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Nationalism, Pronatalism, and the Guild of Gynecology: The Complex Legacy of Abortion Regulation in Hungary

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Abstract

By tracing the history of abortion politics in Hungary since World War I, this article covers a century of conflict with particular attention to gynecologists' self-serving professional jockeying and lobbying under very different political regimes. It suggests that nationalism has been a pivotal element of the abortion debates that both government actors and gynecologists have shaped over the last hundred years and argues that abortion rights were differently recognized in eastern and western Europe during the Cold War because of the legacy of mass wartime rapes committed by the Soviet troops in Hungary, among other countries, which determined those countries' postwar legislation on abortion and reproductive rights. The article introduces the rarely researched contribution of the gynecologist lobby to the debates by examining how they could represent their own interests independently of political regime. Today, Hungary's illiberal regime questions the legitimacy of abortion by normalizing US fundamentalist-Christian discourse because anti-abortion policy fits into its nation-building course.

Keywords: abortion; wartime sexual violence; gynecology; reproductive rights; Hungary

“The Presidency of the Hungarian Medical Chamber is of the opinion that the new regulation on abortion is not in conflict with the current Code of Ethics of the Hungarian Medical Chamber and its basic principle, because as doctors our aim is to protect all human life.”¹

In the midst of a deepening economic crisis in Hungary, on September 13, 2022, Minister of Interior Affairs Sándor Pintér changed the 1992 law on fetal protection, without public consultation, so that gynecologists must now present pregnant women with clearly identifiable vital signs of the fetus, such as the heartbeat.² The decree left the legal regulation on abortion access unchanged but drew international attention and confused the public and gynecologists. Given the current economic and social crisis faced by Hungary, it is anticipated that women's bodies will become a battleground again. The full-scale escalation of Russia's war on Ukraine and the subsequent refugee crisis brought about new conflicts in eastern European countries at the intersection of tightening abortion laws and pregnancies

¹ Announcement of the Presidency of the Hungarian Medical Chamber, September 14, 2022 (<https://mok.hu/hirek/mokhirek/a-mok-elnoksegenek-kozlemenye>).

² Amendment of Law LXXIX of 1992 and the decree 32/1992 (XII. 23) NM, September 12, 2022 (<https://magyarkozlony.hu/dokumentumok/82ee8709b7c3f6ba3d8644ef9e6eaf35056edde/megtekintes>).

resulting from rape. We offer here a historical examination of wartime rape and its effects on abortion regulation for a more nuanced understanding of contemporary pregnancy termination policies.

This article, by tracing the history of abortion politics in Hungary since World War I, covers a century of conflict with particular attention to gynecologists' self-serving professional jockeying and lobbying under very different political regimes. It suggests that nationalism has been a pivotal element of the abortion debates that both government actors and gynecologists have shaped over the last hundred years. The catalyst was wartime rape: World War I rape cases facilitated the first public debate, and mass rape in World War II brought about the legalization of abortion in Hungary. In both cases, nationalism played a significant role in the discourse on rapes committed by foreign soldiers. This article suggests that abortion rights were differently recognized in eastern and western Europe during the Cold War because of the legacy of mass wartime rapes committed by Soviet troops in Germany, Austria, Hungary, and Poland, among other countries, which determined those countries' wartime legislation on abortion and reproductive rights. In each of these countries, abortion was temporarily liberalized: women could apply to medical institutions for a doctor to perform an abortion free of charge if the pregnancy was the result of sexual violence.³ This was the first time abortion was liberalized in twentieth-century Hungary. Today, Hungary's nationalist illiberal regime questions the legitimacy of abortion by normalizing the US fundamentalist-Christian discourse because, in this case, antiabortion policy fits into its nation-building course. In addition, political pragmatism and the interest of gynecologists have also shaped reproductive legislation, past and present (Table 1).

In post-communist east-central Europe, the academic narrative of family planning research connected abortion liberalization to de-Stalinization. This interpretation of reproductive legislation mirrored the narratives of the mid-1950s, which established abortion legalization as a post-Stalinist emancipatory act.⁴ At the time, western European feminist social movements were challenging conservative gender policies by demanding abortion rights, which women in the communist bloc had already been granted. But questions about how those legislations were passed and at which price were ignored. The abortion-tolerant legislation of 1945 was followed by the adoption of the Soviet family policy model in Hungary. The draconian legislation of 1952 embraced the Soviet law of 1936, which banned abortion, and the later liberalization of abortion in Hungary (1956) complied with legal changes in the Soviet Union (1955). This article details the under-researched contribution of gynecologists to these debates and explains how they were able to represent their own professional and financial interests during the policymaking processes under different political regimes.⁵ Lobbying is difficult to study because it has a strong informal dimension that leaves very few traces in official sources. This article is based on documents from the Ministry of Health and the Hungarian Demographic Research Institute, press

³ Atina Grossmann, *Reforming Sex: The German Movement for Birth Control and Abortion Reform, 1920–1950* (New York: Columbia University Press, 1995), 193–99; Atina Grossmann, “A Question of Silence: The Rape of German Women by Occupation Soldiers,” *October* 72 (1995): 43–63 (<https://doi.org/10.2307/778926>); Andrea Pető, “Memory and the Narrative of Rape in Budapest and Vienna,” in *Life after Death: Approaches to a Cultural and Social History of Europe during the 1940s and 1950s*, ed. Dirk Schumann and Richard Bessel (Cambridge: Cambridge University Press, 2003), 129–49; Jakub Gałęziowski, “The Sense of Justice and the Need for Eugenics Require Instant and Effective Intervention: Terminating Pregnancies Resulting from Wartime Rapes in Poland in 1945,” *Zeitschrift für Ostmitteleuropa-Forschung / Journal of East Central European Studies* 71 (2021): 235–59.

⁴ For example, Kateřina Lišková, “History of Medicine in Eastern Europe: Sexual Medicine and Women's Reproductive Health in Czechoslovakia, Poland, and Hungary,” *European Journal for the History of Medicine and Health* 78 (2021): 181–94.

⁵ Recent historiographies on family planning in Slovakia and Poland similarly covered politically and socially distinct periods suggesting a different approach to East European history of reproductive rights. Denisa Nešťáková, *Be Fruitful and Multiply: Slovakia's Family Planning under Three Regimes (1918–1965)* (Marburg: Verlag Herder Institut, 2023); Natalia Jarska and Sylwia Kuźma-Markowska, “Explaining the Calendar: The Catholic Church and Family Planning in Poland, 1930–1957,” *The Historical Journal* 66 (2023): 666–88.

Table I. Abortion Rights' Legal Chronology in Hungary, 1878–2022

Year	Legislation type	Importance
1878	Penal Code, paragraphs 285 and 286	Regulating, and banning abortion
1933	High Court verdict B. I. 118/1933	Decriminalized induced abortion
1945	Decision of the Budapest National Committee X/2. 1945.	Announced temporary legal and free-of-charge induced abortions in healthcare facilities.
1952	Directive 81/34/1952. Minister of Health	Restricted access to pregnancy termination and introduced the two-leveled abortion committees
1953	Directive 1004/1953. (II. 8.) Minister Council	Reinforced surveillance of pregnant women and the fight against abortionists
1956	Decision 1047/1956. (VI. 3.) Minister Council	Legalized abortion within the first twelve weeks of pregnancy
1973	Decree 1040/1973. (X.18.) Minister Council and Decree 4/1973. (XII. 1.) Minister of Health	Restricted pregnancy termination access, but the social cause existed
1988	Decree 76/1988. (XI. 3.) Minister Council	Eliminated the decree of 1973 and the institution of abortion committees
1992	Law 1992. LXXXIX. Decree 32/1992. (XII. 23.) Minister of Public Health	Fetal protection law and decree. Allows abortion within the first twelve weeks of pregnancy, after mandatory counseling
2000	Law 2000. LXXXVII	Amendment of the fetal protection law. Defined "severe crisis" and introduced two mandatory counseling sessions before an abortion
2010	Basic Law, Article U, Freedom and Responsibility, Article II	Protection of life from conception
2022	Decree 29/2022. (IX. 12.) Minister of Interior Affairs	"Heartbeat" legislation

material, and testimonies about the communist period. Furthermore, we argue, an understanding of the myth of the abortion ban in the Rátkó Era (1952–1953) would enable us to point out the strong historical roots of public opposition to antiabortion legislation.

