

DEBATING ABORTION AND CONTRACEPTION IN SOCIALIST YUGOSLAVIA: A MICROHISTORICAL PERSPECTIVE

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This article discusses the debates on abortion rights and practices that took place in socialist Yugoslavia. It focuses on the microhistorical case studies of Varaždin and Karlovac, with specific attention given to the period between the first liberalisation of abortion for social reasons in 1960 and the full liberalisation of abortion until 10 weeks in 1969. The primary sources for this article stem from the collections of the Conference for the Social Activity of Women in the Croatian State Archives, as well as periodicals such as *Arhiv za zaštitu majke i djeteta* issued by the Institute for the Protection of Mother and Child in Zagreb. Digitalised local press sources – *Varaždinski vjesnik* and *Karlovački tjednik* – are also explored. As shown in the paper, the liberalisation of abortion in 1960s Yugoslavia generated a wide array of dilemmas for women and practitioners alike. While legal abortions were seen as necessary to curb illegal ones, they were nonetheless perceived by local practitioners as something that should best be prevented and which could prejudice a woman's reproductive abilities, particularly in the case of first pregnancies. Many women resorted to legal and illegal abortion as a result of the lack in health infrastructure, unavailable contraceptives, difficult social conditions and persisting patriarchal gender norms.

Keywords: socialist Yugoslavia, abortion, contraception, microhistory

INTRODUCTION

With abortion rights increasingly under threat across the world, including in the European continent (De Zordo, Mishtal and Anton 2017), post-Yugoslav states make no exception.¹

¹ This work has been fully supported by the Croatian Science Foundation under the project HRZZ IP-01-2018-5394, *Microstructures of Yugoslav Socialism: Croatia 1970-1990*.

In May 2022, six-months pregnant Mirela Čavajda was refused a termination even though the foetus had an aggressive tumour, which made the baby incompatible with life. She was told to terminate the pregnancy in neighbouring Slovenia after four hospitals in Zagreb had denied the procedure in their first instance commissions, and one second instance commission approved her request almost a month after the diagnosis. The case sparked outrage among activists, and protests were organised to support reproductive rights in a country where abortion is legal but conscientious objection by Catholic doctors makes it difficult to carry out terminations. According to the available data, “out of 359 Croatian gynaecologists in public hospitals, 195 refuse to perform abortions due to conscientious objection” (Bačić 2022). The current 1978 Law on “Health Measures for Exercising the Right to Free Decision-Making on the Birth of Children” was approved during Yugoslav times. It allows abortion until ten weeks after conception and later termination in cases of severe congenital physical or mental disabilities after the approval of a commission. Despite various debates, the law has not been reformed to this day (Women’s Network of Croatia 2022).

Given the current emphasis on controlling women’s reproductive rights, it is worth going back in time to investigate how the current legislation came about in the Republic of Croatia, an entity then belonging to the Yugoslav Federation, through a period of intense legislative reform that started in the mid-1950s. By examining how abortion rights were legislated and implemented, we can gain insights into socialist gender norms and how they transformed at times of intensive societal and political change. In this article, we will discuss the debates on abortion rights and practices that took place between the first liberalisation of abortion for social reasons in 1960 and the full liberalisation of abortion until 10 weeks in 1969 and how these involved a variety of subjects, namely women, their husbands, medical providers, medical and health authorities, unofficial providers of abortion, state sponsored women’s organisations, and companies employing women. We will focus on the cities of Varaždin and Karlovac in the Republic of Croatia, adopting a microhistorical approach to gender history and social history.

The primary sources for this article are conference reports and accounts found in the collections of the Conference for the Social Activity of Women in the Croatian State Archives, which include the minutes of two expert meetings held in Belgrade and Varaždin in 1963. The collections also contain reports from specialised publications, such as the periodical *Arhiv za zaštitu majke i djeteta* issued by the Institute for the Protection of Mother and Child in Zagreb. We also explore the digitalised editions of the local papers named *Varaždinski vjesnik* and *Karlovački tjednik* for the 1960s and early 1970s. These internal and public debates on reproduction highlight the everyday attempts at designing and implementing very progressive reproductive legislation in Cold War Europe, which was nonetheless hampered by the lack of healthcare infrastructure and by persisting patriarchal views on women’s gender roles.

