

SEX EDUCATION AND SEXUAL KNOWLEDGE
IN STATE-SOCIALIST HUNGARY, 1960S–1980S

By
Zsófia Anna Veszely

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Supervisor: Susan Zimmermann
Second Reader: Claudia Kraft

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Abstract

The thesis discusses sex education and the generation and negotiation of sexual knowledge in state-socialist Hungary in the period between the 1960s and the 1980s. Using an intersectional approach and a gender perspective, it explores the complex history of Hungarian sex education through a focus on the networks of the Ministry of Health, a women's organization (MNOT), and a youth organization (KISZ), with a special attention to the period's gender politics, population and reproductive policies. It emphasises the mutual relations of gender, power, and knowledge in sex education, not only in its content but also in the processes of and encounters with sexual knowledge production. The thesis explores the inclusion and exclusion of various social groups from sex education and their access to birth control methods, based on gender, ethnicity, class, age, marital status. Sex education appeared throughout the country and involved a wide range of actors already in the 1960s and was complemented by school-based sex education from the mid-1970s, but with limited access to sexual knowledge on the Hungarian countryside, where the Roma was represented in large numbers. Practices of counselling, school-based sex education, and magazine agony columns reveal how couples and individuals shaped sex education and participated in thematizing sexuality. On the one hand, MNOT and KISZ promoted gender equality, an equal partnership agenda, and men's responsibility through sex education. On the other hand, expert (medical) knowledge was often associated with male sex educators; female representatives of KISZ and MNOT often engaged in traditionally feminine tasks through sex education; encounters between the educators and the groups to be educated show the reluctance of many young men to take responsibility in the case of unwanted pregnancies.

Declaration

I hereby declare that this thesis is the result of original research; it contains no materials accepted for any other degree in any other institution and no materials previously written and/or published by another person, except where appropriate acknowledgment is made in the form of bibliographical reference.

I further declare that the following word count for this thesis are accurate:

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Signed: Zsófia Anna Veszely

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List of Abbreviations

GYES – Gyermekgondozási segély [Childcare leave benefit]

IM – *Ifjúsági Magazin* [Youth Magazine]

KISZ – Kommunista Ifjúsági Szövetség [The Hungarian Young Communist League]

MKP – Magyar Kommunista Párt [Hungarian Communist Party]

MNDSZ – Magyar Nők Demokratikus Szövetsége [Democratic Association of Hungarian Women]

MNOT – Magyar Nők Országos Tanácsa [National Council of Hungarian Women]

MSZMP – Magyar Szocialista Munkáspárt [Hungarian Socialist Worker's Party]

1. Introduction

1.1 Scope of Research and Research Questions

My research is a gendered analysis of sex education and sexual knowledge in state-socialist Hungary in the period between the 1960s and the 1980s. I investigate how the key institutions, networks, educators and educated construed, implemented, negotiated policies and legal changes, and analyse how the local, ever-changing relations of power, knowledge, and gender played out in these processes. Approaching state-socialist sex education as fundamentally gendered, my analytical focus is not limited to the inquiry of sex education materials and documents from a gender viewpoint but is expanded to the key institutions and the network of sex educators i.e., the ones who disseminate knowledge on sexuality, as well as to the groups addressed by sex education.

I use sex education as a comprehensive term, which goes far beyond school-based sex education, to the coordinated dissemination of any kind of knowledge on sexuality established by the Hungarian state, including the activity of various state institutions and organizations which are related to educating on sexuality. In state-socialist Hungary, what we today would refer to as sex education, was generally called ‘family planning education’ [családi életre nevelés], a term which is used as *a part of* sex education throughout the thesis, since sex education was often discussed in relation to the institution of the family but not exclusively – individual sexual pleasures or the sexual behaviour of young people were also discussed.

I seek to answer the following research questions: How were gender and power constituted in and through sex education and the related knowledge production in state-socialist Hungary?

What kind of platforms and networks did the key institutions involved in sex education generate and use? How were these networks and their activity gendered? How were various social groups (based on gender, ethnicity, age, marital status etc.) differentiated and addressed through sex education? How these groups experienced, encountered this education?

Through the in-depth analysis of state policies and documents of selected institutions and highlighting the role of other actors involved in sex education, I explore the composition and activities of the key actors who shaped Hungarian sex education in the period, and the way gender, power, and knowledge were inscribed in their institutions and documents. My first research question *how were gender and power constituted in and through sex education and the related knowledge production in state-socialist Hungary?* Following historian Joan Wallach Scott, my research uses gender as a category of historical analysis, in order to analytically address gendered relationships and to unfold “why these relationships are constructed as they are, how they work, or how they change”.¹ The interlacement of power and gender, related to the state, institutions, sex educator networks, and the educated, are also key to my research, since “gender is a primary way of signifying relationships of power”.² Following philosopher and historian Michel Foucault, I avoid the assumption in which “the sovereignty of the state, the form of the law, or the over-all unity of a domination are given at the outset”, but rather look at for example state policies as “only the terminal forms power takes”.³ Moving away from an exclusive “focus on the degree of state control”, I offer a deconstruction of the state as a non-changing, external, all-encompassing entity through sociologist Lynne Allison Haney’s concept of “the state as a layered entity, comprised of multiple and even conflicting apparatuses”.⁴

My following research questions *what kind of platforms and networks did the key institutions involved in sex education generate and use? How were these networks and their activity gendered?* With that, I offer an original contribution to the history of sex education in state-

¹ Scott, Joan W. 1986. ‘Gender: A Useful Category of Historical Analysis’. *The American Historical Review* 91 (5): 1053–75, p. 1057. <https://doi.org/10.2307/1864376>.

² Ibid, p. 1067.

³ Foucault, Michel. 1978. *The History of Sexuality*. Translated by Hurley Robert. 1st American ed. New York: Pantheon Books, p. 92.

⁴ Haney, Lynne A. 2002. *Inventing the Needy: Gender and the Politics of Welfare in Hungary*. Berkeley: University of California Press, p. 7.

socialist Hungary, in which not only the ‘output’ of sex education is analysed, but the processes of knowledge production and the encounters between the educators and the to-be-educated too. As regards to the latter, I consider that knowledge is not homogenously ‘spread’ among those who are addressed in sex education, and not everyone could access the same amount and the same type of sexual knowledge in the same manner in the period. In order to uncover these differences, I use an intersectional approach, highlighting (beyond gender) sexuality, ethnicity, class, age, marital status, and the rural-urban divide in particular, when working with my sources. The term intersectionality is attributed to critical race theory scholar Kimberlé Crenshaw, after she argued in 1989 that “feminism must include an analysis of race” by understanding the experiences of Black women through the lenses of both gender and race.⁵ It is important to note what social theorist Patricia Hill Collins has pointed out, that we must not assume that intersectionality’s origin story and the coining of the term happened in one and the same historical moment.⁶ Collins argues that categories of analysis such as gender, race, class, or sexuality “are best understood in relational terms rather than in isolation from one another”, having “[t]hese mutually constructing categories underlie and shape intersecting systems of power”.⁷ My final research questions are then *how were various social groups (based on gender, ethnicity, age, marital status etc.) differentiated and addressed through sex education? How these groups experienced, encountered this education?*

I place the topic of sex education and related organizational activity and social policies within the framework of the gender politics in state-socialist Hungary, building on the well-established scholarship in women’s and gender history in a communist/socialist context. Women’s equality

⁵ Crenshaw, Kimberlé. 1989. ‘Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics’. *The University of Chicago Legal Forum* 140: 139–67, p. 166.

⁶ Collins, Patricia Hill. 2015. ‘Intersectionality’s Definitional Dilemmas’. *Annual Review of Sociology* 41 (1): 1–20. <https://doi.org/10.1146/annurev-soc-073014-112142>.

⁷ Ibid, p. 14.

and the ‘emancipation project’ of the Hungarian state-socialist state was on the agenda throughout the second half of the twentieth century, so the characteristics of this project left their marks on sex education. The different ways of sexual knowledge production promoted gender equality and cemented traditional heterosexual gender relations at the same time. State-socialist ideology centered on Marxist thought was based in the claim that full gender equality could be achieved in the first place by integrating women into paid work and socializing the systems of childcare and household activities, but leaving women as the primarily responsible actors in the reproductive sphere.⁸ Sociologist Éva Fodor has demonstrated how the political and economic needs of the Hungarian communist party coupled with these ideological motives, necessitating women’s involvement in the large-scale industrialization project through labour market participation.⁹ While women’s involvement in paid productive labour was substantially higher in Hungary than in most capitalist societies (e.g. Austria), creating the base for more equal opportunities for women, research has revealed how women repeatedly faced discrimination in the workplace.¹⁰ According to social scientist Judit Acsády, labour market segregation was apparent in Hungary, in which women became disproportionately overrepresented in industries with less prestige and lower salaries (e.g. textile industry), while leader and decision-maker positions were overwhelmingly taken by men.¹¹ In a recent publication, historian Susan Zimmermann has further explored the feminization of the Hungarian labour market, the significantly lower ratio of skilled workers among women compared to that of men, the gendered wage differences and how the struggle for equal pay for women was limited, as “female workers’ material interests were tied to the development and

⁸ Popa, Raluca Maria. 2003. ‘The Socialist Project for Gender (In)Equality: A Critical Discussion’. *Journal for the Study of Religions and Ideologies*, no. 6 (Winter).

⁹ Fodor, Éva. 2002. ‘Smiling Women and Fighting Men: The Gender of the Communist Subject in State Socialist Hungary’. *Gender & Society* 16 (2): 240–63. <https://doi.org/10.1177/08912430222104921>.

¹⁰ Fodor, Éva. 2004. ‘The State Socialist Emancipation Project: Gender Inequality in Workplace Authority in Hungary and Austria’. *Signs* 29 (3): 783–813. <https://doi.org/10.1086/381103>.

¹¹ Acsády, Judit. 2019. ‘Women’s Industrial Labor in Hungary: An Overview of Main Tendencies and Turning Points from the End of the Nineteenth Century’. *East Central Europe* 46 (1): 9–28. <https://doi.org/10.1163/18763308-04601002>.

material possibilities of the state-socialist project as a whole”.¹² In another article, Zimmermann has argued that specific groups of women were affected differently by state-socialist politics, limiting the access of the Romnja (female population of the Roma minority), of rural and/or uneducated segment of the population to paid employment, thus to a range of social benefits that were closely tied to employment.¹³ The latter included a type of extended childcare leave benefit for two and a half (later three) years called *gyermekgondozási segély* (GYES) introduced in 1967, which was initially an option only for those women who had been employed full-time for a year prior to the child’s birth.¹⁴ Overall, the large-scale industrialization project and the ideological goals of the state allowed for women-friendly politics and provided a regime with new opportunities for many women, including education, paid labour and political activity. On the other hand, these opportunities were often still limited when compared to that of men’s, and most importantly, excluded large groups of women from the benefits and successes of the “women’s emancipation”, as “not all women were affected in the same way by state socialist politics and gender struggles”.¹⁵

Focusing on unpaid labour and household work, the scholarship agrees that the socialist states failed to attempt to bring about foundational changes regarding the gender relations in the reproductive sphere. As historian Donna Harsch has noted, however, in early Marxist theory, women’s “domestic drudgery” has been recognized, and freeing women from childcare and

¹² Zimmermann, Susan. 2020. “‘It Shall Not Be a Written Gift, but a Lived Reality’: Equal Pay, Women’s Work, and the Politics of Labor in State-Socialist Hungary, Late 1960s to Late 1970s’. In *Labor in State-Socialist Europe, 1945-1989: Contributions to a History of Work*, edited by Marsha Siefert, 337–72. Budapest New York: Central European University Press, p. 356.

¹³ Zimmermann, Susan. 2010. ‘Gender Regime and Gender Struggle in Hungarian State Socialism’. *Aspasia* 4 (1): 1–24. <https://doi.org/10.3167/asp.2010.040102>.

¹⁴ Zimmermann, 2010; Varsa, Eszter. 2005. ‘Class, Ethnicity and Gender. Structures of Differentiation in State Socialist Employment and Welfare Politics, 1960–1980. The Issue of Women’s Employment and the Introduction of the First Maternity Leave Regulation in Hungary’. In *Need and Care: Glimpses into the Beginnings of Eastern Europe’s Professional Welfare*, edited by Kurt Schilde and Dagmar Schulte, 197–217. Opladen: Bloomfield Hills, MI: Barbara Budrich Publishers; Zimmermann, Susan. forthcoming. “Shifting the Scene: The Changing Politics of Women’s Work and the Making of Extended Childcare Leave in State-Socialist Hungary, Europe, and Internationally.” In *Life Course, Work and Labour: Historical, Sociological and Anthropological Perspectives*, edited by Josef Ehmer and Carola Lentz. Oldenburg: De Gruyter.(in press).

¹⁵ Zimmermann, 2010, p. 1.

housework was deemed necessary.¹⁶ Putting this into practice, state-socialist countries made attempts to ease women's double task as workers and mothers by establishing childcare facilities, workplace and school canteens, communal laundries, and improved shopping services.¹⁷ Still, the development of these facilities was insufficient, as it could not keep up with the growing number of women entering the labour market, which resulted in the shortage of childcare facilities, long waiting lists and low number of children actually attending kindergarten and crèches in Hungary, especially in rural areas, putting the Roma population in a disadvantaged position.¹⁸ While early Marxists questioned the gendered division of the family, even addressing men to take their part in housework, they often saw it as primarily women's duty and burden, which should be alleviated either by husbands or by the state.¹⁹ Zimmermann calls the socialist family model a 'one male earner – one female earner and unpaid housekeeper – one family income' model, since while both husband and wife were engaged in paid labour, there was a significant imbalance in housework carried out by them, showing no or little progress over the decades.²⁰ As American scholar Barbara Einhorn has put it in 1993, "women were defined as workers and mothers, without any equivalent definition of men as workers and fathers".²¹ Recent scholarship has revealed a complex picture of the social and cultural histories of men and masculinities under socialism, arguing that the image of the new socialist man challenged hyper-masculine ideas in various ways.²² Marriage based on love and relationship between spouses envisioned as a kind of socialist companionship (and popularized by media outlets) set the base for more equal gender relations in the household and

¹⁶ Harsch, Donna. 2014. 'Communism and Women'. In *The Oxford Handbook of the History of Communism*, edited by Smith Stephen E., 1st ed, 488–504. Oxford Handbooks. Oxford ; New York, NY: Oxford University Press, p. 489.

¹⁷ Einhorn, Barbara. 1993. *Cinderella Goes to Market: Citizenship, Gender, and Women's Movements in East Central Europe*. London; New York: Verso.

¹⁸ Zimmermann, 2010.

¹⁹ Einhorn, 1993.

²⁰ Zimmermann, 2010, p. 6.

²¹ Einhorn, 1993, p. 5.

²² Hallama, Peter. 2021. 'Introduction: Men and Masculinities under Socialism: Toward a Social and Cultural History'. *Aspasia* 15 (1): 1–20. <https://doi.org/10.3167/asp.2021.150102>.

for the newly emerged image of the loving and caring socialist husband and man with familial responsibilities.²³ This thesis will demonstrate how this image appeared in sexual relations and responsibilities too, creating a potential for educating equality in intimate relationships through disseminating knowledge on sexuality. In my thesis, I pay special attention to the representation of men and masculinities through sex education material.

The thesis examines the history of sex education and the generation and negotiation of sexual knowledge in state-socialist Hungary in the 1960s–1980s through three institutions: The Egészségügyi Minisztérium [Ministry of Health], Magyar Nők Országos Tanácsa [National Council of Hungarian Women, hereafter MNOT], and the Magyar Kommunista Ifjúsági Szövetség [The Hungarian Young Communist League, hereafter KISZ]. As I show in the following, these institutions played crucial roles in sex education in this period but were not the only actors engaged in these activities. Gender scholar Eszter Varsa has shown that the Magyar Vöröskereszt [Hungarian Red Cross] has also published sex education material extensively.²⁴ In the process of selecting my sources, I have identified several additional institutions and organizations involved in sex education in various ways, such as the Központi Statisztikai Hivatal [Central Statistical Office], the Hazafias Népfront [Patriotic People's Front], or the Tudományos Ismeretterjesztő Társulat [Society for Dissemination of Scientific Knowledge]. The amount of sources from each organization and institution accessible and researchable in the archives is enormous. For the purpose of a comprehensible thesis however, I decided to focus on the three key actors indicated above. I give a deep analysis of the actions and discourses of these three actors related to sex education, which have not been extensively analysed before by historians. Each of them reached out to a specific, well-identifiable group

²³ Harsch, 2014.

²⁴ Varsa, Eszter. 2018. ““Respect Girls as Future Mothers”: Sex Education as Family Life Education in State Socialist Hungary (1950s–1980s)”. In *Children by Choice?*, edited by Ann-Katrin Gembries, Theresia Theuke, and Isabel Heinemann, 77–98. Oldenburg: De Gruyter. <https://doi.org/10.1515/9783110524499-004>.

of people in their sex education programmes. MNOT and KISZ primarily addressed women and young people respectively, with a focus on Roma people to a certain extent in both cases. The Ministry of Health had no specific group to address, rather strived for the educating the largest possible audience, and it was also a key actor in introducing those policies and decrees related to the dissemination of sexual knowledge that MNOT and KISZ implemented. While the Hungarian Ministry of Health is mentioned in some studies on the topic of sexuality in the period, these works are predominantly interested in published documents, such as sex education manuals or articles and books by sexologists.²⁵ In order to see the processes and interactions behind published materials and understand the activity and network of the key actors, I have turned my attention to unpublished sources too.