Feminist Historiographies of Reproductive Rights

After the fall of the Soviet Union in 1991, western scholars' interest turned toward the former communist countries, resulting in a growing body of feminist studies on eastern Europe. These early studies applied a Cold War logic, focusing on differences between eastern and western societal developments concerning female reproduction and highlighting the oppressive nature of state socialisms.⁶ More recent investigations, influenced by second-wave feminism, conversely applied Marxist views on gender inequalities and sexuality to argue that socialism strengthened women's social position, and viewed the legalization of abortion as a

⁶ Gail Kligman, *The Politics of Duplicity: Controlling Reproduction in Ceausescu's Romania* (Los Angeles: University of California Press, 1998); David Henry, ed., *From Abortion to Contraception: A Resource to Public Policies and Reproductive Behavior in Central and Eastern Europe from 1917 to the Present* (Westport, CT: Greenwood Press, 1999); Gail Kligman and Susan Gal, *The Politics of Gender after Socialism: A Comparative-Historical Essay* (Princeton, NJ: Princeton University Press, 2000); Susan Gal, "Gender in the Post-socialist Transition: The Abortion Debate in Hungary," *East European Politics and Societies* 8, no. 2. (1994): 256–86.

means of self-determination and a tool to escape patriarchy.⁷ Inquiries centered on socialist welfare measures also incorporated the topic of reproduction.⁸ As right-wing illiberal political forces increased influence in the region, eastern European feminist scholarship on the history of abortion and birth control reached international audiences. Recent national and comparative analyses of east-central Europe questions the Cold War narrative.⁹ After the regime changes of 1989–1991, the shift from Soviet-style, dictatorial fertility policies to liberal democratic policies were seen as ushering in gender equality and reproductive freedom. Eastern scholars scrutinized expert knowledge and everyday experiences of women under state socialist regimes.¹⁰ However, the expansion of contemporary right-wing and illiberal political forces in the region challenged these hopeful narratives.

Scholars occupied with the history of reproduction in eastern Europe focused on the radical social changes of the 1950s on the legalization of abortion, not the impact of World War II. The literature on reproductive rights is framed by scholarly contributions from the western side of the Iron Curtain, and atypical stories from the Eastern bloc are difficult to fit into this narrative. Some works argue that gender hierarchies remained unchanged under patriarchal state socialism and were connected with the maternalist discourse of the 1960s, thus explaining the popularity of traditionalist political forces.¹¹ The western mainstream narrative focused on the 1970s and the feminist struggle for reproductive rights, which aimed at achieving freedom for eastern women via administrative measures.¹² Historical literature on abortion set out reproductive struggles as a politicized clash between feminist, liberal and religious, conservative narratives. However, Alison Brysk and Rujun Yang found that nationalist values strongly correlate with abortion attitudes in contemporary Europe. Therefore, ethnonationalism is the crucial driver of abortion policy. Based on the Hungarian case study, our argument is that nationalism influenced debates on the matter.¹³

This article argues that World War II and its aftermath radically reshaped reproductive policies in Hungary. Soviet-style liberalization of abortion policy was imported into the country in the 1930s by social democratic political forces and socialist doctors, but abortion was allowed only after the WWII-era mass rapes such as took place in Austria, Poland, and Germany. In Hungary, abortion was legalized in 1945 to protect “our women” from the consequences of mass rapes committed by “alien” Soviet soldiers, and thus was not based on the rights-based discourse of second-wave feminists who advocated for women’s rights to control their own bodies. Postwar state administrations were caught between the need to limit

⁷ Kristen R. Ghodsee, *Why Women Have Better Sex under Socialism: And Other Arguments for Economic Independence* (New York: Nation Books, 2018).

⁸ Lynne Haney, *Inventing the Needy: Gender and the Politics of Welfare in Hungary* (Los Angeles: University of California Press, 2002).

⁹ Dagmar Herzog, *Unlearning Eugenics: Sexuality, Reproduction, and Disability in Post-Nazi Europe* (Madison: University of Wisconsin Press, 2018); Ann-Katrin Gembries, Theresia Theuke, and Isabel Heinemann, ed., *Children by Choice: Changing Values, Reproduction, and Family Planning in the Twentieth Century* (Berlin and Boston: De Gruyter Oldenbourg, 2018).

¹⁰ Kateřina Lišková, *Sexual Liberation, Socialist Style: Communist Czechoslovakia and the Science of Desire, 1945–1989* (New York: Cambridge University Press, 2018); Agnieszka Kościańska, *Gender, Pleasure, and Violence: The Construction of Expert Knowledge of Sexuality in Poland* (Bloomington, IN: Indiana University Press, 2021); Sylwia Kuźma-Markowska with Agata Ignaciuk, “Family Planning Advice in State-Socialist Poland, 1950s–1980s: Local and Transnational Exchanges,” *Medical History* 64, no. 2 (2020): 240–66.

¹¹ Barbara Klich-Kluczewska, *Family, Taboo and Communism in Poland, 1956–1989* (Berlin: Peter Lang Verlag, 2021); Jill Massino, *Ambiguous Transitions: Gender, the State, and Everyday Life in Socialist and Postsocialist Romania* (New York: Berghahn Books, 2019).

¹² Rickie Solinger, ed., *Abortion Wars: A Half Century of Struggle, 1950–2000* (Berkeley: University of California Press, 1998); Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women’s Health in the Second Wave* (Chicago, IL: University of Chicago Press, 2010); Jennifer Nelson, *More than Medicine: A History of the Feminist Women’s Health Movement* (New York: New York University Press, 2015).

¹³ Alison Brysk and Rujun Yang, “Abortion Rights Attitudes in Europe: Pro-Choice, Pro-Life, or Pro-Nation?,” *Social Politics: International Studies in Gender, State & Society* 30, no. 2 (2023): 525–55 (<https://doi.org/10.1093/sp/jxac047>).

wartime losses and interwar visions of ethnic nation-building. That after the war free and accessible abortion was connected to rape never entered collective memory. Even historians and the Central Statistical Office suggest that abortion was liberalized only after 1956.¹⁴ This is a case of double forgetting as the memory of wartime rape is tabooed and the origin of abortion rights in Hungary is obscured too. Maternalist social policies were already introduced in the early 1950s, including a nine-month-long phase in 1952–1953 of exceedingly strict abortion restriction and surveillance that continues to be—perhaps unfairly, but potently—remembered as “the Ratkó Era” (so named after the first female Minister of Health, Anna Ratkó, a communist). This phase in communist rule is imprinted strongly in Hungarian collective memory, and referencing it continues to be a formidable tactic for challenging present-day illiberal (and of course self-styled as anti-communist) anti-abortion policymakers. The paternalist state administration followed the policy of generous family subsidies from the 1960s on, which strengthened the traditional gender hierarchies but did not result in questioning the right to abortion. Contemporary Hungarian population policy is to be understood as a balance between maternalist pronatalism and social support of abortion rights contested by Christian-fundamentalist actors.

The Struggle for Legalizing Abortion and the Early Medical Establishment (1878–1928)

In public, medical, and political discourses, abortion is justified by various lines of argument: as saving lives; as preserving a mother’s health; as needed due to social or economic circumstances; or as respecting the will of the pregnant woman. At the beginning of the twentieth century, public and professional disputes considered mainly the first two arguments. Paragraphs 285 and 286 of the Penal Code of 1878 banned the termination of pregnancy, and therefore physicians and lawyers debated exceptional situations and legal interpretations. “Induced” and “criminal” abortions were treated differently. “Induced abortion” was understood as a medical intervention carried out by a gynecologist in a healthcare institution. “Criminal abortion” (*magzatelhajtás*) was any attempt to terminate a pregnancy performed outside healthcare facilities by a midwife, a doctor, or the pregnant woman herself. This distinction became normative, as gynecologists sought to control women’s bodies.

Modern medical lobbying intersected with politics before the adoption of the 1876 Public Health Act, which attempted to build a liberal welfare state but asked local councils to finance health care, creating turmoil in the countryside. The liberal pro-government gynecologists who controlled universities and clinics shaped the development of the profession, but entered into conflict with the doctors in rural areas who were forced to maintain illegal private practices for financial reasons.¹⁵ The Public Health Act was the first to connect private practice and public service in ways that fueled the corruption in obstetrics and gynecology that remains evident even today.¹⁶ The first generation of influential twentieth-century Hungarian gynecologists included Rezső Temesváry (1864–1944), Vilmos Tauffer (1851–1934), and Gusztáv Dirner (1855–1912), who maintained valuable connections with the state and the liberal elite of the Austro-Hungarian monarchy. They lobbied through the Department of Gynecology of the Budapest Royal Medical Association (established in 1896), which published *Medical Weekly*, the country’s most prominent medical journal, which also featured the supplement *Gynaecology* (1902–1913).

