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Between Ideals and Reality: Contraception in Socialist Yugoslavia

Abstract: *This study examines the evolution of contraception in Yugoslavia, focusing on the state's policies, medical perspectives, and societal attitudes toward birth control. It explores how government initiatives and prevailing cultural norms influenced the acceptance of contraceptives and identifies the factors that led to the population's hesitancy in adopting them. It draws upon sources from the Archives of Yugoslavia, the Croatian State Archives, and the Archives of Serbia, as well as selected periodicals and relevant medical, demographic, and historiographical literature.*

Keywords: *Yugoslavia; socialism; contraception; counselling centres; abortion; educational campaigns.*

Introduction

Despite the substantial body of literature on love, sexuality, and sex under state socialism (David, 1999; Frejka, 2008; Herzog, 2011; McLellan, 2011; Lišková, 2018; Lišková, Holubec, 2020; Kościańska, 2021; Kassabova, 2023; Kościańska, Kurimay, Lišková, Renkin, 2025), the topic of birth control has been largely overlooked or inconsistently examined in Yugoslav and post-Yugoslav historiography. This gap persists despite the availability of valuable sources, particularly documents from the Family Planning Council kept in the Archives of Yugoslavia. Additionally, relevant periodicals and demographic and medical literature provide further insights. Demographer Mirjana Rašević conducted a study on abortion, focusing on data collected through a representative survey conducted in gynaecological clinics in Belgrade in 1989 (Rašević, 1993). In her study, she explored her interlocutors' perspectives on contraception, offering insights into societal attitudes toward birth control. In her unpublished PhD thesis, Branka Bogdan discusses clinical trials and the development of IUDs in Yugoslavia (Bogdan,

2020). Anthropologist Rada Drezgić has examined reproductive policies, primarily focusing on public discourse surrounding declining fertility rates during the 1980s (Drezgić, 2010a; 2010b), while only sporadically addressing the introduction of the pill. In her overview of family planning policy in Yugoslavia, Nila Kapor-Stanulović briefly discusses contraception, highlighting its limited popularity among the general population (Kapor-Stanulović, 1999). Chiara Bonfiglioli and Sara Žerić have researched contraception counselling and local debates surrounding contraception, focusing on the Croatian towns of Karlovac and Varaždin (Bonfiglioli and Žerić, 2023). Aida Ličina Ramić cantered her study on Bosnia and Herzegovina, highlighting the prevalence of abortion and contraceptive use in that Yugoslav republic (Ličina Ramić, 2024).

In this essay, I aim to address gaps in our understanding of contraception in socialist Yugoslavia by examining two important and intertwined themes: first, the political, medical, and societal attitudes toward contraceptives; and second, the promotion and market availability of contraception. Specifically, I will investigate how governmental policies and societal norms influenced the adoption of modern contraceptives and identify the factors that contributed to the population's reluctance to use them. Using historical research methodology – drawing on archival sources, medical journals, and newspaper articles – I intend to critically examine how contraception was understood, discussed, and distributed. I will provide a pan-Yugoslav perspective and show that practical implementation failed due to political, economic, and social factors, despite the progressive framework that guaranteed reproductive rights. While the laws were liberal and granted couples a high degree of autonomy over their reproductive choices, the state was neither willing nor sufficiently organized to ensure that these rights were fully implemented in daily life. Due to distribution issues, contraceptives were often difficult to obtain, especially outside urban centres. This inconsistency between policy and accessibility meant that many Yugoslavs, particularly in rural areas, lacked reliable contraceptive options, undermining the state's commitment to reproductive rights.

Sex education, when it did occur, was vague or moralistic rather than practical, leaving people without the necessary knowledge to use contraceptives effectively.[1] Everyone anticipated that someone else

[1] As early as the 1950s, public debate in Yugoslavia began to address gender relations, sexuality, and the sexual education of young people. Although elements of sexuality were included in the social and moral education programs introduced in primary and

would undertake this significant responsibility: parents expected teachers to provide it, teachers looked to doctors, and doctors held both teachers and parents responsible.[2] As a result, individuals, especially young people, had inadequate knowledge about contraception and reproductive health, contributing to a rise in teenage pregnancies.[3] This discrepancy between policy and practice revealed the shortcomings of the Yugoslav family planning policy, which, despite its progressive appearance, lacked the crucial institutional support necessary to ensure citizens could exercise their proclaimed rights in practice.

Sex and Sexuality: The Birth of New Morality

The rapid pace of industrialisation and urbanisation, combined with the mass migration of young men and women to cities and their growing economic independence, encouraged a more open expression of emotions, the liberation of sexuality, and shifting attitudes toward extramarital relationships. For those who had come of age before the war and were shaped by a different era, the growing sexual freedom among youth was a source of considerable unease. Public discourse frequently stressed the belief that Yugoslav youth 'lacked restraint in their sexual lives', often engaging in intimate relationships not out of love or mutual respect, but primarily for 'physiological experiences'.[4] The sexual revolution, mirroring similar developments in Western Europe, further liberated female sexuality, making the 'break with traditional sexual morality' (Marković, 2007: 125) increasingly visible. These cultural shifts manifested in public spaces: fashion moved away from the conservative styles of the 1950s toward bolder, more provocative trends, and public displays of affection between couples became commonplace in streets and parks. Party leaders no longer condemned or denied youth

secondary schools in 1952–1953, there was little clarity, up until the early 1970s, on what sex education should entail. By 1963, a prevailing attitude emerged that would eventually undermine efforts to introduce comprehensive sex education: the decision that it should not exist as a standalone subject but instead be incorporated into existing curricula such as biology, sociology, hygiene, and social studies. However, this strategy failed to meet the genuine curiosity of young people (Dobrivojević Tomić, 2022a).

[2] Archives of Yugoslavia (in further text AJ), 142/II – 293; Savetovanje „Odnos polova i vaspitanje", Beograd 23 – 24. 10. 1968.

[3] AJ, 142/II – S 274; Neautorizovane magnetofonske beleške sa sastanka Saveta savezne konferencije SSRNJ za planiranje porodice održanog 28. 10. 1985; AJ, 142/II – S 274; Rezime rasprave o radu službi za zdravstvenu zaštitu žena na planiranju porodice koja je održana 20. juna 1985. godine u Beogradu.

