Cham: Palgrave Macmillan, 2018); Jelena Batinić, *Women and Yugoslav partisans: A history of World War II resistance* (Cambridge: Cambridge University Press, 2015).

<sup>25</sup> For Yugoslav interwar healthcare see: Martin Kuhar, "'From an impure source, all is impure': The rise and fall of Andrija Štampar's public health eugenics in Yugoslavia," *Social history of medicine* 30, no. 1 (February 2017): 92-113; Željko Dugac, "Popular health education and venereal diseases in Croatia between two World Wars," *Croatian medical journal* 45, no. 4 (August 2004): 490-498; Ibid., "'Like yeast in fermentation': Public health in interwar Yugoslavia," in *Health, hygiene and eugenics in South East Europe to 1945*, eds. Christian Promitzer, Sevasti Trubeta, and Marius Turda (Budapest: Central European University Press, 2011), 193-232; Rory Yeomans, "Fighting the white plague: Demography and abortion in the independent state of Croatia, 1941-1945," in *Health, hygiene and eugenics in South East Europe to 1945*, 385-426.

<sup>26</sup> The gradual process of decriminalising abortion began with the 1951 Penal Code and the 1952 Federal Law establishing the guidelines for performing medicalised abortions. "Krivični zakon [Penal code]," *Službeni list Federativne Narodne Republike Jugoslavije* [Official gazette of the Federal People's Republic of Yugoslavia] 13 (March 1951): 184-224; "Uredba o postupku za vršenje dozvoljenog pobačaja [The law on the procedure for performing allowed abortion]," *Službeni list* 4 (January 1952).

<sup>27</sup> The 1969 Resolution was passed on 25 April 1969. Resolution on Family Planning adopted by the Federal Assembly on 25 April 1969. This was followed by the General law that stipulated the regulations for practicing abortions following the tenets of the Resolution. "General law on abortion," *Službeni list* 20 (March 1969). In 1974, the state ratified a new federal constitution, protecting parental rights to choose the spacing of their children.

Yugoslav feminists of the 1970s, 1980s and 1990s questioned the discrepancies between state rhetoric and women's lived experiences in the domestic and public spheres. From the 1970s, these sociologists and historians critiqued the state's measures to legislate equality of the sexes by analysing the spheres of home, public life, education and employment outside of the home, and intimate partner relationships. Much of that scholarship stems from the interests of Belgrade, Zagreb, and Ljubljana feminists who spearheaded studies that were borne of a combination of Western feminist principles and socialist ideology.<sup>28</sup> In an oft-cited 1989 review of women's invisibility in school history textbooks, feminist scholar Lydia Sklevicky argues that the pervasiveness of patriarchal attitudes in constructions of the Yugoslav past meant that school children were largely taught about war and conflict. Consequently, horses, 'man's steady companions in warfare,' outnumbered women in the textbooks of the day.<sup>29</sup> While Yugoslav feminists were influenced by second-wave Western feminist ideology, and applied it to their academic work in critiquing the status quo, their respective agendas differed. As one scholarly observer of Yugoslav feminism notes, the 1978 Belgrade feminist conference, which Sklevicky

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"Constitution of the Socialist Federal Republic of Yugoslavia with a constitutional law to enforce Constitution of the Socialist Federal Republic of Yugoslavia" *Službeni list* (February 1974).

<sup>28</sup> For a recent account on the feminist movement in that context, see: Zsófia Lóránd, *The feminist challenge to the socialist state in Yugoslavia* (Cham: Palgrave Macmillan, 2018).

<sup>29</sup> Lydia Sklevicky, "More horses than women: on the difficulties of founding women's history in Yugoslavia," *Gender and history* 1, no. 1 (March 1989): 70. Sklevicky, an anthropologist, historian and women's rights advocate, wrote about the challenges that historians faced in overturning the historical status-quo as told from a male perspective. She died in 1990 and her writings, including her PhD dissertation were posthumously published in this volume: Sklevicky, *Horses, women, wars* (Zagreb: Druga, 1996).

helped to organise and which attracted feminists from all over Europe, evinced the delegates' divergent concerns: 'While Italian and French feminist movements were building their mass campaigns on themes such as divorce, [and] abortion,' Yugoslav feminists argued that those rights already existed in Yugoslavia and did not constitute an issue.<sup>30</sup> Yugoslav feminists were more concerned about equality between men and women in terms of employment and promotion at work, and with the issue of domestic violence.<sup>31</sup>

Following in the footsteps of these feminists, historians and sociologists have of late begun to interrogate the disjuncture between state promises and women's everyday lives. The history of the family, including subjects such as intimate partner violence, continuation of religious rituals and celebrations, and gendered roles within the home, tells of the persistence of historically-entrenched patriarchal attitudes within the private domain.<sup>32</sup> For example, Serbian

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<sup>30</sup> Chiara Bonfiglioli, "Belgrade, 1978: Remembering the conference," (Master's thesis, Utrecht University, 2008), 84.

<sup>31</sup> Many of the leading women, including Lepa Mladjenović, Sklevicky and Žarana Papić, of the 1970s, 1980s and 1990s feminist movement in Yugoslavia were concerned with the issue of domestic violence, which was then compounded by the gendered violence of the country's protracted end. Papić co-founded the Belgrade Women's Studies Centre in 1992. Her views on abortion were that it was a tool of the socialist regime to appease women from making any further demands for equality and emancipation in the radical international context of the 1970s.

<sup>32</sup> This historical scholarship, some of which integrates social science methodology, traces a longer history of patriarchal attitudes within the region and how those attitudes endured within the socialist era, despite ostensible efforts to curtail their negative impacts on the social and political position of women. Vera Gudac-Dodić has published several articles on the topic of women's position within the family, and women's experiences of intimate partner violence, including: Vera Gudac-Dodić, "Under the aegis of the family: Women in Serbia," *Journal of international social research* 3, no. 13 (September 2010): 110-119; Ibid., "Domestic violence against women in Serbia," *Tokovi istorije* [Currents of history] 3 (2014): 143-158. Other scholars, studying the enduring nature of religious celebrations and rituals within families throughout the socialist period, argue that those events represented a manifestation of patriarchal attitudes that lingered within the private sphere of the family, negating state efforts to equalise the sexes at the legislative and institutional levels. These scholars have positioned their analyses of the family within comparative frameworks, arguing that Yugoslavia was not the only nation where political rhetoric and legislative moves did not meaningfully penetrate private family life. Petko Hristov compares the Serbian *slava*, an annual Orthodox ritual of paying tribute to the patron saints of families, with the Bulgarian equivalent, *sluzhba*, arguing that such rituals became integrated into the socialist fabrics of each context. Petko Hristov, "Ideological

historian Vera Gudac-Dodić contends that men's habitual abuse of their female spouses was 'expected and inveterate' during the early twentieth century; it continued into the socialist period and, because of the state's avowed promotion of gender equality, remained 'invisible'.<sup>33</sup> Slovenian sociologists Alenka Švab, Tanja Renner, and Metka Kuhar argue that socialist women exercised their rights within the public sphere through full-time employment and political participation. They could do so more successfully in those contexts than they could within the private realm of the family because 'long term cultural structures of power and habitus', embodied within enduring patriarchal attitudes, negated women's abilities to challenge the distribution of power within families, and gendered family roles.<sup>34</sup> Their arguments point to the ways that topics about private, family life stand to problematise the socialist state's measures to equalise the sexes.

Social scientists, rather than historians, have dominated the discussions of women's reproductive rights and health. Yugoslav-born scholars have led the way, with a steady stream of social science studies of abortion and maternal care in Yugoslavia.<sup>35</sup> They focus on the post-1989

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dimensions of the "Balkan family pattern" in the first half of the 20th century," *History of the family* 19, no. 2 (March 2014): 218-234; Allan Puur, Kalev Katus, and Luule Sakkeus, "Family formation in the Baltic countries: A transformation in the legacy of state socialism," *Journal of Baltic studies* 39, no. 2 (June 2008): 123-156. In their article on the evolution of family life in Slovenia from the socialist period through to the present, Alenka Švab, Tanja Renner, and Metka Kuhar, argue that demographic and family trends across Europe 'eliminate the differences between Western and Eastern European countries as well as significant differences among them.' Alenka Švab, Tanja Renner, and Metka Kuhar, "Behind and beyond Hajnal's line: Families and family life in Slovenia," *Journal of comparative family studies* 43, no. 3 (May-June 2012): 419.

<sup>33</sup> Gudac-Dodić, "Domestic violence against women in Serbia," 147.

<sup>34</sup> Švab, Renner, and Kuhar, "Behind and beyond Hajnal's line," 432.

<sup>35</sup> In their historiographical essay, Nataša Milićević and Predrag Marković have argued that the social sciences have been more historically 'trusted' disciplines as historical topics cause discomfort. Nataša Milićević and Predrag Marković, "Srpska istoriografija u vreme tranzicije: Borba za legitimitet," *Istorija 20. Veka* [History of the twentieth century] 1 (2007): 145.



period, with the topics including family planning services, contraception options and their use in certain sections of the population — such as university and high school students — the availability of induced abortion and its widespread use by the population despite the availability of modern contraceptives and voluntary sterilisation.<sup>36</sup> In the wake of the Yugoslav wars, social scientists in each of the post-Yugoslav states have pushed to create better family planning services and education, and to encourage changes in attitude towards contraception in the different areas of the populations. In the context of present-day conservatism, reproductive rights and abortion policies in socialist Yugoslavia are seen as examples of Yugoslavia's more permissive past: exemplifying socialist commitment to women's ongoing emancipation. Neda Božinović, Serbian political commentator and academic during the 1990s, praises the socialist laws on abortion in her seminal texts describing the social and political positions of women in Serbia.<sup>37</sup> The factors outlined above, combined with the germinal state of women's and gender studies across all disciplines in the region, illustrate why topics of reproduction and abortion under Yugoslav socialism have yet to receive the historically-driven academic scrutiny that they deserve.

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<sup>36</sup>Artur Bjelica, "Socio-demographic factors influence contraception use among female students of the University of Novi Sad, Serbia," *European journal of contraception and reproductive healthcare* 13, no. 4 (January 2008): 422-430; Rada Drezgić, "The politics of abortion and contraception," *Sociologija* [Sociology] 46, no. 2 (December 2004): 97-114; Tomas Frejka, "Determinants of family formation and childbearing during the societal transition in Central and Eastern Europe," *Demographic research* 19 (July 2008): 139-170; Mirjana Rašević, "The abortion issue in Serbia," *European journal of contraception and reproductive healthcare* 14, no. 6 (December 2009): 385-390; Ibid., "The question of abortion in Serbia," *Espace Populations Sociétés* 3 (September 2009): 681-693.

<sup>37</sup> Neda Božinović, *Žensko pitanje u Srbiji u XIX i XX veku* [The woman question in Serbia in the nineteenth and twentieth centuries] (Belgrade: Devedesetčetvrta, 1996), 158.

To the extent that historians have addressed socialist women's reproductive health and rights, their concern centres on the argument that reproductive legislation was an expression of the state's commitment to gender equality.<sup>38</sup> Serbian historian Aleksandra Pavičević asserts that policies advocating for the limitation of births from the 1960s followed global demographic trends of lowering natality in pursuit of 'better family life'.<sup>39</sup> She, along with Ivana Dobrivojević, acknowledges that the state passed laws not so much to directly eliminate inequalities between men and women, but to pursue a gradualist approach to social engineering.<sup>40</sup> They paint the Yugoslav government as fairly benevolent in its authority, contending, in concert with state propaganda, that gender policies evidenced the state's commitment to caring for women and uplifting their public roles. Sociologist Rada Drezgić argues that 'liberal population policy and uninterrupted liberal abortion legislation in Yugoslavia, resulted, among other reasons, from the communist leadership's commitment to national and gender equality'.<sup>41</sup> I, too, find that the bureaucracy was in accord with the ideological tenets of socialist gender equality and went some way towards expressing its commitment to that ideal. Regardless, the state's efforts ultimately fell short because it never fully endorsed or resourced initiatives that sought to realise equalising

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<sup>38</sup> Ivana Dobrivojević, "Planiranje porodice u Jugoslaviji, 1945-1974 [Family planning in Yugoslavia, 1945-1974]," *Istorija 20. Veka* [History of the 20th century] 34, no. 2 (August 2016): 83-98; Gordana Drakić, "Termination of pregnancy under the Criminal Code of the Kingdom of Yugoslavia and the projects that preceded it," *Collection of works of the Legal Studies University of Novi Sad* 3 (January 2011): 533-542; Aleksandra Pavičević, *Na udaru ideologija: Brak, porodica i polni moral u Srbiji u drugoj polovini 20 veka* [On the impact of ideology: Marriage, family and sexual morality in Serbia during the second half of the twentieth century] (Belgrade: Ethnographic Institute SANU, 2006).

<sup>39</sup> Pavičević, *Na udaru ideologije*, 186.

<sup>40</sup> Pavičević, *Na udaru ideologije*; Dobrivojević, "Planiranje porodice u Jugoslaviji".

<sup>41</sup> Drezgić, "Policies and practices of fertility control under the state socialism," *History of the family* 15, no. 2 (June 2010): 191.

ambitions. As Rogić emphatically explained in his response to M. V., communist leaders viewed women's health and reproductive policies as the foundation of the evolving Yugoslav socialist system, but just as he did, medical experts were unable to bring policy into practice.

The fall of Yugoslavia – in particular, the wartime rapes and ethnic cleansing that have come to typify its bloody end – along with conservative shifts in reproductive policies in the Yugoslav successor-states have reframed analyses of reproduction, contraception, and abortion during the country's socialist period.<sup>42</sup> Dobrivojević and Pavičević contend that the state never intended for reproductive laws to affect women's decisions about how many children to have.<sup>43</sup> Drezgić draws a line between demographic research and 1970s family planning policies asserting that population policies replaced family planning policies starting from the 1980s. She contends that the socialist state did not aim to affect population makeup or distribution, at least not until

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<sup>42</sup> Although each successor state has retained some version of the Yugoslav socialist constitution regarding reproductive matters, new leaders, interest groups and lobbyists have been loud on the need to reformulate reproductive legislation to match present-day realities, threatening progressive legal frameworks. The scholarship on wartime rape and ethnic cleansing is extensive and written from a variety of perspectives, much of it by foreign journalists. See: Beverly Allen, *Rape warfare: the hidden genocide in Bosnia-Herzegovina and Croatia* (Minneapolis: University of Minnesota Press, 1996); Sarah Maguire, "Researching 'a family affair': Domestic violence in former Yugoslavia and Albania," *Gender and development* 6, no. 3 (November 1998): 60-66. Some well-developed surveys of the situation in relation to women and feminist activism, along with media constructions of ethnicity and gender includes: Dubravka Žarkov, *The body of war: Media, ethnicity, and gender in the break-up of Yugoslavia* (Durham, N.C.: Duke University Press, 2007); Elissa Helms, *Innocence and victimhood: Gender, nation, and women's activism in postwar Bosnia-Herzegovina* (Madison: University of Wisconsin Press, 2013); Teodora Todorova, "'Giving memory a future': Confronting the legacy of mass rape in post-conflict Bosnia-Herzegovina," *Journal of international women's studies* 12, no. 2 (March 2011): 3-26. Scholars have also utilised first-person accounts to analyse the wartime situation: Olivera Simic, "Drinking coffee in Bosnia: Listening to stories of wartime violence and rape," *Journal of international women's studies* 18, no. 4 (August 2017): 321-328.

<sup>43</sup> Dobrivojević, "Za željeno roditeljstvo: Državna politika Jugoslavije u oblasti planiranja porodice 1945-1974 [For planned parenthood: Yugoslav national politics in the area of family planning, 1945-1974]," *Istorija 20. Veka* [History of the twentieth century] 36, no. 1 (February 2018): 119-132; Ibid., "Planiranje porodice u Jugoslaviji; Pavičević, *Na udaru ideologija*, 186.

the 1980s in the lead-up to the 1990s Yugoslav wars.<sup>44</sup> Drezgić is correct that state pro-natalist population policies accelerated during the final decade of the socialist period. However, I contend that the state was always concerned with the shifting tides of demographic change, and that its concern manifested differently according to agendas, demographic research and global movements.

Pertinent to the story of reproductive regulation is feminism, its contextualised definitions and relative merits within Yugoslav socialist society. Socialist ideology supports the ideal of equality of the sexes, but considers organised feminism as a false consciousness and as ultimately detracting from the pursuit of the ideal classless society.<sup>45</sup> The establishment of state-socialist women's organisations, such as the Antifascist Women's Front [Antifašistički Front

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<sup>44</sup> Drezgić, "Policies and practices," 191.

<sup>45</sup> Marilyn J. Boxer in tracing the origins of the term 'bourgeois feminism' argues for the constructed nature of the negative link between the two words: 'In linking the words "feminism" and "bourgeois," socialists drew on a well-developed terminology laden with negative affect. Beyond "bourgeois classes," myriad usages abound: bourgeois deviation, bourgeois family, bourgeois individualism, bourgeois morality, bourgeois respectability, and, of course, bourgeois feminism but rarely bourgeois socialism. But what does "bourgeois" mean? An imaginary other, a negative stereotype, even a mod way to say passe-"so last year"? Once a marker of residence or legal order, by the late decades of the nineteenth century it had become merely a pejorative epithet. Heavily influenced by Marxist notions of a "bourgeois revolution," it was (and is) used to denigrate not only individuals but, through a kind of conceptual and linguistic slippage, also the ideas and aims of a political movement, namely feminism.' Marilyn J. Boxer, "Rethinking the socialist construction and international career of the concept 'bourgeois feminism'," *American historical review* 112, no. 1 (February 2007): 135.

Žena] (AFŽ),<sup>46</sup> under the ideological banner of socialism, made mid-twentieth century Western feminism seem bourgeois.<sup>47</sup> However, as Jasmina Lukić wrote,

the term ‘feminism’ connotes very different things for different women, and there obviously is a certain stigma that goes with it in a number of regional countries. But what is often lost from sight in these positions are specific traditions of critical thinking that are local and regional, in which emancipatory actions and ideas are not necessarily

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<sup>46</sup> The CPY established the AFŽ in 1942 as more and more women were joining the Partisan movement. It was abolished by the party in 1953 when it was replaced with a more decentralised SŽD, which was again replaced by the KDAŽ in 1961. For the organisation’s wartime work see Barbara Jancar-Webster, *Women & revolution in Yugoslavia, 1941-1945: Women and modern revolution series* (Denver, CO: Arden Press, 1990); and for the postwar period see Bonfiglioli, “Revolutionary networks: Women’s political and social activism in Cold War Italy and Yugoslavia (1945–1957)” PhD dissertation, Utrecht University, 2012; and Lóránd, *The feminist challenge*.

<sup>47</sup> Maria Todorova argues that ‘After the Second World War, there was a deep suspicion of “pure feminism” as a conservative and opportunist bourgeois ideology... Bulgarian women have not had the time or opportunity to experience as a group whole periods like the Cult of Domesticity, the Feminine Mystique or the Beauty Myth. For them, these have primarily been part of ideological constructs, desired by some, shunned by others.’ Maria Todorova, “Historical tradition and transformation in Bulgaria: Women’s issues or feminist issues?” *Journal of women’s history* 5, no. 3 (Winter 1994): 137. For Yugoslav scholarship on women’s socialist organisations, their relationship with the party, and definitions of feminism, see: Jelena Tesija, “The end of the AFŽ - the end of meaningful women’s activism? Rethinking the history of women’s organizations in Croatia, 1953-1961,” (Master’s Thesis, Central European University, 2014); Jancar-Webster, *Women & revolution*; Drapac “Women, resistance and the politics of daily life in Hitler’s Europe: The case of Yugoslavia in a comparative perspective,” *Aspasia* 3 (January 2009): 55-78; Andjelka Milić, “The women’s movement in Serbia and Montenegro at the turn of the millennium: A sociological study of women’s groups,” *Feminist review* 76, no. 1 (April 2004): 65-82; Sklevicky, *Konji, žene, ratovi*. Other scholarship speaks to earlier periods and the emergence of feminist principles in Yugoslavia: Anna Novakov, “Ksenija Atanasijević and the emergence of the feminist movement in interwar Serbia,” *Serbian Studies: Journal of the North American society for Serbian studies* 25, no. 1 (Winter-Spring 2011): 107-118; Božinović, *Žensko pitanje u Srbiji*. For feminism and socialism in other socialist European countries, see: Barbara Einhorn, *Cinderella goes to market: Citizenship, gender and women’s movements in East Central Europe* (London: Verso, 1993); Marianne A. Ferber and Phyllis Hutton Raabe, “Women in the Czech Republic: Feminism, Czech style,” *International journal of politics, culture and society* 16, no. 3 (Spring 2003): 407-430; Michele Rivkin-Fish, “Conceptualizing feminist strategies for Russian reproductive politics: Abortion, surrogate motherhood, and family support after socialism,” *Signs* 38, no. 3 (Spring 2013): 569-593; Denise Roman, “Gendering Eastern Europe: Pre-feminism, prejudice, and East-West dialogues in post-communist Romania,” *Women’s studies international forum* 24, no. 1 (January-February 2001): 53-66. This scholarship has, at its root, investigations about how women’s groups adopted a variety of different ideologies — European, international and domestic — within a socialist framework, ideology and discourse to fulfil their activist goals, be they anti-fascist, emancipatory, or feminist.

recognised or named as ‘feminist’, although they foreground in different ways general interest in women’s issues.<sup>48</sup>

Feminism and socialism are not mutually exclusive categories and Yugoslavs navigated fluid definitions of both throughout the socialist period. Examining the sexual revolution of Croatia’s 1960s and 1970s, Zrinka Miljan argues that similar processes which typified the sexual revolution of the West existed within the Yugoslavia and Yugoslav youth utilised the rhetoric of sexual freedom. The availability and legality of certain contraceptives and abortion during the 1960s onwards, argues Miljan, extended Yugoslav women’s opportunities for sexual pleasure and free exploration afforded by the paradigm of the sexual revolution.<sup>49</sup> Prominent Slovenian lawyer Vida Tomšič (1913–1998), for example, consistently resisted the label of feminist, and also fought for women’s reproductive rights under the banner of socialism. Within the dialogue of women’s groups in Belgrade, Ljubljana, and Zagreb during the 1970s and 1980s, feminist rhetoric was adapted to socialist principles.<sup>50</sup> Female physicians, lawyers, academics and activists agitated for more effective dissemination of education about contraception and family planning options, within the fabric of a socialist regime and on the ideological basis of socialism.

State-led efforts to regulate reproduction in Europe were in part a response to practical post-war realities, and Yugoslavia was no exception – though every country dealt with its own

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<sup>48</sup> Jasmina Lukić, “Introduction: negotiating identities,” *Aspasia* 2 (January 2008): 165.

<sup>49</sup> Zrinka Miljan, “Seksualna revolucija u Hrvatskoj 1960-ih i 1970-ih godina [Sexual revolution in Croatia in the 1970s and 1970s]” PhD dissertation, University of Zagreb, 2018.

<sup>50</sup> Bonfiglioli, “Belgrade, 1978”; Lóránd, *The feminist challenge*.

specific circumstances. In 1920, the Soviet Union was the first nation in the world to legalise abortion with the objective of offering safer medicalised abortions to women, believing that once it reached socialism there would no longer be any need for abortion.<sup>51</sup> The 1936 recriminalisation of abortion was overturned in 1955 under Nikita Khrushchev.<sup>52</sup> Abortion laws were applied throughout socialist Europe, with great variance. In 1950, East Germany relaxed strict anti-abortion legislation to allow for cases other than when the mother's life was in danger; it was only fully legalised in 1972.<sup>53</sup> In 1976, West Germany followed suit. In 1992, after reunification, a new law was enacted that allowed access to abortion within the first trimester. Some socialist nations enacted restrictions to abortion to encourage population growth within a socialist ideology that argued that every citizen had to contribute to socialist development and with a belief that socialism would increase the quality of life for all enough to void the need for

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<sup>51</sup> Paula A. Michaels argues that the 1920s abortion legalisation was seen as a 'temporary necessity' stemming from the dismal social and economic conditions of the time, which would lead women to abort pregnancies by any means possible. They believed that abortions would no longer be necessary once 'economic conditions stabilized.' Paula A. Michaels, "Motherhood, patriotism, and ethnicity: Soviet Kazakhstan and the 1936 abortion ban," *Feminist studies* 27, no. 2 (July 2001): 308.

<sup>52</sup> Michaels argues that, through the 1936 abortion ban, the Soviet state claimed that the economic situation had stabilised and that abortions were no longer necessary. It claimed that the ban demonstrated its benevolence for all Soviet women, however, the law impacted women differently across the USSR. For Kazakh women, the law had myriad implications, argues Michaels. For some women, the 1936 law meant that women reaped the benefits of state compensation for large families, and for most, the law translated into a return to back-alley abortions. Michaels, "Motherhood, patriotism, and ethnicity," 329. Mie Nakachi argues, in the Russian context, that Nikita Khrushchev authored the new pro-natalist Family Code of 1944 to repopulate the country and veiled its pro-natalist sentiment with language that gestured towards the protection of mothers and children. Mie Nakachi, "N. S. Khrushchev and the 1944 Soviet family law: Politics, reproduction, and language," *East European politics and societies* 20, no. 1 (February 2006): 40-68.

<sup>53</sup> For the evolution of those laws, see: Atina Grossmann, *Reforming sex: The German movement for birth control and abortion reform, 1920-1950* (Oxford: Oxford University Press, 1995); Donna Harsch, "Society, the state, and abortion in East Germany, 1950-1972," *American historical review* 102, no. 1 (February 1997): 53-84; Harsch, *Revenge of the domestic: Women, the family, and communism in the German Democratic Republic* (Princeton, NJ: Princeton University Press, 2007).

abortions. Abortion was legal in Romania until 1966, when the notorious Decree 770 banned both pregnancy termination and the production and importation of contraceptive devices.

Twenty-three years later, after the overthrow of communism, Romania fully legalised abortion.<sup>54</sup>

By contrast, the long-standing availability of legal abortion in Yugoslavia offers another example of the trajectories that nations took to deal with domestic population issues.

The dynamic relationship between the state, medical and scientific experts, and society has been key to studying reproduction in former state-socialist European nations. Over the last forty years, scholars have moved away from a totalitarian understanding of socialist regimes towards a more nuanced view that argues for complexity in the regimes' relationship with the population. In Eastern Europe, state rhetoric and scientific rhetoric complemented each other in seeking to regulate reproductive matters.<sup>55</sup> Ulf Brunnbauer and Karin Taylor argue, in the Bulgarian context, that a medical community's backing, or the 'guise of "science"', was used by the regime to justify intrusion into private reproductive lives and into what women did with their

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<sup>54</sup> Nicolae Ceaușescu designed new coercively pro-natalist laws to combat rapidly declining fertility rates. Romanian women were heavily policed and their fertility tracked during those twenty-three years, as the state both coerced women into having larger families, by banning abortion, and rewarded them for having more children through financial incentives. See: Gail Kligman, *The politics of duplicity: Controlling reproduction in Ceausescu's Romania* (Berkeley: University of California Press, 1998).

<sup>55</sup> For some key scholarship about the dynamic relationship between the state, medical professionals and ordinary citizens, see: Liubov Denisova, *Rural women in the Soviet Union and Post-Soviet Russia* (Hoboken, NJ: Taylor & Francis, 2010), 177; 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 (Fall 2011): 13-38; D. A. Field, *Private life and communist morality in Khrushchev's Russia* (New York: Peter Lang, 2007); Svetla Baloutzova, *Demography and nation: Social legislation and population policy in Bulgaria* (Budapest: Central European University, 2011); Kateřina Lišková, *Sexual liberation, socialist style: Communist Czechoslovakia and the science of desire, 1945-1989* (Cambridge: Cambridge University Press, 2018); Alena Heitlinger, *Reproduction, medicine and the socialist state* (Hampshire: Macmillan, 1987).



bodies.<sup>56</sup> Historians have established that people internalised, advocated, resisted and interrogated official legislation and scientific rhetoric on reproduction and abortion on a daily basis.<sup>57</sup> Harsch argues that East German women exerted persistent pressure onto the communist leadership to elevate the importance of domestic issues such as childcare, reproduction, consumption, and family life, the cumulative effects of which saw the German Democratic Republic's transition from a productivist dictatorship to a welfare dictatorship.<sup>58</sup> For the US, Leslie J. Reagan contends that the 'continuing demand for abortion from women, regardless of law,' influenced both doctors and state authorities to reconsider the procedure's illegality, fuelling the revision of public policies to do with abortion in the 1970s.<sup>59</sup> Extant sources on women's experiences in Yugoslavia are not as rich as those for Germany or the US, but physicians, public officials, and women as recipients demonstrate a comparably dynamic relationship within the Yugoslav context.

This dissertation also sits within a broader historiography of medicalised reproduction.

Women's relationship with medicalised childbirth, such as the turn to hospital-based childbirth,

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<sup>56</sup> Ulf Brunnbauer and Karin Taylor, "Creating a 'socialist way of life': Family and reproduction policies in Bulgaria, 1944–1989," *Continuity and change* 19, no. 2 (August 2004): 301.

<sup>57</sup> Patrizia Albanese, "Abortion and reproductive rights under nationalist regimes in Twentieth Century Europe," *Women's health and urban life: An international and interdisciplinary journal* 3, no. 1 (November 2004): 10; Susan Gal, "Gender in the post-socialist transition - the abortion debate in Hungary," *East European politics and societies* 8, no. 2 (1994): 256-286; Kligman, *The politics of duplicity*; Heitlinger, *Reproduction, medicine, and the socialist state*; Ibid., "Framing feminism in post-communist Czech Republic," *Communist and post-communist studies* 29, no. 1 (1996): 77-93; Harsch, "Society, the state, and abortion in East Germany, 1950-1972".

<sup>58</sup> Harsch, *Revenge of the domestic*, 11.

<sup>59</sup> Leslie J. Reagan, *When abortion was a crime: Women, medicine, and law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), 1.

the use of pharmacological pain relief and the shift in care from the hands of midwives to those of physicians, has been analysed for its significance and meaning in contemporary feminist scholarship and within a transnational framework.<sup>60</sup> By focusing on different topics within pregnancy and birth, scholars have analysed debates about who should be involved in assisting pregnant women and women in labour, how much assistance, and what type of intervention, should be available to those women, and the role that parturient women themselves play in procuring, negotiating, or rejecting new technological developments, and medical practices. This dissertation situates the state's activities and agendas within a broader European and global shift in the medicalisation of reproduction. Following in the footsteps of these scholars, I also incorporate the nuanced debates between medical officials and birthing women to present a more holistic narrative about the production and consumption of medicalised reproduction.

These layered histories fit within the landscape of two entwined global histories: the Cold War and family planning. In seeking to break down Cold War binaries, historians, since the 2000s, have stressed the importance of the Third World in the unfolding Cold War narrative. Decolonised nations of the global South constituted a Cold War battleground, upon which the Soviets and the Americans fought to promote ideologically-divergent development models for

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<sup>60</sup> Wendy Kline, *Bodies of knowledge: Sexuality, reproduction, and women's health in the second wave* (Chicago: University of Chicago Press, 2010); Michaels, *Lamaze: An international history* (Oxford: Oxford University Press, 2014); Jacqueline Wolf, *Deliver me from pain: Anesthesia and birth in America* (Baltimore, MD: Johns Hopkins University Press, 2012); Sandra Morgen, *Into our own hands: The women's health movement in the United States, 1969-1990* (New Brunswick, NJ: Rutgers University Press, 2002); Judith Walzer Leavitt, *Brought to bed: Childbearing in America, 1750 to 1950* (Oxford: Oxford University Press, 1986); Tania McIntosh, *A social history of maternity and childbirth: Key themes in maternity care* (New York: Routledge, 2012).

post-colonial revolutionaries seeking to remake their societies.<sup>61</sup> As an ideology, family planning was primarily a tool of population control by international US-led NGOs working in developing nations, with aims to, as Matthew Connelly argues, ‘coerce or control people to plan smaller families.’ Connelly explains that family planning as an ideology was born during WWII ‘and was meant to represent fertility regulation as both family friendly and essential to social planning... [with the proviso that] individuals could not plan their families without professional guidance to guarantee the greater good.’<sup>62</sup> The narrative of reproductive regulation in Yugoslavia is instructive because of the individuals, institutions, and technologies flowing through and from Yugoslavia within this dynamic global landscape.

Yet, Yugoslavia does not appear in recent histories of global population control even though it stands as an ideal case-study. Connelly has urged historians to consider efforts to control global population change as ‘transnational phenomena’, rather than as isolated national efforts to affect domestic population changes. The Yugoslav case can tell us more than already exists in the scholarship about the topography of this demographic landscape. Along with Mie Nakachi and Rickie Solinger, Connelly argues that international, Western, US-led NGOs have been instrumental in creating ‘a new kind of global governance’, where ‘US government and

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<sup>61</sup> See: Westad, *The global Cold War: Third World interventions and the making of our times* (Cambridge: Cambridge University Press, 2007); Saki Dockrill and Geraint Hughes, eds. *Palgrave advances in Cold War history* (Basingstoke: Palgrave Macmillan, 2006); Melvyn P. Leffler and Westad, eds. *The Cambridge history of the Cold War* (Cambridge: Cambridge University Press, 2010); In the latter, see particularly: Mark Philip Bradley, “Decolonization, the global South, and the Cold War, 1919-1962,” 464-485.

<sup>62</sup> Connelly, *Fatal misconception*, 5, 82.

American NGOs offered clients and even geopolitical adversaries' guidance in the sphere of population control.<sup>63</sup> These studies examine not only the international phenomenon of population control, but also global efforts to stem the tide of demographic change. Starting from the 1950s, Yugoslav medical and legal experts engaged in global conversations about population and reproduction, incorporating the language of family planning into existing measures to affect reproductive behaviour at home.

Engaging this expanding and disparate conversation about reproductive policies, healthcare and maternal medicine, and everyday life histories in socialist Yugoslavia, this dissertation puts histories of women and their reproductive lives at the centre of analysis. I draw on the methodologies and findings of academics of Eastern Europe, and, unlike earlier studies, draw Yugoslavian women's history into the transnational turn in the scholarship. The topic of women's reproductive health speaks to the story of daily life in Yugoslavia under socialism, and elucidates the contradictory constructions of gender in the home, the persistence of local custom as separate from, yet tolerated by, socialist ideology, and the construction of gender and national identity within a global context.

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<sup>63</sup> Rickie Solinger and Nakachi, "Introduction," in *Reproductive states: Global perspectives on the invention and implementation of population policy*, eds. Solinger and Nakachi (Oxford: Oxford University Press, 2016), 14.

## *Structure & Sources*

I draw on diverse source materials and the methods of social and cultural history to tell the story of reproductive regulation in Yugoslavia. Scholars of European women under state-socialism have spent decades developing an approach to European women's history that utilises a variety of source material — archival research, popular culture, material culture, published memoirs, oral histories — and is informed by a variety of disciplinary approaches, such as gender studies, cultural and film studies, social and cultural history, ethnography and anthropology, to produce complex narratives of the past. In my dissertation, I follow their approaches as I balance public rhetoric and official government documents with everyday life narratives and popular culture. Government archives, the women's press, and scientific publications enabled me to explore the legislative and medical developments relating to women's health, as well as how changes were communicated to the public in both official and unofficial ways. These records have allowed me to build a layered narrative of the creation, evolution and development of public policy, and its integration into medical practice. Woven together, these sources construct a narrative of sweeping and broad government plans and directives, where individual voices of communist women, family planning advocates, and women's health professionals come through.

To avoid a linear and overly determined narrative, I employ methodologies and theories set out by post-structuralist scholars in the reading and analysis of my source material. I look at legal, administrative, media and medical discourses to reconstruct the dialogue between the state,

health professionals, and the public about women's reproductive rights and responsibilities. In doing so, this project addresses questions of gender and national identity construction. A Foucauldian analysis of this discourse unmasks how the state, media, and medicine wielded power over women's (and men's) bodies and life courses.<sup>64</sup> I interrogate knowledge production and how state officials used language and imagery to construct social norms and expectations through mass media. I draw on the testimonies of women and physicians throughout the dissertation, however I engage with them systematically in the final chapter on memory and remembering. While aspects of my analysis of oral histories is situated within the 'post-war renaissance of memory as a source for "people's history," I follow the 1970s' school of oral historians who 'argued that the so-called unreliability of memory was also its strength,' as I deeply read my sources for subjective and intersubjective clues about the construction of the past through the present.<sup>65</sup>

Transnational histories offer scholars new ways to explain the 'connections and circulations' of ideas, knowledge, resources and people, and I apply transnational methodologies

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<sup>64</sup> Michel Foucault, *The history of sexuality, vol. 1: An introduction* (New York: Pantheon Books, 1978); Judith Butler, *Gender trouble: Feminism and the subversion of identity* (New York: Routledge, 1990); Joan W. Scott, "Gender: A useful category of historical analysis," *American historical review* 91, no. 5 (December 1986): 1053–75; Stuart Hall, ed., *Culture, media, language: Working papers in cultural studies, 1972–79* (Birmingham: Centre for Contemporary Cultural Studies and University of Birmingham, 1980); Ibid., ed. *Representation: Cultural representations and signifying practices, culture, media, and identities* (London: Sage, 1997); Victoria E. Bonnell and Lynn Avery Hunt, eds. *Beyond the cultural turn: New directions in the study of society and culture* (Berkeley: University of California Press, 1999).

<sup>65</sup> Robert Perks and Alistair Thompson, "Introduction: a history of oral history," in Robert Perks and Alistair Thompson, eds. *Oral history reader* (London: Taylor & Francis, 2015), 1, 4.

to extend the analysis of Yugoslavia's state formation through its international engagements.<sup>66</sup>

Patricia Seed explains that 'transnational history does not threaten the traditional local or regional study that historians have always undertaken,' rather it allows historians to consider their topics in a larger framework.<sup>67</sup> I demonstrate that the Yugoslav story represents one of myriad ways that state leaders responded to population shifts after WWII. Furthermore, I unearth the functions of the Yugoslav state in forging a unique self-management socialist vision that would serve as a key to Yugoslavia's entry onto the global political stage. Through its special relationship with Western powers and its leading role in the NAM, Yugoslav communists staked out a claim for a prime position as a developed leader of the developing world.

The dissertation is structured chronologically and thematically to elaborate my arguments. By focusing on a different thematic subject, each chapter builds on the previous one to trace a narrative of the metamorphosis of the Yugoslav state through the lens of

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<sup>66</sup> Akira Iriye and Pierre-Yves Saunier, eds. *Palgrave dictionary of transnational history* (Basingstoke: Palgrave Macmillan, 2009), 459. While the term transnational has its origins in the 1990s, its popularisation and adoption as a historical methodology was spearheaded by American historians in their attempts to internationalise US history. In 2006, the *American historical review* published a conversation between leading US historians invested in this pursuit and interested in defining what transnational history meant in theory and practice. Since their conversation, which defined the contours of that approach to history, scholars the world over have adopted the methodology to render states as operating beyond their national borders through analyses of art, popular culture, science and medicine, religion and ideology, and innovation. C. A. Bayly, Sven Beckert, Matthew Connelly, Isabel Hofmeyr, Wendy Kozol, and Patricia Seed, "AHR conversation: On transnational history," *American historical review* 111, no. 5 (December 2006): 1441-1464. See also: Joanne Meyerowitz, "Transnational sex and U.S. history," *American historical review* 114, no. 5 (December 2009): 1273. Issue 5, volume 114 of *The American historical review* was dedicated to the transnational history of sexuality. See Margot Canaday, "Thinking sex in the transnational turn: An introduction," *American historical review* 114, no. 5 (December 2009): 1250-1257; For her theoretical observations regarding gender and transnational history, see Dagmar Herzog, "Syncopated sex: Transforming European sexual cultures," *American historical review* 114, no. 5 (December 2009): 1287-308.

<sup>67</sup> Bayly et al., "AHR conversation: On transnational history," 1463.

reproduction and the different layers that make up reproductive politics and healthcare. The dissertation's two-part organisation provides a further structuring mechanism that shifts from state legal and medical infrastructures in part one, to the development of the products and resources of reproductive regulation, and the ways in which these systems were consumed – internalised, negotiated, resisted – by ordinary women in part two. First and foremost, this is a Yugoslav story. However, I tell it from the perspectives of the three main sites of Ljubljana, Zagreb and Belgrade, urban capitals that housed well-resourced and financed research institutes, and where the most prolific leaders in women's health operated. The decision to focus on these three locales was source-driven. These histories were lived by women in all parts of Yugoslavia, though their experiences were not monolithic or static. Women's experiences of healthcare and their knowledge of their citizenship rights varied dramatically between the metropolises and villages. The historical actors, institutions, and the paper trail they left behind in the country's three urban centres offer a rich and diverse body of evidence.

The work of two establishments associated with the University Teaching Hospital in Ljubljana stand out above the rest in both the domestic and transnational elements of this history, and they cut through the entire dissertation. Physicians working at the Obstetrical and Gynaecological Department and the Institute for Family Planning comprise some of the most influential voices in this story. In part, this was because the Yugoslav Ministry of Public Health dubbed these establishments as central testing sites for all the developed and imported reproductive and fertility control technologies coming through Yugoslavia. Before a resource



could be prescribed, dispensed, tested or employed, medical and scientific staff at these two clinics vetted it for safety and efficacy. As a result, those physicians held clout and were sought out for research collaborations at home and abroad, and featured regularly in scientific, medical and popular journals. The Slovenian Republican Health Council founded the Institute for Family Planning in 1961 as one section of the larger institution, the Hospital for Birth and Women's Illnesses. By 1967, the newly named Institute became the central point of research, development and testing of contraceptive, abortion, and reproductive technologies. The Department and the Institute collaborated on research and innovation and worked together to increase public acceptance of contraception, to decrease abortion numbers overall and per woman, and to make legal medical pregnancy termination more accessible and safer for women. From the 1950s until the end of the socialist period, these and other Yugoslav physicians and scientists engaged with representatives from multilateral health and humanitarian organisations, and smaller philanthropic agencies, collaborating on research, development, innovation and dissemination of knowledge and products relating to family planning. Organisations concerned with population growth and development, such as International Planned Parenthood Federation (IPPF), Population Council, and the Pathfinder Fund, amongst others, aimed to affect global populations, and Yugoslav gynaecologists worked closely with their representatives.<sup>68</sup>

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<sup>68</sup> Established by Clarence James Gamble in 1957, the Pathfinder Fund was an American humanitarian organisation that was prolific in both its distribution of contraceptives within developing countries, and its work with those same countries to improve the efficacy of contraception. Unlike in other countries where the Fund applied contraceptives to decrease population numbers, the need for contraceptive application in Yugoslavia was stated as being simply to decrease the numbers of abortions. R. P. Bernard, "International IUD programme: The Pathfinder Fund," in

Key gynaecologists, social workers, sociologists and directors tied to family planning institutions, populate this dissertation. Franc Novak (1908-1999), WWII partisan fighter, renowned gynaecologist and former director of the Obstetrical and Gynaecological Department in Ljubljana, and second husband to Tomšič, lobbied fiercely throughout his career for legislative and institutional change to women's health, including the provision of free contraception.<sup>69</sup> He wrote sex education literature, developed contraceptive and abortion technology, wrote manuals on gynaecological methods that have been translated into multiple languages, and normalised new technologies that had been innovated in Yugoslavia across the Western world.<sup>70</sup> I have also made liberal use of private collections and papers from particularly influential individuals to scrutinise official papers. Tomšič herself was a member of the outlawed Communist Party in Yugoslavia before World War II. In the 1940s, she agitated for legislation relating to women's reproductive rights; she continued to fight for women's rights under socialism, representing Yugoslavia at international conferences on the social position of women, human rights, and

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*Population control: Implications, trends, and prospects (Proceedings of the Pakistan International family planning conference, Dacca, January 28-February 4, 1969)*, ed. Sadik N et al. (Boston: Pathfinder Fund, 1969), 163–77. Other similar philanthropic agencies were also established. These were either bilateral, like the United States Agency for International Development (USAID) or the American International Development Cooperation Agency, set up in 1961 by President John F. Kennedy, or multilateral, like the United Nations Population Fund (UNFPA), created in 1969. Major American foundations, such as the Population Council or the Ford and Rockefeller foundations also played a crucial role in funding the work of international multilateral and bilateral organisations.

<sup>69</sup> His views on abortion changed over time. While he was not always supportive of abortion laws becoming more and more open, he also did not support its re-criminalisation. He ultimately championed the provision of contraception as a way to change women's attitudes, fertility control behaviours and to secure their future reproductive health and fertility.

<sup>70</sup> In the foreword to the English-language translation of one such instructional book for gynaecologists, John L. Lewis Jr, Chief of Gynaecology at Memorial Sloan-Kettering Cancer Centre wrote with admiration that 'this book is based on the teaching and experience of one of today's master technical gynecologic surgeons.' Franc Novak, *Surgical Gynecologic Techniques*, trans. Wilfrido Cameron Curry (Padova: Piccin Medical Books, 1978).

population control.<sup>71</sup> Personal archives reveal a glimpse into public opinion and how individuals in the public eye, including academics, leaders and politicians negotiated and interrogated official government ideologies and directives.

Part 1 covers the structures and systems that the state put into place to regulate reproduction in light of the post-war disaster. It broadly deals with the state's Soviet links and the ongoing impact of Soviet influences as Yugoslavia sought the third way of socialist self-management. In chapter one, I examine the foundation of the state's reproductive policy and analyse the tension between the letter of the law and an implicit pro-natalist policy bias, by comparing state documents with state propaganda. From the end of WWII to 1953, the year of Stalin's death and the introduction of Yugoslav self-management, the state established a legislative foundation that was more pro-natalist than scholars and contemporary commentators have previously acknowledged. In chapter two, I interrogate how the state forged a bureaucratised medical system to unify the Yugoslav people and to entrench its political power throughout the regions. Responding to medical experts' research and to women's demand for safer medicalised abortions, the state aimed to build a comprehensive healthcare system, free for all citizens. Despite ambitious plans to rehabilitate the health of women and children, and to establish an interconnected web of clinical services that would unify, modernise and industrialise the peasantry, the Ministry of Public Health faced multiple hindrances that ultimately led its efforts to fall short of expectations and promises.

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<sup>71</sup> Her papers have recently been bequeathed to Slovenian State Archives, where I viewed them.

Part 2 concerns the ways that Yugoslav gynaecologists and family planning advocates developed tools of reproductive regulation, for domestic consumption and international exchange. This part also explores how the state engaged with human rights and population control movements, both with global humanitarian organisations and in its pursuit of new international alliances with newly-decolonised African and Asian countries. Here, I plait Yugoslav archival and published scientific sources with documents from the Population Council, Pathfinder Fund, and Rockefeller Foundation Archives, to build a layered transnational narrative about international collaboration in the area of population control, family planning, and the international development of human rights.<sup>72</sup> Chapter 3 contextualises the development and testing of contraceptive intra-uterine devices (IUDs), and vacuum-aspiration for first-trimester pregnancy termination within global efforts to stem the perceived population explosion raging through the developing world. Chapter 4 analyses Yugoslavia's sex education tradition within the global formulation of human rights. Together, this section demonstrates the ways in which Yugoslavia not only responded to global ebbs and flows, but had a hand in their manufacture. It also explores the international ambitions of self-management socialism, showing how Yugoslavia was simultaneously motivated to connect with the US, the global South, and multilateral humanitarian and health organisations. This section demonstrates how Yugoslav communists

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<sup>72</sup> I combine archival documents from Yugoslav successor states with research that I conducted in 2017 and 2018 at several US archives. I consulted the Clarence James Gamble Collection at Countway Library at Harvard University, Emily Hawthorne Mudd Collection at Schlesinger Library at Radcliffe College, and Population Council papers at the Rockefeller Archive Centre.

utilised international connections to innovate domestic products – specifically abortion and contraception technology, and sex education material – and disseminated them abroad. It is in this section that I most explicitly analyse how the state positioned itself as a conduit between East and West and the developed and developing worlds through the model of socialist self-management.

I close Part 2 by balancing official and scientific histories and narratives with women's recollections to retract the narratives of the 'nonhegemonic classes,' of ordinary female citizens.<sup>73</sup> I conducted interviews between September and November 2016 in Slovenia, Croatia and Serbia, with women of reproductive age during late socialism and with physicians who worked during the last decades of socialism in Europe. I spent time in formal interviews, and in casual, yet informative conversation with many others throughout my research. This work has allowed me to examine the ways that individuals experienced the medicalisation of reproduction and its institutionalisation, and how the perception of socialism in the wake of the Yugoslav wars and the demise of the Yugoslav state has shaped popular perceptions of the recent Cold War past. Rather than reviving voices lost to dominant narratives, I use contemporary oral history theory to interrogate the memory of my subjects and to better understand what can be attributed to the distinctive nature of Yugoslav socialism, and what cannot. These sources demonstrate that women's memories of their experiences as patients in the socialist medical system show a continuation from the past rather than a dichotomy between the socialist and post-socialist world

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<sup>73</sup> Alessandro Portelli, "What makes oral history different," in *Oral history reader*, 56.

## Part 1: State Structures

## Chapter 1: The New Yugoslav Woman: Establishing a legal landscape of reproductive regulation, 1945-1953

Abortion is harmful to society and society should fight to stop it. However, what gives society the right to fight against abortion? A society that abandons pregnant women and mothers with children to fend for themselves does not have the right to ban abortion. Women are leaving their homes in greater numbers and involving themselves in work and public life. For them, another child symbolises a setback in their overall quality of life. They fear this so much that they will snuff their strongest instinct, the instinct of motherhood, to get an abortion, disregarding the law, illness, and death. That situation cannot be fixed merely by a law against abortion. When a woman is certain that she will have everything she needs during pregnancy, birth and breastfeeding, and that her children will have everything they need, when she sees that even after pregnancy her quality of life will not be affected, then women will abandon abortions.<sup>1</sup>

The main effort in our fight against abortion is our Five-Year Plan. The fight for the Five-Year Plan is the fight for socialism, and the fight for socialism is the fight for a better life. Then we have to bolster women's desire to fall pregnant, give birth and rear children.

Our laws are the most progressive.<sup>2</sup>

- Franc Novak

In 1945 the CPY prepared to govern over a land burdened by population-related challenges. Novak captured the early post-war context aptly in the passages above. Like many of his contemporaries, he identified the double-edged sword that the Yugoslav state faced. As in other countries, the party was concerned about the war losses and demographic developments that signalled declining birth rates in the future, along with labour shortages. The problem was

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<sup>1</sup> Arhiv Jugoslavije [Archives of Yugoslavia] – AJ, Fond Savet za Narodno Zdravlje i Socijalnu Politiku Vlade FNRJ [Council for Public Health and Social Policy] – SNZSPV – 36, box 22, Odeljenje za zdravstvo [Department for health], 1949, br 7/1949., 22-23.

<sup>2</sup> Ibid., 28.

obvious: the CPY required more people to work and to build, to reproduce more citizens, and ultimately to carry forward the socialist cause. And it needed to plan ahead. The party's immediate obligations were to rebuild infrastructure, to reinvigorate agricultural production to feed the population, and then to break all external dependencies by making the economy prosperous and self-sufficient. Running parallel to those obligations, the young administration aimed to unify the Yugoslav people and forge its own path for the newly-communist country. The party-state apparatus anticipated future population growth that would be fuelled by an increase in quality of life for all, and which would fulfil the socialist dream of exponential growth in production.

In this chapter I critically analyse the ways that the state wielded legislation to influence private decisions about sex and fertility in line with evolving party requirements. In section one I analyse the 1946 Constitution, described patriotically at the time as 'the first of its kind in free Europe,' for the document sought to unify the Yugoslav people, and to justify the party's recent ascent to power, while appearing progressive, modern, and benevolent.<sup>3</sup> The Constitution and the subsequent gendered laws that aimed to realise it, afforded health and work protections for women during pregnancy and motherhood. In the second section I argue that the 1951 Penal Code, which decriminalised abortion in some instances, reveals a new era in the state's pursuit of socialist utopia in post-war Europe. The state viewed the decriminalisation of abortion as a way to distinguish the Yugoslav way from Soviet Union. I examine legislation and expert debates and

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<sup>3</sup> Ana Božić, "Šta nama osigurava ustav? [What does the constitution assure us?]," *Zora*, February 1946, 2.



testimony that led to legislative change, alongside the women's press which served as a transmission medium reaching a widely dispersed audience of women. Through periodicals, AFŽ reported extensively on measures that reminded women of their expanded maternal duties, while failing to report on legislation that liberalised women's access to legal abortion. The state's pro-natalist sentiment may not be evident in legislation, but it certainly is in propaganda.

