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CONFORMITY, EMPATHY, ACTIVISM

Editors: Marinela Mladenova and Milen Malakov

**КОНФОРМИЗЪМ, СЪПРИЧАСТНОСТ,
АКТИВИЗЪМ**

Съставители: Маринела Младенова, Милен Малаков

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The Bulgarian Socialist Reproductive Policies – Structures, Persons, Strategies¹

Abstract: *The paper sets out to explore the contradictory Bulgarian socialist reproductive policies, the inequalities (gender, ethnic and religious, in terms on capacity to work and productivity), that lay behind the frame of a needs-based health system. It is based on the example of a key figure of Bulgarian socialist political life and health system – Dr Vladimir Kalaydzhiev (1921-2009). Dr Kalaydzhiev's rich activity in leading positions allows deeper insights into the Bulgarian public health administration, the changing processes of policy making, decision taking and hierarchies in the Bulgarian Communist Party. As a high-ranking party and state official, Kalaydzhiev had close contacts within the Soviet bloc, and extensive cooperation with the international organizations in which Bulgaria was represented, such as the World Health Organization, the United Nations Population Fund, and various institutions from Western Europe and the then so-called "Third World". This provides an opportunity to discuss Bulgarian reproductive policies as part of global policies.*

Keywords: *reproductive policies; productivist socialism; pronatalism; obstetrics and gynaecology; popular medicine discourse; Cold War controversies; Bulgarian Communist Party; inequalities.*

“Conscience gnaws at a man at night. That night I was thinking about the danger we face if it happens that the Politburo takes a position in favour of a categorical ban on abortion in first pregnancies. The point is not only that it will have no serious effect in raising the birth rate, but what a bloody tribute we will ask our women to pay” (TsDA F 1505, inv. 1, a.u. 86: 3). This flustered private letter from the Vice-Chair of the Council for Reproduction of Human Resources (CRHR), Dr Kalaydzhiev

¹ The research is within the ERC Project "Taming the European Leviathan: The Legacy of Post-War Medicine and the Common Good" (LEVIATHAN). The project has received funding from the European Research Council under the European Union's Horizon 2020 research and innovation programme, Grant agreement 854503.

to the Chair of the CRHR Peko Takov from 1973 is the starting point for my thoughts about the reproductive policies of socialist Bulgaria in the broader international context of the 1970–1980s. On the example of the work of a key figure, I aim to give some insights into the dynamic developments and into the role of individuals in the complex decision-taking processes.

The Figure of Vladimir Kalaydzhiev

The letter is dated 10.02.1973, at a time when the Central Committee of the Communist Party (CC of BCP) and the Council of Ministers are discussing successive measures to increase the birth rate. At that time Dr Kalaydzhiev, who becomes appointed to the position Vice-Chair of CRHR in 1971, has already gained experience and expertise.

Vladimir Kalaydzhiev belongs to the well-trained and mobile health administrators created by the socialist regime, with strong skills in preventive health and disease control, health administration, planning and finance, and an eye for medical research. A committed communist with military experience and strong sense of “discipline and duty” – the main words with which he describes his communist attitudes in the only one preserved autobiography of him, dated 1957 (TsDA F 1505, inv. 1, a.u. 1), he accepts his removal from the position Deputy Minister of Health (1971).² The new position provides him with a platform to define new agendas, as he knows from the ‘inside’ the health-care system.

The CRHR’s functions are explicitly limited to those of a subsidiary body for strategy development of the established in the 1971 State Council. Despite the limitations, the CRHR plays a significant role in the preparation and implementation of the complex socialist biopolicies. The very establishment of such a Council reflects the importance attached to building up an apparatus for the scientific management of population growth issues that require control and comprehensive regulation of economic, social and personal life. CRHR is constituted by representatives of various institutions – Ministry of Defence, Ministry of Health, Institute of Epidemiology and Microbiology, Medical Academy, Committee of Bulgarian Women. It is responsible for developing strategies in all ‘domains’ of demographic policy – fertility, policies towards children, “reconciliation of women’s functions in production, public life and the family”, policies towards the ‘disabled’ and the elderly, internal migration, etc., considered conjoint phenomena. Of the wide range of issues for

² For Kalaydzhiev’s biography and his activities as a director and a deputy minister see Georgiev, Kassabova 2021.

which the CRHR is responsible, the emphasis here is on reproduction and fertility.

Productivist socialism and the role of sciences

Dr Kalaydzhev uses his knowledge on health programs to attract experts on medicine, social sciences, agriculture, industry and economics, architecture and city planning, and on education to discuss and develop larger programs on demographic development. What stands out in the work of the Council is the significant attention given to research. The immediate post-war period sees the rise of demography as a predictive science in socialist Bulgaria, the second half of the 1960s is a time of expansion of the social sciences—particularly political science, sociology, psychology. Science and technology has become vital to the country's economic development and military strength; ideologically the overarching aim of all the disciplines is to create a more powerful and prosperous socialist society by maximizing efficiency and that needs maximizing health.