[4] Anka Matić, „Seksualni odgoj omladine", *Naša deca*, 11–12, 1955: 18.

sexuality as harshly as before; instead, it became a topic of open dialogue in counselling sessions and the press. The earlier onset of romantic and emotional lives prompted authorities to advocate for the introduction of sex education in schools and to work toward making modern contraceptives widely available, primarily through counselling centres and irrespective of marital status. Yet, despite these progressive changes, old prejudices remained. Health education campaigns aimed at preventing unwanted pregnancies were directed exclusively at women, inadvertently reinforcing the notion that unplanned pregnancy was solely a woman's 'problem' (Dobrivojević Tomić, 2022a).

In addition to mass migration, the sexual revolution, and the influence of popular culture, the changing living conditions for Yugoslavs who came of age in the 1960s and 1970s contributed to a gradual 'demonopolization' of marriage. The memories of war and poverty that had shaped earlier generations began to fade, giving way to new life expectations – extended education, delayed financial independence, and expanded opportunities for socialising and leisure. The rise of discos, seaside holidays on the Adriatic, and a more vibrant youth culture encouraged young people to embrace the period between finishing school and marriage. Most people formed emotional relationships before the age of twenty. With the wider availability of contraception and the gradual liberalisation of abortion laws,[5] premarital sexual relationships became increasingly socially acceptable, marking a period of near-complete sexual liberation. A more tolerant social climate emerged in which young people could engage in sexual activity before marriage without fear of social condemnation or serious consequences.[6]

By the mid-1960s and throughout the 1970s, premarital sex had become common, and young people were entering puberty and becoming sexually active at earlier ages. However, inexperience and lack of

[5] While there was broad societal agreement that reducing the number of abortions required promoting contraception According to the Regulation on Procedure for Permitted Abortion (1952), abortion could be legally performed in hospitals with the commission's approval if there were medical, moral-ethical, or socio-medical indications. In February 1960, a new Regulation on Conditions and Procedures for Permitting Abortions was enacted, making social indications a sufficient reason for abortion approval, and sex education, systematic educational initiatives were lacking. The Family Planning Resolution (1969) marked the onset of complete abortion liberalization and established a national initiative to ensure that every child was born wanted (Dobrivojević Tomić, 2022a).

[6] AJ, 142/II–658; Stenografske beleške sa seminara Porodica u savremenom jugoslovenskom društvu 12–16. 12. 1968.

adequate information often led many to neglect contraception entirely (Domicelj, 1982). Despite the growing openness and public demystification of sexuality, parents rarely discussed the topic in any meaningful depth with their children. From their perspective, young people were always 'too young' to discuss relationships between the sexes. When the subject did arise in Yugoslav households, it was typically limited to warnings about the 'dangers of sex', 'prostitution', or cautionary tales of girls who had been 'seduced and abandoned'. Rather than offering guidance and support, many parents resorted to instilling fear, often because they avoided or felt unequipped for open discussions about sexuality. As one reader of the journal *NIN* observed, 'They neither know nor have any idea about their children's sexual lives'.[7] The few conversations about gender relations that did occur tended to focus on the harms of premarital sex, reducing sex education to 'moralising and intimidation'. Schools provided little more. Formal sex education was minimal, leaving young people to rely on superficial or incomplete information. As one 19-year-old girl from a study on youth sexuality conducted in Bosnia and Herzegovina in 1967/68 noted: 'We are at the age when families are being formed, yet we still don't know enough about sexual relationships between men and women, conception issues, contraception, or sexually transmitted diseases" (Mandić, Erceg, 1977: 61; 65; 119-120).

Up until the very breakup of the country, Yugoslav society maintained an unusual coexistence of 'old' and 'new' moralities. These parallel worlds occasionally intersected but did not always intertwine. In larger cities, it was no longer uncommon for mothers to accompany their daughters to obtain contraceptives, or for young couples to seek consultations before engaging in sexual activity. In the more developed parts of Yugoslavia, tens of thousands of young women were eager to move beyond the restrained sexual norms of their mothers' generation. Yet, a strong undercurrent of conservatism and puritanism persisted. For instance, a 1978 survey found that 60% of adolescent girls in Skopje who sought abortions disapproved of premarital sex. When asked how they became sexually active, many replied that they had 'hoped for marriage but made a mistake' (Demerdžijev, Antonovski, 1978: 155). While conservative attitudes toward gender and sexuality were primarily preserved in rural, economically underdeveloped regions – particularly in Bosnia, parts of Macedonia, Montenegro, southern Serbia, and Kosovo – uncertainty about sexual freedom was also evident among

[7] „Tabu-tema", *NIN*, 4. 2. 1979.

segments of the urban student population. This confusion was likely exacerbated by the contradictory messages young people received: while liberal, even pornographic, content was readily available in the media, conversations about sex, whether at home or in school, were still often marked by discomfort, shame, or outright embarrassment.[8]

In cases of unplanned pregnancy, societal pressure often pushed unmarried girls and women toward abortion, whether legal or illegal. Pregnant high school girls were routinely expelled 'in the name of preserving morality', and doctors faced pressure to perform abortions for social reasons, even for women who were already in their fifth month of pregnancy.[9] It became increasingly clear that a woman's level of education did not necessarily equate to adequate – or even basic – knowledge of reproductive health. As a result, even medical students, teachers, and high school girls sometimes sought abortions during the later stages of pregnancy (Dobrivojević Tomić, 2019a). Many concealed their unwanted pregnancies, naively hoping the issue would somehow resolve itself. 'They come to us after returning from vacations', explained Mira Đorđević, a social worker on the abortion commission in Belgrade, in an interview with *NIN*. 'Most girls come from rural areas to attend high school, university, or vocational courses. Here, they quickly meet people. The big city they once dreamed of soon overwhelms them and leaves them behind. Then, when it's already too late, they come to us. And us? We feel helpless if we strictly follow regulations and turn them away. In that case, they have no choice but to turn to unqualified individuals or pay up to 20,000 dinars for an abortion performed privately by a doctor.'[10] Despite the evident failure of both parents and schools in providing adequate sex education and the clear need for support, secret abortions were often seen as the only socially acceptable solution. Even though attitudes toward premarital sex had liberalized to some degree, strong patriarchal norms continued to shape the social landscape. Fear of parental reaction was one of the main reasons young women delayed seeking legal abortion services (Šukarov, Lazarov, Stankovski, Ćurčijev, Kalamas, 1972). In some parts of the country, the level of intolerance was so severe that cases of

