

Physicians as the Main Actors in the Debate over Birth Control in Czechoslovakia, 1920s-1960s

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Abstract *By the first half of the 20th century at the latest, birth control had become an integral part of public debate in many European countries, and the issue of contraception was discussed by various actors in relation to a broad range of political and social questions. Individuals and indeed entire organizations were driven to promote birth control by a variety of motives – most commonly based on medical, social, or eugenic considerations. In many countries, the women's movement also had a substantial influence, voicing its demands that women should be given the right to control their own bodies. This paper suggests that in Czechoslovakia, both during the interwar period and in the first two decades following the communist takeover, the medical aspect played the decisive role in motivating people to support or oppose contraception; and to a considerable extent medical considerations overshadowed other aspects of the debate (feminist, malthusian). As a consequence, physicians became the main actors in the debate over birth control.*

Keywords *contraception; medical discourse; reproductive rights; birth control; Czechoslovakia*

Introduction

Although until recently it seemed that the fight for reproductive rights had already been won in the last century in most countries of the Euro-American area, the development of recent years shows, on the contrary, that reproduction remains an important field on which cultural wars are waged and the right to control one's own reproduction continues to be endangered. At a time when

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access to abortion or contraception is restricted in many countries and eugenically motivated interventions in reproduction are on the rise, more than ever, it seems relevant to follow the circumstances under which the struggle for reproductive rights was conducted in the past and to examine the discussions that took place around this topic.

The right to affordable and high-quality contraception began to be more clearly articulated in 19th century and became the main demand of the contraceptive movement, which developed in a number of countries no later than in the first half of 20th century. Birth control promoters sought to make contraception legal and widely available, and therefore spread awareness of the possibilities of birth control through lectures, leaflets and books, in some countries also fought for the legalization of contraception.²

From the 19th century onward, primarily under the influence of Robert Malthus,³ deliberate birth control was discussed as a means of combating pauperism, and as one way of improving the situation of society's poor classes. In Malthus's view, the only acceptable means of birth control was the postponement of marriage or complete sexual abstinence. However, the proponents of neo-Malthusianism – a movement which began to emerge in an organized form on the national and international level around the turn of the 20th century⁴ – considered various forms of contraception to be acceptable, and sought to promote them. It was also ca. 1900 that the eugenic aspects of birth control became increasingly emphasized – both from the perspective of its positive impact on reducing birthrates among so-called inferior persons, and also from the perspective of its negative impacts on fertility in healthy individuals of high eugenic quality.⁵ In many European countries, the fears of overpopulation that had been voiced by Malthus in 1798 were replaced 100 years later by fears of a declining birthrate. As a result, the proponents of eugenics on the one hand emphasized the advantages of sterilization for certain groups of the population, while on the other hand they criticized the use of contraception by the middle classes; they stoked fears of the eventual

² Jütte, Contraception, 2014, p. 106–174.

³ The English pastor's landmark work "An Essay on the Principle of Population" was first published in 1798, anonymously. The second revised edition was issued in 1803, this time under Malthus's name.

⁴ In 1877 the Malthusian League was established in England, followed by similar organizations in Germany, the Netherlands, Denmark, and other countries.

⁵ For more on the relationship between reproduction, gender, and eugenics, See e.g. Kline, Race, 2001 and Richardson, Love, 2003.

demise of the human race as a consequence of depopulation.⁶ During the first half of the 20th century, the issue of birth control became inextricably entwined with issues of women's rights. Movements promoting contraception targeted their efforts mainly at women, presenting birth control not only as a means of protecting women's health, but also as a way of liberating them from a frequently endless cycle of pregnancies and births.⁷

The debate over the acceptability and benefits of contraception encompassed numerous aspects, and it involved a wide range of actors from social reformers to clerics and politicians. From the outset of the debate, the medical perspective formed an integral and self-evident part of the discourse. It was usually physicians who invented new methods of contraception or improved traditional ones. It was also physicians who disseminated information about methods of birth control – either through direct contact with patients, or via various texts aimed at a broad general readership, primarily guides to married life or sexual health. For some types of birth control, the only (or almost only) way women could access contraceptives was to have them prescribed or applied by doctors.⁸ If we consider this in combination with the fact that from at least the 19th century, physicians became increasingly respected authority figures in society as a whole (becoming important partners of the state in cultivating a healthy and strong nation),⁹ then it is hardly surprising that in most countries they played a key role in issues of birth control.

