

# Forgetting Pronatalism? Abortion Governance and Pro-life Discourses in Post-communist Romania

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## Abstract

Abortion-ban in communist Romania (1966-1989) was the most repressive political demography in twentieth century Europe. The first day after Ceaușescu's execution, the new government (re)legalized elective abortion. Since 1990, many changes have occurred in Romania's post-communist abortion governance: in legislation, healthcare, and public controversies surrounding fertility control. This article is informed by a long-term ethnography of reproduction control in post-communist Romania (2013-2017). My goal is to show how contemporary pro-life lobby continues to challenge women's reproductive rights. Firstly, this article presents the latest shifts in abortion-governance, after a summary of Romania's abortion legislation. Secondly, it frames the rise of contemporary pro-life lobby by pointing out its main actors and their connection with The Romanian Orthodox Church, which is actively involved in contemporary youth pro-life protest. I argue that the rise of pro-life protest in contemporary Romania is constructed around a 'low-remembering' of communist pronatalism, which stands to seriously shape reproductive rights and abortion-care for Romanian women now and in the future.

**Keywords:** Abortion; pro-life activism; reproductive rights; Post-communist Romania

*Choose Life! For Life, for Woman, for Family!* This was the main message of the 2016 March for Life in Romania. Organized, according to their website, since 2011, the March took place in more than 50 cities and towns. In Bucharest, it involved around 1,000 young people marching in the streets with banners stating "I was born in 1982. Mother, thank you for having me!" or "Forget the searches on Mars – Life begins in a mother's womb". Half a year before, in September 2015, around 100 young people demonstrated,

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for the first time in the history of reproductive rights protest in Romania, for the implementation of sexual education in school curricula. Their actions received scant media attention, but a larger attention from Christian associations whose main lobby was, and is, for the “rights of the unborn”. As the young generation is currently having its voice heard more centrally in the Romanian public sphere, how might its activism shape the future of reproductive rights?

This article is based on partial results of my long-term ethnography of reproduction control in post-communist Romania (2013-2017) in Bucharest and Prahova County (south-centre Romania, north of Bucharest). The main goal of this project was to understand how the post-communist Romanian state has dealt with abortion after the previous totalitarian state’s pronatalism policy and practices. Interdisciplinary and primarily qualitative in nature, the REPROAB<sup>1</sup> project combined a social anthropology and memory studies approach to 1) inventory the public policies and debates governing abortion after 1989, and 2) analyse individual medical practices, and how women/couples evaluated them. Methodologically, this was researched both in *synchronic* (participatory observation in abortion-providing facilities and connected medical facilities, with a total of approximately 400 hours) and *diachronic* perspectives (more than 120 in-depth interviews, using a social memory approach, with medical practitioners and their patients, along with online and discourse analysis). Since Spring 2016, I have included pro-life activism in the larger fieldwork of reproduction-control in post-communist Romania because it plays an important role in generalized society-level debate about abortion. This secondary fieldwork on pro-life activism mainly consisted in: critical discourse analysis of online discourse (websites of 3 main pro-life associations, and associated connected web-pages; 2 online medical forums; 10 official webpages of medical facilities providing abortion-care services, in Bucharest and Prahova county), observation of 2016 and 2017 Marches for Life in Ploiești-Prahova and Bucharest, observation of two pro-life youth NGOs (including 5 exploratory interviews with pro-life militants).

This secondary fieldwork of pro-life activism constitutes the core ethnographic research that informs this present article. Its main goal is to show that the rise of pro-life activism and associated pro-life protest in contemporary Romania, after decades of slowly developed policies of abortion-care, could seriously shape reproductive rights for Romanian women now and in

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1 This project - *Controlling Reproduction in Post-communist Romania: The Abortion Issue* - was supported by a FP7-PEOPLE-Marie Curie Career Integration Grant (REPROAB, 334470/2012) and it was implemented at University of Bucharest between October 2013 and September 2017.

the future<sup>2</sup>. First, I will start by summing up the main changes in Romania's abortion legislation after 1945. Second, I present the shifts carried on in the last decade (2007-2017), in order to point out how abortion-care has drastically diminished after the 2008 global financial crisis. Third, I frame up the rise of contemporary pro-life activism in Romania and some of its main actors, to argue that their core-discourse is constructed on a "low-remembering" (Anton, 2009) of communist pronatalism. This "low-remembering" or selective memory-work assigns former recurrent use of abortion and post-communist demographic consequences to women's irresponsibility towards "unborn children". It does so without discussing the larger context of Ceaușescu's abortion-ban, its totalitarian control over women's reproductive bodies or present traumatic silences surrounding twenty-three years of "reproduction for the nation's vigour". Gaining more public visibility every year, this pro-life activism can seriously shape Romania's reproductive rights and associated abortion-care now and in the future.

