THE POLITICS OF ABORTION AND CONTRACEPTION

Abortus, kontracepcija i rodni odnosi moći – makro i mikro plan

APSTRAKT Autorka reinterpretira nekoliko teza koje imaju dominantan status u društvenim naukama kod nas a kojima se objašnjavaju demografski trendovi, kontraceptivna praksa i njihovi uzajamni odnosi. U tekstu se negira teza o direktnoj uzročnoj vezi između visokih stopa abortusa i niskog fertiliteta u Srbiji. Odbacuje se i teza prema kojoj su visoke stope abortusa posledica nekorišćenja kontracepcije. Visoke stope abortusa se posmatraju, pre svega, kao posledica kontraceptivne greške pri primeni prekinutog snošaja kao najrasprostranjenijeg kontraceptivnog metoda u Srbiji. Iz činjenice da muškarci imaju dominantnu ulogu u kontroli rađanja autorka, međutim, ne izvodi zaključak da su žene pasivne žrtve muške dominacije. Autorka, suprotno tome, tvrdi da pristajući na pasivnu ulogu u domenu seksualnosti žene aktivno učestvuju u reprodukovanju dominantnih rodnih uloga i odnosa. Najzad, u tekstu se pokazuje kako odnosi moći nastali na mikroplanu mogu uticati na političke odluke na makronivou.

KLJUČNE REČI abortus, kontracepcija, seksualna praksa, rodnost, rađanje, politika

ABSTRACT In this article the author challenges several dominant positions that are relevant for understanding demographic trends and contraceptive practices as well as their mutual relationship. First, the author rejects the assumed direct connection between high abortion rates and low fertility. Second, the author challenges the thesis according to which abortions come about because of the lack of contraception and proposes that high abortion rates result from failing contraception i.e. from high failing rates of coitus interruptus which is a preferred method of birth control by men and women in Serbia. Finally, the author argues that giving control over reproductive risk to men does not make women passive victims of male domination. Rather women are, it is argued, active agents in reproducing hegemonic gender roles and relations. In addition, the author shows how gender power relations formed at the micro level may be consequential for macro level politics.

KEY WORDS abortion, contraception, sexuality, gender, reproduction, politics
Introduction

In this article I examine abortion debates in Serbia in the 1990s and resulting legislation against the backdrop of gender power relations. I am primarily interested in gender power relations of sexuality and for that purpose I analyze sexual/contraceptive practices relying on life histories that I collected during a fieldwork conducted in 1997/98. My aim is to re-examine some dominant thesis about the relationship between abortion rates and fertility rates in Serbia which had an important role in shaping the abortion debates.

During the Eastern European socialist times, abortion had been a medical or social issue, not a politicized women’s issue (see also Maleck-Lewy, Marx Ferree 2000:114). This has changed in post-socialism and “contested definitions of women as ethically responsible or irresponsible, as self-determining or ‘in conflict’ [became] politically central” (Ibid.).

In the 1990s as Yugoslavia was falling apart and nationalism at its peak, abortion became reduced to the issue of biological survival of the nation throughout the former county. In Serbia, abortion debates and to them closely related population discourses peaked in the mid 1990s.

The fact that abortions outnumbered births, in this context, became a powerful metaphor for those who claimed that low fertility was an expression of the biological and moral decline of the nation. Expert discourses were in many different ways appropriated by political ones. One consequence was that high abortion rates were now almost unanimously associated with the low fertility by everyone, including the experts. An atmosphere was created in which the liberal abortion legislation appeared to directly cause low fertility\(^1\), and new and aspiring political players started to voice their concern arguing for restrictions in the existing abortion legislation or for its ban. In the ensuing public debate, local feminists were the most vocal and persistent defenders of liberal abortion legislation and of women’s right for free choice in matters of reproduction.

The public debates on abortion were concomitant to the parliamentary debates on new abortion legislation. To be more precise, the public debate started a couple of years before, and more or less, ended a few months after the new legislation was passed in the parliament. I analyze the debates and the resulting legislation in more detail elsewhere (see Drezgić, 1999, 2004). In this article, I critically examine some of the basic assumptions that framed the public debates on abortion and fertility rates.