For the purpose of collecting the source base for my research, I have used Hungarian archives in three different locations and an online archive called *Arcanum Digitheca*, a large database bringing together a wealth of Hungarian journals, dailies and other publication of the period.²⁶ In *Arcanum* I have explored the columns of the official publication of KISZ called *Ifjúsági Magazin* [Youth Magazine, hereafter IM], addressed to young people between age 14 and 18. IM was published from 1965 in state-socialist Hungary.²⁷ The magazine, which was published every month, contained agony columns, i.e. letters from readers about their personal problems, printed together with advice about how to deal with them in a magazine or newspaper.²⁸ I have analysed excerpts from two selected agony columns called *Válogatott Magánügyek* [Selected Private Matters] and *Doktor úr, kérem...* [Doctor, please...], which appeared in IM in 1979 and in 1984, respectively. Each column was one page in an issue, with many questions on sexuality,

²⁵ Varsa, 2018; Szegedi, Gábor. 2021. 'The Emancipation of Masturbation in Twentieth-Century Hungary'. *The Historical Journal* 64 (March): 1–25. <https://doi.org/10.1017/S0018246X21000091>.

²⁶ Arcanum Digitheca." Retrieved August 20, 2022, from <https://adt.arcanum.com/en/>.

²⁷ Entry 'Ifjúsági Magazin 1965-1989 | Arcanum Digitális Tudománytár'. Accessed 20 August 2022. <https://adt.arcanum.com/hu/collection/IfjusagiMagazin/>.

²⁸ Entry 'Agony Column'. Accessed 20 August 2022. <https://dictionary.cambridge.org/dictionary/english/agony-column>.

and some on other topics unrelated to my research, such as fashion, children-parent relationships, or mental health issues. In many cases, the questions from the part of the letter writers were heavily shortened in length by the magazine editors, or completely left out, sometimes making the answers too vague to use in my research. I have selected and analysed those excerpts to show and interpret, which were the most telling and contained multiple elements (e.g., about contraception *and* containing references to rural areas), while paying keen attention to cover the whole period of the 1980s. Aiming to collect documents from MNOT, KISZ, and the Ministry of Health, I turned to the Magyar Nemzeti Levéltár [National Archives of Hungary]. The actual documents I went through constitute a huge amount of material, and still form only fragments of the many documents and pages produced by even one of the organizations. Finally, I have visited the Országgyűlési Könyvtár [Library of the Hungarian Parliament] to find key information about the key institutions, their format, foundations, and policies.

The body of my thesis consists of four main chapters, each separated into two or three sections. The chapter titled *Key Institutions Involved in Sex Education* offers an analysis of the three selected institutions, their activity regarding sex education, completed with inquiry of the most important policies. The following chapter, entitled *Educators of Sex* explores in detail the network of those involved in knowledge production. The chapter seeks to understand which groups and actor networks were assigned as responsables for sex education and how the interlacements of gender and power played out in their networks and knowledge production processes. Chapter 4 on *Tendencies, Variety, and Tensions in Hungarian Sex Education* focuses on the content of sex education and the main issues addressed, such as encouraging childbirth and the use of birth control methods at the same time. A separate section about Roma people reveals a history of sex education of a marginalized group in Hungarian society. The last chapter titled *Encounters in Sex Education* reveals approaches and experiences of the

various groups addressed in sex education, through counselling, school classes, and agony columns.

1.2 Embedding the Thesis in the Existing Scholarship

Regarding the scholarship on gender and state-socialism in the early 2010s, gender scholar Ana Magó-Maghiar argued that there is a growing body of literature on women and work, politics, or education, but the topic of sexuality remained less well explored in these works.²⁹ In 2011, historian Dagmar Herzog underscored that regarding the history of sexuality “some countries have received far more coverage than others”, leaving the history of sexuality in Central Eastern Europe relatively under-researched.³⁰ Since the 2010s, however, we see a growing body of scholarly contributions on the topic of sex education and sexuality in the region of Central Eastern Europe during the state-socialist/communist period from a gender perspective. My dissertation belongs to this recent wave of research and publications of the last ten years, in which some specifically explore state-socialist Hungary.

While some of these works focus on specific nation states in the region, gender scholar Eszter Varsa and social scientist Dorottya Szikra offer a global perspective on reproductive politics and sex education in Europe – and especially Central Eastern Europe – in the Cold War context.³¹ The authors show that as the urge to control the number of the population (and to stop birth increase in the ‘Global South’) was growing after World War II, US- and UN-funded experts and policy makers promoted family planning programmes through organizations with international networks, such as the International Planned Parenthood Federation (IPPF),

²⁹ Magó-Maghiar, Ana. 2010. ‘Representations of Sexuality in Hungarian Popular Culture of the 1980s’. *Medijska Istrazivanja [Media Research]* 16 (1): 73–95.

³⁰ Herzog, Dagmar. 2011. ‘Introduction’. In *Sexuality in Europe: A Twentieth-Century History*, 1–5. New Approaches to European History. Cambridge: Cambridge University Press, p. 4.

³¹ Varsa, Eszter, and Dorottya Szikra. 2020. “‘New Eugenics,’ Gender and Sexuality: A Global Perspective on Reproductive Politics and Sex Education in Cold War Europe”. *The History of the Family* 25 (4): 527–49. <https://doi.org/10.1080/1081602X.2020.1807385>.

involving the Central Eastern European region in family planning programmes too.³² Others have turned their focus to and gave a deep analysis of sex education and sexual advice in specific Central Eastern European countries, sometimes even comparing these. The joint article of sociologist Kateřina Lišková and historians Natalia Jarska and Gábor Szegedi sheds light on the characteristics of Czechoslovakian, Polish, and Hungarian school-based sex education in the 1970s and 1980s.³³ Focusing on Poland, anthropologist Agnieszka Kościańska has shown how sexological works, which became highly popular during the period of the 1970s and 1980s, discussed not only the physiological aspects of sexuality (e.g. anatomy of the genitals) but also romantic relationship between women and men, sexual pleasures and sexual health.³⁴ As I show throughout the thesis, but especially in Chapters 4 and 5, this approach was similar to how teaching addressed sexuality in for example Hungarian schools. Similarly, in Czechoslovakia, sexologists focused on sex education and sexual health (e.g. sexually transmitted diseases) already in the 1950s, while marriage was identified as an institution based on love and mutual affection, and equality both within and beyond the home was underscored.³⁵ Historian Brendan McElmeel has researched the regional newspaper of the Communist Youth League (Komsomol) in the industrial parts of the Urals during the Thaw years (1953–1964), discussing the construction of heterosexual romantic love and communist morality as part of the egalitarian relationship of Soviet men and women.³⁶ These findings resonate with Hungarian discourses on marriage as equal partnership, which will be discussed in Chapter 4.2

³² Ibid.

³³ Lišková, Kateřina, Natalia Jarska, and Gábor Szegedi. 2020. 'Sexuality and Gender in School-Based Sex Education in Czechoslovakia, Hungary and Poland in the 1970s and 1980s'. *The History of the Family* 25 (4): 550–75.

³⁴ Kościańska, Agnieszka. 2020. *Gender, Pleasure, and Violence: The Construction of Expert Knowledge of Sexuality in Poland*. Translated by Marta Rozmysłowicz. New Anthropologies of Europe. Bloomington, Indiana: Indiana University Press.

³⁵ Lišková, Kateřina. 2016. 'Sex under Socialism: From Emancipation of Women to Normalized Families in Czechoslovakia'. *Sexualities* 19 (1–2): 211–35, p. 181.
<https://doi.org/10.1177/1363460715614246>.

³⁶ McElmeel, Brendan. 2021. 'From Don Juan to Comrade Ivan: Educating the Young Men of the Urals for Love and Marriage, 1953–1964'. *Aspasia* 15 (1): 21–40. <https://doi.org/10.3167/asp.2021.150103>.

and Chapter 5. Historian Agata Ignaciuk has identified the Polish state family planning organization called Towarzystwo Świadomego Macierzyństwa [Society for Conscious Motherhood] as the main actor in birth control campaigning up until the 1970s, an organization which spread information on sexuality and contraception.³⁷ In this regard, the organization's activity shows similarities with the National Council of Hungarian Women, which focused on the termination of pregnancies from the mid-1960s. It is especially striking how Polish popular medical literature created an anti-abortion discourse, regarded the termination of pregnancies harmful to women's health, linked it to infertility, and advocated the use of contraceptive methods.³⁸ These tendencies were all present in the Hungarian context as well.

On the one hand, the works introduced so far show that sex education in countries of the Central Eastern European region was characterized by similar approaches, with similar sex educator networks and institutional backgrounds. On the other hand, it is also clear that we may not conceive of the Central Eastern European region as the coherent “former communist bloc”, whether it is about exploring the history of sexuality or any other histories.³⁹ There were significant differences between the countries of the region, and the approach to sexuality saw many changes and developments throughout the state-socialist period even in one country.⁴⁰ To state one example, as Lišková argued, following the Prague Spring and the so-called Normalization period in the 1970s, Czechoslovakian sexologists distanced themselves from the discourses on gender equality, no more emphasising the “equality of women and the importance of building marriage on the foundation of equal rights for men and women”.⁴¹

³⁷ Ignaciuk, Agata. 2020. ‘No Man’s Land? Gendering Contraception in Family Planning Advice Literature in State-Socialist Poland (1950s–1980s)’. *Social History of Medicine* 33 (4): 1327–49. <https://doi.org/10.1093/shm/hkz007>.

³⁸ Ibid.

³⁹ Kulpa, Robert, and Joanna Mizielińska, eds. 2016. *De-Centring Western Sexualities: Central and Eastern European Perspectives*. First issued in paperback. London New York: Routledge, Taylor & Francis Group, p. 21.

⁴⁰ Lišková 2016.

⁴¹ Lišková, Kateřina. 2018. *Sexual Liberation, Socialist Style: Communist Czechoslovakia and the Science of Desire, 1945–1989*. Cambridge: Cambridge University Press, p. 182. <https://doi.org/10.1017/9781108341332>.

Scholarly contributions on the history of sexuality in state-socialist Hungary specifically, pursue various approaches and have investigated a wide variety of primary sources. Looking at popular magazines is not alien to these works: media scholar András Murai and historian Eszter Zsófia Tóth have examined IM in their research, not only analysing columns of the publication, but also including interviews with former columnists and editors.⁴² Through these documents, they show how the magazine thematized sexuality in the period between 1965 and 1989, while it influenced and controlled the sexual behaviour of the young.⁴³ Other scholars have also predominantly researched published materials about sexuality or specifically used for Hungarian sex education. Eszter Varsa has explored Hungarian sex education in the state-socialist period through major publications from a gender perspective, with a special attention to Roma people and sexuality.⁴⁴ Varsa has emphasised that Hungarian selective pronatalism “aimed to decrease fertility rates among less well-to-do and uneducated populations, many of whom were Roma”.⁴⁵ In a more recent publication, she offered a comparative analysis on sex education in Austria and Hungary during the Cold War period, against the backdrop of population politics.⁴⁶ Gábor Szegedi has contributed to the history of sexuality by discussing the main changes about discourses on masturbation in the Kádár regime (late 1950s to late 1980s).⁴⁷ His in-depth research on marriage counselling in Hungary in the early twentieth century reveals the specificities of the control of the state and the desire to influence the sexual behaviour of citizens through marriage counselling.⁴⁸ While Szegedi, in the latter research, focuses on the period preceding the one in my research, he points to the continuity of the

⁴²Tóth, Eszter Zsófia, and András Murai. 2014. “‘Doktor Úr Kérem...’ Diskurzusok a Szexualitásról az Ifjúsági Magazinban (1965-1989) [“Please, Doctor...” Discourses on Sexuality in Youth Magazine (1965-1989)]”. In *Szex és Szocializmus [Sex and Socialism]*. Budapest, Hungary: Libri.

⁴³ Ibid.

⁴⁴ Varsa, 2018.

⁴⁵ Ibid, p. 98.

⁴⁶ Varsa, Eszter. 2020. ‘Sex Advice East and West: Sex Education and Family Planning in Cold War Austria and Hungary’. *The History of the Family* 25 (4): 649–70. <https://doi.org/10.1080/1081602X.2019.1702890>.

⁴⁷ Szegedi, 2021.

⁴⁸ Szegedi, Gábor. 2012. ‘Dangerous Liaisons: Marriage Counselling as an Early Discourse and Practice of Biopolitics in Hungary’. *Kaleidoscope: Journal of History of Culture, Science and Medicine* 3 (5): 286–306.

biopolitical practices of the state throughout the twentieth century.⁴⁹ My Chapter 5.1 complements his findings, pointing to the changes in the institution of marriage counselling in the second part of the twentieth century, as compared to the first.

⁴⁹ Ibid.

2. Key Institutions Involved in Sex Education

In this chapter, I introduce three institutions involved in sex education: Ministry of Health, MNOT, and KISZ, which I identify as having played crucial roles in sex education in the period between the 1960s and the 1980s. I show their activity related to the dissemination of sexual knowledge both within and outside of public education, how these actors implemented policies and/or were involved in decision-making processes, conceptualized sex education, and addressed different groups of people. This chapter is also devoted to the discussion of the context of sex education programmes, highlighting key dates related to changes in policies that shaped sexual and reproductive rights and knowledge.

The reasons behind selecting these three institutions, was the aim to show the different ways and contents of sex education. The Ministry of Health shaped policies related to sexual health, knowledge, and reproductive rights from the 1950s on, participated in the school-based sex education project and published material for the widest possible audience. The Hungarian Young Communist League became active from the mid-1960s and started to target young people specifically with materials on sexuality. In late state-socialism, it could reach teenagers through its highly popular, monthly published youth magazine and even created a platform for public opinion through readers' letters and agony columns. Meanwhile, the National Council of Hungarian Women reached out to a wide variety of women and spread knowledge on birth control methods in the 1950s and 1960s.

It is important to highlight once again that these were not the only institutions involved in sex education, but they do represent a great variety and complexity of sex education in state-socialist Hungary. Scholarly works on the topic have explored many of the key institutions, organizations, and individuals who contributed to sex education in Hungary.⁵⁰ The Magyar

⁵⁰ Lišková et al. 2020.

Vöröskereszt [Hungarian Red Cross] and the Központi Statisztikai Hivatal [Central Statistical Office] were also significant actors involved in the dissemination of sexual knowledge, but which I have decided to leave out from this research because of reasons discussed earlier.⁵¹ In general, the recent body of literature on sex education has predominantly been interested in published material and has left unpublished primary sources, such as organizations' proposals, minutes of meetings, and letters largely unexplored.⁵² In my project, I have included a large number of unpublished sources, showing the complexities of Hungarian sex education and the different ways knowledge on sexuality was disseminated, through the activity and interactions of different actors that were involved in educating people on sexuality.

2.1 Egészségügyi Minisztérium [Ministry of Health]

The Ministry of Health was a key institution in state-socialist Hungary involved in sex education, whether in the form of shaping policies, taking the main role of organizing school-based sex education, or publishing materials for the general public. The Ministry of Health was founded after the dissolution of the Ministry of Welfare in 1952.⁵³ From the beginning, it was responsible for crucial policies related to reproduction and sexuality, such as issuing regulations on the permission or restriction of abortions, contraception methods, gynaecological examinations, and the organization and operation of various counselling networks, such as Család-és Nővédelmi Tanácsadók [Family and Women Care Centres], discussed at length in Chapter 5.1. One of the main bodies within the Ministry of Health concerned with the dissemination of knowledge on health and specifically sexual health related issues was called Egészségügyi Felvilágosítási Központ [Health Education Centre].⁵⁴ Aiming at reaching the widest possible age and social groups, the Health Education Centre published

⁵¹ See for example, Varsa, 2018.

⁵² See for example, Lišková et al. 2020; Varsa, 2018; Szegedi, 2021.

⁵³ Haney, 2002.

⁵⁴ Translation used by Gábor Szegedi, 2021.

small paper booklets with colourful drawings on topics such as sexually transmitted diseases, reproductive organs, menstruation, and contraception already in the 1960s.⁵⁵

The various centres and counselling networks of the Ministry of Health gained importance and were mobilized specifically for sex education following a number of changes in state policies in the early 1970s. These decisions of the Magyar Szocialista Munkáspárt [Hungarian Socialist Worker's Party, hereafter MSZMP], of the Magyar Forradalmi Munkás-Paraszt Kormány [Hungarian Revolutionary Workers' and Peasants' Government], and of the Minisztertanács [Ministry Council] were the most important, 'top-down' approaches that designated which institutions should be involved in what type of sex education, including the Ministry of Health, KISZ, and MNOT, among many others. Many different institutions were addressed in these policies, gradually creating public discussions on sexuality, family life and intimate relationships from the mid-1960s on, constantly shaping and reshaping the images of sexually educated socialist men and women, young people and adults, partners and spouses. As KISZ stated in a 1973 open letter, sex and sexuality was a kind of "private matter of the whole nation", which could not be confined to the private sphere, since it concerned the future of the whole society.⁵⁶

The MSZMP issued a directive in 18-19 February 1970, called *A Magyar Szocialista Munkáspárt Központi Bizottságának állásfoglalása a nők politikai, gazdasági és szociális helyzetéről* [Directive of the Hungarian Socialist Worker's Party Central Committee on women's political economic, and social situation] which was followed by *A Magyar*

⁵⁵ See for example: *Nemibetegségekről [On Sexually Transmitted Diseases]*. 1969. Budapest: Egészségügyi Minisztérium Egészségügyi Felvilágosítási Központja [Health Education Centre of Ministry of Health]; Irén, Harsányi. 1963. *Nagylány Lettem [I Became a Young Woman]*. Budapest: Egészségügyi Minisztérium Egészségügyi Felvilágosítási Központja [Health Education Centre of Ministry of Health].