[8] „Otvrdnjavanje srca", *NIN*, 21. 1. 1979.
[9] AJ, 142/II–623; Savetovanje o problemima prekida trudnoće i kontracepcije (1963).
[10] „Šta mislite o abortusu", NIN, 28. 7. 1963.

murder and suicide due to unwanted pregnancies were reported in Montenegro as late as the early 1970s.[11]

Contraception: Navigating Ideals and Reality

Contraception as a primary means of preventing unwanted pregnancies began to enter public discourse in Yugoslavia in the early 1950s, primarily within gynaecological circles and among government officials. This relatively open approach was considered liberal by European standards at the time, especially when compared to countries like France and Italy, where even medical professionals were often hesitant to discuss contraception (Herzog, 2011). Thanks to the efforts of Dr. Franc Novak, the first contraceptives were introduced in Yugoslavia in the early 1950s. During a three-month study visit to Great Britain and the USA, he familiarized himself with the most advanced contraceptives of the time. Demonstrating both initiative and personal commitment, he purchased several complete sets of diaphragms – the most effective form of contraception available then – at his own expense and brought them back to Yugoslavia (Dobrivojević Tomić, 2022b). To engage Yugoslav authorities in the production and distribution of contraceptives, Dr. Novak delivered one set to the Federal Ministry of Industry, another to Franc Leskošek, the Minister of Industry of the People's Republic of Slovenia, and a third to the rubber factory *Sava*. Both ministries expressed interest in supporting the initiative, and the management of *Sava* pledged to begin production as soon as they could procure the necessary springs from Switzerland and Sweden (Dobrivojević Tomić, 2022b). In the meantime, Novak acquired several kilograms of steel spiral springs, or steel rims for the diaphragms (Petrić, 1981), which temporarily kick-started production. However, it soon became evident that the rubber processing machines were outdated and unsuitable for manufacturing diaphragms. New machines were purchased, enabling diaphragm production in Yugoslavia to begin in 1954. Although assessments at the time claimed that the diaphragms produced in Kranj 'do not lag behind' their more expensive foreign counterparts,[12] their overall quality remained somewhat inferior (Mojić, Kokić, 1966). Initially, production levels were sufficient to meet the needs of the Slovenian market, and the newspaper *Borba* reported that output could be

[11] AJ, 142/II–391; Magnetofonske beleške sa sednice Saveznog saveta za planiranje porodice održane 18. 2. 1972.

[12] Croatian State Archives (in further text HDA), 1234 – 17 – 195; Uspesi i teškoće savetovališta za kontracepciju

increased 'tenfold' if demand rose.[13] However, the *Sava* factory – the sole manufacturer of diaphragms in Yugoslavia – faced significant technical challenges. Due to outdated and heavily worn machinery, approximately 60% of the material was lost during production, leading to reduced output and increased costs. In addition to these technical inefficiencies, the supply chain was poorly coordinated, resulting in a paradoxical surplus: by 1958, the factory's warehouse contained more than 35,000 diaphragms, both domestically produced and imported.

Despite the natural deterioration and deformation of rubber over time, the factory opted to distribute older, lower-quality diaphragm models to contraceptive counselling centres, aiming to offload outdated stock in which it had already invested considerable resources.[14] Although the initial quality of domestically produced diaphragms was substandard, they were nonetheless regarded as the most reliable contraceptive available. In both public perception and some medical circles, diaphragms became closely associated with contraception.[15] Concerned that endorsing less reliable chemical alternatives might weaken broader contraceptive efforts, many physicians continued to recommend diaphragms well into the early 1960s (Novak, Šegedin, Krofl, 1965), despite their unpopularity 'due to overly complicated application and aesthetic reasons' (Andolšek, Hren, Kralj, 1964: 46).

Despite early efforts to introduce contraceptives, scepticism toward their use persisted within Yugoslav medical circles for a considerable time. While gynaecologists generally agreed that 'contraception should not be included in the concept of illegal abortion' (Novak, 1950: 359) when discussing the conditions under which abortion might be permissible, the prevailing attitudes at the Second Gynaecological Congress in 1953 were notably conservative. Contraception was even described as a 'depopulation measure',[16] reflecting deep-rooted anxieties about its impact on demographic trends. In contrast, Dr. Franc Novak, head of the Ljubljana Gynaecological Clinic and one of the most vocal and consistent advocates for the affirmation of contraception in Yugoslavia, held a markedly different view. He argued that contraceptives

[13] „Nauka ima bolja sredstva od veštačkog abortusa", *Borba,* 14. 6. 1956.
[14] HDA, 1234 – 17 – 195; Uspesi i teškoće savetovališta za kontracepciju.
[15] „Sprečavanje neželjene trudnoće – jedna od najvažnijih mera za zaštitu ženinog zdravlja", *Politika,* 21. 3. 1959.
[16] AJ, 142/II–417. F. Novak, L. Andolšek, M. Kuštrin, I. Veter, Prikaz razvoja odnosa do celokupne problematike planiranja porodice u medicinskim krugovima. Savetovanje o izgradnji društvenih stavova o populacionoj politici u Jugoslaviji (1973).

should not be blamed for declining birth rates or reduced population growth. 'Families generally want two or three children,' he wrote, adding that contraception 'will only serve to replace abortion, and nothing more'. Dr. Novak also took what was, at the time, considered highly liberal positions on premarital sex and access to contraception. He opposed restricting contraceptive distribution to married couples, insisting instead that contraceptives 'should be made available to all women who desire them'. He rejected the notion that such accessibility would lead to the moral decline of young women, arguing that, by the same logic, condom sales should also be prohibited. For Novak, contraception was not only a means of preventing unwanted pregnancies, but also a way to strengthen marital relationships and relieve women of the constant fear of unintended conception.[17] Although modern contraceptives remained largely inaccessible to most Yugoslav women in the early 1950s, by 1952, a limited number of patients at the Ljubljana Gynaecological Clinic were able to obtain imported diaphragms and chemical pastes.[18] Two years later, the clinic began testing contraceptives following international standards, reflecting concerns that poor product quality could undermine public trust and hinder efforts to promote modern birth control.[19]