\(^1\) I argue that abortion rates should not be directly associated with fertility levels, because at the micro level abortion is not a direct cause of small families. It is rather a method for achieving and maintaining a desired family size. In light of this, the popular connection between abortion and fertility levels seems utterly misplaced and resulting policies futile.
in Serbia in the 1990s through the prism of gender power relations. I show how
gender power relations shape reproductive behavior and contraceptive practices. In
addition, I propose that the same type of asymmetrical gender relations may be
consequential for macro level politics in ways that paradoxically worked in favor of
liberal abortion legislation. Thus, even though the new law introduced some
restrictions in 1995, Serbian abortion legislation remains among the most liberal
ones within the European borders.2

For this purposes I analyze secondary sources as well as interviews and
life/reproductive histories that I collected in 1996/98 during a fieldwork3 for a
broader study on politics of reproduction in Serbia. My analyses and proposed
arguments refer primarily to generations of men and women born up until the 1980s
in Serbia and former Yugoslavia. More research is needed in order to trace possible
changes in politics of reproduction and sexuality of younger generations in Serbia.

As in other socialist countries, abortion appeared to be a main method of
family planning - women and couples throughout the former Yugoslavia relied on it
in order to achieve the desired number of children4. It is usually believed that women
during socialism relied on abortion because modern contraceptives simply were not
available. The Yugoslav case disputes this assumption. Unlike in other East
European countries, most other methods of birth control were available and
affordable in Yugoslavia since the late 1960s5.

Pharmacies in bigger urban centers were better supplied in general which
made contraceptives more readily available in urban than in rural areas. Most of
contraceptives, including the pill, were fully covered by the health insurance. For
abortion, however, there was a fee and the amount depended on the type of
anesthesia used during the procedure. Not a small number of abortions were

2 This is not to argue that restrictions are insignificant. To the contrary, I argue elsewhere (Drezgić,
2004), that the new legislation can potentially curb the constitutional right to free parenthood of
women at the beginning and towards the end of their reproductive life cycle. For more details on
the new legislation and its potential harmful effects see Ibid., and Konstantinović-Vilić, Petrušić,
1997.

3 I gratefully acknowledge help provided by Research Support Scheme of the OSI/HESP (grant No.
71/1997) that funded my fieldwork.

4 In 1987 there were 365,700 legally induced abortions in Yugoslavia. With the number of live births at
359,300, abortion ratio (number of abortions per 1,000 live births) was 1.018, while abortion rates
(number of abortions per 1,000 women age 15-44) was 71.6 [N. Kapor-Stanulović, H. David,
(1999: 298)]. Figures in Serbia for the same Year were: 205,300 abortions, 154,000 live births, and
abortion ratio of 1,329 (ibid.: 290-91).

5 Hungary was another socialist country where modern contraceptives were widely available due to the
organized government effort. Unlike Yugoslav couples, Hungarian were practicing contraception
mostly by means of modern, effective methods. According to a research done in 1974, 98% among
the newly married couples in Hungary was using one of modern, medical methods of birth control
(see McInture, 1985: 279)
performed, by the choice of women, under a partial anesthesia in order to diminish the expense.  

Results of a survey (Ristić, 1994) conducted among health care professionals (physicians and nurses) in Belgrade defies another common belief according to which a lack of information and medical education are to blame for the widespread reliance on abortion. Out of 437 respondents in the survey (all health workers), 41% of them had a personal experience with abortion (either respondents themselves or their partners). Among gynecologists in the sample, as high as 63.5% had a personal experience with abortion. The average number of abortions per person among the gynecologists in the sample was 1.30, but ranged from 1.00 to 1.81.

The findings of this research indirectly support suggestions proposed by Morokvašić (1984), who argues that widespread use of abortion as a method for birth control is just a surface expression of deep cultural patterns related to asymmetric gender relations within the private domain throughout the former Yugoslavia. According to this and much other research, unplanned pregnancy and subsequent abortion are most often results of failing ‘traditional’ methods for birth control, like coitus interruptus. This ‘traditional’ method, according to Morokvašić, symbolizes man’s virility and gives him a sense of control over the relationship. At the same time, abortion for a woman is a "symbolic procreation". While unplanned pregnancy confirms her fertility, a very important element of female identity throughout the former Yugoslavia, abortion renders it symbolic (Morokvašić, 1984).