⁵⁶ "Nemcsak 18 éven felülieknek! A KISZ Központi Bizottságának nyílt levele 'magántügyben'" [Not just for over 18-year-olds! Open letter of the KISZ Central Committee in 'private matter']. October, 1973. Magyar Kommunista Ifjúsági Szövetség Központi Bizottsága [Central Committee of the Hungarian Young Communist League], Magyar Nemzeti Levéltár [National Archives of Hungary, hereafter MNL], XXVIII-M-18 / b / 74 ő. e.

Forradalmi Munkás-Paraszt Kormány 1013/1970 (V. 10.) számú határozata a nők gazdasági és szociális helyzetének megjavításáról [1013/1970 (V. 10.) Decision of the Hungarian Revolutionary Workers' and Peasants' Government aimed at improving the economic and social situation of women].⁵⁷ These two (party and government) decisions aimed at the improvement of women's social and economic situation, initiating changes both within and beyond the workplace. Focusing on political, economic and social issues, the decisions promoted equal pay for equal work, women's training and education, women's political activity, women's health, and the development of childcare institutions, among many other things.⁵⁸ As Zimmermann has shown, the government identified women's so-called "double task", stemming from the overwhelming amount of work carried out both within and beyond the workplace by especially mothers, and urged various responsible bodies "to take women's 'specific problems' more carefully into account than in the past."⁵⁹ The government also addressed the Minister of Health, asking him to "develop initiatives for improving women's health (prevention of pregnancy, appropriate family planning etc.)".⁶⁰ Therefore, top-level decision makers conceptualized family planning as a women's health issue in 1970, which was intended to improve women's health, and thus their social and economic status. While the request was rather brief and lacked details, it clarified that family planning was expected to support women, placing it within a larger gender equality agenda.

Only three years later, a detailed decision called *A Minisztertanács 1040 1973. (X. 18.) számú határozata a népesedéspolitikai feladatokról* [1040 1973. (X. 18.) decision of the Ministry

⁵⁷ Víg, Vilmosné, ed. 1971. *Dokumentumok a Nők Gazdasági és Szociális Helyzetének Megjavításáról* [Documents on the Improvement of the Economic and Social Position of Women]. Budapest: Kossuth Könyvkiadó.

⁵⁸ Ibid.

⁵⁹ Zimmermann, 2010, p. 8.

⁶⁰ Víg, 1971, p. 37.

Council on population policy tasks] was issued.⁶¹ This laid the foundation for introducing sex education as a school subject and making the Ministry of Health a key actor in not only educating the general public on sexuality, but in preparing a body of professionals for this educational work.⁶² From 1974 on, sex education as a school subject appeared in the curricula in selected primary and secondary education institutions all over the country, then in vocational schools, and was then extended to all public education in the country in the following years.⁶³ While medical students were systematically taught how to be a health care professional and help future clients in reproductive and sexual health, young people in primary and secondary education were introduced to not only the physiological, but the social aspects of sexuality and sexual relationships. The introduction of this school subject led to the proliferation of textbooks and booklets on sexuality, created specifically for students of different age. The 1973 Ministry Council decision on population policy tasks also addressed the Minister of Health, demanding to broaden the network of the existing Family and Women Care Centres, the availability of contraceptives, and disseminating knowledge on family planning among the population and in public education.⁶⁴ While the decision called for broadening the network of Family and Women Care Centres, these had been legally established by the Ministry of Health already in 1971, within existing gynaecology clinics and other health care facilities all over the country.⁶⁵ The purpose of these facilities was to professionally advise individuals and couples who were sent to counselling or were seeking information voluntarily on questions related to sexual health and to the (prevention of) pregnancy. While the name suggests that these facilities were

⁶¹ Fock, Jenő. October 1, 1973. “A Minisztertanács 1040/1973 (X. 18.) számú határozata a népesedéspolitikai feladatokról” [1040 1973. (X. 18.) decision of the Ministry Council on population policy tasks], *Magyar Közlöny*, no. 71: 774–78.

⁶² Ibid.

⁶³ Fock, Jenő. March 6, 1974. “A Minisztertanács 2006 1974. (III.6.) számú határozata a népesedéspolitikai határozatból következő oktatási és nevelési feladatokról” [2006 1974. (III.6.) decision of the Ministry Council on education tasks following the population policy decision], *Magyar Közlöny*, no. 71: 774–78.

⁶⁴ 1040 1973. (X. 18.) decision of the Ministry Council on population policy tasks, 1973.

⁶⁵ “Az Egészségügyi Minisztérium 40.680/1971. számú irányelve a nővédelmi tanácsadók működéséhez” [Ministry of Health directive 40.680/1971 on the operation of Women Care Centres]. October 18, 1971. *Egészségügyi Közlöny* 21 (19): 351–52.

exclusively for women, men were also encouraged (then obliged) to pay visits, especially if they were about to get married. As the decision says,

“The tasks of [Family and] Women Care Centres include the education of young people and of couples both before and after marriage. They [health care professionals of the Centres] must strive for answering the emerging questions on a modern, biological, and ethical basis. [...] Their work will be successful if they manage to educate clients by showing and displaying up-to-date information on the prevention of unwanted pregnancies and on the application of modern contraceptive methods. [...] It proves to be good practice to have samples [in the Centres] of all the contraceptive devices and medicaments available in the country. The mechanical and local application of contraceptives need to be displayed not only on drawings but on plastic models created specifically for this purpose”.⁶⁶

As the 1973 Ministry Council decision on population policy tasks focused on the sexual education of young people and couples, it is apparent how the approach to sexuality was not confined to physiological phenomena but was linked to the institution of the family. Therefore, this is an example of sex education understood as ‘family planning’ [*családtervezés*] or ‘family life education’ [*családi életre nevelés*].

2.2 Magyar Nők Országos Tanácsa [National Council of Hungarian Women]

MNOT was reorganized in 1957, after the dissolution of Magyar Nők Demokratikus Szövetsége [Democratic Association of Hungarian Women, MNDSZ] in 1956.⁶⁷ Its main body concerned with informing women on their reproductive and sexual rights and health called Anya- és Gyermekvédelmi Bizottság [Mother and Child Protection Committee] was founded in 1954 with 16 members and counted 112 members by the end of the 1950s.⁶⁸ According to the Committee’s own report, the goals were to focus primarily women’s and families’ health by

⁶⁶ Ibid.

⁶⁷ Acsády, Judit. 2020. ‘A hazai nőszervezetek 1945-től a rendszerváltás időszakáig [Hungarian Women’s Organizations from 1945 until the Transition Period]’. In *Támogatás és Támadás - Női civil szervezetek az illiberális demokráciákban [Support and Attack - Women’s Civil Organizations in Illiberal Democracies]*, edited by Dorottya Szikra and Anna Fejős, 58–76. Társadalomtudományi Kutatóközpont, p. 67.

⁶⁸ “Beszámoló a Budapesti Nőtanács Anya- és Gyermekvédelmi Bizottságának munkájáról” [Report on the work of the Mother and Child Protection Committee of the Budapest Council of Hungarian Women], July 20, 1961, MNL, XXVIII-M-20 / h / 9 ő. e.

“[...] paying keen attention to the current issues regarding the legal protection of the family, the child, the mother, and the woman, and offer help in solving these problems. With our goals, we strive to represent the interests of the widest strata of women, and to support the work of nurseries, kindergartens with adequate initiatives. We strive to elevate the health culture of women by using their interest in health-related questions, while we bring them closer to the women’s movement. Through the achievements of the socialist healthcare, we show our women the superiority of our social system and its inspiring perspectives. We keep close contact with state health-related bodies, and notify them about opinions, criticism and suggestions of women. We mobilize women to adhere to health-related policies”.⁶⁹

The Mother and Child Protection Committee claimed for itself a mediative role between women and state institutions, trying to operate with a ‘bottom-up’ approach. While they claimed to represent many women, their activity regarding women’s health was confined to the capital in the first two years but started to develop a more complex and broad structure after 1956: eight other “expert committees” were created (e.g., School Health Committee, Budapest District Nurses’ Club), while several Mother and Child Protection Committees were established in each Budapest district.⁷⁰ The Committees’ educational methods included movie screenings, organizing lectures from health care professionals and meetings among women, advocating counselling, and spreading publications. While they tried to gain information during the 1950s on women living in rural areas and the issues they were facing, it was only after 1965 when the Committee started to operate on a national level (and was re-organized under Családvédelmi Osztály [Division for Family Protection]) of MNOT.⁷¹

The Mother and Child Protection Committee paid specific attention to abortions, to the prevention of unwanted pregnancy, and to birth control methods already in the late 1950s. Its main activity, which I identify as one of the earliest attempts to educate on sex and sexuality, was described as the aim to “support the work of healthcare institutions in educating women

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ Róna, Borbála. January 21, 1967. “Jelentés a MNOT Anya- és Gyermekvédelmi munkájáról” [Report on the work of the Mother and Child Protection Committee of MNOT]. MNL, XXVIII-M-20 / i / 1 ő. e.; “Jelentés a Nőtanács Anya- és Gyermekvédelmi Bizottsága munkájáról” [Report on the work of the Mother and Child Protection Committee of the Women’s Council], Családvédelmi Osztály [Division for Family Protection]. September 9, 1966. MNL, XXVIII-M-20 / i / 1 ő. e.

on *preventing* instead of terminating pregnancies” as the latter is “harmful to women’s health”.⁷² The goal was to “carry out educational work in order to prevent abortions”, since “the number of abortions have increased extremely”.⁷³ This was completed with gaining information on “whether methods of prevention are produced and are available in required quantities”.⁷⁴ Furthermore, within the framework of “family protection” relevant actors of MNOT paid attention to the problems of family life and marriage, including that of sexual life [*sexuális élet problémái*].⁷⁵

As I will explain in detail in Chapter 4, fear of declining birth rate was present in Hungary throughout the state-socialist period, resulting in several changes in abortion regulations. In the hope of counterbalancing post-war labour shortage and of fulfilling the population requirements of the state-socialist state, abortion was banned between 1949 and 1954 in Hungary.⁷⁶ From 1 January 1954 on, the ban has been lifted, and termination of pregnancy “had to be approved by a two-level committee” but was essentially permitted “for reasons of social difficulties”.⁷⁷ For comparison, the total number of (legal) abortions in 1950 was 1707, while in 1957 it increased to 123 383.⁷⁸ Later, following the end of the Stalinist period, abortion became free on demand, up until another abortion restriction in 1973.⁷⁹ These changes certainly served as a point of reference for the Mother and Child Protection Committee’s worries about

⁷² “A kerületi anya- és gyermekvédelmi bizottság feladata” [Tasks of the district Mother and Child Protection Committee]. July 22, 1958. Magyar Nők Budapesti Tanácsa, Anya-és Gyermekvédelmi Bizottság [Budapest Council of Hungarian Women, Mother and Child Protection Committee], MNL, XXVIII-M-20 / i / 1 ő. e., [my highlights].

⁷³ “A Magyar Nők Budapesti Tanácsa mellett működő Anya- és Gyermekvédelmi Bizottság munkaterve” [Working plan of Mother and Child Protection Committee of Budapest Council of Hungarian Women]. September 20, 1957. Magyar Nők Budapesti Tanácsa, Anya-és Gyermekvédelmi Bizottság [Budapest Council of Hungarian Women, Mother and Child Protection Committee], MNL, XXVIII-M-20 / h / 9 ő. e.

⁷⁴ Ibid.

⁷⁵ “Tasks of the district Mother and Child Protection Committee”, July 22, 1958.

⁷⁶ Gal, Susan. 1994. “Gender in the Post-Socialist Transition: The Abortion Debate in Hungary.” *East European Politics and Societies* 08 (02): 256–86.

⁷⁷ Pető, Andrea. 2002. “Women’s Rights in Stalinist Hungary: The Abortion Trials of 1952-53.” Translated by Éva Kossuth. *Hungarian Studies Review: HSR* 29 (February): 49–76, p. 52.

⁷⁸ Központi Statisztikai Hivatal [Central Statistical Office]. <https://www.ksh.hu/>.

⁷⁹ Gal, 1994; Szalai, Julia. 1988. ‘Abortion in Hungary’. *Feminist Review* 29 (1): 98–100. <https://doi.org/10.1057/fr.1988.27>.

the increasing number of abortions. While the argument of the Committee on focusing on the prevention, instead of the termination of pregnancies legitimized its advocacy for (modern) contraceptive methods for women, few of these were available in reality. Following *Az egészségügyi miniszter 9/1967. (Eü. K. 8.) Eü. M. számú utasítása az Infecundin nevű törzskönyvezett gyógyszerkészítmény rendelésének és kiszolgáltatásának engedélyezéséről* [9/1967. (Eü. K. 8.) Minister of Health directive on permitting order and supply of the pharmaceutical product called Infecundin], the first hormonal oral contraceptive pill called Infecundin was legally introduced in 1967, with limited availability.⁸⁰ Infecundin could be prescribed for women aged 18 and above by an obstetrics and gynaecology medical specialists, who were obliged to inform the client on the effects, methods, and side effects of the pill.⁸¹ In Budapest, each district had one clinic and one pharmacy assigned where Infecundin could be prescribed and purchased, while in other counties, only a few cities had these facilities, making it much harder for women in the countryside to get access to the pill.⁸² It was only in 1973 when other medical professionals, such as those in Family and Women Care Centres and company physicians got the authority to prescribe hormonal contraceptives.⁸³

Following the 1970 party directive and government decisions on women's issues and the ensuing institutional restructurings, many of MNOT's earlier responsibilities were reassigned to trade unions and other organizations as a reaction to women's growing participation in the labour market, and to the struggles they faced both in the workplace and in childcare and family

⁸⁰ Szabó, Zoltán. April 20, 1967. "Az egészségügyi miniszter 9/1967. (Eü. K. 8.) Eü. M. számú utasítása az Infecundin nevű törzskönyvezett gyógyszerkészítmény rendelésének és kiszolgáltatásának engedélyezéséről" [9/1967. (Eü. K. 8.) Minister of Health directive on permitting order and supply of the pharmaceutical product called Infecundin] and Appendix. *Egészségügyi Közlöny* 18 (13): 209-10.

⁸¹ Ibid.

⁸² Ibid.

⁸³ Szabó, Zoltán. September 1, 1973. "Az egészségügyi miniszter 23/1973. (Eü. K. 17.) Eü. M. számú utasítása a gyógyszeres (hormonális hatású) fogamzásgátló szerek rendelésének és kiszolgáltatásáról" [Minister of Health directive 23/1973. (Eü. K. 17.) on the order and supply of hormonal medical contraceptives]. *Egészségügyi Közlöny* 23 (17): 410-11.

work, often referred to as working women's 'second shift'.⁸⁴ As a consequence, the work of MNOT's committees, including that of Mother and Child Protection Committee ceased to exist in 1970 (in the National Archives of Hungary the documents of these various committees are only available until the year 1970). MNOT's activity regarding sex education became more general and less interactive from this period on, losing the specific focus of informing women on birth control methods. However, during the 1970s and 1980s, they continued to publish on women's health, marriage, and family life, and monitored the work of Family and Women Care Centres, which I discuss in Chapter 5.1.⁸⁵

2.3 Magyar Kommunista Ifjúsági Szövetség [The Hungarian Young Communist League]

KISZ was founded in 1957 as the main mass organization of and for young people in state-socialist Hungary, having the purpose of "creating the socialist unity of the Hungarian youth, promoting the communist education of the Hungarian youth, and providing supply for the party".⁸⁶ Attempts for the sexual education of young people by KISZ started to appear from 1965 on. That year, the KISZ Central Committee, the Ministry of Health, and the Ministry of Education jointly published a document on the principles of sexual education of the youth, which promoted responsible sexual behaviour among young people over the age of 18 but condemned sex among minors.⁸⁷ In 1966, KISZ published a booklet on its future goals.⁸⁸ Among its tasks for the "ideological-political and moral education of the young", only

⁸⁴ Zimmermann, 2020.

⁸⁵ See for example, "Javaslat: A Magyar Nők Országos Tanácsa feladatai a népesedéspolitikai határozat megvalósításának elősegítésében" [Proposal: Tasks of the National Council of Hungarian Women regarding the implementation of the decision on population policies]. March 1982. MNL, XXVIII-M-20 / k / 100 ő. e.

⁸⁶ Magyar Szocialista Munkáspárt [Hungarian Socialist Worker's Party]. 1957. *Az MSZMP ideiglenes Központi Bizottságának határozata az ifjúság nevelésének néhány kérdéséről és a Magyar Kommunista Ifjúsági Szövetség megalakításáról* [[MSZMP Provisional Central Committee directive on some of the issues concerning the education of the young and on the foundation of the Hungarian Young Communist League]]. Budapest, Szombathely: Zrínyi Honvéd Kiadó, MSZMP Vas M. Biz., p. 9.