### **Romania's Abortion Legislation between Past and Present**

Romania has a troubled history in terms of abortion legislation and reproductive rights. During Ceaușescu's regime, it had the most draconian political demography in European twentieth century history (Kligman 2000; Anton 2009, 2014). After the Second World War, different periods can be identified in Eastern Europe's "abortion-governance", generally related with communist interventions (De Zordo, Mishtal and Anton, 2016). In Romania, when communists came to power in 1947, abortion on request (ro. *avortul la cerere*) or the elective interruption of a pregnancy course (ro. *întreruperea cursului sarcinii*) was illegal. Therapeutic abortion (previously legislated in the interwar period) was permitted, but mostly in special cases that needed to be vetted by the Prosecutor's Office.

In 1957, following the model of the Soviet Union<sup>3</sup>, the socialist regime

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2 This very month – October 2018 (during the final revisions for this article) – Romania organized a two-days referendum, initiated by a coalition of NGOs called *Coalition for the Family* in order to change the definition of family in the Constitution. Currently, the Constitution of Romania says the family is based on the marriage between two spouses, while civil law says that a family is based on marriage between man and woman. In short, people were invited to change the term *spouse* with *man and woman* in the Constitution, thus banning any future initiative on same-sex marriage and even opening the ground for future modifications related to reproductive rights. Although the *#Family Referendum* garnered the significant support of the influential Romanian Orthodox Church and, increasingly openly, of the governing Social Democrats, the demanded modification in the Constitution did not occur due to the very low participation of Romanians (Agerpress 2018).

3 Abortion was first legalized in Russia in 1920 by the Bolsheviks and then in 1936 restricted under Stalin's rule. In 1956 the Soviet Union fully legalize abortion on request.

legalized abortion on request. The 1957 law, considered one of the most liberal in Europe at that time, permitted abortion during the first trimester of pregnancy, on a simple request and for a very low fee (if performed by qualified personnel in medical facilities). Recurrent D&C (Dilation and Curettage) soon became the norm of controlling one's fertility, as modern contraception was still to be developed. The demographic studies analysing official statistics of those years demonstrated that in 1965, at the end of this "most liberal period" of Romania's reproductive health history, there were four abortions for each delivery - the highest rate ever reported by any country up to that time. When Ceaușescu's regime became determined to raise socialist demography, the suppression of free abortion (back then the main instrument of fertility control) became "the centrepiece of the new pronatalist policy" (Berelson 1979, p. 209).

In November 1966, free abortion was banned without any previous media-campaign – that is, without any warning. Overnight, and for the following twenty-three years, abortion on request was officially illegal, but not entirely forbidden. Instead, Decree no.770<sup>4</sup> limited pregnancy interruptions to any of the following exceptions: 1) for a woman whose life, in the judgement of a special commission, was endangered by the pregnancy; 2) when the foetus suffered from genetic diseases, or showed the risk of congenital deformity; 3) for women with physical, cognitive or sensory disabilities; 4) for women over forty-five years of age; 5) for women already supporting four or more children; and 6) in cases in which the pregnancy resulted from rape or incest. Any woman whose case might have entered in one of the above mentioned circumstances had to plead her case in front of a special commission consisting of medical practitioners and, sometimes, a representative of Securitate, the Party's secret police. At first, this abrupt change in Romanian abortion legislation had a dramatic effect: in October 1966, the date of the anti-abortion decree, the monthly birth rate was of 14.5; after only one year, it rose to 36.1 (Berelson 1979). But in a few years, the expected demographic results steadily decreased, as women started using

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This politics was soon implemented by all the satellite-socialist countries of Eastern Europe, with the notable exception of Albania (David, 1992).

4 Published in The Official Gazette of the Socialist Republic of Romania no. 60/October 1<sup>st</sup> 1966, and made public the following day in the Party's official voice, the daily journal *Scinteia* (The Spark). The decree was modified twice: in 1972 (before the International Conference on Demography, held in 1974 in Bucharest) – by the corresponding Decree no. 53/1972 (the main difference being that the required age for the permission of an abortion on request was not 45, but 40, as all the international studies on demographic trends recommended). And in 1985, when the required age-threshold again became 45 and the number of "required" children increased from 4 to 5 (Decree no. 441/1985).

a high number of “traditional methods” of contraception<sup>5</sup>.