Although the importance of doctors in the promotion of contraception has already been reflected by a number of researchers,¹⁰ doctors are often perceived in connection with reproductive rights mainly as a conservative group

6 For more on the relationship between reproductive policy and fear of depopulation, see e.g. Usborn, Body, 1992, p. 1. Szabó, Potraty, 2020, p. 33.

7 See Gordon, Body, 1976, as well as Grossmann, Reforming sex, 1995.

8 Primarily cervical caps, which during the first half of the 20th century became one of the most widely recommended (and mainly in Western countries, also used) methods of birth control. They were available on the basis of a medical prescription, and physicians also instructed women on how to fit them. Likewise, the fitting of intrauterine devices (IUDs) requires the assistance of doctors.

9 In the spirit of the processes described by M. Foucault in terms of medicalization and biopower. See Foucault, Discipline, 1977. Foucault, Historie, 1984. Foucault, Biopolitics, 2008.

10 Gawin, Interwar Poland, 2008. Kelly, Pill, 2020. Olszynska-Cryw und Rusterholz, Politics, 2019. Rusterholz, Women Doctors, 2019.

that rather opposed their promotion.¹¹ I will try to relativize this opinion. The aim of this paper is to emphasize the importance of the medical aspect in discussions about birth control and in its promotion, using the example of the involvement of physicians in the promotion of contraception in Czechoslovakia in the period from the 1920s to the 1960s. On the following pages I will try to increase awareness of the role of physicians in the promotion of contraception not only in the interwar period but also in the post-war period, to point to a certain continuity in the approach to contraception in the two different political regimes, and to stimulate a discussion about the promotion of contraception in socialist countries. I will try to briefly outline that physicians played a vital role in the discussions about contraception both in the interwar period and in the 1950s and 1960s, and the medical aspect of family planning in Czechoslovakia strongly overshadowed other motivations associated with contraception (including neo-Malthusian or feminist motives). The reasons for the predominance of the medical view of contraception cannot be discussed in a paper of this scope, so in the following pages I will focus only on sketches of how physicians dominated discussions on contraception, first in interwar Czechoslovakia, when the topic of contraception had just been established in medicine, secondly in the 1950s and 1960s, when, on the contrary, the promotion of contraception received state support.

The presented partial conclusions are results of a larger research project investigating the promotion of contraception in Czechoslovakia between 1900 and 1970. Conclusions are based on the analysis of the Czechoslovak medical discourse (medical articles and books published in the examined period) and on the research of archival sources mapping the activities of selected physicians, birth control associations and the selected state administration authorities.

Physicians and Birth Control in Interwar Czechoslovakia

In Czechoslovakia physicians were the main actors not only in general debates concerning reproductive policy and reproductive health, but also in direct dis-

¹¹ Ignaciuk et. Al. Doctors, 2014. Shmidt, Embodiment, 2018. Dudová, Framing, 2010.

cussions on the importance or effectiveness of contraceptive methods.¹² There was no mass movement that would seek to promote contraception and emphasize its social or “feminist” significance, therefore the health aspect of contraception was the one that significantly prevailed in social discourse.¹³ The first substantial signs of interest in the issue of birth control in Czechoslovakia appeared around 1900, but up until the First World War contraception was to a large extent a taboo subject,¹⁴ even within the medical profession; most medical practitioners considered sexual abstinence to be the only correct way of regulating the size of families.¹⁵ Increased interest in birth control and related issues began to emerge in Czechoslovakia during the 1920s, and especially in the 1930s in connection with discussions regarding the decriminalization of abortions. The high rate of illegal abortions in interwar Czechoslovakia led to at least five proposals to legalize such terminations or to expand the range of circumstances in which an abortion could legally be carried out.¹⁶