The efforts and initiatives of Yugoslav gynaecologists to promote contraception received an institutional framework in 1955 with the establishment of counselling centres at the Central Gynaecological Dispensary in Ljubljana, and shortly after at clinics in Belgrade, Zagreb, Sarajevo, Priština, and Skopje (1955–1957). These centres employed various approaches to engage with women, offering guidance on reproductive health and family planning. However, patients often found it difficult to discuss sensitive topics, such as the frequency of sexual intercourse, experiences of frigidity, or the reasons behind seeking an abortion, in the presence of a third party, even when that person was a nurse. Although it was widely acknowledged that women preferred privacy in such consultations, many counselling centres continued to con-

[17] AJ, 142/II–623; Dr Franc Novak, Abortus i kontracepcija.

[18] AJ, 142/II–417. F. Novak, L. Andolšek, M. Kuštrin, I. Veter, Prikaz razvoja odnosa do celokupne problematike planiranja porodice u medicinskim krugovima. Savetovanje o izgradnji društvenih stavova o populacionoj politici u Jugoslaviji (1973).

[19] AJ, 142/II–417. A. Milojković, G. Žarković, M. Džumhur, *Historijat liberalizacije pobačaja u Jugoslaviji. Savetovanje o izgradnji društvenih stavova o populacionoj politici u Jugoslaviji* (1973).

duct interviews, data collection, and medical examinations in the presence of administrative personnel. In contrast, some centres adopted more discreet practices, separating the collection of personal information from the medical examination itself. This allowed women to speak privately with a physician during consultations, fostering a greater sense of trust and confidentiality.[20]

As the social and political climate began to change, public discourse around birth planning grew increasingly prominent, with the press playing a significant role in raising awareness. This broader cultural change, combined with the remarkable dedication of several physicians – Franc Novak, Bogdan Tekavčić, Aleksandar Milojković, Stanislav Sabo, Bosa Milošević, and Angelina Mojić – contributed to a gradual transformation in the attitudes of many gynaecologists. The initial resistance, strongly expressed at the 1953 Gynaecological Congress, began diminishing. Although the network of counselling centres gradually expanded, it remained largely confined to urban areas, leaving couples in rural regions with limited access to information about contraceptive options. Throughout the 1950s and early 1960s, these centres primarily distributed diaphragms and a range of chemical contraceptives, many of which were considered insufficiently reliable due to the limited selection available in Yugoslavia at the time. Despite the formal recognition of contraception as a legitimate prophylactic method at the Third Gynaecological Congress, in practice, its promotion remained inconsistent. Only several physicians possessed both the enthusiasm and the necessary expertise to confidently recommend and support its use (Dobrivojević Tomić, 2022b). The pharmaceutical industry displayed even greater scepticism and inertia toward contraception. During the heated public and professional debates surrounding the further liberalisation of abortion law in 1958, none of the three pharmaceutical factories based in Belgrade expressed any interest in incorporating contraceptive products into their manufacturing programs.[21]

Broader efforts to integrate contraception into the healthcare system as a routine preventive measure gained momentum following a conference held in May 1958 in Belgrade. The Federal Institute for Public Health and the Secretariat for Public Health of the Federal Executive Council organized the event. For three days, gynaecologists, social

[20] HDA, 1234 – 17 – 195; Uspesi i teškoće savetovališta za kontracepciju.

[21] „Sredstva za kontracepciju nisu u planu. Izjave predstavnika preduzeća za proizvodnju lekova u Beogradu i Zemunu“, *Večernje novosti*, 3. 4. 1958.

workers, and representatives from the Women's Societies of Yugoslavia, the Trade Union Association, the Red Cross, and other organisations convened to discuss the role of contraception in public health. They reached a consensus that contraceptives should be accessible to all women. In response, participants advocated for the establishment of a joint body to address not only contraception, but also sex education, marriage counselling, and the rising number of abortions. They also urged federal authorities to 'find a way' to reduce the cost of contraceptives to make them more affordable and to ensure that all pharmacies maintain an adequate supply.[22]

Despite the decision made at the Federal Conference (1958), contraception did not become an integral part of the healthcare system.[23] Following the initial success in promoting modern contraceptives between 1958 and 1960, contraception gradually faded from the public health agenda. While substantial financial resources were directed toward abortion services, significantly less was invested in public education and the promotion of contraception. Moreover, contraception was not recognized as an integral part of preventive care but was instead treated as a 'private matter of the individual'.[24] In most healthcare institutions, it remained only nominally included in official work programs, lacking the institutional commitment and financial support necessary for genuine implementation.[25]

Resistance to contraception remained difficult to overcome. Some gynaecologists continued to oppose its use,[26] and although insured individuals were entitled to receive contraceptives by prescription, they still had to pay for them out of pocket.[27] The situation deteriorated further following the 1961 shift to a self-financing model for healthcare institutions, which led to the closure of numerous counselling centres under the pretext of austerity measures. In Belgrade, the restructuring of healthcare services saw many counselling centres integrated into gynaecological dispensaries, causing them to lose their status as independent preventive health institutions. This created confusion among women, many of whom no longer knew where or to whom

[22] AJ, 142/II–623; Zaključci sa savetovanja po pitanju kontracepcije (7–9.5. 1958).
[23] AJ, 672–323; Materijal za savetovanje „O problemima prekida trudnoće i kontracepcije" (1963).
[24] „Dilema se zove – željeno ili neželjeno materinstvo", *Borba,* 13. 11. 1963.
[25] „Kontracepcija – najefikasniji metod za sprečavanje neželjene trudnoće", *Politika,* 20. 11. 1963.
[26] „Zašto se kontracepcija teško prihvaća", *Vjesnik,* 24. 11. 1960.
[27] „Savez ženskih društava Srbije protiv legalizacije abortusa", *Borba,* 18. 4. 1958.

