

Odnos prema porodilji u Srbiji tokom XX veka

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Apstrakt

Društveni položaj žene u Srbiji u prvim decenijama XX veka oblikovali su patrijarhalno uređeni porodični i društveni odnosi kao i tradicionalni moral. Opasnost za život i zdravlje žene predstavljali su porođaji koji su se dešavali u kući a posebno ilegalni pobačaji koji su obavljani bez prisustva lekara, vršeni od lica koja nisu bila stručna, pa čak i u podmakloj trudnoći. Ne higijenske prilike u Srbiji bile su glavni uzrok smrti porodilja i novorođenčadi kako na porođaju, tako i u prvim mesecima života. Pri tom, podaci pokazuju da je smrtnost porodilja i dece na rođenju na selu bila viša nego u gradu. U prvim godinama posle Drugog svetskog rata jedan od značajnih indikatora položaja žene u Srbiji se odnosi na dostignut nivo zdravstvene zaštite žene, trudnice, majke i dece. Zdravstveno prosvetavanje žena bilo je vezano za zdravstvenu zaštitu i borbu protiv, posledica neznanja i loših higijenskih navika u zaostalim i patrijarhalnim sredinama. U prvim posleratnim godinama posebna pažnja bila je usmerena na zdravstveno prosvetavanje žena na selu. Liberalizacija namernog prekida trudnoće odvijala se od početka 60-ih godina, da bi pravo čoveka da slobodno odlučuje o rađanju svoje dece, kao pravo garantovano Ustavom, bilo uspostavljeno 1974. godine. U poslednjoj deceniji XX veka u Srbiji je došlo do pogoršanja položaja žena-porodilja i majki čemu je doprinela višegodišnja ekonomska kriza u Srbiji.

Ključne reči: porodilja, Srbija, XX vek

Introduction

Giving birth in the country in the beginning of the XX century

Poverty of numerous classes in Serbia during the first half of the XX century determined status of mothers and newborns to a considerable extent¹. Without any basic knowledge about home and personal hygiene, uneducated woman, and especially peasant woman, is susceptible to numerous superstitions, wrong and harmful customs, which directly threatened her health. In terms of causes of high maternal mortality rate in Serbia at the end of the XIX and the beginning of the XX century, we can conclude the most common causes were bad conditions for birth to take place. Giving birth in the country was always according to customs². Tradition

Treatment of mothers in Serbia in the XX Century

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Abstract

Social status of woman in Serbia in the first decades of the XX century was moulded by patriarchal family and social relationships as well as traditional morals. Threats to woman's health were labours at home and especially illegal abortions and late termination of pregnancy done without any doctor's supervision, often by laypersons. Unsanitary conditions in Serbia were the leading death factor in mothers both close after giving birth and during the next few months. Records show higher mortality rate of children born in the country than in urban areas. During the first years after World War II a significant indicator of woman's status in Serbia was acquired level of health care for women, pregnant women, mothers and children. Health education of women was related to protection and fight against consequences of ignorance and bad sanitary habits in backward and patriarchal environment. In the first years after war special attention was given to health education of women in the country. Liberalisation of legal abortion took place in the early 1960s, and constitutional right of every person to decide whether to have child or not was established in 1974. In the last decade of the XX century in Serbia status of women who gave birth and mothers got worse as a result of a long economic crisis.

Keywords: Maternal, Serbian, twentieth century

was for women “to give birth in the straw standing or kneeling”, forbidding any prior preparations for woman or child because “it’s not done”. Umbilical cord was usually cut by a sickle taken from a barn, while baby’s first nappies were often rags which happened to be at hand. It was practically normal to give woman brandy to ease the pain. Sometimes woman would be tied to door which was slammed so as to “shake the baby out”³. Since woman used to work to the term “as nothing happened”, birth would often take place in the field, on the road and the like. On the other hand birth in the country, which was looked forward to especially with the first child, was perceived as something “dirty” and future mother was taken to the most distant room, basement or any other hidden place and so as not to ruin sheets, old skirts, dirty rags or rugs were put under her. Peasant woman would often give birth in the barn, among cattle, alone³. Doctors were aware of this fact and more than once they wrote about it in magazines which were at their disposal, describing conditions of country birth. One teacher wrote about them in the magazine *The National Health* “There is a number of members of household and future mother has to get out of their way. So she goes to the field, where she often parts with her child in the open, in cold and snow. By this most joyful act she becomes unclean for her house, so she is set in some corner, on the straw, and she herself has already put on the worst shirt and some old skirt. And so in this room (without enough light), on the cold ground, in unclean bedding, in dirty clothes in complete uncleanness, she must stay for 40 days. During that time she must have separate cup and dishes which “shouldn’t” be washed. Aside from that no mother should have water during those 40 days but brandy if she wishes. Of course she will not lie all that time, but she will resume her usual duties”⁴.