These attempts sparked a wide-ranging debate not only on the political scene, but naturally also among experts in various fields, including the medical profession. Physicians were strongly opposed to expanding the range of permissible circumstances to include criteria motivated by social and eugenic concerns; they pointed out that their profession was about saving lives, not taking lives. They also argued that even abortions carried out in proper medical

12 Regarding the debate in Poland see Marcin Wilk, *From Girls into Women, from Boys into Men*, as well as Elisa-Maria Hiemer, *Divergent Narratives on Family Planning*, and Małgorzata Radkiewicz, *Single mothers and the issue of motherhood* in this volume.

13 For more on the importance of health motives in the Czechoslovak birth control movement, see Lacinová Najmanová, *Health*, 2021, p. 320–324.

14 An exception is the condom; condoms were the subject of much discussion due to the war, as they were viewed as a way of protecting soldiers from venereal diseases, though their use as a method of birth control was usually either criticized or not mentioned.

15 For example, the doctor Karel Malý in his book *Žena její krásá a život pohlavní* (“Women, their beauty and sexual lives”) states: “The most natural, correct and also moral way of preventing pregnancy would be complete abstinence from sexual intercourse. It has been proved that healthy and rational people can live for years without this intercourse.” Karel, *Žena*, 1920, p. 111.

16 Up to this point, Czechoslovak law still contained provisions inherited from the legislative framework of the defunct Austro-Hungarian Monarchy: section 144 of the Criminal Code defined abortions as a criminal offence carrying a custodial sentence of 5–10 years. The only exception was in cases when the mother’s life was at risk; in such cases abortions were legally permissible.

facilities represented a substantial risk to women's health and lives.¹⁷ In fact, the law in interwar Czechoslovakia was not changed to expand the range of circumstances in which abortions were permissible, though they did nevertheless have an effect on how issues of birth control were perceived. They led many physicians (and other opponents of abortions) to re-evaluate their stance on contraception, which had previously been rejected mainly due to its unreliability as well as due to the perceived threat of depopulation.

As a result, during the interwar years the topic of birth control gradually found its way into various publications aimed at the general public as well as into specialist medical journals. There was a growing market for instructional publications on married life and sexual health, which treated birth control as an integral part of the wider topics of sexuality and marriage. A noticeable shift can also be observed in specialist medical journals; initially they mainly reported on research and publications from other countries, but later there was a shift towards Czechoslovak research as well as critical evaluations of individual methods of contraception.¹⁸

One of the key figures among the promoters of birth control in the interwar period was doctor Antonín Ostrčil – though his stance on the artificial regulation of fertility was in fact quite ambivalent. Ostrčil was one of the first Czechoslovak physicians to take a professional interest in birth control. In the 1930s, he headed a team studying the effectiveness of the calendar method of birth control, involving the calculation of (in)fertile days in the menstrual cycle; this method was widely discussed at the time, and Ostrčil became one of its most prominent critics. In a gynaecology textbook published in 1933,¹⁹ he devoted several pages to birth control – not only presenting specific methods, but also discussing in which circumstances it was appropriate for a physician to prescribe or explicitly recommend contraception. He emphasized the essential importance of using contraception in cases of severe medical problems (a stance that was widely accepted at the time); he also considered contraception acceptable for social or eugenic reasons.²⁰ However, he went further than this, expressing the view that contraception was also acceptable for purely personal reasons; this view placed him at odds with the large majority of gynaecologists,

17 Pelcl, *Stanovisko lékařské*, 1930, p. 288–291.

18 The first scientific studies of contraception in Czechoslovakia were not conducted until the 1930s (see below). See Ostrčil, *Poznámky*, 1938, p. 205–207.