they could turn for guidance.[28] Doctors attributed the closure of these centres to inadequate reimbursement from Social Insurance, which left institutions struggling with financial deficits (Savetovanje, 1963). However, the issue was not purely financial. A lack of motivation among healthcare providers also played a role; even doctors working in health centres within factories showed little interest in promoting contraception. An exception to this trend was the Zagreb-based factory *Rade Končar*, which took a proactive approach by educating both male and female employees about contraception and distributing contraceptives free of charge. These efforts proved effective, leading to a measurable decline in the number of abortions among its female workforce.[29]

Paradoxically, even by the mid-1960s, state institutions continued to inadvertently favour abortion over contraception as a method of birth control. Abortions were free of charge, making them more accessible than condoms, which remained a paid item (Zbornik, 1962). In some cases, branches of social insurance – particularly in Bosnia and Herzegovina – were even willing to cover women's travel expenses to the nearest clinic, as well as the full cost of the procedure, while refusing to fund contraceptives. This was justified by the claim that contraceptives were not classified as medication. The lack of funding for educational materials such as brochures, leaflets, instructional guides, and films further hindered efforts to promote contraceptives. Although numerous consultations and discussions were organized to address the issue, the authorities effectively ignored what was increasingly being described as an 'epidemic of abortions' – a growing public health concern. The responsibility for educating the public fell disproportionately on a small group of dedicated individuals, mainly gynaecologists and members of mass organizations. In practice, most couples learned about family planning through informal means, with formal education on the topic being rare, limited to occasional school lessons or isolated community programs. Meanwhile, the rising influence of mass media remained largely untapped. In 1967, for instance, the Zagreb-based *Ris* factory, the sole manufacturer of condoms in Yugoslavia, spent a full year unsuccessfully attempting to secure television advertising space. Although articles about sex and sexuality became more common in Yugoslav newspapers from the mid-1960s onward, they typically lacked any meaningful educational content (Dobrivojević Tomić, 2022b).

[28] AJ, 142/II–623; Pismo Latinke Perović dr Angelini Mojić (1963).
[29] AJ, 672–323; Materijali za savetovanje „O problemima trudnoće i kontracepcije" (1963); „Uredba nije dovoljna", *VUS*, 18. 12. 1963.

Over time, it became clear that even the sexual revolution could not fully overcome deeply rooted prejudices. While relationships between the sexes grew increasingly open, and topics like sex and love were no longer taboo, many couples still refrained from using contraceptives. A widespread belief persisted that contraception was solely a woman's responsibility – a perception reinforced by the fact that contraceptive services were almost exclusively offered within women's healthcare institutions.[30] 'Contraception has been a complete failure in our country', reported the press. 'Those who worked hardest to promote it can claim, at best, that open resistance to this form of prevention has diminished.'[31] Even in Slovenia, where efforts to promote contraceptive use were most intensive, up to three-quarters of couples relied on coitus interruptus, believing it to be a reliable method (Savetovanje, 1963). Although the Ris factory offered condoms in three-pack boxes branded with the slogan 'Ris No Risk',[32] purchasing condoms was often a source of discomfort for men, leading to awkward or even comical situations. 'A pharmacist can usually recognize a man who's there to buy condoms', noted Dr. Nikica Dežulović at a 1963 conference, 'because he lets everyone else go ahead of him, leaving the pharmacist no choice but to hand him the original box without asking anything' (Savetovanje,1963: 141).

Women, too, often held conservative views toward contraception. Many were reluctant to visit gynaecological clinics, frequently citing a lack of time or money – even for the most affordable contraceptives. A combination of patriarchal values, limited health education, and persistent resistance to modern birth control (including from some healthcare professionals) contributed to a widespread sense of shame and hesitation around seeking contraceptive care. Women also received little to no support from their partners. Men showed minimal interest in issues of unplanned pregnancy or its prevention and often expressed negative attitudes toward contraceptives. As in Britain, Italy, and France during the 1960s and early 1970s, many men feared that contraception would empower women with greater sexual freedom (Herzog, 2014). As a result, contraception was frequently associated with promiscuity, and any visit to a clinic was regarded with suspicion. This atmosphere of stigma extended even to educational materials. Women were only willing to purchase brochures about contraception, sold in workplaces – if no men

[30] AJ, 672–323; Angelina Mojić, Olivera Kokić, Priručnik za kontracepciju.
[31] „Pobačaji rastu, kontracepcija propala", Večernje novosti, 23. 11. 1963.
[32] „Prezervativi", *Student,* 26.11.1968.

were present. One telling incident underscored the depth of patriarchal control: at one workplace, a man asked the bookseller for a list of women who had bought the brochure, remarking, 'Let's see who they are'.[33] Given these social pressures, it is unsurprising that in 1962, only 0.75% of women of reproductive age sought advice from a clinic (Dobrivojević, 2016).

Doctors believed the failure to promote contraception effectively could be summarized in a single sentence: 'No effort, either from the healthcare services or from social organisations, was carried out systematically, persistently, or with proper planning' (Dobrivojević Tomić, 2022b: 113). The promotion of contraception in Yugoslavia predominantly depended on individual initiatives rather than a structured educational system. For instance, in Livno, the 'Napredna žena' society, with the active involvement of Dr. Keitner, organized three contraception lectures attended by over 150 women. However, these efforts ceased after his death. Similarly, in Sanski Most, the Women's Counselling Centre, led by Dr. Dušica Damjanović, provided contraception education through organized lectures, but its activities ended after her departure (Ličina Ramič, 2024). Both cases serve as striking examples of the absence of a systemic educational framework for the promotion of contraception, with initiatives relying heavily on the commitment of individual professionals rather than institutional support. Overburdened gynaecologists prioritized treating illness over preventive work, leaving minimal time or energy for contraception advocacy. Additionally, there were no structured initiatives to improve the knowledge of medical professionals themselves. As a result, even by the mid-1960s, many doctors and nurses in Yugoslav hospitals and clinics remained unaware of the significance of contraception for reproductive health. Although it was increasingly recognized that both partners should be involved in contraceptive decisions, educational campaigns remained exclusively targeted at women, reinforcing the outdated notion that pregnancy – and its prevention – was solely a woman's concern (Dobrivojević Tomić, 2022b). The methods used to promote contraception were also poorly thought out. Most citizens were unaware of the existence or activities of the Federal Council for Family Planning,[34] and gynaecologists frequently noted that the 'communication system on

[33] „Pobačaj – najteži napad na ženu", *Dnevnik*, 10. 5. 1964.