In the wake of the catastrophe of WWII, how did the state reconcile its pro-natalist intent with its explicit agenda of women's liberation? The administration adapted its position on population size, growth, make-up, and distribution between 1945 and 1989 in response to domestic requirements and international trends. For example, as demographers and government leaders from all over the world began considering population growth an issue that stemmed from the global South and threatened the resources of the whole world, the Yugoslav state started to assess its own population demographics and distribution through that lens.<sup>4</sup> This chapter centres on an earlier period, when the seeds of future population policy and planning were sown. From the end of WWII to 1953, the year of Stalin's death and the introduction of Yugoslav self-management, the state established a legislative foundation that was more pro-

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<sup>4</sup> Kosovo, for example, always presented the Yugoslav government with concern. Though over time, population growth slowed, as it did in the rest of the country, the region's natality was still higher than all of the other republics and autonomous provinces. The state and its demographic experts believed that Kosovars could never be truly uplifted if they were still having so many children. Underlying this, however, were religious and ethnic issues that came to eventually define the nationalist civil conflict of the 1990s. These debates were predominantly circulating amongst academics in the 1980s, particularly by demographers such as Serbian Miloš Macura. Macura, ed., *Problemi politike obnavljanja stanovništva u Srbiji* [Problems of population regeneration policy in Serbia] (Belgrade: Serbian Academy of Sciences and Arts, 1989). For more recent historical analysis see: Wendy Bracewell, "Women, motherhood, and contemporary Serbian nationalism," *Women's studies international forum* 19, no. 1/2 (January-April 1996): especially 27-28.

natalist than scholars and contemporary commentators have previously acknowledged. The state was not passive in population matters.

Through reformed reproductive legislation, the state prepared to enter the private lives of its citizens, a common move in the post-war era. The relationship between the state and society has been key to studying reproduction globally. Scholars studying state interventions into private lives have argued that states deeply affected women's options in private life and their decisions to obtain abortions through other, illegal methods.<sup>5</sup> Newly-socialist states enacted legislative changes early in their rule with family and reproductive codes evolving to follow the Soviet example. For the most part, lawmakers imbued legislation with pro-natalist sentiment to varying degrees. In analysing these processes in Czechoslovakia, Alena Heitlinger divided pro-natalist policies into three categories: coercive measures that limited women's access to abortion and/or contraception, facilitative measures associated with social protection of motherhood, and positive measures associated with fiscal incentives and rewards.<sup>6</sup> Writing about a later period in Romania, Gail Kligman explains that states often combined such factors. Legal provisions in that country compensated families for 'fulfilling their patriotic obligation to raise and educate children for the nation', and rewarded women for taking up their 'predestined roles as workers,

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<sup>5</sup> Albanese, "Abortion and reproductive rights under nationalist regimes in twentieth century Europe," 10; Gal, "Gender in the post-socialist transition - the abortion debate in Hungary," 256-286; Heitlinger, *Reproduction, medicine, and the socialist state*; Ibid., "Framing feminism in post-communist Czech Republic"; Harsch, "Society, the state, and abortion in East Germany, 1950-1972".

<sup>6</sup> Heitlinger, *Women's equality, demography and public policies: a comparative perspective* (London: Palgrave Macmillan, 1993), 130.

wives and mothers'.<sup>7</sup> Romania's 1966 law, which Kligman designated one of the most 'repressive pro-natalist policies known to the world', banned abortion in every instance except in the case that the mother's life was in danger, leading many women to seek help from backyard abortionists or self-aborting.<sup>8</sup> By contrast, from the outset of the post-war period the Yugoslav state offered women social protections through legislation along with recourse to legal abortion.

The women's press represented a key factor in shaping the consciousness of ordinary women regarding their own fertility, and in modernising the citizenry. Complemented by imported foreign press and periodicals for women, Yugoslav women's magazines were a weekly or monthly presence produced and published by national, regional and local arms of the Anti-Fascist Women's Front [*Anti-Fašistički Front Žena*] (AFŽ) and its successors, and financed by a combination of membership and subscription dues, fundraising campaigns, and the CPY.<sup>9</sup> The first periodical published by the state was *Žena danas* [Woman today], published between 1936 and 1953. The republic of Croatia published the extremely popular *Žena* [Woman]. Published between 1957 and 1992, it started out as *Žena u borbi* [Woman in battle] (1943-1956). Editors initially intended that the magazine be aimed at the everyday woman worker, mother and housewife; however, the magazine evolved into an academic journal after 1967. Slovenia's *Naša*

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<sup>7</sup> Kligman, *The politics of duplicity*, 71-2.

<sup>8</sup> Ibid., 2.

<sup>9</sup> Danijela Majstorović, "The creation of the new Yugoslav woman – the emancipatory elements of media discourse from the end of World War II," in Chiara Bonfiglioli et al, *The lost revolution: Women's antifascist front between myth and forgetting* (Sarajevo: CRVENA, 2018), 91.

I have not analysed all of the magazines, due to issues of access and availability. I focused mainly on the ones that were most popular and published for the longest period.

*Žena* [Our Woman] began publication in 1941 and remains in circulation today. *Zora* [Dawn] was the periodical of AFŽ Serbia, Belgrade and was in circulation between 1945 and 1961. Bosnia and Hercegovina chapter of AFŽ in Sarajevo published *Nova Žena* [New Woman] between 1944 and 1971. Available throughout Yugoslavia, *Svijet* was published in Croatia as a popular fashion, entertainment and lifestyle magazine. Originally (between 1926 and 1936) a magazine aimed at the elite fashionable woman and dealt widely with the question of women's emancipation in Yugoslavia. The magazine returned to publication from 1953 to 1994 and bore the mark of socialist ideology. *Svijet* now focused on matters of entertainment, family life, child care and pregnancy, as well as fashion.<sup>10</sup> It introduced advice columns and began to engage more explicitly with housewives, mothers, workers.<sup>11</sup>

The state's endeavours to modernise the economy paralleled its aims to modernise the people, shaping the citizenry into the New Yugoslav Man and Woman.<sup>12</sup> Communist leaders

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<sup>10</sup> In the 1920s and 1930s, the magazine's covers featured flappers in ornate and stylish theatres and grand ballrooms. After 1953, while the magazine's cover models remained glamorous, their 'look' was less aspirational and more achievable by the everyday woman, as exemplified by the inclusion of dress patterns in every issue.

<sup>11</sup> For Serbian and Croatian language scholarship on AFŽ publications through the gender lens, see: Gordana Stojaković, *Rodna perspektiva u novinama AFŽ (1945-1953)* [Gender perspective in the periodicals of AFŽ] (Novi Sad: Council for gender equality, 2013); Jelena Skendžić, "Portret žene: (de)konstrukcija rodnih stereotype na primjeru časopisa Svijet [Portrait of woman: deconstructing gender stereotypes in the magazines World]," (phd dissertation, University of Zagreb, 2014). For the interwar period see: Marina Vujnović, *Forging the Bubikopf Nation: Journalism, gender, and modernity in interwar Yugoslavia* (New York, NY: Peter Lang Publishing, 2009).

<sup>12</sup> The Yugoslav women's press used the term 'New Yugoslav Woman' starting immediately after WWII, following the Soviet example. In 1981, Barbara Evans Clements argued that the 'ideal Soviet woman of today grew out of the hybrid heroine of the thirties. The present ideal woman is dedicated, hardworking, and modest like her grandmother of the revolution, but she is also loving and maternal, the keeper of the family hearth.' Echoes of this collection of archetypes exist in the early years of the women's press in Yugoslavia. For the Soviet example see Barbara Evans Clements, "The birth of the New Soviet Woman" (paper presented at the conference on the Origins of Soviet Culture, Kennan Institute for Advanced Russian Studies, the Wilson Centre, 18-19 May 1981), 4, accessed 22 August 2019 [https://www.wilsoncenter.org/sites/default/files/op140\\_new\\_soviet\\_woman\\_Clements\\_1981.pdf](https://www.wilsoncenter.org/sites/default/files/op140_new_soviet_woman_Clements_1981.pdf).

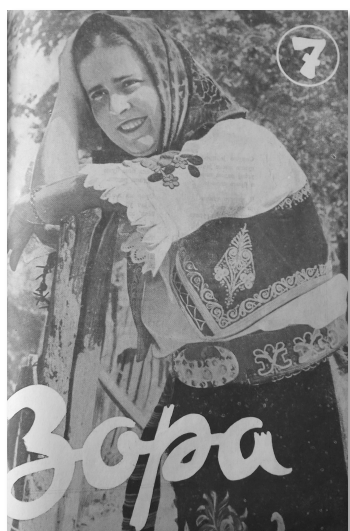
promoted unification that transcended historical, ethnic, religious, and geographical divisions to reach a modern communist ideal. The New Yugoslav Woman would ideally be politically-minded, employed and educated, atheist or at least discreet in religious belief, and her appearance would reflect latest Western fashions. The state did not suppress expressions of ethnic dress, music, and dance. In fact, in 1945-46 the women's press is full with images celebrating local dress and customs (e.g. figures 1.1, 1.2 and 1.3). In line with Terry Martin's argument about Soviet policy, the new government promoted what he called an 'ostentatious' show of nationality in dress, cuisine, and music while demanding conformity in politics and economics.<sup>13</sup> Though only civil marriage would be recognised under the new legislation, for example, couples were free to marry again in religious institutions after their civil vows were formalised. When the press reported on new marriage legislation, reporters praised the state for its tolerance while encouraging women to aspire to rid themselves of religious marriages, which make 'fools of [Moslem] women'.<sup>14</sup> Although ethnic dress was embraced in early issues, designs and samples of more modern attire began to dominate the women's press from the early 1950s.

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Lynne Attwood also published a study of two women's magazines, tracing the state's construction of the New Soviet Woman, between 1920 and 1955. Lynne Attwood, *Creating the New Soviet Woman: Women's magazines as engineers of female identity, 1922-53* (London: Palgrave Macmillan, 1999). See particularly pages 4-14 of her introduction where she describes the meaning of the idea of the New Soviet Woman.

<sup>13</sup> Terry Martin, *The affirmative action empire: Nations and nationalism in the Soviet Union, 1923-1939* (Ithaca, NY: Cornell University Press, 2001), 13.

<sup>14</sup> Stanka Todorović-Šubić, "Žene o ustavu [Women on the constitution]," *Nova Žena*, December-January 1945-6, 11.



**Figure 1.1 and 1.2** *Zora*, July 1946. The issue celebrated women of different Serbian regions through exhibitions displaying a variety of ethnic dress.

Scholars' diverge regarding the state's intentions, as well as the AFŽ's unfolding role in negotiating state directives and party propaganda.<sup>15</sup> Several historians including Jelena Batinić, Ivan Simić, and Chiara Bonfiglioli have explored early Cold War gender policies in Yugoslavia. Simić argues that the party installed fresh gender policies not to simply 'reinforce patriarchal ideas', but rather with the purported intention to improve the lives of Yugoslavs under a socialist system.<sup>16</sup> Even so, the new state was a powerful, and not entirely benign, entity. Batinić attests to the power of the party in that the 'embryonic apparatus' of the WWII Partisan movement

<sup>15</sup> Gender policies encompassed legislation that differed by place and context but generally incorporated 'policies that were conceived with the intention of altering gender norms in early Yugoslav socialism'. Simić, *Soviet influences*, 3. In my work, I focus on policies that the state ratified to affect women's work and life, in relation to motherhood. These include policies on marriage, maternity leave, children born to unwed mothers, laws about contraception, and abortion laws.

<sup>16</sup> Simić, *Soviet influences*, 3, 11.

evolved into a ‘full-fledged communist regime after the war.’<sup>17</sup> The regime, she explains, used propaganda to design and disseminate its idealised version of womanhood in the post-war world.<sup>18</sup>

Scholars disagree about the agency of female communists operating within state-socialist women’s organisations. Nanette Funk argues that European state socialist women’s organisations were ‘transmission belts’ for party agendas.<sup>19</sup> Simić concurs. Because the government was undemocratic, argue Simić and Funk independently, whatever agency women exercised within a segregated women’s organisation was, limited.<sup>20</sup> Bonfiglioli suggests that communist women exercised autonomy and agency within the AFŽ and that the organisation in itself operated almost independently from the central party.<sup>21</sup> To be sure, AFŽ activists and the women’s press were not monolithic entities and their relative evolutions were not static. Communist women negotiated state directives, local issues, and personal ideologies on a daily basis. Nevertheless, through the women’s press, AFŽ activists laboured to fulfil their part of a larger mechanism of aggressive state-led modernisation. During this period, the women’s press is a testament to a collective, yet heterogenous, drive by communist women to work towards a common national goal. I emphasise that the AFŽ worked as a conduit, not necessarily as a

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<sup>17</sup> Batinić, “Motherhood and the Yugoslav communist state in the revolutionary era, 1943–1953,” in *Parenting and the state in Britain and Europe, c. 1870-1950*, eds. H. Barron and C. Siebrecht (Cham: Palgrave Macmillan, 2017), 259.

<sup>18</sup> Ibid.

<sup>19</sup> Nanette Funk, “A very tangled knot: Official state socialist women’s organizations, women’s agency and feminism in Eastern European state socialism,” *European journal of women’s studies* 21, no. 4 (November 2014): 345.

<sup>20</sup> Simić, *Soviet influences*, 11; Funk, “A very tangled knot,” 345.

<sup>21</sup> Bonfiglioli, “Revolutionary networks”. This line of argument is consistent with other scholars of women’s socialist organisations who work out of the Central European University.

transmission belt, between the federal and republic bureaucracies and the people. Writers combined reportage of state directives alongside efforts of local women.<sup>22</sup> I also spotlight the enthusiasm that editors, journalists, and columnists held for the communist project, especially in the early germinal years.

### ***Constituting equality: the new state, women-workers and the 1946 Constitution***

The new party-state wielded reproductive politics and propaganda much as it did as a Communist movement during WWII. While its war-time goals were to depose the monarchy, drive out foreign occupiers, and win national-liberation for the Yugoslav people, the government's new goal was to unify Yugoslavs irrespective of longstanding regional, ethnic, socio-economic and religious divisions. In their campaigns during WWII, male and female Partisans discouraged women from having children, as this could hamper women's war-time efforts. After national-liberation, the CPY envisioned a new ideal. Batinić argues that the Partisans had a long tradition of using motherhood, not fatherhood or parenthood, to package their social expectations. This in itself was not a unique exercise, as the well-documented case of the New Soviet Man and Woman springing from representations of 1920s Russia reveals.<sup>23</sup>

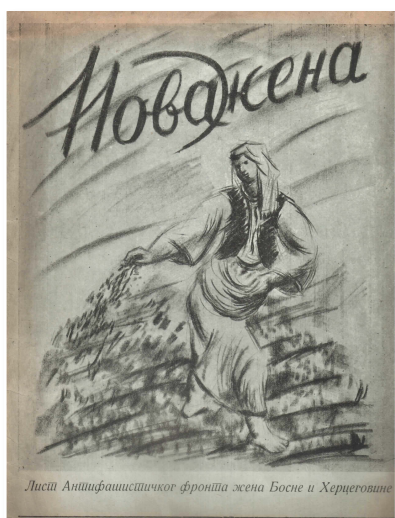
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<sup>22</sup> More on this in chapter 2.

<sup>23</sup> Similarities in changes to representation can be found in the Russian example as well as the state constructed a very ambiguous character – 'The magazines continued to celebrate women's achievements in the work-place, but held up motherhood as their most important function. They glorified the family, but encouraged the single mother. They insisted that the era of self-sacrifice was over, but demanded self-sacrifice on the part of wives of wounded veterans.' Attwood, *Creating the New Soviet Woman*, 150. This was also not unusual in other parts of the world, as war-ravaged countries required a new workforce.



Communists shaped the political ideals of womanhood and motherhood in line with changing political priorities alternatively ‘guarding women *from*’ pregnancy during WWII when *partizanke* served in significant combat and strategic roles, through its first post-war decade during which the state ‘turned into a guardian of parenthood,’ promoting motherhood.<sup>24</sup>



**Figure 1.3** *Nova Žena*, February 1945



**Figure 1.4** *Zora*, November-December 1947

The women’s press played a significant role in representing the new Yugoslav people as one citizenry, working towards a collective goal, in the transition from war to reconstruction. In 1945 the ideal Yugoslav woman tilled the soil of the new socialist land, reinvigorating that land for agricultural production (figure 1.4). Editors depicted the New Yugoslav Woman building roads and repairing bridges (figure 1.5). She was celebrated for her role in the revolutionary war,

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<sup>24</sup> Batinić, “Motherhood,” 269.

and praised for the sacrifices she made for her people and Tito. Through regular ‘news from the Soviet lands’, authors encouraged her to aspire to that example. Cover imagery relayed visions of national unity, while content disclosed local narratives.

AFŽ chapters employed a hierarchical and cyclical propaganda model through the women’s press to encourage women to participate in post-war reconstruction efforts. The press was largely intended for consumption by the ordinary woman, since communist leaders believed that ‘uplifted women read the daily paper, not women’s periodicals.’<sup>25</sup> The federal periodical *Žena danas* provided an example for republic and district publications. Editors relayed images and messages of communist party women as leaders, ushering in a new generation of educated, employed, and enfranchised women. Over time, the periodicals came to include more content about entertainment and fashion, even including dress patterns in the back of each magazine.<sup>26</sup> Reporting on Yugoslav women’s attendance at national and international conferences on the status and social position of women set the tone for local activists who in turn reported on district meetings where local village women received information about their own legal rights. Above all, the AFŽ viewed women’s health as central to the overall uplifting of the Yugoslav

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<sup>25</sup> AJ, Fond Antifašistički Front Žena Jugoslavije [Antifascist Women’s Front] – AFŽ] – 141, box 9, Sekreterijat Centralnog Odbora AFŽ Jugoslavije [Secreteriat of the Central Committee of AFŽ Yugoslavia], 1951, br 32/1951. “Zapisnik broj 2 sa sastanka sekreterijata centralnog oddbora AFŽ, 31 January 1951 [Minutes 2 of the meeting of the central committee of AFŽ]”, 3. By uplifted communist leaders referred to themselves essentially as educated, politically-literate women.

<sup>26</sup> Ibid.

woman, as seen by the oft-repeated instruction to nationwide women's press editors, 'that health content has to take top billing.'<sup>27</sup>

Regional magazines espoused national unity and equality, while reporting on the local situation. In Bosnia and Herzegovina, where long-held ethnic animosities had led to wartime civil conflicts, authors represented women fighting side-by-side and now rebuilding side-by-side. Authors blamed 'foreign fascists' for pitting historically warring people against each other in an effort to unify citizens against a common, sometimes fictional, external foe.<sup>28</sup> In the very first issue after liberation of Bosnian *Nova Žena* [New Woman], Dušanka Kovačević wrote about the lead up to the Bosnian AFŽ first women's congress:

At the congress, Serbian, Muslim and Croatian women will talk about their children who together are freeing their country, about their collective tasks, about Serbian women who are gathering seeds to give to the charred Muslim villages, about Muslim women who bring gifts to hospitals and are dying in camps for freedom. Our unity will be the most beautiful gift for the women of the congress, to our young country, for her happiness and future.<sup>29</sup>

In an effort to ameliorate ongoing tensions and to refocus people toward the task of rebuilding, regional papers utilised idealised scenes of cooperation. Furthermore, periodicals dubbed

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<sup>27</sup> Ibid.

<sup>28</sup> Bogomir Brajković, "Hrvatice Bosne i Hercegovine [Croatian women of Bosnia and Hercegovina]," *Nova Žena* February 1945, 3-4.

<sup>29</sup> Dušanka Kovačević, "Pred prvi kongres žena Bosne i Hercegovine [At our first congress of the women of Bosnia and Hercegovina]," *Nova Žena* January 1945, 6.

women's participation integral to the success of the rebuilding effort as the Partisans had with women's war-time contributions during the revolutionary battle. Authors invoked narratives that, like the one above, positioned Yugoslav women in a long line of loyal fighters, whose efforts would translate into prosperity for future generations.

The 1946 Constitution represented an important milestone for the newly-minted ruling Communist party. Party officials viewed constitutional change as an opportunity to unify Yugoslavs, to liberate women from enduring systems of oppression and inequality, and to justify their new regime to the population. Historian Rory Yeomans argues that Yugoslav women did not legislatively exist prior to the 1946 constitution and that the constitutional change reflected a political necessity to unite Yugoslav women.<sup>30</sup> Prior to 1946, women laboured under total legal, economic, social, and educational disempowerment. Women became enfranchised only in 1945; they were unable to participate equally in education and employment, and discriminatory inheritance laws kept female children from inheriting land. Socially conservative rhetoric held that women should remain in the home, bearing children and taking care of the household. Under the new constitution, the state constructed the identity of the New Yugoslav Woman: she was now an educated voter, a politically-minded worker, and a mother who could rest easy knowing that her female children would be guarded by the state. However, instead of fostering equalising measures in all spheres of life, the constitution saddled women with the dual responsibility of worker and mother.

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<sup>30</sup> Yeomans, "Fighting the white plague," 389.

The party promoted constitutional change as reward for its female supporters, *partizanke*, who were loyal during the war. It promised women equality with their male comrades: '[t]he people's revolutionary victory brought about measures to annul the domestic enslavement of our women and to ensure their active and full engagement in social and cultural life.'<sup>31</sup> The content of the women's press in these early years emphasised the fulfilment of the state's promise to women that they would be rewarded with the right to vote and equality with their male comrades after the sacrifices they made during the war. Editor of the federal AFŽ periodical *Žena danas*, Blaženka Mimica, wrote with patriotic sentiment about these constitutional changes describing how the editors searched for this declaration of their equality with men in the constitution with anticipation, 'as we were not entirely certain where it would be written'.<sup>32</sup> However, '[w]e were certain that it would be there because we know that our people, women now included, fought for that declaration and for full democracy.'<sup>33</sup> Readers were to understand that the state was building a new Yugoslavia and that women would be a central part of that vision. Through rhetoric that included women under the definition of citizen, the state also distanced itself from its predecessors.

Section 24, article 4 of the 1946 Yugoslav Constitution that pertained to the Rights and Duties of Citizens, ratified equality of the sexes. Legislating gender equality was a common move

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<sup>31</sup> Blaženka Mimica, "Ravnopravnost u ustavu Federativne Narodne Republike Jugoslavije [Equality in the constitution of the Federal Republic of Yugoslavia]," *Žena danas*, November-December 1947, 2.

<sup>32</sup> Mimica was also a member of the secretariat of the Association for the Protection of Childhood of Yugoslavia.

<sup>33</sup> Mimica, "Equality in the constitution," 1.

in the socialist world, according to Kligman who argues that equality was among the ‘fundamental ideological tenets of socialist states’.<sup>34</sup> Yugoslav women fought in the revolutionary war, ‘determined to dissolve their earlier bleak position, and their young socialist country rewarded them by assuring their equal membership in society.’<sup>35</sup> Of the new constitution, communist leader Mitra Mitrović opined that ‘if it is at all possible to confirm that old saying that the culture of one country can best be characterized by the legal position of its women, then in terms of its political standing, our new republic of Yugoslavia has risen above all other European countries, apart from USSR.’<sup>36</sup> In the same speech, Mitrović explains that gender equality is an expression of modernity describing Yugoslavia as a ‘civilised country’. She pegs equality between men and women as a unique aspect of socialist modernity, unlike its Western capitalist equivalent.<sup>37</sup> Tomšič argues that Yugoslav women would only reach equality with men if they followed the Soviet model through revolution and transformation of the entire society.<sup>38</sup> According to Simić, the state based post-WWII gender policies not only on the Soviet example,

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<sup>34</sup> Kligman, *The politics of duplicity*, 43.

<sup>35</sup> Veljko Šarić, “Prava i zaštita žene nekad i danas [Rights and protection of women in history and now],” *Žena u borbi* [Woman in battle], March 1957, 3.

<sup>36</sup> Mitra Mitrović, “Žena, djeca, brak i porodica u novom ustavu [Women, children, marriage and the family in the new constitution]” *Nova Žena* December-January 1945-6, 1. Mitrović was a pre-war communist and held a number of leadership roles during the war, including as editor of *Borba*, the party’s newspaper. She was married to Milovan Djilas, party ideologist. She was a leader within the AFŽ central committee and the Serbian Republic’s government after the war.

<sup>37</sup> Ibid.

<sup>38</sup> Simić, *Soviet influences*, 26.

but also on war-time gender policies.<sup>39</sup> The government firmly aligned itself with the Soviet Union and within the Eastern bloc, and more importantly as opposite, or separate, to the West.

In step with Soviet policies, the Yugoslav state reinforced women's maternal roles anticipating their eventual return to maternal responsibility. It helped create a public image of women as 'naturally' predisposed to motherhood. Mitrović, who regularly championed state ideology, wrote that the Constitution has eliminated the 'old notion that called the duty of motherhood, women's most sacred duty. Instead, the party has turned its attention to the ways that the state can protect mothers and children, since maternity is something that women would not and could not rid themselves of.'<sup>40</sup> According to Simić, "Tito inseparably tied womanhood with maternity,' with women's biological duty eventually surpassing their duty to industry.'<sup>41</sup> The headlines, the visual imagery, and focus of reporting reorienting women's roles and returning them to motherhood (figure 1.6 and 1.7). Women-workers held rights alongside responsibilities to the state that allowed women to 'serve their natural role as mothers, along with their responsibilities to their state as workers'.<sup>42</sup> Writing in 1946, Mimica underlines the link between motherhood and women when writing about socialist responsibility: 'When we talk about women's equality, we have to talk about motherhood as those two are closely linked. The notion

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<sup>39</sup> Ibid.

<sup>40</sup> Mitrović, "Women, children, marriage and the family in the new constitution," 2.

<sup>41</sup> Simić, *Soviet influences*, 65.

<sup>42</sup> Božić, "What does the constitution assure us?" 2.

of woman cannot be separated from the notion of mother.<sup>43</sup> Because family policies were gender-specific, the primary parent was always the woman.



**Figure 1.5** *Zora*, August-September 1948



**Figure 1.6** *Žena danas*, May 1950

The constitution's gendered language and sentiment saddled women with additional responsibilities explicitly demarcated within social protection articles. Women became the primary focus of the state's social protection policies, including maternity leave, healthcare, and childcare to support their dual positions in society. Although legislators may have framed these as benefits of socialist citizenship, gendered laws – maternity leave, rather than parental leave for example – left women solely responsible to take up such social protection policies. Policies operated in tandem with an impetus to work outside the home which the state also presented to women as a benefit of being a Yugoslav. While the state sold legal changes as supportive of

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<sup>43</sup> Mimica, "Equality in the constitution," 2.



gender equality, as testament of the state's modernising mission, and a sign of the Yugoslav state's close link to the Soviet Union, these legal measures set women up for a complex task of juggling domestic and work responsibilities. Conversely, fatherhood, Batinić observes, does not appear in the constitution and if men are specifically referred to, it is in their roles as 'proletarian laborers, shock-workers, and revolutionary heroes'.<sup>44</sup> Writing about East and Central European socialist nations broadly, Jill Massino and Shana Penn argue that 'although women were legally recognized as men's equals, protective legislation restricted women from participating in certain jobs, and gender-specific family policies – such as maternity leave – reinforced rather than challenged essentialist notions of gender'.<sup>45</sup> While the bureaucracy presented the constitution as serving to 'dissolve women's domestic enslavement,' that did not entirely come to fruition.<sup>46</sup>

Furthermore, though the constitution endorsed national unity and equality, the state's reporting on the constitution reveals a constructed ethnic and cultural hierarchy. Spanning the women's press, authors uniformly describe Slovenian women as the most advanced and Albanian women as the most culturally backward. Authors connect being advanced to being educated, atheist, and urban, and that 'culturally backward' peasants should aspire to reach that ideal.<sup>47</sup> In the Serbian magazine, *Zora* [Dawn], Albanian peasant-women of Kosovo and Metohija, known as *šiptarke*, are represented as grateful to Tito for giving them their freedom:

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<sup>44</sup> Batinić, "Motherhood," 260.

<sup>45</sup> Jill Massino and Shana Penn, "Introduction," in *Gender politics and everyday life in state socialist East and Central Europe magazines*, eds. Jill Massino and Shana Penn (New York: Palgrave Macmillan, 2009), 3.

<sup>46</sup> Mimica, "Ravnopravnost u ustavu," 2.

<sup>47</sup> This rhetoric is a continuation from the late nineteenth century forward by modernisers.

‘One can often hear how a *Šiptar* woman, with contentment, says “Thank you Tito for freeing us”’.<sup>48</sup> ‘Kosmet women’,<sup>49</sup> the author writes, work tirelessly to rebuild their new country because they are so pleased to be gaining enlightenment.<sup>50</sup> The authors of the women’s press describe the process of disseminating information throughout the country as a civilising mission. The state employed multiple efforts – press, conference, teams, lectures and multi-day workshops – which, they claimed, ‘penetrated even the most remote (*zabačeno*) villages and have become integrated in the masses’.<sup>51</sup> Authors in Bosnian *Nova Žena* (New Woman), write that all Bosnian women are now included through the constitution in the same standards as Serbian and Croatian women.

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<sup>48</sup> S Kovačević, “Rad žena Kosmeta u izgradnji [Work of Kosmet women in rebuilding],” *Zora*, April 1946, 5. Between 1945 and 1963 the official designation was the Autonomous Province of Kosovo and Metohija. The designation is highly contested at present.

<sup>49</sup> Serbian paper writes “Kosmet” instead of Kosovo and Metohija. This was a commonly used abbreviation at the time which was interpreted by many Albanians as derogatory.

<sup>50</sup> Ibid. *Šiptar* was a transliteration of the Albanian Shqiptar, which Albanians have historically used to call themselves. *Šiptar* was adopted by the CPY after 1945 in the pursuit of national unity to name Yugoslav Albanians. Since the 1960s, Albanians in Yugoslavia have agitated for official rhetoric not to use *šiptar*, but rather *Albanci*, Albanians, to recognise national over ethnic identification. The term *šiptar* in Serbian, Croatian, Macedonian and Slovenian has since acquired a derogatory meaning, associating Kosovo Albanians with racial and cultural inferiority. Vasiliki P. Neofotistos, “Cultural intimacy and subversive disorder: The politics of romance in the Republic of Macedonia,” *Anthropological quarterly* 83, no. 2 (Spring 2010): 288. See also: Ibid., “Postsocialism, social value, and identity politics among Albanians in Macedonia,” *Slavic review* 69, no. 4 (December 2010): 884-891.

<sup>51</sup> Nada Grkinić-Vukšin, “Žene o svojim pravima [Women on their rights],” *Zora*, October 1946, 7.



*Left. Figure 1.7 Zora, January 1948. Local village women attending literacy seminar.*



*Right. Figure 1.8 Nova Žena, October 1946. Literacy seminars held outdoors in makeshift city classrooms.*

Reporting on the constitution suggested that the New Yugoslav Woman was educated, or at least literate, able to partake in communist politics and society, and to pass on socialist ideology. In 1948, 25% of the population over the age of 10 was illiterate, with vast regional differences. Slovenia's illiteracy stood at 1.1% of that population, while Kosovo's was almost 57%.<sup>52</sup> Literacy was a key campaign during the first few years post-war as communist leaders encouraged women to set up and participate in 'reading groups' and intensive literacy workshops to learn to read and write (figure 1.8 and 1.9). Women's magazines convey the state's ideal hierarchy in their characterisation of women in their efforts to rebuild and learn. Reporters often called for unity, yet highlighted cultural hierarchy. In the first issue of *Nova Žena*, reporter Jela Bicanic proclaimed solidarity among Mostar Muslims, Serbs and Croats, also wrote that 'for

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<sup>52</sup> Dušan Breznik, *The population of Yugoslavia* (Belgrade: Institute for Social Sciences, Demographic Research Centre, 1974), 35-36.

Muslim women, who had previously been in the most difficult social position and who were the most backward, battle has created a new Muslim woman - fighter, warrior, worker, learner.

Muslim women have not only helped bring our people to unity, they have also experienced their own rebirth.<sup>53</sup> In Mostar, at one of the local AFŽ meetings, the women of Mostar – Serbian, Croatian and Muslim – were observed ‘working together’.<sup>54</sup> However, the author’s commentary on the meeting’s atmosphere demonstrates the perceived hierarchy between the three representative groups: ‘At those meetings, we read in the eyes of old Muslim women the desire to beat their backwardness. We see Serbian women listening intently to the descriptions of the Constitution, and we hear the Croatian women discuss it.’<sup>55</sup> In line with interwar reporting, the reporter designates Muslim women as targets of civilising missions, while Croatian and Serbian women lead the way.

The women’s press established not only an ethnic hierarchy, but also a class one. If the New Yugoslav Woman lived in a village and worked the land, her family should aspire to what Pavičević defined as ‘urban-family models.’<sup>56</sup> Visual cues supported the conflation of ethnic and class hierarchies. From reporting in the magazines, it becomes obvious that leading communists perceived that city women had already achieved a sense of modernity and shed their local ethnic

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<sup>53</sup> Jela Bicančić, “Muslimanke u borbi [Muslim women in battle],” *Nova Žena*, January 1945, 8. ‘Rebirth’ is a common trope when describing Muslim women.

<sup>54</sup> Nadžida Hadžić, “Kako radi mostarska organizacija AFŽ-a [How the Mostar section of AFŽ works]” *Nova Žena*, December-January 1945-6, 23.

<sup>55</sup> Ibid.

<sup>56</sup> Pavičević, *Na udaru ideologije*, 209.

dress, and other markers of backwardness, in the process of urbanisation. As we can see in figures 1.8 and 1.9, village women were women who were not modern as they had not yet divested their particular ethnic dress and, presumably, customs.

Soon after the constitution came into effect, the state ratified legislation aimed at regulating private family life, human reproduction, and industry in the pursuit of socialist utopia. Legislation aimed at keeping women in industry incentivised motherhood in combination with employment outside of the home. The structure and content of laws changed over time, as did their public and private aims. By 1947, the state began strengthening constitutional benefits through laws that gave women more rights at work while pregnant or breastfeeding. Subsequent family and labour policies, underpinned by the new Yugoslav constitution, strengthened the veneer of women's equality. Like the 1946 Constitution, subsequent laws were modelled on, or were a direct copy of Soviet laws (not until the 1951 Penal Code is there a departure).<sup>57</sup> Between 1946 and 1951 the state enacted legislation to both support women's reproductive capabilities, and to offer them resources to combine work with motherhood.

Laws on marriage, inheritance and legitimate children served two purposes in that the state was able to offer women freedoms and assurances that had previously been unavailable to them, while also serving its own goals of unity and population growth. The law on marriage declared that only secular marriage would be recognised from 1946, while permitting people to

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<sup>57</sup> Simić, *Soviet influences*, 93.

have religious weddings after the secular one.<sup>58</sup> The state had taken marriage under its wing because the old church regulations were outdated and treated women unequally, returning ‘to a married woman her human dignity.’<sup>59</sup> This law, along with laws protecting illegitimate children, buttressed the secularisation processes at the core of socialist ideology, while also uniting women under a legal framework that aimed to protect them against spousal abuse. Legislation that assured citizenship status and state protections for illegitimate children also served to fuel population growth by decreasing abortions, as women did not have to fear that their illegitimate children would be excluded from citizenship privileges.<sup>60</sup> Inheritance laws enabled women to prosper economically, and to assure that future generations of women would be able to seek independence from male family members.

Laws protecting mothers at work appeared supportive of equalising men and women within the workplace, yet were not entirely pragmatic. In 1948 the state passed a new *Law on the protection of employed pregnant women and breastfeeding mothers*.<sup>61</sup> The law set out more specific stipulations aimed to uphold constitutional promises. It allowed for 90 days maternity leave, to be taken 45 days before the due date and 45 days after birth, at full pay based on her earnings

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<sup>58</sup> “Osnovni zakon o braku [The Basic Marital Law],” *Službeni list* 29 (April 1946).

<sup>59</sup> Božić, “Law on marriage returns to a married woman human dignity,” *Zora*, March 1946, 5.

<sup>60</sup> In her study on the 1944 Soviet Family Law, Mie Nakachi analyses the language used in the laws and the ways in which reproductive policy translated into political realities, arguing that ‘the law instituted the legal category of “single mother” and vastly increased the number of illegitimate births. It forged a new set of gender relations.’ Nakachi, “N. S. Khrushchev and the 1944 Soviet Family Law,” 42.

<sup>61</sup> AJ, Fond AFŽJ – 141, box 15, Propagandna i kulturno-prosvetna sekcija [Propaganda and cultural education section], 1948, br 81/1947-52. “Iz uredbe o zaštiti trudnih žena i majki - dojilja u radnom odnosu [About the law on protection of employed pregnant women and mothers who are breastfeeding].”

during the previous month of work.<sup>62</sup> The law also allowed breastfeeding breaks for mothers of children under 8 months old. In order to receive full maternity pay, women had to have been employed for the preceding 6 months prior to taking maternity leave, or for at least 18 of the preceding 24 months, meaning that women would need to have been employed for most of the post-war period. Breastfeeding breaks were to be permitted every 3.5 hours and were to be limited to two hours including travel to and from her baby. There were also provisions to fine employers who did not accommodate these stipulations.<sup>63</sup> A revised social security law also included some provisions for working parents, to help them mitigate working life and parenthood. Working fathers could take up to 15 days paid carers' leave to help care for an ill child, while breastfeeding mothers who fell ill would also have their incomes topped up through social security.<sup>64</sup> Traveling to and from babies for breastfeeding 2-3 times throughout the day would essentially mean that women could be away from work for 4-6 hours in the working day. As new mothers were limited to shorter shifts, were not permitted to work in the evenings or overtime, this did not equate to a practicable solution. This was compounded by the dearth of childcare services available to women close to their work.<sup>65</sup>

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<sup>62</sup> The division of 45 days on each side of the due date was strict in the first place, however after debates this was at the discretion of the employer.

<sup>63</sup> AJ, Fond AFŽJ – 141, box 15. “About the law on protection of employed pregnant women and mothers who are breastfeeding”

<sup>64</sup> AJ, Fond Ministarstvo Rada FNRJ [Ministry of Labour of the Socialist Federal Republic of Yugoslavia] – MRFNRJ – 25, box 13, Odeljenje za radne odnose, zaštita žena, majki i dece [Department for work relations, protection of women, mothers and children], 1950, br. 27/1946-1951. Committee for Social Welfare, “Obrazloženje o uredbi o socijanom staranju [Explanation of the law about social security]”.

<sup>65</sup> Marina Simić and Ivan Simić, “‘Who should care about our children?’: Public childcare policy in Yugoslav socialism and its Serbian aftermath,” *Journal of family history* 44, no. 2 (February 2019): 145-158.

Beyond improving the daily lot of Yugoslav women, the state also aimed to affect future demographics by influencing women's reproductive decision-making. This was not necessarily an effort enacted by only men to dominate women, as many leading communists were women and they shared these sentiments. The state was also concerned with getting the population healthy, and women's reproductive health was one aspect of that motivation. At the same time that the state needed women to permanently step into the workforce, it also needed families to be prepared to have more children – if not immediately, then in the near future. However, these laws, as seen by the socialist leadership, were a temporary stop-gap measure. Party-supporters, like Novak, were convinced that socialism would inevitably lead to an increase in the quality of life for its citizens, so much so that there would be no need to regulate reproductive matters. In the state's vision, Yugoslavs would eventually simply want to have more children.

Yugoslavia's family policies were reflective of broader global trends. Since Yugoslavia sat somewhere between East/West divisions, the Yugoslav example helps us to see that the political restructuring of the family was not only a socialist tool. The Yugoslav state wanted to deliberately reconstruct the Yugoslav family, ridding it of its 'economic and domestic functions, which the Communists considered artificially imposed by capitalism and harmful to the "primary" functions of the family: procreation, education in communist values, and participation in the construction of socialism.'<sup>66</sup> The Yugoslav family was not meant to exist in isolation from

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<sup>66</sup> Brunnbauer, "'The most natural function of women': Ambiguous party policies and female experiences in Socialist Bulgaria," in *Gender politics and everyday life*, eds. Penn and Massino, 84. Recent historical and social scientific scholarship has emphasised the significance in both Eastern and Western Europe of the family for state policy, and



society, but rather, ‘all of its problems could be solved only through the collective.’<sup>67</sup> True Yugoslav socialism, for Tomšič, was the incorporation of socialist principles into the everyday life of the family, to create a family that is unlike the Soviet family, and unlike any Western permutation.<sup>68</sup> Taken together, the Yugoslav constitution aimed to affect the bodies and actions of women-workers, and it aimed to change the face of the Yugoslav family. Women were expected to exit the home and to take up employment in industry, while their domestic domain was to be divvied up and delegated to other women.<sup>69</sup>

Women were essential to the national economy and to the building of Yugoslav socialism. Ideologically coaxing women from the home, ostensibly freeing them of their domestic demands, meant that they could do the state’s bidding. Their presence in the workforce, in significant numbers, was paramount to the success of Yugoslav socialism, and the state depended highly on their ability to distance themselves from domestic commitments that the state was professionalising, such as laundry, cooking and cleaning, and childcare. By endorsing the building of an entire workforce to carry out domestic tasks, the state went some

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as a vehicle for buttressing conventional family values and ideals. Kligman argues that the post-1945 laws constituted a ‘political restructuring of the family’, which was crucial to the construction of socialist transformation. Angela Y. Davis argues that the specific social, medical and political context of post-war Britain helped to construct the notion of motherhood, especially in terms of the role of women in the family, and the relationship of the family and the state. Angela Y. Davis, *Modern motherhood: Women and family in England, C. 1945-2000* (Manchester: Manchester University Press, 2012).

<sup>67</sup> Mimica, “Equality in the constitution,” 2.

<sup>68</sup> Vida Tomšič, “Suvremena porodica i njeni problem [The contemporary family and its problems],” *Žena*, January 1959, 11.

<sup>69</sup> Over the course of the first two decades, it was women who were relegated to those care-service roles.

way to achieve this goal.<sup>70</sup> However, it also had to ensure that women would follow what many commentators called their ‘natural imperative’ to become mothers, while remaining in full-time employment in industry. There was a fine line between encouraging women to eschew their domestic duties to join the labour workforce and simultaneously paving the way for them to take up their reproductive duties.<sup>71</sup> The uneven distribution of power and labour within the home continued to be an issue throughout the socialist period, despite these early legislative measures. Tomšič platformed the issue at every public domestic and overseas event, arguing that through modernisation and development, women would eventually be freed from domestic duties to engage more meaningfully in public and political life, which in turn served society and the state.<sup>72</sup> Women’s positions within a socialist society also became the benchmark of global economic development, another aspect of state foreign interests.

From the late 1940s, the women’s press demonstrates that the state had already begun to reposition itself geo-politically all-the-while asserting its position as a leader in women’s rights, gender equality, and economic development, and as a model for developing nations. As colonised Asian and African countries struggled for independence, authors charged them to

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<sup>70</sup> The state opened training facilities for child educators and carers that would see women (almost exclusively) in caring roles.

<sup>71</sup> This was not unique to the Yugoslav context. Kligman argues that legal provisions compensated families for ‘fulfilling their patriotic obligation to raise and educate children for the nation’, and rewarded women for taking up their ‘predestined roles as workers, wives and mothers’. Kligman, *The politics of duplicity*, 71-2.

<sup>72</sup> Tomšič spoke on the topic at all of the national congresses of AFŽ, at international conferences held by the United Nations, but always within the rhetoric and ideology of Yugoslav socialism.

‘revolt against their oppressors’ in pursuit of ‘freedom and a better life.’<sup>73</sup> As the state began talks with those countries regarding a neutral non-aligned position, the women’s press echoed the potential to align with countries such as Burma ‘which does not belong to any bloc and keeps fighting for peace’.<sup>74</sup> Throughout the early 1950s, the women’s press features articles about socialist movements in Asian countries, where leading communists are ‘looking to socialism to increase the rights and position of their women.’<sup>75</sup> Tomšič wrote about a good-will mission that she was a part of that was sent to India, stating that ‘though Indian women are represented in parliament, they are still not equal. This, as we know from our own experience, will take them a long time to reach.’<sup>76</sup> At the All Indian Women’s conference in Madras, India, in 1952, AFŽ representatives are praised for their work on women’s equality and the building of socialism through legislative measures which the Indonesian delegates call ‘priceless’ examples for their own communist-building project.<sup>77</sup> Communist women constituted essential cogs in the state’s international positioning, and the women’s press served as a sound communication tool for domestic audiences.

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<sup>73</sup> “U Indiji, Burmi i Malaji [In India, Burma and Malaysia],” *Žena danas* Issue 63 January 1949, 17-18; “Borba za osnovna prava, za slobodu, za sreću svoje dece [Fight for basic rights, for freedom and for the happiness of their children],” *Žena danas* May 1948, 27-30.

<sup>74</sup> Marković, “Burma,” 9.

<sup>75</sup> Krista Đorđević, “Povodom konferencije socijalista Azije [Regarding the conference of Asian socialists],” *Žena danas*, February 1953, 9-10.

<sup>76</sup> Vida Tomšič, “Susreti sa ženama Indije [Encounters with women of India],” *Žena danas* December-January 1953, 5.

<sup>77</sup> “Sastanak žena Jugo-Istočne Azije [Meeting of the women of South-East Asia],” *Žena danas* November 1953, 4.

### ***1951 Penal Code: Divesting of ‘unscrupulous charlatans’***

The laws and policies that the state enacted between 1946 and 1951 constitute one half of the narrative about the establishment of reproductive regulation in socialist Yugoslavia. Pro-natalist laws that fostered women’s dual roles of mother and worker were amplified by the state’s early restrictions on abortion access. The provision of services for birth and abortion was stretching the state’s resources and women were stuck in a cycle of relying on abortion for controlling fertility and remaining in work. After the CPY took power, and before the Tito-Stalin split, the state only permitted abortion on very strictly-defined medical grounds. This criminal code was based on the Soviet code that at the time banned abortions; it initially stated that women who sought illegal abortions would be punished along with abortionists.<sup>78</sup> New laws, the subject of the following section, changed this legislation, expanding the reasons that a woman may seek an abortion and not punishing women in the case of illegal abortions. Laws that facilitated reproduction and those that permitted individuals’ fertility control after 1951, worked in tandem to buttress the state’s position as a modern and progressive state especially regarding gender politics and the rights of the woman-worker.

Scholars of women’s health have aptly asserted that legality and medical provision of abortions have been only part of manifold factors that influenced women’s ideas about sexual

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<sup>78</sup> Batinić, *Women and Yugoslav partisans*, 216.

health.<sup>79</sup> Abortion practices and methods have always existed outside of legal or medical systems, long before the first legalisation of abortion in Europe. In much of Eastern and South-Eastern Europe, those methods, generally practiced by local wise women, continued to thrive throughout much of the socialist period over more hygienic and safe medical methods despite the legalisation, and availability of abortion in many instances.<sup>80</sup> Liubov Denisova explains that, in rural Russia, the combination of long-held and enduring stigmas around abortion, the lack of access to medical facilities and the unaffordability of ‘legal’ abortions, meant that women’s use of non-medical abortion methods and abortifacients, continued and thrived.<sup>81</sup> This was certainly the case for Yugoslav women who, as I elaborate in the next chapter, procured their own abortions using feathers, knitting needles, and homemade remedies that served as abortifacients. The state argued that non-medical abortion methods jeopardised women’s physical health, especially their reproductive systems.

The many negative effects of illegal abortions were reason enough to design the new Penal Code, however, the change also presented the state with an opportunity to move away from the USSR. Medical historian Ana Antić argues that the use of psychotherapy and psychoanalysis were both examples of ‘Yugoslavia’s early experimentation with alternatives to Stalinism.’<sup>82</sup> She argues that even as psychotherapy was applied to re-educate pro-Stalin

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<sup>79</sup> Janet Evans, “The communist party of the Soviet Union and the women’s question: The case of the 1936 Decree ‘in defence of mother and child’,” *Journal of contemporary history* 16, no. 4 (October 1981): 757-775.

<sup>80</sup> Denisova, *Rural women*, 176.

<sup>81</sup> *Ibid.*, 181-182.

<sup>82</sup> Antić, “The pedagogy of workers’ self-management,” 181.

dissenters in the wake of the Tito-Stalin split, it also signified a ‘connotation of personal growth, development, and ultimate liberation’.<sup>83</sup> Legislation and policies to do with reproduction were, as psychotherapy was, important for Yugoslavia’s ideological evolution and geo-political positioning. During the first post-war years, the state followed the Soviet example and viewed abortion as a social disease, reasoning that women sought abortions because their material circumstances inhibited their desire to have another child. The state’s solution was two-fold: criminalise abortion, as in the USSR, and then initiate a five-year plan designed to improve the quality of life to passively remove a woman’s need for abortion. However, over the span of the next five years, criminalisation failed to have the desired effect.<sup>84</sup> The party leadership had hoped that by the end of the first five-year plan, due to end in 1952, the overall quality of life would have improved enough to dissuade women from wanting to terminate their pregnancies. As the state began moving away from the Soviet Union, it aimed to redesign its new Penal Code to safeguard women’s health by consulting with medical experts about the best ways to proceed.

Yugoslav medical experts argued that early restrictions to abortion access had to be overturned because they did not dissuade women from terminating their pregnancies. According to Novak during the period 1946-1950, women, in fact, sought ‘abortions in higher and higher numbers and many were started by criminal means.’<sup>85</sup> He reasoned that

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<sup>83</sup> Ibid.

<sup>84</sup> Women continued to self-abort or to procure illegal abortions in other ways, just as they had for generations. I expand on this in Chapter 2.

<sup>85</sup> AJ, Fond Ministarstvo Pravosuđe Vlade FNRJ [Ministry of Justice of the Federal People’s Republic of Yugoslavia] – MPFNRJ – 49, box 39, Pravno odeljenje, zakonodavnopравни poslovi [Legal department, legislative affairs], 1950,

[health professionals] know that those types of abortions are much more harmful to the health and welfare of the woman, as compared to legal abortions. We also want to highlight that this phenomenon has economic impacts as well. The maintenance of healthcare facilities, cost of medication and sanitary equipment on the one hand and women's decreased working potential on the other, present a substantial material loss.<sup>86</sup>

Concerns over women's health are conflated with concerns about the economy and the financial losses that abortions generated. In order to more effectively safeguard women's health as well as ensure state goals of decreasing abortion rates and increasing numbers of women in industry, gynaecologists felt compelled to argue for decriminalisation.

In the pursuit of a new framework for abortion care, medical experts contributed significantly to legislative debates. According to Miroslav Perišić, the state's overarching strategy for changing tack in terms of its geo-political orientation was the 'insistence on expert opinion', as 'knowledge was awarded over ideology.'<sup>87</sup> In 1949, the Ministry of Justice, prompted by the impending expiration of the Penal Code, sought feedback from medical and legal experts and administrative bodies regarding the current state of abortion in Yugoslavia and suggestions for legal amendments. In 1950, the Committee for the Protection of Public Health and the

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br. 71/1948-1951. Novak, "Stav ginekologa u pitanju legalnog arteficialnog abortusa [Position of the gynaecologist regarding the question of legal termination of pregnancy]," 5.

<sup>86</sup> Ibid., 9.

<sup>87</sup> Miroslav Perišić, "Yugoslavia: The 1950 cultural and ideological revolution," in *The Balkans in the Cold War: Security, conflict and cooperation in the contemporary world*, eds. Svetozar Rajak, K. E. Botsiou, Eirini Karamouzi and E. Hatzivassiliou, (London: Palgrave Macmillan, 2017), 292.

Directorate for the Protection of the Health of Mother and Child responded and came up with some initial conclusions: ‘Abortion is a dangerous operation, even when it is performed under the most ideal circumstances. Its performance should be limited to only those situations where the mother’s life and health is at stake.’<sup>88</sup> Experts agreed that abortions should only be undertaken in clinical settings, preferably hospitals, by specialist gynaecologist-obstetricians, and that requests for abortions should be regulated by a commission appointed by the Ministry for Public Health. Experts also agreed that the law must change because ‘strict legal restrictions do not dissuade women from seeking abortions, they simply turn women over to unqualified “unscrupulous charlatans”’.<sup>89</sup>

Medical and public health officials disagreed, however, on whether regulations should allow provision for social indications for legal abortion. Many experts offered patriotic reasons for their objections. A report from a group of gynaecologists submitted to the Committee states that all gynaecologists and forensic pathologists from the medical universities of Belgrade, Zagreb, and Ljubljana who have worked in the area of abortion law, believe that

to legalise non-medical social indications would be a sign of moral and material calamity, a sign that we are incapable of securing the existence of all of our citizens. In our country, that certainly is not the case. In our socialist Yugoslavia there do not exist socio-

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<sup>88</sup> AJ, SNZSPV – 36, box 27, Savet za zaštitu majke i dece, materijali delokruga rada saveta za zaštitu majki i dece [Council for the protection of mother and child, materials for the scope of work of the council], 1951, br. 70/1951. Dražen Sesardić, “Odgovor Ministarstvu Pravosuđa o indikacijama za prekid trudnoće [Response to the Ministry of Justice about indications for termination of pregnancy],” 1.

<sup>89</sup> Ibid., 9.



economic reasons that would justify the need for having an artificial abortion. Our country is improving economically, and her essence is the care and protection of mankind. The average standard of life has really increased in the hardest of situations, and besides that, the country offers help to pregnant women, women in labour, mothers and children, such that social indications are unfounded.<sup>90</sup>

By pinning all hopes to the state's legislative overhaul, many experts refused to acknowledge that legal changes to protect all citizens, including mothers, would not automatically equate to immediate and significant changes to material circumstances of families and the overall state of the country five years after total war. Furthermore, by attesting that Yugoslav women do not have socio-economic reasons to apply for an abortion, attendee consultants implied that women who wanted to abort for non-medical reasons would be shirking their maternal roles and responsibilities to the state. Although the 1951 Penal Code did concede to 'other justifications', the Code and subsequent laws were vague, leaving the final decision to case-by-case interpretations.