19 Ostrčil, *Klinická gynekologie*, 1933.

20 Ostrčil, *Klinická gynekologie*, 1933, p. 472–473.

who at the time were only prepared to tolerate contraception for medical reasons (or, in exceptional and severe cases, for social reasons). Although Ostrčil saw contraception as a means of preventing abortions, like many of his colleagues, he too was distrustful of it – mainly due to the risk it posed in the context of a declining birthrate. For this reason, Ostrčil was highly critical of attempts to disseminate information about birth control among the general public. Although he eventually allied himself with an organization that promoted birth control (see below), he nevertheless fundamentally believed that the pro-birth control movement represented a negative development.²¹ He therefore supported contraception, but under clearly defined circumstances and, above all, under medical supervision.

While the medical community was slowly and cautiously beginning to accept birth control as part of its scope of interest, the women's movement in Czechoslovakia at the time did not yet pay much attention to this topic. In neighbouring Germany, for example, birth control was promoted by left-wing women's organizations;²² in Czechoslovakia, however, the women's movement adhered to liberal ideology and birth control was not a central issue for them,²³ – moreover, their stance on abortion was inconsistent and hesitant.²⁴ Nevertheless, attempts to deal with the problem of illegal abortions (and their neg-

21 At a meeting of the Czech Medical Association (Spolek lékařů českých), he made the following statement: "I was invited to the inaugural session of this association at our clinic in order to express a gynecologist's opinion on this matter. I did so very willingly, because I considered it to be my duty, if it is no longer possible to rid ourselves of this new cultural spectre, then at least to banish it to the sidelines." Ostrčil also informed the Czech Medical Association that he considered contraception to be a double-edged sword, stating that if the only aim of the Association for Birth Control had been to reduce the birthrate, the state would not have permitted it to be established. *Časopis lékařů českých*, 1934, no. 39, p. 816–817.

22 See Usborn, Body, 1992. Grossmann, *Reforming sex*, 1995.

23 Left-wing women's organizations reflected more on the topic, but due to significant differences of opinion, these associations were not part of the Women's National Council – an umbrella organization for all the women's organizations in Czechoslovakia.

24 The Women's National Council was also asked to comment on the proposed reforms to section 144. The individual organizations that had the opportunity to express an opinion did not adopt a consistent stance; however, in general terms they opposed the inclusion of social circumstances among the criteria for an abortion to be permissible, and some organizations (mainly Catholic groups and associations of midwives) rejected any changes to the existing legislative provisions. See NA, Fonds Ženská národní rada, box 24.

ative impacts on the lives and health of thousands of women) led to the establishment of two organizations which promoted birth control. In 1932, an association entitled *Medical Protection for Women* (Zdravotní ochrana ženy) was founded in Brno. Its declared aim was to reduce the number of illegal abortions and to set up the first birth control counselling centre in Czechoslovakia. Two years later, in 1934, the *Association for Birth Control* (Svaz pro kontrolu porodů) was set up in Prague, with the same aims.

Although they were women's organizations, the topic of contraception was conceived primarily in terms of its importance for women's health, and therefore the health of society as a whole; thus, the motive for liberation or the emancipation of women was missing here. The influence of physicians (and the importance of medical aspects of birth control) is evident in both organizations – not only in the manner in which they presented their purpose and activities, but also in the links between the Prague association and a particular medical institution; the association openly declared its subordination to the authority of the head physician of a gynecology clinic. The Brno association's declared aims included its desire for contraception to become a part of public health care and a subject of systematic medical research.²⁵ From the very outset, the Prague association's counselling centre was linked with the above-mentioned doctor Antonín Ostrčil, who was the head physician at Charles University's gynaecology clinic no. 2 during the 1920s and 30s; the counselling centre was opened at the clinic in 1935. If we observe how the establishment of the association was presented in the press, it is evident that the emphasis is on the fact that the establishment took place only after consultation with medical circles, and also that the association clearly declares in its activities subordinate to the authority of Ostrčil.²⁶

The State's Interest in Expanding Contraception in the 1950s and 60s

In the interwar years, Czechoslovak physicians took a reserved stance on birth control, which only emerged very gradually as a serious subject of their professional interest, publications and educational activities. Even the war years did not favor a more massive boom in interest in contraception. A rather pronatalist approach was on the rise, influenced first by the fear of a national threat ex-