⁸⁷ Varsa, 2018.

⁸⁸ Magyar Kommunista Ifjúsági Szövetség Központi Bizottsága [Central Committee of the Hungarian Young Communist League]. 1966. *Az oktatási reform - ifjúsági törvény: a KISZ Központi Bizottságának állásfoglalása az oktatási reformtörvény végrehajtásáról, a KISZ feladatairól a középiskolákban és a szakmunkástanuló intézetekben* [Education Reform - Youth Policy. KISZ Central Committee Statement on the Implementation of the

a short paragraph is dedicated to sexuality, which however serves as a telling example for how KISZ approached sex education at the time:

“We condemn prudish bigotry, just like irresponsible licentiousness. Let’s help in forming the right views on love and marriage: we have to create opportunities for the biological, medical, and ethical aspects of sexual education, we have to educate on responsibility for one another, and on the realization that sexual instinct can be subordinated to reason and will. Let’s prepare the young for choosing their partners”.⁸⁹

While “prudish bigotry” refers to the bourgeois past which ideologically had to be transcended by socialism, expressions like “irresponsible licentiousness” were used in the socialist vocabulary to draw the boundaries of a socialist type of sex education and responsible sexual behaviour. At the same time, linking sexuality to ethics and to “choosing a partner”, sex education is again framed as part of family life education. In the 1960s, however, participation of KISZ in sex education was largely confined to these few discussions, without any meaningful activity.

This has changed, following the 1970 party directive and government decisions on women’s issues, in which the party explicitly addressed KISZ:

“[...] the work [of KISZ] is not yet diversified enough. There is no high-standard, consequent political work, which would guide more young girls towards party membership. They [KISZ] are engaged in the education for family life and for respecting motherhood, only to a certain extent. It should be primarily the KISZ organizations who strive for developing the socialist family ideal. [...] Educational work of KISZ organizations must include the responsibility of the young, preparation for family life, professional education and training of girls and young mothers. [...] Next to the KISZ Central Committee, a separate committee is needed, concerned with the special issues of girls and young women”.⁹⁰

Following this directive, KISZ Central Committee issued the H/27/1970 directive on the foundation of Leányok és Fiatalasszonyok Országos Tanácsa [National Council of Girls and Young Women].⁹¹ While KISZ approached sexuality and related concepts very broadly in the

Education Reform Policy, on the Tasks of KISZ in High Schools and Vocational Schools], Budapest: Ifjúsági Lapkiadó Vállalat.

⁸⁹ Ibid, p 32.

⁹⁰ Víg, 1971, p. 15–16; 29–30.

⁹¹ “A KISZ KB Intéző Bizottságának határozata a KISZ Központi Bizottsága mellett működő Leányok és Fiatalasszonyok Országos Tanácsának megalakításáról” [KISZ KB Ministerial Committee Directive on the

1960s, the 1970 directive on women's issues laid the foundation for a more specific, and above all, gendered sex education within KISZ. Chapters 3.2 and 4.1 will provide a detailed and critical analysis of KISZ' strategy of engendering sex education. Regarding the activity on sex education, the National Council of Girls and Young Women organized meetings and lectures discussing birth control pills, debated the experiences of sex education in public schools, and supported the idea of expanding family planning education to small children (aged 6 to 10).⁹² While initially, disseminating knowledge on sexuality was a marginal task of the Council, the sexual education of the young [“az ifjúság egészségnevelése, felvilágosítása és szexuális nevelése”] gradually gained importance throughout the 1970s and 1980s.⁹³ In 1985, the Council even organized a camp on family planning for teenagers, suggesting various topics for its programme, including the first sexual intercourse, sexual stimulation, orgasm, and masturbation.⁹⁴

Another important platform for sex education within KISZ was through its monthly published youth magazine, IM. IM launched in 1965, was addressed to 14–18-year-olds, and offered sexual advice and discussions for young people.⁹⁵ Among its columns, the topics of sexual behaviour, sexually transmitted diseases, contraception were often presented by experts (doctors, sociologists, psychologists). At the same time, it provided a platform for public opinion too, by publishing letters from its readers, related to sexual issues. One of its most popular columns called *Doktor úr, kérem...* [Doctor, please...] was edited by Dr Pál Veres in

Foundations of the National Council of Girls and Young Women, alongside KISZ Central Committee] July 17, 1970. MNL, XXVIII-M-18 / m / 8 ő. e.

⁹² “A KISZ feladatai a családi életre nevelésben. Vázlat” [KISZ tasks regarding family planning. Draft]. February 18, 1980. KISZ Központi Bizottság, Fiatal Nők Tanácsa [KISZ Central Committee, National Council of Young Women], MNL, XXVIII-M-18 / m / 13 ő. e.

⁹³ See for example, ‘Leányok És Fitalasszonyok Tanácsa. Pályakezdők, családalapítók [National Council of Girls and Young Women. People Starting Careers and Families]’. 1972. *Magyar Hírlap* 5 (233): 3.

⁹⁴ “Javaslat a “Családi életre nevelés” tábor programjára” [Proposal for the program of “Education for Family Life” camp]. April 16, 1986. KISZ Központi Bizottsága Fiatal Nők Tanácsa [KISZ Central Committee, National Council of Girls and Young Women], MNL, XXVIII-M-18 / m / 62 ő. e.

⁹⁵ Tóth and Murai, 2014.

the 1980s, one of the most popular sexologist in Hungary, which was created specifically for answering questions on sexuality.⁹⁶ Here, Veres answered various topics in an explicit manner, from losing one's virginity, through menstruation, to the prevention of pregnancies, discussed in detail in Chapter 5.2. It is important to note that from the early 1970s on, the variety of available modern contraceptive methods widened in Hungary. After Infecundin, another oral contraceptive called Bisecurin was introduced, as well as the intrauterine device (IUD).⁹⁷ While in 1966, 62% of married women under the age of 35 using any form of birth control relied on coitus interruptus (main type of traditional contraception, also called the withdrawal method), this ratio was only 35% in 1974.⁹⁸ In contrast, 35% were using oral contraception and 7% the IUD.⁹⁹ However, only in 1974 were oral contraceptives made available for women between the age of 16 and 18 and could still only be prescribed by obstetrics and gynaecology medical specialists.¹⁰⁰ The availability of birth control methods was therefore limited, especially for young women. The information in IM was thus crucial, as it offered knowledge on various types of contraceptive methods for minors too. The magazine's activity in sex education on birth control methods marks a shift from the mid-1960s, when sexuality of minors was condemned by KISZ, showing the changing nature of sex education through time even within one institution.

⁹⁶ Tóth and Murai, 2014.

⁹⁷ Tóth and Murai, 2014; Makay, Zsuzsanna. 2015. 'Contraceptive Use in Hungary: Past Trends and Actual Behavior'. *Demográfia English Edition* 58 (5): 65–90.

⁹⁸ Makay, 2015.

⁹⁹ Ibid.

¹⁰⁰ Schultheisz, Emil. June 17, 1974. "Az egészségügyi miniszter 13/1974. (Eü. K. 13.) Eü. M. számú utasítása a gyógyszeres (hormonális hatású) fogamzásgátló szerek rendelésének és kiszolgáltatásáról szóló 23/1973. (Eü. K. 17) Eü M számú utasítás módosításáról" [Minister of Health directive 13/1974. (Eü. K. 14.) on modifying the 23/1973. (Eü. K. 17) directive on the order and supply of hormonal medical contraceptives], *Egészségügyi Közlöny* 24 (13): 392-93.

3. Educators of Sex

Disseminating knowledge on sexuality was a large-scale state project in state-socialist Hungary, involving many actors and carried out both within and beyond the variegated system of public education. I have explored earlier how three selected institutions were involved in sex education, and in the followings, I discuss how KISZ, MNOT, and the Ministry of Health extended their network of sex educators sometimes even beyond their organizations, to for example parents of students. The analysis will demonstrate that analysing merely the materials and ‘output’ of sex education is not sufficient, as these are influenced by those who are involved in the relevant knowledge production. Therefore, in this chapter, I aim to “discover who does the speaking, the positions and viewpoints from which they speak, the institutions which prompt people to speak about it and which store and distribute the things that are said”.¹⁰¹

In the following I explore a wide variety of sources which address various actors responsible for education on sexuality. I argue that while expert knowledge gained importance from the 1970s on, sex educators with less or no professional training remained important throughout the period between the 1960s and 1980s. I further demonstrate that alongside medical or pedagogical competence, intimacy and open communication were deemed important between the educator and his or her addressee. Since in this chapter I also focus on the Hungarian public education system of the period and on how sex education programmes appeared in it, I pay special attention to the gender and ethnic dimensions of education. I expand my gender approach specifically to the networks of KISZ and MNOT, as well as to medical professionals, showing how gender and power were embedded in knowledge production.

¹⁰¹ Foucault, 1978, p. 11.

3.1 Whose Responsibility?

Education on sexuality became possible on a large scale in the early twentieth century through states' public schooling systems and through the expansion of mandatory education.¹⁰² 1945 saw the official introduction of the eight-year long and tuition free primary school in Hungary.¹⁰³ Generally, in the history of modernity, and specifically in socialist modernization projects, the young embodied the future and a new order of society, for which the public school system was one of the main platforms.¹⁰⁴ Harsch calls education under socialism a “success story for women”: the number of female students came close to or even outgrew the number of male students from the 1960s on, in Eastern Europe, while teaching positions opened up for the rural population, encouraging many girls from villages and small towns to further their education.¹⁰⁵ The Magyar Nők Demokratikus Szövetsége [Democratic Association of Hungarian Women, MNDSZ] (predecessor of MNOT), contributed to making higher education available for women as well.¹⁰⁶ Offering women and girls equal access to education was part of the socialist emancipation project, but, like the spheres of paid and unpaid labour, education showed segregation along gendered lines, with a tendency of female students being relegated to the humanities, arts, education, and health sciences.¹⁰⁷ But while the public education system still offered new opportunities for many women and men throughout the country, the Roma population faced discrimination already when entering schools. Hungarian officials, concerned by the high illiteracy rates of the Roma, started to integrate Roma children into the national school system by opening up ‘special classes’ for them during the 1960s, which eventually

¹⁰² Carter, Julian B. 2001. ‘Birds, Bees, and Venereal Disease: Toward an Intellectual History of Sex Education’. *Journal of the History of Sexuality* 10 (2): 213–49.

¹⁰³ Orosz, Júlia. 2014. ‘A Magyar Nők Demokratikus Szövetségének szerepe Magyarország újjáépítésében a második világháború után (1945-1946) [The Role of Democratic Association of Hungarian Women in Re-Building Hungary after World War II (1945-1946)]’. *Debreceni Szemle* 22 (4): 302–10.

¹⁰⁴ Iveta, Silova, Zsuzsa Millei, and Nelli Piattoeva. 2018. ‘Remembering Childhoods, Rewriting (Post)Socialist Lives’. In *Childhood and Schooling in (Post)Socialist Societies: Memories of Everyday Life*, 1–18. Palgrave Macmillan.

¹⁰⁵ Harsch, 2014, p. 494.

¹⁰⁶ Orosz, 2014.

¹⁰⁷ Harsch, 2014.

resulted in their systemic segregation and in dropout rates as high as 50% to 60%.¹⁰⁸ This meant that, while the vast majority of the population could access sex education through schools, large numbers of Roma people were excluded from both acquiring and disseminating knowledge on sexuality. Considering that an ever-growing segment of the population was integrated into industrial work, I extend my analysis to vocational schools too. Following the 1973 decision on population policy tasks, the Ministry Council issued another decision in 1974 as to the *education tasks following the population policy decision*.¹⁰⁹ Initially, in 1974/75, sex education was introduced in 60 primary and 30 secondary schools, and, in 1975/76, in 10 vocational schools, before it was extended to all schools within two years.¹¹⁰ In regular primary and secondary schools, it was part of the tutorial classes [osztályfőnöki óra], and of a so-called ‘complex class’ in vocational schools, as curricula differed in the two school types.¹¹¹ Young people who wished to be skilled workers were, then, also included in sex education, even though it was embedded in a different learning context. However, many of those who entered the labour market as industrial workers had no training and were also excluded from sex education in vocational schools between the ages 14-18. Considering that unskilled and semi-skilled women and Roma people were present in a high proportion among industrial workers, this exclusion had a gender and class dimension.¹¹²

In state-socialist Hungary, public education was an important, albeit not exclusive, way to systematically disseminate knowledge on sexuality. Scholarship on both population issues and family planning in the Central Eastern European region has revealed that demographers, sexologists, psychologists, and other experts started to dominate the field of reproduction

¹⁰⁸ Crowe, David. 2007. *A History of the Gypsies of Eastern Europe and Russia*. 2nd ed., New York: Palgrave/Macmillan, p. 95-96.

¹⁰⁹ Fock, Jenő. March 6, 1974. “A Minisztertanács 2006 1974. (III.6.) számú határozata a népesedéspolitikai határozatból következő oktatási és nevelési feladatokról” [2006 1974. (III.6.) decision of the Ministry Council on education tasks following the population policy decision], *Magyar Közlöny*, no. 71: 774–78.

¹¹⁰ Ibid.

¹¹¹ Ibid.

¹¹² Zimmermann, 2020.

politics and sex education in Hungary, especially from the 1970s onwards.¹¹³ Prior to this shift, however, many actors discussed who should be responsible for what type of sex education. I argue that, despite the growing importance of expertise, the state's sex education programmes and policies involved a wide range of actors as sex educators, from key institutions and teachers to parents. The variety of actors and roles in sexual education shows how the socialist state thought of education as something concerning the whole of society. The institution of the family was especially important since sex education was closely linked to it through family planning. KISZ, for example, identified the family as a "practice school" where family members educate each other on democracy, equality, "mutual care and responsibility".¹¹⁴ Especially striking here is how KISZ described the institution of the family as a non-hierarchical community in which education is seen as a mutual process, not the exclusive domain of parents. This approach fits in with Soviet and, generally, socialist ideas on childhood and family relations, which conceived of children as rational and independent individuals and promoted more egalitarian parent-child relations.¹¹⁵ At the same time, the state had a persistent distrust in parents as educators, fearing the potential transmission of bourgeois, outdated, and prudish values to their children.¹¹⁶ Therefore, those institutions and organizations that were considered to possess adequate expertise, together with appropriate "socialist values", took on the role of educating others with less (appropriate) sexual knowledge. Despite this paternalistic outlook, especially where the sex education of young people was concerned, the state did not completely deprive parents of authority, although it did heavily control how, when, and on what the young should be educated.

¹¹³ Haney, 2002; Lišková, 2018.

¹¹⁴ "Not just for over 18-year-olds! Open letter of the KISZ Central Committee in 'private matter'", October, 1973.

¹¹⁵ Iveta et al. 2018; Harsch, 2014.

¹¹⁶ Hallama, 2021.

In 1969, MNOT – with a view to discuss the situation of women and family planning – listed the main official bodies and groups that would participate in sex education and family planning.¹¹⁷ MNOT designated medical professionals – doctors, for example, in Family and Women Care Centres – as the vanguard of sex education, while, within schools, the organization identified the form tutor [osztályfőnök] and the biology teacher as the main educators on family planning. Here, biology teachers represented expertise, while form tutors were to have, in general, more intimate relationships with their classes. Representatives of MNOT stressed, on the one hand, that parents, in fact, could contribute significantly to individual sex education but that, on the other hand, there are obstacles regarding the different mentalities and attitudes between the young and their parents, since the latter are, often, “unprepared”, “strict”, and feel shame when discussing sexuality.¹¹⁸ Lastly, the military was mentioned as a place that might shape young men’s family planning education.¹¹⁹ This, again, shows that family planning targeted men as well, trying to shape an idealized form of masculinity (which the military very much embodied) and incorporate responsible sexual behaviour and fatherhood into the idea of the “new socialist man”.¹²⁰

It was the 1973 Ministry Council decision on population policy tasks that officially addressed the question of who should act as leaders in sex education and what platforms were to be used. The decision included both the training of experts (medical professionals, doctors, teachers) and parents, as well as the education of social groups outside education or the military, through mass organizations, the media, and even literature and art.¹²¹ Paying keen attention to the

¹¹⁷ “Tájékoztató a nővédelmi, családtervezési tanácsadó és propaganda tevékenység helyzetéről” [Prospectus on the situation of women’s and family planning counselling and on propaganda work]. February 14, 1969. MNL, XXVIII-M-20 / i / 1 ő. e.

¹¹⁸ Ibid.

¹¹⁹ Ibid.

¹²⁰ Hallama, 2021; Offering soldiers mandatory sex education has appeared already in the early twentieth century in the United States for example. Its goal was to combat syphilis and gonorrhoea and construct the idea of manliness, strength and good citizenship in the US army. (Carter, 2001).

¹²¹ Fock, Jenő, “Ministry Council directive 1040/1973 (X. 18.) on population policy tasks”, October 1, 1973.