In order to succeed in implementing its desired demographic policies, the regime developed, from the beginning, a mass campaign of pronatalist policies and related propaganda. In short, divorce was very difficult to obtain, especially for couples with children under 16 years of age. Family allowances were liberalized and increased, and special allowances were created for mothers with more than four children. Income tax was reduced for families with three or more children. Also, a “celibacy tax” (approximately 2% of gross income) was introduced and levied on childless men and women over 26 years of age (whether married or not). The women who self-performed or underwent an illegal abortion were condemned to prison for six months to two years; the same or even a harsher punishment was applied to those helping them (Keil, Andreescu 1996; Mureşan 2008; Doboş, Jinga and Soare 2010; Jinga, Soare, Doboş and Roman 2011). Unfortunately, as abortion was a taboo-topic during pronatalism, statistics about this particular type of imprisonment are currently unavailable. In the 1980s, compulsory gynaecological examinations were introduced in large factories, in order to closely control “women’s health”.

Subsequently, illegal abortion (ro. *avortul ilegal*) – performed in secrecy, and often in unsanitary conditions – became the norm. In time, it even became a culture (Kligman 2000), with communist Romania of the 1980s having the biggest maternal mortality-ratio in Europe.<sup>6</sup> Women were thus the main actors and the main victims of communist pronatalism, the official ideology that restricted access to elective abortion, encouraged multiple pregnancies as “patriotic duty”, and supported unprecedented demographic boom “for the (socialist) nation’s vigour” (Anton 2009, 2016).

First day after Ceauşescu’s trial and execution – on Christmas 1989 – the new Romanian government legalized abortion on request.<sup>7</sup> The correspondent articles from the Penal Code, criminalizing pregnancy interruptions, were also abrogated. Only one – concerning the performance of abortion

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5 The “traditional methods” (Anton 2016) ranged from “natural” (coitus interruptus or calendar-based methods) to “potion” methods (home-preparation of various perceived contraceptive unguents, liquids or pills). Many of them continued to be used in the 1990s. This occurred especially in rural areas, where modern contraceptives (already brought in with the help of international organizations) were not easily available.

6 For example, in 1985 the MMR (maternal mortality ratio, maternal deaths calculated for women 15-49 years, per 100 000 live births) in Romania was 493, then 570, 575, 590, 626 in the following years of socialism. In 1990, the MMR dropped to 263, then 183 (in 1991), in order to arrive to 113 in 1995, 76 in 2000, 33 in 2005, 30 in 2010 and 31 in 2015 (WHO 2015).

7 In its first Decree-Law, published in the Official Gazette no. 76 from December 26, 1989. Voluntary pregnancy interruptions had to be performed in the first trimester of pregnancy, and under appropriate medical supervision.

outside medical facilities – was re-installed in 1996.<sup>8</sup> As Franț (2012) explains, this new legislation was imposed by the legislative void of the early 1990s concerning abortion. Then, many pregnancy interruptions continued to be performed in non-medical conditions, with negative results for women's sexual and reproductive health (SRH, from now on). Therapeutic or medical abortion did not constitute a special article of the 1996 law. Nevertheless, it was indirectly legalized by its mention in a series of “special clauses” – denominated by the law “special clauses of non-punishment”. These regulated the performance of abortion after the official limit of 12 weeks when the life of the woman or her health was in danger.

After the early 1990s, many changes occurred in post-communist abortion governance, both in legislation and associated healthcare. In 1994, the (first) National Network of Family Planning was created. In 2003, the Patient Rights Law established – in the Reproductive Rights Chapter – that “the right of the woman to decide whether or not to have a child is guaranteed” (Article 28). A number of important SRH programs were implemented during the early 2000s, with help from international agencies (as WHO, World Health Organization or PSI, Population Services International). Also, with international funding (especially from USAID, United States Agency for International Development).

For example, the Romanian Family Health Initiative (RFHI) was a partnership between the U.S. and Romanian governments in order to implement better reproductive health services all over the country, including better abortion-care. Carried on between 2001 and 2007,<sup>9</sup> it made a definitive turn in post-communist Romanian abortion governance and associated care. One of its major changes was the implementation of free-contraception for a large number of women, among whom students, rural residents or women with previous pregnancy interruptions in a public hospital (RFHI Final Report, 2008). Nevertheless, Romania's abortion rate was still high at the end of the first decade of the new millennium even if it diminished exponentially since the early 1990s: according to the National Institute of Public Health, 12.3 for 1000 women in 2009, versus 34.1 in 1999 and 162.8 in 1990 (CNSISP 2016).