[34] AJ, 142/II–279; Stenografske beleške sa I sednice Saveznog saveta za planiranje porodice (13. 7. 1967).

these issues didn't function well if it existed at all'.[35] Moreover, understanding scientific lectures or brochures required a level of literacy and basic education that many, particularly among the female workforce, lacked. The experience of the gynaecological clinic at Rijeka's Metalographic factory illustrated this problem: general lectures on contraception had little impact, and it became clear that women needed to be addressed individually, in the workers' gynaecological clinic (Kogoj-Bakić, Randić, 1972). A similar conclusion was drawn at another Croatian factory, where boxes of contraceptives were discreetly placed in a corridor. Workers responded positively to this anonymous access, feeling more comfortable taking contraceptives without being seen by colleagues or doctors. The results were immediate and measurable – the number of work absences due to abortion declined significantly the following year.[36]

A persistent shortage of contraceptives posed a major obstacle, as the variety of domestically produced options was both limited and inadequate to meet the population's needs.[37] There was no planned or consistent production of contraceptives, and reliable products were largely unavailable until the mid-1960s (Savetovanje, 1963). Distribution was uneven across regions: while some areas faced shortages of the most in-demand items, others experienced surpluses. This inefficient supply system contributed to declining demand, creating a self-reinforcing cycle that proved difficult to break.[38] The failure to promote contraception was also partly the result of misguided state propaganda. Though newspapers, brochures, and leaflets promised women access to a variety of modern contraceptives, in reality, clinics typically offered only diaphragms and gel pastes.[39] This gap between public messaging and actual services fuelled growing public scepticism. Distrust in modern contraceptives was further deepened by the behaviour of certain

[35] AJ, 142/II–417; A. Džumhur, M. Žarković G, Džumhur S. M, „Upliv različitih metoda komunikacije na korištenje usluga planiranja porodice u zdravstvenim ustanovama". Savetovanje o izgradnji društvenih stavova o populacionoj politici. Beograd, 1973.

[36] AJ, 142/II–293; Stenografske beleške sa zajedničke sednice Sekretarijata (19. 3. 1968).

[37] AJ, 672–323; Materijali za savetovanje „O problemima trudnoće i kontracepcije" (1963).

[38] AJ, 142/II–626; Problemi kontracepcije, prekida trudnoće i obrazovno-vaspitnog rada sa područja odnosa među polovima (1965).

[39] AJ, 142/II–623; Stenografske beleške sa sastanka održanog u Konferenciji za društvenu aktivnost žena Jugoslavije u vezi sa pripremom Savetovanja (1963).

pharmaceutical companies, which, by compromising product quality, undermined the fragile trust that had been built among users. These issues collectively hindered progress toward establishing contraception as a reliable and accepted component of reproductive healthcare (Savetovanje, 1963).

Modern Medicine vs Traditional Resistance

Raw materials for the production of contraceptive pills were procured relatively swiftly – by early 1964, placing Yugoslavia just three years behind the United States, where *Enovid*, the first oral contraceptive, had been introduced in 1960 (Blackman, 2013). In February of that year, a meeting of medical professionals was held at the Gynaecology and Obstetrics Clinic in Zagreb, where it was decided that the use of oral contraceptives should be approached with 'caution' and that their prescription would be restricted to gynaecologists.[40] As in Western European countries (Herzog, 2011), medical opinion on the pill was sharply divided. Some doctors expressed strong scepticism, citing concerns over long-term hormone use and its impact on reproductive health. Some gynaecologists openly criticized the pill at professional conferences, arguing it posed a health risk.[41] Others, while more supportive, emphasized through the press that oral contraceptives should be taken strictly under specialist supervision, as they could cause 'minor functional disorders' in some women.[42] Supporters of the pill, however, inadvertently repeated earlier mistakes made with diaphragms. Many gynaecologists began prescribing the pill indiscriminately, based on personal preference rather than clinical assessment. Meanwhile, the pharmaceutical industry began shifting its priorities, discontinuing other contraceptive products to focus on oral contraceptives.[43] Despite these developments, general practitioners were not permitted to prescribe the pill for a full decade – until 1973 – due to concerns about their lack of expertise (Vađić, 1975). In some republics, the number of gynaecologists and gynaecological clinics was woefully inadequate; for example, Bosnia and Herzegovina had only 90 specialists in 1967, most

[40] AJ, 672–76; Br. 444/101 od 3. 11. 1967.
[41] AJ, 142/II–294; Neke aktivnosti službe planiranja porodice.
[42] „Pobačaj – poslednje sredstvo", *Večernje novosti*, 4. 3. 1965.
[43] AJ, 142/II–626; Problemi kontracepcije, prekida trudnoće i obrazovno-vaspitnog rada sa područja odnosa među polovima (1965).

of whom were concentrated in Sarajevo.[44] This overly cautious and centralised approach ultimately did more harm than good. By marginalising and excluding general practitioners from actively promoting contraception, everyone suffered the consequences: women found it more convenient to visit health centres instead of specialised clinics; gynaecologists, already facing heavy workloads, had their responsibilities further compounded; and the state, year after year, squandered vast resources – both human and material – on performing abortions and addressing their health consequences. In the end, the opportunity to establish the pill as the cornerstone of birth control, and to reduce reliance on abortion, was missed.