Based on her research among urban Greek women, Paxon challenges the idea of abortion as a ‘symbolic procreation’. She maintains that high abortion rates result from unequal distribution of power within more narrowly defined sexual relations. According to her, both men and women have an interest invested in recreating gender proficiency through female passivity and male proactive role. Thus, according to Paxon, from woman’s perspective an unwanted pregnancy and the subsequent abortion represent in-calculated risk, rather than assertion of femininity through ‘symbolic procreation’.

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6 The contraceptive pill was made available in Yugoslavia in 1964, and IUD in 1967. The former Yugoslavia, however, is not the only place where women relied primarily on abortion as a method of family planning despite the availability of modern prophylactics (see Paxon, 2000 on Greece; Outshoorn, 1977 on Western Europe, Lurker, 1975 on California).

7 Morokvašić did a survey among immigrant female workers from Yugoslavia in several Western European countries in the late 1970s. An interesting detail from her study is that a significant number of her respondents would at the time travel to Yugoslavia just to have an abortion, because the administrative procedure to get one there was much simpler than in the Western European countries where these women were living.
Abortion between social and political issue

While abortion in socialist Yugoslavia and Serbia was widely practiced and accepted as a method of family planning, it was also constructed as a social/medical problem due to its high rates and multiple uses. High abortion rates were connected with low fertility and below replacement population growth, while repeated abortions were considered a threat for woman’s overall health. In addition, multiple abortions are believed to undermine woman’s future ‘reproductive success’. These two themes were prominent in expert discourses on abortion during the socialist times and were incorporated in the abortion debates in Serbia in the 1990s.

Despite the ample historical evidence to the contrary, not a single expert or a feminist questioned this relationship. Demographic transition in the Western Europe and in some parts of Eastern Serbia and Bulgaria, for example, began in the nineteenth century, the time when abortion was criminalized; the below replacement fertility levels in Western Europe were reached for the first time in the 1960s, a decade before abortion was legalized in this part of the world. Still, experts in Serbia often attributed below replacement fertility in Vojvodina and some regions of the Serbia proper to a set of intertwined socio-economic reasons among which abortion played a prominent role (cf. Lalović, 1984-5; Rašević, 1993). This perspective is in lieu with the World Health Organization’s official proclamation according to which abortion (i.e. its high rates) was designated a social/health problem.8

“[T]he number of terminated pregnancies in Serbia is so high nowadays that the proportions are epidemiological. Ever since 1969, the year of full liberalization [of the law] the number of abortions has been increasing. The only developed country which in the late 1980s had [significantly] higher abortion rates was the USSR. In 1984 the number of abortions, for the first time, outnumbered [the number] of live births [in the former Yugoslavia]. Reproductive behavior in Serbia, obviously, is not different from [that] in the developed world, which is not the case when it comes to the birth control methods. Abortion [a method many rely on] runs counter the civilization’s achievements [and] it is the least acceptable method for moral reasons and even more so for its potentially harmful effects at the individual and social levels. At the micro level, [abortion] can be harmful for physical end emotional health and for social relations. At the macro level, consequences [of

8 Of special concern were the repeated abortions. In 1988, for example, 80% of women who had abortion had previous experiences with it. Among them, as much as 22% have had 4 and more abortions (Statistički godišnjak Jugoslavije, 1991). Some women have more than 10 abortions during their reproductive lives (Kapor-Stanulović and David, 1999: 301. In a survey with women who were about to have an abortion in a Belgrade clinic, one of the respondents, a 43 year old women, have already had 22 abortions (Rašević, 1993: 145).
abortion] are demographic and economic” (Mirjana Rašević, 1993: 1 and 1989-90: 117).

“According to experts’ opinion there is a growing population of women in Yugoslavia who suffer from long-term effects of abortion. Most often quoted is sterility” (NIN, February 3 1995).

“[Medical] complications follow in one of five cases of terminated pregnancies. These complications are often grave, endangering the woman’s life. This is what experts say” (Politika, June 3, 1987 stress added).