¹⁴ Eszter Zsófia Tóth, “Abortusz a Kádár-Korszakban: A terhességmegelőző módszerek átalakulásának évtizedei,” *Társadalmi Nemek Tudomány Interdiszciplináris eFolyóirat* 12, no. 2. (2023): 67–79; Tiborné Pongrácz, “A Ratkó-korszak,” *Korfa* 13, no. 1 (2013): 1–4.

¹⁵ Mária M. Kovács, *Liberal Professions and Illiberal Politics: Hungary from the Habsburgs to the Holocaust* (Oxford: Oxford University Press, 1994), 7–11.

¹⁶ László Z. Antal, “A piaci mechanizmus szerepe az állami egészségügyben. A szülészet példáján,” in *Terhesség, szülés, születés II*, ed. Katalin Hanák (Budapest: MTA Szociológiai Kutatóintézet, 1991), 114–29.

The discussion about the right to abortion framed by medical and religious actors was fundamentally affected by the rape cases of World War I. In Hungarian-speaking territories, press reports, soldiers' diaries, and expert debates supply historical information concerning rapes committed by the Russian Imperial Army in Galicia, Bukovina, and Northern Hungary in the winter of 1914–1915. The unprecedented situation concerning the public discussion of rape and social taboos surrounding them created a lacuna in the scholarship. Irrespective of the fragmentary source base, sexualized violence was committed, and presumably in large numbers. Women who became pregnant as a result of rapes began to seek medical help, which in turn fueled medical, legal, and political debates on the acceptance of nonmedical reasons for induced abortions. Medical associations in Vienna and Budapest consulted the government on the matter. For the first time, the legalization of abortion was discussed in the public sphere. From this time on, psychological factors, such as the stress of the unwanted pregnancy due to rape, qualified as a legitimate threat to the mother's life.¹⁷

During the political upheavals that followed Hungary's defeat in World War I, debates about abortion continued. Medical forums and associations were reorganized within the new national borders, and in 1919 the nationalist and antisemitic National Association of Hungarian Doctors was established, with prominent gynecologists such as János Bársony (1860–1926) and István Tóth (1865–1935) among its members. Bársony's followers regarded the peasantry as the biological foundation of national renewal, based on ideas of racial protection.¹⁸ In 1924, the Hungarian Gynecologist Society was established, which in 1938 started to publish the *Hungarian Gynecologist Journal*, edited by József Frigyesi (1875–1967), Elemér Scipiades (1875–1944), and then Károly Burger (1893–1962). The most significant legal change during the interwar period was initiated by the congress of the Hungarian National Medical Association on September 8, 1928, where the principles and methodology of legal pregnancy termination and attending medical assistance were developed. The association accepted the proposal of Dr. Károly Minich (1869–1938), a forensic medical expert, and Dr. Tauffer's recommendations. Abortions were allowed "only for reasons that seriously endangered the life and health of the mother" and were decided by a three-member medical committee. At the preliminary hearing, the decision was made in the presence of an expert and recorded in the minutes, which were then sent to the Government Commissioner for Obstetrics in a sealed envelope. Unanimous agreement was needed for an abortion to be approved.¹⁹ The official statement referred back to the medical consensus regarding rapes committed during World War I and paved the way for the 1933 High Court declaration that decriminalized induced abortions performed by medical professionals in hospitals.

The Interwar Decriminalization of Abortion

Birth control, and hence abortion, turned from a legal and gynecological matter into a political issue as a result of Hungary's post-WWI pronatalist policy. As the Treaty of Trianon (1920) radically reshaped Hungary's prewar borders, territorial revisionism became part of everyday life, and thus an element of family planning propaganda. The glorification of motherhood and the condemnation of abortion characterized the nationalist governments' communication in the Horthy era (1920–1944). However, the social effects of the Great Depression and the papal encyclical *Casti connubii* (1930) on Catholic marriage, which prohibited non-procreative sexual intercourse catalyzed the abortion debate across Europe. We

¹⁷ Fanni Svégel, "Az első világháború és utóhatásai. Nemi erőszak a közegészségügy és a militarizmus keretrendszerében," in *Elhallgatva. A háborús erőszaktétel története és megjelenítése*, ed. Edit András, József Mélyi, and Andrea Pető (Budapest: Budapest Főváros Levéltára, 2022) 37–58.

¹⁸ Kovács, *Liberal Professions and Illiberal Politics*, 65–69.

¹⁹ "Az Orvosszövetség azt kívánja, hogy a terhesség csak három orvos indítványára legyen megszakítható," *Pesti Napló*, September 11, 1928; *Budapesti Orvosi Újság*, July 21, 1932.

offer here a brief summary of the interwar abortion debate and argue that the Hungarian developments potentially corresponded to the European history of abortion legislation.²⁰

As was the case in Germany, Poland, and Czechoslovakia among other European countries, attempts at abortion legalization in Hungary were facilitated via medical and social democratic political lobby.²¹ The professional debate unfolded in 1928, when the Hungarian Medical Association drafted the proposal of ethical principles and mandatory medical practice of legal (medical) abortion. In January 1932, during a congress on birth control organized by the Medical Organization of the Hungarian Social Democratic Party (HSDP) physicians, lawyers, writers, and sociologists presented their opinions. Proabortion justifications were based on social arguments, such as how the unwanted pregnancy negatively impacts family health, how the child's illegitimate status worsens life conditions, and eugenic arguments and fears of overpopulation. After the congress, participants asked the HSDP to draft a new abortion law.²²

A couple of months later, in April 1932, prominent gynecologists consulted on the matter at the general assembly of the Hungarian Medical Association's Gynecological Section. In his keynote speech, Ágost Schulcz (1897–1945), assistant professor at the No. I. Clinic of Obstetrics and Gynecology, explained the distinction between legal and illegal abortions. Referring to the association's proposal in 1928, Schulcz called for a new law and the institutionalization of abortions. Legal uncertainty derived from the contradiction between the prohibitive paragraphs of the penal code and the permissive paragraph 47 of the Public Health Act (1876), which entitled physicians to act in accordance with the current state of science and their own ethics.²³

New legislation was not passed, but the High Court verdict B. I. 118/1933 legitimized established practice by finding that medical surgeries performed in exceptional circumstances were a justifiable treatment.²⁴ The verdict aligned with changes in other countries, which liberalized criminal abortion statutes.²⁵ Judge Jenő Harmath defined legal abortion based on the Hungarian Medical Association's ethical statement in 1928 as a surgery performed by a doctor to rescue a pregnant woman from an otherwise unavoidable danger to her life or serious damage to her health. The resolution emphasized medical consultation, which protected gynecologists from criminal liability. Though the penal code made no distinction between criminal and physician-performed abortions, the legitimacy of the latter followed from other provisions.²⁶ Harmath's argument was also supported by obligatory obstetric surgical training at universities, which included the medical protocol for the artificial termination of miscarriages and therapeutic curettage in force since the nineteenth century.²⁷

The Great Depression and the subsequent strengthening of nationalism not only escalated the struggle over the control of reproduction but furthered the rise of antisemitism as well. Antisemitic calls to restrict private gynecological practices—many held by Jewish doctors—became a bone of contention among medical interest groups. As a result, legal changes were

²⁰ On Germany, see Grossmann, *Reforming Sex*, 78–106. On Poland, see Jarska and Kuźma-Markowska, “Explaining the Calendar.”

²¹ Despite the efforts to legalize abortion in interwar Czechoslovakia, Slovakia tightened its abortion law in 1941. Nešťáková, *Be Fruitful and Multiply*, 65–73.

²² Béla Totis, ed., *Születésszabályozás* (Budapest: Magyarországi Szociáldemokrata Párt Orvostagjai Szervezete, 1932).

²³ Ágost Schulcz, “Az orvos és az igazságszolgáltatás szerepe a jogtalan vetélések leküzdésében,” *Budapesti Orvosi Újság*, July 21, 1932.; “A Gynaekológiai Szakosztály április 28-i ülése és közgyűlése,” *Orvosi Hetilap*, June 4, 1932; “A kir. Orvosegyesület Gynaekológiai Szakosztályának május 12-i ülése,” *Orvosi Hetilap*, June 25, 1932.

²⁴ Aurél Lengyel, ed., *Büntetőjogi Döntvénytár*, vol. 26 (Budapest: Franklin Társulat, 1934), 33–35.

²⁵ Grossmann, *Reforming Sex*, 75–106.

²⁶ *Büntető Jog Tára*, June 1933.