‘transition period’ (during which a new generation of trained educators would be produced), the Ministry Council specified that as long as teachers are not sufficiently trained, medical professionals should be involved in public education. This signals the growing importance of expertise; the decision, however, also included a much wider range of actors in sex education, emphasising the transmission of knowledge rather than the specific professions of educators. When, in 1974, school-based sex education started in selected schools, medical professionals assigned school doctors and district nurses to assist the form tutor in educating primary school students on sexuality, while, in secondary education, they requested the help of external medical professionals – medical students, for example.¹²² Schools, however, noted that many of these external medical professionals had no “understanding of pedagogy” and that they approached students in an “indelicate” way, while school doctors were familiar with the students and participated in their education and care continuously.¹²³ This reveals that not only the expertise of medical knowledge but also pedagogical skills, as well as a close-knit relationship with students, were deemed important. During the 1980s, KISZ continued to argue for the importance of open and intimate communication in family planning education, especially among its young members, as well as for the further education of parents through panel discussions and lectures.¹²⁴ Therefore, while the importance of medical experts was certainly growing, mass organizations, teachers, and parents were considered and remained important sex educators throughout the period between the 1960s and 1980s.

¹²² Bartha, Ferenc. Letter to Imre Öry. ‘Tájékoztatás a családi életre nevelés kísérleti bevezetésének tapasztalatairól [Information on the Experiences of the Trial Family Planning Education]’, 9 May 1975. MNL, XIX-C-2 / d / 78d ő. e.

¹²³ Ibid.

¹²⁴ “Tájékoztató a KISZ KB Fiatal Nők Tanácsa 1980. február 20-i üléséről.” [Prospectus on the 20 February 1980 meeting of KISZ KB National Council of Young Women]. March 3, 1980. Fiatal Nők Tanácsa [National Council of Young Women], MNL, XXVIII-M-18 / m / 13 ő. e.

3.2 Gendered Networks

In this section, I focus on how the previously selected key networks of actors and the institutions themselves were gendered, and how this influenced their activity in sex education. Since the Ministry of Health was a very large institution, and since medical professionals associated with the Ministry were often in interaction with both KISZ and MNOT, I will primarily focus on the two mass organizations and explore their gendered networks and the work of medical experts. I believe it is important to closely investigate these networks of sex educators, as gender has been a fundamental category that shaped knowledge and “hierarchy and power within and among educational institutions”.¹²⁵ To understand the activity of KISZ or MNOT, it is not enough to analyse the ‘outcome’ of their work, or how these organizations differentiated for example between men and women within sex education; relations between gender, power, and knowledge, too, must be mapped, with special attention to professional expertise. I aim to add a gendered dimension to Foucault’s approach to the question, “Who does the speaking?”.¹²⁶ In what follows I first explore MNOT and its Mother and Child Protection Committee and then KISZ and its National Council of Girls and Young Women, focusing on these organizations’ gendered composition, their members with, and without, expertise, and the type of knowledge they relied on when it came to sex education.

Established in 1945, the women’s organization MNDSZ had strong links to the predecessor of MSZMP, the Magyar Kommunista Párt [Hungarian Communist Party, MKP], and had, already during its first years, around half a million members.¹²⁷ Its activity in the post-war period included the fight for women’s equality, protection of children, cultural, health, and other forms of education, with a special emphasis on women living in the countryside.¹²⁸ Existing

¹²⁵ Dzuback, Mary Ann. 2003. ‘Gender and the Politics of Knowledge’. *History of Education Quarterly* 43 (2): 171–95, p. 176.

¹²⁶ Foucault, 1978, p. 11.

¹²⁷ Acsády, 2020.

¹²⁸ Orosz, 2014.

scholarship on the work of MNDSZ (renamed and reorganized as MNOT in 1957) after MKP came into power argues that the organization's activity was strictly limited to following party orders and was operated from above, which resulted in its abandoning many of its previous tasks.¹²⁹ While the power and control of the party over any organization and institution during the state-socialist period cannot be questioned, I argue that a more complex history of MNOT is necessary in order to see the limitations of the 'power from above' narrative and understand the scope of MNOT's activity related to women's issues. Even though this is not a central aim of this thesis, I believe the following examples will show that MNOT did not abandon its activity related to women's equality, child protection, health, and education, continued to work on a national level, and paid attention to women in rural areas. MNOT certainly followed the party's aims in, for example, aiming to counter the increasing of fertility rates among the (non-Roma) population, which will be further discussed in Chapter 4. At the same time, MNOT representatives also took initiative, during the 1960s, to promote women's sexual health, their access to oral contraceptives and sex education, and the responsible sexual behaviour of both men and women – often without direct orders from the party and transgressing mainstream party approaches.

In general, the expert committees created by MNOT in 1956 were responsible for the health and protection of women and children (School Health Committee, Mother and Child Protection Committee, Children's Health Committee etc.) consisted of medical professionals, other experts such as sociologists and demographers, and non-expert (exclusively female) members.¹³⁰ More precisely, among medical professionals, senior physicians [főorvosok] were usually male representatives of the Ministry of Health, while the group of district nurses,

¹²⁹ Funk, Nanette. 2014. 'A Very Tangled Knot: Official State Socialist Women's Organizations, Women's Agency and Feminism in Eastern European State Socialism'. *European Journal of Women's Studies* 21 (4): 344–60. <https://doi.org/10.1177/1350506814539929>; Orosz, 2014; Acsády, 2020.

¹³⁰ "Report on the work of the Mother and Child Protection Committee of the Budapest Council of Hungarian Women", no date, most probably 1959 or 1960.

medical care workers, and health visitors were exclusively female.¹³¹ This latter group, combined with the non-expert female workers (described as mothers or housewives in the MNOT reports) had direct contact with female individuals in both the capital city of Budapest and the countryside, visiting them in their homes. Professionals provided these women with health information and medical products and female representatives with primarily childcare support.¹³² This means that a network of women with either no medical expertise or expertise in feminized areas and engaged in traditionally ‘feminine’ tasks such as care work focused on and had direct contact with women in their homes. Exploring the gendered construction of MNOT’s Mother and Child Protection Committee more closely, it is important to highlight that its president was a female doctor, Borbála Róna, who was also a member of the Országos Közegészségügyi Intézet [National Public Health Institution] and specialized in the health of children and young people.¹³³ In 1970, the Committee had 37 members, including three male members who were all senior physicians at the time (one working in a maternity ward, one in a hospital, and a representative from the Ministry of Health).¹³⁴ Out of the four women doctors, only one was a senior physician, and other female members were health visitors, district nurses, teachers, kindergarten or nursery workers, alongside only two non-expert women. In contrast, in 1961 the Committee had 12 non-experts and 100 experts.¹³⁵ This shows that in this specific case, and in line with existing scholarship, the importance and the ratio of experts increased in the 1970s. At the same time, gender and power were closely intertwined in the construction of the Committee, as male members were overrepresented in the highest levels of the medical

¹³¹ Their sex is even included in the Hungarian names: in „gondozónő”, „ápolónő”, and „védőnő” the word *nő* stands for *woman*.

¹³² “Report on the work of the Mother and Child Protection Committee of the Budapest Council of Hungarian Women”, no date, most probably 1959 or 1960.

¹³³ Barta, Ágnes. 1976. ‘Tizenöt év a gyerekekért [Fifteen Years for the Children]’. *Magyar Ifjúság* 20 (15): 29.

¹³⁴ “A MNOT VB mellett működő Anya- és Gyermekvédelmi Bizottság” [The Mother and Child Protection Committee next to MNOT VB]. June 17, 1970, MNL, XXVIII-M-20 / i / 1 ő. e.

¹³⁵ “Report on the work of the Mother and Child Protection Committee of the Budapest Council of Hungarian Women”, July 20, 1961.

hierarchy, while women with no expertise engaged in care work and mainly operated in the domestic sphere.

The work of medical professionals was crucial in representing scientific knowledge and building the reputation of MNOT's representatives. The Mother and Child Protection Committee organized lectures and open discussion groups on health education, which were either held by external medical professionals or by the Committee's own representatives and based on books by doctors and gynaecologists.¹³⁶ One of the books the Committee organized a Q&A on was called *A Nők Védelmében* [In Defence of Women], written by Imre Hirschler in 1958.¹³⁷ Hirschler was a well-known gynaecologist already in the interwar period, and, being the head of the gynaecology department for 25 years in the Central State Hospital in Budapest, he built himself a great reputation as a medical professional throughout most of the state-socialist era as well.¹³⁸ The book, focusing on women's sexuality, became one of the most popular sex education publications, was reprinted six times, and sold around as many as 600 000 copies.¹³⁹ This way, a male senior physician was established as one of the main experts on women's sexuality, and groups of women, including MNOT, relied on his knowledge in this regard. At the same time, the Mother and Child Protection Committee underscored the importance of non-expert women members, stating that their "participation in greater numbers is needed, so they can translate the opinion of those women who rarely visit health care institutions, furthermore they [non-expert women members] could do educational work among them".¹⁴⁰ MNOT also found ways to contact marginalized young people and educate them on family planning and marriage already in 1960, before the establishment of its expert

¹³⁶ "A Magyar Nők Budapesti Tanácsa... [The Budapest Council of Hungarian Women...]. September 6, 1958. Magyar Nők Budapesti Tanácsa, Anya-és Gyermekvédelmi Bizottság [Budapest Council of Hungarian Women, Mother and Child Protection Committee], MNL, XXVIII-M-20 / h / 9 ó. e.

¹³⁷ Ibid.

¹³⁸ Szegedi, 2021.

¹³⁹ Ibid.

¹⁴⁰ "Report on the work of the Mother and Child Protection Committee of the Budapest Council of Hungarian Women", July 20, 1961.

committees.¹⁴¹ MNOT representatives visited secondary school dormitories for girls, held lectures in youth workers' accommodations in Central and Eastern Hungarian counties on family planning, on early marriage, and on founding a family.¹⁴² This reveals that MNOT, when disseminating knowledge on sexuality and having direct, personal contact with the public, was in need of not only expertise but also a network of women and mothers with no professional standing or specific scientific knowledge, who could create an air of intimacy and relationship among their peers. By making personal contact in, for example, youth worker's accommodations, MNOT could reach out to those social groups that were most probably left out of sex education through public schooling, such as the Roma.

Like MNOT, KISZ was a mass organization which counted numerous members across the country. But while MNOT was primarily a women's organization, KISZ attracted young people of both sexes on all organizational levels. With the foundation of KISZ in 1957, the MSZMP underscored the importance of young people, stating that "the young generation is building for themselves a socialist, communist society free from exploitation, standing on the highest technical and cultural levels".¹⁴³ The party, while stressing that young people need education and guidance, also constructed them as a group of powerful and active agents, responsible for "building a bright socialist future".¹⁴⁴ According to a 1964 manual, anyone could become a KISZ member who was between the ages of 14 and 26 and participated in organizational activities and accepted the organizational guidelines of KISZ.¹⁴⁵ The youth organization constantly monitored the number and ratio of its members by gender, age,

¹⁴¹ "A MNOT Gyermekvédelmi munkája" [Child protection work of MNOT]. November 11, 1960. Magyar Nők Budapesti Tanácsa, Anya-és Gyermekvédelmi Bizottság [Családvédelmi Osztály, Child Protection Division], MNL, XXVIII-M-20 / i / 1 ő. e.

¹⁴² Ibid.

¹⁴³ Magyar Szocialista Munkáspárt, 1957, p. 6.

¹⁴⁴ Silova et al. 2018, p. 2.

¹⁴⁵ "Javaslat a Központi Bizottságnak a Magyar Kommunista Ifjúsági Szövetség Szervezeti Szabályzatának módosítására" [Proposal for the Central Committee on the modifications of the Hungarian Young Communist League Organizational Guidelines]. 1964. Magyar Kommunista Ifjúsági Szövetség Intéző Bizottsága [Hungarian Young Communist League, Managing Committee], MNL, XXVIII-M-18 / b / 24 ő. e.

occupation, education, and region. The statistics of 1968 show that by the end of the 1960s, KISZ had almost 800 000 members, having a gender ratio of 44% young women to 56% young men.¹⁴⁶ Budapest counted more than 200 000 KISZ members, while other counties had at least 14 000, but in some cases more than 50 000 members.¹⁴⁷ In short, KISZ was a real ‘mass organization’ with a nationwide representation (even if membership certainly did not involve practical activity in all cases).

Following the 1970 party directive and government decisions on women’s issues, KISZ started to pay specific attention to women’s issues, and not only in the broader economic, political, educational, and social context but also revealing gender inequalities within their own organization. This was in accordance with the state’s gender equality agenda and the clearly articulated plans of the early 1970s to involve women in decision-making processes.¹⁴⁸ Prior to top-level decisions on women’s issues, KISZ had a tendency to construct the young as a gender-neutral and homogenous group, only defined by age, as also mirrored, for example, in the above quote from MSZMP. By contrast, the 1970 KISZ Central Committee report on the situation of young women stated that “differences between the sexes” must be accounted for.¹⁴⁹ KISZ justified this gendered approach and specifically targeted (younger) women by stating that “preparation for family life for the young and family planning affect both genders, girls and boys, equally. However, the majority of the issues are present among women especially”.¹⁵⁰ The report further noted that “young women are not a homogenous group within

¹⁴⁶ “Tájékoztató az 1968-ban végrehajtott tagösszeírás alapján készített taglétszám statisztikáról” [Prospectus on the membership statistics of 1968]. 1964. Magyar Kommunista Ifjúsági Szövetség [Hungarian Young Communist League], MNL, XXVIII-M-18 / b / 52 ő. e.

¹⁴⁷ Ibid.

¹⁴⁸ Zimmermann, 2010.

¹⁴⁹ “Report and Directive of the Central Committee of the Hungarian Young Communist League on the situation of young women – on the tasks of KISZ”, July 22, 1970.

¹⁵⁰ Kecsmár Ilona. August 25, 1972. “KISZ KB Intéző Bizottságának állásfoglalása és javaslatai az ifjúság családi életre való felkészítése és a családtervezéssel összefüggő kérdésekben” [Statement and Proposal of the KISZ KB Ministerial Committee on issues related to preparation of the young for family life and to family planning]. MNL, XXVIII-M-18 / m / 5 ő. e.

the young”, since they belong to different classes and have different levels of education and integration into the labour market, admitting that KISZ struggles with reaching “the commuters, the ones living in workers’ accommodation, and the ones working in the household.”¹⁵¹ While KISZ argued that these groups are “too passive”, it also implicitly revealed that the state’s economic and social project could not integrate everyone into employment and education.¹⁵² These shortcomings also meant that the KISZ activity in sex education could not reach everyone in the same way, potentially leaving underprivileged groups without knowledge on sexuality, birth control methods, and reproductive rights.

Focusing on the gendered hierarchies within the organization, KISZ revealed that while almost 44% of all members are women, females take up only 38.5% of secretaries, 27.4% of chief secretaries, and 30.4% of the Central Committee.¹⁵³ Looking more closely at the foundation of the National Council of Girls and Young Women of KISZ in 1970, which was the one most engaged in sex education, it had 23 female and three male members in 1970, one of the latter serving as president of the Council.¹⁵⁴ Members came from vastly different backgrounds and included an actress, a female athlete, factory workers, administrative workers, scientists, and researchers.¹⁵⁵ In comparison to the MNOT representatives engaged in sex education, the National Council of Girls and Young Women gave less importance to medical knowledge, and paid more attention to culturally representative female figures. But like MNOT, KISZ was struggling with gender inequalities in leadership positions. Having a male president on its Council of Girls and Young Women was especially ironic, considering that KISZ specifically established the Council to focus on young women, and signals that KISZ was unable to

¹⁵¹ Ibid.

¹⁵² Ibid.

¹⁵³ Report and Directive of the Central Committee of the Hungarian Young Communist League on the situation of young women – on the tasks of KISZ”, July 22, 1970.

¹⁵⁴ “KISZ KB Ministerial Committee Directive on the Foundations of the National Council of Girls and Young Women, alongside KISZ Central Committee”, July 17, 1970.

¹⁵⁵ Ibid.

overcome its gendered hierarchies by 1970. At the same time, Júlia Turgonyi, an influential trade unionist and researcher of the period, was also a member of the Council. As head of the cultural department of MNOT and senior researcher of the MSZMP KB Társadalomtudományi Intézete [Social Science Institute of the Central Committee of the Hungarian Socialist Workers' Party], she paid keen attention to women's and especially working women's struggles both within and beyond the working place.¹⁵⁶ Her status as a member of both MNOT and KISZ also shows the entangled activities of the two institutions: young women were addressed by the women's organization and by the youth organization simultaneously, not only as a group to reach out to but also as members and functionaries or activists. The overwhelming ratio of female members in the National Council of Girls and Young Women further reflects KISZ's gendered strategy of promoting sex education. The organization made sexual knowledge a specific issue for and by young women; these women were, on the one hand, made responsible for the dissemination of knowledge but they were, potentially, also the ones to be held accountable for 'knowing' things about sexuality, contraception, abortion, and responsible sexual behaviour. Consequently, while in theory KISZ was just as much a young men's as a young women's organization, it demonstrated significantly lower interest in sex education for and by young men, potentially strengthening ideas about how preventing and terminating a pregnancy is primarily (or exclusively) a woman's duty.