BETWEEN GLOBAL HISTORY AND MICROHISTORY: FAMILY PLANNING IN YUGOSLAVIA

Even though Yugoslavia presented itself as a worldwide advocate for family planning, its reproductive rights policies were not without ambivalences, as numerous scholars have underlined (Bogdan 2019; Dobrivojević 2018; Drezgić 2010; Morokvasić 1982). In her recent doctoral dissertation on reproductive policies in Yugoslavia, Bogdan argues that an implicit pro-natalist bias was in place in public discourse even if Yugoslavia officially supported family planning and advocated for it in international settings (Bogdan 2019). This is certainly true for the post-war and early Cold War press, which often emphasised women's motherly role and did not fully depart from Soviet-style propaganda about social motherhood (Simić 2018; Bonfiglioli 2014). In the 1960s, however, local debates on contraception and abortion appear to be largely pragmatic rather than dictated by a specific ideological or state agenda, with patriarchal beliefs, gender norms, and the limited expansion of local healthcare services being important elements in shaping the discussion. Women's choices and strategies as recipients and consumers of welfare provisions are also key, with most women turning towards abortion as a means of birth control due to the lack of safe and reliable alternatives. As scholars have noted, one of the most pressing issues during socialist times was the fact that regular contraception never fully took hold in the country due to the limited availability of contraceptive means, and abortion became the main means of controlling reproduction for most women after the liberalisation of abortion laws (Bogdan 2019; Dobrivojević 2018; Drezgić 2010; Morokvasić 1982).

When it came to legal reforms on the terrain of reproductive rights, the intentions of politicians and legislators were extremely progressive. Slovenian lawyer and politician Vida Tomšič (1913–1998), one of the leading theorists of gender and welfare policies in Yugoslavia from the post-war period until late socialism, repeatedly defined the right to legal abortion not only as a woman's issue but also as a class issue and something that had been established in Yugoslavia after the struggles of both women's movements and workers' movements (Tomšič 1975a). Tomšič spoke out of experience, as she had an illegal abortion in her youth when operating as a clandestine member of the Yugoslav communist party. Her working-class mother had done the same after bearing five children.² Illegal abortions were seen as an inheritance of the interwar capitalist system, and in the new socialist state, family planning and socialised maternity care and childcare were presented as the way to ensure that every child would be born wanted and that parents would engage in responsible parenthood.

Abortion for medical reasons was first decriminalised in 1952 to counter the widespread illegal abortions that had had devastating consequences on women's lives. A commission made up of a social worker, an internist, and a gynaecologist were to judge on the received requests and, in addition to medical reasons, certain social reasons could be considered. If

² AS-1413, Mirijam Milharčič Hladnik, interview with Vida Tomšič, 4 June 1998, box 114.

the request was accepted, the termination was carried out in a hospital or clinic by surgical means. However, the commissions showed great rigidity until 1956 (Dobrivojević 2018: 87). In 1960, the law changed again to include social reasons more widely. Abortion was allowed in the following instances:

- 1) when the woman's life is in danger; 2) when it can be confirmed that due to the parents' illnesses the child will be born with hard physical or mental delays; 3) when pregnancy is due to a criminal act (rape, circumvention, incest); 4) when it is expected that the pregnant woman will incur into hard familial, personal, and material circumstances due to giving birth.³

Abortion after three months was only allowed for medical reasons, i.e., to save the life of the mother or for foetal abnormality. A woman's application had to document her living conditions (housing situation, number of children, etc.). The commission would evaluate whether the woman was single, widowed, or divorced and, if married, whether the relationship presented difficulties, including issues of prostitution, criminality, alcoholism, etc. They would warn the woman of the risks of the procedure, especially if it was her first pregnancy, and instruct her about contraception.⁴ From 1960 onwards, the commissions were quite liberal and only about 5% of the requests were rejected (Dobrivojević 2018: 89). Yugoslavia followed similar trends in the USSR and Eastern Europe more generally, with abortion rights being liberalised from the mid-1950s onwards. In Poland, "difficult life circumstances" were added in 1956 as a criterion for abortion, without indication about how to interpret them (Ignaciuk 2021: 89). Full liberalisation until 10 weeks happened in 1969.

After this first wave of liberalisation in 1960, legislators and practitioners had to confront the rise in legal abortion rates, particularly among working-class women who struggled to combine paid and unpaid labour and had little access to maternity care and childcare. This was a time of major shifts in demographic trends regarding urban and rural areas, provoked by rapid industrialisation across the Federation, with women entering the labour force at unprecedented rates. In 1963, a major conference on the interruption of pregnancy and contraception was held in Belgrade.⁵ The conference reunited communist politicians and medical practitioners who had already discussed the evolution of abortion rights in the socialist country, which, since its break with the Soviet Union in 1948, followed a specific kind of market socialism based on the self-management of public enterprises. The rise of legal abortions, carried out in hospitals, was met with the discontent of medical doctors who felt overwhelmed with such a task. The concern was also an economic one, given that women were a key part of the workforce and that sick leaves due to abortion were impacting their productivity. In some places in the country, such as the Rade Končar

³ HR-HDA-1234, "Uredba o uvjetima i postupku za dopuštanje pobačaja", *Službeni list* 9/1960, box 195.

⁴ HR-HDA-1234, "Uputstvo za izvršenje uredbe o uvjetima i postupku za dopuštenje pobačaja", *Službeni list* 52/1960, box 195.