8 Law no. 140/1996, For the Modification of the Penal Code, published in the Official gazette no. 289, November 14<sup>th</sup>, 1996.

9 Implemented by American research and training Institute John Snow (JSI), with the help of several NGOs already involved in SRH programs. Among these, the most active were SECS (ro. *Societatea de Educație Contraceptivă și Sexuală*, Society for Contraceptive and Sexual Education), ARAS (ro. *Asociația Română Anti-SIDA*, Romanian Association Against AIDS), TnT (ro. *Tineri pentru Tineri*, Youth for Youth) and the East-European Institute for Reproductive Health (ro. *Institutul Est European de Sănătate a Reproducerii*).

## **Abortion-Care since 2007: One Step Forward, Two Steps Back**

Following the end of previous pronatalist regime and associated abortion-ban (1966-1989), post-communist Romania implemented numerous measures for improving the country's SRH. Country surveys were carried on this topic, and their results were published in 1995, 1998 and 1999.<sup>10</sup> The only national rapport on abortion and contraception in Romania was realized in 2004, in collaboration with WHO. It underlines the fact that Romania needs a strong national strategy concerning post-abortion contraception, and improved abortion-care (WHO 2005).

In 2002, the Ministry of Health implemented *The Strategy for Woman's, Child's and Family's Health 2002-2006*, starting a series of national programs and strategic actions dedicated to SRH. Concerning abortion, the special goals of this Strategy were: 1) to maintain and improve the legislation concerning elective pregnancy interruptions and associated abortion-care, in conformity with European legislation, 2) to ensure the access to safe-abortion, and 3) to raise the level of information concerning access to abortion and contraception among Romanian population. Strategically, the first goal is very important because it makes the first official reference to European legislation. As Romania struggled to become a member-state of the European Union in 2007, European legislation has been taken many times as reference for different national strategies. But none of EU 2007 member states had the same special history of abortion-ban in their post-war histories. Without this context, the "European comparison" has almost always negative results for Romania when abortion-rates are discussed.

EU integration also operated an important shift in Romania's international identification: from "international, low-income country" to "European, middle-income country". In practice, this broadly translated into less economic help from international actors, broader expectancies for yearly implementation of European-like policies, and (semi) free-circulation among EU borders (with a consequent boom in external migration, that increased Romania's already existing demographic decline).

In terms of abortion-care, reproductive rights and associated debates, major changes occurred after 2007. First, the government had to integrate family planning and associated abortion-care actions, previously developed with massive help from international organizations, into national programs (developed annually by the Ministry of Health).

For example, previously part of the national program of prophylaxis health-actions, family planning and associated sexual education actions

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10 *Romania Reproductive Health Survey, 1993. Final Report (1995), Young Adults Reproductive Health Survey Romania, 1996. Final Report (1998) and Reproductive Health Survey Romania, 1999. Final Report (2001).*

became in 2008 part of the National Program for the Health of Mother and Child.<sup>11</sup> This was implemented and supervised by the Institute for the Protection of Mother and Child Prof. Dr. Alfred Rusescu from Bucharest. Its first intervention underlined the necessity of increasing the access to reproductive health services. One of the expected results was a 5% decrease in the total number of reported abortions. In 2009, the program's objectives referenced the necessity of preventing unwanted pregnancies by increasing access to reproductive health services, and the need to reducing maternal morbidity and mortality.<sup>12</sup> First time since the establishment of woman and child's health among the national health programs, family planning was treated in a special sub-program – Sub-program 1, For Increasing the Access to Modern Services of Family Planning. But in 2010 the creation of an independent sub-program for family planning was abandoned. Instead, this aspect of SRH was integrated in Sub-program 3, For Woman's Health.<sup>13</sup> One of the first consequences of this decision was budget down cuts for abortion-care policies, as since then they have been implemented together with other woman's health programs (i.e. sexual, reproductive and maternal health programs all melted together).

This situation was maintained in the following years. The Ministry of Health's reports on these specific activities generally deal with official increase in the number of GPs involved in family-planning actions, and associated increase in users. But information from mass-media, and from interviews with family-planning nurses and GPs involved, underlines a weak implementation of this program over time. For example, from the original 10 Centres for Family Planning/CFPs running at the beginning of 2000s in Prahova County only 4 were still functioning in 2017. Since 2013, due to repeated budget cuts after the global financial crisis, the Ministry of Health did not even organize public auctions to buy the medical contraception that was supposed to be freely distributed in CFPs. The former National Program of (free) Contraception, developed during the first years of RFHI, arrived after only a decade at an impasse. This was clearly underlined in September 2013 by the Romanian deputy Tudor Ciuhodaru (also a medical doctor) during a Chamber of Deputies<sup>14</sup> session: "Do no worry. It (the program – a.n.) does not work. It is only on paper. The IUD, which should be

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11 According to the Government's Decision no. 357/2008, for the approval of the national health programs for the year 2008.