3.3 Educating the Educators

As family planning and sex education expanded and became a state project directed by the party from the early 1970s on, the need for experts and for a system in which sex educators with less (specific) expertise are trained was perceived as growing, and solutions were actively sought for. MNOT voiced concerns about the lack of trained sex educators in 1969, stating that

¹⁵⁶ Entry 'ZARAH DB - Search'. Accessed 20 August 2022. <https://public.zarahdb.eu/search?query=turgonyi>.

young people were not sufficiently prepared for family life and for responsible behaviour, and that

“The main problem is that those who should be responsible for this task (parents, teachers, healthcare workers, social organizations) are themselves not prepared enough. This kind of training is missing from universities. And since the ethical, moral, psychological, pedagogical principles of family planning education are not clarified enough, it is understandable that those who should do this task are insecure about how to do their jobs. Apart from the organized educational work, the young and the adult population require professional literature in this regard, which would greatly advance the work of educators. This, however, is either missing or does not reach young people”.¹⁵⁷

Official demands for trained sex educators were met, in 1973, by the Ministry Council decision on population policy tasks. The decision urged the training of teachers, doctors, and healthcare workers (primarily health visitors), so that this network of sex educators could professionally and adequately perform their work.¹⁵⁸ The respective networks put the decision into practice already in the 1973/74 academic year, introducing, for example, family planning education in a number of medical universities in major Hungarian cities such as Budapest, Pécs, Debrecen, and Szeged.¹⁵⁹ The rectors and deans of these medical universities gave an account of these new subjects in official letters sent to the Ministry of Health or to university professors.¹⁶⁰ These letters reveal that family planning education was usually integrated into the study of obstetrics and gynaecology, included both theoretical and practical knowledge, focusing on modern contraceptive methods for men and women, on population issues, on the reasons of infertility, on abortion and its health risks, on gynaecological and urological examinations among many others, and organized visits to Family and Women Care Centres.¹⁶¹ One of these letters, for example, was sent to the Ministry of Health by the dean of the Általános Orvostudományi Kar [Faculty of General Medicine] of Semmelweis Orvostudományi Egyetem

¹⁵⁷ Róna, Borbála. March 7, 1969. “Anya és gyermekvédelmi problémák” [Problems regarding child and mother protection], MNL, XXVIII-M-20 / i / 1 ő. e.

¹⁵⁸ Fock, Jenő, “Ministry Council directive 1040/1973 (X. 18.) on population policy tasks”, October 1, 1973.

¹⁵⁹ Tigyi, József. Letter to Jenő Lukáts, November 28, 1973. MNL, XIX-C-2 / b / 121d ő. e.

¹⁶⁰ See for example: Csaba, Béla. Letter to György Berencsi, October 11, 1973. MNL, XIX-C-2 / b / 121d ő. e.

¹⁶¹ Gráf, Ferenc. Letter to Ferenc Antoni, November 29, 1973. MNL, XIX-C-2 / b / 121d ő. e.

[Semmelweis Medical University], to account for the curriculum about family planning in the main medical university of the Hungarian capital.¹⁶² The dean referred to the main learning materials as being titled “The health aspect and social relevance of family planning”, “The question of contraception”, “Methods for resolving psychological and sexual conflicts of marriage”, and “The woman’s situation in our social relations and possibilities”.¹⁶³ This shows how the knowledge acquired by medical students about sexuality went far beyond physiological and practical questions, integrating skills on a type of counselling, on communicating with future patients, and education on sexuality embedded in a social context, with its possible gendered implications. Another remarkable characteristic of these letters on the curricula are the specific medical language and terminology they used. The professional, Latin words such as “praeconception” or “coitus interruptus” create a type of expert discourse, making a sharp difference between academically institutionalized and other types of sex education.¹⁶⁴ As Tonkiss has argued, medical discourses mark out a field of knowledge with its network of experts, bestowing authority on selected groups of individuals and creating ways for these experts to communicate with each other.¹⁶⁵ Expert discourses can also be seen as operating with systems of exclusion, in which not only patients but other “competing dialogues” are ruled out through the discourse.¹⁶⁶ This way, doctors and medical students engaged in sex education differentiated themselves from other educators, such as MNOT or KISZ representatives, and constructed a network of medical sex education experts. While the above referenced collection of letters is far from being representative, it is important to note that sources I have found in the archives accounting for the medical school curricula were all written to and by male academics in high positions or male members of the Ministry of Health.

¹⁶² Ibid.

¹⁶³ Ibid.

¹⁶⁴ Tigyí, József. Letter to Jenő Lukáts, November 28, 1973. MNL, XIX-C-2 / b / 121d ő. e.

¹⁶⁵ Tonkiss, Fran. 1998. ‘Analysing Discourse’. In *Researching Society and Culture*, edited by Clive Seale, 245–60. Thousand Oaks, United States: Sage Publications.

¹⁶⁶ Ibid, p. 248.

This suggests that gender was an important factor in the construction of ‘professional’ sexual knowledge and the network of sex educators, from which specifically women were also excluded in this case. Another issue with expert discourse was its practical use as a method of transmitting knowledge to for example teenagers. As sex education officially started in public schools, regional authorities had to report their experiences to the Ministry of Health, including those cases where doctors and medical professionals held presentations. One of these reports noted that, while primary and secondary school students had “prior knowledge in biology”, problems arose when medical presenters tried to explain organs and body parts since “they are used to Latin expressions, and so, because of a lack of detailed biological terminology [from the students’ part] and medical presenters’ scanty knowledge of Hungarian expressions, making contact started with difficulties”.¹⁶⁷ Therefore, medical discourse used by sex education experts was effective within its own network, but faced difficulties outside of this network of experts, hindering sex education’s main purpose: transmitting knowledge effectively on sexuality to those whom the educators aimed to educate.

Since the already practising healthcare professionals (now involved in sex education) did not receive the respective training on sexuality during their higher education studies, nationwide training courses were needed to disseminate specific knowledge among these experts. These were regionally organized in various counties by local administrative bodies. In north-western Hungarian Győr-Moson-Sopron, for example, the local county council’s health division outlined a training programme for all senior obstetricians, district physicians, company physicians, and health visitors on the topic of “child and mother protection” and on the “new body of knowledge on health issues”.¹⁶⁸ In southern Csongrád county, senior obstetricians had

¹⁶⁷ Antal, Bede. Letter to the Ministry of Health, April 30, 1975. MNL, XIX-C-2 / d / 78 d ő. e.

¹⁶⁸ “Összefoglaló jelentés a népesedéspolitikai határozat végrehajtásának vizsgálatáról” [Report on examining the implementation of the decision on population policy tasks], May 3, 1975. MNL, XXVIII-M-20 / k/ 100 ő. e.

the authority to train other healthcare professionals on population policies, abortion regulations, and on marriage and women's counselling in the Family and Women Care Centres.¹⁶⁹

The education and training processes related to family planning also facilitated interaction between key institutions and organizations. MNOT, for example, demanded, in 1972, the Ministry of Health to inform the women's organization on the latest achievements regarding the work of Family and Women Care Centres, on the issues of abortion, new contraception methods and so on.¹⁷⁰ Motivated by its gender equality agenda, MNOT generally demanded that

“... [e]ducational and propaganda work about family planning and contraception has to be more integrated into healthcare; women have to receive information on modern contraceptive methods and on the means of contraception most appropriate for them in gynaecological clinics, maternity wards, company clinics, and by abortion committees; means of prevention have to be available easily and in a wider range”.¹⁷¹

This also shows that MNOT's activity regarding sex education and improving women's sexual health has not stopped with the institutional restructurings of 1970.¹⁷² A letter from the health minister to Mrs László Erdei, who was the president of MNOT from 1957 to 1980, sheds light on the relation between MNOT and the Ministry.¹⁷³ The Ministry of Health provided up-to-date information for MNOT on new intrauterine devices (IUDs) in different sizes and on new pharmaceutical developments, which aimed at producing oral contraceptives containing less hormones.¹⁷⁴ Through its interactions with the Ministry, MNOT could gain knowledge on different contraceptive methods and offer alternative solutions for women who could not use a

¹⁶⁹ “Jelentés a népesedéspolitikai határozat végrehajtásának vizsgálatáról” [Report on examining the implementation of the decision on population policy tasks], Csongrád Megyei Népi Ellenőrzési Bizottság [Csongrád County People's Inspection Committee], April 6, 1975. MNL, XXVIII-M-20 / k/ 100 ő. e.

¹⁷⁰ Szabó, Zoltán. Letter to Mrs. László Erdei, February 5, 1973. MNL, XIX-C-2 / d / 55d ő. e.

¹⁷¹ “A Magyar Nők Országos Tanácsának Elnöksége az Országos Nőkonferencia vitája alapján a következő észrevételeket továbbítja az egészségügyi miniszter elvtársnak” [Presidency of the National Council of Hungarian Women forwards the following remarks to the health minister comrade based on the National Women's Conference], January 1972. MNL, XIX-C-2 / d / 55d ő. e.

¹⁷² Zimmermann, 2020.

¹⁷³ Zoltán, Szabó. Letter to Mrs. László Erdei, February 2, 1973. MNL, XIX-C-2 / d / 55 d ő. e.

¹⁷⁴ Ibid.

specific type for medical reasons but were unaware that other options could be available. Therefore, knowledge on sexuality was not simply and only disseminated in a hierarchical way (e.g. teacher-student, doctor-patient, party-institutions) in state-socialist Hungary; rather, information was also exchanged among institutions in a collaborative manner.

As many documents on sex education in public schools suggest, another body of sex educators considered in need of ‘training’ were the parents of students. The topic of sex education was a divisive one among parents. For this reason, both primary and secondary schools organized meetings and info sessions for parents with teachers to make them more open to the idea.¹⁷⁵

While the sources I have explored usually do not reveal why parents would oppose or support the idea of sex education (apart from explaining it away with different morals), they do show that the institution of the family was deemed an important platform for sex education by the state, and sex educators reached out to both students and parents in this regard. That is to say that, within their intimate, family surroundings, parents were considered highly relevant sex educators for their children. One of the main platforms for this was parent-teacher conferences in public schools where parents were informed how family planning education is going to be integrated into the curriculum, as well as on the content of the new subject and the teaching methods. While some reports on these conferences reported acceptance from the part of parents about the fact that their children will be taught on sexuality, others did not show any interest in sex education or even frowned on the idea. The fact that some parents continuously stayed away from these parent-teacher conferences on family planning education¹⁷⁶ can be interpreted either as disinterest in questions of sexual education or strong disapproval. Many, especially parents of secondary school students, welcomed the idea and hoped that it would prevent “future problems”, probably referring to unwanted teenage pregnancies or sexual activities

¹⁷⁵ See for example Bede, Antal. Letter to Ministry of Health, ‘Egészséges életre nevelés kísérleti oktatásának tapasztalatai [Experiences of the trial health education]’, April 30, 1975. MNL, XIX-C-2 / d / 78d ő. e.

¹⁷⁶ Ibid.

considered inappropriate.¹⁷⁷ One high school in Budapest reported that while most parents had no objections to sexual education, the religious family background of some students was considered an “impedimental factor” which manifests itself in a “prudish” attitude.¹⁷⁸ This furnishes evidence to the state’s distrust in parents, as it feared that bourgeois, retrograde, and religious values would be passed down to future generations.¹⁷⁹ As the National Council of Girls and Young Women of KISZ stated in 1983, “[t]he majority of families is not yet suitable for conscious sexual education of their children due to century-old taboos and prudery, and their unpreparedness in sexual culture”.¹⁸⁰ Further values mentioned in the document with disapproval from the part of the Council included, beside religion, nationalism, egoism, and families’ conservatism.¹⁸¹ This shows that distrust in parents as sex educators didn’t change throughout the period between the 1960s and 1980s, and instead of systematically ‘training’ parents, representatives involved in public education put a strong emphasis on addressing young people as future parents who will then raise the new generation with ‘adequate’ socialist values and sexual knowledge.

¹⁷⁷ Molnár, László. Letter to Ministry of Health, ‘Kijelölt iskolákban folyó családi életre nevelés tapasztalatai és melléklet [Experiences of family planning education in selected schools and Appendix]’, April 17, 1975. MNL, XIX-C-2 / d / 78d ő. e.

¹⁷⁸ “A Móricz Zsigmond igazgatójának felterjesztése az OPI felé. Jelentés a családi életre nevelési kísérleti kiprobálásának tapasztalatairól.” [Headmaster of Móricz Zsigmond memo to OPI. Report on the experiences of family planning education]. April 29, 1975. Pest Megyei Végrehajtó Bizottságának Egészségügyi Osztálya [Pest County Executive Committee, Health Division], MNL, XIX-C-2 / d / 78d ő. e.

¹⁷⁹ Hallama, 2021.

¹⁸⁰ “Tájékoztató a fiatalok családi életre nevelésének helyzetéről; javaslat a KISZ feladataira” [Prospectus on family planning education for the young]. December 12, 1983. KISZ Központi Bizottsága, Fiatal Nők Tanácsa [KISZ Central Committee, National Council of Girls and Young Women], MNL, XXVIII-M-18 / m / 62 ő. e.

¹⁸¹ Ibid.

4. Tendencies, Variety, and Tensions in Hungarian Sex Education

In this chapter, I explore the main tendencies in Hungarian sex education and the relevant population and reproductive policies. I wish to contribute to the existing literature on the history of sexuality in which some scholars have underscored the state's control¹⁸², and others pointed specifically to pronatalism as a form of state control in the Central Eastern European region.¹⁸³ The first section then is an analysis of the state's control over the population through policies and pronatalist narratives in sex education. At the same time, I show the varieties of Hungarian sex education by exploring other tendencies, such as the aim to improve sexual and reproductive health and educating responsible sexual behaviour. These various tendencies could contradict or complete each other in different cases, resulting in ever changing policies, in a variety of KISZ and MNOT sex education programmes, and in an abundance of school sex education manuals. Throughout the chapter, I claim that while top-level decision makers prioritized a type of sex education that promoted population growth, KISZ and MNOT turned their focus towards sexual and reproductive health and responsible sexual behaviour, integrating these within a larger gender equality and partnership agenda.

In the first section, I analyse how pronatalist population policies, such as abortion regulations and the extended childcare leave benefit, were created with the purpose of encouraging, even through sex education, childbirth among the majority of the Hungarian population. Sex education programmes of KISZ and MNOT were heavily affected by these policies, and both organizations supported the idea of non-Roma families having more children in general. However, KISZ and MNOT shifted the discourse towards better sexual health, individual rights, and sexual self-determination through sex education, a development which is explored

¹⁸² Foucault, 1978; Szegedi, 2012; Tóth and Murai, 2014.

¹⁸³ Varsa 2018; Hašková, Hana, and Radka Dudová. 2020. 'Selective Pronatalism in Childcare and Reproductive Health Policies in Czechoslovakia'. *The History of the Family* 25 (4): 627–48. <https://doi.org/10.1080/1081602X.2020.1737561>.

at length in section two. The third section reveals a different history, focusing on the marginalized Roma population, and showing that the key institutions failed to integrate ethnic issues into sex education, hindering the Roma from acquiring meaningful knowledge on sexuality.

4.1. Family Planning and Population Control

All institutions and organizations involved in sex education in state-socialist Hungary have repeatedly discussed sexuality in relation to family life and regularly framed sexual knowledge within the broader context of family planning. MNOT has stressed the role of family planning in modern societies and has called attention to both the planning and controlling of births and the size of the family as early as the 1960s.¹⁸⁴ MNOT argued that family planning education is necessary in order to prevent abortions and also advocated population growth.¹⁸⁵ Framing sexuality as part of family life became most apparent with the introduction of sex education in public schools. In 1974, the Ministry of Health and the Ministry of Cultural Affairs issued the main guidelines for how sex education should be taught in schools and what needed to be included in the curriculum.¹⁸⁶ The document sheds light on how the ministries identified young people, especially pupils within the age group of 14-18, as future parents, who are already sexually mature, but need clear guidance and education in this regard.¹⁸⁷ The aims of the guidelines included “preparing the next generation for [...] marital and parental tasks, for happily and consciously planning to have children” on the one hand, and for “healthy and responsible sexual behaviour” on the other.¹⁸⁸ As late as 1985, a “sex education camp”

¹⁸⁴ “A Nőtanács Anya- és Gyermekvédelmi munkájában jelentkező néhány probléma és aktuális feladatok” [A few problems and current tasks in the work of the Women’s Council regarding mother and child protection]. July 30, 1965. MNL, XXVIII-M-20 / i / 1 ő. e.

¹⁸⁵ “A kerületi anya- és gyermekvédelmi bizottság feladata” [Tasks of the district Mother and Child Protection Committee]. July 22, 1958.

¹⁸⁶ “Irányelvek az ifjúság családi életre neveléséhez” [Directives on family planning education for the young] and Appendix. May 1974. Egészségügyi Minisztérium és Művelődésügyi Minisztérium [Ministry of Health and Ministry of Cultural Affairs], MNL, XIX-C-2 / d / 66d ő. e.

¹⁸⁷ Ibid.

¹⁸⁸ Ibid.

organized by the National Council of Girls and Young Women of KISZ was organized around the idea of family planning.¹⁸⁹ According to the Council, sexuality should be discussed within the existing family, and so the camp was supposed to mimic heteronormative family communities in which ‘parents’ (one male and one female ‘leader’) are assigned to 10-15 ‘children’, who live and create their own community norms together.¹⁹⁰ These ‘parents’ were to educate the ‘children’ and facilitate discussions on various topics, such as marriage, family life, birth control, masturbation [önkielégítés], first sexual intercourse [első közösülés], sexual arousal [nemi izgalom], and sexual satisfaction [kielégülés].¹⁹¹ Framing sex education within family planning was prevalent throughout the period from the 1960s to the 1980s and was not confined to specific age or gender groups. Also striking is how the various organizations and institutions saw sex education as a tool for both population growth and responsible sexual behaviour, as well as for better sexual health, often coupled with promoting gender equality and reproductive rights. These often contradictory yet interconnected issues were shaped by the state-socialist state’s desire to control birth rates, fulfil labour force requirements, and recognize women’s rights at the same time.¹⁹² As Heitlinger has argued, promoting population growth and women’s equality policies are not “inherently antagonistic”, meaning that it is possible for certain policies to promote both.¹⁹³ Therefore, encouraging childbirth and, for example, the use of birth control pills at the same time was common throughout the period, either through policies or by KISZ or MNOT. In this section, I focus on the questions of population control and birth rates through family planning and sex education, and how were these embraced by top-level decision makers, KISZ, and MNOT.