⁵ HR-HDA-1234, Savetovanje o problemima prekida trudnoće i kontracepcije 1963, box 195.

factory in Zagreb, women were allowed as many days of hospital stay as their weeks of pregnancy, which reduced further complications.⁶ In other republics, however, the operation was conducted in day hospital, with women being unable to rest afterwards. Research conducted among women employed in state companies in Sarajevo in 1960–61 showed that women had multiple abortions and that over 80% of them suffered from gynaecological diseases as a result (Dobrivojević 2018: 94). A particularly poignant testimony during the 1963 conference was given by Dr. Damijanovski, a physician in Tetovo, who reported that most working women in the Teteks textile factory were not taking any rest after an abortion. The doctor wondered why men would get plenty of care after removing their appendix, while women had to go on with their domestic tasks, getting maybe only a few hours of rest and one or two days of sick leave. A woman had reported to him that her husband had expected her to have sex only hours after her operation.⁷ The persistence of patriarchal structures and their negative effects on women's bodies in conjunction with liberal abortion legislation was similarly reported by sex educator Monika Krause in the case of abortions in Cuba in the 1960s (Krause-Fuchs 2020). When it comes to Yugoslavia, Dobrivojević quotes official statistics that counted a total of 1,229,692 abortions, of which 335,580 were illegal, for the period 1963–1967 (Dobrivojević 2018: 94).⁸

Despite such soaring abortion rates, leading practitioners were aware that legal abortions practised in safe hospital environments were still preferable to the illegal, backstreet ones that would put women's lives in danger. Mortality rates from illegal abortions were 30 or 40 times higher than from legal abortions, and thus the latter was perceived as a necessary evil to fight women's mortality from backstreet abortions and the possible consequences to their future reproductive health (for a similar framing in the Polish case, see Ignaciuk 2020). During the 1963 conference, communist partisan and leading obstetrician-gynaecologist Franc Novak, second husband of Vida Tomšič, opposed the idea of going back to legal restrictions on abortion. "I find it untimely for Yugoslavia that we are now talking about self-management, self-financing, and that we are [at the same time] trying to introduce some prohibitions and regulations in the most intimate spheres", he said. From 1967, Yugoslavia was an active member of the International Planned Parenthood Federation (IPPF) and, in 1969, the country adopted a Family Planning Resolution,

⁶ Lidija Andolšek, "Neki problem pobačaja u Jugoslaviji", *Ginekologija i opstetricija* 6/1, 1966. In HR HDA-1234, box 197; Zdravko Palić, "Bolovanja nakon pobačaja", *Ginekologija i opstetricija* 6/9, 1966. In HR-HDA-1234, box 197.

⁷ HR-HDA-1234, Savetovanje o problemima prekida trudnoće i kontracepcije 1963, minutes, pp. 96–100, box 195.

⁸ Statistics about abortions were compiled out of data provided by doctors and abortion commissions to the authorities. The data was not collected in a coherent way and often put abortions carried out in hospitals together with spontaneous and provoked abortions. These numbers therefore can only be considered as estimates (see Dobrivojević Tomić 2022: 152; 193). Even for legal abortions, official statistics only exist for specific periods (1948–51; 1966; 1969; 1970; 1975; 1978; 1983–1986) according to the research conducted by Mirjana Rašević (1989–1990) quoted in Dobrivojević Tomić (2022: 194). Despite these limited data, the increase in abortion rates is clear, with legal terminations rising from 253,530 in 1969 to 372,559 in 1983 (ibid.).

with family planning becoming an integral part of state policies and a way for the state to position itself as a non-aligned, progressive member of the international community (Bogdan 2019). As historian Maud Bracke notes, during the Cold War, “discussions of family planning were pivotal as the discursive terrain on which wider debates on fertility, global population, and ‘third world development’ and women’s roles in it were fought” (Bracke 2022). Despite Yugoslav interventions on the right to family planning at the international level, however, the situation on the ground widely differed from the ideals put forward by leading politicians and state authorities, particularly when it came to the availability of contraceptives (Bogdan 2019).