12 According to the Government's Decision no. 367/2009, for the approval of the national health programs for the year 2009.

13 According to the Government's Decision no. 261/2010, for the approval of the national health programs for the year 2010.

14 The Chamber of Deputies (ro. *Camera Deputaților*) is the lower house in Romania's bicameral Parliament. It has 329 seats to which deputies are elected by direct popular vote to serve four-year terms.



today offered freely in the maternities, costs 500 lei. With this price nobody should be amazed by the increase of unwanted pregnancies in poor, numerous families from rural areas...”.<sup>15</sup> Or, as a family-planning nurse from Prahova County put it, “women come here (at the family-planning centre – a.n.) to go home empty-handed” (N.D., b. 1974, interviewed March 2016).

Second, due to Romania’s 2007 EU integration, many previous agendas of the Ministry of Health had to be aligned with specific European legislation and international global actions. Consequently, family planning and abortion-care were little by little put aside, as the new agenda was troubled with other European-like reproductive matters. For example, in June 2012 the Ministry of Health launched the Free In-Vitro Fertilization Program, and the Free Cervical-Cancer Screening Program for Women in August 2012. This made abortion-care and associated actions previously developed less and less financially invested, until their presence was visible “only on paper”. Many times, they were discharged in public discourse as “the Romanian women’s problem”. As if the recurrent use of elective abortion was not directly related with poor SRH health actions and a notable lack of sexual education in school curricula.

Third, Romania experienced a massive demographic decline (app. 1.1 million in the first two decades of post-communism, from app. 22 million in 1989), mainly due to migration (that increased after 2007) and changes in reproductive patters, like late nuptials or postponement of first child (Mureşan 2008; Rotariu, Dumănescu, Hărăguş 2017). This demographic decline, never experienced before (Gheţău 2007, 2012), fuelled important shifts in reproductive-rights debate. Voices were raised in order to underline that women’s recurrent use of abortion is the cause of Romania’s “lack of children” and “declining demography”. For example, in 2009 Romanian Parliament developed a legislative project for modifying the Penal Code in relation to therapeutic abortion after 24 weeks of pregnancy, and for recognizing the human foetus after 24 weeks as a person with rights. After protest actions from civil society, therapeutic abortion remained legal after the limit of 24 weeks (Law no. 286/2009). In 2012, the project of a new abortion-law (no. 348/2012) submitted to the Parliament tried to amend the legislation in use by the introduction of mandatory counselling and a mandatory “reflection period” of 5 days prior to the procedure. After numerous controversies and protest actions by civil society, this project was finally rejected one year later.

Another major problem with regards to abortion-care after 2007 was the rise in conscientious objection (CO, further on). In 2010, the Euroregional Centre for Public Initiatives/ECPI – an NGO focussed on the promotion of

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15 V. Transcription of the Chamber of Deputies’ Session of September 10, 2013, available online at <http://www.cdep.ro/pls/steno/>, accessed November 23, 2015.

human rights in Romania – has initiated a study on the refusal to perform abortion based on religious beliefs or CO. The study was fuelled by numerous reports of such cases in mass-media, and lack of clear and precise information at official level. It was carried out in the period of major (Greek) Orthodox holidays, and by telephonic inquiries towards all public county-hospitals that were listed as having an ob-gyn department. First phase of research, developed around Christmas 2010, was conducted in 67 hospitals. From those, 37% did not perform any abortion during that period, and 6% stopped performing abortions all-together. From the same hospitals, interrogated around Easter 2011, 39% reported not performing abortion in that period. The general conclusion of the ECPI study – published online in 2011– was that refusing to perform abortion based on CO or religious beliefs has to be acknowledged as a national phenomenon. Also, that a structural discrepancy exists between the regulatory literature available among medical profession and the official legislation on this matter (ECPI 2011).

More precisely, the 2008 Code of Medical Deontology of the Romanian College of Physicians<sup>16</sup> established that any physician is free “to refuse, without explanations, the request to perform an elective abortion” (Article 125). However, conscientious objection is not officially regulated *per se* in the Romanian legislation. Moreover, according to the Patient’s Rights Law<sup>17</sup> from 2003, the right of the woman “to decide whether or not to have a child is guaranteed”. ECPI’s research is conducted again two years later. The new results, published online in 2014, showed the number of public hospitals that refuse to perform abortions during Easter and Christmas period to remain relatively unchanged. But the number of hospitals that refused performing abortion altogether was increasing, and in return the hospitals that performed abortions all year long was decreasing (ECPI 2014).