²⁷ Oszkár Schaefer, *Születészet II: A szülészeti diagnosztikának és terápiájának bonczatani atlasza* (Budapest: Singer és Wolfner, 1897), 216–17; Vilmos Tauffer and István Tóth, ed., *A nőgyógyászat kézikönyve I* (Budapest: Magyar Orvosi Könyvkiadó Társulat, 1916), 335–40.

used to force Jewish gynecologists out of the profession.²⁸ In this way, the decriminalization of abortion became entwined with the inner conflicts within the medical profession.

Gynecologists aimed to separate legitimate lifesaving surgeries from profit-oriented illegal abortions. Thus, not all medical procedures were protected, only those determined by professional consensus. Doctors decided what constituted a life-threatening or health-damaging condition. This opened up space for negotiation, at least for rich and well-connected women. The fight for fee-paying patients also shaped the discourse: conflicting interests among medical community members (doctors and midwives) occasionally facilitated or delayed abortion legalization. Graduate midwives, who worked as county employees or private workers, had little financial interest in performing illegal abortions, while unqualified midwives in the countryside, especially in low birth rate villages, needed this kind of salary supplement.²⁹ While a group of gynecologists urged legalization, mainly to avoid prosecution, the income from illegal surgeries provided abortionists with a higher standard of living.

Liberalizing and Strengthening Abortion Rights under Communism

A radical change in abortion regulation occurred after the Soviet occupation of the country in the winter of 1944–1945. An ally of Nazi Germany, Hungary was occupied by the Red Army soldiers who looted and committed mass rape.³⁰ In Budapest alone, between 50,000 and 200,000 cases of rape reportedly occurred, based on medical records of venereal diseases.³¹ During World War I, rape mostly occurred in the northeastern and southwestern parts of the country, far from the capital, where unwanted pregnancies may have been terminated by private doctors or midwives, but such cases were not recorded because they did not reach official boards. In World War II, the whole country was occupied, mass rape occurred all over the country, and this situation, which threatened the health and unity of the nation, required state intervention.

In response, on February 14, 1945, the Budapest National Council announced temporary legal and free-of-charge induced abortions in healthcare facilities, if authorized by a medical officer. This decision lifted the abortion ban instituted by the first Hungarian Penal Code (1878). There was no precedent for the state administration to build on in deciding how to handle such an emergency on this scale. If a woman testified in writing that her pregnancy was a result of rape, the medical personnel automatically issued a permit for an abortion.³² Politicians did not adopt legislative amendments to avoid heated opposition. The communist-dominated Ministry of Health did not want to divide the country's coalitional government by legislating women's reproductive rights; thus, the matter was regulated by ministerial orders. This way, confrontation was avoided between the Social Democratic Party, whose members supported unrestricted access to abortion, and the conservative and religious Smallholders' Party, who demanded strict regulations on pro-life grounds.³³ The official argument for

²⁸ Kovács, "Liberal Professions and Illiberal Politics," 69–70 and 84–90.

²⁹ On the role of midwives, see Fanni Svégel, "The Role of Women as Agents and Beneficiaries in the Hungarian Family Planning System (1914–1944)," *Journal of Family History* 48 (2023): 338–53.

³⁰ On women's perspectives and personal narratives, see Agatha Schwartz, "Creating a 'Vocabulary of Rupture' Following WWII Sexual Violence in Hungarian Women Writers' Narratives," *Hungarian Cultural Studies* 10 (2017): 82–95.

³¹ Andrea Pető, *Das Unzaghare Erzählen. Sexuelle Gewalt in Ungarn im Zweiten Weltkrieg* (Göttingen: Wallstein Verlag, 2021); Pető, "Memory and the Narrative of Rape in Budapest and Vienna."

³² Decisions of the Fifth Committee of the Budapest National Committee, February 14, 1945, X/2–1945, BNB. see Andrea Pető, "Women's Rights in Stalinist Hungary: The Anti-Abortion Campaign of 1952," *Hungarian Studies Review* 29, no. 1–2 (Spring–Fall 2002): 49–76.

³³ Mária Palasik, "A női egyenjogúság szabályozása Magyarországon a 20. század második felében," in *A nő és a politikum. A nők politikai szerepvállalása Magyarországon*, ed. Mária Palasik (Budapest: Napvilág, 2007), 119; Pető, "Women's Rights in Stalinist Hungary," 51–52.

protecting the health of the population resembled the demographic, pronatalist rhetoric of the pre-1944 discourse, but the motivation was different. The legislation fundamentally changed women's relationship with their bodies and, given the lack of other birth control methods, free and safe abortion became the major tool for controlling reproduction. The previous political regime was delegitimized by the communist emancipation policy and less strict societal control over sexuality.³⁴

A new generation of gynecologists, connected to the Communist Party, influenced the communist Ministry of Health. Imre Hirschler (1906–1989), Sándor Árvay (1903–1997), Miklós Drexler (1914–?), Imre Zoltán (1909–2002), László Lajos (1904–1975), and Béla Horn (1902–1983) regularly debated drafts of ministerial decrees and participated in demographic summits.³⁵ The career of Imre Hirschler illustrates the connections between political and professional elites. After World War II, he became an influential figure in gynecology, having been active in the illegal communist movement since the early 1930s. Besides working for Red Aid, Hirschler had a flourishing private practice: he conducted illegal abortions, mainly to help women active in the illegal communist movement avoid the dangers of unwanted pregnancies. He retained excellent political connections after the communist takeover: in the 1950s, he treated the wives of influential communist politicians (Mátyás Rákosi, Gyula Ortutay) with reproductive difficulties and contributed to the debates resulting in the decree restricting abortion in 1952. Hirschler, who was of Jewish origin, supported abortion, but his involvement in drafting the restrictive policy sheds light on Stalinist-era personal and political connections. Despite his exceptional political network, Hirschler became the target of an anti-Jewish lawsuit and, after the death of Stalin, he worked as a doctor in Korea for a year. Upon return to Hungary, Hirschler continued his career as the head of the Department of Obstetrics and Gynecology at the Central State Hospital. Under the Kádár regime (1956–1989), he became famous for his best-selling books on sexual education and painless childbirth.³⁶

The number of induced abortions in socialist east-central Europe was exceptionally high due to the lack of sexual education and modern contraceptives, and the repression of traditional abortion methods by the communist police.³⁷ The medicalization of childbirth was accompanied by the medicalization of birth control, and home births became very rare because they could not be controlled as easily as hospital births. In the early 1950s, private midwife praxes were suppressed, and midwives began being employed in hospitals and maternity homes instead. Thus, the number of criminal abortions decreased, while the number of induced abortions increased. This changed childbirth medically, technically, financially, and morally because it came under the control of gynecologists and hospital staff. Consequently, infant and maternal mortality decreased.³⁸

The nationalization of the Hungarian health system allowed gynecologists to retain their lucrative private practices, but running a private gynecological practice required good connections and trust in the endurance of those connections, often gained by corruption.³⁹ In 1952, Jewish gynecologists became the target of antisemitic campaigns and of the newly adopted Soviet-type regulation of reproductive rights. In 1920, the Soviet Union had become the

³⁴ See on this Josie McLellan, *Love in the Time of Communism: Intimacy and Sexuality in the GDR* (Cambridge: Cambridge University Press, 2011).

³⁵ Similar processes can be identified in the case of demographers. Zsombor Bódy, "A Népeśsgtudományi Kutatóintézet története és a népesedéspolitikai Kádár-rendszerben," *Demográfia* 59, no. 4 (2016): 265–300.

³⁶ Ágnes Seszták, "A Hirschler," *Képes* 7, March 7, 1987, 20–22.

³⁷ Libor Stloukal, "Understanding the 'Abortion Culture' in Central and Eastern Europe," in *From Abortion to Contraception: A Resource to Public Policies and Reproductive Behavior in Central and Eastern Europe from 1917 to the Present*, ed. David Henry (Westport, CT: Greenwood Press, 1999), 23–27; Pető, "Women's Rights in Stalinist Hungary."

³⁸ Statistical data based on the Obstetric Ordinance is far more reliable for this time period than that of the Central Statistical Office. See Béláné Földes, Géza Hahn, and Zoltán Vadas, ed., *Szülészeti rendtartás statisztikai adatai. 1931–1958* (Budapest: Egészségügyi Minisztérium, 1959).