In the next section, we will discuss how such dynamics played out in the cities of Karlovac and Varaždin in the Republic of Croatia between 1960, when abortion was liberalised for social reasons, and 1969, when it was fully liberalised until 10 weeks (abortion commissions were maintained for requests after 10 weeks). It is clear that global debates on family planning, contraception, and abortion played out in different ways at the local level, which provides an example of “global microhistory” (Ghobrial 2019; Conrad 2019). Local dynamics are even more significant due to the decentralised, self-managed character of Yugoslav institutions, particularly the local communes, or *općine*, which had ample decision-making powers when it came to budgeting for health care expenses and health care institutions. At the local level, the republican, regional, and municipal branches of socialist state women’s organisations also played a strong role in maternal care and childcare. The Antifascist Women’s Front (1942–1953), founded during World War Two, had a longstanding tradition of working on matters of maternal health, infant mortality, and hygiene in cooperation with the Red Cross and other federal, republican, and local authorities (Batinić 2015; Bogdan 2019; Simić 2018). Such a tradition was pursued by the Conference for the Social Activity of Women, or KDAŽ (1961–1990), which remained engaged in preventive health, notably through cervical cancer prevention, and medical screenings among rural women. The local branches of the KDAŽ, called *aktivni žena*, also promoted contraception and family planning in various localities, particularly in industrial complexes where women were employed (Bonfiglioli 2022; Bonfiglioli and Žerić 2022). Abortion, however, was not openly promoted and was often condemned as harmful in the women’s press (Bogdan 2019).

The number of recorded abortions for the Republic of Croatia went from 18,287 in 1960 to 43,254 in 1966. The fees for the procedure varied hugely and ranged from 5,000 to 37,000 dinars, with some municipalities providing the operation for free.⁹ Contraception in Croatia in the 1960s was insufficiently developed due to various factors: an insufficient number of specialised gynaecologists, an insufficient number of other medical personnel (such as nurses), insufficient education of medical personnel on reproduction, and insufficient education of medical personnel on contraceptive protection, which all led to the

⁹ HR-HDA-1234, “Prikaz rada komisija za dopuštanje pobačaja u SR Hrvatskoj”, box 195.

insufficient education of women on their reproductive rights.¹⁰ Croatia was somewhere in the middle when it came to the numbers of doctors specialised in reproductive health and contraception (68 of them were present in 1971). Serbia had the largest number of specialised doctors (121), while the least developed provinces – Kosovo and Montenegro – had the least (6 and 3 respectively). Overall, there were only 334 specialist doctors for the entire Federation in 1971 when it came to counselling services on contraception, which means there were 4.61 of them for 100 women of reproductive age.¹¹ These factors undoubtedly played a role in the discussions on abortion and contraception that took place in the municipalities under study, which are both comparable in terms of inhabitants and in terms of rates of abortions, with over 2,000 a year in the first half of the 1960s.¹²

LOCAL DEBATES ON CONTRACEPTION AND ABORTION IN KARLOVAC

In the industrial centre of Karlovac, whose population in the early 1960s was about 58,000 inhabitants, legal abortion surpassed illegal abortion for the first time in 1961 due to the liberalisation of access for social reasons. In 1955, 463 abortions were recorded, of which 396 were illegal and only 12 were legal. In 1961, of the 1,305 abortions, 410 were illegal and 745 legal. The trend continued the following year, with 329 abortions being illegal and 1,174 legal.¹³ A report from the commission for social work noted that working women, followed by housewives, were the ones interrupting their pregnancies in the highest numbers. Most were married with children. Criminal or illegal abortion continued for several reasons, notably the paperwork required to access a legal abortion. The burden of documentation was often a factor preventing women from going to the commission, and it was the husbands who dealt with the paperwork, while women were “ashamed” and only appeared for the final report. Women working in agriculture who had to pay 50% of the participation costs preferred to go to the local *babice*, or wise women, and pay a cheaper price.¹⁴ Too often this resulted in fatal consequences, as in the case of the village of Perne near Karlovac where a midwife was sentenced to three years in prison because she performed at least three illegal abortions between 1959 and 1961, of which two ended in death.¹⁵ In another case, a 14-year-old raped by her father was submitted to a criminal abortion with goose feathers and barely survived as she was brought to a hospital. This example of a criminal attempt to perform an abortion was presented at a consultation

¹⁰ Verna Kogoj-Bakić and Ljiljana Randić, 1972. “Organizacija kontracepcija i njen odraz na broj dozvoljenih pobačaja u radnica jedne tvornica”, *Arhiv za zaštitu majke i djeteta* 16/1-2: 15–18.

¹¹ Statistical Yearbook of the SFRY, 1971.

¹² Dubravka Štampar, “Prikaz rada komisija za dopuštanje pobačaja u SR Hrvatskoj”, undated report. In HR HDA 1234, box 195.

¹³ HR-HDA-1234, “Odnos broja prodođaja i poroda” (table), box 195.

¹⁴ HR-HDA-1234, “Prijena uredbe i postupak za dopuštanje pobačaja”, box 195.