Expert discourses offered various solutions for thus defined social problem. While criminalizing abortion did not seem as an option for most experts, some did suggest that the old socialist law might have been too liberal from the standpoint of public health and population growth. Often, the solution was seen in providing better (health) education for women – instructing them at the same time about advantages of “modern” contraceptives and about abortion health risks.

The focus of all proposed polices was on women. Men were only rarely mentioned in relation to abortion, and even then, they would be assigned a passive role or that of a victim of women’s power “to decide on their own”. Women having abortions were presented either as selfish egoists, or as victims of their own ignorance while holding on to traditional values and behavior.

Economic reasons make people limit their family size (the basic stuff, like baby food and diapers are too expensive). Women are unwilling to use modern contraception because they are ‘not prepared to make love under controlled conditions, plus our folks do not like to have their lives planned, and because of that they resist [using] protection. There is a lack of knowledge about possible effects of abortion for women’s health and an overall lack of health consciousness, (argued an expert quoted in NIN, February 3 1995).

In my opinion, our people absolutely lack health consciousness [or in other words] are ignorant about health [issues]. Even though abortion [happens to be] most widespread it, under any circumstances, cannot be a method of birth control (a women gynecologist, quoted in Politika, November, 10, 1994).

Feminist discourses would also depict women as victims, but for different reasons. Women were portrayed as victims of the overall social poverty in addition to patriarchal social relations which prevented women from assuming an autonomous role in sexual/reproductive social relations. For feminists too, women were held back by traditional values and social relations. Feminist activists would see women as passive victims of male dominance, while some feminist scholars, following the dominant trend in the Western academic feminism in the 1980, interpreted women’s reproductive behavior as a ‘quiet resistance’ to the hegemony of the asymmetric gender relations (cf. Blagojević, 1995).
The latter interpretation belongs to feminist theorizing that insists on female agency constructed primarily through subversion of the dominant gender relations. In this particular case, resistance and subversion would assume a gape in desired number of children at the micro level—between individual men and women. The existing literature shows, however, that during the socialist times small, two-child family was an almost universal ideal in Serbia. Moreover, it was congruent with the official state-promoted ideology according to which small family was identified with modernity and progress. Thus, as I argue below, women’s agency here does not rest in resistance. It rather rests in perpetuating the dominant asymmetric gender relations.

A nationalist demand for more children in the name of national survival, that marks the postsocialist reinterpretation of reproduction, brings at odds the family and the state not individual men and women. Resistance to have more children in this context is an expression of the conflict that takes place between the micro and macro level. I turn to this point later.

Popular and experts discourses often presented abortion as women’s method of choice. Nationalist oriented discourses in addition argued that women use abortion and limit the family size for selfish, egoistic reasons with a little or no concern for the interests of the father or society.

A child in a woman’s womb is most often the result of a project in which a woman and a man participate together, but its fate is arbitrarily decided only by her (Ponjavić, 1996: 69, stress added).

While it is true that pregnancy is always a result of a “project in which a man and a woman participate together”\footnote{Artificial insemination by an unknown sperm donor is still a rather rare practice.}, it is also true that abortions within the marriage, are most often a result of the common decision between the spouses or to the very least of an unspoken agreement after a desired number of children has been achieved. Findings of my research\footnote{Findings are based on my interviews and on participant observation in a gynecological office.} are in agreement about this with other research (cf. Antonovski, 1984-85: 87; Rašević, 1993: 146). Moreover, it is my impression, based on anecdotal evidence and on life histories that I collected during my fieldwork that after a desired number of children is reached, women are more inclined to contemplate having another child particularly if they get pregnant. However, they rarely keep the pregnancy due to husbands and some times children’s resistance.

For most women abortion does not represent a moral dilemma or psychological trauma (see Rašević 1993, and Antonovski 1984-84). Some are even surprised when such issues are brought up to their attention (see Antonovski, ibid.).
Even though it was not a topic of everyday conversations abortion was treated, in the words of one of my respondents, as a “normal thing”.