³⁹ Ágnes Jobst, "Gondolatok az orvosi magánpraxis 1945 utáni hazai történetéhez," *Valóság* 37, no. 8 (1994): 50–55.

first country in the modern world to legalize abortion, reducing the number of female deaths in the public health system. Given the labor demand needed for its extensive industrialization and the tightening Stalinist control over the population, the Soviet Union prohibited abortions in 1936. Hungarian and other East European health officials were forced to follow the Soviet regulations on pregnancies, which came with the medicalization of childbirth and was coupled with a pronatalist demographic discourse. The latter resembled the one in interwar Hungary, but whose aim of increasing the Hungarian population was not to win back the territories lost after World War I, but to build a successful communist state. The Soviet-inspired campaign for population growth included well-publicized trials of those who allegedly fought against the regulations. In Hungary, these trials against gynecologists, all of them Jewish, correlated with the anti-Jewish measures against doctors initiated by Stalin.⁴⁰

The Antiabortion Campaign of 1952

The unclear legal situation that provoked professional and moral debates changed with the communist demographic campaign of 1952–1953. It sought to fight criminal abortions, which emerged as a healthcare, police, and judicial issue. The adoption of Soviet regulations was carried out by Deputy Minister of Health Miklós Drexler and Minister of Health Sándor Zsoldos (from April 1953) with the consent of the Minister of Justice Ferenc Erdei. The political interference started in spring 1951. In September, the draft regulation was reviewed by the National Department of Health Specialists' gynecological section. Negotiations began around the appendix containing health issues, the scale of punishment, and the structure of the abortion committee (*abortusz bizottság*).⁴¹ The *Hungarian Gynecologist Journal* published the minutes of gynecologist assemblies, including the ones on abortion, to inform physicians about the current views of the professional elite.⁴²

In February 1952, the Ministry of Health issued a circular on the fight against criminal abortions, and on April 11, a severe restriction on abortion was launched.⁴³ The permissive Hungarian legal regulation, modeled on that of the Soviets, was changed by the instruction *On the Regulation of Abortion* (81/34/1952. Eü. M.) of May 29. It restricted access to pregnancy termination, mandated that doctors and midwives report pregnancies, and involved the police against illegal abortionists. It limited access to abortion to the first twenty-eight weeks of the pregnancy and announced two-level abortion committees. The instruction *To Organize Awareness-Raising Work in the Fight against Abortion* (81/32/1952) of June 11 organized propaganda in the form of brochures and fliers, film screenings, and lectures held in factories where most employees were female, such as at the Mátyás Rákosi Works (Rákosi Mátyás Művek), the United Lightbulb and Electric Factory (Egyesült Izzólámpa és Villamossági Rt.), the Hungarian Cotton Industry (Magyar Pamutipar), and the Hungarian Spinning and Weaving Company (Hazai Fésűsfonó és Szövőgyár). Lecturers included the most prominent gynecologists, such as Professor Imre Zoltán and Professor Béla Horn, coauthors of multiple university textbooks and leading gynecologists of the No. I. Clinic of Obstetrics and Gynecology, and Professor László Lajos, the head of obstetrics and gynecology in Pécs.⁴⁴

Abortion, therefore, was not prohibited; rather, a committee examined the medical reasons necessary for its implementation, based on a long list of requirements. The social

⁴⁰ Dr. L. M. et al., XXXV. 6.b. 3632/1952, and G. I., et al., XXV. 6.b. 4897/1952. Both are in the Records of the Ministry of Justice, Budapest City Archives (Budapest Főváros Levéltára [hereafter BFL]). See Pető, "Women's Rights in Stalinist Hungary."

⁴¹ Higher bodies of public administration, Ministry of Health, 1952. Magyar Nemzeti Levéltár Országos Levéltára (National Archives of Hungary [hereafter MNL OL]) XIX. C 2.d. (box no. 1).

⁴² See *Magyar Nőorvosok Lapja*, March 1, 1953, 120–23, or September 1, 1952, 183–84.

⁴³ Documents of the Hungarian Workers' Party (hereafter HWP) and the Hungarian Socialist Workers' Party, Central Bodies of the HWP, Administrative Department, 1952. MNL OL, M-KS 276.f. 96. cs. 56. őe.

⁴⁴ MNL OL, M-KS 276.f. 96. cs. 56. őe.

reason—which could have justified the request for an abortion—was missing because, according to the authors of the legislation, in the “dynamically developing socialist Hungary,” no woman could possibly claim that she was burdened by social or economic circumstances. Thus, a compromise on the control of female reproduction was reached between the health apparatus and the political leadership.

Deconstructing the Ratkó Myth

In Hungarian history, reproductive politics either included restrictive measures or maternalist family support. Throughout the twentieth century, the latter ones were in the majority, except during Stalinist times. Hungarians refer to these times as the Ratkó Era (1952–1954 or 1956), although the first female minister in Hungary, Anna Ratkó (1903–1981), headed the Ministry of Health only until April 13, 1953.⁴⁵ The rigorous interventions of law enforcement bodies lasted from the end of 1952 until July 1953, along with large-scale propaganda campaigns and public abortionist trials in the capital, attended by health workers from the countryside.⁴⁶ Such antiabortion policy is atypical for Hungary. The number of births increased during this time by approximately 21,000 without fundamentally affecting demographic trends. Most births occurred earlier than planned but were expected, and women had no other children later. Therefore, statistics show a sudden increase in the number of births followed by a sharp decrease.⁴⁷

Ministerial documents show that, in October 1952, Ratkó proposed new justification for abortion requests and fair treatment to make committees more popular and ensure the institutionalization of abortions. She also advocated stricter police control and reporting in the name of the fight against illegal abortions.⁴⁸ Attitudes and mentalities were not formed by her, but rather by the healthcare state administration apparatus and the obstetrician-gynecologist community, which used Soviet political pressure to advance its professional and material interests. The situation lasted until summer 1953, when a new political era took shape in the Soviet bloc following Stalin’s death. As part of the de-Stalinization process, President Imre Nagy (1896–1958) relaxed the police crackdown on abortionists and, in 1954, abortion was allowed for social reasons. Afterward, the number of legal abortions in Budapest steadily grew and, by November, the number of miscarriages were equal with the number of births.⁴⁹

The basis for the Ratkó directives were the Soviet regulatory measures of 1936, debated and approved by the Gynecologist Association. Deputy Minister Miklós Drexler led the fight against “criminal abortions,” as part of a robust program of maternal and childcare development.⁵⁰ Within the five-year plan, he included vehicles for the District Health Service to provide effective healthcare service in the countryside and set up maternity homes for unmarried pregnant women. Imre Hirschler also did significant work. The resolution of the Ministerial Council, *On the Further Development of Maternal and Child Protection* (1004/1953. [II. 8.]), was issued in the latter phase of the demographic campaign. Besides the abortion regulation, three mandatory visits to a gynecologist contributed to the

⁴⁵ Piroška Kocsis, “Aki ettől a naptól fogva abortuszt hajt végre, azt a legkeményebben büntetjük,” *ArchívNet* 16, no. 3 (2016) (https://archivnet.hu/politika/aki_ettol_a_naptol_fogva_abortuszt_hajt_vegre_azt_a_legkemenyebben_buntetjuk); György Németh, “Volt-e Ratkó törvény?” *Társadalmi Szemle* 47, no. 12 (1992): 82.

⁴⁶ Pető, “Women’s Rights in Stalinist Hungary”; Sándor Horváth, *Stalinism Reloaded: Everyday Life in Stalin-City, Hungary* (Bloomington and Indianapolis: Indiana University Press, 2017), 162–63.

⁴⁷ Data of the Hungarian Central Statistical Office (https://www.ksh.hu/docs/eng/xstadat/xstadat_long/h_wdsd001a.html).

⁴⁸ MNL OL M-KS 276.f. 96. cs. 56. őe.

⁴⁹ Minutes of the meetings of the Executive Committee of Budapest City Council, February 16, 1956) BFL XXII, 102. a.1.

⁵⁰ Improving live birth rates and reducing infant and child mortality through improved maternal and child protection, July 29, 1952, MNL OL M-KS 276.f. 96. cs. 56. őe.

medicalization of pregnancies, hardened the concealment of gravidity, but provided better care for mothers.⁵¹

Several factors contributed to the myth of the abortion ban in the Ratkó era. First, as the first female minister in Hungary, Ratkó faced the misogynist Hungarian political elite. Second, administrative confusion followed the decree, especially around the new role and purpose of the abortion committees. There was uncertainty among doctors and the general public whether the committees served as administrative bodies or had a prohibitive and punitive function. At the initial stage, gynecologists on the committees were unsure what the ministry expected from them. Added to all this was the fear and insecurity fueled by the general political climate, the role of abortion lawsuits and the persecution campaign, and the role of rumors. Therefore, the committees' bad reputations spread more than their work. To understand the memory of the Ratkó era, one must consider the tension between private memory and official documents. The stories of years of the total abortion ban, which are regularly presented in oral history collections,⁵² shed light on how memory was constructed, and serve as evidence of popular mythologizing and transgenerational transmission of misunderstanding. But these testimonies also bring us closer to interpreting lived history—how women controlled their reproduction when other means of controlling it were unavailable.