Alongside the pill, intrauterine contraception also began to be implemented in Yugoslavia, initially in Slovenia and later in other republics. The first IUDs were distributed through the Red Cross, and soon after, at the initiative of Bosa Milošević from the Belgrade Gynaecological Clinic, the Galenika factory began producing the 'Beospir' (Antonovski, 1976-1977). This device was based on the Margulies Spiral, whose looped, circular design was believed to reduce the likelihood of displacement or expulsion from the uterus (Bogdan, 2019). However, in 1964 and 1965, the pharmaceutical industry faced significant challenges in the production of certain contraceptives. Disruptions in the import of raw materials and foreign contraceptives inevitably impacted users. Profit-driven manufacturers prioritized exports, leading the 'Ris' factory to sign export contracts for condoms, thereby leaving the domestic market underserved.[45] Over time, however, the availability of contraceptives in Yugoslav pharmacies improved. By 1969, twelve contraceptive products were available on the market.[46] Still, fluctuations in product quality and periodic shortages caused by poor distribution led many women to abandon contraception altogether. Although the Federal Institute for Health Insurance's 1963 decision to classify contraceptives under the same conditions as medications was intended to incentivize improvements in quality and distribution, low domestic demand made contraceptive production largely unprofitable (Dobrivojević Tomić, 2019b). Even the *Sava* factory, once a pioneer in the field, eventually ceased production of diaphragms.[47]

[44] „Pobačaja sve više", *Politika,* 12. 7. 1967.
[45] „Zaključak: sredstva i propaganda", *Večernje novosti,* 8. 3. 1965.
[46] „Istina o seksu – školski predmet", *Borba,* 6. 6. 1969.
[47] AJ, 142/II–626; Sastanak grupe za kontracepcijska sredstva (20. 4. 1966).

Despite a broad consensus that reducing unwanted pregnancies – and consequently abortions – depended on education and the expansion of preventive measures such as comprehensive sex education, a wider network of healthcare institutions, improved access to contraception, and the establishment of counselling services, the practical implementation of these strategies remained slow and inefficient. Although contraception was rarely openly discussed, its promotion was, in some ways, impeded by the medical community itself. Negative attitudes among certain physicians toward specific contraceptives proved difficult to overcome. In smaller communities, especially, the (un)popularity of medical contraception was likely influenced by the fact that many healthcare workers' attitudes toward birth control mirrored those of the population they were meant to educate.[48] Even by the mid-1970s, some doctors continued to oppose contraception, whether due to being overworked and unmotivated to engage in educational outreach, influenced by religious or pronatalist beliefs, or simply unaware of the benefits of modern contraceptives and viewing abortion as the 'easier option'.[49] Resistance was particularly pronounced in rural areas, where some medical professionals expressed scepticism toward women who did not wish to have many children (Dobrivojević, 2018).

The limited success of state efforts in health education was reflected in a fertility and family planning survey conducted by the Centre for Demographic Research in November 1970. For the first time, data on contraceptive effectiveness were collected from a representative sample (Rašević, 1975), with findings and analysis primarily published in the journal *Stanovništvo* (*Population*). According to the survey, 55.9% of married women aged 15 to 49 used some form of contraception, including the traditional and less reliable method of *coitus interruptus*. Usage rates varied significantly across republics, with the highest in Croatia (68.2%) and the lowest in Kosovo (15.1%). Below the national average were Bosnia and Herzegovina (48.6%), Macedonia (42.3%), and Montenegro (41.5%). The majority of women relied on *coitus interruptus* (39%), while only 3.6% used the pill, and a mere 1% used intrauterine devices (Sentić, 1974-1975). Contraceptive use among adolescents remained inadequate (Beluhan, Benc, Štampar,

[48] AJ, 142/II–417; Dubravka Štampar, *Značajke planiranja obitelji u SR Hrvatskoj. Savetovanje o izgradnji društvenih stavova o populacionoj politici* (1973).

[49] AJ, 142/II–279; Stenografske beleške sa I sednice Saveznog saveta za planiranje porodice (13. 7. 1967).

Trenc, 1973-1974). Despite widespread awareness – most women reported having heard of contraceptives (Sentić, 1976-1977) – abortion persisted as the dominant method of family planning until the dissolution of the state.

Data from Serbia reveal that most contraceptive users were over the age of 30. Professor Berislav Berić, a respected gynaecologist, observed that many couples turned to contraception only after undergoing multiple abortions, often when they felt they had no other viable options.[50] It remains difficult to determine definitively why contraception was consistently neglected in favour of abortion over such an extended period. Contributing factors likely included a general disregard for health risks, a failure to anticipate the consequences of unwanted pregnancies, the inconsistent and often inadequate availability of contraceptives, the absence of systematic education, and the persistence of traditional beliefs. Moreover, the perception of abortion as an effective solution that required no male involvement probably reinforced this trend (Petchesky,1990; Rašević, 1999).

Although counselling centres were established as free services under the 1970 Law on Mandatory Health Care, the cost of contraceptives varied across the Yugoslav republics. In some regions, contraceptives were provided entirely free of charge, while in others, women were required to contribute to the cost, either through co-payment similar to that for prescription medications or by covering the full price themselves. A 1973 survey conducted across 739 healthcare institutions in Yugoslavia (with 360 responses, representing 48.7% of the total) highlighted both the limited availability of contraceptives and the inadequate financial support for reproductive health services. Social insurance covered only 48% of the planned budget for contraceptives, leaving many women to navigate the situation on their own. As a result, 25.1% of women received contraceptives free of charge from doctors who had sourced them from various companies, while 26.9% paid out of pocket. Usage rates differed significantly among republics: Slovenia reported the highest number of contraceptive users, with 104.7 users per 1,000 women, while Kosovo recorded the lowest rate at just 17.3 users per 1,000 women (Dobrivojević, 2018).