¹⁵ “Tko će sada biti doktor?”, *Karlovački tjednik*, 15 March 1962, 8.

on women's health protection, which was organised by the presidency of the Municipal Conference for the Social Activity of Women in Karlovac.¹⁶

Throughout the 1960s, the development of family planning was seen as a possible response to the high abortion rates. As part of the Karlovac Women's Dispensary, there was a Contraceptive Counselling Centre with a gynaecologist specialist where women could receive expert advice and the most modern means of contraception. In 1968, there were 1,535 births recorded in the city of Karlovac, as well as 1,479 legal abortions and another 513 illegal abortions. That same year, 1,593 women passed through the Commission for Legal Abortion and only 379 women came to the Counselling Centre for Contraception. Women were crowding the premises of the dispensary on Wednesdays, when the Commission for Legal Abortion met, while attendance on Thursdays at the Contraceptive Counselling Service was much lower. The fact that 379 women had taken an interest in contraception was seen as a limited success. As emphasised in the local newspaper *Karlovački tjednik*, the result was clear – “faithful visitors to the Counselling Centre for Contraception no longer needed to visit the Commission for Abortion”. However, clearly more needed to be done in terms of education when it came to family planning, and the Conference for Women's Social Activity was mentioned as one of the organisations in charge of this task, including in the surrounding towns with high rates of terminations, such as Duga Resa and Vojnić.¹⁷

Another example from Karlovac illustrates how abortion was regulated at the beginning of the 1970s: every Wednesday at 1:00 p.m., a specialist gynaecologist and a social worker would each consider about thirty petitions in which this sentence would necessarily appear – “I am asking for the termination of my pregnancy to be granted.” The petitions were on the table, and the women would tensely wait for the decisions in the waiting room. If it was decided that a woman could have an abortion, it would say: “termination of pregnancy is approved [...]. This will be done in the Gynaecology Department in Karlovac.” The commission would weigh all the reasons that forced a woman to have an abortion. The reports highlighted that the procedure was requested by women with difficult life fates, namely cramped living quarters, an unhappy marriage, low personal income, and a few children having already been born. Three months was the limit up to which a termination of pregnancy could and was permitted in the first-instance procedure. Out of those thirty or so applications that came across the desk every Wednesday, at least 5–6 would be approved. Sometimes these numbers were much higher. For example, in 1972, 1,326 women petitioned the commission in Karlovac to terminate their pregnancies. Of that number, 1,303 cases were accepted, i.e., a high rate of 98%. There was also a second-instance commission to which women could send an appeal after a rejection from the

¹⁶ “Zdravlje žena slabo zaštićeno”, *Karlovački tjednik*, 9 May 1963, 3.

¹⁷ “Planiranje porodice”, *Karlovački tjednik*, 27 February 1969, 2.

first-instance commission. However, most often the abortion was not approved even in the second instance commission.¹⁸

How housewives and factory workers from Karlovac viewed abortion is best shown by these statements collected in the local daily, the *Karlovački tjednik*, in 1973:

I am twenty years old. I'm a girl. I love my boyfriend. He is in the Army. I shouldn't have stayed pregnant. Eighteen months until his arrival! What would my parents say? I turned to a midwife. It was hard for me, but what else could I do. (M. Nj.)

I have been married for four years. We have two children, one basement room. How can one more child live in 12 square metres? I had two abortions. There is always someone who knows how to do it. (S. K.)

From one extramarital relationship, I got pregnant. I sought help at the door of one doctor. I saved my marriage. (K. P.)

I'm working. The husband is careless. He drinks. We have one child. I don't want to give birth anymore. I had an abortion with an acquaintance – a nurse. (A. C.)

The neighbour gave me the address of a man who would free me from the foetus. I went. Paid 900 dinars. I'm free now. (S. G.)

I work in the Federal Republic of Germany. I got pregnant with my boyfriend. We don't want a child until we build a house. I paid 500 marks to a nurse to have an abortion. (R. P.)¹⁹

The article remarked that these same interlocutors did not know how to answer the question “how to take care of unwanted pregnancies”. They left the worry of the negative consequences, i.e., an unplanned pregnancy, to their husbands, boyfriends, or lovers. The problem of “returnees”, that is women who came back to the abortion commissions in a short amount of time, was particularly acute throughout Yugoslavia, emphasising once again the need for further education on contraceptive means. In the next section, we will discuss how similar issues were dealt with in another local commune, namely the town of Varaždin.

LOCAL DEBATES ON CONTRACEPTION AND ABORTION IN VARAŽDIN

As with the case of Karlovac, the liberalisation of abortion for social reasons brought a similar decrease in illegal terminations resulting in women's deaths to the industrial town of Varaždin, dominated by the Varteks textile mill. Three women died in 1958 due to the consequences of illegal abortions, one died in 1959, and there were no deaths in 1960 and

¹⁸ “Abortus – jezivi planer obitelj”, *Karlovački tjednik*, 12 April 1973, 3.

¹⁹ “Abortus – jezivi planer obitelj”, *Karlovački tjednik*, 12 April 1973, 3.