Although the committees were centralized, the personality and attitude of the chief physician determined their permits and refusals. The statistics show that how the decree was interpreted led to great differences in the proportion of permissions given: in the first four months of the committees' existence, in Békés County, 75 percent of the applications were rejected, in Szabolcs only 5 percent. On average, 72 percent of applications to first-tier committees were granted, and 33 percent of rejections went to the second tier, where about half were accepted. The relatively high permission rate may indicate that it was mostly women confident of a positive assessment would turn to a committee from the outset. Also, it appears that a negligible percentage of them reached the end of the second-tier procedure, probably because applicants were not informed that they had a right of appeal or possibly because committee members advised them that the appeal was not likely to succeed.⁵³

Regarding the rising number of births, we must also consider the proportion of women with childbearing potential in a given period of time. A radical drop in the number of births during World War I created a generational decline, and by the end of the 1930s and early 1940s, there were relatively few women childbearing age. This circumstance contributed to the lack of a baby boom after World War II. Consequently, at the beginning of the 1950s, a large cohort reaching childbearing age formed the mythical "Ratkó generation." The temporary increase in childbirth was due mostly to other reasons and not the modification of abortion regulations. Demographers agree that neither the 1952–1953 demographic campaign—nor the one in 1973—had widespread or long-lasting effects regarding the increase in the number of births.⁵⁴ The number of births was, however, enough to create a long-lasting generational problem: childcare facilities could barely cope with increased demand, creating tension between the official socialist image of working women and the unacknowledged reality of mothers' reproductive labor.

⁵¹ For the full text of key documents related to the campaign, see István Monigl, ed., *Az 1952–53. évi népesedéspolitikai program Magyarországon (Document collection)*, Demographic Booklets, vol. 11 (Budapest: Központi Statisztikai Hivatal, 1992); for regulatory measures, see Palasik, "A női egyenjogúság szabályozása Magyarországon a 20. század második felében," 118–23.

⁵² For example, Blinken Open Society Archives HU OSA 432, Suzanne Körösi collection of interviews.

⁵³ Report by Minister of Health Anna Ratkó to the Administrative Department of the Central Management of HWP on the work of the Ministry of Health against abortion, February 27, 1953, Appendix 1, MNL OL M-KS 276.f. 96. cs. 3. őe.

⁵⁴ András Klinger and István Monigl, "Népesedés és népesedéspolitika Magyarországon az 1970-es és az 1980-as évtizedben," *Demográfia* 24, no. 4 (1981): 414–15.

The Making of a Modern Abortion Legislation

Leading gynecologists were aware that abortion restrictions were ineffective: some had personal experiences of illegal surgeries, others had heard stories of them. A change in the political climate was necessary for the legal refashioning of the abortion issue, as elite medical professionals followed party guidelines. The first modern abortion legislation was decision 1047/1956. (VI. 3.) MT, which defined the conditions of legal abortion. Pregnancy termination became legal in the first twelve weeks, without justification. Subsequent to twelve weeks, abortion remained available, citing social reasons.

The adoption of Soviet-style emancipatory policies, such as the liberalization of abortion, which was not welcomed unanimously in Hungarian society, and indeed resulted in a nationalist backlash. During the Revolution of 1956, revolutionary workers' council demanded the repeal of the permissive abortion act, claiming that legal abortion was a Soviet invention forced on Hungarians to harm the nation and to bring about its annihilation. The town of Balassagyarmat, for example, opted for a special solution: pressured by the local health administration, the revolutionary council amended the decree, so doctors had the right to refuse abortion for population-policy reasons.⁵⁵ The pro-life argument received a nationalist twist during the ten days of the 1956 Hungarian Revolution. Due to the specificities of the communist political system, neither the demographic campaign of 1952–1953 nor the abortion legislation of 1956 was preceded by public consultation. Consequently, politically sensitive issues, such as reproductive decision-making that would potentially destabilize the regime and jeopardize those in power, were removed from the agenda after the revolution.

The oblivion lasted to the mid-1960s, when population policy was discussed by politicians, demographers, and gynecologists behind closed doors. However, the ratio of live births stagnated at its lowest recorded level as abortion rates rose, triggering a discussion on pregnancy termination, motherhood, and women's role in society. A public debate unfolded in literary journals,⁵⁶ while experts consulted the government on new methods of contraception, family planning, and the possibility of tightening the abortion legislation.⁵⁷ Paving the way for the turn in family planning, the government introduced the childcare allowance (the so-called GYES) in 1967.⁵⁸ This allowance granted working mothers a paid two-and-a-half-year maternity leave and served as population and employment policy. It meant to reduce unemployment rates, but also sought to alleviate an outcome of pronatalist policy: the lack of accommodation in childcare facilities created by demographic fluctuations.⁵⁹ It resembled the pronatalist discourse of interwar years, in that it hoped that prosperity would proceed from demographic growth. In the same year, the first hormonal contraceptive pill (Infecundin) became available for women older than eighteen to curtail high abortion rates. In this way, the gradual decline in abortion rates was caused by the wider distribution of contraceptives and new demographic regulations concerning social welfare provisions, which prioritized motherhood over productive work.⁶⁰

⁵⁵ The Balassagyarmat City and District Revolutionary National Council amends the Decree of the Council of Ministers on Abortion (Balassagyarmat, November 2, 1956) quoted in Árpád Tyekvicska, *Írások a forradalomról* (Balassagyarmat: Nógrád Megyei Levéltár, 2006), 299–302.

⁵⁶ Mária Heller, Dénes Némedi and Ágnes Rényi, "Népesedési viták Magyarországon 1960–1986," in *Népesedési viták Magyarországon 1960–1986*, Scientific Reports, vol. 37, ed. István Monigl (Budapest: Központi Statisztikai Hivatal, 1990): 13–125.

⁵⁷ István Monigl, ed., *Népesedéspolitika és fontosabb dokumentumai az 1960-as évtizedben Magyarországon*, Document Collection, Demographic Booklets, vol. 12 (Budapest: Központi Statisztikai Hivatal, 1992); Bódy, "A Népeségtudományi Kutatóintézet története és a népesedéspolitika a Kádár-rendszerben."

⁵⁸ Government decree 3/1967. (I. 29.) On Childcare Allowance

⁵⁹ Éva Fodor and Erika Kispéter, "Making the 'Reserve Army' Invisible: Lengthy Parental Leave and Women's Economic Marginalisation in Hungary," *European Journal of Women's Studies* 21, no. 4 (2014): 382–98; Susan Zimmermann, "Gender Regime and Gender Struggle in Hungarian State Socialism," *Aspasia* 4, no. 1 (2010): 1–24.

⁶⁰ Földes, Hahn, and Vadas, *Szülészeti rendtartás statisztikai adatai. 1931–1958*; Ferenc Kamarás, ed., *Terhességmegszakítások* (Budapest: Központi Statisztikai Hivatal, 2000).

At the end of the 1960s, the changing political climate met with the demands of the pronatalist and nationalist lobby, and the government decided to reregulate access to pregnancy termination. The population policy Decree of 1973 (1040/1973. [X. 18.]) primarily focused on financial support, the development of healthcare infrastructure, and conscious family planning, but also incorporated the regulation of abortion committees. The institution of free abortion thus ceased to exist. Based on a decree issued by the Minister of Health (4/1973. [XII. 1.]), an application was necessary to the abortion committee, which was assessed based on ten criteria, including social cause.⁶¹ Consequently, hopes for economic prosperity and building a socialist society became entwined with pronatalist desires of anti-communist actors. At the same time, experts lobbied for a prevention-based family-planning regime.