By the mid-1970s, pills were available by prescription from general practitioners. Other forms of contraception – excluding intrauterine devices (which required insertion by a gynaecologist) – could be freely

[50] Archives of Serbia (AS), Đ 75 – 164; Stenografske beleške sa sednice Konferencije žena Srbije održane 29.3. 1968 sa početkom u 9h.

obtained at pharmacies. Condoms were also widely accessible and could be purchased at newsstands and other stores.[51] However, supply issues persisted, largely due to the low pricing of contraceptives and shortages of raw materials. Prices had remained unchanged for over a decade, resulting in products like EMCO foam being sold for merely a quarter of their production value. Despite growing demand, factories struggled to scale up production, hindered by a lack of foreign currency needed to import essential equipment and materials. The production of intrauterine devices was particularly unprofitable, with only around 13,000 units used across Yugoslavia in 1978. Facing mounting losses, an unprofitable production model, and limited access to foreign currency, the pharmaceutical industry began reducing – and in some cases, halting – contraceptive production altogether.[52] The worsening economic crisis only exacerbated these problems, leading to widespread shortages on the market. Fearing that such instability could undermine the already limited progress in promoting contraceptive use, gynaecologists and the Federal Council for Family Planning urged the authorities to prioritize contraceptives by placing them on the Federal Drug Commission's list of essential items.[53]

Conclusion

Experts from various disciplines – primarily doctors and demographers – conducted numerous studies to understand the low uptake of contraceptives and the continued prevalence of abortion in Yugoslavia. A combination of low awareness and widespread misconceptions led many Yugoslav women to neglect their reproductive health. However, education levels and economic status played a significant role in shaping attitudes toward contraception. Couples in Slovenia were the most likely to adopt modern birth control, while those in Kosovo showed the lowest rates of usage. Often, women deferred the responsibility for contraception to their partners, driven by a combination of ignorance, fear of potential side effects, and a cultural concern that taking the initiative in such matters might make them appear promiscuous. Although awareness of the health risks associated with abortion was growing, a study

[51] AJ, 142/II–A 837; Socijalni apsekti planiranja porodice u Jugoslaviji (1974).
[52] AJ, 142/II–A 803; Pregled proizvodnje i potrošnje kontraceptiva (1975).
[53] AJ, 142/II–A 831; Lidija Andolšek, Dosadašnja saznanja i stavovi u pogledu regulisanja fertiliteta sa medicinskog aspekta; AJ, 142/II–A 831; Savetovanje: Aktuelna pitanja zdravstvenog aspekta ustavnog prava čoveka da slobodno odlučuje o rađanju dece (26. 6. 1980).

conducted in Novi Sad revealed that many couples still considered it a highly 'effective' form of family planning. Negative experiences with contraceptives – whether firsthand or anecdotal – were frequently generalised, contributing to the perception that contraceptives were overly complicated and harmful to health. Paradoxically, Yugoslav women often expressed more concern about the imagined dangers of contraception than the very real health risks posed by repeated abortions (Dobrivojević Tomić, 2022b). Even on the eve of the country's dissolution, the level of misinformation and prejudice surrounding contraception remained alarmingly high (Dobrivojević Tomić, 2019b). While the introduction of the pill – a method hailed by *The Economist* as one of the seven modern wonders of the world (Blackman, 2013: 380) – revolutionized sexual roles and behaviour in Western countries (Burgnard, 2015), it was met with scepticism in Yugoslavia. Only one in ten women could correctly identify their fertile days, one-third believed *coitus interruptus* was a reliable method, and the majority lacked a basic understanding of how the pill or intrauterine devices functioned. The depth of misunderstanding is starkly illustrated by responses from a study conducted by Mirjana Rašević. A few representative examples include: 'The pill speeds up getting your period, so there's no pregnancy' (chemistry professor, sixth abortion); 'The uterus becomes alkaline when taking the pill, so conception can't occur' (Marxism professor, fifth abortion); 'It creates such a chemical environment in the body that sperm die as soon as they enter' (bank employee, second abortion); 'It destroys the membrane of the egg cell (housewife, fourth abortion); It's like you're constantly pregnant, so there's no fertilisation (artist, second abortion); 'The IUD causes a tumour in the uterus, and then there's no pregnancy' (textile worker, fourth abortion); It moves around the uterus and hunts down sperm' (shopkeeper, sixth abortion) (Rašević, 1999: 112; 115-117). Even into the 1980s, the condom was still widely regarded as a 'foreign object' that created a 'physical barrier between men and women', one that 'suffocated spontaneity' and 'required preparation' (Rašević, 1999: 161-162). This perception contributed to ongoing resistance to condom use throughout Yugoslavia, with even the spread of AIDS failing to increase condom sales. Newspapers noted that the term condom 'failed to gain acceptance on television'[54] and ironically observed that 'Balkan macho men react swiftly and

[54] „Ko reskira, taj dobija", *Borba,* 25-26.7.1987.

forcefully, and simply don't have time to fuss with rubber'.[55] As a result, *coitus interruptus* – despite its well-documented unreliability – remained the most commonly used method of 'protection' against unwanted pregnancy until the country's breakup (Kapor-Stanulović, 1999).

At official meetings and policy discussions, repeated calls were made to expand the range of contraceptives, promote their use effectively, and standardize healthcare insurance criteria for covering contraceptive costs. However, these efforts ultimately proved fruitless.[56] Until its dissolution, Yugoslavia remained, more or less, at the starting point in terms of popularizing modern birth control. The healthcare system continued to prioritize curative over preventive care, while couples largely relied on unreliable, traditional methods of contraception and abortion as their primary means of family planning. Efforts to involve general practitioners in contraceptive initiatives failed to yield meaningful results, as most showed little motivation to engage in public education. Their role was often limited to prescribing birth control pills, and even then, typically only on the recommendation of gynaecologists. By the mid-1980s, the number of women using counselling centres remained negligible.[57] Many of these centres existed only on paper, and a significant number of men either showed no interest in preventing unwanted pregnancies[58] or refused to use contraception (Rašević, 1997). Compounding the issue, many gynaecological clinics and hospital departments generated substantial revenue from performing abortions, creating a financial disincentive for medical professionals to promote contraception or engage in broader public education initiatives.[59]

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[55] „Balkanski mačomen u neprilici", *Borba*, 23-24.5.1987.
[56] AJ, 142/II–A 832; Bilten broj 6, Jun 1973.
[57] AJ, 142/II–S 274; Planiranje porodice
[58] AJ, 142/II–S 274; Planiranje porodice u ostvarivanju Rezolucije o politici obnavljanja stanovništva na teritoriji SR Srbije van pokrajina (mart 1985); Mirjana Rašević, *Ka razumevanju abortusa u Srbiji* (Beograd: Institut društvenih nauka, 1999), 141.
[59] AJ, 142/II–S 274; Planiranje porodice.

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