1961. In 1962, the town witnessed the same amount of legal and illegal abortions, with one woman dying after an illegal termination. In 1963, legal abortions surpassed illegal ones in numbers.²⁰ A significant amount of work on contraception education had been put in place since the late 1950s by women's organisations working within the Varteks factory, which had a significant female workforce (2,429 blue-collar female workers in 1958).²¹ In the second half of the 1950s, over 30 professional lectures on contraception and abortion were held at Varteks. The interest in such lectures was great, and workers from certain departments themselves had previously asked questions, through the newspaper *Varteks*, as to why such seminars had not been organised.²² Some lectures by gynaecologist Anka Juvan, targeting an audience of blue-collar workers, were organised in the cinema hall of the Varteks trade union, aiming to reach, in particular, women who worked in the morning and afternoon shifts.²³ In Varaždin itself, there were lectures on contraception outside the factory halls of Varteks. For example, many lectures were organised by the Department for Women's Diseases and Maternity of the Varaždin Medical Centre. Just like those at Varteks, the aim of these lectures was to introduce women to ways of preventing unwanted pregnancy, the types of contraceptives, women's diseases and their treatment, and a number of other related situations.²⁴

Women's reproductive health in a factory like Varteks was seen as a matter of labour productivity: in 1958, the health centre of the Varteks factory organised a permanent gynaecological clinic, which was seen as a way to preserve the overall health of the female workforce. A midwife service (the so-called *babice*) was also introduced. In addition to providing help and advice in a doctor's office on certain days and months, the midwife visited the homes of workers who had recently given birth and took care of their health and the health of their children. In addition, the midwife gave advice and indicated when additional therapies might be needed. The specialist-gynaecologist in the health centre worked four times a week. Out of that, gynaecological examinations of female workers were carried out twice a week and the rest of the time was covered by a counsellor for women. In 1960, just two years after the opening of the health station, as many as 340 women workers were enrolled in the gynaecological clinic of the Varteks health station.²⁵ Some Varteks workers, especially those who were older, had never had a gynaecological examination in their lives. Because of this, it was difficult to convince them how necessary and useful the preventive and protective action taken by the health centre was. In 1963, in order to get as many female workers as possible to respond to gynaecological examinations, lectures, held by nurses, were organised in various productive units of the Varteks factory. However, the response was not complete. Those workers who were rarely seen

²⁰ HR-HDA-1234, "Uvodno izlaganje na savjetovanju", 1 October 1963, box 195.

²¹ HR-DAVŽ-507, "Izveštaj o radu žena u poduzeću Varteks", 27 November 1958, box 77.

²² "Kontracepcija, a ne pobačaj", *Varteksov vjesnik*, 17 July 1956, 5.

²³ "Predavanje za žene", *Varteksov vjesnik*, 4 October 1958, 3.

²⁴ "Pravovremeno planiranje porodice, otklanja mnoge probleme", *Varteksov vjesnik*, 9 November 1972, 8.

²⁵ "Od povremenih pregleda do stalne ginekološke službe", *Varteksov vjesnik*, 10 September 1960, 4.

in the gynaecological outpatient clinic or had not been there at all did not respond. In the following year, 1964, in order to improve the quality and attendance of the lectures, they were held by a gynaecologist and took place once again in the various departments of the textile mill to make sure to reach all the workers. At those lectures, the importance of gynaecological examinations was discussed. In addition to these lectures, courses with women were also held in the last month of pregnancy. These dissemination activities greatly increased women's regular attendance at medical check-ups.²⁶

Contraception was seen as an important element of preventive health and, in particular, the prevention of abortion. As early as 1958, the District Committee of the Varaždin Association of Women's Societies, on the initiative of the Varaždin Health Centre's gynaecologist, held a meeting with medical experts during which representatives of the women's organisation became acquainted with the position of the health authorities regarding the legalisation of abortion and the usage of contraception to prevent unwanted pregnancies. In presenting their stances to the public in the factory newspaper, in an article titled "How to Prevent an Unwanted Pregnancy" (1958),²⁷ the women's organisations and medical practitioners treated abortion as something to be prevented. The article contained some recommendations for preventing unwanted pregnancies for both men and women that were highly gendered and reflected the medical consensus of the times. Men were said to be able to prevent pregnancies by making use of *coitus interruptus*; however, the method was not recommended as it was said to cause "nervous and mental disorders to both partners in the form of headaches, reduced will to work, insomnia, and reduced sex drive".²⁸ Men could also use condoms, but these were deemed "quite inconvenient". A woman, instead, "with the means we have available against unwanted pregnancy is much more careful and serious, because she bears all the consequences". However, these means were somewhat limited back then: besides the diaphragm combined with spermicide (which could be fitted after being trained by a doctor), a series of outdated methods were listed, such as irrigations, tablets, and sponges, which all had multiple side effects. Women were also instructed on how to calculate their fertile and infertile days but warned that the method was not reliable and could lead to "very unpleasant surprises". Therefore, the burden of responsibility fell on women, but the contraceptive means at hand were not sufficient.