Politically the Bulgarian socialist state is committed to full equality – of classes, of race and ethnicity, of gender. Innovations in family policy and legislation introduced in the immediate post-war period, are presented as rights of 'the socialist woman', the difference to the oppressions of the bourgeoisie law is underlined. However, the commitment to full equality is subordinated to the overriding economic goal to make fullest use of women's (re)productive capacities. The main efforts of the 1940s-1950s are directed to fasten industrialization and the transformation of agriculture, considered necessary for the country to achieve independence and modernization.³

The liberalization of abortion on demand introduced in Bulgaria (following the Soviet law) in 1956 and argued in the Preamble with women's rights serves to protect women's ability to work and reproduce.⁴ Abortion on request should be performed in a hospital obstetrical unit by medical staff and is thus brought under state control. The new legislation includes restrictions through the introduction of commissions, which should decide if a woman's grounds for her demand for abortion are 'reasonable' or 'unreasonable' and which should try to persuade her not to terminate her pregnancy. Despite the limitations, Bulgarian women

³ Analysis of the demographic policy of socialist Bulgaria with extensive bibliography – Brunnbauer 2007: 475-691.

⁴ Instruction on the procedure for artificial termination of pregnancy, SG 34/27.04.1956.

perceive the legalization of abortion at that time as liberalization, because according to the regime until then (from 1896 to 1951) both the persons who perform abortion and the women who wish it are criminally liable. One of the positive results of the liberalization is the decline in hospitalization for complications associated with illegal abortion (David, McIntyre 1981: 293; Brunnbauer 2007: 659).

Most socialist states follow the Soviet regulatory changes, which, despite the variations between the countries, is perceived as progressive by “women and men of Western Europe and the USA who had to struggle for another decade or longer to achieve similar rights in their own countries” (David, McIntyre 1981: 25).

“Alarming decrease in the birth rate”

Although the effect of the liberalization of abortion is limited, the birth rate continues to decline. The forced industrialisation and modernisation of agriculture leads to increased mobility, large rural-urban migration. The changes in all spheres, including the progress in legal and educational equality, cause changes in reproductive behaviour and lead to an ‘urban type of marriage and reproduction’ of the ethnic majority (higher marriage age and decrease in the number of childbirths). Declining birth rates, rising divorce rates, childlessness turns the predicted population pyramid and determine the need for targeted policies to resolve the ‘population problem’. Numerous detailed studies and opinion polls for vital clues are conducted. Knowledge of the desired – expected – actual number of children, of correlations between fertility attitudes and behaviour, as well as of income level and status, occupation, education, employment of women, ethnic background, housing and residence provide the Party and state leaders with a sharper picture for various national segments to plan national population programs. The results of the studies are presented as the ground to build an ‘evidence based policy’, but it is rather the other way around – policy frame the research. The end of 1960s and the 1970s could be characterized by intensified rationalised productivist bi-policies, which becomes clearly expressed in the dominant terminology – for the “growth of labour resources”, for the “rational use of labour resources both in terms of national economic development and in view of the country’s defence power” (TsDA F 117, inv. 43, a.u. 5841: 4–51).

Significant insight is offered by the minutes of a Plenum of the CC of BCP and the Council of Ministers, 28.12.1967 – the first plenum de-

voted to the “alarming decrease in the birth rate”⁵. To reverse what the state sees as negative trends, the plenum proposes a number of forms of regulatory control. Pencho Kubadinski, at that time established as the theorist on reproduction, presents detailed statistical data on declining birth rates by year, by region and urban and rural areas. As main reasons for the decline, he accentuates the egoism and recklessness of women and proposes positive measures for families and unmarried mothers and restrictions on the right of divorce and increase in the ‘socially just’ taxation of the unmarried, widowed and families without children (the so-called bachelor tax). Kubadinski quotes natality percentages in comparison with different states, East and West (USA, France, Yugoslavia, Italy, Switzerland, USSR, Poland), and proposes a full ban on abortion on demand. This provokes debates. The Minister of Health Kiril Ignatov and three of the 27 women, who attend the plenum, openly react against the prohibition.⁶ The decision is announced by the Head of the State and a First Secretary of the BCP Todor Zhivkov even before the (unanimous) voting. Zhivkov directly explicates the shortage of financial resources for positive pronatalist measures and names the main goal of the changed reproductive policies.

“On fertility: The fact that we are reaching out to take 5 million leva from the forestry sector, which is for afforestation, shows that we have, as the saying goes, fattened all the ribs to be able to carry out these measures. [...] This extremely big issue, which touches upon the fate of the nation, cannot be underestimated and its solution postponed even for a year. The considerations put forward by Comrade Pencho Kubadinsky are the one side of the question. But it has another side, which is the main one, in my opinion. In our country, besides Bulgarians, there are Turks, Gypsies, and others who are not numerous. The main problem in our country are the Turks and the Gypsies.”