Some health professionals also reproduced this image of “abortion as a normal thing”. Moreover, they regarded it superior to most forms of modern contraceptives, primarily the pill. A female friend of mine who is a general practitioner told that she personally did not see any problem with abortions: “after all it is a minor and safe surgical procedure with almost no side effects unlike the pill which can affect the body in unknown ways”.

While quite a few women who are determined to prevent unplanned pregnancies using medical contraception take the pill or have an IUD unbeknownst to their husbands, with abortions it is rarely the case. Even though in Serbia as in Greece, abortions are “performed quickly and quietly” (Paxon, 2002: 319) and even though men have no part in abortion practices, abortions most often are not hidden from husbands. If they appear to be hushed it is vis-à-vis a broader network of family and friends, not husbands.

Sexuality, Contraception and Gender Relations

Abortion, together with menstruation and labor, is a taboo topic outside of exclusively female contexts, among other reason because it makes public woman’s non-procreative sexuality. Even within the exclusively female contexts conversation about these topics is highly ritualized and pre-scripted (see Spasić, 1994). According to my observations in all-women situations men may be blamed for an unwanted pregnancy and the subsequent abortion in two distinctly different ways.

Which narrative is used depends either on the character of the husband–wife relationship, and/or of the audience addressed. If the relationship with the husband is tense and conflict-ridden, an unwanted pregnancy is presented as a result of his carelessness (“Why would he care – it’s me who has to endure an abortion, not him”)\(^{11}\). If her relationship with the husband is more harmonious, or for a more competitive female audience, frequent unwanted pregnancies are explained by woman’s sexual appeal i.e. by husband’s uncontrollable desire (“He simply can’t help himself with me”). In other words, in women’s narratives about abortions, husband may lack feelings for his wife, or he may have excessive passion for her, but his skill is never questioned.

I argue that the initial reason of the high abortion rates in Serbia is related, on one hand, to the strong preference for small families and to patriarchal gender

\(^{11}\) In Rašević’s survey almost half of her respondents (46.1%) attributed an unwanted pregnancy and the subsequent abortion to husband’s carelessness (Rašević, 1993: 141).
relations of sexuality, on the other. All research suggests preference, even a norm of two child family throughout the socialist period in Yugoslavia. However, women rarely if ever decide on their own what contraceptive method to use in order to achieve the desired number of children and to space them.

Decision about contraception seems to be primarily the men’s realm (see Morokvašić, 1984; see also Paxon for Greece). This is particularly true within marriage. Finally, and most importantly, rather than being a method of choice, abortion is a back up method and its high rates in Serbia seem to be, to the most part, a consequence of the contraceptive mistake, or failed *coitus interruptus*, which happens to be the preferred method of birth control (see Morokvašić, 1984; Rašević, 1993).

Majority of women that I interviewed who had abortions become pregnant while they relied on this method, sometimes in a combination with the calendar method. Most of them also argued that their husbands would not agree to switch to some other, more reliable method. Moreover, they themselves expressed discomfort with majority of available medical contraceptives. The reasons ranged from inconvenience (local contraceptives), to side effects and safety (the pill and IUD).

Despite its relatively high failure rates *coitus interruptus* seems to be preferred method of birth control both by men and by women, irrespective of their socio-economic background. Reasons for this are varied and multiple but the most important ones emerge when we look into the structure of gender relations in general and those related to sexuality and reproduction in particular.

Asked what do they do in order to prevent pregnancy, women in Serbia often reply “[I do] nothing, my husband looks after me” [*ništa, muž me čuva*] – it was the answer I have gotten most often when interviewing women about their reproductive practices if they relied on the *coitus interruptus* and majority did. This short but often given answer, may serve as a vignette for heuristic examination of gender relations of sexuality and reproduction. The sentence recreates a whole set of ideas about woman’s femininity achieved through [sexual/contraceptive] passivity, and man’s masculinity through his active role in sexual relations and his control not only

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12 Many surveys, mostly done with women, determine that the ideal number of children (under the best of economic circumstances) is between 2 and 3. In 1970 it was 2.27, in 1976, 2.21, in 1993, 2.70 (Rašević, 1993: 131, see also Blagojević, 1995, Petrović, 1992-93).