Slowly, by the end of the first decade on the new millennium, accessing good and reliable abortion-services (re)became a problem. After 2015, more and more women had to rely on private sector, which offers good but expensive services. For example, a surgical abortion performed in a Bucharest public hospital was reported (Matei 2017) to recently cost between 200 and 450 lei (i.e. between app. 50 and 100 euros), depending if performed

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16 A new Code, adopted in March 2012, maintains the possibility of refusing a medical act, but without special reference to abortion (art. 33).

17 The Patient’s Rights Law or Law no. 46/2003 was adopted in Romania in order to apply the principles of patients’ rights in Europe (WHO, 1994 Amsterdam). Even if it does not represent the only law governing the rights, duties, responsibilities and penalties in the field of patients’ rights in Romania, it is considered the most important one. Historically, the rights related to individual health have been guaranteed and protected by The Constitution of Romania. Currently, its Article no. 34 underlines that “The right to health is guaranteed by the state, which is obliged to take measures to ensure the population hygiene and health” (Lazea, Mureşan 2015).

under local or general anaesthesia. In private clinics, a surgical abortion costs between 700 and 1200 lei (i.e. between app. 150 euros and 300 euros), while a medical abortion can cost up to 600 lei (i.e. app. 135 euros). Giving the fact that the minimum wage is just a little more than 250 euros/month, these prices represent a major expense for many women seeking abortion-care.

Even if Romania's abortion rate diminished radically since the end of the 1990s, and especially in the last decade – according to the National Institute of Public Health, 7.9 for 1000 women in 2016, versus 10.1 in 2010 (CNSISP, 2016) – public discourses associated with “abortion as Romania's problem” persisted and flourished. While it is true that contemporary abortion-rate is still high in Romania, and spontaneous abortions, still reported, tend to become a recurrent health-problem, it is also true that national free-contraception programs received less and less money since the beginning of 2008 economic crisis. As explained above, since 2013 the Ministry of Health has included this subprogram on its National Program for Woman's Health (broadly associated with maternal health), but no funds were allocated to it. In the public sphere, this low-involvement and high-responsibility of the State in “Romania's abortion-problem” is not debated. What it is, especially online and by well-organized NGOs, mostly (Neo-) Christian, are the “values of the family”, “womanhood and maternity” and “the dangers of abortion”.

### **Choose Life! Actors and Discourses of Pro-Life Activism in Contemporary Romania**

Since December 1989, religious influence has grown in Romanian society. Among it, the one of Christian Orthodoxy – which is the major religion, with 86.45% reported at the last national census from 2011 (Negruți 2014) – comes in the first. Even if BOR (*Biserica Ortodoxă Română* / The Romanian Orthodox Church) had a rather easy life during communism, especially in comparison to other religious cults, in the 1990s it started to be perceived as a bastion for post-communist (re)organization of society. Since then, religious classes were implemented in school curricula for children and youth, and today they are still largely present.

According to BOR's Code of Bioethics,<sup>18</sup> abortion – either medical or surgical – is perceived as child-murdering (ro. *pruncucidere*). This because the “product of conception” (i.e. embryo/foetus) is considered a human being, as any born child, since its very beginning. The use of modern

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18 Available online at <http://patriarhia.ro/avortul-78.html>. Consulted November 10, 2017.

contraception, or “mechanical barriers” against conception, is seen as bad as abortion, being treated as great sins (ro. *păcate grave*). Therapeutic abortion is not permitted for any cause. But if the mother’s life is endangered by the pregnancy, it is specified that her right to life should prevail because of the dependency-relations previously developed. Also, BOR’s Code of Bioethics underlines the necessity of explaining why abortion is a sin on a larger societal case, hand in hand with making sure that the woman “is no longer humiliated” or “permits herself to be humiliated” by the act of abortion.

This position is not singular, and is generally shared by all the other (Neo-)Christian cults present in Romania. It is also carried on by quite a large number of pro-family and pro-life associations, the most active ones being AFR (*Alianța Familiilor din România* / The Alliance of Romanian Families) and Pro-Vita. AFR was established as an NGO in 2007, having as self-explicit goal “to promote family values from a Christian perspective”. According to their website<sup>19</sup>, their actions are contributing to a moral revival of Romanian society, that needs “truthful and powerful families”. They include weekly newsletters, signing of national petitions for the continuous respect of family values by the State or lobbying in Parliament for solving out different societal problems from the point of view of Christian morality.