Gynaecologists also debated whether eugenic indications should be taken into account and the resulting conclusion against them demonstrates the state's experts' desire to remain popular in the public eye. While discussion notes only medical grounds, not racial, ethnic, or cultural considerations, proponents agreed that the potential wellbeing and health of future

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<sup>90</sup> AJ, MPFNRJ – 49, box 39. Novak, "Attitude of the gynaecologist," 6.

generations, as well as the strain that ill or ‘defective’ children have on the health system and society, should be considered. Novak argued that

[f]or our health system to be able to focus on the protection of healthy children and on improving the lives of capable children, it should not be burdened with children of unwed mothers, or of mentally or morally defective mothers. Furthermore, the number of abortions that would be completed under such circumstances is not great and would not impact on our natality.<sup>91</sup>

Another gynaecologist’s report argues that abortion should be done in cases of hereditary illness, because those illnesses ‘represent a burden for the individual, their family and the socialist society.’<sup>92</sup> While the state wanted to take on the responsibility of caring for its citizens, it also debated which citizens were worthy of its protection. The report authors conclude that including provisions for eugenic indications would be tricky and potentially unpopular.

The state and its medical experts had wanted to dissuade women from seeking abortion by increasing the overall standard of living, and by alleviating some of women’s fears to do with pregnancy and labour. However, in pursuit of preserving women’s reproductive capabilities long-term, many gynaecologists argued that birth was not something that should be forced onto anyone. Ultimately, lawmakers wrote in provisions for pregnancy and birth care, and, in theory, institutions were meant to be established for the provision of services for pregnant women and

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<sup>91</sup> AJ, SNZSPV – 36, box 27. Sesardić, “Response to the Ministry of Justice about indications for termination of pregnancy,” 8.

<sup>92</sup> AJ, MPFNRJ – 49, box 39. Novak, “Attitude of the gynaecologist,” 7.

birthing mothers. The state made massive efforts to educate the public about the advantages of hospital births over home births, and of proper diet and exercise during pregnancy.<sup>93</sup> However, the state's efforts had not yielded the results it had hoped for due to resource limitations.<sup>94</sup> When discussing medical justification for legal changes, one expert argued that

[w]e understand that even with the best clinical assistance, no-one can guarantee a woman a good birth, and women should be protected from the distress that may come from a difficult birth, which tend to lead to complicated operations. In any case, a woman should be given the choice to decide whether she wants to gamble with her life, because we know that many pathological presentations are likely to arise again in future pregnancies.<sup>95</sup>

This choice may also preserve women's future birthing capabilities. The debates outlined so far demonstrate that medical professionals felt the weight of a dual responsibility to their patients and to the state.

In 1951, the state enacted new abortion legislation.<sup>96</sup> Article 140 effectively decriminalised abortion, permitting abortion to protect the 'life and health' of women and in 'other justified cases,' leaving indications for legal abortion fairly unclear.<sup>97</sup> In early 1952, the

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<sup>93</sup> Through the popular press, later through educational films.

<sup>94</sup> In 1952, in Montenegro, for example, there were no full-time permanent gynaecologists serving approximately 17,000 women in their reproductive years. In Kosovo and Metohija, there was one serving almost 40,000 women. *Žena u društvu i privredi Jugoslavije* [Woman in Yugoslav society and industry], *Statistički bilten* [Statistical journal], 298 (1964): 77.

<sup>95</sup> Novak, "Attitude of the gynaecologist," 5.

<sup>96</sup> "1951 Penal Code".

<sup>97</sup> "The law on the procedure for performing allowed abortion".

Ministry of Justice passed a federal law, *The law on the procedure for performing allowed abortion*, setting out new stipulations for its regulation.<sup>98</sup> Pregnant women had to present their case to a commission composed of a gynaecologist, internist, and a social worker who would determine the outcome of their request. Each hospital and clinic had its own abortion commission and the makeup of these commissions varied with some hospitals including a psychologist.<sup>99</sup> The Ministry of Public Health expected physicians to take turns serving on commissions. Physicians could only perform abortions in clinical settings, preferably hospitals, and physicians should have specialist training in gynaecology and/or obstetrics. The state expected women to pay for the procedure. After the Penal Code change they were no longer liable to prosecution if they procured their own abortion outside of the medically-regulated system, although unlicensed practitioners were still liable for prosecution if caught.<sup>100</sup> In ‘exceptional circumstances,’ women’s abortion requests could be approved if ‘the woman finds herself in particularly difficult material circumstances, or if, due to the birth, her health and livelihood would be affected in other ways, such as if the child was born with significant physical or mental defects.’<sup>101</sup>

Immediately after the Ministry of Justice passed the law that regulated what constituted legal abortions, heads of hospitals, clinics and gynaecological departments raised concerns about

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<sup>98</sup> Ibid.

<sup>99</sup> In some cases, an internist could be replaced by someone with a specific specialty relevant to that case. For example, a dermatologist could be called in if there was a medical justification based on a skin condition that was being used for abortion application.

<sup>100</sup> “The law on the procedure for performing allowed abortion”.

<sup>101</sup> Ibid.

how to interpret guidelines.<sup>102</sup> The main issue appeared to be with indications for approving abortion requests. In the lead up to the writing of the new law that would regulate abortion provision, experts submitted extensive lists of indications that could be used to approve women's requests for abortion. Instead of offering these as an appendix to the law, experts suggested that specific indications, especially social indications, be left out and that each abortion committee be permitted to approve requests under social indications on a case-by-case basis, and at their discretion. Although the report's author does not offer any reason, he writes that examples of social indications should also not be made known to the public.<sup>103</sup> That legislators planned not to release information about social indications implies that they may not have trusted women with all of the information pertaining to their personal health, and they must have feared that women may falsify records or provide false information to obtain abortions under these circumstances. If women did not know about the possibility of applying for an abortion based on their financial or material circumstances, they may also be less likely to even apply for an abortion in the first case.

At the behest of the Gynaecological-Obstetrics division of the Medical Association of Croatia, the Council for the Protection of Public Health and Social Politics of Yugoslavia held a conference in May 1952 to discuss aspects of the law and to refine guidelines. The conference

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<sup>102</sup> AJ, SNZSPV – 36, box 27, Savet za zaštitu majke i dece, materijali delokruga rada saveta za zaštitu majki i dece [Council for the protection of mother and child, materials for the scope of work of the council], 1952, br. 70/1952. "Council for Public Health and Social Politics of the Government FNRJ".

<sup>103</sup> AJ, SNZSPV – 36, box 27. Sesardić, "Response to the Ministry of Justice about indications for termination of pregnancy," 6.

sought to clarify where abortions could be done, by whom, and under what circumstances.<sup>104</sup>

Some of the issues that attendees raised concerned material conditions and human resources.

For example, abortions were only to be performed by specialist gynaecologist-obstetricians, which attendees agreed was appropriate. However, there were few gynaecologist-obstetricians practicing across Yugoslavia, as I will discuss in the next chapter, which meant that the ones who were qualified would be overburdened under those regulations. Some experts took issue with the fact that there was no plan for the provision of contraception in the regulations, which would inevitably lead to women's reliance on abortion as a birth control tool.<sup>105</sup> Debates between experts, held at elite conferences and through correspondence, directives and reports, did not invite the opinions of the consumers of those services, nor was the breadth of these deliberations communicated to women.

The women's press did not report on the new Penal Code and subsequent law regulating abortion care, which highlights the state's pro-natalist intent, or at least the fact that experts did not rate women's abortion access as highly as their access to maternity care.<sup>106</sup> Forums between AFŽ and party doctors in the early 1950s demonstrate how significantly the issue of infant

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<sup>104</sup> AJ, SNZSPV – 36, box 27, Savet za zaštitu majke i dece, materijali delokruga rada saveta za zaštitu majki i dece [Council for the protection of mother and child, materials for the scope of work of the council], 1951, br. 70/1951. Proceedings from “Konferencija po pitanju predloga za propise o sprovođenju Krivičnog zakona po pitanju pobačaja održana u Komitetu za zaštitu narodnog zdravlja 9-III-1951 [Conference about the suggestions for implementing the Criminal Code on abortion, held at the Committee for the protection of national health, 8 March 1951]”.

<sup>105</sup> Ibid.; AJ, SNZSPV – 36, box 22, Odeljenje za zdravstvo [Department of health], 1952, br. 56/1951-1953. “Referat sa konferencije ginekologa-akušera održane u Zagrebu po pitanju dozvoljenog pobačaja [Report from the gynaecologist-obstetric conference held in Zagreb about legal abortion],” 22 May 1952.

<sup>106</sup> “Medicinske posledice pobačaja [Medical consequences of abortion],” *Žena*, April 1964, 34.

mortality and maternal health monopolised discussions about women's reproductive health and legal rights. In one such consultation in 1951, whose minutes run for more than seventy pages, the provision of abortion care is mentioned only once by a female gynaecologist who says that 'so far, no one [in the room] has touched on the topic.'<sup>107</sup> According to the minutes, nobody else speaks about it or responds to her point, focusing instead on various strategies for increasing maternal and infant health among the peasantry.<sup>108</sup>

Even after abortion was decriminalised in some instances through the 1951 code, it remained invisible. It was not until the mid-1950s that abortion came to be featured in the women's press. Even then, however, the reporting differed significantly from that of the reporting on maternity leave and marriage laws. While the state charged AFŽ to educate women of the country about the new rights and privileges that the state has given them in work and society, there was no such directive in the case of the new abortion regulations. When authors do discuss abortions it is to say that abortions are dangerous, no matter who conducts them, but especially so when completed by 'unlicensed individuals'.<sup>109</sup> The women's press presents information about abortion through cautionary tales. Physicians wrote that 'short- and long-term

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<sup>107</sup> AJ, AFŽJ – 141, box 9, Sekreterijat Centralnog Odbora AFŽ Jugoslavije [Secreteriat of the Central Committee of AFŽ Yugoslavia], 1951, br 32/1951. "Savetovanje centralnog odbora AFŽ-a sa lekarima po pitanju zaštite majke i djeteta i suzbijanje smrtnosti djece [Consultation between AFŽ and doctors on the issue of protecting women and children and eradicating infant and child mortality in Belgrade]," 13 September 1950, 43.

<sup>108</sup> I will discuss these aspects, including the consultation in more detail in chapter 2.

<sup>109</sup> In practice, this was also related to rural *vračare*, fortune-tellers who also healed in the countryside, who will be the topic of chapter 2.

consequences of abortion, included issues with fertility, ongoing pain and discomfort and a changed rhythm of menstruation.’<sup>110</sup>

In fact, it is around this time that women’s magazines began featuring more and more children on their covers, and the enclosed articles began to take on a more instructional tone regarding child-rearing. While initially, magazine covers displayed women working the land or in other professions, from the late 1940s through the early 1950s, images of children and mothers begin to dominate covers (table 1.1). In *Zora*, we see a steady rise in images of children and mothers from 1946 to 1950 with a sharp increase in 1951 and 1952, potentially pointing to an overall stabilisation of the society and economy. This is reflective of proportions in other republic magazines, too.<sup>111</sup> Children playing outside, with female carers and statues of women holding babies (figures 1.9, 1.10, 1.11), dominate covers. Photographs of women within the pages of the magazines often depict them with children. Children are either being cared for by their mothers or by professional female caregivers. Birth rates were increasing at the time so editors may have been acknowledging the demographic increase. The state highlighted for women the social protections that came with Yugoslav citizenship, at the expense of informing them about new abortion legislation and services.

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<sup>110</sup> Rogić, “Vi ste nas pitali, recite mi istinu o pobačaju [Tell me the truth about abortion],” *Svijet*, April 1958, unpaginated.

<sup>111</sup> I have focused on *Zora* here because it is the magazine that I have the most issues from. However, the rise in images of babies, children and mothers increases sharply around this time for all of the different magazines.

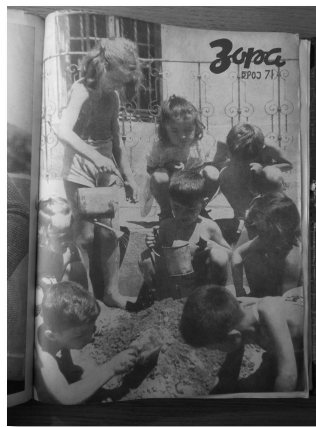


	1946	1947	1948	1949	1950	1951	1952
Zora	0 of 8	2 of 9	3 of 10	3 of 10	4 of 10	8 of 10	8 of 10

**Table 1.1** Number of covers of children or mothers with children per year.



**Figure 1.9** *Zora*, March 1951



**Figure 1.10** *Zora*, July 1951



**Figure 1.11** *Zora*, June 1951

The Yugoslav state's legal changes between 1946 and 1951 officially prompted the transfer of abortion out of the hands of illegal abortionists and into the state-regulated hospital setting. Along with other aspects of reproduction, such as contraception, pregnancy, birth, childcare, and child development, the state deemed abortion a medical procedure. The procedure operated within legal and institutional regulations, bureaucratic processes and procedures, and was subject to the personalities and power of individual medical professionals. Legal changes placed the procedure within the bounds of scientific innovation and medicine, leaving medical professionals responsible for the lives of women who underwent abortions. While the law still

played a part in regulating access to the procedure, control lay with the medical community who could ultimately decide a woman's fate.

## ***Conclusion***

Legislative change encouraged women to seek employment outside the home while planning for the inevitability of motherhood. According to legislation, women could take control of their own fertility and choose when to have children, enjoying the protection of the state and its medical institutions. Legislation was passed quickly and with extensive expert consultations. Nevertheless, new regulations were not clear enough to avoid broad interpretation and confusion. Furthermore, the approval criteria for legal terminations were poorly defined, leading to inconsistencies in decision-making and an increase in illegal abortions. Legislation was also gender-specific, which meant that it was not parents who were burdened with the need for inevitable childbearing, but rather, it was mothers.

Laws that facilitated reproduction for working mothers underwent numerous revisions and interpretations. The state introduced child benefits aimed at supplementing family incomes, allowing women more freedom to use state childcare facilities. However, this inadvertently led to many factory directors dismissing women or not hiring them in the first place.<sup>112</sup> Mothers received money for nutrition during pregnancy, for child-rearing equipment, monetary awards

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<sup>112</sup> Simić, *Soviet influences*, 107.

that increased with every child, and regular child benefits until the child turned seventeen years old. In 1954, a working-class family of four would be entitled to 25 per cent of their monthly income from child benefits.<sup>113</sup> The state said that women had to use their benefit to pay for kindergartens, but in fact there was subsequent decline in the use of these childcare centres because many women left work to look after children instead.

While the state sold legislative change as an expression of its commitment to women's equality, state propaganda told a different story. Presumably fearing that women would have even more abortions, authors of the women's press did not trust women with the information they needed to make more informed choices about their own bodies and fertility. The state also faced a complex task of addressing falling natality and realising its own promises to women. In theory, the state protected women's ability to terminate an unwanted pregnancy. In reality, the state's propaganda set out new expectations for Yugoslav women, whose rights of citizenship authors injected with pro-natalist sentiment, if not necessarily coercive measures to ban birth control measures.

Legislative and constitutional changes coaxed women to adjust to the new requirements of the state. Scholars of gender and political theory have established that while the overarching ideology of gender equality may have formed the foundation of socialist policy and public rhetoric in state-socialist European countries in the twentieth century, it was not effectively

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<sup>113</sup> Ibid.

established within the private, everyday domestic sphere.<sup>114</sup> Yugoslavia was no exception.

Starting from the 1960s, magazines bemoan the failure of legislation and rhetoric to penetrate the life of the everyday Yugoslav family. One such article in 1963 from *Svijet* highlights that many communist officials thought that declaring women equal citizens and ensuring their rights to education and employment would naturally trickle through into the domestic space. However, as the article states, equality has not yet been established within the home.<sup>115</sup> Despite the state's legislative and institutionalising efforts to equalise women's roles with those of men in the new Yugoslav society, patriarchal attitudes prevailed and private behaviour was slow to change. In fact, as one Croatian gynaecologist in her 60s at the time that I interviewed her told me, 'the patriarchal tendency smouldered over everything. It still does.'<sup>116</sup>

The state's self-constructed image as a progressive, modern and benevolent entity serving the needs of its female population extended beyond legislation and into the arena of institutions. Public officials continued to use the weight of medical and scientific authority to enact the state's agenda to both rehabilitate the population and unify Yugoslavs beyond ethnic, religious and class divisions. As I have argued in this chapter, the state used the propaganda machine to shape social expectations, even if laws themselves appeared fairly benevolent. It continued to do so

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<sup>114</sup> Kligman and Gal, *Reproducing gender: Politics, publics, and everyday life after socialism* (Princeton, NJ: Princeton University Press, 2000), 5.

<sup>115</sup> "Stvarna ili deklarativna ravnopravnost [Real or ostensible equality]," *Svijet*, March 1963, 4.

<sup>116</sup> Jelena Grubič, interview with the author, Zagreb, 17 September 2016.

with more vigour in its pursuits of medicalising reproduction through institutions designed to both serve the myriad healthcare needs of the population and to civilise and colonise its citizens.

## Chapter 2: 'From the office worker to the peasant-woman': Building an infrastructure to medicalise reproduction, 1945-1965

Stana – 'Where are we going?'

Mother-in-law – 'To the barn, where else?'

Stana – 'Not the barn, God help me! Let us go to the house.'

Mother-in-law – 'We have to. That is our custom.'

Stana – 'I have to give birth in such filth?'

Mother-in-law – 'You have to. I did, and so have all of our women. It's what we do.'<sup>1</sup>

- dialogue from *Svekrvin Grijeħ* [The mother-in-law's sin], 1937

In *Svekrvin Grijeħ* (The mother-in-law's sin), a 1937 educational film produced by the Croatian School of Public Health in Zagreb, Stana goes into labour on a busy farm. Despite Stana's appeals to her mother-in-law to take her inside the house to give birth, her mother-in-law shuts them both in a barn, where she is to give birth away from the men of the household, whom we see drinking *rakija* (brandy) at the kitchen table. The birth is brief and the viewer watches from the other side of the barn, as if hiding behind a cow. The animal's udders and legs frame the shot, likening woman to cattle. Stana dies in childbirth, but her baby survives and is taken care of by her bereaved husband and his family. Some time later, the mother-in-law attends local seminars about hygiene, sanitation and safer, medicalised, childbirth. She learns that hospitals, birthing centres, or at least clean well-ventilated rooms in the family home, are a more

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<sup>1</sup> *Svekrvin grijeħ* [The mother-in-law's sin], directed by A. Gerasimov (School of Public Health in Zagreb, 1937), 35mm silent film. This excerpt represents the written dialogue at the beginning of the film.

suitable setting for childbirth than the barn. She also discovers that even the most straightforward birth should be attended by a medically-trained professional. In time, her son remarries and when his new wife gets pregnant, the mother-in-law does not make the same mistake again. Although she does not take her daughter-in-law to the hospital, she, under a nurse's guidance, sets up a clean space inside the house for the birth to take place. She constructs a single bed so that her daughter-in-law could be raised off the ground and reserves fresh sheets and blankets to be used for birthing purposes alone. Her husband protests against their daughter-in-law giving birth inside the house, demanding to know why the women are not following the usual custom of birthing with the farm animals. The mother-in-law shakes a fist at him, contending that 'these are new traditions,' explaining that 'better our traditions are destroyed than we lose another life.'<sup>2</sup>

The film, which predates the period in question, captures a number of key themes pertinent to this chapter and to understanding the nascence of a socialist reproductive medical system in Yugoslavia after WWII. Though the film dates from the interwar period, it demonstrates the customs and attitudes surrounding births in the countryside. The film hints at the tension between folk customs and medical science during the rise of public health in interwar Europe. It also speaks to the Yugoslav state's enduring battle against ethno-medical healing practices.<sup>3</sup> And it reiterates the abiding role of women in both the older and the newer

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<sup>2</sup> Ibid.

<sup>3</sup> Throughout this chapter I use the terms ethno-medical healing practices to capture the diverse local customs of individuals, families and communities. I acknowledge that practices were not static. They changed over time and in

system; it is the mother-in-law, not the husband, who is newly educated in the story. As the film demonstrates, the medicalisation of childbirth and reproductive healthcare prefigured Yugoslavia's time as a socialist state. However, it was after the socialist revolution that the state systematically merged principles of preventive and curative healthcare, with social welfare and health education to create an integrated socialist Yugoslav health service.<sup>4</sup> Even as the state embarked on its own path away from the Soviet Union, it continued to mirror aspects of the health system's structure and governance model beyond the Tito-Stalin split.

This chapter analyses the institutionalisation of women's healthcare, tracing the state's multilayered approach from 1945 to the mid-1960s.<sup>5</sup> Bearing in mind that the medical service was more fragmentary than comprehensive between 1945 and 1965, what factors drove and hindered the institutionalisation of women's health? In those twenty-odd years, medical and public health officials made significant leaps towards establishing an interconnected web of reproductive services across the country, which sat within the larger healthcare network. Though the state's health agencies fell short of expectations in some ways, particularly in modernising

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relation to context and circumstances. They were also not followed by all peasants in the same way. My analysis does not stem from ethnographic fieldwork in local communities. Nevertheless, I offer the reader a glimpse into some of the known practices and attitudes to sex, reproduction and fertility control, and I deconstruct representations of local customs. Building on the work of anthropologist Joseph W. Bastien, Paula A. Michaels argues for the utility of the term 'ethno-medical' to describe diverse folk healing customs. Michaels, *Curative powers: Medicine and empire in Stalin's Central Asia* (Pittsburgh, PA: University of Pittsburgh Press, 2003); Joseph W. Bastien, *Drum and stethoscope: Integrating ethnomedicine and biomedicine in Bolivia* (Salt Lake City, UT: University of Utah Press, 1998).

<sup>4</sup> While I will discuss some aspects of education such as enlightenment of peasants, I do not focus substantively on sex education, which is the topic of chapter 4.

<sup>5</sup> I did not have as much archival documentation that covered the continued expansion of the clinics and the development of the medical training programmes around the country throughout the 1960s.



peasant attitudes and overhauling ethno-medical healing customs,<sup>6</sup> the state's most significant achievement was its establishment of world-class health research institutes that led innovation throughout the socialist period, and beyond. Driven by a desire to rehabilitate population health and by its commitment to 'brotherhood and unity,' the state measured the lives and health of individuals against its agenda to unite Yugoslavs as one socialist people.<sup>7</sup> The state experienced numerous roadblocks on the path to a bureaucratised medical system. Yugoslavia of 1945 was a largely rural country, and health services existed mostly in towns and larger cities. Bosnia & Herzegovina, Montenegro, Macedonia, and Serbia (including the autonomous provinces of Kosovo and Vojvodina) had an agricultural population of just over 70 per cent; Croatia had 62 per cent, and Slovenia had the lowest agricultural population of 44 per cent.<sup>8</sup> The devastation of war also meant that modes of transport and infrastructure were almost non-existent, meaning that peasants who lived in remote areas could not easily reach doctors' clinics. As expected, citizens continued to use health treatments outside of the medical system. These practical aspects were coupled with peasants' distrust of medical authorities who threatened their

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<sup>6</sup> Although this is true of this earlier period, Yugoslav population experienced rapid economic development, and by 1971 one third of the population was living in cities. The shift from rural to urban lifestyles was not linear, however, as people took up non-agricultural work while remaining in their rural family communities. Urbanisation, as expected, was mainly undertaken by younger individuals, which held the potential to create a disproportionately fecund urban population and a less fecund rural population. However, because of higher levels of education, and later marriages in the cities, this effect was counterbalanced. D. I. Rusinow, "Some aspects of migration and urbanization in Yugoslavia," *Southeast Eur Ser* 19, no. 2 (1972): 1.

<sup>7</sup> Constitution of the Federal People's Republic of Yugoslavia, 31 January 1946.

<sup>8</sup> Breznik, *Population of Yugoslavia*, 49. Kosovo had a nearly 81 per cent agricultural population at the time.

community healing customs. Rivalries and long-standing animosities between the Ministry of Public Health and the AFŽ also stood in the way of the state's ambitious plans.<sup>9</sup>

The state's fraught relationship with its female citizens underpins this narrative. On the one hand, the state's measures to bring private birthing and fertility control practices into a biomedical healthcare system represented the state's commitment to socialist gender equality.<sup>10</sup> If we consider the process of institutionalising women's health as one that took place over time, the state was in many ways responding to demand, as more and more women utilised legal abortions performed within the medical system. On the other hand, medicalising strategies deliberately threatened community-based processes that had been passed down generationally woman to woman, and censured folk healers who stood as entrusted community members. Furthermore, by devising ways to entice women into biomedical healthcare institutions, medical authorities inherently questioned women's personal instincts, autonomy, and prior knowledge in pursuit of a bureaucratised service.

The chapter takes a chronological approach, weighing factors that motivated and impeded the state's medicalisation of reproduction. In section one, I survey the pre-1945 context of ethno-medical birthing, contraception, and abortion practices that women employed across

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<sup>9</sup> These rivalries did not only exist between members of these two institutions, but within them, too. For example, doctors did not agree on the role of midwives within gynaecological practice, with some arguing that trained midwives would alleviate some of the pressure from specialists and others arguing that they would be in the way. AJ, AFŽJ – 141, box 9. "Consultation between AFŽ and doctors on the issue of protecting women and children and eradicating infant and child mortality in Belgrade," 42.

<sup>10</sup> Biomedicine is medicine based on the application of the principles of the natural sciences and especially biology and biochemistry.

the region, some of which survived throughout the socialist period. These healing customs represented one of the main driving factors for the state's efforts to medicalise reproductive healthcare. Communist officials, like their inter-war predecessors, strongly believed that ethno-medical healing practices were to blame for the poor state of women's health and that of their infants and small children. Furthermore, such community-based practices existed outside of the scope and control of state health authorities and represented a threat to state unification goals. The new government anticipated that integrated biomedical reproductive healthcare would rehabilitate the population, and unify and modernise the Yugoslav citizenry. Following the Soviet example, the Yugoslav state constructed a 'civilising mission' to realise its vision of the New Yugoslav Man and Woman, and to entrench its political power throughout the regions.<sup>11</sup> In sections two and three, I analyse state strategies to coax peasants out of their communities and into biomedical health services. In section one, I rely largely on published ethnographic accounts of village life throughout the first half of the twentieth century, along with fragments from socialist archival documents wherein concerned physicians and AFŽ activists communicate their observations of women's practices in villages. In section two, I make use of AFŽ documents and the women's press to retrace the propaganda machine in operation, analysing how the state utilised different communication tactics intended to encourage peasants into the state-led medical system. In section three, I use Ministry of Public Health records to reconstruct its plans

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<sup>11</sup> Frances Lee Bernstein, Chris Burton, and Dan Healey, eds. *Soviet medicine: Culture, practice, and science* (DeKalb, IL: Northern Illinois University Press, 2010), 11.

for a hierarchical 'bureaucratic pyramid' of a health service designed to eradicate peasant practices, and to create state-of-the-art research institutions.<sup>12</sup>

As in other twentieth-century European states, the building of the medical infrastructure became part of the broader system of modernising the nation. Though state authorities claimed to have devised a singular system, Yugoslav medical authorities based their plans for the new socialist medical infrastructure on several examples: the Soviet model at the outset; ideologies and practices from other non-Soviet examples, including global health and humanitarian organisations; and from their own recent past. Kligman asserts that 'Marxist-Leninist regimes embraced scientific rationality as a means of legitimizing their modernization strategies.'<sup>13</sup> The evolution of medical systems in other countries after WWII reveals some commonalities to the Yugoslav model. Writing about Stalinist Russia, Frances Lee Bernstein, Christopher Burton and Dan Healey argue that '[s]cience, and medicine, were yoked to the industrialization project.'<sup>14</sup> The process of modernisation through medicine was a common goal amongst post-war communists across Europe and states entrusted medical experts in realising that project. Kateřina Lišková explains that medical experts in the psychological sciences ushered in the Czechoslovak sexual revolution of the 1950s 'from above' which was utilised 'by the people below,' in a continuation

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<sup>12</sup> Heitlinger, *Reproduction, medicine and the socialist state*, 90.

<sup>13</sup> Kligman, *The politics of duplicity*, 12.

<sup>14</sup> Bernstein, Burton, and Healey, "Introduction", 4.

with interwar modernisation efforts.<sup>15</sup> The application of science, personified by medical experts, represented a common modernisation tactic.

Scholars of Soviet Russia are divided on whether state-led modernisation projects aimed to entrench political power across the non-Russian periphery and Russian countryside represented internal colonisation or empire-building. Traditionally, historians have looked to industrial technologies and infrastructure such as railways and steamships to understand empire and globalisation.<sup>16</sup> Historians of Russia have recently begun interrogating the systematic application of biomedical healthcare in a bid to exert dominance over far-flung regions and their populations.<sup>17</sup> Yuri Slezkine argues that communist leaders deployed colonising mechanisms in the same way in the Russian countryside as they did in the non-Russian empire, denying the inter-ethnic dimension that typified the dynamic between mainland Russians and the people within the non-Russian peripheries.<sup>18</sup> Placing Kazakhstan at the centre of her analysis on Soviet medicine, Paula A. Michaels argues that the state used ‘medical and public health systems to reshape the function, self-perception, and practices of individuals, both patients and practitioners’, in a fashion not dissimilar to the Yugoslav case.<sup>19</sup> Although the Yugoslav state

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<sup>15</sup> Lišková, *Sexual liberation, socialist style*, 3.

<sup>16</sup> The seminal work of Daniel Headrick who studied empire and technology in nineteenth century Europe, led to the master narrative arguing that technologies made it possible to realise colonial motives, making it viable. Daniel Headrick, *The tools of empire: Technology and European imperialism in the nineteenth century* (Oxford: Oxford University Press, 1981); See also: Yuri Slezkine, *Arctic mirrors: Russia and the small peoples of the North* (Ithaca, NY: Cornell University Press, 1996).

<sup>17</sup> Bernstein, Burton and Healey, *Soviet medicine: Culture, practice, and science*.

<sup>18</sup> Slezkine, *Arctic Mirrors*; Ibid., “The USSR as a communal apartment, or How a socialist state promoted ethnic particularism,” *Slavic review* 53, no. 2 (Summer 1994): 414-52.

<sup>19</sup> Michaels, *Curative powers*, 9.

utilised comparable processes to spread its influence, the Russian case reveals potentially sharper divisions between urban/rural and inter-ethnic dimensions than are present in the Yugoslav context. The Yugoslav state did not hold overland or overseas empire-building ambitions, where inter-ethnic elements would have to be neutralised in order to realign allegiances. Nor was it solely concerned with diminishing the urban/rural divide at home. The state often conflated the two elements, as I will demonstrate throughout this chapter, and a clearer demarcation between the two would only arise later in the socialist era.

The state's seemingly altruistic efforts in installing free public healthcare throughout the country to raise the overall health of peasants and the quality of life of all Yugoslavs, did not mean that they did not aspire to those goals without ulterior motives. Melissa K. Bokovoy argues that after the war the party had to enact land reform measures, at the same time as it had to 'find a place in the new state for its peasant allies and build institutions that would bind them to the state.'<sup>20</sup> The medicalisation of reproduction constituted one such institution-building strategy, one that would enable party officials entry into the private domain of the peasantry. Throughout the first two post-war decades, Yugoslav administrators energetically pursued science-fuelled modernisation to fulfil their own ambitions to consolidate and entrench power throughout the regions. Even so, the process also reveals that individuals welcomed, negotiated, internalised, and, sometimes rejected new health and social structures at a local level.

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<sup>20</sup> Bokovoy, *Peasants and communists*, 29.

## ***Women's ethno-medical healing practices in pregnancy, fertility control and childbirth***

Scattered ethnographic scholarship on village life in Yugoslavia has produced some knowledge of diverse ethno-medical healing customs that existed within communities.

Aleksandar Petrović studied the districts of Rakovica, Serbia and Banjane, Montenegro, in the 1930s with a focus on peasant life, hygiene and health, aiming to uncover trends in population health and local practices.<sup>21</sup> During and after WWII, Yugoslav refugees to the US prompted new research into Yugoslav ways of life. US-based Croatian ethnographer Vera Stein Erlich published the first significant English-language study of village life in Yugoslavia.<sup>22</sup> Joel and Barbara Halpern visited and studied villages all over Yugoslavia during the 1970s and 1980s and the two were prolific in their English-language publications.<sup>23</sup> The Halperns' Western cultural bias likely coloured both how respondents engaged with them, and their interpretation of evidence. Erlich, on the other hand, lived in Zagreb from 1897 until 1951, when she moved to the US and published *Families in Transition* the following decade. Though she resided in the country at the time of the interviews and surveys, her urban perspective likely influenced her motivations, interactions with participants, and the resulting analysis within the monograph. The project took

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<sup>21</sup> Aleksandar Petrović, *Banjane: socijalno-zdravstvene i higijenske prilike* [Banjane: socio-medical and hygiene circumstances] (Belgrade: Biblioteka Centralnog higijenskog zavoda: 1932); Petrović, *Rakovica: socijalno-zdravstvene i higijenske prilike* [Rakovica: socio-medical and hygiene circumstances] (Belgrade: Biblioteka Centralnog higijenskog zavoda, 1939).

<sup>22</sup> Vera Stein Erlich, *Family in transition: A study of 300 Yugoslav villages* (Princeton, NJ: Princeton University Press, 1966). She conducted her research between 1937 and 1943 by way of interviews and questionnaires.

<sup>23</sup> Joel Martin Halpern, *A Serbian village* (New York: Columbia University Press 1958); Barbara Kerewsky-Halpern, "Trust, talk and touch in Balkan folk healing," *Social science & medicine* 21, no. 3 (January 1985): 319-325; Halpern and Kerewsky-Halpern, *A Serbian village in historical perspective* (Long Grove, IL: Waveland Press, 1972).

her almost thirty years to complete. By then, Europeans had experienced total war for the second time, Yugoslavia had survived foreign occupation and civil conflict, and had undergone a socialist revolution, followed quickly by rapid industrialisation. Inspired by the unveiling campaigns of the 1930s across Yugoslavia, Erlich set out to better understand the nature of the Yugoslav family and women's social position. Through her ethnographic work, she aimed to accelerate the social, economic, and political uplift of Yugoslav women who lived on collective farms, *zadrugas*, across the region.<sup>24</sup> In *Families in transition*, she frequently highlights the isolating, and at times life threatening, nature of women's experiences of pregnancy, childbirth, and in controlling their fertility, in order to bring the focus on the need for more work to equalise the sexes in village communities.

In the context of reproduction, Yugoslav families depended on local wise women, *vračare*, to help them to conceive, to abort unwanted pregnancies, to give birth. In concert with village wise women, couples depended on wisdom passed down generationally, woman to woman, and within extended farming families. However, according to ethnographers, women also often carried their pregnancies without much discussion or preparation for birth or baby's first few weeks; they sometimes birthed alone, though these seem to be peculiar incidents; and birth

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<sup>24</sup> Bonfiglioli, "An age fated to vanish": Vera Stein Erlich's anthropological records of interwar Yugoslavia, Themenportal Europäische Geschichte (2012): unpaginated. Accessed on 30 November 2019 <https://www.europa.clio-online.de/essay/id/fdae-1568>.



always occurred in private and away from men.<sup>25</sup> In light of those realities, the state targeted village wise women in an effort to destabilise peasant trust in folk practices.

According to local and foreign ethnographers, pregnancy, childbirth, abortion, and fertility control were all associated with shame and disgrace, and this representation of women's reproductive lives extended state efforts to eradicate, or at least decrease, ethno-medical healing practices. Folk healing, understood alternately by outsiders as exotic or magical, and by communities as 'common' and 'routine' aspects of daily life, segregated women's reproductive lives from the input of men. Religious beliefs, coupled with regional particularities and long-standing gender divisions, meant that women were largely isolated during birth. Women and their female attendants operated under secret all-female circumstances.<sup>26</sup> Since peasants considered birth a shameful and dirty event, community beliefs inevitably led to silence around the topic. Because of connotations of shame, women tended to give birth in barns, as we saw in Stana's case, or in basements, or cold store rooms.<sup>27</sup> Women retreated at the first signs of labour to find a place away from other people, especially men, and would give birth with livestock, or sometimes alone. In doing so, they avoided befouling commonly used parts of the house and they avoided alerting others of their condition.<sup>28</sup> In some villages, wise women attended the birth, and would visit new mothers soon after birth to give them advice. In many instances, as

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<sup>25</sup> Erlich, *Families in transition*, 297.

<sup>26</sup> Momčilo Isić, *Seljanka u Srbiji u prvoj polovini 20. Veka* [Peasant-woman in Serbia in the first half of the twentieth century] (Belgrade: Helsinški odbor za ljudska prava, 2008), 233.

<sup>27</sup> Erlich, *Family in transition*, 297.

<sup>28</sup> Isić, *Seljanka*, 233.

we saw in Stana's case, female elders of the family would attend to the parturient woman. In Erlich's account, one subject describes finding a sheltered space outside near the family farm behind a wall of boulders where she gave birth alone without making any noise because men were nearby.<sup>29</sup> These accounts or anecdotes may very well be extreme examples of practices common to some villagers and village communities in Yugoslavia during the mid-twentieth century. More significantly, however, they point to a collective understanding of pregnancy and birth as furtive women-only events. They also point to the prevalence of patriarchal structures within village families that ostracised pregnant and birthing women, which Erlich highlighted to challenge those systems.

We have learned from ethnographers of Yugoslavia and elsewhere that women held and safeguarded knowledge about fertility control, keeping knowledge secret from male kin and larger communities all the while developing their technical skills for ending unwanted pregnancies. Yugoslav women controlled their fertility usually through abstinence pre-conception or via abortion after conception, habits that continued into the socialist period. Women used a variety of methods to abort and according to Erlich, these methods were always quite secretive. Erlich writes that women who procured abortions were seen to be very clever, but magical, and therefore worthy of suspicion.<sup>30</sup> Many of her male respondents adamantly claimed that no one in their villages would ever abort a pregnancy, nor 'would anyone even

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<sup>29</sup> Ibid., 296.

<sup>30</sup> Ibid.

know how to do that’.<sup>31</sup> The discord between the narratives of villagers points to a segregation of knowledge, and the common response – ‘that doesn’t happen here’ – did not reflect practice or reality.

Even so, according to Erlich, when villagers spoke more openly about fertility control, they described different abortion methods. Methods included physical measures, such as lying over a wooden fence, or a turned over trough, and rocking back and forth on their stomachs or binding their bellies with ropes and lengths of cloth.<sup>32</sup> They also used herbal remedies made from local roots, such as *kukurek* [hellebore] and herbs, or concoctions of brandy and vinegar, which women would drink to induce abortion.<sup>33</sup> Women also inserted foreign objects into their uteruses to induce abortion, including sewing needles, goose feathers, and wire.<sup>34</sup> One woman described her self-abortion: she used soap and water to wash every instrument and her own body, after which she folded a length of wire several times to the length of 40cm. She then inserted the makeshift tool through her vagina and cervix and into her own uterus – ‘when the wire entered the uterus I knew because up until that point there is not really any pain’ – and turned it two or three times. Bleeding would continue for about a week.<sup>35</sup> Denisova, writing about abortion in rural Russia describes analogous practices amongst women whose pregnancies

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<sup>31</sup> Erlich, *Families in transition*, 296, 297.

<sup>32</sup> AJ, AFŽJ – 141, box 9. “Consultation between AFŽ and doctors on the issue of protecting women and children and eradicating infant and child mortality in Belgrade,” 43.

<sup>33</sup> Ibid., 297. Other naturopathic abortifacients include the use of gunpowder, various nitrates or red mercury sulphide, as well as other herbal concoctions.

<sup>34</sup> Isić, *Seljanika*, 234.

<sup>35</sup> Ibid., 240.

were still barely noticeable: ‘miscarriages were provoked by tightly binding a woman’s belly, then pulling robes around it and placing heavy weights on top of it.’ She writes that ‘chemicals were used as well to “improve” chances of a miscarriage, and especially common were gunpowder, various nitrates, kerosene, cinnabar powder (red mercury sulphide), and arsenic.’<sup>36</sup> In Yugoslavia, other methods included piercing the uterus using spindles and knitting needles.<sup>37</sup> Though women may have sought the guidance of local *vračare* as they did for many other events in their lives, according to Erlich and Serbian historian Momčilo Isić, women often procured their own abortions. Eventually, Yugoslav post-war legislation came to protect women from prosecution in such instances, which meant that the only natural alternative for punishment were local wise women.

Women, ordinary or wise, were shrewd and fostered shared expertise. The state viewed these practices and the knowledge held by wise women as a threat because they were out of its sphere of influence. Whether intentionally or not, the work of ethnographers advanced the state’s case for modernisation. Medical professionals perceived ethno-medical healing techniques as threatening to women’s reproductive health and future fertility. The state held that such reproductive practices, compounded by widespread poverty, unhygienic living conditions, and terrible nutrition, contributed to Yugoslavia having the highest infant mortality rate in Europe in

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<sup>36</sup> Denisova, *Rural women*, 181-182.

<sup>37</sup> AJ, AFŽJ – 141, box 9. “Consultation between AFŽ and doctors on the issue of protecting women and children and eradicating infant and child mortality in Belgrade,” 43.

the first few post-war years.<sup>38</sup> Given that 70 per cent of the Yugoslav population were peasants, the communities ensnared by the methods of local independent wise women constituted a large proportion of citizens outside of the control of state services.<sup>39</sup>

As I demonstrate in the following sections, some women and their communities and families vigorously resisted state biopolitics. However, many women also wholly welcomed medicalised procedures, along with the clinical facilities and techniques that the state offered within the realm of free institutionalised healthcare. The opportunity to receive free healthcare sweetened the prospect of state unification. Abortion numbers are notoriously difficult to track and interpret. However, in Yugoslavia, as regulations permitting abortions expanded, abortion numbers increased. The rise of official numbers might be a reflection of legal changes, whereby women felt safe to seek out abortions through the medical establishment, or it may suggest that clinics and hospitals improved their systems of tracking and reporting abortions. Either way, women were, at least in part, agents in the process of medicalising reproductive health, especially when it came to abortion care.

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<sup>38</sup> Sanja Petrović-Todosijević, “Zdravstveno prosvjećivanje naroda kao deo borbe za smanjenje smrtnosti dece u FNRJ [People’s health education as part of the fight to reduce child mortality in the Socialist Federal Republic of Yugoslavia]” *Istorija 20. veka* [History of the 20<sup>th</sup> century] 23, no. 2 (2005): 101–12.

<sup>39</sup> Bokovoy, *Peasants and communists*.

***‘Even the most backward villages’: State-led modernisation and public health, 1945-50***

In 1945, Tito and his party prepared to respond to the war’s devastation of the land and population. The government’s first tasks included delegating responsibility to fixing the issues of population health, rebuilding infrastructure, and planning for the future of an integrated health service. The state mobilised several branches of the government to serve these agendas. To begin the process, the state charged AFŽ with the task of eradicating local healing customs, in favour of state-led medical services. This was an extension of AFŽ’s other duties of helping homeless children and establishing orphanages, tasks that the state gave to AFŽ activists because they saw them as naturally maternal. The AFŽ was an easy choice as the organisation already connected the federal administration with the regions and community groups. Given that the pre-war medical service was largely destroyed during the war, the state also enlisted the Ministry of Public Health to draw up plans for a new medical system that would soon span the entire country and to work with AFŽ to reopen hospitals and clinics. The administration also initiated an overhaul to statistical research and analysis. From 1921 to 1939 various religious and municipal local government registrars took on the job of collecting data on births, deaths and marriages, though their data was patchy and summarised.<sup>40</sup> The new socialist state established an administrative body to launch a science-based and integrated national effort to track demographic data. The state wanted to better understand its populations in terms of quantity,

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<sup>40</sup> Dušan Breznik, “Methodology of the study,” *Fertility and family planning in Yugoslavia* (Belgrade: Institute of Social Science Research, Demographic Research Centre, 1980), 11-12.

composition, distribution, and health condition. It charged state demographers with tracking natality, morbidity, mortality, and fertility rates across the regions, and began gathering data from state hospitals and clinics about women's use of those facilities during pregnancy and birth.<sup>41</sup>

The socialist state's interwar predecessors had been dealing with high infant mortality rates and poor maternal health and had made some attempts to medicalise reproductive healthcare and encourage women to use public health services. Leading physicians, particularly specialists trained in women's health, had already begun the process of medicalising reproductive care by the early 1900s in Serbia, Slovenia, and Croatia. In 1904 and 1911, Serbs formed two societies to battle high infant and maternal mortality in the region.<sup>42</sup> While *Materinsko Udruženje* [Mother's Society] catered mainly to the needs of orphaned children, *Srpska Majka* [Serbian Mother] offered medical services to mothers and young children.<sup>43</sup> Zagreb's School of Public Health conducted campaigns to introduce peasants to biomedical healthcare models and encouraged them to abandon local customs. Pre-socialist birthing facilities were not always purpose-built. Instead, many emerged in an ad-hoc manner springing from facilities aimed to serve a different population.<sup>44</sup> The first bespoke gynaecological-obstetric clinic opened in

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<sup>41</sup> Eventually, institutions would also send information about abortion statistics.

<sup>42</sup> Jasmina Milanović, "Materinsko udruženje – humani i socijalni aspekti delovanja 1904–1941 [Mother's Society: human and social activities 1904–1941]," *Istorija 20. Veka* [History of the 20<sup>th</sup> century] 36, no. 2 (2018): 39.

<sup>43</sup> Ibid.

<sup>44</sup> For scholarship on pre-socialist birthing services, see: Rina Kralj-Brassard and Kristina Puljizević, "Clandestine birth: care of unwed pregnant women and parturients within the Dubrovnik foundling hospital in the second half of the eighteenth century," *Dubrovnik Annals* 16 (2012): 37–67. In their study, Kralj-Brassard and Puljizević describe how early lying-in hospitals, particularly for unwed parturients, developed in Dubrovnik, Croatia, from foundling hospitals for the city's abandoned children as early as the end of the eighteenth century. Kristina Puljizević has also written a book on Croatian medicalisation of birthing from 1815–1915 within the broader context of similar trends

Belgrade in 1923 and by 1939 there were 58 facilities for women's health with 953 beds across Yugoslavia.<sup>45</sup> Though relatively significant, these developments were insufficient in number and geographical distribution, and they lacked specialist professionals trained to provide medical services; this issue hampered those who followed in their footsteps. Furthermore, the health system was already stretched before the war. Prior to 1945, Yugoslav medical administrators identified issues in staff numbers, staff capacity, and the distribution and availability of cadres and services across the regions.<sup>46</sup> Hospital department heads and heads of medical training establishments repeatedly wrote to the wartime health administration even before 1945 to ask for continued and increased funding to support growing demand.<sup>47</sup>

Resources remained thin after revolution and the state instigated various tactics to stretch finances and specialists. Starting from 1946, health administrators sent paediatricians and gynaecologists to under-serviced areas – 'into the interior' – where the local populations had no such specialists.<sup>48</sup> Serbia sent 34 of 53 Belgrade-based paediatricians to the regions: 22 to Serbia

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occurring across Europe. Puljizević, *U ženskim rukama: Primalje i porođaj u Dubrovniku (1815-1918)* [Childbirth in Dubrovnik (1815-1918)] (Dubrovnik: Hrvatska akademija znanosti i umjetnosti [Croatian academy of sciences and arts], 2016). For the Slovenian context regarding the medicalisation of childbirth in Slovenia, see: Zalka Drglin, *Rojstna hiša: kulturna anatomija poroda* [Maternity home: cultural anatomy of childbirth] (Ljubljana: Delta, 2003).

<sup>45</sup> Milanović, "Mother's Society," 38.

<sup>46</sup> Istorijски Arhiv Beograda [Historical Archives of Belgrade] – IAB, Fond Medicinska škola za babice [Medical school for midwives] – 234, box 27, 1952, br. A-4/1899-1977. "Correspondence to Ministry of Public Health from Medical School for Midwives".

<sup>47</sup> Ibid.

<sup>48</sup> AJ, SNZSPV – 36, box 27, Savet za zaštitu majke i dece, materijali delokruga rada saveta za zaštitu majki i dece [Council for the protection of mother and child, materials for the scope of work of the council], 1951, br. 70/1951. "Rad uprave za zdravstvenu zaštitu matera i dece Saveta za narodno zdravlje i socijalnu politiku NR Srbije od 1945 do 1951 [Work of the administration for the health protection of women and children, Council for Public Health and Social Policy of Serbia from 1945 to 1951]," 1.



Proper, 9 to Vojvodina, 3 to Kosovo.<sup>49</sup> Their tasks were not only to provide care, but also to set up clinics and help local groups get set up for offering services.<sup>50</sup> The Ministry also began educating new cadres almost immediately after war.<sup>51</sup> Combined with the previous administrations' efforts, between 1939 and 1951 public health officials trained 488 new midwives, upskilled 45 general practitioners to work in children's clinics and hospital departments, and educated 40 nurses.<sup>52</sup> The AFŽ was to use what resources it had on-hand, and communist women across the country instituted funding campaigns to ensure that services could be opened and women could attend for free.<sup>53</sup> Furthermore, international humanitarian and health agencies, such as United Nations Children's Fund (UNICEF) and the Yugoslav Red Cross, started providing financial aid to support the country's post-war recovery.<sup>54</sup> As the Ministry reinvigorated hospitals, the Red Cross donated new equipment and medical resources. The state's early dynamic and manifold efforts kick-started extant measures aimed at rehabilitating population health.

Meanwhile, the state began designing extensive long-term schemes for a free bureaucratised national service; demographic research was one way to legitimise state efforts – and this was common across the world in the post-war context. The Federal Institute of

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<sup>49</sup> Ibid., 3.

<sup>50</sup> Ibid., 1.

<sup>51</sup> AJ, Ministarstvo Narodnog Zdravlja FNRJ [Ministry of Public Health] – MNZ – 671, box 12, Odeljenje za Medicinsku Nastavu [Department of Medical Education], 1945-46, br. 22/1945-1946. "Records on existing cadres and services, by region, 1945-1946".

<sup>52</sup> AJ, SNZSPV – 36, box 27. "Rad uprave za zdravstvenu zaštitu," 3.

<sup>53</sup> Mila Đorđević, "They found many ways to help the working mother," *Žena danas*, May 1946, 25.

<sup>54</sup> "Work of the administration for the health protection of women and children," 3.

Statistics began operating in December 1944, and the new department was commissioned to modernise the process of data collection and analysis in Yugoslavia, and in turn to enhance pre-war efforts to modernise the peasant population. Along with this administrative body, special interest departments also led research in their areas. The Institute for the Protection of Youth recommended that institutions and cadres who collected and reported on data should be trained to do so correctly.<sup>55</sup> The state targeted efforts at reaching remote rural areas and the peasants who held fertile, yet neglected, lands. Peasants constituted a significant proportion of the population however, physical distance and cultural differences meant that many villagers and city-dwellers did not lead similar lives. Statisticians deduced that demographic and economic change was ‘sluggish’ in that agricultural production was not transforming according to the needs of an increased urban population.<sup>56</sup> Furthermore, education levels did not reflect those of a developed nation; though illiteracy fell from 51 per cent to 45 per cent during the inter-war years, post-war illiteracy rates, according to demographers, made Yugoslavia ‘one of the most backward countries in Europe.’<sup>57</sup> In 1948, after almost four years of intense literacy education led by AFŽ and the Youth League, a quarter of the total Yugoslav population over ten years old was illiterate.<sup>58</sup> Demographers blamed the peasantry for being reluctant to change, and continued to do so in the coming decades. According to one of the state’s leading demographers, who

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<sup>55</sup> “Recommendations by the Institute to continue its work to decrease infant mortality,” 50.

<sup>56</sup> Breznik, *The population of Yugoslavia*, 77.

<sup>57</sup> Ibid.

<sup>58</sup> Ibid., 35.

observed the situation at a later date, Dušan Breznik, the economic and educational determinants of the inter-war Yugoslav population existed because of peasant's resistance to industrialisation efforts, and local customs 'which had only barely begun to be sloughed off with industrial progress.'<sup>59</sup> Peasants followed religious rituals, ceremonies and community customs that were outside of the state's sphere of influence, and which the state, therefore, deemed backward.

In a renewed effort to address issues of the economy and population, socialist demographers began compiling, collating, and analysing data with a view to understand how to address poor health outcomes, and how to prompt a cultural and demographic shift in the peasantry. Demographers began tracking statistical data nationally and by region. They used annual natural population growth data, which was published in two Federal Institute of Statistics periodicals after WWII: *Vitalna Statistika* [Vital Statistics] from 1945 to 1955 and *Demografska Statistika* [Demographic Statistics] from 1956 until 1977. They compiled census and statistical data, and combined them with hospital and institutional data.<sup>60</sup> Demographers provided analyses of that data to the state, informing state ministries about population numbers, makeup, general health, employment and the state of services across the regions. Amid general maladies such as post-war trauma and physical injuries, tuberculosis and malaria, the population also suffered from epidemics of endemic syphilis and rampant sexually transmissible infections (STIs).

Considering the catastrophic human loss sustained during war, the cause of most concern for the

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<sup>59</sup> Ibid.

<sup>60</sup> The census took place in 1953, 1961, 1971, 1981.

new socialist state was the extremely high infant and child mortality and morbidity rates, which state doctors attributed to poor maternal health.