Dr Kalaydzhev, from 1966 Candidate-Member of the CC of BCP⁷, attends the Plenum. It could be assumed that he is one of those, about

⁵ Pencho Kubadinski, <http://politburo.archives.bg/bg/2013-04-24-11-09-24/1960-1969/2977-----28--1967—>, 40

⁶ Rada Todorova, Dora Belcheva. Only 7% of all the members of the Central Committee of the BCP are women. Elena Lagadinova, at that time candidate-member of the CC, takes a moderate position – she supports the total abortion ban for first pregnancy of married women, arguing with the medical complications after abortion, but rejects the ban for second and third pregnancy. In the next year, Lagadinova is appointed Head of the Committee of the Bulgarian Women.

⁷ In 1986 he became Member.

whom Todor Zhivkov claims: “Many comrades, both during the break and on other occasions, have addressed me with the question – if we ban abortion, won’t we present ourselves as some barbarians who maintain old concepts”.⁸

Immediately after the Plenum, by decree of the Council of Ministers and the CC of BCP⁹ various pronatalist incentive programs including a number of “measures for material stimulation of fertility” are introduced. Simultaneously, in the beginning of 1968 the Ministry of Public Health and Social Care issues an Instruction that prohibits abortion on request for women having no living children, if it is not necessary for medical reasons.¹⁰ The women’s consultation stations at the polyclinics are allowed to issue special permits to women with particularly serious social indications. Whether this procedure is a special reproductive policy against Muslim minority groups (who are also socially marginalised) is plausible (Brunnbauer 2007), even if difficult to prove. One can assume that this possibility is used on all sides to circumvent abortion restrictions.

Kalaydzhiev takes an active stance against such administrative measures by applying different strategies. Without skipping the party hierarchy, he uses his position to contact personally P. Takov. In the 1973 letter Kalaydzhiev, relying on a medical report, uses highly emotional language expressing his feelings and directed at the feelings of the addressee: “The report I have from Pirogov [National Hospital for Active Treatment and Emergency Medicine], which serves 1/10 of the country, shows that in the whole country about 100 women will die annually because of their desperate attempts to abort. Is that not monstrous? I am frightened that we can make out of such a humane document (conception) a death sentence against so many women. Or shall we do it by turning a blind eye? Is the point to do it in secret so the world doesn’t find out? I ask you to do everything possible to prevent this from happening” (TsDA F 1505, inv. 1, a.u. 86: 3).

This letter, as well as his official statements on the subject, express his deep personal understanding as communist and humanist. Despite Kalaydzhiev’s efforts, despite the contradictions within the Communist Party, the restrictions are tightened with the Instruction on the procedure

⁸ Todor Zhivkov, <http://politburo.archives.bg/bg/2013-04-24-11-09-24/1960-1969/2977-----28--1967-->, 84

⁹ Decree 61/28.12.1967.

¹⁰ More detailed – David, McIntyre 1981; Kassabova 2003.

for artificial termination of pregnancy from 1973 forbidding it for women with only one child.

No total ban is introduced, but the new restrictions are no longer argued on the basis of women's civil rights; the focus is directly on the interests of society.

"The interests of the society and the family require that every woman of child-bearing age be given the conditions to bear at least two children. This corresponds to their main biological and social function and is an essential condition for their happiness and dignity. At the same time, the line of promoting the birth of the third child in the family, so that the necessary expanded population reproduction can be achieved in our country, must be confirmed. The birth of several children is a question which concerns the whole of the society and which is in the interests of the family, since it is a prerequisite for its stability and happiness."¹¹

In paternalistic language, women are assigned their happiness and dignity, and women and families are denied the right to independently determine the number of their children, although at the same time it is officially stated that individual freedom to decide the number of children and the time of their birth is preserved (Stefanov & Naoumov, 1974).

System controversies

Kalaydzhiev's positions and the 'struggles' in the BCP are influenced by the international developments. National and international policies within the socialist bloc and between the systemic divide, intertwine.

Fluent in French, Russian, and with good English knowledge, Kalaydzhiev develops intensive international activities. Population issues are on the main agenda of international health in this period. Population growth referred to as a 'population explosion' becomes in Western Europe and especially in the USA in the immediate post-war period a major preoccupation for demographers, economic planners, and the makers of health policy, concerned with global economic development. From the beginning of the 1950s and with the dissolution of the colonial world efforts to actively reduce the population growth in the then so called 'underdeveloped countries' through birth control becomes a central element of technical-assistance programs for the next three decades. Neo-Malthusian theories and eugenics along with the argument that rapid population growth and poverty would encourage the leaders of the developing countries to look to Communism as a solution to their economic

¹¹ Instruction of the Ministry of Health 027, SG 32/20.04.1973.

problems are used to elaborate such programs (Packard 2016; Cueto et al. 2019).