25 MZA, Fonds Zemský úřad Brno, box 2936, reference no. 44268.

26 MUDr. M. N., *Omezení porodnosti*, 1935, p. 15.

acerbated by the rise of Nazism and then by the decline in the birth rate caused by war losses.²⁷ Nevertheless, after the Second World War (when the communist regime introduced a new public health care system), birth control quickly became accepted as an important subject for scientific study as well as a crucial element in creating “the socialist family” and physicians started playing an increasingly influential role in promoting birth control. As had been the case before the war, interest in contraception rose particularly in the context of the decriminalization of abortions. Czechoslovakia legalized abortion in 1957. Previously, the only permissible grounds for carrying out an abortion had been health-related, but from 1957 the list of criteria was expanded to incorporate economic and social circumstances.²⁸ Any woman, regardless of her marital status, could request an abortion if she was able to prove to a so-called abortion committee that she met these legal criteria.²⁹ However, there were fears of a rapid rise in the number of abortions, so before the new legislation came into force, the Ministry of Health took steps to promote contraception and make it more widely available; this was again considered a preferable means of controlling family sizes.³⁰

In 1956, before the new legislation was passed, a birth control counselling centre was set up at Charles University’s obstetrics and gynaecology clinic no. 3. The centre was headed by the doctor Ladislav Hnátek. It was intended to serve as a model for establishing other similar counselling centres in major cities, ones that would provide birth control advice to the largest possible number of people. The new counselling centres had several aims. Primarily, they

27 Rákosník/Šustrová, Population, 2018, p. 181–183.

28 Besides health-related reasons, the law also set out a number of other reasons which were classified as being “worthy of special consideration”. These applied to women over the age of 40 and/or with at least three children, difficult circumstances experienced by unmarried pregnant women, family breakdowns, or potential negative impacts on living standards. For more information see Dudová, Interrupce, 2012, as well as Dudová, Framing, 2010.

29 It is worthy of note that before the legislation was amended in 1962, the abortion committees consisted of two medical professionals plus one woman appointed by the Communist Party’s local district organization. After the amendment, the committee comprised one doctor.

30 Part of the law decriminalizing abortion was Directive No. 68, which established the obligation of doctors to deal with contraception as part of prevention in the care of a woman. Houdek, Historický, 1969, p. 110.

were to serve as places where members of the public would have access to verified information on birth control options (or to contraceptives themselves). Another important purpose of the centres was to train gynaecologists in issues related to birth control, so that all women would be able to consult their gynaecologist and receive reliable information on current options. Finally, the centres were to conduct research – studying the quality of existing birth control methods, improving these methods, and developing their own contraceptives so that Czechoslovakia would no longer be reliant on imports.³¹ Research was also to focus on how contraceptives were used in practice.³²

During this period, contraception was viewed in Czechoslovakia as an important aspect of preventive medicine. In countries with a growing population, the intention was to use birth control as a tool to combat the threat of overpopulation. But this was not the case in Czechoslovakia, where there was considerable reticence towards Malthus's theory, among other things, for ideological reasons.³³ By contrast, in Czechoslovakia as well as in the other states of Eastern bloc³⁴ it was presented as an important resource for preventing abortions, and it was thus promoted as a way of improving women's reproductive health.³⁵ Besides the desire to reduce the number of gynaecological problems caused by inexpertly conducted abortions (or indeed all abortions), attitudes to contraception in Czechoslovakia were also shaped by the desire to protect women's sexual health – especially to prevent the occurrence of certain pathological sexual conditions (such as a lack of sexual desire in women) and thus to

31 ZM, Fonds Ladislav Hnátek, manuscript of a lecture given at a conference abroad.

32 Research into the use of contraception and related issues of parenthood and sexuality was already carried out in 1956 by the State Statistical Office (Srb/Kučera, Vysušilová, 1959). In late 1958 and early 1959 the State Population Committee conducted a study in conjunction with the Ministry of Health (Srb/Kučera, Vysušilová, 1959.).