State demographers were not simply concerned with numbers when it came to infant mortality, but also the ways that regional, and socio-economic factors impacted mortality and morbidity rates. Infant mortality rates showed a cataclysmic increase compared with pre-war statistics. Demographers found that in the years 1936 to 1939 there were almost as many infant deaths in the first year of life as there were in 1949 alone.<sup>61</sup> One Slovenian AFŽ activist lamented that ‘in our Slovenia alone, we excavated 4,000 graves a year for our infants before the war; just think of how many more we have lost since the war!’<sup>62</sup> However, Slovenia was not the only place where high infant mortality rates abounded. In 1949, infant mortality was high across all of the republics and autonomous provinces. Doctors debated the best ways to tackle the explosive issue of infant mortality at expert forums on the topic. Angelina Mojić, a doctor close to the party, argued that the only way to reduce mortality rates among infants was to focus on the health of women during pregnancy, childbirth and early parenthood. ‘Women’s connection to their children starts with conception and lasts well beyond pregnancy and birth,’ she attested, and therefore investing in women’s health was essential to overhauling mortality rates.<sup>63</sup> She, like

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<sup>61</sup> 1949 is the first data collected after war that has been published that analyses regional differences. Across Yugoslavia 58,778 infants died between 1935-1939, while in 1949 alone 49,367 infants died across Yugoslavia. “Žena u društvu i privredi Jugoslavije [Woman in Yugoslav society and industry],” *Statistički bilten* 298 (1964): 87.

<sup>62</sup> “Da bi bila mati in njen otrok zaščićena [So that our women and children are protected]” *Niša Žena*, October 1946, 235.

<sup>63</sup> AJ, SNZSPV – 36, box 27, Savet za zaštitu majke i dece, materijali delokruga rada saveta za zaštitu majki i dece [Council for the protection of mother and child, materials for the scope of work of the council], 1951, br. 70/1951. Angeline Mojić, “Zaštita matere”.

other party doctors, viewed women's health beyond the gynaecological specialty and made the case that caring for women meant providing affordable childcare, relief from domestic chores, and access to gainful employment. Tending to the needs of peasant-women, she concluded, was paramount.<sup>64</sup> Such expert opinions constituted the foundation for unfolding social welfare policies that helped address mortality and morbidity rates across the country. In 1950, across all of Yugoslavia, there were 116.3 infant deaths per 1000 live births, a figure that was reduced by 50 per cent over the course of the next 20 years.<sup>65</sup> Compared to North America and the rest of Europe, the 1950 figure was relatively high. In 1950, there were 72 infant deaths per 1000 live births across all of Europe, and 29 across North America.<sup>66</sup> Though Yugoslavia's infant mortality rates reduced, they did so at different rates regionally over the coming decades.

State demographers constructed and perpetuated an ethnic and cultural hierarchy at the national and republic levels. The urban/rural divide was always a primary issue for the state and its health ministries, but as the urban population grew, demographers focused more on ethnic elements. Over the next twenty years, demographers observed that poor infant and maternal health was far more pronounced in Kosovo and Metohija. Demographers bemoaned that those 'more backward regions' had not risen to the rate of improvement they observed in 'more developed and

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<sup>64</sup> Ibid.

<sup>65</sup> Breznik, *The population of Yugoslavia*.

<sup>66</sup> Department of Economic and Social Affairs, United Nations, "World Mortality Report 2007," United Nations, New York (2011): 18.

<https://www.un.org/en/development/desa/population/publications/pdf/mortality/worldMortalityReport2007.pdf>  
f Accessed on 7 November 2019.

advanced' regions of Serbia proper (which excluded the autonomous provinces of Vojvodina in the North and Kosovo and Metohija in the South), Croatia, Vojvodina and Slovenia.<sup>67</sup>

Prompted by dismal health indicators, the party expected help from communist women to care for regional populations. The party's official instructions to AFŽ at the organisation's first Congress in 1945 was the four-pronged task of reconstruction: consolidating government, care for expectant mothers and children, 'consolidating brotherhood and unity,' and the reconstruction of the country's civil infrastructure.<sup>68</sup> The administration enlisted the AFŽ to address poor hygiene and diet in pregnancy, unsterile birthing conditions and practices, and unscientific methods of caring for newborns, which were among the factors that the state saw as contributing to increasing rates of disease, illness and death among new mothers and young children across Yugoslavia. By subverting local customs, AFŽ aimed to resolve poor health in the peasantry, establish common ground irrespective of ethnic or regional differences by way of a science-based medical practice, and realign peasants' allegiances to the state.<sup>69</sup>

Advocating for a biomedical approach to healthcare, AFŽ activists responded to the immediate needs of local women and families. Biomedicine held the key for the state to enter isolated communities and disseminate socialist propaganda. AFŽ, the Red Cross and the Ministry of Public Health worked together to open clinics while others were established by local

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<sup>67</sup> "Žena u društvu i privredi Jugoslavije," 87.

<sup>68</sup> AJ, AFŽJ – 141, box 33, Sekcija za majku i dete [Section for mother and child], 1945, br. 186/1945-1953. "Minutes from the I Congress of Federal AFŽ, Belgrade, 19 June 1945".

<sup>69</sup> For more information regarding The AFŽ's enlightenment activities with particular focus on veil-removing campaigns see: Bonfiglioli, "Revolutionary networks," 191-193; Simić, *Soviet influences*.

groups in an ad-hoc way. These combined efforts were substantial. In Serbia, in 1939 there were 3 birthing centres; by 1951, there were 120.<sup>70</sup> AFŽ in Bosnia and Hercegovina opened 30 centres between 1946-1949, despite ongoing shortages of midwives and doctors.<sup>71</sup> Some centres had to be closed when doctors returned to the cities. From the outset, the government entrusted the AFŽ with constructing a foundation for change across the regions, and the women's press played an important role in relaying the party's directives. In the eyes of the state, folk and traditional cures and practices were symptomatic of a greater social division that stood in the way of a unified communist Yugoslavia. State physicians also understood these practices as uniformly damaging for women, their bodies and reproductive capabilities. The eradication of folk practices was not just about stamping out religion and local customs in favour of state allegiances. It was also about dissolving rural and urban divisions.

Considerable efforts to establish clinics did not speak to quality of care, or to women's partaking of newly-opened facilities. The organisation employed a complex strategy to both pull women into the system, and push them away from their old ways. Since women were reluctant to attend services, the AFŽ used the women's press to communicate with women about how exciting new establishments were and what they offered women. Regular columns on regional

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<sup>70</sup> AJ, SNZSPV – 36, box 27. “Rad uprave za zdravstvenu zastitu”. Heitlinger and Hrešanová have independently described similar processes in the context of medical services in Czechoslovakia. Heitlinger, *Reproduction, medicine and the socialist state*, especially the chapter on “Socialist medicine and reproduction” 75-111; Ema Hrešanová, “‘Nobody in a maternity hospital really talks to you’: Socialist legacies and consumerism in Czech women's childbirth narratives,” *Sociologický časopis* [Czech sociological review] 50, no. 6 (January 2014): 961-985.

<sup>71</sup> AJ, AFŽJ – 141, box 33, Sekcija za majku i dete [Section for mother and child], 1945, br. 186/1945-1953. “Rad organizacije AFŽ B&H na zdravstvenom prosvetivanju žena [Work of the B&H AFŽ on health education of women],’ 1.

news reported on women building small birthing centres that can accommodate ‘3 women in labour’, or can ‘care for women for 3-4 days after they have given births’.<sup>72</sup> Local activists also set up orphanages, children’s kitchens and bathing facilities, childcare facilities, laundries and immunisation stations. AFŽ chapters held district-wide Labour Day (first of May) competitions that rewarded groups for innovative or particularly exemplary work: ‘In order to get a better result in the Labour Day competition, the women of the village Pejkovac opened a birthing centre where under proper hygiene methods and under the guidance of a qualified midwife, the women of that village can birth. In this way, women are protected from various discomforts and infections, from which they otherwise may have paid with their lives.’<sup>73</sup> In cities, AFŽ groups also founded larger maternity centres. For example, a local women’s group in Vič, Slovenia established a residential facility for women from 7.5 months gestation where they could await their babies. During their time at the centre, which usually spanned approximately 6 weeks, women gained child-rearing skills and spent time doing charity work for aged-care institutions.<sup>74</sup> Though the AFŽ opened many new centres, and piloted various new models of community healthcare, women were not always interested in changing their practices to attend those centres. Nevertheless, on the surface, the women’s press represents a bustling state-led effort to build a medical infrastructure to accommodate both city-dwellers and villagers.

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<sup>72</sup> Mila Đorđević, “They found many ways to help the working mother,” *Žena danas* May 1946, 25.

<sup>73</sup> “Žene sela Pejkovca osnovale su porodilište [Women of village Pejkovac have opened a birthing centre],” *Zora* June 1946, 11.

<sup>74</sup> Desa Stojiljković, “Maternity home in Vič,” *Žena danas* March 1946, unpaginated.



At the same time as AFŽ began praising state efforts in fulfilling its promises to women, the state and AFŽ realised that much of their readership and audience was illiterate and therefore not entirely privy to mass communication techniques.<sup>75</sup> In a bid to encourage women to learn to read and write at the same time as encouraging them to go to women's health clinics, reporting from the early post-war years constructed a new ideal of Yugoslav womanhood. The women's press built on the ethnic and class hierarchy established by demographers. Collectively, state women's magazines exhibited educated, politically participatory, urban elites as aspirational models for the Yugoslav peasantry. Authors of Serbian *Zora* describe how Kosovar women are 'improving' themselves through lectures, courses and workshops, as well as through the work of rebuilding and establishing women's health centres. The two – literacy and health literacy – went hand in hand.

Though the state initially welcomed cultural displays, it also expected participation in the economic industrialisation of the country, which could not happen if peasants were not fully abreast of developments and the state's new expectations for them. One AFŽ activist opines that '[o]ur fight for the liquidation of illiteracy remains the main obstacle on the path towards cultural rebirth.'<sup>76</sup> Through such messages, modernity equated to women eventually divesting of ethnic dress and embracing education, literacy, and, therefore, political participation in the state. Furthermore, authors described programs through which city-dwellers could instruct peasant-

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<sup>75</sup> The organisation also ran thousands of reading groups around the country in which women would read articles with teachers. Often those who were literate would read aloud.

<sup>76</sup> "Women of Serbia reject backwardness and ignorance," *Zora*, February 1947, 8.

women in urban behaviours. One such program, *selo-grad* [village-city], connected city women, who shared household goods, clothes, books, and propaganda about medical services with their village sisters: ‘Peasant-women from all corners of the republic awaited eagerly in an effort to learn as much as they could from their city friends.’<sup>77</sup> By the late 1940s, AFŽ activists and state physicians agreed that a more targeted approach where activists and teams from the central office would enter the villages, offering information, education and resources, would be the only way to spread health literacy throughout the countryside.<sup>78</sup> Unsurprisingly, such programs did not intend for city women to, in turn, learn anything from peasant-women.

The building of services was irregular – so as AFŽ activists were encouraging women into services, the state also was not filling the necessary quota to make this meaningful, impeding combined efforts to realise goals of a unified biomedical service. AFŽ activists rationalised the slow nature of the growth of state services and made excuses when state efforts fell short of expectations and promises. While formal state facilities to help women were certainly being planned, it was clear to all that ‘in the first year after revolution and reform, the state would not be in a position to create’ enough facilities to service every Yugoslav woman.<sup>79</sup> Communist women used the press to highlight the work of the state in establishing the services that they could open. The women’s press expressed patriotic sentiment: ‘In the old Yugoslavia, nobody cared about women. Nobody thought about those difficult moments for women bringing a child

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<sup>77</sup> “Selo-grad [Village-city],” *Zora*, October 1947, 9.

<sup>78</sup> AJ, AFŽJ – 141, box 9. “Consultation between AFŽ and doctors”

<sup>79</sup> “Kako da pomognemo majkama [How to help mothers],” *Žena danas* February 1946, 23.

into the world. The least care was given to peasant-women who were often given over to unskilled wise-women.<sup>80</sup> Ultimately, authors write, women's groups were waiting for the rebuilding of the nation before the state could achieve the high standard that women deserve. One Vera Nikolova wrote about a new birthing centre, which contained a new school for midwives in Skoplje, Macedonia,

Do not imagine these birthing centres as brand new buildings with several departments, and multiple doctors and midwives. Those are the centres that we hope to open in the future, when we have renewed our land and when it yields economic growth. For now, we are creating small and humble, yet still very useful centres so that women can deliver under better conditions.<sup>81</sup>

While the school on its own may not seem so special, she writes, compared to the pre-1946 situation and the extreme shortage of doctors, midwives, nurses and maternity care establishments, the school marks the beginning of a new supply of professional midwives who will be able to not only support women in birth but will be able to travel to all areas of Macedonia to provide ongoing local community support to mothers and children as they grow.<sup>82</sup>

Despite energetic efforts to build adequate maternity services, AFŽ activists and some physicians admitted that most people's reproductive practices would not change overnight, if

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<sup>80</sup> Milosava Simić, "U Obrenovcu je otvoreno porodiliste [In Obrenovac a birthing centre has been opened]," *Zora*, July-August 1946, 22.

<sup>81</sup> "Organizovale smo porodilišta [We organised the first birth centres]," *Žena danas*, May 1946, 23.

<sup>82</sup> Ibid.

ever. Some medical experts were vocal about the fact that women should be given practical advice about childbirth that would give them the minimum levels of hygiene to get through a birth safely. At one expert forum on women's and infant health in 1954, Mojić argued that a more holistic effort, beyond the biomedical health system, needs to be employed to reduce mortality rates. She explained that medical professionals need to acknowledge reality, especially since 70 per cent of women still gave birth at home by the 1950s. By providing women with useful practical information about not cutting the umbilical cord with a dirty knife, for example, she explained that AFŽ activists held the potential to help women achieve a basic level of hygiene during childbirth.<sup>83</sup> Following the advice of experts such as Mojić, the women's press complemented publicity encouraging villagers into clinical settings with practical advice to women regarding safer, more hygienic, practices for births at home. Two early columns, "Care of newborns" and "Care for birthing mothers" offered instructions for hygienic births at home. Since 'little attention is being paid to the care and cleanliness of newborns, which is one of the main causes of death in infants' authors shared medical wisdom.<sup>84</sup> Infant death was the scourge of medical professionals, 'especially in the villages, where there are no doctors or midwives, and as such it is a common occurrence.'<sup>85</sup> Aiming at birthing women and their attendants, authors advise the use of clean instruments to combat 'women in the villages [who] cut the umbilical

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<sup>83</sup> AJ, AFŽJ – 141, box 9. "Consultation between AFŽ and doctors on the issue of protecting women and children and eradicating infant and child mortality in Belgrade," 41.

<sup>84</sup> Stanija Pavlović, "Nega novorodjenčeta [Care of newborns]," *Zora*, July-August 1946, 19.

<sup>85</sup> Ibid.

cord with unclean instruments.<sup>86</sup> Authors, directed by medical experts, recommended cleanliness, warmth and good ventilation in the room chosen for home births.

In a desperate bid to legitimise the socialist state's efforts, journalists writing for the women's press routinely wrapped health enlightenment within patriotic sentiment that compared the new and improved Yugoslavia with the old. Issues intertwined coverage on activities of women rebuilding roads or bridges with patriotic propaganda that also encouraged women to trust the state's offerings of biomedical healthcare. Authors recounted women's alleged inspirational tales to coax peasants into clinics: 'Peasant-woman Mara gave birth recently in the birthing centre in Bačka Topola, of which she said that "I gave birth to my first children at home in the hay, but I gave birth to my son on white sheets, with a doctor beside me. I never dreamed that I would live to see the day that that would happen to me."' Her neighbour remarks that 'before [socialism] we gave birth to children and we cried because we thought that their lives would also be dark, full of humiliation and anguish. Now we all rejoice with each new life because we know that life will be even better for our children than it is today, when even today our life is unrecognisably better than before revolution.'<sup>87</sup> As Bokovoy explains, the party sought to capitalise on the momentum of the national-liberation battle, during which many peasants joined the fight against occupation.<sup>88</sup>

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<sup>86</sup> Ibid.

<sup>87</sup> Grkinić-Vukšin, "Women on their rights," 7.

<sup>88</sup> Bokovoy, *Peasants and communists*, 39.

Furthermore, at the same time that AFŽ was bolstering state efforts, it also had to break down loyalties to ethno-medical healing practices. The press vilified folk healing through personifications of the medical system. The state systematically excoriated folk medicine and criticised knowledge that families passed down through generations. In one of many such articles, *Svijet* columnist Štefanija Grossmann declared that '[o]ur mothers often learn about childcare and nutrition from their grandmothers, mothers, and mothers-in-law, who learned it from their forebears. Most of the harmful customs that are gained through such transactions stem from backwardness, ignorance, and incorrect understandings about the functions of a healthy and unhealthy organism.'<sup>89</sup> Introducing her column as a way to rectify faulty assumptions and practices, Grossman writes that 'as clinicians, even today we fight against many prejudices and incorrect habits when it comes to the care and nutrition of children. Many of these customs are so deeply entrenched that it is very difficult to correct them.'<sup>90</sup> Medical experts eschewed family traditions in favour of socialist-backed scientific education.

Architects of modernisation projects in Yugoslavia and in other countries employed destabilising manoeuvres to eradicate the work of local folk practitioners, which they viewed as the antithesis to modern industrialised nations. 'Our villages need a significant cultural rebirth,' opined one AFŽ activist, explaining that '[w]omen especially need to learn about various illnesses and what causes them. In that way they prevail against superstition and all harmful

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<sup>89</sup> Štefanija Grossman, "Dobra i loša njega dojenčadi [Good and bad care of children]," *Svijet*, April 1954, unpaginated.

<sup>90</sup> Ibid.

misconceptions, because of which thousands of young children and birthing mothers have died.<sup>91</sup> Nevertheless, rituals and the healers who practiced them endured as an aspect of community life in Yugoslavia and the rest of Europe, coexisting with various attempts to centralise biomedical healthcare models. Writing about Bulgaria of the 1960s and 1970s, Galia Valtchinova argues that free biomedical healthcare, along with ‘aggressive’ vilification of religion in that context led many post-war Bulgarians to abandon folk medicine.<sup>92</sup> However, individuals’ desire for privacy and long-standing familiarity with ethno-medical healing practices led many to incorporate aspects of folk healing with state-funded care.<sup>93</sup> Given the enduring low rates of peasants seeking clinical services, and the persistent use of illegal abortion across the country, it seems likely that a similar situation existed in the Yugoslav context.

Local communities depended on folk healers for assistance in all areas of life, including pregnancy, fertility control, childbirth; one strategy for shifting women’s attitudes towards biomedicine was to demonise the bearers of that expertise. The juxtaposition of the modern doctor and the old crone embodied the confrontation between biomedicine and folk healing. Articles and advice columns by Grossman and others served this agenda. Just as Soviet *babki* represented a threat to the new ‘social order’ in Russia, *vračare* were the targets of the Yugoslav

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<sup>91</sup> “Women of Serbia reject backwardness and ignorance” *Zora*, February 1947, 8.

<sup>92</sup> Galia Valtchinova, “Between ordinary pain and extraordinary knowledge: the seer Vanga in the everyday life of Bulgarians during socialism (1960s-1970s),” *Aspasia* 3 (January 2009): 108.

<sup>93</sup> *Ibid.*

state's anti-folk medicine propaganda.<sup>94</sup> Campaigns extended to wise women, or female community elders, or female family elders, such as the mother-in-law, as we saw in the opening.

### ***Expanding an integrated biomedical health system, 1950-1965***

The state's expansion of a Soviet-inspired integrated national medical system served three purposes, each of which held the potential to win over the Yugoslav people. The new medical system went some way towards fulfilling the first five-year plan, which aimed to expand the economy while fighting supposed economic and social 'backwardness'. First, the state aimed to address poor health standards of its citizens, including nutrition, through the expansion of free medical care. Compared to inter-war public health officials, communists tried really hard to make it universal to all, and free. Entitlement initially came through employment, and then in the early 1950s, the state included 'agricultural workers' into healthcare insurance schemes. Second, the new administration wanted to consolidate power across the regions through a network of state-affiliated services that connected administrative centres with remote localities. Theoretically, all citizens contributed to, and received the benefits of, social insurance, coming under the care of the state. Third, the state aggressively aimed to modernise the country's economy and population, to put them on par with other socialist nations who were establishing similar networks. The administration also aimed to collectivise the farms in order to feed the

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<sup>94</sup> Simić, *Soviet influences*, 73.



population and to boost agricultural production.<sup>95</sup> The state was driven to create a homogenised system with a centre that held power.

An abundance of official state documents points to a concerted effort by health ministries to plan out the way that a country-wide infrastructure should look. According to state propaganda, the entire countryside was busy building clinics, opening maternity homes, and learning to read. As the AFŽ responded to local community needs and attempted to engage the masses in a unified rebuilding effort, the Ministry set about creating a hierarchical administrative bureaucracy across Yugoslavia that oversaw clinical and research facilities.<sup>96</sup> While a similar model existed in Yugoslavia before the socialist takeover, the socialist version added provisions for the social protection of mothers and children across the country.<sup>97</sup> In pursuit of these goals, the Ministry of Public Health modelled its service on that of the Soviet Union. Socialised medicine emphasised preventive medicine in combination with therapeutic services.<sup>98</sup> Other Soviet bloc countries, such as Czechoslovakia, followed similar paths in building a nationalised

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<sup>95</sup> For further reading on peasant collectivisation and industrialisation see Bokovoy, *Peasants and communists*; Unkovski-Korica, *The economic struggle for power in Tito's Yugoslavia: From World War II to Non-Alignment* (New York: Bloomsbury Publishing, 2016).

<sup>96</sup> Similar processes occurred in neighbouring socialist states. Kligman explains of Romania that '[o]fficial policy was instrumentalised through a constellation of public institutions and organizations whose administrative and political activities were intercoordinated'. Kligman, *The politics of duplicity*, 89.

<sup>97</sup> AJ, SNZSPV – 36, box 41, Biro za statistiku i evidenciju [Bureau for statistics and evidence], 1952, br. 94/1952. "Records from birthing centres across Yugoslavia".

<sup>98</sup> Docent F. Bikov, "Principi sovjetske zdravstvene službe [Principles of the Soviet Medical System]," *Medicinar* [Physician] 4 (March 1948): 167.

healthcare system, aiming to address population health and to serve as a ‘tool of the state’s biopolitics’.<sup>99</sup>

The early 1950s were a hotbed of activity in the establishment of an integrated health service across Yugoslavia, and these bureaucratic processes both hampered and aided future efforts. The Ministry of Public Health had already begun reopening or reinvigorating existing city hospitals and clinics and they had started to establish new training programs for the next generation of Yugoslav physicians. However, the era saw a significant change in the landscape of biomedical care and research. For one, the various state bodies involved in the provision of healthcare changed between 1950 and 1953. From 1950, the Ministry of Public Health began asserting its position as the leader in healthcare, as the state gradually reduced the role of AFŽ of leading healthcare provision in regional areas. As the state stabilised, and as new state institutions were built, the role of mass organisations such as AFŽ and Youth League also decreased. The medical and public health leadership began to enact plans that they had been constructing for the establishment of what was to be a uniquely Yugoslav health service. However, even though Tito had severed his ties to Stalin by the early 1950s, the evolving medical system continued to resemble Soviet-style bureaucratic governance that oversaw a combination of preventive and curative principles. Even as it was establishing the Yugoslav way, apart from the Soviet Union, Yugoslav officials mirrored the Soviet concept of holding power over

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<sup>99</sup> Hrešanová, “The psychoprophylactic method of painless childbirth in socialist Czechoslovakia: from state propaganda to activism of enthusiasts,” *Medical history* 60, no. 4 (October 2016): 537.

finances, plans for medical curricula and cadre training programs, the assignment of medical staff and medical supplies.<sup>100</sup>

The different organisations involved, and the clashes between them, hindered state efforts. During the early 1950s the Ministry of Public Health and AFŽ met on multiple occasions to discuss the medical system and the health of the population, as well as the role of each administration therein.<sup>101</sup> While the Ministry planned a unified system of healthcare, women's groups associated with local AFŽ chapters worked to allay immediate issues of healthcare infrastructure including staffing, housing, and care. The Ministry argued that AFŽ had not been communicating effectively with them regarding what services were needed where, while the AFŽ retorted that their efforts were under-resourced.<sup>102</sup> AFŽ groups also pushed for the establishment of services that had been promised to women after liberation, both during such meetings and in the women's press.<sup>103</sup> During one such meeting held in 1951, the Ministry suggested that AFŽ activists help women in their local communities by providing them with information about available services, bringing experts to them, holding seminars about pregnancy and childcare, and overall by assisting in the 'fight against backwardness and against harmful traditions.'<sup>104</sup> One aspect of the Ministry's relationship with the AFŽ was that it

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<sup>100</sup> Bikov, "Principles of the Soviet medical system," 166.

<sup>101</sup> AJ, AFŽJ – 141, box 9. "Consultation between AFŽ and doctors on the issue of protecting women and children and eradicating infant and child mortality in Belgrade," 40.

<sup>102</sup> Ibid.

<sup>103</sup> Ibid., 41.

<sup>104</sup> AJ, AFŽJ – 141, box 33, Sekcija za majku i dete [Section for mother and child], 1945, br. 186/1945-1953. "Advice from Ministry of Public Health Slovenia to the AFŽ on their work in 1951," 1.

expected and relied on AFŽ to bring local women out of their backward ways, ‘convincing birthing women and their families that birth is natural and that there only needs to be technical help, and that there does not need to be any magic involved.’<sup>105</sup> They also expected AFŽ to provide immediate response to urgent needs in their regions. However, AFŽ activists had already, since before the war ended, been helping women, children and families in this way across the regions.

One significant meeting, held in 1950 and called by the AFŽ whose members sought the advice of medical experts about the regional healthcare situation, illustrates the seething conflicts between party doctors and AFŽ leaders, and disagreements within each group. AFŽ leaders voiced concern that in most regions women still had insufficient resources to safely deliver their babies, criticising the Ministry for failing to deliver on its promises. The Ministry’s medical representatives in turn expressed disappointment at the fact that they did not know about the state of affairs in the regions and that women were still birthing in barns and doing heavy work up until they went into labour.<sup>106</sup> They blamed AFŽ activists for not alerting them to that fact earlier on.<sup>107</sup> In turn, Slovenian lawyer and communist leader Tomšič openly argued against party doctors saying that AFŽ activists were not the only ones to blame for the status quo. She, along with her fellow activists, pointed out that one of the reasons that the regional situation was such

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<sup>105</sup> Ibid., 2.

<sup>106</sup> AJ, AFŽJ – 141, box 9. “Consultation between AFŽ and doctors on the issue of protecting women and children and eradicating infant and child mortality in Belgrade],” 43, 24.

<sup>107</sup> Ibid. 2.

was because physicians refused to come to the remote districts, and they certainly did not want to live there with the communities they served.<sup>108</sup> She defended the work of the AFŽ, asserting that '[w]e can freely say that there is no basis on which our organisation has not been involved in the uplifting of society in one way or another, and no way that we have not been involved in the protection of mothers and children.'<sup>109</sup> AFŽ leaders expressed further disappointment because the Ministry had other priorities, such as fighting tuberculosis, or endemic syphilis, which meant that it could not provide sufficient resources for maternity wards.

Irrespective of tensions between the Ministry and AFŽ, the state's democratisation and decentralisation project advanced. As an extension of the Yugoslav way, the state envisioned that the new socialist health service model would theoretically see leadership and governance responsibilities shift to districts and towns. State officials anticipated 'that the governance and leadership of the health service be transferred, as much as possible, to the counties and towns as self-sufficient administrative-territorial units.'<sup>110</sup> However, the state retained the pyramidal administrative hierarchical layer that negated the agency of local health services. At a local level, each town or district that had the means and resources to do so, would set up a Centre for Public Health. The Centre would serve as the go-to place for all the medical needs of the local

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<sup>108</sup> Ibid. 22.

<sup>109</sup> AJ, AFŽJ – 141, box 33, Sekcija za majku i dete [Section for mother and child], 1945, br. 186/1945-1953. "Zaštita majke i djeteta u FNRJ i rad naše organizacije po tom pitanju [Protection of women and children in Yugoslavia and the work of our organisation on that subject]", 4.

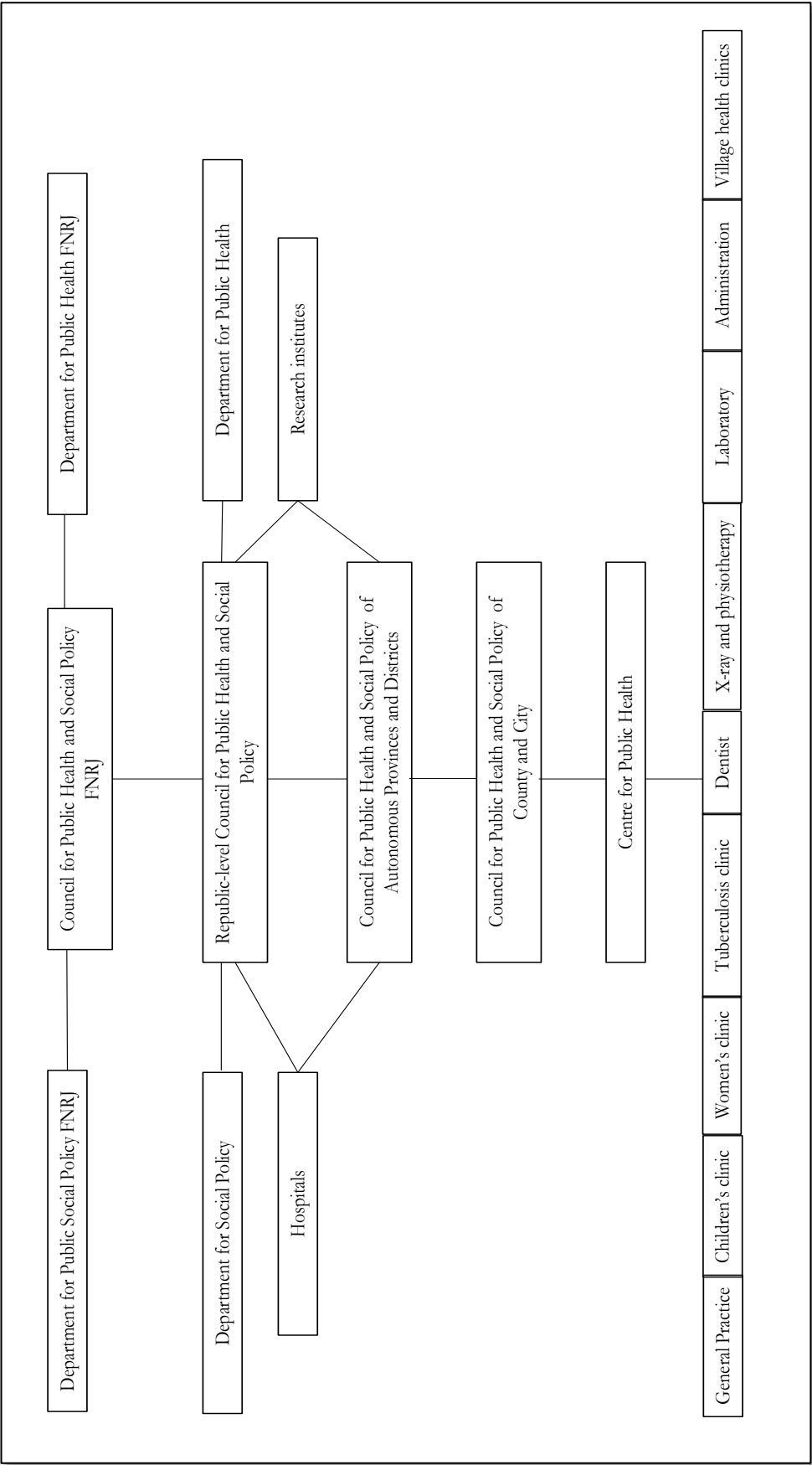
<sup>110</sup> AJ, SNZSPV – 36, box 22, Odeljenje za zdravstvo [Department of health], 1952, br. 56/1951-1953. "Health service in Yugoslavia in 1951," 1.

community and peasants from the surrounding villages. Consumers could attend distinct clinics that specialised in children's health or women's health, and they could attend the specialist anti-Tuberculosis clinic or dental clinic.<sup>111</sup> The Centre would offer diagnostic and therapeutic services, too, including x-ray imaging, laboratory services, and physiotherapy. Above this comprehensive structure the state installed three administrative layers: At the very top was the Council for Public Health and Social Policy under which sat the relevant Republican or Provincial Council alongside the larger health institutions such as hospitals and research institutes that oversaw clinical provision and research. The town or district Council for Public Health and Social Policy would fit below those tiers and oversee the local situation (see table 2.1).<sup>112</sup> The Ministry also established the Institute for Women's and Children's Health, which bore responsibility for researching and gathering statistics on women's and children's health.

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<sup>111</sup> Ibid.

<sup>112</sup> Ibid.



**Table 2.1** AJ, SZNSPV – 36, box 22. Plan for health service.

In addition to intra-agency conflicts, the state faced a number of challenges in installing an integrated medical service, the most pronounced of which was a dearth and geographically uneven distribution of medical cadres and services. Correspondence between the Ministry of Public Health and regional chapters of AFŽ reveals that they shared a common frustration because of the low number of doctors.<sup>113</sup> The state charged demographers to track women's attendance at clinics, their use of maternity wards for giving birth, and how many clinics and specialist gynaecologists and obstetricians were employed in each clinic and region. By tracking the number of births taking place in state hospitals, the state used Federal Institute of Statistics data to legitimise its position – more clinics needed; more state efforts needed to uplift the peasantry. Demographers determined that Kosovar women were least likely to give birth in hospitals because of insufficient numbers of clinics in Kosovo to serve them: 'although in the more developed regions (Slovenia, Croatia, Vojvodina and Serbia Proper) 80-99 per cent of all births take place in medical institutions under professional supervision, only 50-60 per cent do in moderately developed regions (Macedonia, BiH, Montenegro), and less than 30 per cent in Kosovo.'<sup>114</sup> State medical authorities reasoned that women were not giving birth in clinical settings because there were not enough facilities to serve the population of pregnant women. This was compounded by the lack of trained staff available to conduct clinical services across the countryside.

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<sup>113</sup> "Žena u društvu i privredi Jugoslavije," 1964.

<sup>114</sup> Breznik, *The population of Yugoslavia*, 24.



Specialists resided disproportionately in larger cities of Belgrade and Novi Sad in Serbia, Zagreb in Croatia, and Ljubljana in Slovenia. Even when medical staff were sent to take residence in remote regions, they often returned from their assignments early.<sup>115</sup> According to Federal Institute of Statistics, in 1952 there were only 209 gynaecologists in Yugoslavia, which meant that there was one trained gynaecologist for every 13,988 women.<sup>116</sup> Regionally, the dearth of medical cadres fit to provide gynaecological services was obvious. In that year, Kosovo had one gynaecologist who served 39,598 women. In the same year, there were no gynaecologists residing in Montenegro.<sup>117</sup> From table 2.2 we can see that each region's cadres increased over the course of the next decade. Simultaneously, the Federal Institute of Statistics office recorded the number of physicians, specialist gynaecologist-obstetricians, and clinical services available in each region. Demographers established that since women could not or did not want to attend birthing centres, low attendance led to those regions' enduring higher rates of infant mortality.

	Total across country	Bosnia & Hercegovina	Montenegro	Croatia	Macedonia	Slovenia	Serbia			
							Total	Serbia Proper	Vojvodina	Kosovo & Metohija
1952	209	11	0	61	11	26	100	77	22	1
1955	266	16	2	76	16	39	115	91	22	2
1961	480	50	10	125	28	69	197	148	42	7
# women per doctor	13,988	21,390	16,706	12,954	15,032	8,990	14,236	12,191	17,213	39,598

**Table 2.2** Number of gynaecologists and per capita for women in Yugoslavia per year. “Žena u društvu i privredi Jugoslavije,” 77.

<sup>115</sup> AJ, AFŽJ – 141, box 9. “Consultation between AFŽ and doctors,” 4.

<sup>116</sup> One should also bear in mind that in Yugoslav context it was gynaecologists who did everything: from check-ups, giving advice, delivery.

<sup>117</sup> This changed the following year when there were two. “Žena u društvu i privredi Jugoslavije [Woman in Yugoslav society and industry],” *Statistički bilten* 298 (1964): 77.

The state responded by expanding its institutional presence in more remote regions of the country. The Ministry set up new departments within universities with revamped training programs that enabled physicians to specialise in gynaecology and obstetrics, with an aim of seeing the country's gynaecological, obstetrical and paediatrician cadres increase. Recognising the geographic disparities in medical personnel, the Ministry opened new departments at universities in Skopje, Macedonia and Sarajevo, Bosnia to encourage young people to pursue medical training in an effort to 'lift those areas from backwardness.'<sup>118</sup> The effectiveness of this was uneven and never really fully realised as most specialists sent to regional areas did not want to remain there, returning to their urban lives sooner than expected.<sup>119</sup> Medical personnel's unwillingness to remain in the rural areas caused a significant source of conflict between doctors and AFŽ activists.

In order to further alleviate the paucity in medical professionals, AFŽ organised teams made up of housewives, nurses, midwives, AFŽ activists, and educators who visited locales identified as in need of most 'cultural uplift' and 'hygiene education'.<sup>120</sup> Peasant women from small remote villages resisted the medical system and any encouragement heaped upon them to attend pre-natal checks and give birth within maternity centres. Party doctors held high hopes for these traveling teams, believing that they could successfully reach regions that existed outside of

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<sup>118</sup> AJ, AFŽJ – 141, box 9. "Consultation between AFŽ and doctors about the issue of protection of mothers and children and in eradicating infant and child mortality"

<sup>119</sup> Ibid.

<sup>120</sup> Ibid.

the purview of existing clinics.<sup>121</sup> To boost the efforts of traveling teams, local activists also encouraged well-known members of the central council of the AFŽ to be seen travelling with the teams, as they saw central members' presence in the villages as essential to building trust with local communities.<sup>122</sup>

Each AFŽ chapter approached this task differently, but they shared an objective to help cultivate new habits of hygiene and domestic cleanliness within isolated families. Some teams stayed in villages or districts for 15 days, while others remained for 3 to 6 months.<sup>123</sup> Teams were charged with providing educational seminars to the public about hygiene and sanitation in the home and on the farm; pregnancy care, child birth, and childcare; and proper nutrition for families, especially with regard to starting solids before the first year of life. In Bosnia and Hercegovina, AFŽ, Red Cross, and the Ministry of Public Health set up a bus with a projector so that teams could travel through remote villages. Hoping to decrease infant morbidity and mortality rates, they spent 15 days painting and cleaning homes during the day and showing health education films in the evening.<sup>124</sup> The Ministry of Health formed similar teams to travel through Kosovo, employing medical cadres from other republics to serve the population:

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<sup>121</sup> AJ, AFŽJ – 141, box 9. "Consultation between AFŽ and doctors on the issue of protecting women and children and eradicating infant and child mortality in Belgrade," 40.

<sup>122</sup> Ibid.

<sup>123</sup> AJ, AFŽ – 141, box 36, Materijali kongresa i organa republika, pokrajina i oblasti [Materials of congresses and republican, provinces and areas], 1947, br. 234/1947. "Consultation between AFŽ and doctors about the issue of protection of mothers and children and in eradicating infant and child mortality".

<sup>124</sup> AJ, AFŽJ – 141, box 33, Sekcija za majku i dete [Section for mother and child], 1952, br. 186/1945-1953. "Letter with enclosed report from AFŽ Bosnia and Hercegovina to Federal AFŽ, 2 Jan 1952 regarding the work of the health education team in Jajac". This was one of many such programs to educate villagers in the absence of medical professionals.

medical staff and AFŽ activists trained people to go into remote areas, and translated information pamphlets into *šiptarski*.<sup>125</sup> In addition to seminars and information sessions, they also were to visit pregnant women and sign them up for midwifery services and perform exams, take stock of each household regarding general hygiene and state of childrens' and adults' health and cleanliness.<sup>126</sup>

Despite ambitious plans and myriad meetings aimed to strengthen the campaigns, the teams were successful in some regions but not in others. Some activists reported that local women were open to receiving visits in their homes, especially when teams offered to help with household tasks, such as cleaning rooms and bathing children.<sup>127</sup> Warm welcomes were not common, however. One activist reported to the central council of the AFŽ that teams have been faced with significant resistance. According to her report, one team encountered such defiance from locals that in almost all of the eight villages that they had visited, not one woman has come to the meetings. She explained that in many cases, local women reported that their husbands would not permit them go to meetings where there may be men.<sup>128</sup> The teams aimed to

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<sup>125</sup> Ibid.

<sup>126</sup> Feđa Fischer-Sartorius, "Work of the centre for the protection of mothers and children," *Archive for the protection of mothers and children*, 3 (January-February 1959): 2; Ibid., "On some problems in protecting women and children in Croatia", *Bulletin of the Centre for the Protection of Mothers and Children*, 4 (March 1957): 5; AJ, AFŽ – 141, box 36, Materijali kongresa i organa republika, pokrajina i oblasti [Materials of congresses and republican, provinces and areas], 1947, br. 234/1947. "Minutes from 1 August 1951 meeting of AFŽ Serbia"; Ibid., "Discussion about new actions in health promotion"; AJ, AFŽJ – 141, box 9. "Consultation between AFŽ and doctors about the issue of protection of mothers and children and in eradicating infant and child mortality"; Bonfiglioli, "Revolutionary networks," 191.

<sup>127</sup> AJ, AFŽ – 141, box 36. "Minutes 4," 7.

<sup>128</sup> Ibid., 3.

encourage women to travel to their local clinics for check-ups during pregnancy and after birth, however, as another activist explained, women were discouraged when they would eventually come to clinics and there was neither space for them, nor staff ready to meet their needs.<sup>129</sup>

Due to inadequate numbers of physicians and clinics, the state faced the additional problem whereby women and families had little faith in the medical system when it came to childbirth in hospitals as demonstrated by their lack of attendance at clinical visits, and a rejection of the interjections by traveling education crews. Since 1945, state propaganda had promised women clean and well-equipped medical birthing centres, along with specialists qualified to guide them through birth. Since these promises had not been fully realised, when a visiting doctor or hygiene team would come through the more remote areas, local families remained sceptical. Furthermore, because of inconsistent services and the physical barriers of travel and time away from their farms and existing children, women did not attend the temporary clinical facilities and maternity homes established in nearby villages.<sup>130</sup> Rural women continued to rely more on home remedies and ethno-medical healing practices, which the state blamed for high infant and maternal mortality.<sup>131</sup> In attempting to eradicate folk practices, the state attempted to override culturally and socially ingrained norms. While folk practices were more commonly observed in rural families, urban-dwelling couples retained elements of traditional attitudes about gender, marriage, contraception, pregnancy and childbirth, and

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<sup>129</sup> Ibid., 6.

<sup>130</sup> "Discussion about new actions in health promotion".

<sup>131</sup> Ibid.

science, and put traditional knowledge into practice when all other options failed. The same went for abortions.

The Yugoslav state's legal changes from 1951 officially prompted the transfer of abortion into the state-regulated hospital setting. With decriminalisation in 1951, abortion became a topic of discussion in medical circles, however not yet within the popular press. Along with other aspects of reproduction, the state deemed abortion a medical procedure, moderated by legal and institutional regulations, bureaucratic processes and procedures, as well as subject to the personalities and power of individual medical professionals. Historian Johanna Schoen argues about the US context that 'if the illegal or only quasi-legal nature of abortion had previously stifled research on the topic, legalization opened the procedure to scientific inquiry and debate.'<sup>132</sup> The legality of abortion in Yugoslavia also opened up new avenues for the state to interfere with aspects of private life previously deemed outside the bounds of public discussion. From 1951, the state backed physicians to become the new face of reproductive care, and that included abortion and, eventually contraception. The Ministry incorporated abortion care and contraceptive provision within the growing web of women's health services. Abortion care and contraceptive provision easily folded into the growing network of women's health services across the country. However, abortion was the only procedure not covered by the state health insurance scheme and women had to pay a fee to get a termination.

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<sup>132</sup> Johanna Schoen, *Abortion after Roe* (Chapel Hill, N.C.: University of North Carolina Press: 2015), 25.

Legal changes placed the procedure within the bounds of scientific innovation and medicine, leaving medical professionals responsible for the lives of women who underwent abortions. During the socialist period, both AFŽ's successor organisations – Savez Ženskih Društava [Union of Women's Societies] (SŽD) (1953-1961), and Konferencija za Društvenu Aktivnost Žena [Conference of the Social Activity of Women] (KDAŽ) (1962-1975) – and the Ministry of Public Health, nurtured the relationship between the physician and the patient, constantly devising new ways of bringing the two together. The medical administration aimed to replace independent folk healers with state-educated science-driven physicians and health professionals, who would not only heal the population but carry forward the socialist cause. Experts agreed that abortions should only be undertaken in clinical settings, preferably hospitals, by specialist gynaecologist-obstetricians, that requests for abortions should be regulated by hospital commissions appointed by the Ministry for Public Health. Each hospital and clinic had their own abortion commission and the makeup of these commissions varied. Before 1969, commissions had to approve each abortion application before a woman could access the service. After the laws changed in 1969, when abortion was available on demand up to 10 weeks gestation, commissions continued to operate for pregnancies beyond 10 weeks gestation. From 1951, physicians were expected to take turns serving on commissions and eventually reported resentment at how much of their time was taken up with this work due to the high demand in abortions across the country. While the law played a part in regulating access to the procedure, control lay with the medical community who could ultimately decide a woman's fate. Abortion

regulations were unclear at the outset leading to inconsistency in decision-making, however, even as the laws were more clearly defined, the decision over women's access to abortion were still made on a subjective level.

Efforts to medicalise abortion were not as successful as the state had envisioned and the flaws in the system manifested in women's attendance at medical services to terminate pregnancies. Although the Ministry of Public Health governed each hospital's commission, individual decisions still depended on subjective choices and panellist personalities. Although commission panellists approved the vast majority of abortion applications, the process was lengthy and public. Women had to line up in the morning to submit their paperwork, which included evidence of their reasons for applying for an abortion, wait to pay their fee, and see a social worker before they were given an appointment with the commission. They had to attend a gynaecological exam to establish pregnancy and gestation, and they had to visit specialists to procure the necessary evidence to support their claims of, or need to, access an abortion.

Campaigns to encourage women to seek abortions through official medical channels were successful in that they convinced women that doctors, not lay persons or wise women, were best placed to perform abortions. In 1962, 11 years after decriminalisation and 2 years after the state passed legislation to include social indicators for legal abortion, only 50-55 per cent of all abortions in Serbia were performed legally.<sup>133</sup> In 1964, that percentage rose to 60-70 per cent,

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<sup>133</sup> Olivera Glisović, "Statistička analiza rezultata ankete o pobačajima u SR Srbiji za 1962 godinu [Statistical analysis of the result of a survey about abortions in Serbia in 1962]," *Glasnik zavoda za zdravstvenu zaštitu SR Srbije* [Journal of the institute for health protection of Serbia] 9 (September 1965): 39.



however so did the overall numbers of abortions.<sup>134</sup> By the 1960s, women increasingly sought illegal abortions through physicians, and less from local wise women. Leading gynaecologists, like Serbian Berislav Berić and Slovenian Novak, wrote with frustration about medically-trained illegal abortionists who ‘performed abortions in private kitchens, bathrooms, living rooms, and basements during the working hours of midnight to midnight!’ Berić also complained that illegal abortionists charged ‘hundreds of thousands of old dinars’ and performed abortions ‘even in the seventh month!’<sup>135</sup> Though the author may have been exaggerating, these comments, published in the Serbian journal for public health, express both the specific frustrations of one physician with others’ actions outside of the legal medical system, and are indicative of broader issues with the central Ministry’s ability to regulate physicians in and outside the system.

Soon after the state started medicalising abortion, it also began to regulate contraception, however contraception fell under a different banner and was treated as such. The first contraceptive clinics opened in 1955 in Slovenia and hospitals eventually opened clinics within their gynaecologic-obstetrical departments. The Centre for Health Protection of Mothers and Children opened in Zagreb in 1956.<sup>136</sup> The Zagreb Centre came to be known for the women

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<sup>134</sup> Radivoje Grčić, “Stanje i problem prekida trudnoće i kontracepcije u SR Srbiji [The state and problems of abortion and contraception in Serbia],” *Glasnik zavoda za zdravstvenu zaštitu SR Srbije* 9 (September 1965): 23. Demographers gathered abortion from institutional data. The statistical office’s annual publication on population trends never mentions abortions. Institutions’ statistics on abortions came from their own internal documentation on approved abortions, however, they often surmised that some women who came into hospitals with miscarriages had actually procured their own abortions elsewhere.

<sup>135</sup> B. Berić and S. Milojević, “Abortus kao socijalno-medicinski problem u NAS [Abortion as a socio-medical problem],” *Glasnik zavoda za zdravstvenu zaštitu SR Srbije* 6 (November-December 1969): 89.

<sup>136</sup> Fischer-Sartorius, “Tasks and objectives of the Centre for the Health and Protection of Women and Children,” 1.

activists who worked in social work and research, who investigated the social implications of contraceptive availability and abortion regulation in Croatia, and throughout Yugoslavia.

Contraceptive provision became a mandatory activity of the health service in 1958. Unlike abortion, the law on health insurance covered women in the case of pregnancy, childbirth, maternity and contraception. As contraceptive uptake remained low, general practitioners also started dispensing advice and contraceptives. In 1957, the state established the Demographic Research Centre in Belgrade as part of the Institute for Social Sciences. Demographers went on to research fertility trends, and contraceptive and abortion use amongst the population, and from 1962 the Centre established its own periodical, *Stanovništvo* [Population]. They also published numerous larger studies, based on census, institutional and statistical data in both Serbian and English.

Throughout the early 1960s, the state invested more into research on contraceptive use and attitudes to family planning. Dubravka Štampar, niece of Croatian public health leader Andrija Štampar, led the work of the Zagreb Centre, focusing research efforts towards understanding how women experienced abortion commissions and what they did after they were rejected. She and her team investigated teen pregnancy rates and the uptake of women's health services amongst the younger generation, advocating for policy reform. Spurred by Yugoslavia's entry as associate member to IPPF, most of the Republics created a Republican Institute for Family Planning in their capital, the most influential of these was in Ljubljana, Slovenia. In an effort to centralise federal influence, the Ministry of Public Health made the Institute for Family

Planning in Ljubljana the main research and development facility in Yugoslavia where all products and technologies would have to be approved before they became publicly available.

### ***Conclusion***

Driven by dismal population health, inadequate and insufficient medical facilities and staff, as well as a desire to entrench power across the regions, the state set out to establish a medical infrastructure across the newly-socialist country. The state's vision of an integrated and bureaucratised Yugoslav medical system aimed to eradicate community practices and to formalise relationships between physicians and patients in terms of individuals' most private and intimate lives. Over the span of two decades, the state instituted a bureaucratised health service and invested funding and support to burgeoning institutes and promising leading figures in the medical field. Hampered by its own ambition, and by conflicts between various interested parties, the state fell short of exacting a comprehensive system across the entire country.

The process of installing such a system saw the demonization of customs that local communities trusted, as patients were coaxed into unfamiliar physical spaces, with unfamiliar, untrusted professionals. In bringing formerly ethno-medical healing processes such as pregnancy, childbirth and childrearing, under the purview of biomedicine, the state entered the private domestic sphere. Over the span of two decades, the state was not always effective at convincing people to abandon their old ways in favour of socialist modernity, especially in rural and remote regions where they did not have a significant presence.

Though we do not know the extent to which the practices of wise women survived, stereotypes of the old crone persisted into the 1970s and beyond. *Bauk* [Boogeyman], a 1974 short film, centres on an abortion ritual in an unidentified mountainous region where barren land gives way to a dark cave and the mystical and demonic rituals that see a woman killed at the hands of several old women in black.<sup>137</sup> When resources and infrastructure fell short of requirements, or legal barriers prevented women from accessing services such as abortion, women and families reverted to what they knew and what their forebears had depended on for centuries. Myths and stereotypes about how those rituals functioned within local communities, also persisted beyond the state's early modernisation efforts.

Despite manifold campaigns to institute services throughout the countryside, and to equip remote regions with medical cadres, some areas, such as Kosovo and Metohija, and Montenegro, remained under-resourced throughout the socialist period. In 1968, there was only one full-time permanent physician in Kosovo and they resided in Kosovska Mitrovica, the centre of Kosovo.<sup>138</sup> Furthermore, insufficient funding and resources led one social worker to observe that 'considering present means and circumstances, it is impossible to even begin required activities in the region.'<sup>139</sup>

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<sup>137</sup> *Bauk* [Boogeyman], directed by Živko Nikolić (Belgrade: Dunav Film, 1974).

<sup>138</sup> B Čolaković, "Zdravstveni centri – prioritetan problem zdravstvene službe Kosova i Metohije [Health Centres – Priority problems of the health service in Kosovo and Metohija]," *Glasnik zavoda za zdravstvenu zaštitu SR Srbije* 1-2 (January-April 1968): 9.

<sup>139</sup> Ibid.