Pro-Vita has a longer tradition, being established – according to their website<sup>20</sup> – in the early 1990s as an NGO militating for the sanctity of life, for “born and unborn children”. It started as home for abandoned children and pregnant women in need of shelter, being established by a “holy man” in the villages of Valea Plopului and Valea Screzii (Prahova County, app. 110 km north of Bucharest). Over the years, Pro-Vita established many satellite-organizations at county level, including a large one in Bucharest. They are organizing numerous events for supporting “family-life” all over Romania, and are instrumental in lobbying for the unborn at political level. For example, Pro-Vita has send voting-recommendations to the Romanian members of European Parliament when the Estrela or Tarabella Reports have been discussed in Bruxelles. On their official website, they are making reference to numerous web-pages that present “the truth about abortion” (its negative implications for physical and mental health). They offer help and support for women living a “pregnancy-crisis”, that is defined as a special period in a woman’s life when she is pressured by those around her – partner, family and/or society – not to carry on with her unexpected pregnancy). They have appeared as civil-part in tribunal cases involving “the rights of the unborn”, and are actively involved in sustaining the CO among the Romanian College of Physicians.

In fact, more and more cases of CO among the medical practitioners

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19 <http://www.alianta-familiilor.ro/>

20 <http://provitabucuresti.ro/>

have been reported lately in Romanian mass-media. This practice is strongly supported by BOR. In 2014 for example, Patriarch Daniel of Romania, the head of BOR, awarded 17 gynaecologists and 1 GP from Timișoara (a major county in Western Romania) special medals for their willingness to stop performing abortion, and, in GP's case, for convincing dozens of women not to demand a pregnancy-interruption. The story has been positively presented in local media, in online Christian media, and also in a number of *Viața Medicală (The Medical Life)*, a journal dedicated to medical professionals. Here, the author concluded that BOR's implication was "an exaggeration", as any doctor who works in a public hospital performs demanded interventions as a public servant, having thus "a duty" to its patients and their needs (Nistoroiu 2015).

This "battle for life", more precisely a battle for reproductive rights between the women's vs. the embryo/foetus' rights, is carried out by active NGOs, and it is strongly supported by (Neo-)Christian cults. It has also gained significant adepts among the *young generation* (generally perceived in contemporary Romania as the 16+ adolescents<sup>21</sup> and young adults born after 1989, i.e. youth aged 16-28). More and more, youth-organizations are becoming an active actor in the battle for reproductive rights in contemporary Romania. They do so by developing strong pro-family/pro-life and anti-abortion campaigns, especially online. One of the biggest associations in this sense is SPV (*Studentii pentru Viață / Students for Life*), a student organization based at University of Bucharest.

SPV was initiated in 2013 as a non-confessional association, which is open to inter-confessional collaborations. Their goal is to 'offer support for adolescents and young women experiencing a pregnancy-crisis' and to "inform students about family and social integration"<sup>22</sup> (i.e. the importance of heterosexual and traditional-model family in one's life). Officially, they are not militating against abortion, but strongly support life. They have a large number of students currently doing voluntary work during the period of university-year (October-June), and sometimes from one university year to another. They became the main organizers of the March for Life since 2015, managing to transform it into a major national event (more than 110.000 participants in 2017, according to their website).

When looking at their official discourse – via their website<sup>23</sup> or in their

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21 Sixteen is the age of reproductive/marital maturity in Romania, in front of the law. For example, a young woman who demands an elective abortion, or chooses to get married to a 18+ man, does not need the express consent of her parents. Nevertheless, this age limit does not count in cases of sexual intercourse with a minor (but tends to be culturally perceived as important as 18).

22 Information offered via email exchange with the President of SPV, during field-work carried out in June 2017.

23 <http://studentipentruviata.ro/> (last consulted November 10, 2017).

journal *Pentru viață / For Life*<sup>24</sup> – one can observe that the lobbying for the unborn is generally carried on in larger positive themes like “love and couple’s life”, “womanhood and motherhood”, “family and good choices”. Their online campaigns attract more and more adepts among the young generation. Their members are born after the end of Ceaușescu’s pronatalism and generally have little – if none – information about what abortion-ban really was or meant in Romanian society. For them, “good morality” is generally equalled with (Greek) Orthodox morality. This “good morality” is translated via community activities and volunteering which are many times initiated and controlled via the local church (which has the means and the intention to support youth activism). All in one, the young generation is advised and supported to “choose life”. They are only at their beginning of their own.