The fight for reproductive rights played a role in forming the Hungarian democratic opposition. In neighboring communist Romania, Nicolae Ceaușescu restricted abortion access and banned contraceptives in 1966 (Decree 770). Consequently, abortion-related maternal mortality rate increased drastically: during the 1980s approximately 500 women died annually related to illegal and unsafe abortions in Romania.⁶² The fear of introducing similar control of abortion in Hungary, together with the rise of second-wave feminism on the other side of the Iron Curtain, mobilized women of the democratic opposition. Influenced by French and West German feminist actions,⁶³ in the summer of 1973, a petition was initiated by Zsuzsa Körösi and a group of young students, who collected more than 1,500 signatures in protest against planned abortion restrictions. Supporters included influential women of the leftist opposition like Júlia Rajk (1914–1981), widow of the executed communist politician László Rajk, and Mrs. Mihály Károlyi (née Katinka Andrásy; 1892–1985), widow of the first president of the Hungarian People's Republic. Both used the informal power they gained from their deceased husbands.⁶⁴ This action contributed to the formation of a new discourse in the Hungarian debate: the women's rights discourse, which would continue to inform the public debates after 1989.⁶⁵

Abortion Committees: How a Legal Decision Is Made

In Eastern European countries, abortion committees had been set up in the 1950s simultaneously with the (partial) legalization of pregnancy terminations. The first countries to establish such committees were Yugoslavia and Hungary in 1952. Yugoslavia was the first Eastern European country that liberalized abortion—before the 1955 permissive act of the USSR.⁶⁶ Although the structure and the function of the committee were similar, the situation was different in Hungary. Two-level abortion committees came into being with restrictive legislation and operated with various degrees of authority from the summer of 1952 up to the end of 1988.⁶⁷ The Hungarian institution consisted of first- and second-degree committees, with different responsibilities. Altogether, seventy-one first-degree abortion committees operated in district hospitals nationwide, headed by a chief obstetrician-gynecologist. Additional members were internal medicine specialists and experts in the

⁶¹ Palasik, "A női egyenjogúság szabályozása Magyarországon a 20. század második felében," 121.

⁶² Kligman, *The Politics of Duplicity*; Patricia Stephenson, Marsden Wagner, Mihaela Badea, et al., "Commentary: The Public Health Consequences of Restricted Induced Abortion—Lessons from Romania," *American Journal of Public Health* 82, no.10 (1992): 1328–31.

⁶³ "Manifeste des 343," *Le Nouvel Observateur*, April 5, 1971; "Wir haben abgetrieben!," *Stern*, June 6, 1971.

⁶⁴ Andrea Pető, "Revisiting the Life Story of Julia Rajk," *Teksty Drugie* no. 1 (2020): 280–92.

⁶⁵ Fanni Svégel, "Suzanne Körösi: Petition for the Protection of the Freedom of Abortion," in *Texts and Contexts from the History of Feminism and Women's Rights in East Central Europe*, ed. Zsófia Lóránd, Adela Hîncu, Jovana Mihajlović Trbovc, et al. (Budapest, CEU Press, forthcoming in 2024).

⁶⁶ Rada Drezgić, "Policies and Practices of Fertility Control under the State Socialism," *History of the Family* 15, no. 2 (2010): 194.

⁶⁷ Decree 76/1988 (XI. 3.) Minister Council, on Abortion.

particular disease, for abortions could only be requested in cases of severe illnesses, as evaluated by medical community.⁶⁸

The first-degree abortion committees were responsible for illness-related abortion permissions. At the second-degree stage, extraordinary cases were assessed, such as nonmedical indications, even social circumstances.⁶⁹ This five-membered board supervised first-degree committees and had the right of overruling their decisions. Besides, registries, minutes, and an abortion diary had to be kept. Rejected cases had to be reported to the Health Department of the Executive Committee; afterward, pregnant women were registered with the local maternity ward to monitor them in case they sought an illegal abortion.⁷⁰ Denial of application was recorded in the pregnancy booklet, thus these women were under increased medical supervision. The development of newborns was monitored by the authorities.⁷¹ Thus, the pregnancy register served as an administrative biopolitical apparatus, in which protective and disciplinary policies entwined.

Aversion toward the committee was governed by shame and fear because, following an unsuccessful attempt to gain permission for an abortion, women could not seek “alternative methods.” Consequently, a local midwife, a familiar doctor, or the pregnant woman induced a miscarriage, which was then completed in an institution for the purpose of lifesaving. Although there were several “loopholes” in the regulations, it is uncertain to what extent the low level of legal awareness at the time, together with an ambiguous political climate, hindered women from writing more official applications or standing before the committees twice. Even after the alleviation in 1954, official requests and letters prove that women turned to authorities in case of unlawful rejection or personal humiliation.⁷² Misinformation also spread among women. The majority of women who underwent illegal abortions in Sztálinváros either did not know about the possibility of legal abortion in hospitals or, based on hearsay, assumed the committee would reject their application.⁷³ Even during the Ratkó era, abortion was possible for those who knew about the loopholes and had the money to pay a gynecologist to produce the necessary documentation. Regionality, social networks, and financial possibilities influenced a woman’s access to abortion.⁷⁴

After Stalin’s death, bloc countries started to reform their abortion regulations: Poland, Bulgaria, and Hungary legalized pregnancy terminations on certain grounds in 1956, as did Czechoslovakia and Romania in 1957. Abortion committees existed in Bulgaria from 1956 (reregulated in 1968), in Czechoslovakia (1957–1986), and in Romania from the early 1960s.⁷⁵ Between 1956 and 1973, the Hungarian abortion committees had administrative functions.⁷⁶

⁶⁸ Opinion on the draft regulation on the regulation of abortions. MNL OL XIX. C 2.d. (box no. 1) 3135/M/2–26.

⁶⁹ “If, nevertheless, the applicant insists on an abortion, the committee shall grant the authorization”; 1.004/1953 (II. 8.) MT.

⁷⁰ Demographers estimated approximately one hundred thousand illegal abortions annually during the 1950s. Gyula Barsy and Károly Miltényi, “A művi vetélések kérdése az 1957. évi adatok tükrében,” *Demográfia* 1, nos. 2–3 (1958): 226–48.

⁷¹ Regulation of the proceedings of first-degree abortion committees, November 5, 1952, MNL OL M–KS 276. f.96. cs. 56. őe.

⁷² Records of the Minister of Health, MNL OL XIX. C 2.d.

⁷³ Horváth, *Stalinism Reloaded*, 165–68.

⁷⁴ Pető, “Women’s Rights in Stalinist Hungary.”

⁷⁵ Corina Doboş, “Disciplining Births: Population Research and Politics in Communist Romania,” *History of the Family* 25, no. 4 (2020): 599–626; Hana Hašková and Radka Dudová, “Selective Pronatalism in Childcare and Reproductive Health Policies in Czechoslovakia,” *History of the Family* 25, no. 4 (2020): 627–48; Julia Hussein, Jane Cottingham, Wanda Nowicka, et al., “Abortion in Poland: Politics, Progression and Regression,” *Reproductive Health Matters* 26, no. 52 (2018): 11–14; Dimiter Vassilev, “Bulgaria,” in *From Abortion to Contraception: A Resource to Public Policies and Reproductive Behavior in Central and Eastern Europe from 1917 to the Present*, ed. David Henry (Westport, CT: Greenwood Press, 1999), 75–76.

⁷⁶ It can be assumed that even before that, since 1955, “[the] committees granted a significant proportion of the applications, only fifteen percent were definitively rejected.” Note to Comrade Ernő Gerő on criminal abortion, quoted in Monigl, “Az 1952–53,” 162.

Just as twenty years earlier, restricting abortion was only part of the 1973 demographic campaign. Consulting Offices for Family and Women's Protection were set up and responsible for compulsory premarital counseling, contraceptive counseling, and pregnancy care. In this case, a separate institution evaluated abortion requests, therefore the government did not regard abortion as a means of family planning.

The Health Ministry Decree 4/1973. (XII. 1.) regulated application assessment and changed committees' organizational structure. From that time, besides the gynecologist chair, a nurse and a council trustee sat on the first-degree committee, while at the second-degree, trade union representatives also attended the meetings. Furthermore, they could be located in any healthcare institution, including the Consulting Office of Family Protection. The committees had mandatory sessions twice a week, and women had to apply to the regionally responsible abortion committee, which made it more difficult to keep abortions secret.

Negotiating Reproductive Rights after 1989

State reproductive policy has emerged as an ideological issue in postcommunist Hungary. In 1990, a pro-life lobbyist, Gábor Jobbágyi, submitted a petition to the Constitutional Court that brought about the Fetal Protection Law of the Hungarian Republic.⁷⁷ The court decision considered woman's rights, but also the protection of fetal life. In public debates, the pro-choice position was also represented by the emerging feminist movement. The Feminist Network and the For the Right of Free Choice campaign group took an active part in the disputes and published on the matter in their newspaper *Persona* (Nőszemély).⁷⁸ Although women participated in the debates, they had a negligible role in parliamentary decision-making, where almost exclusively men decided.⁷⁹

The Fetus Protection Act was passed in 1992. It considers conception as the beginning of life but does not consider the fetus a legal subject.⁸⁰ This law also regulated the activity of Family Protection Services. Women could turn to the service up to the twelfth week of pregnancy in case of life or health endangerment. Among the eight possible indications, "severe crisis" can be found, equating to a social indication. The preexisting conditions had changed in several ways. Counseling at the Family Protection Service was conducted by a nurse, making the process more personal and much longer than a few minutes before the abortion committee. The Family Protection Service never had the right to reject an application, while the abortion committees had been in that position between 1952–1954 and partly between 1974–1988. Service nurses also offered pregnancy consultations and prenatal care, while the abortion committees exclusively assessed abortion requests.