Socialist politicians, under the guiding role of the Soviet Union, reduce the USA and Western Europe family planning programs to Neo-Malthusianism in order to reject it with “the Marxist-Leninist view of population, which completely contradicts Malthusian ideas”: “Under the socialist principle of distribution of wealth, there cannot be a surplus of people in a society.” (Stefanov et al. 1974: 80) This reduction serves both the internal legitimization of the regime and its international purposes. The Soviet Union and Eastern Europe wrestle with the United States and the western countries for global dominance and influence over emerging nations in Africa, Asia, and Latin America and invest great efforts in developing schemes aimed at ‘winning hearts and minds’. In the Cold War, demographic issues gain internationally high political importance for the ‘Third World’, a competition that is to be for values and humanity.

An illustrative example gives the year 1974, which is proclaimed by WHO International Year of Population. Important events are planned for this year – the Third World Population Conference in August 1974 in Bucharest and the World Food Conference in November 1974 titled *World Hunger: Causes and Remedies* in Rome. Because of the high political importance of the world meetings, they are not considered scientific events only; the decisions are taken on a political level. In order to synchronize and develop a shared socialist position, a preparatory meeting of the socialist states is organized by Bulgaria in Sofia in July 1974. Kalaydzhiev, who is representative of Bulgaria at different international meetings on demographic issues in 1973 and 1974 (F 117, inv. 43, a.u. 5884), is the main organizer and elected official chair of this preparatory meeting. Involved in the organisational committee are representatives of the CRHR and also of the Ministry of Foreign Affairs, State Planning Committee, Ministry of Labour and Social Welfare, Ministry of National Health, Bulgarian Academy of Sciences, Committee of Bulgarian Women, Union of Scientific Workers and other institutions and organizations. Representatives of all invited states attend the meeting. It is worth noting, that despite the gender-equality ideology and despite that on national level Kalaydzhiev and the CRHR work close with the Committee of the Bulgarian Women on issues such as reproduction and the role of ‘the woman’, at this meeting only men represent Bulgaria; the whole meeting is dominated by men.

The representative of Romania, the host state of the World Population Conference, underlines its political importance: “The World Population Conference is not a meeting of expert demographers or scientists, but a major political event where, by all existing indications, a sharp political and diplomatic struggle will unfold on some important and complex issues.” (TsDA F 117, inv. 43, a.u. 5877: 9)

The general political line that has to be expressed as a common one is outlined by the representative of the USSR and can be summarized as follows:

- The attempts [of the USA and the Western European States] to define a ‘population problem’ in the developing countries and to address it with a ‘population control’ has to be strongly rejected. “We cannot agree with such statements that population growth is a serious obstacle to socio-economic development [...] Socioeconomic factors determine demographic processes.”
- Explicit statement against interventionist models of population change.
- The developing countries need aid for their socio-economic programs, “the socialist countries have helped and will help in their economic, trade and scientific and technical relations with developing countries, [...] The imperialist countries are undoubtedly to blame for the situation in which the developing countries now find themselves – colonial dependence has held back their development. Therefore, the most developed countries are strongly advised to increase aid to underdeveloped countries.” (Idem: 22–28)
- The socialist states have to follow their own demographic policies directed to increasing the population growth.

All these statements are supported by the representatives of the other socialist countries (Idem).

Probably the controversial superpower rivalry debates within international forums along with important internal developments in the USA and in the West European states, and the essential role of women’s movements, contribute to the more cautious policies of the WHO and UNESCO on demographic questions, and to the shift away from ‘population control’ and onto a wider understanding of *Family planning* not just about fertility reduction and interventionist activities at target populations, but as part of broader development programs aimed at meeting basic human needs, reproductive health and maternal and child health programs (Packard 2016).

The socialist states do not allow any ‘interventions’ in their domestic demographic policies, which since the mid-1960s develop increasingly in the direction of pronatalism with different methods in the different states. In Bulgarian public debates on demographic policy, the juxtaposition of the systems plays a significant role. The controversies, the international experiences, are closely followed from both sides of the Iron Curtain. In the struggle for moral superiority, social and economic measures are of great importance in the West as well as in the East.

Kalaydzhiev presents his position on demographic issues consistently at various party and state levels, striving to follow a democratic decision-taking process, and proposing an enhancing of the National Assembly’s role (TsDA F 1505, inv. 1, a.u. 76; 102; 112). At a meeting of the Operative Bureau of the State Council in November 1978, at which Kalaydzhiev is the main speaker, he uses (emotional) judgements in an administrative language: “We are against administrative coercion as a means of regulating the demographic behaviour of people. We think this is not only ugly but also futile. We support measures to educate, to create a favourable social atmosphere for the birth of children, favourable treatment of child-rich families (mnogodetni). We are in favour of measures that will create socio-economic conditions for the realisation of the desired number of children in the family” (TsDa F 1505, inv. 1, 80: 10). The meeting is behind closed doors, in a limited circle, the speeches are made by leading men politicians.