¹⁸⁹ Javaslat a “Családi életre nevelés” tábor programjára” [Proposal for the program of “Education for Family Life” camp]. April 16, 1986. KISZ Központi Bizottsága Fiatal Nők Tanácsa [KISZ Central Committee, National Council of Girls and Young Women], MNL, XXVIII-M-18 / m / 62 ő. e.

¹⁹⁰ Ibid.

¹⁹¹ Ibid.

¹⁹² Einhorn, 1993.

¹⁹³ Heitlinger, Alena. 1991. ‘Pronatalism and Women’s Equality Policies’. *European Journal of Population / Revue Européenne de Démographie* 7 (4): 343–75, p. 344.

Hungary has faced declining birth rates since at least the end of the 19th century, having, alongside (both capitalist and state-socialist) countries such as Czechoslovakia, East Germany, and Belgium, the lowest birth rates in Europe by the 1960s.¹⁹⁴ Against the backdrop of post-war state-building processes, influencing reproductive behaviour and fertility became more and more intertwined with population policies on both sides of the Iron Curtain.¹⁹⁵ In general, population policies can be conceptualized as “all of the measures explicitly or implicitly taken by the authorities aimed at influencing population size, growth, distribution, or composition”, which reflect a state’s approach to control the population.¹⁹⁶ Since birth rates were declining in state-socialist Hungary, authorities aimed at *increasing* the size of the population with measures that can thus be labelled pronatalist, i.e. following the “ideological and political project” of pronatalism “that aims to encourage childbearing by members of a collectivity”.¹⁹⁷ Since population policies can “encourage childbearing” in various ways, I differentiate between pronatalist measures that use coercion (prohibition, restriction of abortion, and/or contraceptives) and measures that use incentives (social benefits, pregnancy and maternity/parental leaves, family allowances, tax deduction or exemption for families, etc.).¹⁹⁸ This differentiation is, I believe, crucial, especially in the context of the state-socialist gender regime and the ‘women’s emancipation project’, which unfolded parallel to the pronatalist measures, because, while prohibiting abortion (coercive measures) directly represses women’s reproductive freedom, social benefits and maternity leaves (incentive measures) leave room for individual choice and the right to sexual self-determination, even if they reward and prioritize

¹⁹⁴ Szántó, Ildikó. 2014. ‘Problems of a Declining Hungarian Birth Rate: A Historical Perspective’. *Hungarian Cultural Studies* 7 (0): 93–109. <https://doi.org/10.5195/ahea.2014.1>; Hawas, Malik, and Philip Muehlenbeck. 2017. ‘Mobilizing Women?: State Feminisms in Communist Czechoslovakia and Socialist Egypt’. In *Gender, Sexuality, and the Cold War: A Global Perspective*, 178–203. <https://doi.org/10.2307/j.ctv16756d3.13>.

¹⁹⁵ Varsa and Szikra, 2020.

¹⁹⁶ Entry ‘Population Policy’. Ined - Institut National d’études Démographiques. Accessed 20 August 2022. <https://www.ined.fr/en/glossary/population-policy/>.

¹⁹⁷ Hašková and Dudová. 2020, p. 628.

¹⁹⁸ Heitlinger, 1991, p. 351-353.

women with children over women who do not or cannot give birth.¹⁹⁹ At the same time, not all women were included in the state's pronatalist goals the same way: the Romnja (women of the Roma population) often appeared in a radically different narrative from that of other women, as I will discuss in Chapter 4.3.

While top-level decision makers encouraged population growth through population policies, KISZ and MNOT shifted the discourse and their activity of education on sexuality towards sexual health and responsible sexual behaviour, promoting conscious family planning and control over reproduction for families and for individual women. The main population policies (expected to raise birth rates) were abortion regulations and the extended childcare leave benefit called *gyermekgondozási segély* (GYES). On the highest levels of policy-making, János Kádár, the General Secretary of MSZMP, “pointed to a possible connection between the low birth rate and the liberal abortion regulation dating from summer 1956 which de facto granted abortion on demand (though one had to receive permission from a committee)”.²⁰⁰ This triggered a policy change, in which the health minister made what compared to the 1956 policy seem to be restrictions in the termination of pregnancies. Put into force on January 1, 1974, the new policy only allowed abortion in case of health issues, if the pregnancy was a result of rape, if the woman was unmarried, over 40 years old, had at least two children and/or had housing problems.²⁰¹ This was then a type of pronatalist measure that used coercion. On the other hand, *gyermekgondozási segély* (GYES), introduced in January 1967, was a pronatalist incentive, as it offered the option for working mothers to stay at home with their new-borns, and also cemented traditional family values, as it assigned childcare responsibilities to women

¹⁹⁹ Ibid.

²⁰⁰ Zimmermann, forthcoming, p. 18.

²⁰¹ Az egészségügyi miniszter 4/1973. (XII. 1.) Eü M számú rendelete a terhességmegszakítás iránti kérelem elbírálásáról [Minister of Health directive 4/1973. (XII. 1.) Eü M on the evaluation of a request for the termination of pregnancy]. *Magyar Közlöny* 80 (17): 410-11, OGYK.

exclusively.²⁰² These pronatalist policies correlate with how top-level decision makers approached family planning and sex education, setting the base for their systematic use for increasing birth rates. As *A Minisztertanács 1040 1973. (X. 18.) számú határozata a népesedéspolitikai feladatokról* [1040 1973. (X. 18.) decision of the Ministry Council on population policy tasks] argued, “the demographic situation needs to be improved” and “in order to protect the health of future generations already before the time of conception, we need health politics that assist family planning, protect the health of women and children”.²⁰³ The decision not only highlighted the importance of society’s responsibility but also called for the protection of mothers and the family as an institution, while setting families with three children as an ideal.²⁰⁴ Therefore, on the highest levels, an increase in birth rates was prioritized over individual choice, especially when combined with the new, more restrictive abortion policy which limited women’s reproductive rights.

Concerns about declining birth rates were present early on in state-socialist Hungary, at the level of key institutions and organizations involved in sex education. In 1965, MNOT stated that

“Questions around population increase appeared in recent years. The number of abortions has increased, while natural fertility rates have dramatically declined. [...] We [MNOT] would like to contribute to the work which aims at both decreasing the number of terminated pregnancies and increasing the number of births.”²⁰⁵

While MNOT promoted higher birth rates, it also underscored that “the woman and the family have a right to determine how many children they want and when they want them”.²⁰⁶ This shows that, while MNOT saw population increase as an important national task, the central women’s organization of the day made sure to underline that this task was not to infringe on

²⁰² Zimmermann, forthcoming.

²⁰³ “Ministry Council decision 1040/1973 (X. 18.) on population policy tasks”, October 1, 1973.

²⁰⁴ Ibid.

²⁰⁵ “A few problems and current tasks in the work of the Women’s Council regarding mother and child protection”, July 30, 1965.

²⁰⁶ Ibid.

the rights of the individual and women's decisions over their bodies. This is significant insofar as MNOT was one of many political actors involved, in some way or another, in decision making, its representatives being the ones implementing state policies and disseminating knowledge on sexuality. MNOT constantly monitored changes in birth rates, reporting regional statistics on, for example, how GYES could "have a positive influence on the willingness to give birth".²⁰⁷ However, based on the documents I have consulted, encouraging female individuals to give birth was not a general practice of MNOT. Moreover, it was MNOT who showed interest in asking women about their preferences regarding the number of children they wished to have: based on their 1968 family planning survey with 169 mothers, the women's organization concluded that "young women consider two children as the ideal", as 92% of those who already had two kids had no desire for more.²⁰⁸

In the wake of the 1970's party and government decisions on women's issues, KISZ also started to actively support women's equality, going, at times, so far as to challenge and question top-level decisions. In a document about family planning for the young, KISZ Central Committee criticised GYES, saying that "GYES, as a 'maternal benefit', contradicts the principles of women's equality, which means that the husband can only claim it in exceptional and justified cases. We support all those aspirations that make it possible for working partners to decide whether it will be the mother or the father [claiming a benefit or a parental leave]".²⁰⁹ This also means that they simultaneously supported a pronatalist incentive and women's equality. In general, KISZ encouraged decreasing the number of abortions through sex education, rather than promoting more birth for women and families. Lamenting over the growing number of

²⁰⁷ "A gyermekgondozási segély bevezetésének tapasztalatai" [Report on the experiences of gyermekgondozási segély] June 5, 1967. MNL, XXVIII-M-20 / g / 8 ő. e.

²⁰⁸ Róna, Borbála and Verba Attiláné. No date, most probably 1968. "Jegyzőkönyv" [Report]. MNL, XXVIII-M-20 / i / 1 ő. e.

²⁰⁹ Kecsmár Ilona. August 25, 1972. "KISZ KB Intéző Bizottságának állásfoglalása és javaslatai az ifjúság családi életre való felkészítése és a családtervezéssel összefüggő kérdésekben" [Statement and Proposal of the KISZ KB Ministerial Committee on issues related to preparation of the young for family life and to family planning]. MNL, XXVIII-M-18 / m / 5 ő. e.

abortions by women under the age of twenty, KISZ recommended easier access to “various preventive methods for young women who have sexual relationships outside of marriage [házasságon kívül szexuális kapcsolatot tartó fiatal nők]” and giving useful advice and information for women who terminate their pregnancies under the age of 18.²¹⁰ These suggestions seemed reasonable in terms of women’s rights for sexual self-determination and also reveal that, at least within KISZ, the sexual life of young and unmarried women and its potential negative consequences were not off the table. These demands, however, seem less realistic against the backdrop of existing policies and regulations. It was only in 1974 that the health minister issued a directive which lowered the age for accessing oral contraceptives to sixteen, but younger women had still no option for getting a prescription.²¹¹ Therefore, they could only benefit from gaining knowledge on less reliable contraceptive methods such as the ‘calendar method’. Nevertheless, these examples are illustrative of KISZ and MNOT shifting the discourse towards questions other than concerns about the declining birth rate. As I show further in the next section, these organizations repeatedly promoted responsible sexual behaviour and gender equality.

4.2 Between Responsible Sexual Behaviour and Gender Equality

Although the key organizations involved in sex education, like KISZ and MNOT, have not completely abandoned discourses on population and birth rates, they shifted their focus towards other issues, such as responsible sexual behaviour, sexual health, and women’s equality. Both MNOT and KISZ aimed to include, for example, women’s rights to sexual determination through contraception as part of a larger gender equality and partnership agenda. These organizations not only paid attention to the change in many women’s reproductive choices as the pill became widely available, but also discussed men’s attitudes towards birth control.

²¹⁰ Ibid.

²¹¹ Minister of Health directive 13/1974. (Eü. K. 14.) on modifying the 23/1973. (Eü. K. 17) directive on the order and supply of hormonal medical contraceptives, 1974.

When it came to the discussion on the establishment of Family and Women Care Centres and marriage counselling in 1969, MNOT stated that

“[...] counselling should offer opportunities on education *not only to women*, but to men as well. Our propaganda work has insofar been occupied with having an impact on women. Our representatives believe that educating men in this regard is highly important. We believe it is important to mention the contradiction that – as our letter correspondences say – ‘the woman draws the short straw’, despite contraception being in the man’s hands. According to the statistics, contraception is controlled by men in 85% of the cases. In addition, the majority of men do not like to acknowledge the fact of their wives becoming independent regarding contraception”.²¹²

MNOT then went on to mention some quotes from the letters they have received, describing men’s hostility towards women in the question of control over contraceptive methods, like “What do you want, to live freely?” and “You can have an abortion too if other women can endure it!”.²¹³ Before the introduction of the oral contraceptive pill in Hungary in 1966, 79% of married couples where the wife was under the age of thirty-five and who turned to some kind of birth control method relied on coitus interruptus and the condom, the two main techniques under the responsibility of men.²¹⁴ This ratio dropped to 43% by 1974.²¹⁵ In this sense, the advent of the pill gave many women control over their own fertility – which has previously tended to be under the authority of men. Historian Lara Marks asserts that following the appearance of the pill in the 1960s, as some felt that their responsibility and control were being undermined, men’s masculine identity was challenged.²¹⁶ Realizing the impact the contraceptive pill had on men, MNOT worked out a programme for changing their attitudes and educating them on sexual matters early on. In short, an organization dedicated exclusively to women’s issues has now recognized that focusing on women alone would not lead to the

²¹² “Tájékoztató a nővédelmi, családtervezési tanácsadó és propaganda tevékenység helyzetéről” [Prospectus on the situation of women’s and family planning counselling and on propaganda work]. February 14, 1969. MNL, XXVIII-M-20 / i / 1 ő. e. Highlight in the original.

²¹³ Ibid.

²¹⁴ Makay, 2015.

²¹⁵ Ibid.

²¹⁶ Marks, Lara. 2001. “‘A Dream Come True’: The Reception of the Pill”. In *Sexual Chemistry: A History of the Contraceptive Pill*, 183–215. New Haven: Yale University Press.

desired changes towards equally responsible sexual behaviour between the sexes. When, in 1973, the Ministry of Health established Family and Women Care Centres and made marriage counselling mandatory for couples, it also demanded doctors working in these Centres to educate husbands-to-be on the sexual responsibilities they have towards their partners, and to inform not only women, but also men on all available birth control methods.²¹⁷ These Family and Women Care Centres can be considered a new platform for institutionally addressing private sexual behaviour, opening a space for promoting gender equality. The 1974 guidelines for family planning education of the Ministry of Health and the Ministry of Cultural Affairs argued that different sexual norms being applied to men and women reflects “backward views”.²¹⁸ The ministries identified modern and egalitarian family planning education as the way for overcoming this “backwardness” and preparing girls and boys for “marital and parental tasks” and “healthy and responsible sexual behaviour”.²¹⁹

Unlike MNOT, KISZ did not address these gendered issues and did not turn towards family planning until the 1970 party and government decisions on women’s issues, in which the party and the government directly addressed KISZ to act on both gender equality and sex education.²²⁰ The decisions came in response to the growing tensions in society, as more and more women participated in paid labour, while simultaneously facing the same amount of unpaid childcare and household work in their homes.²²¹ In the same year, KISZ made a statement on the political, economic, and social condition of girls and young women, listing what needs to be done to achieve women’s full equality and designating family planning as a

²¹⁷ “Az Egészségügyi Minisztérium 40.680/1973. IV. számú állásfoglalása a család-és nővédelmi tanácsadások megszervezésével kapcsolatos intézkedésekről” [Ministry of Health statement 40.680/1973 IV. on the operation of Women Care Centres]. January 2, 1974. *Egészségügyi Közlöny* 24 (1): 9–11.

²¹⁸ “Directives on family planning education for the young”, May 1974.

²¹⁹ Ibid.

²²⁰ Víg, 1971.

²²¹ Zimmermann, 2010.

newfound objective of KISZ.²²² In an open letter from 1973, addressed primarily to teenagers, KISZ argued that

“The proliferation of abortions had to stop in order to protect mothers and children. An intervention with harmful consequences should not be the only method of ‘family planning’ – intelligent and modern prevention should. Those who do not respect the woman in their partners, the eternal mother giving life, or who ridicule, condemn her for taking care of her own health and taking the opportunity to use the methods of modern science, cannot call themselves modern men”.²²³

This quote, together with the MNOT document discussed above, underlines that contraception used by women at the time often provoked the hostility of men and that key sex education institutions responded directly to this tension. In contrast to MNOT, however, KISZ had a less pragmatic approach to the problem and subscribed to the idea of the modern, socialist man, who is intelligent, accepts modern science, and respect women’s control over her fertility. By the same token, KISZ heavily naturalized the idea of women as mothers, taking it for granted that the ‘modern, socialist woman’ would have children at some point in her life. Put into practice, this might have limited the transformative potential of KISZ’s approach towards gender equality in the private sphere. Latter revolved around statements which indicated that “the woman’s traditional role in the family has changed significantly as she became a worker” or the argument that a modern change in attitudes is necessary regarding “women’s position in the family”.²²⁴ Nevertheless, in some cases, family planning education strengthened gendered differences and traditional values associated with femininity and masculinity. In a curriculum guideline for family planning education in schools by the Ministry of Health, one section

²²² “A Magyar Kommunista Ifjúsági Szövetség Központi Bizottságának állásfoglalása a lányok és fiatalasszonyok politikai, gazdasági, szociális helyzetéről, a KISZ közöttük végzendő tevékenységéről” [Statement of the Central Committee of the Hungarian Young Communist League on the political, economic, and social condition of girls and young women and the tasks of KISZ among them]. June, 1970. MNL, XXVIII-M-18 / m / 8 ő. e.

²²³ “Not just for over 18-year-olds! Open letter of the KISZ Central Committee in ‘private matter’”. October, 1973.