Termination of pregnancy and its consequences for mother in the beginning of the XX century

Aside from difficult conditions of giving birth, woman’s health was threatened by numerous and unprofessional abortions, “miscarriages”. They were mostly performed by “well-known” women in the village, and even by woman herself. The result was often death³. Miscarriages were everyday thing and they were done by older women “specialized” for those things. Most often used procedure was warming up back with warm tile or inserting the root of hellebore into the womb for 4-5 minutes. Perforation of the womb by spindle was often used method. This was the most dangerous mean because of serious haemorrhaging and consequent death⁵. Testimony of how frequent miscarriages were is the order from chief of Krusevac district from 18th February 1919: “I have a report that many women are doing the job of midwives without any education. In that way health and lives of many mothers and newborns are at risk, aside from that it is an incentive to criminal doings of causing preterm labours in uneducated and reckless women. In order to stop this evil soon and as efficiently as possible, I order the district to most carefully monitor their district, in the manner given, to keep records of pregnant women base on municipal reports and especially of those women who conceived unmarried and to warn them in time”⁶.

Maternal mortality rate in Serbia in the first decade of the XX century

Giving birth was one of the most common causes of woman’s death in Serbia. Revision for some areas in Serbia for the period between 1999. and 1908. is given in the Table 1. Number of maternal deaths was decreasing, yet compared to that in Europe, was still very high. Data analysis shows distinctive difference between percentages of deaths in Belgrade and all other areas (Table 1)⁶. It is also significant that in total number of women who died giving birth in period 1904-1908, 92.66 percent were farmers’ wives, which was higher percentage than their percentage in total population (87.5 percent). Those records show that most important death factors should be searched for in conditions typical for giving birth, because health care in towns significantly decreased mortality. Table 2 shows high percentage of death in women under age of 20 (8.16 percent) and sudden increase in women over the age of 26. Although we do not have analyses to show the causes of increased mortality within those groups, we can assume that majority of women gave birth under the age of 20 and therefore the percentage was higher. We should not rule out physical immaturity at that age, according to law girls over the age of 15 could marry. Records related to deaths of women over the age of 26

were probably the result of frequent, numerous births which led to exhaustion. Those women often suffered from rachitis and tuberculosis, which was fatal for them when in labour. Still, the most frequent cause of death was unsanitary conditions. Medical breakthroughs such as antiseptic methods, anaesthesia, new surgical stitches and most of all caesarean section decreased maternal mortality rate in more developed countries⁷.

Giving birth in Serbia in the second half of the XX century

In spite of all the effort state and women organisations put into health education of population, especially women, in many areas of Serbia bad sanitary habits and prejudice were still dominant. Vivid illustration to the statistics for 1951 and 1952 is Woman often gives birth in the most primitive way. It is often assisted by father's or mother's aunts. They are particularly respected as child's important relations. Birth takes place on the straw with dirty sacks laid in order for woman to easily deliver – like sack is untied, child will untie from mother.... Child is not swaddled for three days and sleeps with its mother, because it is “unclean” i.e. its destiny is not yet decided. On the other hand, she gets up after giving birth and does housework normally, but she does not wash her hair for six months so as to child continues nursing... It happens that pregnant woman works in the field, alone she gives birth and cuts and ties umbilical cord and brings her child home⁸. Health-sanitary education through activities in the field did not raise any interest of apathetic people. Just a few people, rarely women, or no one at all would come to lectures. Nurses used to complain that during their educational activities related to proper diet or care of mother and children they would often hear the same excuses: there was not enough food and cleansing agents⁵. Situation in the most primitive areas is well described in a note from Bor area from the early 1950's. “Washing hands before meal is rare. Soap is also rarely used for washing face. In the country there are no bathrooms, and bathing at home is rare. Great majority do not have a bath from summer to summer.” When soap was used, it was homemade, and instead of it ash was often used. According to that document women brushed their hair only once a week⁹. Records show that in 1950 the gynaecological department in Zemun hospital in Belgrade had a capacity of 300 deliveries a year and in the first six months that year 900 deliveries took place in it. There was no sewerage and the hospital didn't have enough water which was a big problem particularly in summer. Lack of water caused sepsis in mothers¹⁰. Statistical data for 1952 show that in Yugoslavia there were 499,280 deliveries in total, 389,831 home deliveries from which more than 300,000 without any professional help¹¹. In 1952 there were 100 gynaecologists and 1,025 midwives¹².