Fertility planning? Obstetrics and Gynaecology

Kalaydzhiev’s critical position towards the existence of restrictions on abortion is grounded in scientific research. On reproductive topics, Kalaydzhiev works with leading experts – physicians such as Iliya Shtarkalev, Branimir Papazov, Todor Bostandzhiev and others (TsDA F 117, inv. 43, a.u. 5840). Expert knowledge exchange in this field is stimulated, import of literature on reproduction and participation at international forums is fostered. Kalaydzhiev himself as also other members of the CRHR, collaborate and support the research of leading scholars from different states, as for example Henry P. David, a clinical psychologist, the founder and director (since 1972) of the Transnational Family Research Institute, and founder of the Psychological Workshop at the Population Association of America.

Kalaydzhiev uses his position in the vertical socialist health system, without questioning it, to recruit promising professionals. Among the Bulgarian experts around Kalaydzhiev is Dimitar Vasilev, a physician

with both medical and demographic training and scientific career at the Institute of Obstetrics and Gynaecology, who develops research on the socio-medical causes of abortion on request. His numerous publications since the second half of the 1960s in specialized medical journals such as “Obstetrics and Gynaecology”, “Contemporary Medicine”, “Hygiene and Health Care”, show that contemporary research in the broad field of reproduction is part of international expert debates. Already in the 1960s, several surveys on the use of contraceptives are introduced in Bulgaria by gynaecologists. In 1966, for example, Vasilev starts a survey “Anticonceptual¹² prophylaxis of abortion on demand”. He begins a publication in 1968 with a broad overview on the contraceptives, which are used worldwide at that time (Vasilev 1968). The information provided on the contemporary oral contraceptives and IUD-s is on the basis of an extensive literature – it includes 111 references from diverse specialized medical publications all over the world (USA, England, Japan, Denmark, Germany (East and West), Scandinavian, of the IPPF activities and publications (including the proceedings of the recent Fifth Conference of IPPF, Copenhagen 1966). With knowledge on the current discussions on the possible side effects, Vasilev presents the preliminary results of the survey conducted in one-year period among 1010 women who required an induced abortion. Applied to a smaller number of women (99) are the Bulgarian vaginal pellets Cinamyl. The main emphasis is on pessaries of two kinds – Soonowala and Lipps (placed on 343 women); and the oral contraceptives (introduced to 680 patients) – Lyndiol, Ovosiston, Anovlar, Antigest, Noracyclin, Noranil, all of them imported. Vassilev explicitly states the need for “anti-conception abortion prophylaxis”.

That is the stand of most of the physicians, in the 1960s-1970s the networks of Bulgarian experts expand, establishing communities of expertise. Vasilev participates at the International Symposium of the socialist states on the Problems of Human Reproduction, held in Varna, Bulgaria, at the end of September 1968; at the International Seminar on Family Planning in the Public Health Systems of Socialist Countries, Rostock 1971; at the World Health Organization Seminar in Warnemunde 1978, etc., and works with physicians and scholars from both East and West – such as Christopher Tietze, Henry P. David, K. H. Mehlan a.o.

As the title of this (and similar surveys) shows, the main aim is prevention of abortion on request, not a family planning program. What purpose and which ‘target group’ the surveys and the distribution of con-

¹² Anticonception and Contraception are used synonymously.

traceptives should serve is not left to the individual decision of the physicians, but is regulated by the state – Paragraph 22 of the Instructions of March 28, 1973, state that women who have already undergone an abortion would be offered “instruction on the use of appropriate contraceptives”, in particular through the gynaecology departments and the Women’s Consultation Centres, “to prevent a repeated intervention”.

Expert knowledge vs. popular medicine discourse

The policy on contraception remains through the whole period a contradictory one. Official policy is based on Lenin’s view that there should be no legal persecution for the dissemination of medical research on contraceptives and that knowledge about them belongs to the fundamental rights of citizens. In principle, information about the various contraceptives as protection against STDs and against unwanted pregnancy is provided not only in expert discourse, but also in the relevant popular science texts, and the production of such means is also promoted. With the increase in abortions, this information becomes more detailed. Parallel to this, a certain tabooing can be observed: the cure of venereal diseases is a considerable problem in the first post-war years, but with the new antibiotics, which accelerated and secured it, the fear of sexual intercourse decreases. Since contraceptives free young people from the risk of pregnancy, they also lead – so the criticism goes – to an increase in ‘reckless’ sexual relationships, to the frowned-upon ‘free love’. At the same time, the popularisation of contraceptives is necessary because of the far greater risk for women’s reproductive capacity in the course of an abortion.

Insights on the debates and arguments used are offered by the Protocol of the meeting of the Operative Bureau of the State Council in 1978.

An open position on the necessity of producing and propagating contraceptives is taken by the economist Evgeny Mateev, then chair of the Council for the Reproduction of Material Resources at the State Council: “The question of contraceptives cannot be circumvented. [...] To have fertility under these material conditions we must have fertile women, and to have fertile women we must have elementary sex culture” (TsDa F 1505, inv. 1, a.u. 80: 57–58).