13 In the above mentioned survey (see note 11) the two thirds of women who were about to have an abortion, had tried to prevent the pregnancy. Most of them (50,4%) relied on *coitus interruptus*, 32,5% used the calendar method, and 3,2% believed to be protected because they were nursing. 33,7% of women in the sample, did not use any contraception even though they did not want to get pregnant at the time, but only 4,7% of the whole sample declared that they opted for abortion as a method of birth control (Rašević, 1993: 156). In another survey on a sample of 3,000 women in Serbia, only 22,4 were using medical contraception - pill, chemical contraceptives and IUD (*Politika*, June 3, 1987).
of the sexual act itself but also of woman’s sexuality and their (common) fertility. Along the way he does not protect them, he protects her from an unwanted pregnancy.

Because modern […] heterosexual relations have been defined by male initiative and orgasm, creating women’s pregnancy risk as a side effect, heterosexuality has been organized around a perception of female vulnerability” (Paxon, 2000: 322; see also Cowan, 1990).

If this is the case, seemingly logical question becomes why only a small number of women in Serbia take advantage of available contraceptives in order to mitigate their vulnerability, which is inherent to sexual relations. In a survey on a sample of 3,060 women in Serbia, only 22.4 were, at the time, using medical contraceptives - pill, chemical contraceptives and IUD (Politika, June 3, 1987). Majority of medical contraceptives are not only more reliable compared to coitus interruptus, but also afford women with more autonomy and control of their own bodies and sexuality. This very property of medical contraception makes the above question culturally illogical. By giving women an active role in the contraceptive practices and by affording them with more autonomy medical contraceptives place at risk not only women’s own gender identity: “[i]nnocent women do not need to use contraception” (Lurker, 1975: 79), but also that of her partner: “[f]ertility, contraception and abortion cannot be isolated from other aspects of women’s lives…The use of contraception is deeply embedded in our notions of gender, sexuality, and courtship” (Lurker, 1975: 75; see also, Morokvašić, 1984, Paxon 2002).

In other words, women’s initiative and autonomy in matters of sexuality and contraception goes counter to the dominant gender ideology. Most preferred method of birth control by Serbian men, for that very reason, is coitus interruptus. This method gives them a sense of control over the relationship14. Moreover, it serves to affirm men’s virility and prowess. Moreover, in order to make an even stronger point men have to provide protection [da čuvaju] for women relying solely on their skill. In other words, the protection is provided in a ‘natural’ technologically unmediated manner.15

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14 Explaining their husbands’ resistance to using medical contraceptives, a significant number of women I talked with stated that “this way he is sure I am being fateful to him” (see also Rašević, 1993, and Morokvašić).

15 Women often refer to rhythm method and to coitus interruptus as “natural methods” [čuvam se prirodno]. Many women I talked to about contraception during my fieldwork would refer to mechanical and chemical methods as ‘unnatural’ and disruptive, “killing the spontaneity of sex”. Apparently there is a discrepancy between the medical and popular definitions of uninterrupted, spontaneous sex. What medicine defines as coitus interruptus, for my informants is exactly the opposite: a model of spontaneous, uninterrupted sex.
I once witnessed a conversation between male co-workers in a small company. One of them was expecting his third child and the others were teasingly commenting on this unusual number of children (two being the norm) and along the way questioning his sexual skills for not being able to ‘hold it back’ and ‘protect’ the wife. “Oh, whenever we are running a major marital crisis I just drop in one [child]”, was his reply.

This image of man as a depository of ‘ready-made’ children is congruent with traditional ideas about reproduction, according to which, child is made of father’s substance (mother’s womb serving only as a vessel for nurturing an already formed entity). Traditionally, women were responsible for preventing unwanted children either by avoiding sex or by self-induced abortions. Modern men however, can prevent inopportune pregnancies by deciding whether his child-making-substance drops-in, or out. If it drops-in accidentally at an inopportune time woman takes over the responsibility of quietly, without much ado, cleaning up the mess. In rural vernacular as well as among urban men in Serbia, čišćenje [cleansing] is a common designation for abortion. Being a result of non-reproductive sexuality, unwanted pregnancy makes a woman unclean, thus she has to undergo a ritual cleansing by having an abortion.