The frequency of termination of pregnancy and consequences for mother in Serbia in the second half of the XX century

At the Congress of Yugoslavian doctors in 1935 doctors called attention to the range of abortions for the first time. We can safely assume that termination of pregnancy in Serbia before World War II was widely accepted practice¹³. According to Ministry of the Interior, 279 pregnancies were terminated by unprofessional persons in Serbia. This number represents only those cases which the officials were able to register. During the same year there were 161 cases of infanticide. Most of them were committed in the country and as a common reason was stated “shame” (85 per cent of cases) and 10 per cent stated “lack of financial resources”¹⁴. WAF (Women's Antifascist Front) report from 1949 established that “infanticide exists in considerable measure”¹⁵. Issue of termination of pregnancy was one of the hardest and negative attitude towards this woman's right resulted in its later legalisation. There were sanctions against those who performed it without official permission. By earlier pre-war law which was in effect till 1951, pregnant woman was sentenced up to 5 years imprisonment and the person who performed the abortion up to 10 years imprisonment¹⁶. This law did not exterminate this practice but criminalized it¹⁷. By Criminal Law from 1951 termination of pregnancy is a crime except in those cases when mother's life was in danger. By new law pregnant woman was not punished. “Performing Legal Termination of Pregnancy Act” passed in 1952, allowed abortion “for medical, and under certain conditions, for health –social reasons”¹⁶. Period until 1952 is known as a period of legal intolerance, 1952-1959 was a period of tolerance and from 1960 it has been a period of liberalization of abortion¹⁸. In 1989 large number

of abortions was recorded on 100 liveborns, 214.2 in Central Serbia, 158.9 in Voivodina and 20.5 in Kosovo and Metohia. In other words, in Central Serbia every tenth woman at fertile age had an abortion¹⁹. These data unambiguously show that in certain periods there were more legal abortions performed than newborn children. They also show that there was a decrease of legal abortions during 1990s. It should be pointed out that The Procedure of Performing Abortions in Health Institutions Law, passed in May 1995, narrowed indications for terminating pregnancy after ten weeks of gestation²⁰. In other words, between 1969 and 1985 number of induced abortions was constantly rising. Abortion rate shows that in 1969 every fourteenth woman at reproductive period had an abortion, in 1985 every eleventh, and in 1989 every twelfth. Data show following structure of women who had an abortion in 1989: about 90% were 20-39 years old, more than 90 % were married, 75.8% had one or two children and almost every fourth woman (22.4%) had 4 or more induced abortions in her reproductive history²¹. After World War II Health Care Office started to collect data on number of terminated pregnancies in health care institutions first by questionnaire (form designed in 1978) and afterwards by regular registration of abortions. These data indicate almost constant rising trend of terminated pregnancies and document the existence of abortion endemicity in Serbia until the last decade of the XX century²². Termination of pregnancy after 10 weeks of gestation could be done only by the approval of special commission. Ultimate gestation limit, after which not even the commission was able to approve abortion, was full 20 weeks of gestation. Indications that commission could take into consideration were “medical indications”, “moral-legal reasons”, possibility of giving birth to child with serious disabilities and impairment and “difficult personal, financial and family situations which woman could be brought into during pregnancy or after giving birth”. Poll results of Health Care Office for 1964 confirm that over 95% of approved abortions were performed based on social, and only 5% based on medical and legal-ethical indications²³. During 1990s termination of pregnancy was made difficult by the fact that it had to be paid, anaesthesia had to be paid or obtained etc.²⁰. Lack of comprehensive system for gathering information on use of contraceptives, as well as the fact that their purchasing and use in Serbia are not recorded make realistic assessment of their use impossible²⁴. Judging by the number of terminated

Treatment of woman in Serbia in the second half of the XX century

Treatment of woman was defined with another constitutional act, which was later further elaborated, which states that “state protects interests of both mother and child by setting up maternity hospitals, children’s homes and kindergartens and by mother’s right to have paid maternity leave prior and after delivery”²⁵. Within base organisations of WAF there were sections for pregnant women and mothers with newborns. Most of these sections were self-initiatives²⁶. Based on Protection of Pregnant Employees and Nursing Mothers Act, mothers were entitled to 90-days maternity leave, and in some cases to work shorten hours, four hours until their child turns 3. During this leave they were paid full salary. Mothers who worked four hours were entitled to 75% of full salary²⁷. In later phases of social development in Serbia and Yugoslavia paid maternity leave was prolonged several times until child was one year old²⁶. Work with mothers and children demanded working in the field. Quality work of field service was not strength of any of the republics. Impossibility to work in the field created distorted picture of life conditions for mothers and children in different areas of the state²⁸. Key question of woman’s emancipation in socialist countries was often related to woman’s right to work, the idea of economically independent woman as essential condition of emancipation²⁹.

Conclusion

Social status of woman in Serbia in the first decades of XX century was moulded by patriarchal family and social relationships as well as traditional morals. Level of health culture of population, as well as level of general and personal hygiene, was low and especially in the country and backward areas of the state. In respect of the rights given to women in Yugoslavia and Serbia after World War II, issue of great importance was their right to decide to have children or not and how many children they would have. In other words, they were given the right to legally terminate pregnancy. During the 1950s most of women giving birth did not have

any professional help, in the 1960s and especially in the 1970s most of women giving birth had professional help. Liberalization of legal termination of pregnancy started in the early 1960s. Conditions of living in totally impoverished society and unfavourable political climate during last decade made their status get worse. In the last decade of the XX century it came to deterioration of women's health. Long economic crisis continued through so called transitional period, manifesting in both health care and health getting worse.

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