Petitions attacking the concept of "severe crisis" were submitted to the Constitutional Court, resulting in the decision 48/1998 (XI. 23.) AB, which directed that the law should define the latter condition. This resulted in Act LXXXVII of 2000, which defined severe crisis as "physical and psychological distress or social crisis" in carrying the pregnancy to term. It also ordered two statutory consultations before abortion, three days apart. Afterward, the pregnant woman had to apply to the appointed hospital within eight days and pay for non-medical termination.⁸¹

⁷⁷ Decision 64/1991 (XII. 17.) AB.

⁷⁸ For the statement of the campaign group "For the Right of Free Choice," see Judit Acsády and Nilda Bullain, "Kampány az abortuszról való döntés jogáért," *Nőszemély*, April 11, 1993, 17.

⁷⁹ Except Ágnes Maczó, Edit Rózsa, and Erzsébet Pusztai. Katalin Lévai, "A magyarországi feminizmusról," in *Házastárs? Vetélytárs? Munkatárs? A női szerepek változása a 20. századi Magyarországon*, ed. Mária Palasik and Balázs Sipos (Budapest: Napvilág Kiadó, 2005), 179–80; for the political debates of the 1990s, see Ferenc Szabó, "Az abortuszvita," *Világosság* 31, no. 7 (1992): 549–60.

⁸⁰ Law LXXIX of 1992 on the protection of fetal life and the decree 32/1992 (XII. 23.) NM.

⁸¹ Law LXXXVII. of 2000. Amending Act LXXIX of 1992 on the Protection of Fetal Life

Abortion laws are currently more liberal in Hungary and the former socialist countries—except Poland—than in most countries in the world. However, the reregulation of abortion access was expected after Hungary’s illiberal turn in 2010. The Basic Law of January 1, 2012, states that “fetal life is entitled to protection from the time of conception” (Article U/2) but practice remains more permissive. Abortion can be requested without restrictions up to the twelfth week, and in special medical cases until the twenty-fourth week. The law itself is put into practice by lower-level legislator measures, like ministerial decrees, one of which was overruled in 2022 by the anti-choice lobby importing the “heartbeat” principle from the United States.⁸² The European Parliamentary Forum for Sexual and Reproductive Rights reported that pro-Kremlin Christian-fundamentalist organizations linked to the Trump administration have spent millions of dollars worldwide, including in eastern Europe, to support a new right-wing anti-gender coalition that aims to curtail the rights of women and minorities.⁸³ In Poland, together with other European countries, the fundamentalist Catholic organization *Ordo iuris* has gained strong influence. In Hungary, the Centre for Fundamental Rights, supported by public money, is their closest ally.⁸⁴

Lessons Learned from Complex Legacies of Abortion Regulations

In this article, we claimed that mass rape committed during World War II directly contributed to the legalization of abortion in 1945. Regardless of the fact that the right to abortion was won by women as victims of military sexual violence, it was established as a basic women’s-rights issue in Hungary. The main agents of the process were gynecologists and government actors, who had debated the question since World War I. Doctors prepared the medical ground for the 1952 restrictive measures establishing abortion committees. The reinforcement of medicalization served as a fight against illegal abortionists, quacks, and midwives intertwined with the interests of the obstetrician-gynecologist lobby and the political leadership. The legal successors of the abortion committees still exist, indicating the ongoing significance of the question: Who has control over female reproduction? Recent women’s movements against obstetric violence, which have extended beyond the traditional left- and right-wing split, prove that the fight over who controls women’s bodies will continue.⁸⁵

In fact, the number of abortions is steadily declining, and surveys show it is mainly the poor, young, and women who already have multiple children who see abortion as the only affordable means of birth control.⁸⁶ But political struggles and debates over the assessment of women’s social situations are intensifying, as protests over the modification of the strictest abortion law in Europe—that of Poland—and the overruling of *Roe v. Wade* in the United States demonstrate. In Hungary, key professional and political debates are about childbirth and birth control. The first is about corruption, obstetric violence, and the rights of mothers in the over-medicalized and underfunded Hungarian healthcare system.⁸⁷ The political debate on abortion is being fueled by American Christian-fundamentalist antiabortion groups, importing the “heartbeat” principle and discourse into Hungary, backed by

⁸² Andrea Pető, “Reproductive Rights as Battlefield in the New Cold War: A Historical Comparison of Illiberal Gender Politics Regarding Reproductive Rights in Hungary,” in *Global Contestations of Gender Rights*, ed. Alexandra Scheele, Julia Roth, and Heidemarie Winkel (Bielefeld: Bielefeld University Press, 2022), 227–47.

⁸³ Neil Datta, *Tip of the Iceberg: Religious Extremist Funders against Human Rights for Sexuality and Reproductive Health in Europe 2009–2018* (European Parliamentary Forum for Sexual and Reproductive Rights, 2021).

⁸⁴ Julia Dauksza, “Ordo iuris and a Global Web of Ultra-Conservative Organisations,” *Vsquare*, 2021 (<https://vsquare.org/ordo-iuris-and-a-global-web-of-ultra-conservative-organisations/>).

⁸⁵ See more: Borbála Juhász and Andrea Pető, “Kulturkampf” in Hungary about Reproductive Rights: Actors and Agenda,” *Zeitschrift für Menschenrechte*, 1 (2021): 168–90.

⁸⁶ Data of the Hungarian Central Statistical Office on Pregnancy Terminations, 2016 (<https://www.ksh.hu/docs/hun/xftp/idoszaki/pdf/terhessegmegsz16.pdf>).

⁸⁷ Sarolta Kremmer, “Born in Corruption: Maternity Care after the Change of System in Hungary,” *Analyze* 29, no. 15 (2020): 19–44.

taxpayers' money. This aims at questioning the legitimacy of artificial birth control. The Christian anti-pill discourse takes advantage of women's demand for reproductive information and alternative medical practice to avoid obstetric violence, thus utilizes gentle birth and hormone-free birth control as a Trojan horse in the medical apparatus.⁸⁸

The recent decree about fetal heartbeat was first proposed by the far-right Jobbik in 2016 and aims to satisfy religious-fundamentalist voters.⁸⁹ The execution of the decree, however, depends on the collaboration of gynecologists. The Hungarian Medical Chamber (Magyar Orvosi Kamara) supported the decree, signaling compliance with a dubious political agenda—and not the first time in the history of reproduction in Hungary. However, Hungarian society today is more tolerant of legal abortion than the European average, mainly because of the memory of wartime rape and the harsh Stalinist abortion restrictions in the 1950s.⁹⁰ Both professional and political conflicts point to the fact that the reregulation of birth control is a crucial element of political legitimacy for far-right regimes worldwide.

This article traced the history of abortion in Hungary at the intersection of wartime rape, the gynecologist lobby, and illiberal anti-gender discourse, with the common thread of nationalist discourse. We argued that in contrast to feminist activism in the west, the legalization of abortion in Hungary was a consequence of wartime rape; in the legislative process and in professional-political debates, politically well-connected gynecologists have sometimes facilitated, sometimes hindered the struggle for reproductive rights according to their current political interests; and the ultraconservative trend following the illiberal turn in reproductive legislation is not in line with the values or practices of Hungarian society. Thus, it is questionable which path the medical profession, responsible for the implementation of the latest restrictive order, will choose: serving political interests or listening to the opinions of women above political division lines.

Competing interests. None

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⁸⁸ Zsombor Kunetz, "Méregdrága tanfolyamon strómanként használja az EMMI a Katolikus Szeretetszolgálatot" *444.hu*, 2019 (<https://rontgen.444.hu/2019/03/18/meregdraga-tanfolyamon-stromankent-hasznalja-az-emmi-a-katolikus-szereztszolgalatot>).

⁸⁹ Representative's motion Nr. H/11076 by Dóra Dúró and Előd Novák: On the introduction of a necessary measure to depict the consequence of abortions..

⁹⁰ Ipsos, *Global Views on Abortion: A 27-country Global Survey*, 2022 (<https://www.ipsos.com/sites/default/files/ct/news/documents/2022-07/Global%20Advisor-Global%20Opinion%20on%20Abortion%202022-Graphic%20Report.pdf>).

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