Silence that surrounds abortion, thus, serves not only to conceal woman’s non-reproductive sexuality but also man’s contraceptive mistake which if brought to public may put at risk his masculine identity. Indeed, abortion in Serbia is an utterly female matter leaving masculinity unchallenged. After all masculinity in patriarchal societies is both asserted and challenged primarily vis-à-vis the other men (see Simić 1969, 1979; Herzfeld, 1993).

Even though coitus interruptus serves to affirm men’s virility and prowess, I do not argue that it makes women passive victims of men’s power, as some feminist activists would have it. Women have an interest invested in recreating both their own and their partner’s gender identity. By participating in a relationship in which they are assigned a subordinate role they demonstrate their own and their partner’s gender proficiency (see Paxon, 2002). Very little, however, in their behavior is traditional, as some experts would have it.

Modern (male) subjects take on themselves to conquer and control nature (Jordanova, 1989; Fox-Keller, 1985; Plumwood, 1994). To assert their modern

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16 This episode occurred in a line in the copy room. While I did not actively participate in the conversation, my presence must have somewhat influenced what was said. I knew them all and was known by them as a feminist. They did not know anything about my research – I was just visiting a friend who worked in the same company.

17 Heitlinger argues that “in Eastern Europe, abortion, pregnancy and childbirth are events which hardly touch men at all, though this admittedly applies to men as sexual partners and not to men as doctors” (1987: 10).
subjectivities both men and women ought to control their instincts, i.e. to control the nature in themselves for which sexuality is emblematic. This is maintained through an elaborate dialectic of gendered sexual practices. Men’s proactive, aggressive sexuality is checked by women’s resistance to sexual act. Once a woman succumbs to man’s sexual desire, however, she is captured by instincts and passions which she is incapable either of resisting or controlling any more.

“[I]t is easier and more ‘normal’ for men to be lustful and assertive, for women to merely surrender, to be carried away by a greater force” (L. Gorond, quoted in Paxon, 2002:320).

Serbian men, while being “lustful and assertive”, are not “carried away by a greater force: of instincts, or emotions. Unlike women, they should be capable of restraint and in general should have better control of their own instincts for which coitus interruptus is exemplary. When it works, a man is successfully performing his role of, among other things, protecting his wife. When it does not work, she comes to his rescue by quietly taking care of an unwanted pregnancy, having abortion. Cultural practices related to abortion that make men’s role in an unwanted pregnancy absolutely invisible, make their absence from public discourses on abortion and contraception unproblematic. It appears almost as if unwanted pregnancies occur outside of (heterosexual) social relations, unlike the wanted ones. Along the way women appear as if caught by tradition, ignorant about their own health and that of society.

Concluding Remarks

If abortion were approached as a consequence of the contraceptive mistake (i.e. failing coitus interruptus), rather than as women’s premeditated choice, its high rates could seriously challenge masculinity of Serbian men. Moreover, their masculinity would appear inferior to that of the Albanian men. Even though fertility levels of Kosovo Albanians are comparatively high, they have been declining for the last several decades (see Breznik, 1980, 1980a; Breznik et al. 1992; Todorović, 1980, 1990-91). At the same time, Albanian women have a very low abortion rates as well as medical contraceptive usage.

Like Serbian, Albanian couples also rely primarily on coitus interruptus to maintain and space the desired number of children and apparently with a higher success rate. There is evidence which suggests that under certain circumstances coitus interruptus can be rather reliable method of birth control.18 Male centered

18 Some research suggest that it is only a little less reliable than condoms, and more reliable than diaphragm (Paxon, 2002).
A world view that dominates not only popular but also expert discourses, obscures this otherwise conspicuous aspect of the reproductive/contraceptive practices. Therefore, the critical eye is cast on women and their femininity or their modernity is questioned, or both when coitus interruptus does not work.

While men tend to be in control of sexual/contraceptive practices reproductive accountability ultimately rests with women (see Paxon, 2002: 322). This female centered procreative accountability is reinforced by a confluence of expert, popular and religious discourses in Serbia. All family planning policies have been focused on women and most of the contraceptive counseling services are associated with gynecological clinics and offices, places from which men are mostly excluded.