The opposing arguments of members of the State Council are instructive. Presenting the use of contraception as “essentially the murder of a human being”, Zhivko Zhivkov insists:

“At this stage to give a broad line, following the example of the GDR (which in my opinion does not give a good effect) to produce and supply the population with a sufficient assortment of the necessary effective, non-damaging contraceptives, in my opinion is not right. It is contrary to our law, which rightly protects the foetus as the conception of a human person, and there are other laws, e.g. in Japan, where the age of a person is counted not from the moment of birth but nine months back. Nevertheless, I am not suggesting that administrative sanctions should be increased, but that this issue should not be raised in the least. This would result in young people beginning to have sex from an early age” (Idem: 45).

Even more decisive is the position of the chair of the Council for Development of Cultural (duhovni) Values at the State Council Georgi Dzhagarov, whose argument is “the fate of the nation”: “I am resolutely opposed to the inclusion of any text, any word in such a document, which refers to demographic policy, i.e. to the fate of the nation to include such issues as means against pregnancy and abortion. Why? Because it seems to me that these are matters that should be dealt with by legislation or by a provision of the Ministry of Health, not in a basic provision of the State Council, where the alarm is sounded, I would say, 100-200 years ahead. We should not now preoccupy the Bulgarian nation and the Bulgarian youth with their already heightened curiosity about these things, about contraceptives and whether abortion is allowed or not.” (Idem: 65).

In 1967, the Party and State leader Todor Zhivkov emphasises the high importance of sex education in his “Theses on the Work with Youth and the Komsomol”. This leads to some institutional developments: The Institute of Sexology established in 1963 is restructured into the “Scientific Group of Sexology” at the Department of Psychiatry of the Medical Academy; a second Institute of Sexology is opened at the Medical Academy in Plovdiv, etc. Although the Bulgarian Council for Family Development, a section of the Union of Scientific Medical Societies, becomes an associate member of the International Planned Parenthood Federation in October 1975 (David, McIntyre 1981: 298), sex education is not included in school curricula, it remains optional, divided between biology and psychology classes, isolated and irregular. The Coordinating Centre for Sexology and Sexuality Education at the Medical Academy, established in 1983, is without facilities of its own and with very limited funding.

In popular medical texts, education regarding the various contraceptives remains sparse until the 1980s. It is emphasised that no contra-

ceptive offers full security against conception, nor full security against STD. This is only guaranteed by abstinence and responsible sexual life (related to or realised in marriage). The way information and access to contraceptives are organised shows that this is intended to establish a medical monopoly on the contraceptives and to enforce women's dependence on state institutions. Different opinions are expressed about the use of condom by experts in the mass media until the second half of the 1980s, when it becomes more widely propagated in connection with the AIDS problem. Oral contraceptives and IUD-s could only be prescribed by a doctor and taken under medical supervision, which places women – with the state monopoly on health care – under the control of state institutions.

The IUD-s are known in the 1960s, but could only be purchased with a prescription and require medical treatment and regular check-ups. Since it could bring infections and complications, it is not emphatic and actually forbidden, even without an explicit normative document, to prescribe IUDs to women who have not fulfilled “their duty to bear children” (Markova/Apostolov 1983: 24). Access to medically recommended contraceptives is only available through medical institutions, and they are only sold in state pharmacies. Advertisements for contraceptives are not forbidden, but they hardly exist, if at all. In addition, there are restrictions on their production and the market. Both oral contraceptives and IUDs are imported – pills from the GDR and Hungary, IUDs from Czechoslovakia. High-quality contraceptives are deficit and in scarce supply. The most commonly practiced method of contraception until the end of the socialist period remains coitus interruptus. Not infrequently, even after using (low-quality) contraceptives, abortion remains the only option for regulating one's own reproduction and for ‘family planning’ (Vasilev 1999; Kassabova 2003; 2004; Taylor 2006).

Restrictive legislation on abortion on demand did not lead to the desired results. Statistics show the development of various strategies to circumvent the bans and escape state control, one of which has been the re-categorisation of abortion on demand as abortion for medical reasons. The legislation provides a number of sanctions against criminal abortion, including revocation of work permits. But overall, the percentage of registered illegal abortions remains low (between 0.1 and 0.2%) throughout the period. Accounts of women who have (repeatedly) experienced abortions, as well as of medical staff (doctors and physicians, nurses, midwives) in gynaecological clinics show that medical staff understand the situation of pregnant women wishing to terminate their pregnancies. This

also develops to some extent into ‘business’ for appropriate payment or in return of favours (Kassabova 2015).

The rising abortion rates, with more abortions than live births in every year between 1976 and 1990¹³, show the ineffectiveness of pronatalist policies, as well as that “official moralizing had little impact as a new pleasure ethos caught hold among youth [...] even if it did not challenge the entire body of established norms” (Taylor 2006: 144).