This rise of pro-life advocacy in Romanian public sphere is also constructed on the incrimination of Romania’s recent history of high abortion-rates. In 2015 for example, the March for Life campaign – “Every Life is a Gift” – invited people to carry out large placards with the year of their life. Under it, statistics of that year’s number of aborted vs. born children, and thanks to their mother “for giving life”. In short, the campaign incriminated the large number of abortions performed during communist years, or immediately after. But it did so without making any reference to its context, i.e. the draconian pronatalist policies imposed during Ceaușescu’s regime, and the difficult years that came along in terms of SRH.

In spring 2017, the March for Life campaign – “Help the mother and child! They depend on you” – was constructed around the idea of how mothers and unborn children depend on everybody’s choice for/of life. Young volunteers carried pro-life placards with pregnant women. On them, drawings showed the woman saying “MY body, MY choice”, while her baby was drawn saying: “MY body, YOUR choice, Mommy”.

Discursively, the messages of these campaigns resemble very much with former pronatalist propaganda, when the sanctity of the unborn fetuses was push forward “for the good of the nation”. Nevertheless, no connection is publicly made in this sense. Women’s reproductive rights, including the one to terminate an unwanted or impossible to assume pregnancy, are taken for granted. They are not seen or perceived as the result of years of struggle with the over-controlling biopolitics of the Communist Party and the difficult period that followed in the early 1990s, where an entire system of SRH had to be (re)constructed.

Contemporary pro-life activism and their protest-strategies are thus constructed around a “low-remembering” (Anton 2009) of communist abor-

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24 Their main publication, generally appearing two times per year, on themes like adoption, the ‘equality and complementarity between the man and the woman’, or the sanctity of life.

tion-ban. “Low” in the sense that communist pronatalism does not constitute the object of social discussion and openly-manifested remembering in the public sphere – through debates, commemorations, or other possible-forms of memory-work, like other “communist crimes”. Few notable exceptions are programs developed in some State institutions, as The Institute for the Investigation of Communist Crimes and the Memory of the Romanian Exile, a very short number of notable movies, and a limited number of museum-exhibitions (Anton 2014). At the same time, this absence of public remembering and consequent absence of public-sphere debate is instrumental in decontextualizing high-abortion statistics in communist years, when illegal abortion became the only method of fertility-control. Or immediately after 1989, when Romanian women had to recover after twenty-three years of lack of sexual education. By opposing the high number of past abortions with the low number of born children, contemporary pro-life lobby actively transforms Romania’s current low-fertility into a “moral and societal problem”. In the discourse of their campaigns, this problem can only be addressed by militating for and sustaining life, from its very conception.

### **Short Conclusion, or Why Forgetting Pronatalism is Dangerous for Reproductive Rights in Romania**

The large implication of the young generation in lobbying for the unborn, and quite less in SRH good services, is puzzling in a post-pronatalist country like post-communist Romania. But it makes sense if one remembers that there is no intergenerational active transmission of this aspect of recent history. The memory of abortion during Ceaușescu’s regime was and still is a major taboo in Romania’s memory-work towards its communist past. The struggle of our mothers and grandmothers to live their sexual and reproductive life in a totalitarian regime that put the reproductive rights and responsibilities of the entire nation in front of individual rights are less and less remembered in nowadays Romania. Consequently, reproductive rights, and especially the right to good abortion-care, are taken for granted.

Pro-life activism does not address this part of recent history in their discourses. They speak only about Romania’s high number of abortion. And about how not giving life was, and still is, a “Romanian problem”. As their voices are incorporated by the young generation, forgetting pronatalism becomes a strategy for promoting conservative views over woman’s body and role in society. This lack of contextualization is dangerous in contemporary reproductive-rights debates. It puts aside the need for better contraceptive and abortion-care services, so important in the first decade after Ceaușescu’s pronatalism. It culturally allows more and more medical practitioners to refuse performing abortions in public hospitals. It creates the space for more

and more projects of restricting post-1989 liberal abortion legislation, as it has been the case in 2009 or 2012.

While the women and medical practitioners who fully experienced the draconian political demography developed between 1966 and 1989 can still oppose the rise of conservative voices in the field of reproductive rights, the generation born after 1989 does not remember Romania's pronatalism and its dramatic consequences. They can easily be mesmerized by pro-life discourses, and pro-life activism. Forgetting pronatalism could open the door for alternative discourses and alternative national projects, in which the past is obliterated only in order to be reborn.

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