There is little doubt about women reproductive bodies being subjected to disciplining more than men’s. While experts agree that coitus interruptus is an unreliable method of birth control, no one questions how and where men learn about it and do they know how to practice it properly in order to increase the efficiency. Explaining some advantages of coitus interruptus over medical contraception from women’s perspective Rašević states that “a visit to physician is not a precondition for its usage” (1993: 158). Rašević does not see a paradox in a fact that when coitus interruptus fails woman has to visit a physician under much more unpleasant and often humiliating circumstances. It also did not occur to her, or anyone else, that men may lack sufficient knowledge neither about medical contraceptives nor about how to make coitus interruptus more efficient and that consequently contraceptive education should target men too.

The structure of gender relations within marriage and family determined that women in this part of the world did not have a real choice when it came to deciding on methods of family planning, and abortion had become their ultimate resort. The fact that out of all women from the territory of Serbia proper who had an abortion in

19 Men rarely if ever accompany their partners for gynecological visit, whatever the reason of a visit and they are generally not welcome there. When, during my fieldwork I want to see my old gynecologist I was not too surprised to see a notice on the wall which announced that men were not allowed in the waiting room. Still, I asked my physician what was it all about and she explained that some time ago a husband of a patient made a scene (yelled and physically threatened the staff) because he believed some patients were admitted ahead of time making him and his wife wait longer than necessary. In order to prevent similar incidents in the future the office simply decided to prohibit men from the premises which did not seem to bother anyone. A young man (in his late teens) who accompanied his girlfriend was patiently waiting in the hallway in front of the waiting room. The couple did not seem to be bothered, rather they find it amusing to communicate through the glass doors. Some of the women in waiting room were sending them sympathetic smiles, but others were rolling their eyes in disapproval. They disapproved their age, and his presence – perceiving both inappropriate at the premises.
1988, 93.4% were married (see Rašević, 1993:75), only confirms that the socialist project of emancipation failed within the marriage and family.

Nationalist projects take advantage of exactly this situation in an attempt to redefine gender roles and gender organization at the macro level. The control of female procreative sexuality is an integral part of many nationalist projects and aims to ensure and maintain not only continuity, but also the ‘purity’ of a nation (Žarkov, 1995: 113). Within the marriage, abortion serves to limit the family size while maintaining ‘proper’ gender roles, i.e. husband’s domination and the wife’s submission, in the domain of sexual relations (see Paxon, 2002; Morokvašić, 1984).

From the perspective of nationalist ideologues, however, abortion appears to undermine the patriarchal order at the broader, societal level preventing the state control of the citizens’ sexuality and reproductive practices. Restricting access to abortion, in the context in which a small family is both social standard and a necessity, creates a tension between the patriarchal family, on one hand, and the patriarchal state, on the other. Abortion as a method of family planning maintains the patriarchal gender relations within the family, while enabling it to limit the size. From the perspective of the nationalist, nation-state building ideologies, however, abortion and its high rates appear to be undermining the very survival of the nation.

This tension between the patriarchal family and the patriarchal state, however, is concealed by the oppositional/contrary consciousness created during socialism, according to which abortion is primarily associated with women and moreover with women’s emancipation. The only difference is that in the post-socialist, nationalist context this equation has received a negative value for allegedly destroying the patriarchal order within the family while endangering the survival of the nation. Thus, abortion became a symbol of corrupt social relations while attempts to ban or restrict access to it represented at the same time a critique of the old social order and legitimization of power struggle by newly emerging political players (see Gal, 1994).

20 Since pre-marital sexual relations are common and the mean age at marriage for women relatively high (in 1980 the mean age at the first marriage in Serbia Proper was 23, years for women and 26 years for men; in 1990 it was 24 for women and almost 28 for men (see Rašević et al. 1999: 158), we can only assume that more reliable contraception is used outside of marriage or that frequency of sexual relations is limited by the housing arrangements – young people live with their parents until they get married and very often after they get married. Another possibility is that the majority of out of wedlock pregnancies serve as a turning point in a relationship leading to marriage. In that case we could argue that abortion in Serbia is used primarily within marriage in order to space the desired number of children and after the number is reached.
Bibliography