This is probably the reason why the counselling centre on contraception at the gynaecological clinic of the Varteks health centre, which opened in 1958, first attracted a great degree of interest but was ultimately deserted by workers. This counselling centre worked once a week and, when being examined and receiving advice, complete anonymity was ensured. However, most women asked for advice and help when they had already caused

²⁶ "Poslije predavanja veći odaziv žena na ginekološke preglede", *Varteksov vjesnik*, 13 June 1964, 5.

²⁷ "Kako spriječiti neželjenu trudnoću", *Varteksov vjesnik*, 19 July 1958, 4.

²⁸ For a similar argument in Poland, see Ignaciuk 2020.

an abortion or wanted one, to the chagrin of its director, who complained about the lack of preventive measures when it came to abortion:

working women, their families, the collective and society would benefit from such an understanding, because many would save their health and ability to work, which they now so often put in danger, with a considerable number of them remaining permanently incapable of normal work life and work.²⁹

It is exceptional that the company Varteks spent 100,000 dinars for the procurement of contraceptives, which interested workers when received free of charge. However, as already mentioned, the available contraceptive means were limited, and women grew disappointed with them. In 1963, it was reported that some women had tried the diaphragm but didn't adjust well to it and found it unpractical, while many were forbidden by their husbands to use them. In those cases, men were invited to attend the counselling centre together with their wives, but the invitation was generally met with a refusal. Vaginal tablets were too expensive and not fully effective. According to the report, therefore, it was urgent to develop some contraceptives that would be "cheap, practical, of easy use and acceptable".³⁰

In the meantime, however, legal and illegal abortions continued. As in the case of Karlovac, many women turned to unsafe abortions for different reasons, including difficulties in obtaining a termination through the abortion commission. During a 1963 symposium on abortion and contraception organised in Varaždin, which included representatives from women's organisations, social and medical workers, school principals, and republican leaders from the KDAŽ, a member of the abortion commission, Vlado Čavec, expressed his personal dilemmas about the possibility of fully understanding and investigating women's social reasons when they applied to the commission. He related the case of two women who had been rejected by the abortion commission and who anyway managed to obtain a backstreet abortion. "15,000 dinars and a bit of fear and everything was OK", they told him. He concluded that it was best to allow each woman to abort legally, given that "the woman who has decided to terminate the pregnancy will manage to do so".³¹ The commission generally allowed abortions for minors, unmarried women with difficult social conditions, and married women with two or more children, but also questioned women's extent of social reasons and the possibility that women were "abusing their right", especially when returning several times to the commission.³² The situation was especially concerning for blue-collar workers in the Varteks mill. In the first half of 1963, for instance, there were 330 pregnancies in the factory, only 106 of which resulted in births. Two thirds of the pregnancies were terminated.³³ This posed an issue when it came to sick leaves, which took 6–8 days after an abortion. In 1958, 87 female workers were on sick leave due to abortion,

²⁹ "Više povjerenja i realizma u shvaćanjima", *Varteksov vjesnik*, 1 August 1959, 5.

³⁰ HR-HDA-1234, "Uvodno izlaganje na savjetovanju", 1 October 1963, box 195.

³¹ HR-HDA-1234, "Savjetovanje KDAŽ Varaždin", Zapisnik, 1 October 1963, box 195.

³² HR-HDA-1234, "Uvodno izlaganje na savjetovanju", 1 October 1964, box 195.

³³ HR-HDA-1234, "Savjetovanje KDAŽ Varaždin", Zapisnik, 1 October 1963, box 195.

while in 1961, 52 women availed of sick leaves due to this reason. These were of course women who had obtained the termination by legal means.³⁴ Even if the potentially deadly side effects of criminal abortions were made evident in the factory newspaper, for instance in an article titled “What We Know About Abortion”, the damning tone surrounding the topic was likely not to encourage women to pursue termination by legal means. Trials continued as well when it came to backstreet abortions. For example, in 1961, a woman from a village near Varaždin was convicted for performing abortions on women from neighbouring villages during 1960 and 1961. She received a prison sentence of one year and six months because she “performed abortions in a very primitive way”.³⁵ Another seven women were condemned for criminal abortions in 1963, with sentences reaching up to one and a half years of hard prison. During the KDAŽ symposium in Varaždin, representatives of women’s organisations reinstated the idea that keeping abortion legal was the only way to preserve women’s health. The debate largely dealt with the need to increase educational activities on sexual relations and family planning by establishing “schools for life” that would involve young people based on the model of the neighbouring republic of Slovenia.³⁶