Owing to the persistence of the state, however, Yugoslav healthcare, at least as it existed in the urban centres before the Yugoslav wars, came to be seen as state-of-the-art. Research and innovation facilities such as the federal Institute for Family Planning in Ljubljana became world renowned. As we will see in the next chapter, its clinical facilities and revolving cast of celebrated gynaecologists became integral to the development of new technology and methods in abortion care and contraceptive provision, and known for the work it did in the social aspects of abortion and contraceptive provision around the country.

## Part 2: Reproductive Products & Memory Production

### **Chapter 3: Beo-spir and VE-2: Yugoslavia's forays into fertility control technology, 1960–1974**

The boom in the development of abortion and contraceptive technology from the 1960s onwards reflects three global phenomena: the global medicalisation of reproduction; the gradual legalisation of abortion around the world; and the increase in population research, population control policies, and family planning programs. In part one, I examined Yugoslavia's germinal post-war decade, and how the state used laws and institutions to realise its domestic agendas. This chapter explores the evolution of abortion and contraception technology in Yugoslavia. I analyse the long decade of the 1960s as state physicians developed, imported, and produced contraceptives at the same time that they innovated vacuum-aspiration technology for the termination of pregnancy. I close in 1974, World Population Year, when Yugoslav physicians took part in large-scale international studies into emerging abortion methods and IUD technology. I draw on first-hand accounts from gynaecologists, researchers, and social workers who worked in Yugoslavia from the 1960s to the 1980s, as well as scientific studies and research papers and reports into the development of abortion and contraceptive instruments. I also analyse correspondence between key US and Yugoslav researchers, conference papers, and instructional films and manuals about evolving technologies to create a transnational history of this topic. At home and abroad, how did innovation in reproductive technology serve the state's intent? The state endorsed research that would yield benefits at home while securing Yugoslavia's position as a leader in the international innovation of fertility control technology.

The Yugoslav way meant socialist self-sufficiency complemented by foreign entanglements. The state functioned as a conduit between East and West, and between the developed and developing worlds. Yugoslav physicians were integral to the international transference of knowledge and collaboration beyond ideological and geo-political borders.

Yugoslav gynaecologists were central to the testing and development of reproductive technology and techniques to control fertility. Physicians researched barrier methods, including condoms, diaphragms, cervical caps and sponges, hormonal contraceptives including each iteration of the oral contraceptive pill, as well as long-acting reversible contraceptives (LARCs), such as IUDs. Simultaneously, due to high demand for legal medicalised abortion, scientists were preoccupied with developing new, safer techniques for the termination of pregnancy. Attuned to global conversations about population growth and development, Yugoslav researchers recognised that domestic concerns mirrored comparable phenomena abroad. In this chapter, I focus on the development of the IUD for contraception, and vacuum-aspiration technology for pregnancy termination. Yugoslav physicians were more actively involved in the development and testing of these technologies than in others. They also collaborated with international partner organisations, humanitarian, medical and scientific, to advance and disseminate these resources. I focus on both contraception and abortion technology in this chapter, as their innovation occurred simultaneously between the 1960s and 1980s in Yugoslavia and globally. Yugoslav physicians were confronted by an increasing demand for legal hospital-based abortions on the one hand, and an overwhelming patient disuse of modern hormonal, barrier, and long-lasting



contraceptives. Contraception and abortion can be viewed as aspects of a single, global discussion of population control.

Yugoslav gynaecologists fit within a longer history of medicalising reproduction, which saw perceptions of fertility control shifting ‘from smut to science.’<sup>1</sup> In this densely packed historiography, contraceptive technology has loomed larger than abortion technology.<sup>2</sup> Historians have argued that control over contraceptive developments shifted from the hands of local ‘entrepreneurs’ and into the hands of medical and scientific professionals. Through scientifically informed trials and testing, contraception came to be seen as a respectable aspect of scientific research, and biomedical healthcare.<sup>3</sup> All accounts point to a process of medicalisation that saw abortifacients and contraceptives shift away from the hands of laity, whose work dominated the clandestine contraceptive market before contraceptives were commercialised. In both the German and US cases, activists and sex reformers wanted to shift birth control from the realm of ‘quack’ products to scientific medicine, and this shift necessitated that doctors took

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<sup>1</sup> Andrea Tone, *Devices and desires: A history of contraceptives in America* (New York: Farrar Straus and Giroux, 2001), 25.

<sup>2</sup> Several historians have analysed the transfer of abortion technology into the US and its development through that domestic context. This field of inquiry is not nearly as developed as the scholarship on contraception, and no studies deal with the development of contraception and abortion technologies simultaneously. Tanfer Emin Tunc, “Designs of devices: The vacuum aspirator and American abortion technology,” *Dynamis* 28 (2008): 353–76; Heitlinger, *Reproduction, medicine and the socialist state*; Jane E. Hodgson, *Abortion and sterilization: Medical and social aspects* (London: Academic Press Grune & Stratton, 1981).

<sup>3</sup> Grossmann, *Reforming sex*, 15; Tone, *Devices and desires*, 13; Ilana Löwy, “‘Sexual chemistry’ before the Pill: science, industry and chemical contraceptives, 1920-1960,” *The British journal for the history of science* 44, no. 2 (June 2011): 245-274; Anni Dugdale, “Intrauterine contraceptive devices, situated knowledges, and the making of women’s bodies,” *Australian feminist studies* 15 (June 2000): 165-176; Dugdale, “Inserting Grafenberg’s IUD into the sex reform movement,” in *The social shaping of technology*, eds. Donald MacKenzie and Judy Wajcman (Buckingham: Open University Press, 1999), 318-324.

the reins.<sup>4</sup> Upper-class women such as American Margaret Sanger and British Marie Stopes agitated for such ‘salespeople’ to be replaced by medical doctors, favouring an ‘alliance with professionals’ over those who they perceived as profit-seeking opportunists.<sup>5</sup> Even though they were reluctant to take on the provision of care for fertility control, physicians were also not willing to lose control of this lucrative endeavour. Andrea Tone argues that the work of such women, entrepreneurs like Clarence James Gamble of the Pathfinder Fund, along with a network of dedicated activists, ‘made a once-radical movement middle-class and respectable.’<sup>6</sup> Linda Gordon contends that birth control proponents did not view contraception as ‘part of a process of democratization,’ but rather as a commodity to be ‘rationed out by experts’.<sup>7</sup> Legal regulation allowed medical authorities to take birth control under their wing at which time they prioritised the study, research, production, and dissemination of physician-controlled contraceptives, such as diaphragms, the pill, and the IUD.<sup>8</sup>

The development, manufacture, testing, and dissemination of contraceptive technologies was an integral aspect of twentieth-century population control globally; nations the world over applied global developments at home. Concerned by what some American representatives termed the population bomb, which in time could deplete world resources, the US led the charge

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<sup>4</sup> Grossman, *Reforming sex*, 65; Löwy, “Sexual chemistry,” 248; Linda Gordon, *The moral property of women: a history of birth control politics in America* (Champaign: University of Illinois Press, 2002), 117.

<sup>5</sup> Löwy, “Sexual chemistry,” 248.

<sup>6</sup> Tone, *Designs and desires*, 117; Löwy, “Sexual chemistry,” 248.

<sup>7</sup> Gordon, *The moral property of women*, 117, 210.

<sup>8</sup> Tone, *Designs and desires*, 121.

in battling untamed population growth in the Third World. To this end, Rickie Solinger and Mie Nakachi explain, the US government removed contraception from the impermissible items in foreign aid, allowing the US to have a heavy hand in the distribution of contraceptive devices around the world.<sup>9</sup> Tone argues that US companies and physicians were concerned not only about global population growth, but also the excessive family size of poorer families and ‘financial drain of “welfare” babies’ in the US.<sup>10</sup> Solinger argues that global concerns about the population explosion in the developing world prompted the US to consider its own perceived population problems.<sup>11</sup> In the European context, Grossman explains that ‘the international context was crucial for German domestic developments’ in relation to reproductive and population policies after WWII.<sup>12</sup> Applying international concepts to the domestic stage constituted a global phenomenon in the second half of the twentieth century.

Yugoslav physicians, motivated by ego, the pursuit of scientific discovery, state agendas and international trends, conducted research into international technological developments, and offered the women coming through their clinics as test subjects. The Yugoslav state’s idiosyncratic geo-political position changes the way that we understand the imposition and negotiation of power in a global sense. Yugoslav physicians conducted their own clinical trials in-house. When they worked with international agencies, physicians expanded their studies to

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<sup>9</sup> Solinger and Nakachi, “Introduction,” in *Reproductive states*, 14.

<sup>10</sup> Tone, *Devices and desires*, 50.

<sup>11</sup> Solinger, *Pregnancy and power: A short history of reproductive politics in America* (New York: New York University Press, 2005).

<sup>12</sup> Grossmann, *Reforming sex*, 190.

capture results over longer periods of time, across different population groups in multi-centre studies, or to test technology that had not been tested extensively anywhere else.

### ***Beo-spir***

Yugoslav women's experiences with IUDs fit within the history of personal fertility control, state reproductive regulation, and international collaboration to influence private behaviour for the sake of population control. The history of the IUD traces back to ancient times when the insertion of crude intra-uterine objects, such as pebbles, was undertaken to prevent implantation of a fertilised egg or to ease heavy menses. From mid-1800s to the turn of the twentieth century, physicians developed and applied metal and rubber IUDs to treat excessive menstruation, or prolapsed or asymmetrical uteruses.<sup>13</sup> Only in the early twentieth century, which saw the expansion of 'scientific contraception', did the modern IUD become used for contraceptive purposes.<sup>14</sup> Despite the popularisation of the silkworm gut and silver wire Grafenberg ring and its subsequent iterations during the 1930s in Europe and Japan, Americans were late adopting such long-acting devices. Since the ring, IUDs have come in many forms including plastic, bioactive copper, and hormonal prototypes, each of different shapes and sizes,

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<sup>13</sup> Tone, *Devices and desires*, 59.

<sup>14</sup> Löwy, "Sexual chemistry," 248; Doone Williams and Greer Williams, *Every child a wanted child: Clarence James Gamble, M.D. and his work in the birth control movement*, ed. Emily P. Flint (Boston, MA: Harvard University Press, 1978), 332.

with their own benefits and drawbacks. In recent decades, the T-shaped IUD has prevailed due to the ease with which it can be inserted and removed, as well as its comparable uterine shape.

Yugoslav scientists and medical professionals became entangled in the evolution of contraceptive technology as a way to control population growth and promote development, improve socio-economic conditions, and afford women more freedom to plan their fertility. Gamble understood that the best way to proliferate contraceptives to countries other than his own would be to create working relationships with likeminded medical and women's rights leaders of those countries. During the late 1950s, he sent field workers, including Henry Vaillant who worked in the Population Studies Unit at the Harvard School of Public Health in Boston, all over the world who would help set up such relationships. The Fund aimed to use those relationships to disseminate modern contraceptives to women in developing parts of the world, and to start local family planning clinics.

Many Yugoslav physicians and women's health professionals were interested in fostering such relationships, welcoming the importation of free contraceptive samples that came as part of their interactions. After his trip, Vaillant supplied Gamble with a list of names, which included Novak, to send contraceptive foam samples. The Fund sent some samples of foams to Novak and other family planning advocates all over Yugoslavia at that time. One epidemiologist from Sarajevo, Jakob A. Gaon, wrote to Gamble that 'we will use [contraceptive foam] in the villages in the health project for contraception. We will give it to women and after one year, we will be

free to inform you about the results.’<sup>15</sup> In 1950, the Yugoslav Academic Council sent Novak to the 1950 International Congress of Obstetricians and Gynaecologists in Paris, launching a long tradition of a Yugoslav presence at such influential global events.<sup>16</sup> Lidiya Andolšek, director of the Institute for Family Planning in Slovenia between 1971 and 1980, took up a fellowship at the Margaret Sanger Research Centre in New York, which ended in 1961, and established a mutually beneficial collegial relationship with Executive Director of the Pathfinder Fund, Edith Gates, and its founder, Gamble.<sup>17</sup> Andolšek corresponded with them regularly between 1961 and 1966, exchanging information about the development of contraceptives, and the suitability of contraceptive options relative to context. They also exchanged educational pamphlets and product brochures, and they used their letters as networking opportunities. For example, Andolšek connected Gates with NAM colleagues interested in adopting family planning programs in their countries.<sup>18</sup> In one exchange, she refers her to one Miss Benhadji, from Algeria, whom Andolšek met in New York and who expressed interest in opening the first contraceptive clinic in her home country.<sup>19</sup>

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<sup>15</sup> Folder of correspondence between Gamble and his field workers, Henry Vaillant and Sarah Lawrence, Collection Box 127, folder 2238, H MS c23 Clarence J. Gamble Papers, Countway Library, Harvard University, Cambridge, MA.

<sup>16</sup> AJ, Fond Savet Akademija Nauka i Umetnosti SFRJ [Council of the Academy of Sciences and Arts] – SANU – 55, box 66, Kulturna i naučna saradnja s inostranstvom [Cultural and scientific cooperation with foreign countries], 1950, br. 438/1950, 1951. Correspondence and invitations to attend the International Congress of Obstetricians and Gynaecologists in Paris.

<sup>17</sup> Folder of correspondence between Gamble and his field workers, Henry Vaillant and Sarah Lawrence, Collection Box 127, folder 2238, H MS c23 Clarence J. Gamble Papers, Countway Library, Harvard University, Cambridge, MA.

<sup>18</sup> Correspondence between Edith Gates and Andolšek, various dates throughout 1964, Collection Box 127, folder 2245, H MS c23 Clarence J. Gamble Papers, Countway Library, Harvard University, Cambridge, MA.

<sup>19</sup> Ibid.

Gamble made significant inroads through the Fund's collaboration with Andolšek.

Another renowned demographer Marija Lazić Matić travelled to Ghana in 1961 as an ambassador of the Pathfinder Fund. Seeking to expand her knowledge and experience of demographic study, Croatian sociologist Dubravka Štampar took up a fellowship at Johns Hopkins in the 1960s. Yugoslav demographer, Miloš Macura, worked in Africa during the 1960s, and became the director of the World Fertility Survey, a five-year international research program (1972-1977) that documented human fertility trends throughout the developing world, with an aim to increase knowledge of the global population problem. Yugoslav population and family planning experts dove into the global conversation on population, bringing with them their own research, interests, and agendas.

Yugoslav women's first experiences with modern medical contraceptives came by way of such international exchanges. From his travels to the UK and US in the early 1950s, Novak became familiar with contraceptive options available in those countries, and brought back samples, the diaphragm being the most effective one. Yugoslavia was fast becoming an industrialised nation and, as such, the country had plenty of factories that could be used to produce contraceptives.<sup>20</sup> Upon his return to Yugoslavia, Novak submitted his specimens to the Slovenian rubber factory Sava, and to the Federal and Slovenian Ministry of Industry to spur the production of a comparable model.<sup>21</sup> From 1954, Novak and his colleagues conducted

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<sup>20</sup> "Letter from Stanka Simoneti to Henry Levin of the Population Council, regarding contraceptive methods," 14 October 1966. Collection FA432 Population Council records, Box 195, Folder 1855, Rockefeller Archive Centre.

<sup>21</sup> Dobrivojević, "Family Planning in Yugoslavia, 1945-1974," 124.

widespread testing and production of diaphragms. Throughout the 1950s, he facilitated the importation of other contraceptives such as foams, jellies, and pessaries, to test its compatibility to the Yugoslav market. In 1955, the first contraceptive clinic opened in Ljubljana and from the early 1960s, the pill became available. The pursuit of socialist self-sufficiency meant that consumables, including contraceptives, were primarily produced within Yugoslavia, as was the case in most state-socialist countries.<sup>22</sup> By 1965, the state regularly imported, produced, and circulated contraceptives within Yugoslavia, including Emko contraceptive foam, Anovlar and Lyndiol oral contraceptive pills (figure 3.1, 3.2 and 3.3), condoms, and diaphragms.<sup>23</sup> However, production was low, importation intermittent, and stocks were largely held in city clinics and hospitals, all of which deterred both practitioners and women, and made it nearly impossible for peasant-women to gain access to those products.<sup>24</sup>

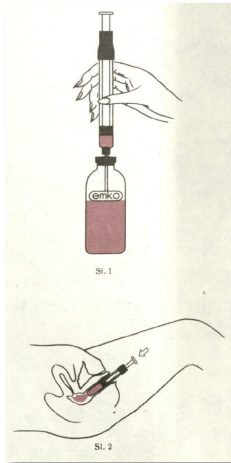
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<sup>22</sup> Agata Ignaciuk, “‘Clueless about contraception’: The introduction and circulation of the contraceptive pill in state-socialist Poland (1960s-1970s),” *Medicina nei secoli* 26, no. 2 (November 2014): 516.

<sup>23</sup> Anovlar 197000; Lyndiol 93000; Suppositories 90000, Jellies 10500; condoms 13 million; diaphragms – 12000. Population Council. Stanka Simoneti letter. After she describes the plans for production in 1966, she says in a post-script: ‘We do not use contraceptives because of over-population, but to reduce abortion.’

<sup>24</sup> Dobrivojević, “For planned parenthood,” 91. For example, according to Ignaciuk, the peak of Polish pill production of Femigen was in 1974, at which time the state produced 1.7 million boxes which could service 140,000 women in a population of 34 million. Yugoslavia’s population was a little over 19 million in 1965 and the total number of boxes produced were 290,000.

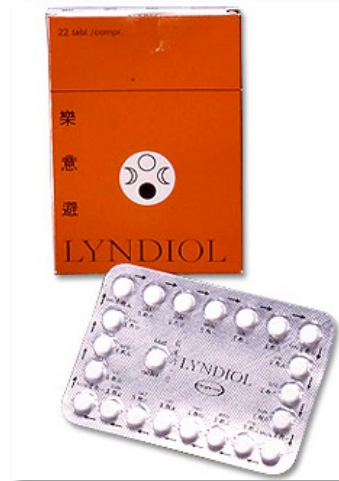




**Figure 3.1** Emko contraceptive foam, 1953.



**Figure 3.2** Anovlar oral contraceptive pill, 1961.



**Figure 3.3** Lyndiol oral contraceptive pill, 1964.

*Source:* Museum of Contraception and Abortion in Vienna. [www.muvs.org](http://www.muvs.org)

The IUD reached Yugoslavia at a particularly energetic moment in the state's evolving narrative of fertility regulation. The state's 1960 liberalisation of abortion laws presented gynaecologists with a quandary. Contraception was available, albeit inconsistently, and efforts to propagate its benefits were reaching only some communities. Women used contraception irregularly as a result of inconsistent and limited availability, and because they or their partners did not want to.<sup>25</sup> Zrinka Miljan argues that it was resistance to the pill in particular on the part of some Yugoslav physicians during the early 1960s that dissuaded women from taking up any contraceptive options until much later in the decade.<sup>26</sup> Andolšek conducted the first Yugoslav

<sup>25</sup> She translated the study into English and sent it to Gamble in 1961. Andolšek, "How contraception is considered by those who have already experienced legal abortion," Collection Box 127, folder 2244, H MS c23 Clarence J. Gamble Papers, Countway Library, Harvard University, Cambridge, MA.

<sup>26</sup> Miljan goes on to argue that in the Yugoslav context the sexual revolution was a contraceptive revolution as women started using contraceptives with slightly more regularity by the end of the 1960s. Miljan, "Sexual revolution," 152.

study about women's contraceptive behaviour after a legal abortion. The study comprised 725 women who had applied for, and received, a legal abortion in 1959. Those women were visited by a nurse within a year after their abortion, and asked about their contraceptive habits since their abortions. The study concluded that around 40 per cent were using coitus interruptus as a contraceptive method, and the other 60 per cent used diaphragms and condoms. Even so, respondents reported using these methods irregularly and inconsistently. The two top reasons they gave for low contraceptive use were that they found the contraceptives that were available uncomfortable, and because their partners did not want to use contraception. The researchers concluded that women needed to speak with healthcare professionals they trusted who could guide them through relevant contraceptive information, and to allow them to make their own decisions about contraceptives. According to the report, men also need more sex education to give them information about a variety of contraceptive options so that they do not hinder the process for their partners. Finally, they concluded that there was a dire need for simple, easy to use, and effective contraceptives.

When contraception failed or was no longer available, women resorted to what they knew worked: abortion. The state was concerned with women's health, and state expenses associated with a high reliance on abortions. Gynaecological department heads reported prohibitive abortion costs, which included pregnancy testing, administration costs for applications, and appearances in front of hospital commissions, the procedure itself, and post-

operative care.<sup>27</sup> In 1964, an average abortion cost 20,000 dinars and in that year in Serbia, the state paid 3 million dinars to cover 150,000 cases of abortions.<sup>28</sup> Another key economic motivator constituted women's absenteeism due to abortion-related appointments and convalescence. The state desperately wanted to find a contraceptive option that was long-lasting, inexpensive to produce domestically, effective and easy to use, physician-controlled, and safe. Experts wanted it to appeal to 'workers, peasant-women, home-makers and their partners, youth in school, soldiers and, sportspeople.'<sup>29</sup> IUDs fit the bill.

Meanwhile, in the US, physicians led the innovation and production of cheaper and safer IUDs.<sup>30</sup> Physicians launched experimentation of new IUD forms in the 1950s. Two of the most commonly utilised and replicated designs of the IUD are the Margulies Spiral and Lippes Loop (figures 3.4 and 3.5), developed for the US market in the 1950s and released for use in 1959 and 1962 respectively. Lazar Margulies, of Mount Sinai Hospital in New York, developed the device which was the first non-ring plastic IUD that was inserted via a straight inserter tube with a rigid plastic stalk that protruded from the cervix into the vagina for easy removal. In the early 1960s, the Population Council, which led the way in reproductive health provision across the

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<sup>27</sup> Dubravka Štampar, "Kretanje pobačaja u Hrvatskoj u razdoblju od 1960 do 1970 godine [Croatian abortion trends between 1960 and 1970]," *Arhiv za zaštitu majki i djece* [Archive for the protection of mother and child] 1-2 (1972): 12.

<sup>28</sup> In today's currency, 20,000 dinars equated to 228 euros, 363 AUD, 256 USD. 3 million dinars to 34,230 Euro; 38,427 USD; 54,471 AUD. The source for this historical currency conversion came from [www.fxtop.com](http://www.fxtop.com).

<sup>29</sup> Grčić, "The state and problems of abortion and contraception in Serbia," 32.

<sup>30</sup> Even though US physicians were hesitant to involve themselves with the development of contraceptive technology, by the 1950s, within the context of the Cold War and global concerns over population growth, US physicians recognised the widespread potential of the IUD.

developing world, commissioned Margulies and his colleague Jack Lippes, of the University of Buffalo in New York, to develop more IUD prototypes and to refine the designs, leading to the innovation of Gynekoil and Lippes Loop. These forms constituted the most successful and widely used designs up until 1971, when the doomed Dalkon Shield entered the market.<sup>31</sup>

American physicians, demographers, and philanthropists had high hopes that the IUD could help tackle the perceived worldwide population explosion problem. Following the council's lead, the US government, having only recently endorsed international birth control aid as vital to national security, began to bankroll efforts at global IUD distribution. The Council along with other organisations like the IPPF and the Pathfinder Fund proliferated IUD technology around the world.<sup>32</sup>

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<sup>31</sup> Tone, *Designs and desires*, 265, 266. The Dalkon Shield was inserted widely in the early 1970s, however the porous nature of the string that protruded through the cervix meant that bacteria could thrive and could enter the uterus. This led to a disproportionately high number of septic pregnancies when women fell pregnant using the device, as well as numerous instances of pelvic inflammatory disease and infertility. The A.H. Robins Company, which marketed the shield, were sued by over 200,000 women in 1975, who had experienced these outcomes as a result of wearing the shield.

<sup>32</sup> Ibid.



**Figure 3.4** Margulies Spiral, 1959



**Figure 3.5** Lippes Loop, 1962



**Figure 3.6** Beospir, 1965

*Source:* Museum of Contraception and Abortion in Vienna. [www.muvs.org](http://www.muvs.org)

Yugoslavia's involvement in research into IUDs occurred at a moment of both robust US innovation in IUD technology, and scientific exchange across the Iron Curtain. In 1963, the Yugoslav Federal Institute for Social Insurance decided that 'all contraceptives be given to women under the same condition as any other medicine', meaning that in most republics, women could receive contraceptives for free or at a low cost.<sup>33</sup> However, women lacked choice in the contraceptive market and domestic production was still lacking. From the mid-1960s, a torrent of new research publications revealed that the efforts of state medical establishments to curb women's reliance on abortion and to encourage them to use contraceptives instead, was not having the desired effect. Driven by the situation that those researchers described, the state reacted by energising institutional efforts to encourage women to use modern contraceptives. In 1967, Yugoslavia became an affiliated member of the European Region of IPPF, intent to apply

<sup>33</sup> Dobrivojević, "For planned parenthood," 93.

its strategies to the domestic setting, and in the same year the state endowed the Institute for Family Planning with the responsibility of testing all contraceptives.<sup>34</sup> Also that year, the Federal Assembly established the Federal Council for Family Planning, which, along with the KDAŽ, oversaw family planning work around the country, and advocated for a holistic approach to resolving the issue of women's disuse of scientific contraception.<sup>35</sup> The two organisations continually argued that to truly resolve women's overreliance on abortion, the Federal Assembly would need to institute a response that would involve all levels of government and society, rather than only relying on interest groups and women's organisations to undertake that work successfully.<sup>36</sup>

Although the state never fully adopted the recommendations made by the Council and KDAŽ regarding a holistic state strategy to combat climbing abortion rates, it did begin investing more into the research and production of contraceptive technologies with a view to self-sufficient contraceptive development. Yugoslavia had a developed plastics industry which meant that procedures for production could be implemented seamlessly.<sup>37</sup> This suited Yugoslavia's domestic self-sufficiency aspirations. Yugoslav and US physicians continued to

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<sup>34</sup> AJ, Fond Socijalistički Savez Radnog Naroda Jugoslavije [Socialist Association of the Working People of Yugoslavia] – SSRNJ – 142, box 54, Materijali komisije za idejno vaspitni rad saveznog odbora SSRNJ, 1983, br. 184/1957-1985. "Međunarodna saradnja [International collaboration]" Belgrade September 1983, 6.

<sup>35</sup> Hrvatski Državni Arhiv [Croatian State Archives] – HAD, Fond Konferencija Društvenih Aktivnosti Žena Hrvatske [Conference for the Social Activity of Croatian Women] – KDAŽH – 1234, box 206. Reports from Council for Family Planning and the KDAŽ to the Federal Assembly.

<sup>36</sup> Ibid.

<sup>37</sup> Tone argues that the IUD, unlike the pill, was easy to manufacture in any country with a developed plastics industry. Where there was no such industry, the Population Council advocated for the use of 'hand-operated, one-cavity injection molding machines' in place of factory assembly lines. Tone, *Designs and desires*, 266.

collaborate as they had been throughout the 1950s and 1960s, and Yugoslavia eventually represented an ideal site for testing and production of contraceptive technologies since physicians had been exchanging insights and developments across the Iron Curtain throughout the preceding decade. Yugoslav physicians offered their country as a site for testing leading to a vastly different understanding of IUD use and fertility rates regionally.

Yugoslav physicians worked toward the successful development of IUD technology, insertion techniques, and protocol regarding duration of placement and eligibility for insertion. Physicians saw that it was used successfully in the US and they thought that the adaption of the device to the Yugoslav context would help promote the prevention of unplanned and unwanted pregnancies.<sup>38</sup> The Slovenian Institute for Family Planning had its initial introduction to working with the Lippes Loop and Marguiles Spiral in September 1964. The Pathfinder Fund provided that clinic, along with others all over Yugoslavia, with samples of each prototype.<sup>39</sup> Andolšek led the IUD studies in Yugoslavia as well as multi-clinic studies abroad. Her team investigated how long the IUD could and should stay in the uterus, as well as the overall effects, both contraceptive and otherwise, on the reproductive and overall health of the individual.<sup>40</sup> Of particular interest to the Institute was how IUD technology worked when inserted after an

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<sup>38</sup> Magazines and academic articles discuss how US women were quick to take it up and found it effective.

<sup>39</sup> Correspondence between Clarence J. Gamble and Edith Gates from the Pathfinder Fund and Lidija Andolšek, Collection H MS c23 Clarence J. Gamble papers, Countway Library, Harvard University; Andolšek, Ograjenšek, and Slavka Bonta, "Naša iskustva s kontraceptivnim intrauterinim ulošcima [Our experiences with contraceptive intrauterine devices]," *Ginekologija i opstetricija* [Gynaecology and obstetrics] 4 (1965): 173–74.

<sup>40</sup> Ibid.; Alan Guttmacher, "Metode kontracepcije [Methods of contraception]," *Ginekologija i opstetricija*, 2–3 (1966): 111–16; Andolšek, "Perspektive intrauterine kontracepcije [Perspectives on intrauterine contraception]," *Jugoslovenska ginekologija i opstetricija* [Yugoslavian gynaecology and obstetrics] 16 (1976): 265–74.

abortion.<sup>41</sup> By the early 1980s, the Obstetrical and Gynaecological Department in Ljubljana had conducted 31 studies and analyses on more than 150,000 women in a 14-year period, researching the efficacy and safety of 25 different types of IUD.

The Fund sent samples of the IUDs to the Gynaecologic-Obstetric Clinic at the University Teaching Hospital in Belgrade in December of 1964.<sup>42</sup> Doctors began offering it to women and the uptake was significant. Bosiljka Milošević of the Belgrade clinic reported that over the course of 4 years, the clinic's gynaecologists had inserted IUDs in 2,030 women, 97 (4.7 per cent) of whom became pregnant despite taking this precaution.<sup>43</sup> However, each clinic was only offered a finite number of each IUD, and gynaecologists soon ran out of samples. Gynaecologists at the Belgrade clinic decided to take the opportunity to produce an IUD themselves and to adjust their design based on their own feedback and observation.<sup>44</sup> They based their design, called Beo-spir (figure 3.6), on the Marguiles Spiral whose looped circular design was thought to reduce the chances of displacement of the device within the uterus as well as its expulsion.<sup>45</sup> The thick stem, however, caused minor cervical irritations and infections. They

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<sup>41</sup> Radoš Germ and Ograjenšek, "Asimptomatska perforacija materice kod artificalnog abortusa i aplikacije intrauterinog kontraceptivnog Uloška [Asymptomatic perforation of the uterus during artificial abortion and application of the intrauterine contraceptive device]," *Ginekologija i opstetricija*, 1 (1968): 25–27.

<sup>42</sup> Andolšek et al, "Our experiences with contraceptive intrauterine devices," 173–74; Bosiljka Milošević, Radmila Mitić and Aleksandar Radosavljević, "Intrauterina kontracepcijska sredstva, sa posebnim osvrtom na beogradsku spiralu (Beospir) [Intrauterine contraceptive devices, with a special look at the Belgrade Spiral]," *Ginekologija i opstetricija*, 8 (1968): 335.

<sup>43</sup> Milošević et al, "Intrauterine contraceptive devices," 337. Today, according to the US Centre for Disease Control and Prevention the failure rates for IUDs are 0.8 per cent for Copper IUDs based on typical use, and 0.1–0.4 per cent for the hormonal IUD based on typical use.

<https://www.cdc.gov/reproductivehealth/contraception/index.htm>. Accessed 25 October 2019.

<sup>44</sup> Milošević et al, "Intrauterine contraceptive devices," 335.

<sup>45</sup> Ibid., 336.



received approval from Marguiles himself to do so when he was in Belgrade presenting on the device in 1965, with the caveat that the Belgrade model had to be slightly different to the original so as to avoid issues of patent. The team at the Belgrade clinic saw this as an opportunity and replaced the thick plastic stem with a nylon coil that was just as effective for removal as the Marguiles Spiral, and was thought to cause fewer incidents of infection and irritation.<sup>46</sup>

Clinical trials also allowed Yugoslav physicians to investigate the factors that led women to use contraception. Demographers and gynaecologists examined factors such as age, education levels, employment, and marital status in relation to republic and rural/urban geographies. Researchers consistently found that women living in the ‘more developed’ regions of Yugoslavia – Slovenia, Croatia, Vojvodina and Serbia Proper (which pertains to all of Serbia apart from Vojvodina and Kosovo provinces) – and those living in urban centres were more familiar with contraceptive options and were more likely to use contraceptives than their rural compatriots. Scientists claimed that ‘all contraceptives are effective, however efficacy depends on who prescribes them and who is given them – people should be given a contraceptive that corresponds to their level of health literacy’.<sup>47</sup> Additionally, demographers tracked natality across the regions and throughout the whole of the socialist period they grew increasingly aware and concerned about the ‘population explosion’ of Kosovo and Metohija. In 1984, at the Tenth Gynaecologic-Obstetric Congress in Yugoslavia, Andolšek reported the results of a study into

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<sup>46</sup> Ibid., 335.

<sup>47</sup> Grčić, “The state and problems,” 31.

Serbian women's contraceptive use and knowledge, expressing concern at the low levels of contraceptive use and knowledge by Kosovar women, in particular. Of 2,359 Serbian women of reproductive age (15-49) surveyed, only 26 per cent used contraception, and a further 26 per cent said that they did not know what contraception was. Of the 26 per cent who used contraception, the authors write, most were from Vojvodina (31.16 per cent) and the least from Kosovo (18.97 per cent), confirming demographers' assertions that contraceptive access and use correlated to stage of socio-demographic development of women in society.<sup>48</sup>

Regional differences within Yugoslavia made the country a viable site of testing to further enhance global knowledge about contraceptive trends. Throughout the late 1960s and early 1970s, the Pathfinder Fund led international multi-site clinical testing studies into various IUDs, of which Yugoslavia was a significant part. Yugoslavia was chosen 'because of the contrasting stages of socio-demographic evolution encountered in the various republics and autonomous provinces.'<sup>49</sup> Determination of stages was based on the regions' levels of urbanisation and industrialisation, and residents' education status. These were compared with known demographic factors such as family size, citizens' use of the medical system and of modern contraceptives, and the use of abortion to control fertility.<sup>50</sup> As expected, urbanised and

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<sup>48</sup> Andolšek-Jeras, "Demografski aspekti planiranja porodice u SFRJ [Demographic aspects of family planning in Yugoslavia]," *Tenth congress gynaecologist-obstetricians of Yugoslavia* (October 1984): 93.

<sup>49</sup> Bernard, "IUD testing and the IUD recipient in Yugoslavia, Inter-republic clinical description of reproduction in Ljubljana, Beograd, Kos. Mitrovia, and Skopje, with a reprographic model of demographic transition and fertility regulation," July 1972, 2. Emily C Mudd Collection, carton 11, folder 505, Schlesinger Library, Radcliffe Institute for Advanced Study, Harvard University, Cambridge, MA.

<sup>50</sup> Ibid.

industrialised sites whose residents had higher levels of education and engaged regularly with the medical system – such as Slovenia – were deemed developed, while agricultural regions with a low uptake of biomedical healthcare and contraception – such as Kosovo and Metohija – were designated developing.

One such study conducted by the Pathfinder Fund investigated clinical activities in Ljubljana (Slovenia), Belgrade (Serbia), Kosovska Mitrovica (Kosovo), Skopje (Macedonia), and aimed to test IUD insertions and effectiveness of the women involved. The study aimed to understand the efficacy of M shaped IUDs, and what factors, including women's fertility desire, combined with regional socio-demographic trends, influenced women's decisions about contraception, parenthood, and abortion. These sites represented a cross-section of densely populated urban areas (Belgrade), and towns whose clinics hosted large peasant populations from the surrounding settlements (Kosovska Mitrovica). These sites also differed vastly in terms of family size (largest in Kosovska Mitrovica) and abortion use (highest in Belgrade). Ljubljana represented a city whose inhabitants were not only urban-dwellers, highly educated and in professional employment, they also habitually accessed doctors' services, used contraceptives with consistency, reported a sound knowledge of contraceptive methods, and had the lowest abortion rates. Conversely, though women in Kosovska Mitrovica had the highest fertility rates, they also had abortions at a comparably similar rate as women in Belgrade, owing in part to each group of women's low contraceptive knowledge and use.

With such socio-demographic variables, researchers wanted to understand women's relationship to contraceptives, in order to determine what unified women in their low contraceptive use. The International IUD Program consisted of clinical testing of IUDs using a variety of medical and social scientific tests. It was conducted all over the world and local family planning advocates contributed to the overall research into IUD efficacy and safety. While the program was concerned with testing different versions of IUDs, including their shapes, sizes, placement in-utero, material and associated procedures, another important research goal was to understand the fertility behaviour of certain population groups. In 1968 and 1969, 5,716 Yugoslav women were fitted with IUDs. Alongside expulsion, injury, and ectopic pregnancy rates in that population, the researchers also analysed women's use of contraceptives in relation to parity.<sup>51</sup>

Apart from a few lines stating that the new M-shaped design, which was the IUD of choice for testing in this study, is less likely to be expelled but is more dangerous to women if inserted incorrectly, the report on this particular IUD study in Yugoslavia consists almost entirely of demographic analyses. There is an in-depth examination of the four different clinical sites, listed in the previous paragraph, with a view to understanding why women relied so heavily on abortion, what their fertility desires were, and what motivated them to seek family planning advice and assistance. Researchers found that women in less developed regions had more

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<sup>51</sup> Ibid., 6. The average number of live births (parity) among IUD recipient groups passes from a high 4.4 in rural and less developed Kos. Mitrovica to a low 1.8 in Beograd, the national capital.

children not because they desired larger families, but because there simply did not exist enough services to support them in their desire to have smaller families. 'Fertility desire did not decrease with increasing socioeconomic development. It was as low in South Yugoslavia as it was in the North... whatever the socioeconomic level, women wanted to regulate their fertility,' a conclusion which led researchers to argue that all people longed 'for social progress' in the form of medical provision of contraceptives – a convenient conclusion for people interested in promoting contraception.<sup>52</sup> For Yugoslav communists, such research afforded them the opportunity to address imbalances in population across the country in pursuit of socialist goals and progress. Since women across Yugoslavia, but especially in Kosovska Mitrovica and Belgrade, relied heavily on abortion, the study concluded that '[t]he fitting of an IUD must, therefore, be viewed as a welcome brake to the spiraling abortion epidemic at the personal level.'<sup>53</sup> The study, and others like it, intended to help local women, who researchers explained suffered not from a lack of desire to keep their families small but rather from a lack of appropriate services to assist them in controlling their fertility pre-conception. Nevertheless, studies focused on explaining women's private behaviour through the relative development of their locales.<sup>54</sup> They often refer to the sites as either developed or not, and participants as either knowledgeable and civilized, or not. At the same time that physicians developed and tested IUDs, they also innovated technologies to terminate unwanted pregnancies.

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<sup>52</sup> Ibid., 44.

<sup>53</sup> Ibid., 26.

<sup>54</sup> Ibid., 22.

In 2016, Tomaž Tomaževič, who worked in the Slovenian Obstetrical and Gynaecological Department with Franc Novak, shared with me the international story of the innovation, manufacture, and proliferation of a new, safer, and simpler procedure for terminating pregnancy: vacuum-aspiration. Depending on whom you talk to, vacuum-aspiration was first developed in either the Soviet Union during the 1920s or China in the 1950s, and was then adapted by Soviet physicians and engineers in the 1960s.<sup>55</sup> Chinese physicians Y. T. Wu, H. C. Wu, and K. T. Tsai published an article presenting their vacuum-aspiration method using a motorised vacuum curette that was applied to eight different locations within the uterus in the English-language edition of *Chinese journal of obstetrics and gynaecology*.<sup>56</sup> Soviets E. I. Melks and L. V. Roze improved the technology by applying negative pressure using an electrical vacuum pump.<sup>57</sup> Their device, which applied metal crushers, suggested that vacuum-aspiration had the potential to work with more advanced pregnancies.<sup>58</sup> Soviet gynaecologist, A. V. Zubeev, simplified and streamlined earlier versions of the machine and physicians in Eastern Europe started taking up

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<sup>55</sup> Most authors of the primary sources and secondary analyses that I have consulted regarding the development of this technology agree on this loose timeline of development. Jovan Vujić, “Prednosti i mehanizam djelovanja vakuum-aspiracije kao metode vršenja artifičijalnog pobačaja [Benefits and mechanisms of vacuum-aspiration as a method of artificially terminating pregnancy],” *Arhiv za zaštitu majki i djece*, 1–2 (January-February 1972): 46; Tunc, “Designs of devices,” 361; Jesse Olszynko-Gryn, “Contraceptive technology” in *Twentieth century population thinking: a critical reader of primary sources*, eds. Population Knowledge Network (London: Routledge, 2016).

<sup>56</sup> Tunc, “Designs of Devices,” 361.

<sup>57</sup> Ibid.

<sup>58</sup> Ibid.

the technology and modifying it for their purposes almost immediately.<sup>59</sup> Innovators eventually transferred the technology and procedure to the US in the early 1970s, taking a significant and little-known detour through 1960s Yugoslavia. Tomažević further developed the technology with his team in Ljubljana during the early 1960s, the first site in Yugoslavia where the technology was adopted. He eventually became part of the Ljubljana-based research team that, from the early 1960s to the mid-1970s, investigated the advantages of using vacuum-aspiration over dilation and curettage in order to terminate pregnancies.

Prior to the 1970s, gynaecologists across the world predominantly used the procedure of dilation and curettage (D&C) to perform abortions. Dilation (widening of the cervix) and curettage (surgical scraping and scooping out the contents of the uterus using a sharp or dull spoon-like tool) was the most commonly used gynaecological procedure for the termination of pregnancy.<sup>60</sup> Physicians continued to use D&C after the introduction of vacuum-aspiration, especially for terminations after the 14<sup>th</sup> week. Despite its wide use, gynaecologists and obstetricians considered D&C a risky procedure that could result in the death of the patient.<sup>61</sup> There were other disadvantages: for example, D&C was not as adaptable to being conducted using local anaesthetic as was vacuum-aspiration. Even so, during its early development,

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<sup>59</sup> Ibid.

<sup>60</sup> Milorad Kovačev, “Metode veštačkog prekida trudnoće [Methods for the artificial termination of pregnancy],” *Druga ginekološko-akušerska nedelja SLD* [Second gynaecological-obstetrical week Serbian Medical Society] 3 (1957):

<sup>61</sup> Vujić, “Benefits and mechanisms of vacuum-aspiration,” 46; Andolšek and Novak, *Ljubljana abortion study, 1971-1973: Comparison of the medical effects of induced abortion by two methods, curettage and vacuum aspiration: Final report* (Bethesda, MD: National Institutes of Health, Center for Population Research, 1974).

vacuum-aspiration was mostly performed under general anaesthetic, not local. Due to the forceful scraping motion employed for D&C, there was the potential to perforate the uterus, which could lead to heavy bleeding, infertility, or even death from sepsis after the operation.<sup>62</sup> The D&C procedure also took more time. Physicians spent ten or more minutes performing the D&C, as opposed to vacuum-aspiration, which lasted between 30 seconds and 3 minutes depending on gestation. The longer time involved in the D&C meant that women were usually expected to remain in hospital for several days after the procedure. As such, the D&C required a costly hospital stay.

Excited by the prospect of more efficient, economical, and potentially safer and less painful, technology, proponents of vacuum-aspiration were very quick to emphasise the relative risks associated with the traditional D&C. Novak, one of the main proponents of the technology claimed in 1970 that

[w]hen the gynaecologist who knows only the conventional D&C first sees the apparatus in action, he is impressed by the cleanness, apparent bloodlessness, speed, and simplicity of the operation. While a D&C gives the impression of rude artisan's work, an abortion performed with suction gives the impression of a simple mechanical procedure.<sup>63</sup>

Tomažević and Novak aimed to further simplify, automate and improve the efficiency of their model.

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<sup>62</sup> Vujić, "Benefits and mechanisms of vacuum-aspiration," 45; Andolšek et al, *Ljubljana abortion study, 1971-1973*.

<sup>63</sup> Novak, "Experience with suction curettage," in *Abortion in a changing world*, vol 1, ed. Robert E. Hall (New York: Columbia University Press, 1970), 77.



Though Novak and Tomaževič aimed to completely replace D&C with vacuum-aspiration, the two procedures inherently serve different purposes. According to historical studies, and recent research, vacuum-aspiration procedure has a much lower rate of infection and a lower likelihood of uterine perforation than D&C, because the technique employs suction rather than scraping. For the most part, vacuum-aspiration can only be used until 10-12 weeks gestation, and sometimes up until 14 weeks as long as the cervix is dilated enough and the physician uses a sharp, rigid and wide cannula. Obstetrician Jane Hodgson observes in her book on abortion and sterilisation techniques, that ‘after 14 weeks of pregnancy, vacuum aspiration by necessity becomes a *different* procedure’, because of the larger size of the foetus.<sup>64</sup> While it may be the case that vacuum-aspiration technology was actually meant to serve a different purpose from D&C, rather than replace D&C entirely, there is no such demarcation in the scientific sources that I have consulted.

The vacuum-aspirator unit consists of a handheld metal or glass pipette-shaped cannula the size of which correlates to the gestational stage of the pregnancy. The main compartment of the vacuum-aspirator varies in composition. Models from the 1950s were simple units that employed a glass jar that would hold the uterine contents after aspiration and relied on natural pressure for expulsion (figure 3.7). Later models included a pressurised vacuum unit (figure 3.8). Eventually a motorised vacuum unit was introduced that allowed physicians to control the

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<sup>64</sup> Hodgson, *Abortion and sterilization*, 239.

requisite levels of suction.<sup>65</sup> Connecting the hand-held cannula and the motorised extractor unit is a clear tube that allows the physician to monitor the contents of the uterus throughout the entire procedure.<sup>66</sup> One of the most significant improvements that the Ljubljana team made to the unit concerned air pressure (figure 3.9). The Zubeev unit, which Novak and Tomažević first encountered, relied on manually operated negative pressure to remove uterine contents. Given that operators could make a mistake and make the pressure positive, physicians risked killing their patients with a massive air embolism. The new apparatus contained a rotary pump, which produces a vacuum regulated by a valve that enabled continuous adjustment to low pressure, which could be controlled by a foot pedal.<sup>67</sup> At the 1966 IPPF Europe and Near East Region conference in Copenhagen, Novak spoke about his experiences using this technology in 752 cases of abortions, reporting that ‘the procedure is quicker, the loss of blood is reduced by more than half, and the number of complications is reduced by more than half,’ attesting to his belief of the procedure’s superiority.<sup>68</sup>

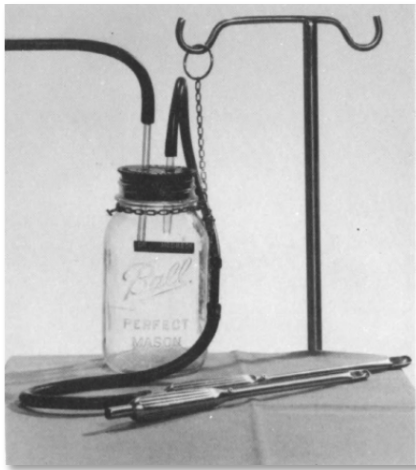
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<sup>65</sup> Vujić, “Benefits and mechanisms of vacuum-aspiration,” 46; Andolšek and Novak, *The Ljubljana abortion study, 1971-1973*; A. Černoch, “Naša iskustva o posljedicama prekida trudnoće [Our experiences with the consequences of termination of pregnancy],” *Ginekologija i opstetricija* [Gynaecology and obstetrics] 1 (1965): 27–31.

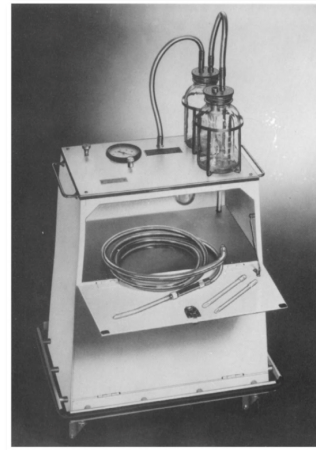
<sup>66</sup> Vujić, “Benefits and mechanisms of vacuum-aspiration,” 46; Andolšek and Novak, *The Ljubljana abortion study, 1971-1973*; Černoch, “Naša iskustva,” 28.

<sup>67</sup> Novak, “Modern techniques of controlling human reproduction apparatus for artificial abortion with aspiration,” IPPF Europe and Near East Region Fifth conference Copenhagen 5-8 July 1966, conference paper, 3.

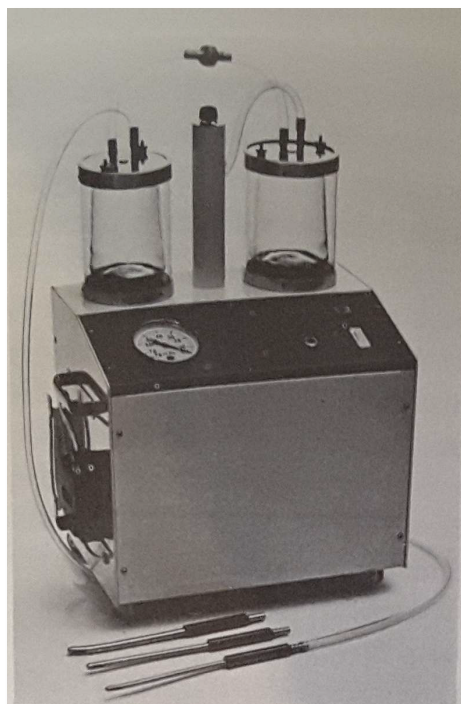
<sup>68</sup> *Ibid.*, 2.



**Figure 3.7** Example of early vacuum-aspiration systems from 1950s. *Source:* Hodgson, *Abortion and sterilization*, 234.



**Figure 3.8** Vacuum-aspirator machine with pressure gauge. *Source:* Hodgson, *Abortion and sterilization*, 237.



**Figure 3.9** Ljubljana Centre's VE-2 vacuum-aspirator machine, 1972. *Source:* Novak, "Experience with Suction Curettage."

The shift by physicians in using vacuum-aspiration over D&C did not happen immediately. In fact, while some contemporary research papers describe it as a stark

substitution, D&C remained in use after vacuum-aspiration was included as a treatment option.

It continues to be used for pregnancy terminations today. D&C was sometimes even used

following aspiration to ensure the emptiness of the uterus in terminations after 12 weeks.

Despite the perceived and proven negatives of D&C, physicians were proficient in the technique

and hesitant to take up something that was new and unfamiliar. In the 1950s especially, vacuum-

aspiration technology was underdeveloped and until 1974 no significant scientific studies had

been published to legitimise the move from D&C to vacuum-aspiration.<sup>69</sup> As such, the adoption

of vacuum-aspiration took time and happened haphazardly in isolated hospitals, clinics, and

private practices. While versions of the technology had been around for much of the twentieth

century, it was not until the 1960s that the technology became normalised, eventually becoming

utilised, and in some cases favoured, along with D&C, across the world.

Other Yugoslav gynaecologists and obstetricians soon caught wind of the Ljubljana team's innovations, including Berić, Novak's contemporary and professional rival, who further enhanced vacuum-aspiration technology and protocols. Berić worked on the paracervical block, which was initially but unsuccessfully developed to work with D&C, and adapted it to be used with vacuum-aspiration.<sup>70</sup> The paracervical block was a cocktail of various drugs that brought on

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<sup>69</sup> Gynaecologists from most of the clinics that adopted the technology across Yugoslavia, in Czechoslovakia and other parts of Europe, had studied its efficacy in their own practice and published based on those findings. However, no long-term comparative controlled studies had been completed until 1974 when the Ljubljana Centre published the Ljubljana abortion study. Andolšek et al, *Ljubljana abortion study, 1971-1973*.

<sup>70</sup> Tunc, "Technologies of choice: A history of abortion techniques in the United States, 1850 - 1980," (PhD diss, Stony Brook University, 2005), 137; Berić and Milan Kupresanin, "Vacuum aspiration, using pericervical block, for legal abortion as an outpatient procedure up to the 12th week of pregnancy," *The Lancet* 298, no. 7725 (1971): 619–21.

dilation of the cervix and encouraged uterine contractions, which reduced the chances of a patient haemorrhaging due to perforation or uterine bleeding.<sup>71</sup> In 1972, Berić produced an instructional film aimed at gynaecologists and obstetricians that demonstrated the process of abortion using vacuum-aspiration with the paracervical block.<sup>72</sup> The film follows Berić as he prepares the tools, equipment and the necessary drugs for a termination within a sterile operating room. A young woman, who has come as an out-patient, enters the operating room. Berić comforts her and asks a few questions about her marital status and if she has any other children as well as if she is sure that she wants to go through with the termination.<sup>73</sup> After the procedure is performed, Berić escorts the young woman from the operating room so that she can be monitored briefly before heading home the same day.<sup>74</sup> The main message of the film is that using the paracervical block prior to performing an abortion using vacuum-aspiration leads to a quicker, safer, and more economical termination.

The changing legal landscape in the 1960s and 1970s promoted innovation in abortion care. The period 1960-1974 represented a dynamic time in the narrative of reproductive regulation in Yugoslavia and globally. Yugoslav abortion laws meant that women could have a termination under safer, medical circumstances, and the demand for hospital-based abortions led

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<sup>71</sup> Tunc, “Technologies of choice,” 137; Berić and Kupresanin, “Vacuum aspiration”.