Doctors and sexologists raise questions about the limited scope of scientific work and emphasise the need for a fundamental change in the attitude of governing bodies to issues of sexuality. Critical expert opinions on the “unofficial prohibition” of contraceptives and the restrictive abortion regulations are published in mass media – *Anteni, Pogled; Zhenata dnes* from the second half of the 1970s (David 1981). Developments are monitored in detail on the political and professional level. The (controlled) public reactions and the discussions within the BCP on different levels lead to changes in the demographic policies. Radical proposals to tighten restrictions are not introduced¹⁴, but the restrictive regulations regarding abortion on demand are not lifted until the end of the socialist period. The decisions are taken at the State Council, CC of BCP and Politburo of BCP and increasingly behind closed doors. Decisions that could lead to social discontent or/and are not considered appropriate, given the international visibility, are taken in a rush and issued by instructions, orders of the Council of Ministers and State Council, without undergoing thorough parliamentary debate.

Pronatalist measures – Re-Patriarchalization

In contrast, positive measures are widely presented and publicized. Thanks also to Kalaydzhev’s efforts incentive measures are extended to “raise the living standard of the population” and “improve the situation of women and the family”, covering also unmarried mothers – comprehensive maternity leave was introduced, generous child allowances for working mothers and students, expanding access to nurseries and kindergar-

¹³ Statistical data - <http://www.johnstonsarchive.net/policy/abortion/ab-bulgaria.html>

¹⁴ In the second half of the 1970s and in the 1980s, in discussions at various levels, there are proposals to “strengthen administrative measures against those who do not create a family”, as well as an unconditional ban on abortion on demand for all women up to the age of 40 who have not given birth to three children, regardless of whether they are married, widowed, divorced or maidens (Georgiev, Popov: manuscript), s. also F 1505, inv. 1, a.u. 80.

tens, priority for large families in housing, special “newlywed loans”, etc. (Kassabova 2007; 2015; Brunnbauer 2007).

Such measures of the socialist states are evaluated at that time by some west European researchers as welfare improvements or as hesitant pro-natalism, and seen as providing some guide to possible evolution of public opinion and policy development (Desfosses 1981; David, McIntyre 1981).

The pronatalist affirmative actions combined with the ‘unofficial prohibition’ of contraceptives, however, strengthen not the self-determination of the individuals, but their dependency on a paternalistic state. The extended care of the state, the welfare incentives construct ‘the woman, the family and the children’ as in need of protection. This leads to a wide internalized paternalistic thinking, which restricts the autonomy of the individuals and their potential for action and strengthen expectations that everything has to be decided and managed by the state.

“Optimal mode of reproduction” – the “ethnic problem”

Kalaydzhiev’s efforts are directed “to create a favourable social atmosphere for the birth of children, favourable treatment of child-rich families.”

The programs remain insufficiently realised in practice due to the deepening economic problems, but they are largely popularised as achievements of the BCP and the socialist state. The pro-family and pro-children policies, however, are not a socialist invention, but a re-formulation of the pro-populationist attitude before World War II.

The critique on the lack of policies protecting families, births and motherhood and the demand on decisive state intervention in these fields for the need of national self-preservation strengthen in the 1920s and especially in the 1930s as contemporary parliamentary and press debates show (Baloutzova 2011). As Baloutzova writes, child benefits in general and allowances for Bulgarian large, child-rich families in particular are widely perceived as an issue of social solidarity and social equity as well as national cohesion and strength. The authoritarian regime of the late 1930s and early 1940s enacts several pronatalist legislative acts as part of a comprehensive national-security and social-welfare policies to preserve the vitality and labour productivity of the population and increase future demographic growth: the 1942 Decree for Family Allowances, the 1943 Regulations for Family Allowances and the Law for Large Bulgarian Families (SG,71, 31 March 1943). They are largely adopted from the pronatalist legislation of other European countries, especially Germany

and Italy. The exclusion of ethnic and religious minorities from the scope of these laws results from tacitly racist (eugenic) fears of Bulgaria's 'un-balanced' ethnic demographics.

The 1943 Law for Large Bulgarian Families is left largely intact following the coup d'état of 9.9.1944, only the legal exclusion on ethno-racial and religious grounds is rescinded by the political regime that theoretically defines itself as aiming to overcome class divisions and committed to full equality. The 'ethnic problem', however, remains unspoken but latent. In the mid-1960s, it becomes a hot topic for the BCP with the demographic alarm and concerns for ethnic tensions resulting from the higher birth rates of the large Turkish and Roma communities compared to the Bulgarian majority. At the same time, the state needs manpower reserves for both economic development and military necessities.

Thus, the main direction of demographic policy development since the late 1960s is the creation of an "optimal mode of reproduction" – advancement of a three-child family model for the ethnic majority and measures to reduce the birth rate among ethnic groups, mainly Roma.¹⁵ Differentiated measures to increase the birth rates among the Bulgarian population without stimulating the ethnic Turks and Roma are discussed on the decision-making level in official secrecy.