CONCLUSION

In 1960s Yugoslavia, the liberalisation of abortion generated a wide array of personal and collective dilemmas for women and practitioners alike. While a legal abortion was seen as preferable to an illegal one, doctors and social workers belonging to abortion commissions tended to see abortions as reserved for women in difficult social circumstances and tried to discourage women from having an abortion, particularly in the case of a first pregnancy, as they perceived it might have potential negative effects on a woman’s future fertility. In Dubrovnik,³⁷ for instance, the abortion commission categorically denied abortions to married women with no children. In the case of unmarried women with a first pregnancy, the commission even acted as a mediator between them and their *fiancées*: “every unmarried applicant without children is invited together with her fiancée to meet the social worker, who is a member of the commission, to have a discussion that examines the wider circumstances and indicates how strong their relationship is and how mature the pair to see whether they can be helped in other ways than by offering an abortion”. The parents of the couple were often involved as well to see whether they could offer support

³⁴ The total number of the sick leaves was obtained by summing up all monthly sick leave from the section “sick leave”, which was regulated published in the *Varteksov vjesnik*. For the year 1958, check: *Varteksov vjesnik*, no. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27. For the year 1961, check *Varteksov vjesnik*, no. 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24.

³⁵ “Zbog vršenja pobačaja 18 mjeseci zatvora”, *Varaždinske vijesti*, 29 April 1962, 7.

³⁶ HR-HDA-1234, “Savjetovanje KDAŽ Varaždin”, *Zapisnik*, 1 October 1963, box 195.

³⁷ Dr Vlaho Burdželez and Dr Žarko Veramenta, 1975. “Iskustvo komisija za prekid trudnoće”, *Arhiv za zaštitu majke i djeteta* 2-3: 39–43.

to the couple and encourage them to get married. Married women with “excellent social conditions” who could have afforded another child were also encouraged to change their mind. While the commission tried to understand the woman’s “real wishes, psychological state, fears, pressures she is submitted to, all internal and external factors that influence a woman’s decision to terminate a pregnancy”, abortion was generally seen as a necessary evil by local practitioners and something that would be best to prevent. Many women nonetheless used the option of recurring to a legal abortion or, if they felt that their finances or privacy were in jeopardy by recurring to the abortion commission, an illegal one.

The decentralised character of the Yugoslav federation meant that every location and local abortion commission presented different dynamics when it came to dealing with decision-making around abortion, so much so that it would be hard to posit a pro-natalist or anti-natalist agenda for Yugoslavia at the state level. Local archives show that many factors, including the availability of health services and contraceptives, as well as local gender norms, had an impact on the provision of abortion services. In the early 1970s, Vida Tomšič wrote that family planning in Yugoslavia was based on the idea that the child had the right to be born wanted, therefore it had

neither an anti-natalist or pro-natalist character. We approach people as subjects of their relationships, as decision-makers; we enable them to learn about the natural laws of biological reproduction and the possibilities of mastering them in order that they might enrich their emotional lives, that they might be responsible in their relations [...]. (Tomšič: 1975b)

The reality on the ground, as made clear by the local archives examined in this paper, was undoubtedly messier, with patriarchal gender norms, difficult social conditions, and underdeveloped health services complicating and shaping women’s and men’s abilities to freely take decision on contraception, abortion, and reproduction.

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RASPRAVE O POBAČAJU I KONTRACENCIJI U SOCIJALISTIČKOJ JUGOSLAVIJI: MIKROPOVIJESNA PERSPEKTIVA

U članku se govori o raspravama o pravima i praksi pobačaja koje su se vodile u socijalističkoj Jugoslaviji. Fokusira se na mikropovijesne studije slučaja Varaždina i Karlovca, s posebnim osvrtom na razdoblje između prve liberalizacije pobačaja zbog društvenih razloga 1960. i potpune liberalizacije pobačaja do 10 tjedana 1969. godine. Primarni izvori za ovaj članak proizlaze iz fondova Konferencije za društvenu djelatnost žena u Hrvatskom državnom arhivu, kao i časopisa poput *Arhiva za zaštitu majke i djeteta* Zavoda za zaštitu majke i djeteta u Zagrebu. Istražuju se i digitalizirani izvori lokalnog tiska – *Varaždinski vjesnik* i *Karlovački tjednik*. Kao što je prikazano u radu, liberalizacija pobačaja u Jugoslaviji 1960-ih stvorila je široku lepezu dilema za žene i praktičare. Dok su se legalni pobačaji smatrali nužnima za suzbijanje ilegalnih, lokalni praktičari su ih ipak doživljavali kao nešto što bi trebalo spriječiti i što bi moglo naštetiti reproduktivnim sposobnostima žene, osobito u slučaju prve trudnoće. Mnoge su se žene istovremeno vraćale legalnom i ilegalnom pobačaju zbog nedostatka zdravstvene infrastrukture, nedostupnih kontracepcijskih sredstava, teških društvenih uvjeta i ustrajnih patrijarhalnih rodni normi.

Ključne riječi: socijalistička Jugoslavija, pobačaj, kontracepcija, mikrohistorija