<sup>72</sup> *Legalni prekid trudnoće putem vakuum aspiracije pericervikalnog bloka sa ginestezinom* [Legal termination of pregnancy by way of vacuum-aspiration and paracervical block with anaesthesia], directed by Petar Latinović (Novi Sad: Neoplanta Film Novi Sad, 1972), film on DVD.

<sup>73</sup> Ibid.

<sup>74</sup> Ibid.

Yugoslav physicians to develop technology and techniques and for them to undertake collaborative work within Yugoslavia and internationally. Mara Mlakar, a social worker who worked with Novak and Tomažević, described this time positively, as there was ‘a healthy cooperation between politics and the medical profession that did not necessarily exist at other times.’<sup>75</sup> As countries globally began decriminalising abortion, demand increased for legal, hospital-based terminations. Gynaecologists had, of course, been performing abortions prior to legalisation all over the world. However, these procedures were either completed in a clandestine fashion, to remedy a botched or self-abortion attempt, or out of medical necessity to save a woman’s life.

In 1973, *Roe v. Wade* decriminalised abortion in the United States. Prior to that, the procedure’s illegality drove it underground. Women turned to unskilled back-alley abortionists or they self-aborted, which often led them to hospital and the completion of their abortions by doctors in emergency settings by way of D&C. After the early 1970s, American physicians were suddenly in need of new technology and methods to serve the women who could now legally seek abortion in designated clinics and hospitals. Schoen argues that

[w]hile the systematic persecution of illegal abortionists in the 1950s and 1960s had driven abortion underground and turned it into a risky or even deadly procedure for

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<sup>75</sup> Mara Mlakar, interview with the author, Ljubljana, 12 September 2016.

most women, legalization made abortion into the safest and most widely performed surgical procedure in the United States.<sup>76</sup>

The procedure still carried risks, but its legalisation meant that physicians were freer to conduct research to reduce those risks.

American gynaecologists performed abortions using D&C from 1965 and were not keen to change to vacuum-aspiration when it became available, as they were unsure of its dangers.<sup>77</sup> A version of the vacuum-aspirator existed in the parts of the US where abortion had been legal prior to 1973, including in California and New York. However, it was a crude machine and there was little scientific research into its efficacy over other previously used methods.<sup>78</sup> After *Roe v Wade*, abortion sat openly in the hands of obstetricians and gynaecologists who were willing to try new techniques and also had the legal backing to support them.<sup>79</sup> The electrical vacuum-aspirator was accepted because it was professionally appealing, adaptable to any clinical setting as it was a standalone machine, and economical.<sup>80</sup> Given their political and financial ties, Yugoslavia represented a convenient ally with whom the US could pair to learn about this work.

The US may have been behind in terms of technological development for abortion, but US physicians quickly learned from their more experienced Eastern European colleagues. Novak

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<sup>76</sup> Schoen, *Abortion after Roe*, 25.

<sup>77</sup> Tunc, “Designs of devices”; Tunc, “Technologies of choice”.

<sup>78</sup> Ljiljana Randić, Verena Kogoj-Bakić, and Tea Stanković, “Intrauterina kontracepcija i višekratni zahtjevi za prekid trudnoće [Intrauterine contraception and the repeated requests for termination of pregnancy],” *Ginekologija i opstetricija* 6 (1974): 415–20.

<sup>79</sup> Tunc, “Designs of devices,” 355.

<sup>80</sup> *Ibid.*, 356.

made numerous trips to the US to exchange knowledge with American physicians. He presented his new VE-2 unit at the Copenhagen IPPF conference in 1966, where international representatives including those from the US, were present. In 1967 at the IPPF Congress in Denmark, he presented his first instructional film aimed at physicians that demonstrated the use of the vacuum aspirator in practice. In 1968, Novak travelled to Hot Springs, Virginia to present his research and clinical experience of vacuum-aspiration within the American context and American adherents to the new technique even travelled to Yugoslavia to observe his technique first-hand.<sup>81</sup> Some who used it in their gynaecological departments modified the procedure and conducted studies in their own clinics to determine its efficacy and whether it was a safer method than their previous.<sup>82</sup>

Physicians from National Institute of Child Health and Human Development (NICHD) joined with representatives from the Slovenian Obstetrical and Gynaecological Department and the Institute for Family Planning to conduct the first large-scale study that compared vacuum-aspiration with D&C. The Ljubljana Abortion Study, 1971-1973, published in 1974 was financed by the Yugoslavian-American Medical Research Program, organised and coordinated by the Institute, headed by Andolšek, and carried out by three institutions: The Department at the

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<sup>81</sup> Novak, "Experience with suction curettage," 77; Tunc, "Designs of devices," 364; Carole E Joffe also describes this conference. Carole E Joffe, *Doctors of conscience: The struggle to provide abortion before and after Roe v. Wade* (Boston, MA: Beacon Press, 1995). The conference was organised by the Association for the Study of Abortion, which was funded by the Rockefeller Fund. John D. Rockefeller III gave a keynote at the opening of the conference endorsing abortion legalisation. Clarke D. Forsythe, *Abuse of discretion: The inside story of Roe v. Wade* (New York: Encounter Books, 2013), 61.

<sup>82</sup> Vujić, "Benefits and mechanisms of vacuum-aspiration," 48.



University Teaching Hospital, the Family Planning Institute, and the Blood Transfusion Institute of Slovenia.<sup>83</sup> Although Yugoslav gynaecologists had suspected that the procedure was indeed safer prior to this study, it was after this study that gynaecologists globally became convinced, too. The study population was 4733 women, admitted to the Obstetrical and Gynaecological Department in Ljubljana between January 1971 and December 1972 for abortion on social grounds.<sup>84</sup> The study determined that vacuum-aspiration was safer because it showed a reduced likelihood of significant blood loss during the procedure, it led to fewer uterine perforations and to fewer infections, it was a quicker procedure and more physically comfortable for the patient both during and afterwards.<sup>85</sup>

## ***Conclusion***

It is no coincidence that innovation should thrive concurrently in the fields of contraception and abortion. On the one hand, as we know from Connelly, Solinger and Nakachi, population fluctuations and fertility control constituted a global concern. Whether too many births, or not enough, an urge to control the population of the world at a nation- and in some cases ethnic-level, was prevalent across the world. The IUD was one way to offer the world a sense of control over population growth and, in the case of Yugoslavia, to offer women an

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<sup>83</sup> Ljubomir Antonovski, "Medical aspects of induced abortion in Yugoslavia," in *Fertility and family planning in Yugoslavia* (Belgrade: Institute of Social Sciences, Demographic Research Centre, 1980): 244.

<sup>84</sup> Ibid.

<sup>85</sup> Andolšek et al, *Ljubljana abortion study, 1971-1973*.

alternative to abortion as contraception. The evolution of the IUD and vacuum-aspirator were global events. Each country that partook, or opted out of partaking, in clinical trials, testing and development, did so for manifold reasons, including economics, human rights, religion, famine, and affluence.

Yugoslavia represented a liminal site between East and West and its key position within these international developments highlights the constructed nature of East/West binaries within the context of socialism in Eastern Europe and the international Cold War.

However, another key aspect of this narrative is Yugoslavia's links with newly-independent nations of the Third World. As I analysed in chapters 1 and 2, communist women engaged significantly with development activities in countries of the global South. This, coupled with scientific exchanges that physicians and researchers nurtured throughout the 1960s and 1970s, constituted Yugoslavia as an ideal conduit for networking with Asian and African countries. In chapter 4, I examine these relationships within the broader context of human rights and how Yugoslavia, yet again, presented itself to a different audience as the developed and modern leader of the developing world.

## Chapter 4: 'Responsible parenthood': Yugoslav sex education & the 1969 Family Planning Resolution



**Figure 4.1** *Kontracepcija*, directed by Jovan Matanović (Belgrade: Institute of Healthcare of the Republic of Serbia Photo-film section, 1963)

In the 1963 Serbian educational film *Kontracepcija* the female protagonist is the embodiment of a modern, New Yugoslav Woman (figure 4.1). Sporting a modern bob hairdo, she dresses in fashionable sundresses and high heels. She walks the streets with confidence. Presented as an aspirational figure, our protagonist is a city-dweller, a mother to a school-aged son, and a wife to a professional. The opening scene, however, is represented as being at odds with the image of the modern woman. The audience first sees the woman as she is wheeled from an ambulance into the hospital on a gurney, seemingly unconscious. Narration reveals that she is there because of heavy uterine bleeding as a result of an abortion, although the narrator does not specify whether the woman had been in the care of a physician or an unlicensed practitioner. We

do not see her again until she comes back, sometime later, to attend a contraceptive seminar with other women. Through didactic messages, the film's overall point is that the modern Yugoslav woman needs to match her social status with her sexual and reproductive behaviour, and that she needs to take personal responsibility to learn about contraceptive options and the fertilisation process. Reading between the lines, it is clear that despite the pretence of socialist gender equality, sexual and reproductive health are solely the domain of women, wherein women are educated by knowledgeable, skilled and professional men. Produced by the Institute of Healthcare of the republic of Serbia, with medical advisors from its gynaecological-obstetrical department, represented a social education film that functioned as didactic material: the audience learns about the subject at hand at the same time as the protagonist does. This plot trajectory is typical of Yugoslav sex education media throughout the 1960s. The state-run domestic modernisation project was science fuelled and medically endorsed. Underlying this narrative is the state's desire to establish itself internationally as modern and progressive, as part of the developed world that outwardly values and platforms individuals' human rights.

Considering domestic sex education initiatives, how did the state navigate international and domestic dialogues about human rights? Yugoslav physicians and educators viewed family planning as a fresh opportunity to influence reproductive behaviour and address what the state perceived as unfavourable demographic trends.<sup>1</sup> In this chapter, I critically analyse state didactic

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<sup>1</sup> Family planning advocates included medical staff, especially gynaecologists, social scientists, lawyers and politicians from across Yugoslavia. Nevertheless, the Republics that housed the most prolific proponents of family planning were from the Republics of Slovenia and Croatia.

material to trace the administration's unfolding definition of 'normal' reproductive behaviour and how national social expectations operated within the broader context of human rights and population control.<sup>2</sup> I follow historians Lutz Sauerteig and Roger Davidson's definition of sex education who treat 'sex education in the broadest sense to incorporate many aspects of the formal and informal shaping of sexual knowledge,' addressing not only 'officially-sanctioned and regulated sex education delivered within the school system and regulated by the State, but also sex education taking place within the private sphere of the family or obtained through peer-group interactions and through the media such as sex education books, magazines or films.'<sup>3</sup> This chapter opens in the late 1950s, as Yugoslav family planning experts increasingly became involved with US-led international humanitarian and health organisations, such as the IPPF. Simultaneously, they created a didactic tradition of informal sex education and eventually began to institute formal school-based sex education programs, aiming to reduce abortion rates, increase contraceptive use, and encourage an upwards turn in natality. I demonstrate that throughout the 1950s and 1960s, family planning advocates adapted their language in response to international trends related to human rights. While they had previously encouraged changes to private behaviour for the good of the collective and in pursuit of national unity, starting from the

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<sup>2</sup> Lutz Sauerteig and Roger Davidson, "Shaping the sexual knowledge of the young: Introduction," in *Shaping sexual knowledge: A cultural history of sex education in twentieth century Europe*, eds. Lutz Sauerteig and Roger Davidson (Hoboken, NJ: Taylor & Francis, 2008), 1.

<sup>3</sup> Ibid., 4. Other historians have also utilised a similar framework, for example Angela Y. Davis includes parent education within sex educational analyses in the British context. Davis, *Modern motherhood*. As Claire Gooder argues in the New Zealand context, there is much that is lost when we only consider sex education as a school-based event: we can learn a lot when we look 'beyond the school gates'. Claire Gooder, "A history of sex education in New Zealand, 1939-1985," (PhD diss., University of Auckland, 2010), 6.

mid-1950s, they encouraged women to embrace their individual rights to access reproductive health services, and held women personally responsible if they failed to do so. In section two, I examine the state's response to external human rights movements with the passing of the 1969 Family Planning Resolution and examine how the Resolution affected Yugoslavia's domestic family planning and demographic landscape throughout the 1970s and 1980s. The state envisioned that standardised sex education programs integrated throughout curricula across the country would eventually 'prepare young people for humane, equitable and responsible relations between the sexes,' and resolve the need for abortion through contraceptive education.<sup>4</sup>

Yugoslav sex education highlights global reformulations of social expectations and the ways that state agendas often compromised individuals' human rights in favour of national schemes.

Guided by theories of social construction, national histories of sex education commonly analyse how state leaders and medical and educational experts constructed a 'close connection between individual sexual conduct and the common weal,' via didactic media.<sup>5</sup> These histories have acknowledged that governments used sex education to define deviance and construct the norm, especially amongst the young. During the 1950s and 1960s, most American and European

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<sup>4</sup> Nevenka Petrić, "The human right to free choice on childbirth in the Socialist Federal Republic of Yugoslavia," Belgrade May 1975, The Yugoslav Committee for International Women's year, U.N. 1975, 40.

<sup>5</sup> Julian B. Carter, "Birds, bees, and venereal disease: Toward an intellectual history of sex education," *Journal of the history of sexuality* 10, no. 2 (April 2001): 216. Other seminal national studies include: Jeffrey P. Moran *Teaching sex: The shaping of adolescence in the 20<sup>th</sup> century* (Boston, MA: Harvard University Press, 2000); Roy Porter and Lesley Hall, *The facts of life: The creation of sexual knowledge in Britain, 1650-1950* (New Haven, CT: Yale University Press, 1995); Janice M. Irvine, ed. *Sexual cultures and the construction of adolescent identities* (Philadelphia, PA: Temple University Press, 1994); Irvine, *Talk about sex: The battles over sex education in the United States* (Berkeley: University of California, 2002); Alexandra M. Lord, *Condom nation: The U.S. government's sex education campaign from World War I to the Internet* (Baltimore, MD: Johns Hopkins University Press, 2010).

sex education existed almost exclusively as moral education that shaped social norms and expectations while avoiding detailed anatomical or functional descriptions.<sup>6</sup> In his seminal work on American sex education in the first half of the twentieth century, Julian B. Carter argues that US sex education represented a ‘desire to restrain vice and inculcate virtue’ through media that avoided factual scientific representations.<sup>7</sup> By contrast, Yugoslav sex education combined moral education about being a good, responsible socialist, with in-depth anatomical representations, descriptions of the functions of the reproductive system and the process of fertilisation. In addition to biomedical representations of conception and contraception, authors of didactic media also promoted a continuing fixation on teaching women about scientific mothercraft. The evolution of Yugoslavia’s sex education tradition dovetailed with the state’s development of the Yugoslav way. As family planning experts defined expectations in line with state goals, Yugoslav sex educators represented the vanguard in international sex education trends.

Responding to the recent transnational turn in historical scholarship and building on national studies, US and European historians have analysed sex education from a transnational perspective to demonstrate that domestic agendas were not isolated.<sup>8</sup> Sex education proved transnational in content as material migrated across national borders through translations of

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<sup>6</sup> Jonathan Zimmerman, *Too hot to handle: A global history of sex education*, (Princeton, NJ: Princeton University Press, 2015). Zimmerman writes that ‘family’ and ‘life’ education were the terms applied by sex education proponents who wanted to avoid the vulgarity of sex in the title. More here in terms of historiography. Others who have analysed Dagmar Herzog, *Sex after fascism: memory and morality in twentieth-century Germany* (Princeton, NJ: Princeton University Press, 2005).

<sup>7</sup> Carter, “Birds, bees and venereal disease,” 249.

<sup>8</sup> Zimmerman, *Too hot to handle*; Sauerteig and Davidson, *Shaping sexual knowledge*; Connelly, *Fatal misconception*; Solinger and Nakachi, eds. *Reproductive States*.

didactic publications, and through the exchange of ideas and information.<sup>9</sup> Sex education became a population control measure at the same time that it became a device for economic development in countries of the ‘Third World’.<sup>10</sup> It simultaneously constituted a rallying cry for Western feminists fighting for women’s reproductive rights. While international health and family planning organisations utilised sex education to control the population ‘bomb’ in developing countries, the same organisations offered women from Western developed countries ‘choice’ through family planning.<sup>11</sup> Western-inspired feminists adopted previously used population control strategies, such as sex education, to further the cause of individual freedom and women’s right to choose: ‘activists condemned *both* abusive population control programs *and* efforts to force women to bear unwanted children.’<sup>12</sup> Yugoslav family planning advocates constructed sex education campaigns within this charged global domain.

### ***‘Conception as desired’: Yugoslav sex education pre-1969***

The majority of our people tend to have smaller families. The only humane way to do that is by way of contraception. When we say “conception as desired”, we mean that we want there to be fewer abortions... We have no intention to reduce the number of births, in fact we intend the very opposite, that birth rates increase.<sup>13</sup>

- Novak, *Conception as desired*, 1962

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<sup>9</sup> Zimmerman, *Too hot to handle*, 80.

<sup>10</sup> See Connelly, *Fatal misconception*; Solinger and Nakachi, “Introduction,” in *Reproductive States*, 15.

<sup>11</sup> Solinger and Nakachi, “Introduction”, in *Reproductive States*, 11.

<sup>12</sup> Connelly, *Fatal misconceptions*, 369.

<sup>13</sup> Novak, *Začete po želji* [Conception as desired], (Belgrade: Editorial Press RAD, 1962), 10, 12.



When a girl begins to menstruate at age 13 or 14 it is important to teach her about hygiene. That is even more important in our country as the way of life for our women has changed. While before her main responsibility was to be a wife and mother, today she stands equal to men and we find her employed in all branches of industry. For that reason, we have to commit our resources in supporting her to take care of her health, so that she can give birth to healthy and strong offspring.<sup>14</sup>  
- “The doctor advises you: Girl in puberty,” 1957

Pre-1969 didactic material suggests that medical experts and educators sympathetic to the state’s demographic requirements wanted families to have more children who would be ‘healthy and strong’.<sup>15</sup> The didactic messages that state sympathisers penned illustrate a subtle encouragement towards larger families. More directly, messages highlight women’s personal responsibility to maintain their health, ensuring readiness to conceive, bear and rear children. The first of the two opening quotations for this section was authored by Novak and appeared in an information pamphlet about conception and contraception, while the second appeared in a popular periodical. Taken together, they are typical of the tone and content of the mid-1950s to mid-1960s, for revealing a complex negotiation of socialist gender equality and the state’s demographic requirements. The first points to the state imperative to decrease abortion numbers as it encourages families to have more children. As he promotes contraceptive use, Novak does not condemn abortions, although he does write that contraception is more ‘humane.’ Novak ushers in the new language of family planning as personal responsibility coupled with individual reproductive rights. The unnamed author of the second quote explains that women’s obligations

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<sup>14</sup> “Lječnik vam govori [The doctor advises you],” *Žena*, March 1957, 37.

<sup>15</sup> Ibid.

begin as they go through puberty. Young girls are instructed to take heed and care for their own bodies while the state merely ‘commit[s] resources to support’ girls in their individual reproductive journeys.<sup>16</sup> In quotation one, Novak skirts around the topic of abortion. Legal abortion was a symbol of Yugoslav socialism; without threatening that legal right, Novak emphasises that women should either choose contraception or have more children. Typical of his writing, the comment is neither blatantly pro-natalist, nor does it completely condone abortion. Novak concedes gender equality at the same time that he reasserts women’s maternal responsibilities by creating a link between young pubescent girls and their biologically and socially predetermined future as mothers.

The amorphous nature of the tone and content of didactic messages was symptomatic of the state’s ongoing concerns regarding an asymmetrically declining natality, which suggested continuing national disunity.<sup>17</sup> Gaps in demographic trends kept widening, especially between urban, industrialised regions, such as Slovenia and Croatia, and more rural regions, such as Kosovo and Metohija, Montenegro, and Macedonia. Between the years 1950 and 1954, there were on average 28.8 live births per 1,000 people across Yugoslavia. However, from 1955, the birth rate steadily fell to a low of 17.7 live births per 1,000 people in 1975 (see table in figure 4.2).<sup>18</sup> Over the course of two decades, the rate of fertility declined from 3.4 births per woman to

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<sup>16</sup> Ibid.

<sup>17</sup> See chapters 1 and 2.

<sup>18</sup> Boško Popović and Milan Škrbić, *Stanovništvo i zdravlje* [Population and health] (Zagreb: Yugoslavian Medical Journal, 1987), 26.

2.25 births per woman across Yugoslavia, albeit with regional differences.<sup>19</sup> Kosovo always represented an anomaly in national natality demographics, and this figure became even more pronounced over the course of 20 years (1950-1970). In the 1970-1974 band (table in figure 4.2), the Kosovo fertility rate was twice that of other regions. National abortion rates were also increasing. In 1949, over 24,000 abortions were performed in medical institutions across Yugoslavia. This number surpassed 160,000 by 1961, owing significantly to more liberalised access to the medical system for abortion care.<sup>20</sup> The total rate of abortions was likely considerably higher as women continued to pursue abortions outside of the medico-legal system. Though those statistics are incomplete, most available studies concur that as medical-system abortions rose, so too did abortions outside of medico-legal parameters. While demographers continually highlighted the uneven trends in natality, fertility and abortion rates, the state did not invoke a particular population policy during the 1960s. Instead of tailoring their education campaigns to suit the specific conditions of each region, family planning campaigns were vague and sweeping: women should control their fertility through contraception while also preparing their bodies for eventual pregnancy and birth.

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<sup>19</sup> Antonovski, *Fertility and family planning in Yugoslavia*, 69.

<sup>20</sup> Of course, there are a number of issues with abortion figures. Some institutions, according to the demographers, had not submitted their statistical information, so the numbers were incomplete. It is impossible to know how many women had abortions outside of the medical setting, too, though we do get some hint of how many attempted to self-abort from statistics on abortions completed in hospitals. These, too, are tricky because some of those abortions were actually miscarriages. Breznik, Angelina Mojić, Miroslav Rašević, Miroljub Rančić, *Fertilitet stanovništva u Jugoslaviji* [Fertility of the Yugoslav population] (Belgrade: Institute for Social Sciences, Centre for Demographic Research, 1972), 312-313.

Components of Natural Movement in the Yugoslav  
Population, 1950-79 (annual averages)

	Period	Yugoslavia	Bosnia- Herzegovina	Montenegro	Croatia	Macedonia	Slovenia	S e r b i a			
								Total	Proper	Kosovo	Vojvodina
Live births per 1,000 population	1950-54	28.8	38.2	32.7	23.2	38.4	22.8	27.4	26.1	43.5	23.2
	1955-59	24.8	35.4	30.0	20.8	34.0	19.4	22.0	19.6	42.2	18.4
	1960-64	22.0	31.4	26.7	17.2	29.4	18.0	19.8	16.6	41.5	16.2
	1965-69	19.5	25.0	22.1	15.7	26.5	16.7	18.3	15.2	38.3	14.4
	1970-74	18.1	21.0	19.9	14.7	22.6	16.4	18.0	15.1	36.7	13.5
	1975-79	17.7	18.5	18.3	14.9	21.7	17.0	18.1	15.2	33.7	14.4

**Figure 4.2** Components of natural movement in the Yugoslav population, 1950-1979 (annual average).

*Source:* Table from Dušan Breznik. "The functioning of the Yugoslav economy," *Eastern European Economics* 20, no 3/4 (1982), 217.

Despite measures to the contrary, abortions continued to rise across the country and experts had to change tack if they were to stem rising numbers. As is the case today, abortion numbers were difficult to track in Yugoslavia, even after decriminalisation. Various collections of demographic statistics show that numbers of abortions completed in health institutions across the country rose consistently starting from 1945 and continued throughout the second half of the twentieth century. One data set shows that abortions completed in health institutions rose by 30 per cent between 1963 and 1967.<sup>21</sup> Births, comparatively, only rose by 16 per cent in that timeframe. Slovenia was the only Republic where abortion numbers plateaued and actually

<sup>21</sup> Despite legal medicalised options, women did continue to have abortions outside of the medical system for a variety of reasons including cost of the procedure, potential travel required to reach regions with hospitals that offered the procedure, and privacy. See chapter 2.

reduced by 6 per cent during those years.<sup>22</sup> However, statistics were inconsistent and statisticians admitted that data were only representative of areas where health institutions regularly and routinely declared abortion statistics.<sup>23</sup> Nevertheless, the 28 per cent rise in abortions compared to the 16 per cent rise in live births over the course of the 1960s implies that the rise in abortions outpaced the rise in live births, a situation that was not what the state desired. Using demographic data, social scientists demonstrated that this overall trend not only put pressure on health institutions and their ill-equipped staff, but that they also impacted negatively on women's health, potentially rendering them infertile, and unable to return to work for extended periods of time after the procedure.

Even though the international family planning movement presented a logical solution for Yugoslav gynaecologists, social workers and educators, some experts were reluctant to fully endorse the movement's principles. IPPF was established in 1952, but Yugoslavia did not become an affiliate member until 1963 when IPPF formally renounced its neo-Malthusian mission, and recognised parents' rights to make individual choices about reproduction.<sup>24</sup> Yugoslavia then became a full member in 1972. Some naysayers baulked at IPPF's Western feminist associations at the outset. Despite their hesitation, most experts viewed family planning as a tool that could be applied in the Yugoslav context to serve local demands. Vida Tomšič, one sceptic amongst many, argued that the American methods could be borrowed to enhance the

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<sup>22</sup> Breznik et al, *Fertility of the Yugoslav population*, 317.

<sup>23</sup> Ibid., 319.

<sup>24</sup> AJ, SSRNJ – 142, box 54. "Medjunarodna saradnja [International collaboration]," 6.

diffusion of contraception in order to reduce abortions and ‘liberate women from fear.’<sup>25</sup> In terms of contraceptive education measures, Yugoslav medical experts found the language of human and individual rights useful in the Yugoslav context.

Yugoslav family planning advocates asserted that contraceptive education was key to addressing domestic demographic trends, prompting the state to expand the legal framework in support of educational provision. With the 1960 Decree 33 on the *Conditions and Formalities Required for Interruption of Pregnancy*, legislators responded to the need for an education overhaul among the Yugoslav population.<sup>26</sup> Although the Decree elaborated the framework for abortion, it also stressed the need to provide citizens with access to, and information about, contraceptives. In 1963, the Federal Institute for Social Welfare determined that women would receive contraception at no cost, ‘like any other drug’, along with free contraceptive advice at designated clinics and with general practitioners.<sup>27</sup> In 1969, legislators enacted a new federal General Law that required ‘social and educational institutions and other organisations which deal with the problems of the health and security of mother and child... to acquaint women and youth with the harmful consequences of the interruption of pregnancy and with the advantages of the application and means and methods of contraception.’<sup>28</sup> The liberalisation of contraceptive education was symptomatic of broader societal trends across parts of Western and

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<sup>25</sup> Ibid.

<sup>26</sup> “Conditions and formalities required for interruption of pregnancy,” *Službeni List*, 9 (1960).

<sup>27</sup> Dobrivojević, “Family planning in Yugoslavia, 1945-1974,” 125.

<sup>28</sup> Resolution on Family Planning adopted by the Federal Assembly on 25 April 1969.

socialist Europe, where a staggered and uneven liberalisation of legislation in support of women's right to sex education and contraception took the place of post-war conservatism.<sup>29</sup>

Lawyers, social scientists and women's rights leaders viewed legal liberalisation as another rung in the ladder leading to the utopian promise of socialist gender equality. Running concurrently alongside those legal developments were experts' efforts to offer some manner of educational material to consumers.

While the state's legal and fiscal endorsements helped nudge educators to conform to the state's agenda, health and education experts asserted medical and pedagogic advancements. Instructional media consisted of brochures and pamphlets as well as films, and the state also proliferated messages within popular magazines. Brochures were usually distributed through state health and educational services. Croatia's capital, Zagreb, had 'Schools for Life' and 'Schools for Parents', where young people and young married couples voluntarily attended contraceptive information seminars. Through the Red Cross, villagers across Croatia also received health education, some of which addressed family life and eventually contraception, and via travelling hygiene and sex education crews.<sup>30</sup> Educators also held seminars at community hubs to complement the takeaway media. Specialists from various disciplines – including

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<sup>29</sup> Herzog argues that the "turn toward a socialist variant of sexual conservatism in the later 1950s and 1960s (part Stalinist, part ex-Nazi, part petty bourgeois) and the uneven but increasing liberalization from the mid- to late 1960s on and especially in the 1970s are evident in marriage and sex manuals, sexological articles and reference works, popular magazines, and sex education curricula." Herzog, *Sex after fascism*, 185.

<sup>30</sup> The Red Cross existed throughout the region since the 1800s and its function changed over time. During the socialist period, each of the republics and autonomous provinces had a Red Cross society within the Red Cross of Yugoslavia.

Slovenian gynaecologists Novak and Berić, sexologist Marijan Košiček, and psychologist and paediatrician Grossman – appeared often as authors of state educational material. Such respected party doctors and medical professionals wrote for the popular press, reaching a wide readership and lending the material a sense of medical authority. Over time, the messages and foci changed. Throughout the 1950s and 1960s, sex education materials informed consumers about contraception and fertilisation, warning readers of the alleged dangers of abortion. Eventually, by the 1980s, this message had shifted and family planning experts spent less time moralising to women about the dangers of abortion and more time on informing them of the types of contraceptives that were available to them, how to use them, and where to access them.

Aiming to modernise behaviour in line with socialist ideals and party agendas, sex education experts tailored content for mothers in their 20s, the demographic group which represented the highest proportion of women seeking terminations. Each resource's author states at the outset that both men and women, 'bračni drugovi [married comrades]', are responsible for family planning.<sup>31</sup> Nevertheless, images and illustrations of women often feature alongside articles about contraception and abortion, inscribing women's bodies as sites of reproductive regulation. Narratives in educational films and articles typically follow an individual woman in her journey to get an abortion, or as her botched abortion is corrected and she attends all-female contraception seminars before the procedure or post-recovery (figure 4.3 and 4.4). Sex education material also presents women leaving children or husbands behind to join other

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<sup>31</sup> This was a common phrase used throughout didactic media.



similarly-aged women to receive contraceptive advice, or heading to family planning clinics (figure 4.1, 4.3 and 4.4). The female focus may be a product of the fact that most of the contraceptives promoted, such as diaphragms, pessaries and pastes, were controlled by women. Even when authors described male condoms, they advised that condoms should be used alongside pessaries or creams that were to be utilised by women. In addition, women were more likely than men to go to contraceptive clinics, places where most of the sex education literature and information was to be found. Furthermore, magazines aimed at a Yugoslav female readership often included sex education in their advice columns.<sup>32</sup>



**Figure 4.3** *Kontracepcija*.



**Figure 4.4** *Abortion*, directed by Ljubica Janković (Zagreb: Zagreb Film, 1977).

Magazine content, including advice columns, letters to the editor and general articles, served a didactic function. The advice columns assumed an authoritative voice that established a

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<sup>32</sup> I have identified no magazines aimed explicitly at a male target audience.

hierarchical relationship between reader and writer. Historian Natalia Chernyaeva describes Soviet mothering magazines as ‘manuals [that] constructed the reader not as a peer, but as, essentially, a student, who needed tutoring and disciplining.’<sup>33</sup> Authors imbued advice with the notion of individual responsibility. The columns were presented as conversational and intimate, yet placing onus on the reader. Column titles included: ‘*Vi ste nas pitali* [You asked us]’ and ‘*Lječnik vam govori* [The doctor advises you]’, ‘*Vi ste zabrinuti* [You are concerned]’, ‘*Vaš kućni savjetnik* [Your home companion]’.<sup>34</sup> Just as medical experts became household names, women were also invited into the fold; authors invited doctors and female readers into conversation with each other.

Through simulated encounters between medical authorities and female consumers, the state aimed to shape private behaviour to conform to state agendas, which included raising natality while also fostering equality within private relationships. The state had high hopes that family planning would help society adopt constitutional gender equality within the private, domestic space. Still, while acknowledging that women unevenly bore the brunt of reproduction, the state and its medical leadership also assumed that women naturally desired to become mothers. Family planning allowed educators to encourage the uptake of contraceptives, while also relaying pro-natalist sentiment without necessarily embedding that sentiment within policy. Through family planning, one pamphlet reads, women do not have to limit themselves to having

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<sup>33</sup> Natalia Chernyaeva, “Childcare manuals and construction of motherhood in Russia, 1890-1990,” (PhD diss., University of Iowa, 2009), 1.

<sup>34</sup> These featured in various issues of *Žena danas*, *Svijet*, and *Žena*.

‘only 2, 3 or 4 children’.<sup>35</sup> Nevertheless, experts did not want those children to be born in quick succession, lest women’s health was affected, compromising their future capacities to contribute economically and socially inside and outside the home. By spacing pregnancies, ‘the modern woman can have more children while remaining young, healthy and in a favourable mood, compared to those women who leave conception to chance and then have abortions or give birth without stopping.’<sup>36</sup>

The ideal of modern living existed within advice and education about married life, too, and readers were to understand that they held the power to achieve personal satisfaction in their matrimony. Writers’ messages blended individual interests within families with citizens’ responsibilities for uplifting socialist society. Readers were taught that to be responsible citizens of a socialist utopia, they had to be responsible in how they chose a partner, and careful in maintaining respectful relationships. Marriage became secular and divorce was permitted in the pursuit of citizens’ happiness.<sup>37</sup> Didactic materials affirmed the importance of maintaining happy marriages, especially at a time when divorce rates were on the rise. Dagmar Herzog argues in the German context that ‘no sex advice text in the East was complete without reference either to the idea that only socialism provided the context for the most loving and satisfying marriages or to the notion that a couple’s commitment to and struggle on behalf of socialism would enhance

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<sup>35</sup> Novak, *Conception as desired*.

<sup>36</sup> Ibid., 3.

<sup>37</sup> “Zaključci plenarnog sastanka Centralnog odbora Antifašističkog Fronta Žena Jugoslavije [Conclusions from the Plenary meeting of the central organ AFŽJ],” *Žena danas*, April 1946, 23.

their romantic relationship.<sup>38</sup> The onus for personal happiness in marriage, prescribed the state, lay on the individual.

By focusing on marital contentment, the state also constructed a frame for acceptable reproductive behaviour. While legislation guaranteed that the state would safeguard illegitimate children, responsible parenthood, authors exacted, came via marriage. Columnists, especially prolific Croatian sexologist Košiček, wrote about how to spice up readers' sex lives and avoid female frigidity, and how to encourage loving marriages that would inevitably lead to more responsible parenthood.<sup>39</sup> Authors used marriage advice as a vehicle for instruction about reproductive behaviour. Experts like Košiček directed women towards choosing their partners as wisely and carefully 'as they would a shoe or a dress,' so that married couples would remain married and continue to engage in sexual activity that would lead to procreation.<sup>40</sup> Authors did not want couples to procreate without a plan, however. According to columnists, loving marriages went hand in hand with being responsible citizens who would choose when to have children and would space births responsibly. Love, for the 'modern person, who consciously determines the number of pregnancies and births, maintains the will to bring up children.'<sup>41</sup>

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<sup>38</sup> Herzog, *Sex after fascism*, 194.

<sup>39</sup> Marijan Košiček, "Intimni razgovori, još jednom o neugodnim pitanjima [Intimate conversations, once more about uncomfortable questions]," *Žena*, September 1958, 18.

<sup>40</sup> Košiček, "Intimni Razgovori [Intimate Conversations]," *Žena*, August 1960, 26.

<sup>41</sup> Ibid.

Without deferring to religious morality, authors apprised readers that marriage was the expected precursor to responsible parenthood.<sup>42</sup>

Advice included information aimed at preserving women's mental, emotional as well as physical wellbeing, and aimed to make women invest in their own healthcare. Specialists wrote about the best diet, how to dress, and what shoes to wear during pregnancy. Articles explained in depth the specific vitamins and minerals required during pregnancy, and which foods offered the richest sources of each. Authors cautioned against gaining too much weight, warning women to 'eat well, but do not eat for two'.<sup>43</sup> They advised pregnant women about what to pack for the birth centre, and what to prepare at home for when they returned with their baby.

Overwhelmingly, writers told mothers that their care of babies and young children should be informed by medical and scientific advice, rather than what is often passed down through generations. As Grossman, regular columnist for *Svijet* from 1953 to the mid-1960s, opined, '[w]ithout knowledge there cannot be progress'.<sup>44</sup> The New Yugoslav Woman needed to know how to properly care for her child in a way that was informed by medical expertise. This exists in stark opposition to what we learned in chapter 2 about women's aversion to planning for the delivery of their babies in the early twentieth century, when the likelihood of their children surviving birth or infancy was low.

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<sup>42</sup> Ibid., 33.

<sup>43</sup> "Hrana žene za vrijeme trudnoće [Women's diet during pregnancy]," *Svijet*, April 1953, unpaginated.

<sup>44</sup> Grossman, "Briga za zdrav razvitak naraštaja [Caring for the healthy development of future generations]," *Svijet*, May 1957, unpaginated.

Readers were also offered instruction about how to educate their children in the same vein. Didactic materials affirmed that parents were responsible for the correct socialist upbringing of their children and that such individual freedoms, represented as unique to Yugoslav socialism, demanded reciprocal responsibility. Educating one's children comprised caring for their health and wellbeing all the way through to setting a good example as a socialist citizen, and preparing them for their responsibilities as future parents. Columns such as *Žena's* 'Intimni Razgovori [Intimate Conversations]' featured guidance from medical professionals about teaching children about sexuality and sexual health within the home. In an effort to assert the modernity of the new Yugoslavia, the overall effect of these columns was to move away from the perception that sexual development was a moral issue. In 'Intimni Razgovori', Košiček addresses the issue of sex education, emphasising over several columns that it is not simply a topic that should be addressed during puberty, but rather that it can be a point of discussion from the beginning of school.<sup>45</sup> He offers parents tools for answering questions and giving factual answers to their children without embarrassment. Tactics included clarifying their questions, buying time by praising their children's courage to inquire, and offering brief and factual information without overloading them.<sup>46</sup> While it is not often explicitly mentioned, the implication is that religious ideas and morality were considered irrelevant for modern discussions of sexuality and reproduction.

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<sup>45</sup> Košiček, "Intimni razgovori [Intimate conversations]," *Žena*, February 1958, 18.

<sup>46</sup> Ibid.

Abortion debates leading up to the 1960 Decree further affirm the trend towards apprising women of their responsibilities to care for their own bodies. Although many gynaecologists would eventually become abortion-rights advocates, in the 1950s they largely opposed expanding abortion laws for fear that women would come to rely on abortion even more. Reader questions to advice columnists provided a platform for medical professionals to articulate their concerns. The questions' alleged authors express anxiety about the potential side-effects of abortion. Rogić, a regular columnist for *Svijet* whom we heard from at the opening of this dissertation, answers one question by detailing a list of short- and long-term consequences of abortion, including issues with fertility, ongoing pain and discomfort and a changed rhythm of menstruation.<sup>47</sup> He also suggests depression and frigidity as possible consequences.

Gynaecologists emphasised women's maternal duties outside of the popular press through pamphlets and films that warned women that abortion would lead to certain ill-effects in later years. These questions and responses serve primarily as a scaremongering technique, highlighting what women can be exposed to should they consider a termination of pregnancy.

Authors of educational material rendered abortion dangerous, physically and mentally damaging, and irresponsible, even when completed within the legal framework and under medical conditions. To counter the assumption that women would increasingly turn to abortions for fertility control, gynaecologists emphasised women's maternal roles and responsibilities,

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<sup>47</sup> Rogić, "Vi ste nas pitali, Recite mi istinu o pobačaju [You asked us, Tell me the truth about abortion]," *Svijet*, August 1958, unpaginated.

cautioning that abortion could lead to a childless future: 'From early on, a girl's reproductive system needs to be prepared for her most important role, that of motherhood.'<sup>48</sup> Rogić warns women that they may regret their decision to abort later in their lives when they will 'naturally want to have children,' equating womanhood with a desire for children.<sup>49</sup> Public rhetoric defended women's rights to partake in employment outside the home and in political activities, though the state all the while expected that women would inevitably choose motherhood.<sup>50</sup> This resonates with the unattainable notion of having it all that was being ushered in alongside second-wave Western feminism, and speaks to a universal patriarchal structure that sets women up to be wrong, whatever their choices are. Socialism does not equate to a genuine disruption of gender norms within the household.

Alongside anti-abortion messages, gynaecologists offered information about fertilisation, contraception, and where advice could be solicited, so that women would be informed about how to take responsibility for their reproductive health. In-depth information about these topics did not really feature in the popular press until the 1960s. Until then, authors made only vague comments about the availability of contraception around the country, highlighting its modern aspect. Pamphlets of the 1960s feature a similar format: they open with an acknowledgement of the opportunities offered to women in Yugoslavia under socialism, warn against abortion, and

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<sup>48</sup> "Liječnik Vam Govori [The Doctor Advises You]," *Svijet*, August 1957, 37.

<sup>49</sup> Ibid.

<sup>50</sup> While it was not specifically wealthier women who received this choice, by default, it was more likely that women in urban areas, who had the education, time and resources to access education and services, would have been the more likely beneficiaries of choice.



then outline the biological aspects of fertilisation. After illustrations and descriptions of the fertilisation process, they list the various contraceptives available, including pastes, gels, and pessaries, male condoms and diaphragms, and the rhythm method or *coitus interruptus*. In the second half of the decade, pamphlets describe both the pill and IUDs. Gynaecologists highlight the diaphragm above anything else prior to the availability of the pill and IUD, despite the fact that they admit that the only shield from infection is the barrier protection afforded by the male condom. Highlighting the desire to lift the birth rate, women were also informed that a lack of contraception should not dissuade them from intercourse and gynaecologists suggested vaginal douching using a saline-solution as a way to expunge sperm from the vagina after intercourse.

During the mid-1960s, authors of the women's press consider the evolution of modern contraceptives and how they have been taken up internationally. In one 1967 article about contraception in *Svijet*, an unnamed author argues that the oral contraceptive 'pill' 'will have an impact on the health of millions of yet unborn people comparable to that of Pasteur's discovery about the mechanisms of infection'.<sup>51</sup> The title of the article, 'the pill of the century,' a nod to US rhetoric on the subject, represents contraceptive use as typical of the modern woman. The unnamed author makes a correlation between American women's sophistication and their high overall quality of life with their rapid and increasing uptake of the contraceptive pill, a state that echoed through the visual imagery (figure 4.6). 'The IUD is popular in developing countries that

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<sup>51</sup> "Pilula stoljeća [Pill of the century]," *Svijet*, February 1967, unpaginated.

have lower socio-economic standards', the article reads, and Yugoslavia needs to increase its acceptance of modern contraceptives if it wants to be considered a modern, progressive state.<sup>52</sup>



Figure 4.5 *Kontracepcija*.



Figure 4.6 "Pilula stoljeća," *Svijet*, February 1967.

<sup>52</sup> Ibid.

While many of the state's medical experts blamed women for not using contraceptives, some gynaecologists and leaders of women's organisations expressed disappointment in the state's ability to keep its promises about reproductive healthcare. In 1965 in *Žena*, Mladen Berghofer, then Director of the Centre for Family Planning in Croatia, evaluated the low contraceptive use by women in Yugoslavia. He lays blame largely on the state's lack of financial and political support for family planning institutions and their work. Berghofer argues that increasing women's use of modern contraceptives should not prove as much of a challenge as it had. He claims that women have historically always relied on contraception, be it plant-based home remedies or through *coitus interruptus*. It is not a matter of 'introducing' them to the concept of contraception, he argues, but rather a matter of simply 'correcting' their behaviour, a task, he reckons, should not be so difficult for state experts.<sup>53</sup> Writers of women's magazines by the late 1960s increasingly criticize the state for its lack of meaningful support in tackling high abortion numbers through an increase in contraceptive use.

Despite multi-pronged educational strategies, surveys conducted during the 1960s suggest that myths still abounded in the area of sex and relationships. Informed by youth surveys undertaken in the early 1960s by republican women's organisations, sexologists and psychologists argued that youth received misinformation from friends, popular culture and pornography that shaped unrealistic perceptions of sexual life and relationships, rendering

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<sup>53</sup> Mladen Berghofer, "Žene, navodno, odbijaju kontracepciju [Women are apparently rejecting contraception]," *Žena*, March 1965, 13.

aspects of sexuality taboo.<sup>54</sup> One of the main problems, purportedly, was the fact that there was not enough being done in the area of sex education that was directly and consistently targeted at youth. Throughout the 1960s, surveys of parents, children and educators suggested that citizens wanted more in the way of formal sex education in schools and across the population.<sup>55</sup> In a 1961 Croatian survey of almost 2300 women, 95.7 per cent endorsed the state to institute formal sex education in schools.<sup>56</sup> Košiček, lead proponent of school-based sex education across Yugoslavia, saw sex education curricula complementing home-based parental instruction that would begin in early life. In the early 1960s, school-based sex education advocates suggested that it could easily fit within the regular curriculum in order to avoid parent protests against separate sex education lessons. Science subjects could easily include aspects of biological reproduction in humans, for example, while humanities subjects could include historical perspectives and instructional information about the family and marital life.<sup>57</sup> Advocates argued that the state needed to invest in teachers so as to increase their confidence in instituting a curriculum that included social, cultural, physical, and emotional aspects of sexual life.<sup>58</sup>

Formal efforts for implementing sex education curricula across Yugoslavia began in 1963, at the initiative of the federal arm of the KDAŽ, with the formation of the Coordinating

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<sup>54</sup> HAD, KDAŽH – 1234, box 206. “Minutes regarding sex education in schools”.

<sup>55</sup> Ibid.

<sup>56</sup> “Naši razgovori, Planirate li porodicu? [Our conversations, Are you planning a family?],” *Žena*, May 1961, 14.

<sup>57</sup> Janja Herak-Szabo, “Sexual education of young people in socialist republic of Croatia and in Zagreb,” *Gynaecology & obstetrics*, 6 (1966), 267.

<sup>58</sup> Ibid., 271-272.; HDA, KDAŽH – 1234. Alojz Cotić, Košiček, Aleksandra Novak-Reiss, Ante Zadrović, “Rad na uvodjenju odgoja za humane odnose među spolovima u škole u SR Hrvatskoj [Work on the implementation of sex education for humanising relations between sexes in schools of Croatia]”.

Committee for Family Planning in Yugoslavia.<sup>59</sup> From that year, women's unions in each republic founded a similar agency. Also in 1963, the Coordinating Committee for Family Planning hosted the first conference of educators, psychologists, doctors, and social workers to commence preparations for the entry of sex education curricula into schools. In 1967, the Presidency established a Federal administrative body, the Council for Family Planning, shoring up the evolving infrastructure that supported the development of nation-wide family planning programs and services.<sup>60</sup> Encouraged by legal backing, republican women's organisations, education and health ministries, and youth organisations created plans and action programs for developing a curriculum during the mid- to late-1960s. Rather than letting young people learn from peers and by informal routes, experts intended to 'properly direct the sexual life of youth' by way of formalised school-based sex education.<sup>61</sup>

After four years of discussions, Croatia formed an expert advisory group in 1967 to create curricula for primary and secondary schools.<sup>62</sup> The group was to oversee the pilot program of curricula, while monitoring and documenting results for Republic-wide proliferation. The curriculum spanned multiple years, each year building on the previous years' knowledge. Early lessons taught children in age-appropriate language about conception and puberty, while later instruction focused on the biological science of fertilisation, conception, and contraception, as

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<sup>59</sup> HAD, KDAŽH – 1234, box 206. "Minutes regarding sex education in schools"

<sup>60</sup> Ibid.

<sup>61</sup> Herak-Szabo, "Sexual education of young people," 267.

<sup>62</sup> IAB, Fond Konferencija za Društvenu Aktivnost Žena Beograda [Conference for the Social Activity of Belgrade Women] – KDAŽB – 1641, box 5, br. 08-1327/3. Novak-Reiss, "Sex education plans for schools".

well as responsible family life and marriage. Primary schools signed up to test the curriculum between 1968 and 1971, after which the expert advisory group planned to have the curriculum rolled out to all primary schools across Croatia. Secondary schools were more difficult to penetrate because, according to reports, parents worried that sex education would encourage young people to have sex when they might not have otherwise. Feedback was consistently positive on the whole in the experimentation stage, however education did not seem to have the intended long-term effect. Surveys conducted in family planning clinics in Zagreb, Croatia, in the early 1970s suggested that young people consulted their services ‘too late’, given that many of the young women presenting for advice and treatment were already sexually active without contraceptive knowledge and that many had already had an abortion.<sup>63</sup>

### ***The 1969 Family Planning Resolution***

As Yugoslav family planning advocates constructed their own platform of sex education curricula and popular didactic media throughout the 1950s and 1960s, sex education was also a feature of worldwide debate. The UN hosted a series of conferences around the world that addressed issues of women’s rights, global population growth and development, and human rights. Together, these global forums ushered in a new zeitgeist, which had been building since the 1948 Declaration of Human Rights. Global forums elaborated the notion of individual

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<sup>63</sup> Beluhan and Štampar, “Survey of knowledge, attitude and practice of family planning in the population of women visiting family planning clinic for the first time,” *Arhiv za zaštitu majki i djece*, 1-2 (January-February 1972), 76.

human rights for all, at the same time that they cemented a new worldwide concern about the population explosion. Belgrade hosted the first World Population Conference in 1965, with subsequent conferences in Bucharest in 1974 and Mexico City in 1984. The UN sponsored conferences on the status of women in Mexico City in 1975, Copenhagen in 1980 and Nairobi in 1985.<sup>64</sup> Education featured in discussions as the key to development and raising the social positions of women across the developing world. In the family planning and population control context, that extended to sex education. In ratifying the 1969 Family Planning Resolution, Yugoslavia consolidated such global conversations that outwardly saw responsibility for reproduction and population control shift from the state to individuals as part of their human rights. Though family planning experts had already been touting messages of individual responsibility and reproductive rights, advocates formally reframed family planning under the banner of human rights, for the individual to live freely, yet responsibly.

Amid this climate of international deliberations in the area of human rights, women's rights, and population politics, one meeting plaited these threads together. In April and May 1968, representatives from 84 UN member states, along with intergovernmental organisations, met in Tehran, Iran, to discuss the 20th anniversary of the adoption of the Universal Declaration

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<sup>64</sup> All of these conferences were attended by Tomšič, who led international representation of family planning experts in Yugoslavia. Bonfiglioli, "The first UN conference on women (1975) as a Cold War encounter: Recovering anti-imperialist, non-aligned and socialist genealogies," *Philosophy and society* 17, no. 2 (January 2016): 524. On Mexico City Conference and its aftermath, see: Jocelynn Olcott, *International women's year: The greatest consciousness-raising event in history* (Oxford: Oxford University Press, 2017). For its fallout in the US, see Marjorie J. Spruill, *Divided we stand: The battle over women's rights and family values that polarized American values* (New York: Bloomsbury Publishing, 2017).

of Human Rights and its progress since 1948. Conference delegates met to monitor international progress in the arena of human rights. Global forums ‘oftentimes became a Cold War battlefield’, where representatives from the Soviet Bloc clashed with ‘newly decolonized countries federated in the Non-Aligned Movement’ as well as with Western democratic countries.<sup>65</sup> This deep-seated conflict overshadowed the Tehran agenda as Third World countries’ recent entry into the UN had changed the physical landscape of the multilateral organisation, definitions of human rights, and topics under discussion. Ronald Burke, historian of human rights and the UN, argues that the Tehran conference was the ‘culmination of a shift from the Western-inflicted concept of individual human rights exemplified in the 1948 Universal Declaration to a model that emphasized economic development and the collective rights of the nation.’<sup>66</sup> The dominance of Western powers in the UN and the Security Council was threatened by newly independent and emerging Asian and African countries, which pressed their agendas.<sup>67</sup> Western contemporaries considered the Tehran Conference a failure because political and ideological clashes stymied progress on the meeting’s agenda.

Despite clashes, the conference did recognise the 1966 Declaration on Population signed by 12 heads of state, including Tito, acknowledging individual freedoms in reproductive

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<sup>65</sup> Ibid.

<sup>66</sup> Ronald Burke, “From individual rights to national development: The first UN International Conference on Human Rights, Tehran, 1968,” *Journal of world history* 19, no. 3 (September 2008): 276.

<sup>67</sup> Their concerns, while not monolithic, were seen as at odds with the conception of human rights as set out in the UN Declaration of Human Rights. The issues that new states faced were racism and apartheid, and the fight for national liberation. Taking these factors into account, along with their dismal economies, their definitions of human rights focused less on individual freedoms and civic and political rights, and more on lifting the national economy and resolving systemic racism.



matters.<sup>68</sup> Individual freedoms, argued the Declaration's signatories, could only be harnessed through the provision of education. Signatories committed to integrating population considerations into their national long-term planning, while endorsing the notion that 'family planning is the enrichment of family life, not its restriction; that family planning by assuring greater opportunity to each person, frees man to attain his individual dignity and reach his full potential.'<sup>69</sup> Over the course of the following year, through the efforts of the Population Council's John D. Rockefeller, III, 18 more leaders signed and this new declaration was presented to the UN Secretary-General U Thant on December 11, 1967.<sup>70</sup> The UN urged governments to institute educational provisions so that their citizens could make full use of those rights newly defined within the UN framework.