Debates among those who favour or oppose racial issues in a "variegated birth-rate policy" leads to decisions not to include statements regarding ethnicity and religiosity in general documents. To propose differentiated policies regarding housing, benefits for mothers and families with many children, is delegated to the local people's councils, that are led predominantly by ethnic Bulgarians (TsDA F 117, inv. 43, a.u. 5841; F 1505, inv. 1, a.u. 80). Leading is the position expressed directly by high-ranking party officials such as P. Takov in 1978:

"We can manoeuvre if we go by districts. [...] The situation is different in different areas of the country. [...] The dimension in some areas is this: thanks to our international policy, where there used to be an 80% Bulgarian population, we now have an 80% Turkish-speaking population. This trend continues. We have not taken the fate of the Bulgarian people to destroy it. [...] We have to give the social welfare funds to the people's councils because the local councils will decide whether to give the funds or not" (TsDA F 1505, inv.1, a.u. 80: 50, 66).

In the same direction is the statement of G. Dzhagarov:

¹⁵ See Brunnbauer 2007: 607-691.

“In view of the enormous importance of this document, I would like it to have a confidential annex, especially for the Politburo, in which the question of the reproduction of the social structure and the ethnic structure of our people should be raised. [...] Because what is being done now, negatively reproduces the ethnic structure of our people [...] we may one day find ourselves in a completely different ethnic balance within our country, and the threats and hopes of the Turkish nationalists against Bulgaria are not without reason” (Idem: 67).

The policies of delegating the decisions regarding socially high important issues as welfare benefits to the local people’s councils leads to significant differences on local level. It offers the possibility, in case of a problem, to declare it an “individual fault” and dismiss individuals found ‘responsible’ at local level. At the same time, the policies of the socialist government/Party remain invisible – internationally and nationally in the country.

Socially disadvantaged groups remain with limited options for response. In the period 1981–1985, Kalaydzhiev serves as a Deputy responsible for Plovdiv districts including Stolipinovo, an area with a predominantly Roma population. In this capacity, Kalaydzhiev develops a multifaceted work and performs his duties responsibly. Kalaydzhiev works to enrol more children in pre-school education and to give the most promising and gifted children the opportunity to attend boarding schools together with Bulgarian children. A kindergarten, a department store, a cultural centre are built in the Roma quarter of Plovdiv (F 1505, inv. 1, a.u. 110; 2). While this aim at assimilation through education and socioeconomic measures, the biopolitical rationality finds expression in a pilot birth control program to reduce birth rates among the Roma population. The Third City Hospital in Plovdiv, together with the Department of Obstetrics and Gynaecology of the Medical Academy, organize a program that included the free insertion of intrauterine devices. Today the program is judged successful and correct (F 1505, inv. 1, a.u. 2). Its eugenic character and the deep social problems, faced by the minority women, remain invisible.

Almost at the same time, run projects on national level that “aim to study from a sociological and anthropological point of view the suitability and readiness of different population groups for labour activity”, the very essence of the rationalized biopolicies being focused on workforce and productivity. Two of the five projects, initiated and supported by Kalaydzhiev, for which he gains funding by Rafael Montinola Salas, the head of the United Nations Population Fund, are directly connected with

reproduction: “Organizational system and methods of infertility control” and “Inborn errors of metabolism and genetic registry of the population.” The aim is to investigate the prevalence of inherited metabolic diseases as a cause of mental and physical disabilities and to arrange genetic counselling and prevention in this respect (TsDA F 117, inv. 43, a.u. 5884: 22–44). This illustrates the internalised notions of a necessity for different ‘family planning’ depending on the target group even among open-minded administrators with medical education like Kalaydzhiev – birth control for socially disadvantaged ethnic groups vs prophylaxis and cure of infertility for the ethnic majority. The project of a genetic register of the population remains in its infancy, but it shows the shift towards positive eugenic action, a development that can only be understood in a global perspective and to which a future study will be devoted.

* * *

Kalaydzhiev is influential party official and state representative in different international organisations, his views are well grounded in contemporary international scientific research. To achieve his goals, he applies different strategies – informal contacts and active participation in debates on decision-making level. With a strong internalized sense of duty, Kalaydzhiev accepts the internal power hierarchies, accepts the communist discipline and does not criticize in public or in front of media the policies of the BCP even in the cases in which he personally disagrees with the decisions taken. His activity shows the complex relations in BCP, the interplay of national and global interests that influence the exercise of power and shape the policies of reproduction.

Kalaydzhiev is not an individual exception, a liberal subject acting against political constraints; he is part of the decision-taking communist elite. His life and work exemplify the dynamics, which characterise the regime in general. The policies and effects of the regime are deeply contradictory – at different times and in different ways both progressive and conservative, modern and patriarchal, emancipatory and oppressive.

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