33 Malthus's population theory was already rejected in the 19th century by Karl Marx and Friedrich Engels, among other reasons, because it did not take into account the relationship between social capital and labor power. They also criticized him for seeking to maintain a social status quo that suits the ruling class. In the second half of the 20th century, a number of Eastern Bloc countries therefore adopted a rather "anti-Malthusian" approach. Olšáková/Janáč, *Kult jednoty*, 2018, p. 86.

34 As such e.g. Ignaciuk, *Contraception*, 2020, p. 1.

35 According to some studies at the time, up to a third of gynecological problems (e.g. infertility or even cancer) occurred as a consequence of abortions. See ZM, Fonds Ladislav Hnátek, manuscript of a lecture given at a conference abroad.

prevent marital problems would ultimately lead to family breakdowns.³⁶ Many studies cited by those in favour of contraception claimed that the fear of pregnancy was a frequent reason why women feared sexual intercourse – a situation which had a negative impact on spouses' intimate relations and could sometimes lead to divorce.³⁷ For this reason, contraception was paradoxically considered to be a potential means of increasing the birthrate, as it enabled couples to enjoy sexual intercourse without having to fear pregnancy, so they could plan to have children when it best suited them.³⁸

Physicians played an important role in the promotion of contraception in Czechoslovakia in 1950s and 1960s for another reason as well. Given that the feminist movement was virtually eliminated here after the communist coup, it was physicians who took a leading role in articulating reproductive rights issues. While in a number of Western countries reproductive rights have been articulated through the women's movement or in general through civil activism, in the Eastern bloc, these themes were often articulated by physicians who have largely adopted a pro-women's agenda. As Hana Havelková points out, professionals, including physicians, due to the growth of technocracy, even under the conditions of a socialist society, had a certain degree of freedom and functioned as certain 'mediators' between political goals and people's everyday experiences.³⁹ In the field of contraception promotion or, more broadly, in the articulation of reproductive rights, this thesis of Hana Havelková proves to be valid.⁴⁰

36 It is likely that this was closely connected with the development of sexology, with its emphasis on women's sexual pleasure (as has been pointed out by Lišková, *Liberation*, 2018).

37 According to Hnátek, the fear of pregnancy was very common; data from his counselling centre indicated that almost 60% of women feared that they would become pregnant after sex, and in 9% of cases this fear reached such a level of intensity that it led to a lack of sexual desire (frigidity). He stated that this situation could be prevented by the appropriate use of contraceptives; if women could be persuaded to use appropriate contraceptives, their fear of becoming pregnant would subside, and this could help save their marriages.

38 For example, Hnátek notes that "the correct contraception is not only an important tool against abortions, it is also one means of preventing sexual disorders in women." ZM, Fonds Ladislav Hnátek, Note on a lecture given by Professor J. Hynie on the causes of sexual disorders in women.

39 Havelková, *Genderová politika*, 2015, p. 160–163.

40 For the Polish debate during the final communist decade see Michael Zok, *Killing of Unborn Children* in this volume.

Conclusion

Physicians stood at the forefront of efforts to promote birth control in Czechoslovakia. Although their attitudes towards contraception changed and their motives varied from period to period, physicians appear to be fundamental factors in the promotion of contraception. Physicians not only conducted research on contraceptive methods, but also published books for the general public and actively advocated the promotion of contraception, either through the help of women's associations during the interwar Czechoslovakia or as part of state-organized health care in socialist Czechoslovakia. Not only due to the privileged social status of physicians, but also due to the indifference of the women's movement to reproduction, health motives and emphasis on reproductive health of society were dominant in the discussion of contraception and especially in the interwar period overshadowed other motives.

The aim of this case study was not only to report on the role of physicians in the contraceptive movement in one of the Central European countries, but above all to stimulate new ways of thinking about the role of physicians in the promotion of reproductive rights. The topic of the influence of expert discourse on the articulation of reproductive rights is an extremely current topic and deserves a more detailed evaluation. Although we know a lot about the ways in which physicians entered the field of birth control in the past, there are still many unanswered questions. These are, for example, mutual contacts between physicians from different countries, especially contacts across the Iron Curtain or the question of continuity or discontinuity of medical narratives related to reproductive freedom in the period before and after the Second World War.

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