When the UN Council passed the Tehran Proclamation, the Yugoslav state followed its recommendations with its 1969 Family Planning resolution as one step in the state's longer effort to reform reproductive regulation. According to migration expert and demographer Miloš Macura, the state adopted the Resolution 'because of humanitarian considerations and on the grounds of safeguarding individual rights.'<sup>71</sup> One aspect of the Proclamation was its emphasis on individual rights, and the state's responsibility for providing not only information and education

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<sup>68</sup> Other signatories included representatives from Western countries of New Zealand, Australia, US and UK, and northern European countries of Sweden and Norway, as well as newly decolonised countries such as Ghana and Morocco, and countries of the Third World, including India and Nepal.

<sup>69</sup> Population Council, "World leaders declaration on population," *Studies in family planning* 9, no. 7 (July 1978): 180-181.

<sup>70</sup> Ibid.

<sup>71</sup> Miloš Macura, "Population policies in socialist countries of Europe," *Population studies* 28, no. 3 (1974): 370.

about family planning, but also the means for citizens to be able to exercise their rights fully. As I argued in section 1, this was already an aspect of Yugoslav sex education before 1969, but this legislative tactic offered the state another way to appear modern and progressive domestically and internationally. The Resolution extended the 1960 Decree's recommendation that the state offer educational provision, and it also permitted abortion on demand up to ten weeks' gestation. The Resolution detailed that the provision of contraception was essential to responsible family planning, and it emphasised the need for school-based comprehensive and integrated sex education, especially of youth. While Yugoslav sex education prior to 1969 mainly targeted adult women, most of whom already had children, new legislation aimed to install more formalised sex education curricula within schools and youth programs.

While from the outside, it appears that public officials were responding to external influences in passing such a progressive Resolution, the drive for legislative change in terms of abortion laws also came from within the communist ranks. Family planning experts and communist women of the KDAŽ had been advocating for a need to change the laws to make them more permissive since the mid-1960s.<sup>72</sup> They argued that the heavily bureaucratic process that women had to navigate to obtain abortions disadvantaged their most needy populations – uneducated, impoverished women with large families, and from remote villages. Since the process was lengthy, women often did not apply for an abortion and, instead, went to their local

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<sup>72</sup> AJ, Fond Savezno Izvršno Veće [Federal Executive Council] – SIV – 130, box 587, Zdravstvo [Health], br. 972/1969-1970. "Advice for the Resolution of Family Planning and Regulating the Conditions for Pregnancy Termination," 4.

wise women or performed their own abortions.<sup>73</sup> If they did go through the process of applying for an abortion through the medico-legal system, communist women argued, the trips back and forth to their nearest hospital were long, expensive, and meant that they would abandon their existing children, farm work, and domestic responsibilities for certain periods of time. Although the international climate was pivotal to the decision to pass the 1969 Resolution, it was the work of communist women activists that set the foundation for such a decision.

If Yugoslavia already enjoyed a wide-ranging education tradition, why was it important for it to incorporate the recommendations of the Proclamation? The state's governing administration, and its medical and family planning experts, wanted to be on the right side of the population control and human rights narrative. It was widely known that population policies varied depending on the region. On one side of this binary are Eastern, Asian, countries of the Third World, while on the other there were the First World Western democracies. Socialist countries fit somewhere between these two poles, given that, like most European and Western countries, they had no concerns about runaway population growth. They, however, were also not necessarily seen as developed, because the West associated developed countries with capitalism and democracy. With each global encounter on population, development, and family planning, Yugoslav representatives from the Council of Family Planning and the KDAŽ represented the state as the developed anomaly within the socialist realm, what in the language of the Cold War

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<sup>73</sup> Ibid.

was called the Second World.<sup>74</sup> The 1969 Resolution became an aspect of domestic policy that state representatives could tout at global forums.

As it had since the birth of the Yugoslav Way, the state presented itself as a temperate, benevolent leader in the world of development and population control. President of the Council of Family Planning, Nevenka Petrić, reflected in 1983 that Yugoslav laws are easily adopted within developing countries ‘who follow [Yugoslav] experiences to construct their own development programs, accepting that family planning is a constituent part of the socio-economic development.’<sup>75</sup> In many international and domestic settings, she positioned the Yugoslav state between developed and developing worlds, presenting Yugoslavia as more benevolent than the other ‘[d]eveloped countries [who] follow their own interests, influenced by Malthusian ideas about population growth, family planning and the limitation of large families, offering family planning as an exchange for development to the less and undeveloped countries.’<sup>76</sup> Yugoslav family planning experts, conversely, advocated for state rights to enact national policies for their populations. As they did from the outset, Yugoslav communists utilised reproductive regulation at home and abroad to serve state formation efforts, continually presenting the Yugoslav way as something to be emulated by the international community.

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<sup>74</sup> AJ, SIV – 130, box 587. “Medjunarodna saradnja,” Belgrade September 1983, 6-12.

<sup>75</sup> AJ, SIV – 130, box 587. “Summary of the consultation about multilateral collaboration of the Council for Family Planning in front of the Federal Executive Council,” Belgrade 18 Nov 1982, 2-3.

<sup>76</sup> Ibid. Malthusianism is the idea that world resources including food supply would run out in the face of exponential population growth. It derives from the political and economic thought of the Reverend Thomas Robert Malthus from his 1798 writings.

What did the 1969 Family Planning Resolution do for Yugoslav family planning advocates interested in building on established Yugoslav sex education traditions? It served to catalyse policy changes and offered a chance to review what had already been put in place; it ultimately led to the adoption of parental rights into the 1974 Yugoslav constitution, a version of which survives in the present-day post-Yugoslav states.<sup>77</sup> The Resolution and the Constitution removed Yugoslavia from the context of other socialist states, whose policies on reproduction were far more outwardly pro-natalist. The Yugoslav government wanted to extract itself from associations with such states at the same time that it wanted to be considered a developed leader of the developing world.<sup>78</sup> Family planning as an ideology was already enmeshed within the fabric of the Yugoslav public health system. Leading gynaecologists and family planning advocates had been discussing the need for a more formalised approach to teaching young people about sexuality and reproductive health. According to demographers, statistics showed that abortions were still on the rise, birth rates still declining and that contraceptive knowledge was lacking across the country.

The year 1969 represented an important moment for the state's global geo-positioning. Passing the 1969 Family Planning Resolution made Yugoslavia the only socialist state to follow

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<sup>77</sup> In chapter 5, I examine the ways that the 1974 Constitutional amendment was remembered by Yugoslav physicians, especially those physicians who still practice. Each post-Yugoslav successor state currently retains some version of the 1974 amendment, however, due to aggressive lobbying by special-interest groups such as Catholic groups in Croatia, some governments are considering repealing reproductive rights in favour of more conservative legislation.

<sup>78</sup> Macura, "Population policies in socialist countries," 67.

the recommendations of the UN as stipulated by the final point of the 1968 Tehran

Proclamation. In ratifying the Resolution, the state officially embraced the language of individual human rights by asserting that ‘parents have the right to freely decide on the number and spacing of their children.’<sup>79</sup> In step with global humanitarian mandates, the Resolution emphasised the need for contraceptive education as a tool for securing basic human rights for all citizens.<sup>80</sup>

Passing the Resolution, however, was merely one of many measures in a longer didactic tradition; domestically it represented a reformulated strategy towards fulfilling domestic population goals.<sup>81</sup> The state’s formal adoption of human rights vernacular ostensibly functioned to extend its commitment to gender equality. Yugoslav reproductive rights proponents had been arguing for systemic change that would lead to the actualisation of the state’s long-standing promise of gender equality. Family planning experts shaped didactic messages aimed at young people to advocate for individual rights and personal responsibility ‘preparing youth for understanding and equalising the relationship between the sexes, for harmonious and responsible

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<sup>79</sup> In its 1969 resolution 2542, the UN General Assembly Declaration on Social Progress and Development affirmed the Teheran Proclamation and urged governments to provide parents not only the ‘education’ but also the ‘means necessary to enable them to exercise their right to determine freely and responsibly the number and spacing of their children.’ (General Assembly Resolution 2542, U.N. Doc. A/7630). Accessed on 6 May 2019 <https://www.unfpa.org/events/international-conference-human-rights>

<sup>80</sup> Andrew S. Thompson, “Tehran 1968 and reform of the UN human rights system,” *Journal of human rights* 14, no. 1 (2015), 84-100; Daniel Whelan, *Indivisible human rights: A history* (Philadelphia, PA: University of Pennsylvania Press, 2010); Burke, *Decolonization and the evolution of international human rights* (Philadelphia, PA.: University of Pennsylvania Press, 2010); Mark Mazower, *No enchanted palace: The end of empire and the ideological origins of the United Nations* (Princeton, NJ: Princeton University Press, 2010); Paul G. Lauren, *The evolution of international human rights: Visions seen* (Philadelphia, PA: University of Pennsylvania Press, 2011).

<sup>81</sup> As I outlined in chapter 2, the tradition of sex education began in the interwar period with hygiene campaigns that encouraged peasants into the medical system and science-based practices.

relations in marriage and for parental responsibility within the family.<sup>82</sup> Underlying the message of sex equality existed the ongoing pursuit of national unity, and a justification of the state's rule. Through Yugoslav representatives' formal international engagements in the area of family planning, state rhetoric changed to include more individual rights together with more responsibilities for citizens. Rather than a divergence, the Resolution represented one event on a continuum.

While some gynaecologists viewed the 1969 Family Planning Resolution as a failure because it expanded the eligibility criteria under which women could request abortion, other family planning advocates, such as Tomšič, viewed the Resolution as a victory for women's rights. She argued that the Resolution, and the 1974 Constitution, extended the original emancipatory and gender equality clauses of the 1946 Yugoslav constitution. Tomšič proclaimed that 'the Yugoslav concept of family planning, as a human right, is not as narrow as controlling fertility, as abortion or as contraception, but that it expands to include responsible parenthood as the basis for a happy family and harmonious social development.'<sup>83</sup> The Resolution offered the opportunity for legal revision in the form of a new abortion law that expanded legal indications for abortions. Tomšič acknowledged that despite the 1946 Yugoslav constitution affording gender equality, women's work in industry was undervalued, and they bore the brunt of domestic burdens. 'Sex education is not just about the biology, it is also about teaching young people

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<sup>82</sup> Resolution on Family Planning adopted by the Federal Assembly on 25 April 1969.

<sup>83</sup> Tomšič, "Planiranje porodice u Jugoslaviji," *Međunarodna politika* [International politics] 545 (1972): 3.

about social norms and in socialism these norms include equality of the sexes,' a factor that Tomšič had been emphasising since the early 1950s as she invoked American family planning methods.<sup>84</sup> Contraception, Tomšič argued, allows couples to be equal in that they can make a decision as responsible adults to have children who are wanted.<sup>85</sup> Ever the vocal and patriotic socialist, she argued that '[s]ocialism differs from other social systems because it accepts these social changes, and hastens them, and with conscious social action and education of the people, it continues to fight against discrimination of women.'<sup>86</sup>

The state imbued the Resolution and the 1974 Constitutional amendment with promise, however it continued to face ongoing challenges at home. After consulting with medical records from the city family planning centre in 1971, the Belgrade City Council established that the 1969 resolution had not been implemented meaningfully. The Council's report states that '[c]ontemporary contraception is the most effective measure in the fight against abortion and offers the only option to safeguard health of women and families. Changes in family and social relations constitute a new aspect of contraceptive measures. It is no longer simply a means to prevent unwanted pregnancy, but an integral part of the holistic efforts for the better and happier lives of man and family.'<sup>87</sup> The Council rushed to implement the Resolution to realise its

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<sup>84</sup> Ibid.

<sup>85</sup> Slovenski Državni Arhiv [Slovenian State Archives] – SDA, 1413, box 4. Vida Tomšič, "Speech on sex education", 1971, 7-8.

<sup>86</sup> Ibid., 4.

<sup>87</sup> IAB, Fond Savez Komunista Srbije, Organizacija SK Beograda, Gradski Komitet – Beograd, [Council of Communists Serbia] – 865, box 5, br. A-7/1944-1972. Belgrade City Council, "Conclusions on measures to advance the work of family planning in Belgrade and health and education of children and young people in primary schools and high schools," 31 May 1971, 2.



potential quickly. But the situation did not improve after the Constitutional amendment; physicians and town councillors advocated for a more concerted effort in installing better practices to encourage contraceptive uptake. The Serbian Medical Society reviewed family planning in Belgrade between 1976 and 1983, concluding that only 10 per cent of the female population reported using any kind of contraception. Furthermore, there were twice as many abortions as live births in Belgrade during that time period and the city suffered ‘from an ageing population.’<sup>88</sup> Toeing the party line, authors concluded that all interested parties must be engaged in educational and propaganda activity in order to encourage significant numbers of women into contraceptive centres.<sup>89</sup>

An integrated and comprehensive approach to school-based sex education did not eventuate, much to the chagrin of its proponents. Košiček and Aleksandra Novak-Reiss, Croatian sexologists and sex education advocates, lamented the disappointing amount of attention given to sex education, and therefore to humanising relations between the sexes:

With great disappointment, we have to emphasise that in the whole of the 8<sup>th</sup> grade curriculum there only exists 10 lines of text relating to sex education, equal to that of vehicle safety. What do you think is more important: that young people learn about the

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<sup>88</sup> Marta Husar, “Regulation of fertility in Belgrade,” *Srpski Arhiv za celokupno lekarstvo* [Serbian archive for general practice] 113 (1985): 608.

<sup>89</sup> Ibid.

consequences of abortion or how to register and insure their cars? It seems clear that in this day and age vehicles have become more important than people.<sup>90</sup>

Calls for a more focused approach to the calamitous inflation of young, and often unwanted, parenthood continued throughout the 1970s and 1980s. Croatians Štampar and Aleksandra Beluhan bemoaned the fact that early parenthood prevents young people from engaging fully in other aspects of life. The 466 students that they surveyed in 1976 from all levels at one Zagreb high school regarding sexual activity, contraceptive knowledge and use, and pregnancy, reported that teens were indeed having sex frequently. That actuality, in combination with students' self-reported low knowledge of contraception, resulted in high rates of teen pregnancy. Targeted and integrated sex education, the authors charged, was essential to prevent unwanted pregnancy and parenthood.<sup>91</sup>

The changing ideology of family planning gave state demographers a new purpose.<sup>92</sup> Throughout the 1960s and 1970s, demographers like Breznik and others working from the Institute for Social Sciences in Belgrade, claimed that Yugoslav demographic circumstances 'developed "naturally", with no input from government.'<sup>93</sup> Concerned with tracking domestic

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<sup>90</sup> HDA, KDAŽH – 1234. Košiček and Novak-Reiss, "Primjedbe na program 'Sata razredne zajednice' [Remarks on school curricula]," 6 December 1971, 3.

<sup>91</sup> Beluhan and Štampar, "Evalvacija nastave iz planiranja obitelji u srednjim školama [Evaluation of sex education in high schools]," *Arhiv za zaštitu majki i djece*, 22 (January 1978): 113, 119.

<sup>92</sup> "While this type of extreme neo-Malthusian, racist, ideas could find their way to a party publication at the level of republics there was no political will within the Communist party at the federal level to implement any kind of population policies. Both pronatalism and even more anti-natalism (or neo-Malthusianism) were considered potentially disruptive for the policy of 'brotherhood and unity' of the Yugoslav nations." Drezgić, "Policies and practices of fertility control under the state socialism," 197.

<sup>93</sup> Breznik, *Fertility of Yugoslav population*, 24.

population trends, demographers argued that their work did not ‘aim to affect people’s decisions, but rather that their research exists purely so that people will get the services they need in the regions where they need them.’<sup>94</sup> Nevertheless, gynaecologists from the late 1960s advocated for a concerted approach to resolving unfavourable trends in population in some regions. Vojvodina in particular experienced declining birth rates that prompted observers to call for a targeted population policy to increase natality.<sup>95</sup> This trend continued throughout the 1970s. In the same year the 1974 Constitutional amendment passed, demographic researchers in Novi Sad, Serbia, submitted an application for the IPPF Founders Research Awards to conduct research into demographic decline in Bačka Topola, a town in Vojvodina of approximately 14,000 inhabitants.<sup>96</sup> The researchers, with approval from the city and republic authorities, applied for the USD \$10,000 award for an 18-month project to investigate declining birth rates and the impacts of an ageing population, so that ‘future population politics on the territory’ can be formed to better align demographic developments.<sup>97</sup> In neighbouring Belgrade, the Serbian Medical Society that conducted the Belgrade study analysed earlier criticised the Resolution and 1974 amendment concluding that: ‘The stance of our society is that children should be born healthy and wanted, meaning that we endorse free decision-making about parenthood. However,

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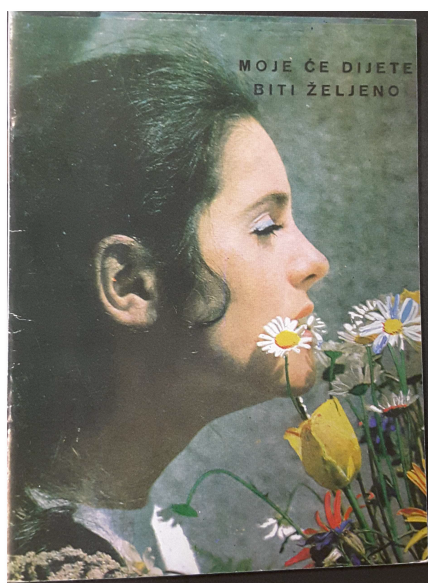
<sup>94</sup> Ibid.

<sup>95</sup> Draga Belopavlović and Vladimir Vilićev, “Preliminarni sumarni prikaz totalnog biološkog bilanca stanovništva Vojvodine i Jugoslavije [Preliminary summary of the total biological balance of the population of Vojvodina and Yugoslavia],” *Jugoslovenska pedijatrija* [Yugoslav paediatrics] 11 (1968): 3.

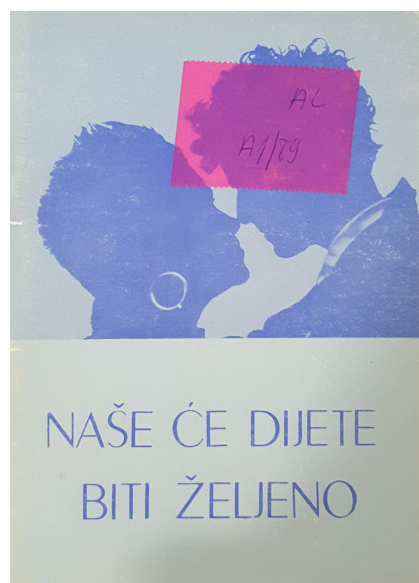
<sup>96</sup> AJ, SSRNJ – 130, box 489. “Lady Rama Rau, IPPF Awards 1974, correspondence and project proposal”.

<sup>97</sup> Ibid.

this stance and constitution should co-exist with laws that ensure the realisation of necessary natality and natural reproduction of the population.<sup>98</sup> The regulation of reproduction and population constituted central aspects of state agendas, both at home and abroad.



**Figure 4.7** Štampar, *Moje će dijete biti željeno* [My child will be wanted], Centre for the protection of mother and child, Zagreb, 1986.



**Figure 4.8** Štampar, *Naše će dijete biti željeno* [Our child will be wanted], Centre for the protection of mother and child, Zagreb, 1986.

In step with technological advances in communication media, Yugoslav family planning experts of the 1980s began collaborating with international agencies on plans for using mass media as a vehicle for sex education around the world. Authors of didactic media began to mirror the language of IPPF, especially the familiar phrase ‘every child a wanted child’, which featured on pamphlets as an extension of the state’s earlier calls for ‘responsible parenthood,’ (figures 4.7 and 4.8). In 1987, given the Council of Yugoslav Family Planning’s interest in sex

<sup>98</sup> Husar, “Regulation,” 601.

education as a vehicle for state agendas, the Council positioned itself as an ideal partner to expand communication and propaganda strategies with United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF, and World Health Organization (WHO), which had been engaging with broad questions of how to advance and increase the knowledge of the world's population regarding gender equality, responsible parenthood and demographic development of populations. The authors of the program position Yugoslavia within the global conversation on responsible parenthood: 'Since we are a part of this world, these questions are also pertinent to us.'<sup>99</sup> In the same year, the inter-municipal chapter of the socialist union of the working people of Banja Luka joined with United Nations Population Fund (UNFPA) to work on a project about mass media and sex education regarding equality of the sexes. Starting in 1985, UNFPA financed a 3-year project, which involved training local and regional mass media outlets by way of a mass media diffusion of scientific and humanitarian messages with the goal that they advance knowledge, and incite a positive change to understandings and behaviours in the areas of humanising relations between the sexes and responsible parenthood.<sup>100</sup>

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<sup>99</sup> AJ, SSRNJ – 130, box 489. "Uloga sredstava javnog informisanja na razvijanju i svesti o slobodnom i odgovornom roditeljstvu [Role of mass media in developing an understanding about free and responsible parenthood]," Belgrade, November 1987.

<sup>100</sup> AJ, SSRNJ – 130, box 489. Ć Rakić, J Savić, S Šiljegović, "One approach for using mass media in humanising relations between the sexes," Beograd, November 1987, 2, 15.

## *Conclusion*

As the country had with studies into IUDs, the unfolding landscape of reproductive regulation in Yugoslavia became a yardstick for the relationship between family planning and development. At the 1972 UN Seminar on Women in Istanbul, Tomšič argued that the higher a level of social, cultural and economic development in a country, the more likely the inhabitants of that land would be to accept family planning, even though population control proponents aimed to achieve the inverse. She argued that although there exists a ‘uniform policy for family planning in the country,’ the women of its underdeveloped regions (Kosovo and Metohija, Bosnia and Hercegovina, Macedonia, Montenegro), continue to ‘represent the greatest number of illiterate persons, which largely prevents them from availing themselves of their rights. Illiteracy, combined with their low status in the family, and compounded by an underdeveloped system of health and education institutions, shortage of contraceptives, prevent individuals from realising their rights.’<sup>101</sup> Although multilayered efforts to bring enlightenment – including literacy, health, and political enfranchisement – to the country’s underdeveloped regions had fallen short of expectations, Yugoslav family planning leaders nevertheless held high hopes for serving as developmental models to developing countries around the world.

Even though Tomšič, and other communist officials, believed that the state’s developments in family planning expressed socialist gender equality, the fact remained that much

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<sup>101</sup> AJ, SSRNJ – 142. UN Seminar on the Status of Women and Family Planning in Istanbul, Turkey 11-24 July 1972, 3.

of the legwork to bring about legislative and practical change was undertaken by communist women operating within women's organisations and by institutional silos for family planning. While Tomšič continually argued that women would not be left behind in the building of Yugoslav socialism, other family planning advocates attested that the only way to resolve women's reliance on abortion would be to invoke the attention and investment of all state organs and all levels of society.

In ratifying the 1969 Resolution, the state helped to represent Yugoslavia as progressive both domestically and on the international stage, even if the Resolution was little more than a token gesture. Yugoslav family planning experts had spent the preceding decade establishing a tradition of didactic media with an aim to affecting the private behaviour of adult women. The overarching message of state sex education was that women should use contraception to space births, but not avoid pregnancy and motherhood all together, aiming instead to enter into responsible parenthood in which 'every child is a wanted child.'<sup>102</sup> Women effectively took responsibility for this in practice, despite notional shared parental responsibility. Through sex education, family planning advocates aimed to change women's contraceptive practices, and this sex education framework served as a means of unifying the Yugoslav people through a shared aspiration of modern living. Education material served multiple agendas. Authors of didactic media promoted Yugoslavia's position internationally as progressive, modern and developed, as they nudged consumers to embody this position through their own individual actions. The

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<sup>102</sup> Ibid., 15.

Resolution helped to re-position Yugoslavia geo-politically; however, it had little impact on domestic events and trends. In passing the 1969 Family Planning Resolution, the state positioned itself as a part of the global trends that seemingly saw responsibility for reproduction and population control shift from the state to individuals. Under the banner of human rights, advocates presented family planning as a tool for the individual to live freely, yet responsibly.

Aside from family planning programs falling short of expectations, integrated school-based sex education and demographic trends that continued to concern the state, social attitudes were also slow to change. Scaremongering as a tool to dissuade women from abortion prevailed throughout this period and became more hostile towards women, without acknowledging that they had limited meaningful alternatives. The conservative political atmosphere of the 1970s manifested in social education films of the latter part of that decade.<sup>103</sup> The producers of two Croatian films, *Abortion* (1977) and *A ljudi ko ljudi* [And people like people] (1979), dutifully acknowledge the 1969 Resolution and the 1974 Constitutional amendment. However, both films represent abortion as dangerous and irresponsible, utilising graphic imagery to deter women from accessing the procedure, demonising those who have resorted to it along the way. Founded in 1946, Jadran Films, Croatia's largest and most prolific production company produced *A ljudi*

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<sup>103</sup> Yugoslav cinema of the 1970s experienced a conservative turn. In Croatia, the federal government squashed the mass social movement known as the Croatian Spring, which agitated for more self-governing rights and autonomy within Croatia throughout the 1960s and 1970s. The film industry was not immune to the conservative turn and many filmmakers associated with the Croatian Spring were censored and blacklisted. They pursued safer films, such as animated children's films and documentaries. Ivo Škrabalo *101 godina filma u Hrvatskoj, 1896-1997* [101 years of film in Croatia, 1896-1997] (Zagreb: Globus, 1998), 541.



*ko ljudi*, which the Croatian cultural ministry financed. Croatian production company Zagreb films, founded in 1953, specialised in animated, documentary, and educational films during the socialist period, and produced *Abortion*.

The message of these films is aggressively anti-abortion, or at least pro-natalist. State film production companies financed by federal or republic state cultural ministries, aimed to alter women's behaviours and attitudes towards abortion. In *A ljudi ko ljudi*, the narrator seeks to shame women who have had a termination by showcasing the story of a woman who was desperate for a child whom she adopted in her late 30s and who now brings her overwhelming joy everyday by calling her 'mama'.<sup>104</sup> The woman lives in a humble studio apartment and says that she does not need much to bring up her child, contradicting an oft-cited reason for pregnancy termination. In *Abortion*, an unwed teenager seeks an abortion.<sup>105</sup> After a night of partying with friends and an unseen encounter with a faceless (and seemingly blameless) male presumably leads to an unintended pregnancy, she begs her mother for the last of her pension to pay for the procedure. At the hospital, she joins a long queue of women who are waiting to get terminations that day. She pays her money, explains her situation to the physician who sees her, and receives treatment. State physicians are represented as overworked but professional, while she – along with other women – are depicted as irresponsible for draining the resources of the

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<sup>104</sup> *A ljudi ko ljudi* [And people like people], directed by Petar Trinajstić (Zagreb: Jadran Film, 1979).

<sup>105</sup> *Abortion*, directed by Ljubica Janković (Zagreb: Zagreb Film, 1977).

state and their own families in a selfish pursuit of independence. While outwardly Yugoslavia appeared progressive, internally attitudes were not quick to change.

Yugoslav sex education material from the 1960s captures the evolution of a state, which underwent a metamorphosis that was neither linear nor simple. While maintaining its socialist bent, the Yugoslav state proved its responsiveness to international shifts. An examination of Yugoslav sex education offers insights into how the state was at once responsive to the significant global ebbs and flows of evolving social and humanitarian paradigms at the same time as it had a hand in their manufacture. From here, we move to the dissertation's final chapter where we hear from ordinary women and healthcare professionals on how these broad formulations of state norms and expectations in the context of global movements to control populations and definitions of human rights manifested in lived experience, and how they have lived on into the country's post-socialist legacy.

## Chapter 5: ‘We had everything’: Deconstructing Yugoslav women’s recollections of reproductive regulation

Mirjana Jelinić, a Belgrade woman in her 60s at the time of our interview in 2016, graphically described her experience when she miscarried and doctors had to evacuate her uterus surgically in 1978. Mirjana had been admitted to hospital after a miscarriage 10 weeks into her pregnancy. She found herself left alone in a cold and dark hallway, naked on a surgical gurney. ‘They forgot me,’ she said, ‘and that’s when I really thought I would die’.<sup>106</sup> She remembered how she started to bleed vaginally, shivering from loss of blood and the frigid temperature of the hospital corridor. Eventually, she was able to call to someone who helped her. She was taken to an operating theatre, injected with a local anaesthetic, and surgeons performed a curettage evacuation of her uterus. Despite the anaesthetic, the pressure from the surgeons opening her vagina and cervix and completing her miscarriage felt like ‘everything was collapsing inside’ her. She said of the procedure that it felt like the surgeon was ‘literally ripping,’ the contents of her uterus. Afterwards, she gradually recovered but the memory of the event haunted her through her two subsequent pregnancies and live births.

I asked her to tell me what she remembered about Belgrade’s birthing clinics and women’s health services. She listed how facilities were very comfortable and clean, a far cry from

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<sup>106</sup> Mirjana Jelinić, interview by author, Belgrade, 1 October 2016. Like Mirjana, most of the participants have been given pseudonyms to protect their identity. Where they have not, I will indicate that in the footnote. Throughout the chapter, I introduce the full name or pseudonym of each respondent the first time that I refer to them. In subsequent references I differentiate between physicians and patients by using the last name only for the former, first name only for the latter.

‘when cats used to wander the halls’ in the buildings of the hospital. She said that staff were friendly and she emphasised that ‘we [women] had everything then.’ The discord between the dominant narrative of socialist care for women, as captured in Mirjana’s description of women’s access to health services and her own memory of her personal experience of these services, is ubiquitous. This ‘internal paradox’, as Soviet historian and anthropologist Alexei Yurchak calls it, lies at the heart of women’s memories of their reproductive pasts under socialism, and the way that women’s lives, roles and experiences were and are represented in popular media and academic scholarship.<sup>107</sup> This chapter uncovers women’s memories of their experiences and examines what factors shape their retelling.

Between September and November 2016, I interviewed 29 former Yugoslavs: 21 private citizens who had experienced the medical system as patients, and 8 professionals who worked within the healthcare system (see appendix 1 for aggregate demographic data). Of the professionals, all but two were women. The professionals included 1 social worker, 5 gynaecologist-obstetricians, 1 midwife, and 1 academic and domestic violence activist. The rest of the respondents are in many ways similar to me and those in my networks: they are all educated, from urban, middle-class backgrounds, employed, and for the most part have had some experience travelling abroad. I initially recruited participants by word-of-mouth and through colleagues, friends and family, which then led to snowball sampling as some particularly

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<sup>107</sup> Alexei Yurchak, *Everything was forever, until it was no more: The last Soviet generation* (Princeton, NJ: Princeton University Press, 2006), 8.

interested participants introduced me to their networks. My sample does not include rural, poor or less educated women, Muslim women, or women who are disadvantaged or discriminated against in other ways. While in no way a representative sample, it does capture the experience of women of urban middle-class backgrounds.<sup>108</sup> One might expect my cohort to have had the most positive encounter with the Yugoslav medical system given their relative privilege. The interviews suggest that even comparatively elite women, as teenagers and adults, experienced obstacles to exercising reproductive decisions.

What do these women's personal narratives of their past experiences of reproductive regulation tell us about the Yugoslav past and its post-socialist legacy? Yugoslav women and their doctors experimented with whatever contraceptives were available; they balanced work responsibilities and life in the home; they made decisions about their families and about their bodies; and, despite legal enfranchisement, they experienced coercion, trauma, pain and fear when navigating a medical system designed ostensibly to help them. In section 1, I plumb the intersubjectivity of the interview process. I explore how factors that may otherwise be explained by nostalgia for the recent socialist past, were shaped by our common and contrasting

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<sup>108</sup> Several other studies exist that analyse socialist Yugoslav women's experiences of reproduction and each one's cohort is similar to mine demographically. Sociologist Mirjana Morokvasić interviewed women who had migrated from Yugoslavia in the 1970s to Western European countries. Her respondents had enough resources to be able to move to a different country and work there. Morokvasić, "Sexuality and control of procreation". Ethnographers at the Centre for Women's Studies in Zagreb conducted interviews with women about all aspects of their lives – childhood, family relationships, working history and education, and reproductive lives – and the Centre published a volume consisting of transcriptions of the interviews. Dijana Dijanić, Mirka Merunka-Golubić, Iva Niemčić and Dijana Stanić, *Ženski biografski leksikon: Sjećanje žena na život u socijalizmu* [Women's biographical lexicon: Women's memories of socialism] (Zagreb: Centre for Women's Studies, 2004).

experiences and how women responded to my presence as an interviewer.<sup>109</sup> Through our shared authority over the interview process, I examine how much we can and cannot attribute to a peculiar socialist experience. In section 2, I focus on interviewees' recollections of contraception and abortion. I analyse the ways that Yugoslav women drew on dominant narratives of the past and shared cultural memories to fill the gaps in their own recollections to make sense of their past experiences, and to make them relevant today. This type of remembering is not unique to Yugoslav women, but the testimonies reveal the influence of historical and present-day factors on the process of remembering and the ways oral history enables researchers to understand the past through the perspective of the present.

The oral histories demonstrate that women's recollections of their experiences as patients in the socialist healthcare system show continuity with the past rather than a dichotomy between the socialist and post-socialist world. Furthermore, the women in my study expressed a longing for the way that things used to be that was shaped by a combination of factors peculiar to their experiences of life in socialist Yugoslavia, and many more factors that had nothing to do with

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<sup>109</sup> Lynn Abrams describes intersubjectivity in the oral history interview: "The oral history interview is a conversation between a researcher and a narrator. Usually the narrator is responding to questions posed by the interviewer, and hence the story told is a product of communication between two individuals, both of whom bring something of themselves to the process. Oral history theory is now founded on this idea of there being two subjectivities at an interview, interacting to produce an effect called intersubjectivity which is apparent in the narrator's words." Lynn Abrams, *Oral History Theory* (London: Routledge, 2010), 54. I focus on intersubjectivity in section 1 because the relationship that my interviewees and I had lent weight to how they shaped their narratives. For seminal and relevant work on the theories of subjectivity and intersubjectivity in oral history, see V. Yow, "'Do I like them too much?' Effects of the oral history interview on the interviewer and vice-versa," *Oral history review* 24, no. 1 (Summer 1997): 55–79; Penny Summerfield, *Reconstructing women's wartime lives: Discourse and subjectivity in oral histories of the Second World War* (Manchester: Manchester University Press, 1998).

socialism or Yugoslavia. Post-Yugoslav women shared commonalities with other women in crafting their narratives to suit the autobiographical needs of their present circumstances.

Memory studies in Yugoslavia has tended to focus on collective or social memory, heightening nostalgia for the communist past. Oral history research and methodology holds the potential to bring the past into dialogue with the present and to interrogate the ‘relationship between individual and collective memory.’<sup>110</sup> Scholarly analyses of examples of collective memory – such as commemorations, events and cultural products – emphasise the distinctive phenomenon of Yugo-nostalgia, the ‘projection of a utopian past into the future of post-socialist societies that have emerged from Yugoslavia.’<sup>111</sup> The turn of the twenty-first century ushered in ‘the umbrella concept of “postcommunist nostalgia”,’ a commodification and glorification of the recent unified past.<sup>112</sup> The phenomenon of Yugo-nostalgia, unlike its East European equivalents, is compounded by the brutal Yugoslav wars that saw the end of the country.<sup>113</sup> The pervasiveness of contemporary state-socialist myth-making through all manner

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<sup>110</sup> Perks and Thompson, “Introduction: a history of oral history,” 5-6.

<sup>111</sup> Luthar and Pušnik, *Remembering utopia*, 18; Aleksandar Bošković, “Yugonostalgia and Yugoslav cultural memory: Lexicon of Yu mythology,” *Slavic review* 72, no. 1 (Spring 2013): 54-78.

<sup>112</sup> Todorova, “Introduction: Similar trajectories, different memories,” in Maria Todorova, Augusta Dimou and Stefan Troebst, eds. *Remembering communism: Private and public recollections of lived experience in Southeastern Europe* (Hungary: Central European University Press, 2014), 2.

<sup>113</sup> Nostalgia is not a phenomenon peculiar to the socialist and post-socialist world. Sean Field, writing about memory in post-apartheid Cape Town and how respondents in his study imagined the communities from which they were displaced, describes how ‘Narrators’ mental images of the past yield clues about their conscious and unconscious struggles with forms of loss. Nostalgia is an imaginative process of finding words to make sense of memories laden with uncomfortable images and feelings evoked in the present but linked to what has been lost from the past.’ Sean Field, “Imagining communities: memory, loss, and resilience in post-Apartheid Cape Town,” in Paula Hamilton and Linda Shopes, eds. *Oral history and public memories* (Philadelphia, PA: Temple University Press, 2008), 114.

of media, along with the ‘distinctively brutal dissolution’<sup>114</sup> of Yugoslavia in the early 1990s created a longing for the unified socialist past. Following the idea that Yugoslavia was exceptional, with a focus on the post-socialist construction of a shared cultural memory of the Yugoslav past, Aleksandar Bošković argues that Yugoslavia’s brutal end ‘plays a significant, if not a critical role in framing and filling postwar Yugonostalgia and its representations.’<sup>115</sup>

Perhaps because nearly three decades have passed since the fall of Yugoslavia, scholarly analyses of remembering in the post-socialist world have started to examine critically the enduring power of the dissolution, and the effects of Yugo-nostalgia. In the last decade especially, scholars have utilised oral history as primary source material to recount non-determinist historical narratives,<sup>116</sup> as well as to attempt to disentangle analyses from the pervasive powers of Yugo-nostalgia. Historian Sabina Mihelj argues that rather than ‘focusing solely on the power of the present to remake the past, future research on post-state socialist memory should pay attention to the ability of the socialist past to outlive the end of the cold war.’<sup>117</sup> Maja Maksimović describes Yugo-nostalgia as a ‘bittersweet craving for the past - passive, static, and restricted,’ negating complex analyses of recollections of Yugoslavia’s past and

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<sup>114</sup> Bošković, “Yugonostalgia and Yugoslav cultural memory,” 65.

<sup>115</sup> Ibid., 54.

<sup>116</sup> Ljubica Spaskovska achieves this in her 2017 book. Although she demonstrates knowledge of latest oral history techniques and methodologies, she deliberately avoids analysing aspects of remembering, and instead uses her interviews to retrace an account of the last decade of Yugoslavia. She does so not to understand the decline of Yugoslavia, but to elaborate different ways that interest groups – in her case the Youth League – wanted to reshape or redefine, not destroy, the socialist framework during the 1980s. Ljubica Spaskovska, *The last Yugoslav generation: The rethinking of youth politics and cultures in late socialism* (Manchester: Manchester University Press, 2017), 14-16.

<sup>117</sup> Mihelj, “Persistence of the past: Memory, generational cohorts and the ‘Iron Curtain’,” *Contemporary European history* 23, no. 3 (June 2014): 467.



opportunities in the present.<sup>118</sup> In analysing oral history interviews with workers from a cable factory that never underwent a formal privatisation process during the post-socialist democratic transition, Tanja Petrović critiques the concept of nostalgia because it amplifies a division between East and West (as something that only happens in the East European countries), and socialism and post-socialism (countering the idea that socialism completely ended in 1989).<sup>119</sup> Jasenovac cable factory retained the old socialist self-management structure, as the new government forgot to remove it in the transition process. She argues that in their habitual invocation of socialist rhetoric and the party-line, Jasenovac cable workers demonstrate the ways that the communist legacy persists despite the fall of European communism, the end of Yugoslavia, and the protracted process of democratisation. While powerful, Yugo-nostalgia is not the only factor shaping individuals' recollections.

Women's testimonies of their reproductive pasts emphasise how socialist remnants live on in individuals beyond the institutional level. Women interwove socialist ideas with their present-day politics and personal agendas, and negotiated historical and enduring stigmas to do with reproduction. In constructing narratives of their reproductive pasts, women's stories, body language, and mannerisms revealed that they were not accustomed to discussing their lives as

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<sup>118</sup> Maja Maksimović, "Unattainable past, unsatisfying present - Yugonostalgia: an omen of a better future?" *Nationalities Papers* 45, no. 6 (November 2017): 1066.

<sup>119</sup> Tanja Petrović, "When we were Europe': Socialist workers in Serbia and their nostalgic narratives, the case of the cable factory workers in Jagodina," in *Remembering communism: Genres of representation*, ed. Maria Todorova (New York: Social Science Research Council, 2010), 128-9. Also see: Petrović, "Towards an affective history of Yugoslavia," *Filozofija i društvo* 28, no. 3 (September 2016): 504-520.

individuals, or sharing their private experiences; they deferred to the dominant narrative of legality and ease of access. Cultural theorists and oral historians have demonstrated how individuals intermingle personal memories with collective shared narratives when recalling the past, especially in instances when our memories fail us.<sup>120</sup> Some respondents had discussed their private lives with friends and family, however they were unaccustomed to discussing aspects of their private lives publicly and this was the first time that they had spoken with the intention of bringing their experiences to a larger audience. My respondents drew on collective and shared narratives of the past, a phenomenon that oral historians identify as occurring frequently regardless of location or ideology.<sup>121</sup>

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<sup>120</sup> Alistair Thompson's article about Anzac histories and 'putting popular memory into practice' is a well cited example of individuals drawing on dominant depictions of their experiences. Thompson, "Anzac memories: putting popular memory theory into practice in Australia," in *Oral history reader*, 343-353. Portelli also writes about individuals' memories of the past being entwined with their 'fantasies'. "While the perception of an account as 'true' is relevant as much to legend as to personal experience and historical memory, there are no formal oral genres specifically destined to transmit historical information; historical, poetical, and legendary narratives often become inextricably mixed up. The result is narratives in which the boundary between what takes place outside the narrator and what happens inside, between what concerns the individual and what concerns the group, may become more elusive than in established written genres, so that personal "truth" may coincide with shared "imagination".' Portelli, "What makes oral history different," 51.

<sup>121</sup> Orlando Figes writes about the interviews he and his team conducted in Russia with family members whose family archives the research team came to recover and preserve. He writes about how interview subjects were influenced by their pre-existing distrust of authority figures and how that influenced their interactions with his team and how they shaped their narratives: "People were not used to speaking openly about their private thoughts and emotions. From fear or shame or stoicism, during the Soviet period they had learned to hide their feelings and opinions, to suppress painful memories. Many of our interviewees said that they had never spoken so openly about their private lives before, not even with their families: they were at times inhibited, unwilling or unable to express themselves. Some were reluctant to talk reflectively at all: they had lived their lives avoiding awkward moral questions of themselves and were not about to change. Others were reluctant to admit to actions of which they were ashamed, often justifying their behaviour through motives and beliefs that they imposed on their own past (although equally, there were many people at the older end of our cohort who appeared quite eager to get these things off their chest)." Orlando Figes, "Private life in Stalin's Russia: Narratives, memory and oral history," in *Oral history reader*, 359.

## *Intersubjectivity*

The use of oral history offers an opportunity to look at Yugo-nostalgia through the idea of intersubjectivity. On the one hand, the women may have felt comfortable speaking with me because of our shared cultural background, but on the other hand, my subjectivity as a Western feminist created distance. Specifically, these women may never have thought to discuss their private stories of abortion, and many attested that it was the first time they had spoken about these experiences openly with strangers. Yet, when they heard from a researcher who was born and raised in their country, they felt a duty to our shared origins. My position as a younger person returned from overseas to their homeland might have elicited more nostalgic recollections of the way things were, and they were perhaps interested in passing on positive stories of Yugoslavia to the next generation. At the same time, however, my position as a Western feminist living in Australia may have stymied some discussions about the limitations of the socialist health system in which they underwent their terminations. Women who otherwise may not have thought about the Yugoslav past in relation to their experiences of contraceptive and abortion services, felt compelled to defend that past as better for women when faced with a Western feminist. This was especially the case when their hunch about my feminist leanings led them to believe that my political affiliations would stand at odds with socialism and that I inherently opposed the system. In discussing Canadian working-class women's narratives, Joan Sangster observes that age, class, ethnicity, along with 'the ideological similarity/distance that

women felt in relation' to her, resonated with her subjects, allowing her interviewees to 'recast their own history by recovering and revaluing' their own personal histories, in a way that my subjects did with me.<sup>122</sup>

The atmosphere of the interviews was informal and intimate, perhaps qualities that were necessary in light of the potentially sensitive topics under discussion. When I met my respondents, I was greeted with cups of tea and coffee, nourished with home baking, and taken on strolls through city neighbourhoods, offices and clinics. Women invited me into their homes, their workplaces, and their social spaces, such as the *kafana* [tavern] across from their apartment building or the park where they walk their dog. Beyond the formal and detailed responses my queries elicited I have had many casual, often fleeting interactions with women in the region. I draw on such casual interactions rarely as anecdotal evidence. Taken together with more in-depth and systematic interviews, these tidbits help to establish a clearer, broader pattern of evidence that highlights women's intimate experiences of reproductive health. Interlaced with casual conversations about women's families, some of whom I knew, I asked questions about their experiences of sex education, their knowledge and use of contraception, and their experiences during pregnancy, childbirth, and abortion (see appendix 2 for the English-language version of the questionnaire).<sup>123</sup> I also asked them to reflect on their memories of the Yugoslav medical system, on their family dynamics, and the Yugoslav political system, especially in comparison to

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<sup>122</sup> Joan Sangster, "Politics and praxis in Canadian working-class oral history," in *Oral history reader*, 61.

<sup>123</sup> I circulated translated versions of the questionnaire to respondents in their language.

their present circumstances. I consulted physicians about their experience of medical training and education, working within the socialist system and interacting with international colleagues, and what they remembered about the process of birth and abortion service provision.

My local connections helped to establish a foundation of trust that allowed me to broach intimate topics. I was collected from train and bus stations and dropped off to my rented apartment with strict instructions to send regards to my parents (who were strangers to my hosts), and to call when I had my first baby. I was gifted precious research materials whose authors said ‘it is more useful in your hands, now.’<sup>124</sup> Given their professional interest and sense of authority, unsurprisingly, physicians tended to be more direct and spoke for sometimes twice as long as patients.<sup>125</sup> The healthcare consumers who agreed to speak to me were eager to talk about reproductive health during the interviews, even if they might have initially been timid when first hearing about my project. Some women were willing to speak to me face-to-face, while others preferred to submit written answers to a questionnaire. Many conversations continued, both related to my research and beyond, over instant messaging applications. Information flowed in both directions. I learned more about their lives in Yugoslavia, its successor states, and beyond, while offering a window into the lives of their friends and family in Australia and New Zealand. Mirjana, whose words opened this chapter, asked about her son and

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<sup>124</sup> Tomaž Tomažević, interview with author, Ljubljana, 18 September 2016. Tomažević told me this as he handed me his hard-copy report of the Ljubljana Abortion Study, the transnational story of which I tell in another chapter. His name has remained the same.

<sup>125</sup> Physicians also had clear agendas, which I will elaborate on in subsequent pages. Interviews with physicians lasted 1.5-2 hours and 20-60 minutes with private individuals.

daughter-in-law who live in Australia, with whom she Skyped every morning, but had not seen in person in four years. Our conversations perhaps gave her a fuller and comforting picture of their far-away world.

Despite the relatively uniform demographic distribution of my interviewees, they were far from of one mind in their views about the past, the present and the relationship between the two. I met ardent unionists and anti-capitalists, one of whom asked why my questionnaire referred to socialism as a 'regime'.<sup>126</sup> One woman, who asked for anonymity, came highly recommended as someone I had to speak to for her activism against abortion restrictions since the 1970s. However, the current religious backlash in Croatia had left her emotionally exhausted and after a brief chat with her by phone, she cut our conversation short and asked me not to call again because she was 'unable to speak on the topic any further'.<sup>127</sup>

While some women balked at my feminist ideology, several women saw me as an ally to their causes as they gleaned my own personal feminist beliefs. Sensing correctly my ethos, and knowing that I grew up in the West, my respondents drew comparisons between Yugoslav socialism and Western capitalism; and with western feminism. Health professionals' motivations to participate in interviews stemmed from their activism to retain and enlarge women's reproductive freedoms. Since the break-up of Yugoslavia, women's rights advocates have

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<sup>126</sup> Sanja Dobrovojević, interview with the author, Belgrade, 20 October 2016. She seemed antagonized by this phrasing at the outset, but I responded that she had a point, we discussed the word and its West-centric implications and I crossed it out on her questionnaire. Once we had overcome that obstacle, she warmed to my presence and we talked for almost two hours.

<sup>127</sup> Anonymous, in conversation with author, Zagreb, 14 September 2016.

embraced feminism, invoking its principles in their advocacy work fighting for women's reproductive and sexual rights.<sup>128</sup> Physicians still working in Slovenia and Croatia lamented the present situation that threatens legal abortions on demand. Croatian gynaecologist Jelena Grubič's main area of activism in 2016 was to abolish doctor's rights to claim conscientious objection as an excuse to refuse to perform abortions.<sup>129</sup> She said that religious doctors could, and did, claim conscientious objection and were then rewarded, promoted and celebrated as a result of their commitment to their Catholic faith.<sup>130</sup> Others followed suit. Nostalgia for the past crept into Grubič's narratives frequently, but she did not point to specifically Yugoslav aspects of the past that she imagined were somehow better. Her memories of different aspects of the socialist system was punctuated with comments like 'we all pitched in then, no one loved doing it [performing abortions] but it was important and we all stood together.'

My interviewees had their own reasons for granting me their time and attention. At times, these reasons included actively correcting the dominant narrative and dispelling the myth

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<sup>128</sup> Some Belgrade and Zagreb based women also publicly identified as feminists and used the ideology to fight for women's equality during the 1970s and 1980s. Many were academics and used their identities as feminists to expand their academic analyses into Yugoslav politics and society. Žarana Papić's (1949–2002) sociological and anthropological work focused on women's rights and women's emancipation. Influenced by Western second-wave feminism, she helped to organise the first international feminist conference in Eastern Europe, in 1978 — *Drug/ca žensko pitanje, novi pristup?* [Comrade woman. the women's question: a new approach?] Lydia Sklevicky (1952–1990), a sociologist and anthropologist, was a feminist academic whose work dealt with women's history and the integration of women's stories into broader histories of Yugoslavia. Recently, feminist groups have formed in all the major centres, advocating for women's rights and fighting against the conservative backlash threatening women's social positions and reproductive rights.

<sup>129</sup> Grubič, interview.

<sup>130</sup> Croatia is 90 per cent Catholic and there is widespread support for doctors claiming conscientious objection to refuse to perform abortions. Women are often left in bureaucratic limbo as doctors have no obligation to refer women to another gynaecologist who would be willing to perform the termination.

of a socialist utopia. My position as a researcher created a platform for interviewees to challenge such myths, and to assert how such depictions omitted and potentially silenced their own experiences. Female medical professionals all pointed to persisting, ‘smouldering’,<sup>131</sup> patriarchal attitudes about women’s sexualities and gender roles that stemmed from the socialist past. Slovenian social worker Mlakar used our interaction to redress the assumption that legality equated to acceptability and non-judgemental care.<sup>132</sup> She described her male gynaecologist colleagues as ‘all the same,’ regarding the negative views they held of women’s overreliance on abortion, and remembered the ways in which some physicians shamed women and undermined their decisions to undergo abortions. Of the 1974 Constitution, she said ‘it was just paper’.<sup>133</sup> Some women were so keen to share their emotional experiences that they often did not let me finish asking a question; they wanted to guide the narrative. Reclaiming past narratives and rectifying dominant narratives was perhaps a cathartic process for these professionals. Physician and literary scholar, Rita Charon describes the process of narrating the past in the context of what she calls ‘narrative medicine’: ‘By telling stories to ourselves and others—in dreams, in diaries, in friendships, in marriages, in therapy sessions—we grow slowly not only to know who we are but also to become who we are.’<sup>134</sup>

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<sup>131</sup> Grubič, interview.

<sup>132</sup> Mlakar, interview.

<sup>133</sup> Ibid.

<sup>134</sup> Rita Charon, *Narrative medicine: Honoring the stories of illness* (Oxford: Oxford University Press, 2006), vii.



Some women wanted to correct assumptions that I might have had about them in relation to their own knowledge and relationships with their partners and children. One common recollection was that even though they said that they did not have any sex education growing up, they often stated that they redressed this in their own relationships with their daughters and sons. They shaped their narratives to allow a comparison between their own experiences of youth and their remedial actions today. Most respondents said that, unlike their relationships with their parents, they speak to their children openly about sex, reproduction and health, attesting that their ‘children can always come to’ them. Sangster explains of her cohort that women’s understanding of social norms gained from lifelong interpersonal experiences led women ‘to explain or excuse their wage work, since it was viewed critically by society. If we presume that “subjectivity is not a romantic fiction of the self prior to socialization, but rather bears marks of the person’s interaction with the world,” then the powerful influence of social context can never be ignored.’<sup>135</sup> Influenced more by reflections of their personal experiences as children and as parents, women did not solely reflect nostalgia in their narratives of the past.

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<sup>135</sup> Sangster, “Politics and praxis,” 67. Therein she quotes George Rosenwald and Richard Ochberg, “Introduction: life stories, cultural politics, and self-understanding” in George C. Rosenwald and Richard L. Ochberg, eds., *Storied lives: The cultural politics of self-understanding* (New Haven, CT: Yale University Press, 1992), 8.

## *Dominant narratives and personal recollections*

### *Contraception*

Through their interviews, one can see how participants have internalised popular representations of their Yugoslav past, drawing on shared memories of their past to retrace their own experiences. Scholars have demonstrated how individuals' retelling of their past experiences construct an identity. Their personal narrative sits within a broader, collective narrative: a subjective memory that functions in relation to, and in negotiation with, a collective memory.<sup>136</sup> Historian of Yugoslavia, Sabrina Ramet, has described how 'the "collective memory" of a nation consists not of the sum of the individual memories of its members, but rather of the product of a diversity of sources, including history textbooks, media, and the photos and images which become part of the common heritage.'<sup>137</sup> Interviewees perceived and relayed events or experiences that punctuated their lives as either in line with expectations or outside of the expected. Drawing simultaneously from socialist propaganda and contemporary public medico-legal knowledge, my interviewees used cultural memories to fill in the gaps in their own

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<sup>136</sup> Susan J. Brison, *Aftermath: Violence and the remaking of a self*, (Princeton, NJ: Princeton University Press, 2002); Renata Kokanović, Michaels, and Kate Johnston-Ataata, eds., *Paths to parenthood: Emotions on the journey through pregnancy, childhood and early parenting* (London: Palgrave MacMillan, 2018).

<sup>137</sup> Ramet, "Memory and identity in the Yugoslav successor states," *Nationalities papers* 41, no. 6 (November 2013): 872.

recollections, to make up for something that they lacked in their historical knowledge and to address larger narratives.

The narrative generated through collective memory constructs a past in which the New Yugoslav Woman enjoyed all the perks of Western consumerism in combination with socialist security and a uniquely Yugoslav brand of gender equality. Women's reproductive rights contributes to Yugoslav communists' avowed commitment to parity. During the socialist period, and since, Yugoslav laws from that era have been hailed as some of the most consistently progressive around the world, leaving women's everyday lived experiences of those political circumstances largely without critical analysis.<sup>138</sup> While legal guarantees certainly made the medical procedure more accessible, at least to middle class urban women, the lived reality of accessing terminations was far more complex. Women carried popular sentiments into their post-1989 world. The story of the modern New Yugoslav Woman is pervasive across all forms of state media in the socialist period.<sup>139</sup> Women also echo this version of Yugoslav gender history in their recollections of socialism, often by repeating the phrase 'those were beautiful times', and insisting that 'we had everything then'. Erasure is evident in an oft-repeated quip I heard from some interviewees: 'there isn't much to say about that [abortion in Yugoslavia].' The socialist propaganda machine reduced women's personal experiences to aberrant anecdotes. In light of the political, economic and social crises that have unfolded since Yugoslavia's break-up,

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<sup>138</sup> See introduction and Chapter 1 for more of an analysis of these legal changes.

<sup>139</sup> I explore these trends in more detail in chapters 1 and 2.

women had further incentives to shunt their less positive recollections in order to bolster the image of a Yugoslav socialist paradise.

During the 1970s and 1980s, the dominant narrative held that contraception was available and accessible for all. Yet not all could easily access contraceptive services and products. Stigmas continued to surround women's sexual activity outside of wedlock, leaving unmarried women unwilling to seek advice about birth control options, for fear of shaming.<sup>140</sup> Nevertheless, my respondents knew about contraceptives, felt fairly comfortable in using medical language to discuss the clinical aspects of contraception, and reported having had some personal experience with several different types – predominantly the pill, IUDs and diaphragms. Many women asserted that their gynaecologists provided them with most of their knowledge. The urban-dwelling middle-class women I interviewed reported a sound understanding of contraceptive methods and knew how to access services and who to approach for prescriptions and information. Oral historian Alessandro Portelli argues that individuals commonly adopt formal – in this case medical – language when calling on aspects from dominant or collective memories, in part to demonstrate their participation in that larger structure.<sup>141</sup> The women in my study used medical language to evidence their understanding of the system and to assert their authoritative voice.

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<sup>140</sup> Morokvasić, "Sexuality and control of procreation," 195; Simić, *Soviet influences*, 40.

<sup>141</sup> Portelli, "What makes oral history different," 52.

Despite women's technical nous, they often used contraception for short periods of time, and usually only once they were married. This may be because of generational factors as these women were young during the 1960s. Most women said that their disuse of contraception as married adults was due to personal preference, and being open to starting a family. Most did not use contraception before marriage and statistics demonstrate that teenagers had little knowledge about contraception and therefore did not use it. It is likely that my respondents could not easily access contraceptives because of their age, marital status or because contraception was not consistently available through their doctors. Moreover, women did not gain their detailed knowledge as part of their school curriculum. My respondents only developed their technical intelligence about contraception through visits to gynaecologists after they were married. Ultimately, their knowledge of contraceptive methods, brands, and types, along with their reported trust in medical professionals, did not translate completely to their private practice since they had not gained that knowledge while growing up.<sup>142</sup>

Women's accounts of where and from whom they learned about matters of contraception and sex reveal disjuncture between their experiences as teenagers and as adults. All of the women said that as teenagers they read books, watched educational films that explained conception and contraception, and read about pregnancy and birth control in magazines.

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<sup>142</sup> Repeated surveys confirmed this. In one survey of women workers in the factories of Josip Kraš and Astra about family planning and motherhood, researchers determined that 72 per cent used coitus interruptus, 15 per cent used OCP. They also found that women learned more from the press, from their friends and husbands than from their doctors (22 per cent). HDA, KDAŽ – 1234, box 207.

Remembering her student years in Belgrade in the 1970s, Sanja Dobrivojević said that ‘there were brochures about contraception everywhere and women could please themselves,’ as to whether or not they would partake of that education.<sup>143</sup> Collectively, their introduction to matters of sex, sexuality and reproduction were ad-hoc and unguided. Though educational material was widespread, the state relied on teenagers to locate and utilise instruction without offering an integrated educational system to ensure that students felt sufficiently informed.

Generational and geographic factors affected whether or not, and how, women experienced sex education through schools or with their parents. When it came to school-based sex education, there was no consensus. A few women said that they attended ‘regular, weekly seminars’ at school, and others said that there was the occasional ‘throwaway’ or ‘makeshift’ lesson as part of a broader biology, or health and hygiene curriculum.<sup>144</sup> When describing the latter, women said that teachers looked ‘embarrassed and we [students and teachers] all wanted to get it over and done with quickly.’<sup>145</sup> Regardless of the quantity or quality of sex education, women rejected any suggestion that they felt inadequately informed and explained that ‘it was very different then’ and ‘you wouldn’t find that today.’<sup>146</sup> Through body language – a shrug, for example – women dismissed what they perceived as my disbelief in any part of the socialist health or education system constituting a positive or modern experience for young people. For

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<sup>143</sup> Dobrivojević, interview.

<sup>144</sup> Magda Langdan, interview with the author, Sombor, 27 October 2016.

<sup>145</sup> Jovana Djoković, interview with the author, Sombor, 27 October 2016

<sup>146</sup> Ibid.

others, descriptions of fertilisation and contraception did not exist in their high-school education. In my sample, women from Vojvodina, Belgrade, Zagreb and Ljubljana were more likely to have received regular instruction than women from smaller towns. Younger respondents also reported more curriculum-based learning than the older generation: ‘we learned about all of that from biology class.’<sup>147</sup> This finding could indicate that, at least for women of urban middle-class backgrounds, there was an increasing availability of information about contraception at school over time. A similar pattern emerged when women remembered discussing sex and contraception with their parents. Younger, city-born subjects were more likely to discuss contraception and pregnancy with their mothers, though none spoke to their fathers about contraception.

Even though women cited school-based educational seminars, women’s contraceptive knowledge did not come from there or from conversations with their parents, but rather through their experiences and relationships in adulthood, implying that the social climate viewed contraception as an aspect of marital sexual relationships.<sup>148</sup> Only as adults did women receive their first formal contraceptive advice, which they sought out from their gynaecologists. This new patient-physician relationship led to their personal introduction to contraception. Women said that as teenagers, they absorbed fragmented information from the deluge of printed and audio-visual sources that existed, however they found they received the most practical

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<sup>147</sup> Živa Novak, interview with the author, Ljubljana, 9 September 2016. Novak’s name has been left unaltered.

<sup>148</sup> Morokvasić, 196.

information from their gynaecologists, whom they began to consult in adulthood. Women mostly used contraception during marriage, explaining that their grasp of the intricacies of contraception was limited as a teenager, and describing their knowledge as ‘poor’ or ‘terrible’.<sup>149</sup>

Yet, largely unprompted, they provided detailed biological accounts of sperm and ovum cells joining, travelling through the fallopian tube and eventually embedding within the uterine wall. They matter-of-factly reported that the pill had to be taken once at the same time each day and that diaphragms had to be fitted by a gynecologist in order to work correctly. When they spoke about contraception, they often reported back as if they were being examined on the subject, and had dutifully studied about conception and contraception in their youth. Though confident in their recall, they often stuttered as they struggled to remember particularly technical details. For some, for example, the names of contraceptive products came easily. For others, they searched with looks of concentration written on their faces as they pierced the corners of the room with their eyeline willing the walls to produce the correct answers. Sociologists who studied teenage pregnancies during the 1970s and 1980s reported high rates of teenage pregnancy across Yugoslavia, and conducted surveys to understand the root of the problem.<sup>150</sup> Student responses revealed that they were sexually active during their high school years but knew next to nothing about how to prevent unwanted pregnancies, leading researchers to conclude that without sound contraceptive knowledge, teenagers were left vulnerable.<sup>151</sup> Given that my

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<sup>149</sup> Dobrivojević, interview.

<sup>150</sup> Ibid.

<sup>151</sup> I analyse these studies in more depth in chapter 3 and 4.



respondents were teenagers during the 1970s and 1980s, it seems likely that they had shared experiences with the teenagers from those studies, gaining their technical knowledge not from their high school years but as adults.

Young women in the 1970s and 1980s appear to have felt inadequately prepared to navigate their reproductive health options and the medical system. For the most part, respondents asserted that during contraceptive seminars at school or community centres, they were vaguely told to ‘take care of themselves.’ Heteronormative instructions divided the sexes, girls advised to take care of themselves, and boys told to take care of their girlfriends, in what Dobrivojević described as ‘patriarchal messages regarding expectations of young women’s sexual lives,’ that taken together ‘would never leave you feeling as if you’d learned anything’.<sup>152</sup> While Dobrivojević and others pointed to a patriarchal system of oppression that disempowered teenage girls by refusing them access to pragmatic knowledge and skills to take advantage of safe medical provisions, others simply said that ‘people just didn’t talk about such things.’<sup>153</sup> Women recalled hearing the same advice – ‘look after yourself’ – from their mothers as if the phrase was a stand-in for any practical contraceptive advice. Women sometimes said that there were still taboos around publicly discussing one’s personal situation – ‘we never really even talked to our friends about contraception or sex’ – implying that general discussions of the medical aspects of contraception were acceptable, while personal experiences were not.

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<sup>152</sup> Dobrivojević, interview.

<sup>153</sup> Ibid.

Official state discourse asserted that contraceptives were widely and readily available, yet women's recollections attest to the unreliability and inaccessibility of contraceptive products. While all of them used contraception at times throughout their adult years, none of them used contraception consistently or for long periods of time. Magda Langdan abandoned the contraceptive pill due to its side-effects.<sup>154</sup> She, and others, said that they experienced headaches and gained weight, which they perceived as undesirable side-effects and the pill's prophylactic potential did not outweigh those significant drawbacks. Some women decided to try the IUD option in the early 1970s; one woman got pregnant while she had an IUD in place, leaving her distrustful of other contraceptives.<sup>155</sup> Many women said that they stopped using contraceptives after an abortion or after they had a child. Since they did not gain a thorough, factual and judgement-free introduction to contraception from their teachers, parents or other adults during their formative years, women also did not have a personal history of using contraceptives that would see them include new resources in their birth control routine.

Health professionals reasoned that women's distrust in contraceptives was perpetuated by physicians' ignorance about, and mistrust of, contraceptives. Grubič said that many male physicians would not prescribe the pill because they were unfamiliar with the drugs and methods.<sup>156</sup> Croatian midwife Kata Kovačić explained that since doctors did not understand hormones in contraceptive pills, or how the IUD functioned in preventing pregnancy, women

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<sup>154</sup> Langdan, interview.

<sup>155</sup> Vladislava Andrić, interview with the author, Sombor, 28 October 2016.

<sup>156</sup> Grubič, interview.

also distrusted those modern methods.<sup>157</sup> Doctors who did prescribe contraception only had one or two to choose from, which did not suit all women, so even if doctors had benevolent intentions they were limited by circumstances. At times, women would return to refill their prescription and the brand that they had been using would no longer be available, leaving them discouraged. Some professionals also claimed that physicians would not even tell women about contraceptives, or would intentionally dissuade them from using contraceptives, because of financial benefits. Social insurance would pay doctors for abortions, not for contraceptive consultations and prescriptions. As was common elsewhere, respondents concurred that women's lack of trust in modern contraceptives made them turn to things that they knew or learned about from their peers or elders – tracking ovulation days and *coitus interruptus* – relying on abortion if those methods failed.<sup>158</sup>

### *Abortion*

Contrary to contemporary studies and to enduring stereotypes that women relied on abortion as their primary means of fertility control, my sample suggests that educated middle-class women used a combination of abortion and contraception to space their births, rather than relying on abortion alone. Demographers reported that abortion rates were high and

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<sup>157</sup> Kata Kovačić, interview with author, Zagreb, 15 September 2016.

<sup>158</sup> Morokvaič's respondents explained that this was the case for their continued use of abortion instead of turning to modern contraceptives.

contraceptive knowledge and consumption low, and presumed that the two seemingly disparate populations were almost mutually exclusive. However, that does not appear to be the case, though many factors, including social stigmas to do with accessing contraceptives deterred women from using them consistently throughout their lives. Their decisions had more to do with the long historical use of abortion in Yugoslavia than the legalisation and the ongoing improvements to services and accessibility for women. My subjects did not directly state that established practice of resorting to abortion as birth control influenced their decision-making. Nevertheless, the ways that they described abortions as nothing out of the ordinary, and as fitting unproblematically within the narrative of their lives speaks to the abiding and established practice of abortion alongside contraception.

As was the case with contraception, the common narrative among my interviewees was that in Yugoslavia it was fairly simple and easy to terminate an unwanted pregnancy. Most of my interlocutors pointed out that present conservative circumstances threatened to take away what the socialist state built. Their stories all started in the same way: the woman fell pregnant and went to her gynaecologist to seek an abortion. If a woman wanted an abortion, she would ‘just go and get one.’<sup>159</sup> She got the abortion and ‘that was that’. The relative ease that women recall in this common retelling can be attributed to the fact that the women I interviewed lived their reproductive years after the 1969 General Law that permitted abortions on demand before 10

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<sup>159</sup> Dobrivojević, interview.

weeks gestation. Once I pressed my respondents to elaborate on their experiences beyond ‘that was that’, the pat narrative collapsed.

The process of decision-making, accessing abortions, and the emotional weight of those decisions lay with women. Given that my respondents were older women, some retired and many with grandchildren of their own, their memories of teenage and young adulthood years were likely tempered by political, cultural and social shifts, time, and personal experiences.

Vladislava Andrić said that the only reason she aborted was because her boyfriend at the time wanted her to; though she did not regret it, she did not feel like it was her decision. For others, the decision was theirs alone. For many respondents, men did not feature in their narratives at all, and such omissions spoke volumes considering the broader context of their stories. In a way, their partners feature through their absences. Their partners had left them, or their pregnancies were the product of casual sex. Several respondents recalled busy and crowded hospital wards where they awaited their procedure, surrounded by other women in the same position all talking about their families, jobs, and sometimes the circumstances that led them to those appointments, yet extracted temporarily from those lives to terminate a pregnancy on their own.

My respondents did not present their decisions as having been made out of desperate circumstances, though a critical reading of their constructed narratives suggests that lack of material support from state institutions in combination with women’s personal circumstances led them to make the decision to terminate. Most of the women in my study said that they felt nothing about their experiences of terminating a pregnancy: ‘it was the right decision and I rarely

think about it,' was a common summative comment on their experiences. Despite their relatively high socio-economic status, women still said that finances, accommodation, and their employment status affected the way that they viewed their pregnancies. Jovana Djoković, a Sombor-based lawyer, had an abortion one year after she gave birth to her oldest child.<sup>160</sup> She said that it was the best course of action for her, even though she was a 'fearful person who was afraid of needles'.<sup>161</sup> She pointed to 'environmental factors,' such as money, work, and living in a small apartment, as reasons for her decision. She shrugged, signalling to me that she did not carry guilt over her choice, and said, 'it was not an easy decision, but the reality of the situation compels you to make that choice.'<sup>162</sup> This collection of reasons – money, job and accommodation – was so prevalent amongst my respondents that I almost expected it during each interview. None of the women whom I spoke to claimed that medical circumstances influenced their decisions, which unseats the illusion that socialist utopia equated to a context where social circumstances would not be a factor for women in making decisions about their pregnancies.

While abortion was not a negative experience for all women who experienced it, in Yugoslavia, or anywhere else for that matter, deciding to have an abortion conveys agency at the same time that it raises questions about the limitations of exercising agency under compromising and restrictive circumstances. Based on ethnographic research, Michelle Rivkin-Fish asserts that

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<sup>160</sup> Djoković, interview.

<sup>161</sup> Ibid.

<sup>162</sup> Ibid.

Russian women did not understand their access to abortion through the lens of a right to choose – the dominant discourse for framing the Western, especially American, debate on abortion rights. Instead, they understood abortion access as a reflection of the ‘dire lack of choices that plagued daily life’.<sup>163</sup> Citing such discourse and other factors, Teodora Babić, Sombor-based administrator, recalled her decision to abort a twin pregnancy because her mother was on her death bed, she did not have a partner at that time, and she did not have an apartment of her own or a job.<sup>164</sup> She told me that she still often thinks about how old her twins would be, and how she wished she could have continued the pregnancy, but that material circumstances made that option impossible. Even though this may very well have been true, women also may have clung to that reason because it was much more socially and legally acceptable than them not wanting to keep the baby irrespective of material circumstances. Either way, dominant narratives of abortion legality overshadowed women’s personal narratives.

Women, for the most part, were satisfied that they had made the right choice for themselves, their experiences of isolation speak to persistent stigmas surrounding abortion, despite its legality, and single parenthood, despite state measures to protect children born out of wedlock. I sometimes spoke to women in cafes, at their request. When talking about laws and services, they would speak at a normal volume, but when the conversation came to be more personal or individual, they would lean in, and lower their voice. Aleksandra Vladić, Belgrade-

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<sup>163</sup> Rivkin-Fish, “‘Change yourself and the whole world will become kinder’: Russian activists for reproductive health and the limits of claims making for women,” *Medical anthropology quarterly* 18, no. 3 (September 2004): 287.

<sup>164</sup> Teodora Babić, interview with the author, Sombor, 25 October 2016.

based botanist, said that women did not talk about their own personal experiences of abortion.

She declared that a woman either went and got an abortion quickly and quietly, ‘sweeping it under the rug,’ or she had a ‘very quick wedding’.<sup>165</sup> Branka Kostić pointed to religious doctrine denouncing abortion as a sin, but if it had to be done, ‘people looked the other way’.<sup>166</sup>

Aleksandra, along with many other respondents, said that she did not talk about her experiences often with friends or family. Teodora did not tell her close friends about her abortion at the time because she did not want to be dissuaded. She only told them later, ‘after’, and it was not something that she ever discussed again with friends or family.

Women’s recollections of arranging a termination echo socialist medical propaganda that coaxed women into the biomedical healthcare system. All of my respondents gushed that clinics were ‘clean, orderly and organised’ and that medical staff were informed and well-equipped. Women routinely juxtaposed their memories of the Yugoslav health system with present-day healthcare shortcomings. ‘It may not have been perfect,’ said Aleksandra of the socialist structure, ‘but at least we were all equal and all of our healthcare was covered by insurance.’<sup>167</sup> In recounting the clean and orderly nature of the clinical space, women had also perhaps been reacting to a fairly odd question that asked them to think beyond their own experiences – the decision-making path, the procedure and its after-effects – to describe the environment and setting of their terminations.

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<sup>165</sup> Aleksandra Vladić, interview with the author, Belgrade, 19 October 2016.

<sup>166</sup> Branka Kostić, interview with the author, Belgrade, 20 October 2016.

<sup>167</sup> Vladić, interview.



Collectively, women conveyed a sense of respect for medical institutions and for medical staff, especially their specialists, even if their experiences of the medical system did not meet their expectations. Vladislava said that she trusted her gynaecologist completely and that her termination went ‘smoothly and according to plan’.<sup>168</sup> For most women, consulting their gynaecologists was a central step in carrying out their decisions to terminate abortions, not only because that was necessary to prompt the process, but because they felt that their physicians were the ones that they could speak to openly.

Women said that physicians working illegally outside of the medical system offered respite when women sought discretion. This was especially clear in the case of young women who fell outside legal protections. When recalling their own or their friends’ experiences as teenagers, women’s stories took a more reticent tone. Teenage girls needed one parent’s permission to abort and my respondents explained that no one they knew had a close enough relationship with their parents to ask them for their consent. Recalling their teenage years, women described seeking physicians who would run a pregnancy test privately, outside of the medical system and in secret, because their parents ‘would kill them’. None of my respondents reported that they or their friends actually had a termination outside of the medical system, though they did recall that the prospect of entering the medico-legal system for reproductive health services was a source of considerable anxiety. Some women remembered that their families were very ‘traditional,’ or ‘patriarchal,’ or ‘religious,’ all of which seemed to mean that

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<sup>168</sup> Andrić, interview.

teenage pregnancy was not something that was tolerated within families and was taboo in wider society, turning women towards potentially unskilled or unlicensed practitioners.<sup>169</sup> When talking about this aspect of their and their friends' lives, women were less forthcoming and kept details to a minimum – 'there was a doctor like that here, too'.<sup>170</sup> They referred to 'their acquaintances' or to a 'friend of a friend,' who needed help from such practitioners. Perhaps they never experienced such a need themselves, or if they did they may have not wanted to admit to it even decades later to someone outside of their social circles, which would suggest that such taboos were so powerful as to cross generations and life stages. Some women, like Vladislava, spoke about the notoriety of such physicians – 'all of Sombor knew him'.<sup>171</sup> Adult women also sought

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<sup>169</sup> Sexual behaviours amongst adolescents posed a considerable concern for population health and family planning experts. As I discussed in Chapter 4, teenagers did not appear to have the level of information about contraception and safer sex practices to enable them to prevent unwanted pregnancies from occurring. In the 1980s, sociologists Dubravka Štampar and Aleksandra Beluhan conducted research into the sexual behaviours of teenagers, and particularly around the use of contraception and abortion. Štampar, "Poznavanje i primjena kontracepcije,"; *ibid.* and Beluhan, "Fertilitet i ponašanje u planiranju obitelji adolescentica u SR Hrvatskoj [Fertility and family planning behaviour amongst adolescent girls in Croatia]," *Arhin*, 32 (1988): 93-101. Štampar and Beluhan consistently supported legalisation of abortion as they understood that women would seek assistance through illegal channels if they were denied abortions through the committees, which was sometimes the case if girls did not have the required parental permission. Štampar, "Croatia: Outcome of pregnancy in women whose requests for legal abortion have been denied," *Studies in family planning* 4, no. 10 (Oct 1973): 267. One set of data from 1976 surveys of women concluded that being married tended to decrease women's use of abortion, especially when they were under the age of 25. Researchers draw a correlation between women's desire to have children once they were married with their low use of abortion, compared to their unmarried counterparts. Between 1966 and 1971, abortions requested by married women increased by 16%, while, during the same period, the abortions by unmarried women increased by almost 44%, signalling a considerable difference in birth control behaviours between married and unmarried women. Miroslav Lalović, "Birth control by means of abortion," in *Fertility and family planning in Yugoslavia*, 220, 218. The increasing anxiety over teenage pregnancy was symptomatic of conservative and religious attitudes about sex outside marriage that did not disappear after WWII. Another significant factor is that the birth rate continued to decrease per woman and across the entire country. Gynaecologists believed that abortion, especially abortions performed on childless young women, would cause infertility in later years, explaining the increasing anxiety over the sexual and contraceptive behaviours of young women.

<sup>170</sup> Jelinić, interview.

<sup>171</sup> Andrić, interview.

private care offered by physicians who wanted to earn extra money. If underage girls did not have their parents' support, they sought assistance outside regular channels.

Despite women's fondness for their gynaecologists, their experiences and opinions diverged based on their own circumstances. Even as women explained that they trusted their gynaecologists, they also reported that these doctors frequently attempted to dissuade them from having a termination. These testimonies complicate ideas that terminations were easily accessible; instead women often found themselves pressured by gynaecologists to continue with pregnancies. Mirjana, who we heard from at the beginning of the chapter, said that she terminated a pregnancy when she was 18. She went to her gynaecologist to schedule a termination who left her 'completely disheartened,' advising her not to abort, to get married and have the baby.<sup>172</sup> Teodora recalled a similar scenario. Her gynaecologist begged her to reconsider terminating her pregnancy, especially since there were two embryos, but she held fast with her decision, as did Mirjana.<sup>173</sup>

The testimonies indicate that some gynaecologists tried to delay an abortion until the woman had passed ten weeks gestation, by which time it would be too late to proceed with the procedure. Indeed, Mirjana and Teodora, along with several other women said that their physicians asked them to leave and come back the following week. Had they agreed to do so that

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<sup>172</sup> Jelinić, interview.

<sup>173</sup> Babić, interview.

might have meant that their pregnancies were too far along for an abortion.<sup>174</sup> Mlakar, who attended many procedures and worked in Ljubljana in the early 1970s as a social worker, corroborated that physicians used this tactic frequently. She recalled a time when a termination was about to happen and the patient was undressed on the operating table with her legs in stirrups. The male gynaecologist leant on the patient's knees and said to her 'madam, do you realise how beautiful this baby would be, look at how beautiful you are'.<sup>175</sup> She went on to say that this exchange led the woman to go home to rethink her previous decision. When she got home, according to Mlakar, she 'faced the same financial situation, she lived in the same inadequate apartment, she had the same marital problems,' and she came back to terminate. By then, exactly as the physician had presumably hoped, it was too late because the pregnancy had advanced too far.<sup>176</sup>

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<sup>174</sup> Delay tactics were common, and have been common all over the world. Though she did not elaborate how far along the woman was exactly, two outcomes are possible. It was possible that she had gone past 10 weeks at which point she would have had to apply to the commission for approval. She may have found this a daunting prospect because she would require proof that supported her application. For example, if she claimed on medical grounds she would need a psychiatrist or physician referral. If she was claiming on social grounds, she would need something in writing from community services. The other outcome would be that she was over 20 or 24 weeks pregnant. When the state expanded abortion laws in 1969, authorities advised that healthcare professionals do all they can to educate people in preventing unwanted pregnancies. If women experienced unwanted pregnancy, they were to 'help parents to give up on the idea of getting an abortion, by showing them that even medical system abortions were harmful.' AJ, SIV – 130, box 587. Federal Assembly, Social-health committee and health protection committee, "Advice for the Resolution of Family Planning and Regulating the Conditions for Pregnancy Termination," 4.

<sup>175</sup> Mlakar, interview.

<sup>176</sup> Although she did not elaborate, I assume that this means that the woman had gone past 24 weeks gestation, though it may have been as early as 20 weeks. The cut-off point for terminations is determined by medical professionals with multiple factors in mind: whether the foetus could survive outside of the uterus if delivered at that point in the pregnancy; the risk of haemorrhage if the foetus were to be extracted at that stage.

Although women rarely recalled instances where they were shamed by their healthcare workers, the few instances that they shared with me illuminating for the particular grounds on which they castigated them. Male healthcare professionals admonished women about being sexually active, blaming them for the circumstances they found themselves in. Mlakar recalled another incident where her patient was in the surgery and was asked to take off her clothes and put on a robe. The patient asked if that included her underwear to which the doctors replied, ‘well did you have them on when you got into this mess,’ referring to her unwanted pregnancy. Another woman, who did not abort her pregnancy but miscarried late in her second trimester, delivered the baby vaginally, and as she screamed in pain, nurses chided her saying that she must have been making the same noise when she got pregnant. These recollections were tinged with discomfort. The abortion itself was not necessarily a traumatic event but for respondents these rude comments continued to rankle. They were eager to set the record straight, to talk back to healthcare workers – albeit indirectly – in a way that they were unable to at the time when they were initially stung by these harsh words. This is especially true for Mlakar. She was emphatic in wanting to set the record straight about how male doctors conducted themselves during her time as a social worker. She said that while the legal situation may have been better and more secure during socialism, the doctors still held patriarchal and misogynistic attitudes about women. Mlakar asserted that attitudes were widely held by health professionals who resented the time, energy and resources that went into something that they ‘did not really like doing’.<sup>177</sup>

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<sup>177</sup> Mlakar, interview.

An extensive medical infrastructure had evolved in response to women's increasing use of abortion.<sup>178</sup> On average across the socialist period women were having as many abortions as they were delivering live babies, and that at times and in some regions, such as Belgrade and Kosovo, abortions surpassed births. Each hospital or clinic had a dedicated reception area for abortions attached to birthing centres where women would report to and pay. The Ministry of Public Health charged healthcare workers to take turns serving on abortion commissions, developing new practices and technologies and training new specialist cadres. Abortions were costly and women occupied patient beds pre-surgery and in recovery. Stretched beyond capacity, hospital staff felt compelled to make the best of difficult situations. Kovačić remembered that midwives were not trained to perform abortions and were not meant to be involved in abortion care, however because resources were stretched thin, they assisted physicians by sterilising instruments to keep up with demand and laundering sheets between procedures. Belgrade-based gynaecologist-obstetrician Edvard Kobrić said that although social insurance covered hospitals for 24-hours of care for each woman who got an abortion, women were often released two hours after the procedure.<sup>179</sup> According to all of the physicians I spoke to and some of the women, financial incentives for gynaecologists, and the promise of discretion for women, led physicians to perform abortions outside of the clinical space.

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<sup>178</sup> I discuss this at more length in chapter 2.

<sup>179</sup> Edvard Kobrić, interview with the author, Belgrade, 20 October 2016. It should be noted that Kobrić says most women wanted to be released early, too, so this practice was not necessarily unsympathetic to women's needs. It does illustrate that hospitals did what they could to stretch resources.

Though many physicians resented the material demands of providing terminations, they supported its legality, even as they admitted that there were manifold ways in which legality did not align with the demands of real life. The healthcare professionals in my study all expressed concern at the current conservative turn that threatens legal guarantees for women. Physicians held the same mantra: ‘once a woman had decided to abort, there was very little she wouldn’t do to achieve her goal.’ Medical personnel pointed to a single moment that affirmed their views that abortion should remain legal and that women should be apprised of that legality and availability. Belgrade-based Kobrić and Kovačić, who worked primarily in Zagreb, both recalled their days in residency, tending to young women who had self-aborted. Bowing her head, speaking softly and saying that she felt sick thinking about it, Kovačić did not go into detail about the outcome in her experience but said that she never wanted to see anyone suffer like that again.<sup>180</sup> Kobrić listed ways that women tried to perform a self-abortion – ‘in Vojvodina they did it with goose feathers’ – and he said that he could not believe that women could do that to themselves.<sup>181</sup> Živa Novak, gynaecologist and daughter of Franc Novak and Vida Tomšič, and Tomaž Tomažević, Novak’s colleague, both said of Franc Novak that his early experience working at a birthing centre in Belgrade in the 1950s where conditions for women were much harder, left him convinced that abortion needed to be legal, free and accessible.<sup>182</sup>

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<sup>180</sup> Kovačić, interview.

<sup>181</sup> Kobrić, interview.

<sup>182</sup> Novak, interview.; Tomažević, interview.

## *Conclusion*

By critically analysing subjective recollections of the past, I challenge the dominant narrative of ease, accessibility and acceptance of abortion and contraception within socialist Yugoslav society. Women's testimonies shed light on not only their experiences of the past, through the present, but also their perceptions of present circumstances. Narratives attest to the abiding inequalities in the sphere of reproductive matters, too.

Another thread is the role that nostalgia played in women's recollections of their reproductive experiences. Yugoslavia's violent destruction and the chaos wreaked on its population have collectively left their impression on women. While undeniably significant for how women viewed themselves in relation to me, to their peers and to their shared and collective history, it also represents a dominating force over how scholars interpret the complex processes of women's remembering of personal experience. At times, women recalled the way things were with nostalgia, although they overwhelmingly did this not in relation to anything specifically or uniquely Yugoslav or socialist. They related to their own experiences, relationships and motivations for agreeing to be interviewed. Nostalgia formed one aspect of their narrative construction but to claim that it was the driving force behind the formation of their stories would be to deny that they understood their experiences as individuals, as women, as mothers, sisters and daughters, and as survivors.



## **Conclusion: Regulating reproduction in Yugoslavia during socialism, and beyond**

The debate about who regulates reproduction in the region extends into the post-socialist period.<sup>1</sup> Since 2016, coordinators of the Walk for Life initiative have held annual anti-abortion marches in Croatia's cities, attracting thousands of sympathisers each year.<sup>2</sup> The group and its supporters work mainly to raise awareness of the widespread use of abortion across Croatia and fight for the unborn foetus' right to life. Members also advocate for restricting Croatia's abortion laws, and for doctors' rights to conscientious objection.<sup>3</sup> In 2019, protesters planned marches to be held in Zagreb and Split on 25 May, Electoral Silence Day held one day before European Parliament elections. The State Election Commission determined that the event did not violate the day's electioneering ban, but cautioned participants who were election candidates to respect the law. Several conservative political candidates joined the march in support of the initiative's platform. Each year, in opposition to the march and the broader platform that it speaks to, Croatian feminists have rallied to protect women's rights to safer medical abortions. This year, protesters wore red clothes or white garments splattered with red paint to symbolise women's

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<sup>1</sup> Similar protests and walks, initiated by domestic organisations like Walk for Life in Croatia or international organisations of the same ilk, have been conducted throughout major cities across Serbia, too, and tied to the Orthodox Christian traditions of that country.

<sup>2</sup> Zagreb, Rijeka and Split since 2016, and in 2019 Zadar and Osijek joined as well. This is just one of the many groups associated with conservative messages that threaten the rights of women, homosexual men and women, transgender people and other marginalised communities. The initiative's website - <https://www.hodzazivot.hr/> accessed on 23 September 2019.

<sup>3</sup> The group's platform is fairly broad and vague. In chapter five I discussed the views of Croatian gynaecologist, Jelena Grubič, whose activism focuses almost entirely on removing doctors' rights to conscientious objection.

battle for legal abortion and the lives lost due to botched back-alley abortions. Zagreb-based Platform for Reproductive Rights and other feminist pro-choice groups organised counter-marches to coincide with anti-abortion demonstrations, called Walks for Freedom.

This dissertation's central interventions speak to this political brawl. It elucidates the dynamic interplay between ordinary citizens, state leaders, experts and interest groups, and highlights how groups and individuals consumed and deployed mass media. I break down constructions of the socialist period and what came after, especially with respect to women's access to safe, medical and hygienic reproductive health services. Through legislation and institutions, many Yugoslav communists claimed to have resolved what Croatian feminist anthropologist Lydia Sklevicky called the 'sacred monster of the "woman question"',<sup>4</sup> a perennial stand-in for the problem of persisting inequalities between the sexes at home and in the public sphere. The slew of clashes over women's reproductive autonomy – in the Yugoslav successor-states and globally – suggest otherwise. Given that the Walk for Life initiative was inspired by similar marches the world over, and that it has recently sprouted in other post-socialist European states, reproductive regulation in the region continues to be an internationally enmeshed phenomenon that plays out on the domestic stage. Discord between women's private practices of fertility control, the concerns of interest groups and opinionated experts, and the agendas of states, is not peculiar to socialist Yugoslavia. As the state did throughout the socialist period, each organisation draws on scientific authority to lend weight to its arguments, though each

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<sup>4</sup> Sklevicky, "More horses than women," 72.

disagree on the relevance of religious dogma to women's rights to make reproductive choices.

The impassioned clashes also highlight the role of women in the unfolding narrative of reproductive regulation – as subjects of political altercations, as active participants in the formulation of social expectations and norms, and as agents of change. Men's roles pepper throughout the dissertation, if only through their marginalisation and absence. It is women's practices that are probed, criticised or rendered taboo, and their roles within society that are put to public debate.

Each group's campaigns speak to a national 'Croatian' identity, and how this identity feeds into the broader historical and political context of the country within present-day Europe. Distancing Croatia from its socialist past, Walk for Life coordinators argue that to not revise communist-era laws would be to return to Yugoslavia's totalitarian regime.<sup>5</sup> Ultra-nationalist conservative anthems, sung live alongside religious hymns, have set the tone for the protests aimed at guarding the future population of Croatia.

Leftist journalists and feminist activists are vehemently defending Yugoslav-era abortion laws, which they view as the 'bright moment' in the region's history of reproductive rights. While laws have remained in place through the country's dissolution, fewer and fewer gynaecologists are willing to perform the procedure on moral grounds, claiming conscientious objection based on their religious beliefs, something that they could not do during socialism. In the pro-choice

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<sup>5</sup> The main basis of this argument is that under socialism, religion was not to be publicly practiced, therefore doctors were not allowed to conscientiously object based on their religious beliefs. In present-day Croatia, where 90 per cent of the population identifies as Catholic, most doctors refuse to perform abortions based on this clause.

camp, activists have asserted that Croatia must continue to be the progressive leader of the Yugoslav successor-states. Croatia is one of two Yugoslav successor states in the European Union (EU), and pro-choice advocates have rejected Croatia's conservative turn arguing that it should be leading the way for other ex-Yugoslav countries vying for EU membership.

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The dissertation's two-part organisation traced the evolution of state formation through its legislative and structural foundations in part one, its foreign entanglements in part two, and its post-socialist legacy in part three. In chapter one, I focused on the early Cold War era, analysing the state's legislative measures to legitimise its rule and consolidate power across the diffuse country. Chapter two was concerned with the ways that those legislative moves translated into practice through the establishment of an interconnected medical infrastructure designed to coax the peasantry into the biomedical healthcare system, and, by implication, into the purview of the state. In chapter 3, I traced the development of fertility control technologies – the IUD and vacuum-aspiration – and the collaborative role that Yugoslav physicians played in the proliferation and normalisation of those technologies around the world. Chapter 4 examined sex education and the evolution of a didactic tradition within Yugoslavia, which saw family planning advocates incorporate the international language of human rights into existing educational material, emphasising the responsiveness and involvement of the state within international reformulations of definitions of human rights. In chapter 5, I analysed memory and the role that

nostalgia for the socialist past does and does not play in the present-day construction of memory.

Women's reproductive health and rights were a central tenet of Yugoslav state formation, and played a central role in the shaping of a distinctive Yugoslav way. Yugoslav communists engineered the Yugoslav way in response to several key factors. They aimed to rehabilitate the Yugoslav population, revitalise the economy and agricultural production, and ultimately transform society through a socialist revolution. Party officials also responded to shifts in global politics. It was through gender and reproductive policies, reproductive health services, and consumables that the state connected to a previously dispersed population: Yugoslav women. Women were pivotal for rehabilitating the nation and decreasing infant mortality, which the state held as one of the most significant issues throughout the early Cold War period. Women also held the potential to access the peasantry, and to connect to larger areas of the far-flung country. Potentially more so than other domestic political strategies, targeting women's health allowed the state to engage with peasants and urban-dwellers, and to enter the private homes and lives of its citizens and to disrupt long-held beliefs, including religion and custom.

The Yugoslav state was always interested in the unfolding narrative of population, both at home and abroad. Domestic reproductive policies and agendas intermingled with international trends in very specific ways. The state cherry picked from a vast array of world events and global movements in order to construct an image of the country as a progressive and modern leader of the developing world. Self-management came to be, at least partially, defined by the state's

foreign engagements and this manifested clearly in the unfolding narrative of reproductive regulation within the state. Beyond its well-established position as a conduit between East and West, the state's international entanglements, in relation to population, situate Yugoslavia as a bridge between the global North and South.

This dissertation presents a Yugoslav history of reproductive regulation, situated transnationally, during its socialist years, and beyond. Memory and the process of remembering has been enmeshed throughout the process of my research, analysis and writing, through my own reflections, those of other scholars, and my informants. Influenced by a desire to view the past in a positive light, by the traumatic events of the 1990s Yugoslav wars, as well as their own personal experiences, motivations and memories, ex-Yugoslavs consistently told me that there is not much to the story of reproductive regulation in Yugoslavia. In many ways, the story was, indeed, obscured by the dominant narrative of Yugoslav progress and modernity. In other ways, the complex narrative was ever-present. After extended conversations with those same ex-Yugoslavs, many of them changed their tune somewhat. They recalled a traumatic experience, a hurtful or shaming comment, prompting them to reflect more deeply on their feelings about socialist-era reproductive laws. I followed their lead. Over time, I examined different angles, sources and perspectives, and I unpicked, layer by layer, one rendition of the tale of Yugoslav reproductive regulation. Yugoslav women, their doctors and public officials were each interested in the complex development of reproductive rights and healthcare access for women. Each party exercised power and influence in different ways: the state through legislation and institutional

change, galvanised through state propaganda; medical experts by way of scientific research and development, and with their own experience working with women in clinics; and women by negotiating, welcoming, and resisting medicalising processes. This narrative is not solely a historical account. Its relevance extends into the present-day, and into the purview of future generations, who continue to fashion national and social identities, and lay claim to political legitimacy, by wielding authority over women's health, reproduction, and population.

## Appendices

### Appendix 1: Aggregate demographic distribution of private citizen interview subjects. (N=21)

#### Occupations

Administrator	Manager	Legal Clerk	Accountant	Scientist	Engineer	Economist
6	1	2	3	3	4	2

#### Location

Sombor, Serbia	Belgrade, Serbia	Celje, Slovenia	Ljubljana, Slovenia	Zagreb, Croatia
6	8	2	3	2

#### Children

1 child	2 children
5	16

#### Abortions

0	1	2
2	15	4



## Appendix 2: Interview questionnaires

### *For individual women*

General interview questions/topics for individuals and couples

1. Age:
2. Place of birth:
3. Place of current and past residence:
4. Level of education:
5. Employment history:
6. Party membership?
7. Religion/Ethnicity
8. Number of pregnancies? Number of live births?
9. How did you receive information about sex and reproduction?
10. How would you describe your knowledge about contraception as a young person, as an adult, as a married individual?
11. How was information about reproduction, contraception, sex, sexuality and abortion framed during the period of socialism? What memories do you have of it?
12. What format did it take? (i. e. books, word of mouth, formal education, popular culture)
13. How were popular attitudes towards contraception and abortion relayed, outside of educational formats? (at home, through popular culture)
14. How would you describe your experiences (or the experiences of those you knew) of pregnancy care, reproduction, abortion?
15. Can you describe what the clinic was like? What was the atmosphere in the room, and what was the building like?
16. What were interactions with medical staff like, especially when you were discussing topics of birth, sexual and reproductive health, contraception and abortion?
17. Did you feel as if you could turn to your physician in confidence for support? If so, why; if not, why not? Who else was involved in your (reproductive) healthcare, and what were your experiences with them?
18. Did you use contraception? If so, what kind? As a single person? Married?
19. If you have given birth, what was your experience of pregnancy care and ongoing support?
20. Did you require any specialist attention? If so, what kind and what was it like?
21. How would you describe your experience during childbirth?

22. Where did you give birth? Who was present?
23. If you have had an abortion, what factors influenced your decision to have an abortion?
24. Looking back on your experience of abortion(s), what are your thoughts and feelings about it now?
25. Describe your experience of seeking and getting an abortion. How did you proceed? What was the process?
26. How did popular culture, political changes and international issues shape your attitudes about sex, sexuality? About reproduction, contraception and abortion? About gender roles and dynamics?
27. What about your own upbringing, education, family life?
28. What role do you perceive the state played in the creation of your perceptions of, and attitudes to, women's health, reproductive health, abortion and contraception, sex and sexuality?
29. How were messages about science and medicine disseminated in a socialist existence? Did you receive messages from the United States, Britain, France, Germany? Did you see any differences between those and the same messages from other countries?
30. What is different in women's healthcare now as opposed to under socialism?
31. What do you think about the state of women's health in present-day Serbia, Croatia, and so on?
32. How do you think present-day circumstances affect the way you view the socialist past?
33. What role did tradition play in shaping your perceptions of, and attitudes to, abortion?
34. What were some of the traditions that shaped attitudes (to sex, gender roles, women's health, contraception, abortion, birth)? Were there religious factors involved? How did religion function within a socialist world?
35. How do you perceive feminism? How would you define it?
36. What do you think influenced your perceptions of feminism? Have those changed over time? Why? How?
37. What would you say the role of feminism was under socialism, and what role do you think it plays today?
38. How relevant do you think feminism is to women's health and reproductive rights?

### *For physicians*

#### General interview questions/topics for medical professionals

1. Age:
2. Place of birth:
3. Place of current and past residence:
4. Level of education? What year did you finish your education?
5. What is your specialisation?
6. What is your work history? What environments did you work in?
7. Employment history:
8. Party membership during socialism?
9. Religion/Ethnicity
10. In what way were you involved in women's healthcare during the 1970s and/or 1980s?
11. Did you have an advocacy or activist role regarding the state of women's healthcare? If so, what form did that role take?
12. How would you compare the current state of women's healthcare in Croatia, Serbia, Slovenia, and so on, with that under socialist Yugoslavia?
13. How do you remember your education and ongoing professional and academic development in the field of women's healthcare?
14. What were your experiences of medical education as a woman in socialist Yugoslavia?
15. What influence did socialism have on the way that medical students were taught about women's healthcare?
16. What messages about abortion, birth and contraception were prevalent at the time? How did these messages fit within contemporary legislation and any changes therein?
17. Do you know anything about the legislation regulating women's clinics and medical practices? Did those regulations shape practice in the clinic?
18. How were abortions conducted; what was the process, from women requesting abortions to the undertaking of an abortion?
19. How did methods and processes evolve and change over time? What influenced these changes and/or continuities?
20. How do you account for the prevalence of abortion in socialist Yugoslavia and in the recent history of Croatia, Serbia and Slovenia?
21. To the best of your knowledge, did abortions take place outside of clinical settings? If so, what is your knowledge of that? Why do you think other methods were used?

22. What is your view of abortion? What ideas and experiences have shaped your perspective?
23. How did your contact with foreign professional networks influence your attitudes?
24. How would you describe your interactions with women who sought abortions? What were their decisions shaped by? How did they understand their decisions?
25. How did custom and religion factor into attitudes about sex? What about sexuality and identity? What about childbirth? Pregnancy? Abortion? Contraception?
26. What do you think about feminism?
27. How did feminism fit within socialism in Yugoslavia?
28. In what way was feminism adopted, integrated and/or resisted in women's circles in Yugoslavia?
29. Did feminist theory play a role in your medical work? Activist work?
30. What do you think influenced your perceptions of feminism? Have those changed over time? How? Why?
31. What role does feminism play in the current medical and political climate in Yugoslavia?
32. What about in relation to topics of women's health?
33. Is there anything else you would like to add?

## Abbreviations & Acronyms

**AFŽ** Antifascist Women's Front (Antifašistički Front Žena)

**CPY** Komunistička Partija Jugoslavije (Communist Party of Yugoslavia)

**D&C** Dilation & curettage

**EU** European Union

**FNRJ** Federativna Narodna Republika Jugoslavija (Socialist Federal Republic of Yugoslavia)

**IPPF** International Planned Parenthood Federation

**IUD** Intra-uterine device

**KDAŽ** Konferencija za Društvenu Aktivnost Žena (Conference of the Social Activity of Women)

**Kosmet** Kosovo and Metohija

**LARC** Long-acting Reversible Contraceptives

**NICHD** National Institute of Child Health and Human Development

**NGO** Non-governmental Organisation

**OCP** Oral contraceptive pill

**STI** Sexually transmissible infections

**SŽD** Savez Ženskih Društava (Union of Women's Societies)

**UN** United Nations

**UNESCO** United Nations Educational, Scientific and Cultural Organization

**UNFPA** United Nations Population Fund

**UNICEF** United Nations Children's Fund

**USAID** United States Agency for International Development

**WHO** World Health Organisation

## Glossary

**Abortifacients** are substances, of a drug, chemical, or herbal variety, used to bring on abortion.

**Biomedicine** captures various types of medicine, justified on the basis of, and in accordance with, the norms of modern science.

**Cannulas** are thin tubes that can be inserted into the body (via vein or through a body cavity) to administer medication, or insert a surgical instrument. Cannulas come in different sizes, appropriate to the task at hand, and while they used to be metal, they are often made of plastic now. They are sometimes rigid and sometimes not. In the context of pregnancy termination, the gynaecologist would use a cannula the size of which would be relative to the size of the pregnancy. They would insert the cannula through the cervix and suction or scrape out the contents of the uterus.

**Cervix** is the narrow passage at the lower end of the uterus, which separates the vagina from the uterus. While it is usually nearly closed, during a termination, it is opened slightly to allow for a cannula to be inserted

***Coitus interruptus*** is a method of birth control in which a man, during sexual intercourse, withdraws his penis from a woman's vagina prior to ejaculation, in an effort to avoid insemination.

**Dilation and curettage** First used in the late nineteenth century, dilation and curettage is a surgical procedure used to diagnose and/or treat conditions which affect the uterus. Dilation (widening of the cervix) and curettage (surgical scraping and scooping out the contents of the uterus using a sharp or dull spoon-like tool) was the most commonly used gynaecological procedure for the termination of pregnancy, before the invention of the vacuum-aspiration technology. It remains in common use alongside vacuum-aspiration.

**Ethno-medical healing** captures diverse healing practices grounded in non-biomedical belief systems often with religious, spiritual, or customary overtones.

**Fertility control technology** encompasses four categories of abstinence, contraception, sterilisation, and induced abortion.

**Gestation** pertains to the process of the development of an embryo and foetus within the uterus from conception to birth.

**Gynaecology** is a branch of medicine concerned with women's reproductive health and breast health.

**International Planned Parenthood Federation** is a global non-governmental organisation (NGO) that promotes sexual and reproductive health.

**Intra-uterine devices** come in many different shapes, and materials. Today, they are typically either made of copper or plastic. The copper IUD does not contain hormones, and can be used as both as a contraceptive device, and as emergency contraception if inserted 120 hours after unprotected sex. The hormonal IUD, usually made of plastic, emits low levels of hormones within the uterus. Both types serve as a spermicide, but do not prevent ovulation, as does the OCP. The hormonal IUD also thickens the mucus lining of the uterus, inhibiting the ability of a fertilised egg to implant itself in the uterine wall.

**Multiparas** have given birth more than once.

**Obstetrics** is a branch of medicine and surgery that is concerned with childbirth.

**Oral contraceptive pill**, commonly known as the pill, is a hormonal contraceptive taken orally once per day that stops the release of an egg from the ovaries.

**Paracervical block** is an anaesthetic procedure used to numb the cervix in preparation for obstetric and gynaecological procedures.

**Parity** is defined as the number of times that a woman has given birth.

**Parturient** pertains to women who are in labour and about to give birth.

**Primiparas** have given birth once.

**Self-management** was the system of socialism that evolved in Yugoslavia from 1953 that was typified by a decentralisation of federal power, and the forging of an economic and governing

system that would see the central state's function reduced and the country's workforce empowered through workers' councils and committees.

**Sexually transmissible infections** are bacterial or viral infections transmitted through sexual contact.

**Vacuum-aspiration** In common use since the late 1950s, the vacuum-aspirator uses gentle suction, instead of scraping, to remove the contents of the uterus for the termination of earlier gestation pregnancies (typically 3-12 weeks gestation). Like dilation and curettage, it is also used to diagnose adverse uterine conditions.

***Vračare*** translates to fortune-teller, and is a word used for folk healers or wise women.

**Yugo-nostalgia** is a cultural phenomenon in post-socialist Yugoslav successor states, whereby citizens express a shared nostalgia for the socialist past.



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**Hrvatski Državni Arhiv** (Croatian State Archives), Zagreb, Croatia

**HR-HDA 1234** KDAŽ Hrvatske (Conference for Social Activity of Croatian Women)

**HR-HDA 2046** Republican committee for health and social protection]

**HR-HDA 287** Ministry of public health

**HR-HDA 1228** Socijalistički savez radnog naroda Hrvatske, SSRNH

**Hrvatska Kinoteka** (Croatian Film Archives), Zagreb, Croatia

**Arhiv Srbije** (Serbian Archives), Belgrade, Serbia

**G-218** Council for National Health and Social Policy, Serbia

**Đ-123** Serbian Medical Council

**Istorijski Arhiv Grada Beograda** (Historical Archives of the City of Belgrade), Belgrade, Serbia

**1641** KDAŽ Beograda [Conference for Social Activity of Belgrade Women]

**234** Medical School for Midwives in Belgrade

**865 A-7** Council for Education, Culture and Social Health

**Arhiv Jugoslavije** (The Archives of Yugoslavia), Belgrade, Serbia

**25** Ministry of Labour of the Socialist Federal Republic of Yugoslavia

**36** Council for National Health and Social Policy

**49** Ministry of Justice of the Federal People's Republic of Yugoslavia

**55** Council for the Arts and Sciences

**319** Federal Council for Education and Culture

**141** AFŽ

**142** Federal Assembly

**671** Ministry of Public Health

**Jugoslovenska Kinoteka** (Yugoslav Film Archives), Belgrade, Serbia

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Cambridge, MA

**73-143--90-M103** Papers of Emily Hartshorne Mudd, 1873-1990

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**H MS c23** Papers of Clarence J. Gamble, 1920-1966

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