²²⁴ Kecsmár Ilona. August 25, 1972, Statement and Proposal of the KISZ KB Ministerial Committee on issues related to preparation of the young for family life and to family planning.

explained healthy sexual and gender behaviour for secondary school students.²²⁵ The guidelines stated that “biology” determines the gender of humans and that parents should raise “boys as boys” and “girls as girls”, resorting to arguments like “the woman feels protected and respected next to a man” and that having a partner proves the man’s “strength, masculinity, and his ability to support”.²²⁶ These views reflect highly traditional heterosexual values where male and female are complementary categories, gender is rooted in biology, and femininity is associated with being attractive and masculinity with strength and protection. The idea of gendered differences, however, could not shy away sex educators from supporting equality between the sexes. Promoting both gender equality and traditionalist ideas about “good femininity/masculinity” at the same time was characteristic of sex education and, generally, of the discourse on sexuality and gender relations throughout the state-socialist period in Hungary. KISZ, for example, promoted women’s equality, while repeatedly stressing that “women, because of their different biological and psychical characteristics, prepare for and participate in the social division of labour differently than men”.²²⁷ Sex educators also described ‘normal’ sexual and romantic relationships as inherently heteronormative, considering monogamous marriage between man and woman “based on mutual love” the highest and most ethically acceptable form of relationships.²²⁸

Sex education networks and institutions included various topics in sex education. The Health Education Centre of the Ministry of Health, for example, disseminated knowledge on sexually transmitted diseases in the form of a booklet, explaining that syphilis and gonorrhoea poses a

²²⁵ “Családi Életre Nevelés. Előadásminták az iskolai oktatáshoz.” [Family Planning Education. Samples for School Education]. No date, most probably 1976. Egészségügyi Minisztérium Anya- és Gyermekvédelmi Főosztálya [Ministry of Health, Mother and Child Protection Division], MNL, XIX-C-2 / d / 78d ó. e.

²²⁶ Ibid.

²²⁷ “Report and Directive of the Central Committee of the Hungarian Young Communist League on the situation of young women – on the tasks of KISZ”, July 22, 1970.

²²⁸ “Directives on family planning education for the young” and Appendix. May 1974.

threat to everyone, regardless of gender, age, or skin colour.²²⁹ The publication stated that getting the disease was not something to be ashamed of, but infecting others was irresponsible and immoral.²³⁰ School-based sex education – which consisted of not only textual material and lectures from teachers, but also movies and videos created directly for the purpose of sex education – also included, occasionally, information on sexually transmitted diseases and menstruation. A list of recommended movies for students aged 10 or upwards included a (black and white) educational movie on puberty from 1963 in which young girls are asked about what they know about menstruation and where they received their information on sex, as well as pictures of the process of ovulation.²³¹ Another, coloured, movie from 1972 showed the symptoms of sexually transmitted diseases and how these spread from one person to another.²³² According to school-based sex education manuals, nocturnal emissions, ejaculation, and masturbation were to be discussed from the 6th grade of primary schools (11- to 12-year-olds), while the topic of orgasm was only introduced from the age of 15, in secondary schools.²³³

The topic of masturbation specifically, was not omitted, in fact, by the time of the 1970s, school-based sex education manuals considered masturbation (regardless of gender) a part of normal sexual development.²³⁴ Historian Gábor Szegedi argues that while in western discourses, masturbation was pathologized through Freudian theories until the 1970s, in Hungary, the topic was only being avoided up until the 1960s, when sex educators started to integrate masturbation into socialist morals.²³⁵ The main sex education manual in use in Hungary in the 1970s also argued that adult sexual life is only complete if partners focus on

²²⁹ *Nemibetegségekről [On Sexually Transmitted Diseases]*. 1969. Budapest: Egészségügyi Minisztérium Egészségügyi Felvilágosítási Központja [Health Education Centre of Ministry of Health].

²³⁰ *Ibid.*

²³¹ Kerpel-Fronius, Ödön. 1976. 'Családi Életre Nevelés Filmek [Movies for Family Planning Education]', 3 March 1976. MNL, XIX-C-2 / d / 78d ő. e.

²³² *Ibid.*

²³³ Family Planning Education. Samples for School Education, No date, most probably 1976.

²³⁴ *Ibid.*

²³⁵ Szegedi, 2021.

each other, instead of just themselves.²³⁶ It was in the 1980s that the KISZ National Council of Girls and Young Women²³⁷ levelled criticism against the pedagogical approaches that tried to repress sexual desire in the young.²³⁸ The Council also promoted “progressive sexual education” and informing young people on “mutual sexual pleasures” rather than trying to delay or condemn early sexual activities.²³⁹

4.3 Another History: The Situation of the Roma

Analysing how knowledge production on sexual issues and its shaping of power relations was connected to various interlapping social inequalities enables us to understand how the state-socialist Hungarian state’s population and sex education projects differentiated between various social groups.²⁴⁰ I have already discussed some of the struggles the Roma population faced with sex education, and, in this section, I shall further explore their situation. Using an intersectional approach, I show how the key institutions involved in sex education treated the Hungarian Roma population, and especially the Romnja (women belonging to this population), in a manner that differed from how the non-Roma was approached. Looking at gender, class, and ethnicity as the main categories of analysis in relation to one another, I show that the Romnja’s access to knowledge on sexuality and to means of contraception was limited. Despite MNOT and KISZ recognizing their disadvantaged position, no measures were taken in order to integrate the Roma into sex education.

On the one hand, discourses on the Roma population evolved around the questions of *quantity*, as the higher birth rate in Roma families stood in contrast to the overall population decline.²⁴¹

²³⁶ Family Planning Education. Samples for School Education, No date, most probably 1976.

²³⁷ The Council was renamed to Fiatal Nők Tanácsa [National Council of Young Women] in the 1980s.

²³⁸ “Tájékoztató a fiatalok családi életre nevelésének helyzetéről; Javaslat a KISZ feladataira” [Prospectus on the situation of family planning education for young people: Proposals for the tasks of KISZ]. 1983. Fiatal Nők Tanácsa [National Council of Young Women], MNL, XXVIII-M-18 / m / 20 ő. e.

²³⁹ Ibid.

²⁴⁰ Collins, 2015.

²⁴¹ Varsa, 2005; Zimmermann, 2010.

On the other hand, the growing number of the Roma population was deemed to have a negative impact on their living standards, which raised questions about the *quality* of the population.²⁴² Regarding birth rate and population figures (quantity), I have argued in Chapter 4.1 that pronatalist policies and discourses were prevalent among the party leadership, and even appeared, at times, in the documents of MNOT and KISZ. The new family ideal of three children, however, primarily targeted the Hungarian majority of the population. The general tendency was that the growth among the Roma population was outpacing that of the non-Roma population.²⁴³ A collection of nationwide MNOT reports from the late 1960s indicate that representatives identified this as a problem or, in fact, as something undesirable that needs to be changed. MNOT representatives from various counties have noted that “it is a problem that the region has many Gypsies” or that “reproduction among Gypsy families is high” while the rest of the population is aging, with “almost no natural reproduction”.²⁴⁴ In another instance, the document reported the thoughts of a mother and child protection representative from the North-eastern county of Borsod:

“Then she [the representative] spoke about the typical behaviour of the Gypsies. Their number of children is unjustifiably high, without a financial basis. She suggests influencing a decrease in their birth numbers, primarily with abortion, and with prevention for the more advanced ones. Level of education significantly affects the behaviour of Gypsies towards having children. Having a higher level of education, the number of children decreases. Their [the representatives] general experience is that adequate forms of health education can influence their [Roma people’s] behaviour.”²⁴⁵

Following Varsa, these discourses can be characterized with the term “selective pronatalism”, an integral part of post-Stalinist reproductive politics in Hungary, which often intersected with prejudices towards the Roma, sometimes resulting in discouraging Roma families to have

²⁴² Ibid.

²⁴³ Crowe, 2007.

²⁴⁴ Róna, Borbála and Verba Attiláné. No date, most probably 1968. “Jegyzőkönyv” [Report]. MNL, XXVIII-M-20 / i / 1 ő. e.

²⁴⁵ Verba Attiláné. October, 1969. “Jegyzőkönyv” [Report]. MNL, XXVIII-M-20 / i / 1 ő. e.

(more) children.²⁴⁶ It is remarkable that MNOT characterized birth control and knowledge on methods as a tool of non-Roma women for control over their own bodies and reproduction, but also over Romnja bodies and their reproduction, as shown in the quote above.

While the first part of the quote above is concerned with the quantity of the Roma population, the second part focuses on qualitative questions such as education or responsible behaviour in reproduction. MNOT representatives from Western, Eastern and Southern Hungary, for example, pointed out that the majority of Roma children might come to represent a socio-political issue, since most of the allowance for families with many children goes to the Roma, and there are many Roma people in foster care.²⁴⁷ Questions about the ‘quality’ of the population were still prevalent in the 1980s. The National Council of Girls and Young Women of KISZ indicated how the “biological condition and composition of the population is worsening”, referring to a study which showed that many families “live under underdeveloped social, cultural, and health circumstances”.²⁴⁸ While this was stated with no reference to the Roma, the document further regarded the “growing number of individuals in foster care, of which 80% is Gypsy”, as part of the problem which contributes to the population’s “worsening composition”.²⁴⁹ The National Council of Girls and Young Women identified family planning education as the main solution, mentioning the existing programmes in public schools and also suggesting a type of family planning education through television, which, they said, would reach wider audiences.²⁵⁰

²⁴⁶ Varsa, Eszter. 2022. “‘Gypsies’/ Roma and the Politics of Reproduction in Post-Stalinist Central- Eastern Europe’. In *The Routledge Handbook of Gender in Central-Eastern Europe and Eurasia*, edited by Katalin Fábíán, Janet Elise Johnson, and Mara Irene Lazda, 236–45. London; New York: Routledge Taylor & Francis Group.

²⁴⁷ Róna and Verba, “Jegyzőkönyv” “Report”, no date, most probably 1968.

²⁴⁸ “Emlékeztető a KISZ KB Fiatal Nők Tanácsa 1981. V. 20-I kibővített üléséről” [Memo on the 1981.V.20. extended meeting of KISZ KB National Council of Girls and Young Women], May 20, 1981. MNL, XXVIII-M-18 / m / 14 ő. e.

²⁴⁹ Ibid.

²⁵⁰ Ibid.

Constructing the Roma as a different group and as the “non-gendered Other”²⁵¹ was part of the discourses of many organizations and institutions involved in sex education. In a 1962 publication, the Health Education Centre of the Ministry of Health, discussed extensively the situation of Roma people. One author argued that the Ministry needed to act against the present reluctance and prejudice against the Roma, while she referred to them as an uneducated, “backward group”, having a tendency to deviant behaviour (domestic violence, smoking, drinking).²⁵² Another article described their “social and sexual life” as “specifically different from that of the surrounding population”, and in need of catching up.²⁵³ These examples show that both MNOT and the Ministry of Health saw the Roma as an underdeveloped social group.

In the late 1960s, MNOT held several nationwide meetings, bringing together its mother and child protection representatives. The records of these meetings offer a glimpse into the work of these representatives on the countryside, the different sex education methods and resources they used, and, last but not least, how MNOT addressed the Romnja in the reports.²⁵⁴ While some counties already had their own Family and Women Care Centres and Mother and Child Protection Committees, other regions had no such institutions, but only individual mother and child protection representatives who were integrated into other existing committees.²⁵⁵ By this

²⁵¹ Boydston, Jeanne. 2008. ‘Gender as a Question of Historical Analysis’. *Gender & History* 20 (3): 558–83, p. 564. <https://doi.org/10.1111/j.1468-0424.2008.00537.x>.

²⁵² Bártfai, Zoltánné. 1962. ‘A cigánylakosság egészségügyi kulturáltságának emelésével kapcsolatos feladatok [Tasks on improving the health culture of the Gypsy population]’. In *Egészségügyi Felvilágosítás. Az Egészségügyi Minisztérium Egészségügyi Felvilágosítási Központjának módszertani tájékoztatója [Health Education. Methodology Prospectus of the Health Education Centre of Ministry of Health]*, edited by Lajos Székely, 15–18. Budapest: Egészségügyi Minisztérium Egészségügyi Felvilágosítási Központja [Health Education Centre of Ministry of Health].

²⁵³ Székely, Lajos. 1962. ‘A cigánylakosság egészségügyi kulturáltsága és a vele kapcsolatos egészségügyi felvilágosítás. [The health culture of the Gypsy population and their health education]’. In *Egészségügyi Felvilágosítás. Az Egészségügyi Minisztérium Egészségügyi Felvilágosítási Központjának módszertani tájékoztatója [Health Education. Methodology Prospectus of the Health Education Centre of Ministry of Health]*, edited by Lajos Székely, 26–42. Budapest: Egészségügyi Minisztérium Egészségügyi Felvilágosítási Központja [Health Education Centre of Ministry of Health], p. 31.

²⁵⁴ Róna, Borbála and Verba Attiláné. No date, most probably 1968. “Jegyzőkönyv” [Report]. MNL, XXVIII-M-20 / i / 1 ő. e.

²⁵⁵ In the North-Eastern county of Szabolcs-Szatmár-Bereg, for example, representatives operated within the Pedagogy Committee.

time, the first hormonal oral contraceptive pill (Infecundin) was already available for prescription all over the country. However, the report shows that women on the countryside, especially in villages, had limited access to the pill in the 1960s:

“Women in villages need a discussion on the questions of family planning, because they do not talk about this with the mothers, and friends do not always give the best advice. The people we have questioned have heard about Infecundin, but do not know it and do not use it. They think there are too many obligations around prescribing the pill, travel expenses are high, and getting information on it is complicated. Even redeeming the prescription requires traveling to the county seat, so the working woman’s day off goes to waste”.²⁵⁶

While each Budapest district had one clinic and one pharmacy where it was possible to prescribe and purchase Infecundin, outside of Budapest, this was an option only in major rural cities.²⁵⁷ The quote shows the difficulties working women from remote villages and small towns had to face, and also that these women had their peer group as the main source of sexual knowledge.²⁵⁸ Therefore, women on the countryside were at a disadvantage over their urban counterparts, having a lack of access to organized forms of sex education and to oral contraception. As I show in Chapter 5.1, this has remarkably changed with the nation-wide appearance of Family and Women Care centres in the early 1970s.

The Roma population was represented in large numbers in rural areas and villages, especially where employment possibilities were extremely insufficient.²⁵⁹ Studies from the 1970s that investigated the social and living conditions of the Hungarian Roma found that extreme poverty was common among them, with some families lacking access even to basic necessities.²⁶⁰ The MSZMP and the government took initiatives to improve the lot of the Roma population through housing and education programmes in the 1960s.²⁶¹ These programmes, however, had their

²⁵⁶ Róna, Borbála and Verba Attiláné. No date, most probably 1968. “Jegyzőkönyv” [Report].

²⁵⁷ “Minister of Health directive 9/1967. (Eü. K. 8.) on permitting order and supply of the pharmaceutical product called Infecundin”, April 20, 1967.

²⁵⁸ Sauerteig, Lutz, and Roger Davidson, eds. 2012. *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe*. First issued in paperback. Routledge Studies in the Social History of Medicine 32. London New York: Routledge, Taylor & Francis Group.

²⁵⁹ Zimmermann, 2010.

²⁶⁰ Haney, 2002.

²⁶¹ Crowe, 2007.

limits and were often undertaken in an inappropriate fashion, deepening the systematic segregation and ‘otherness’ of the Roma, which resulted, for example, in their withdrawal from public schools and in growing public unacceptance towards them.²⁶² Lower representation in schools also meant that the young Roma had limited access to one of the main platforms of sex education, when it first appeared in the 1970s. A 1970 KISZ report on the situation of young women mentioned that girls from certain “disadvantaged groups”, such as from Roma families or those living in rural areas, drop out and often fail to finish as much as their primary school studies.²⁶³ However, no systematic programmes were undertaken by KISZ to help the young Romnja in education, and the youth organization failed to integrate ethnic differences into any form of family planning.

The key institutions involved in sex education followed the party’s agenda, with MNOT and KISZ representatives paying attention to the problems of the Roma population to varying degrees. An example is the nationwide reports of MNOT in the late 1960s. While some MNOT representatives pointed out that Infecundin is too expensive for the Romnja, others expressed concerns over infant mortality being disproportionately high among the Roma population, saying that family planning was unknown among them and health education was “ineffective”.²⁶⁴ This shows that MNOT recognized the Romnja’s disadvantaged position as regards to economic issues or sexual knowledge. However, based on the sources I have consulted, the women’s organizations have not taken any steps towards improving the lot of

²⁶² Ibid.

²⁶³ “A Magyar Kommunista Ifjúsági Szövetség Központi Bizottságának jelentése és határozata a fiatal nők helyzetéről – a KISZ feladatairól (Tervezet)” [Report and Directive of the Central Committee of the Hungarian Young Communist League on the situation of young women – on the tasks of KISZ (Draft)] July 22, 1970. MNL, XXVIII-M-18 / m / 8 ő. e.

²⁶⁴ Verba Attiláné. No date, most probably 1968. “Jegyzőkönyv” [Report]. MNL, XXVIII-M-20 / i / 1 ő. e.; Verba Attiláné. October 18, 1968. “Beszámoló az Anya- és Gyermekevédelmi Bizottság munkájáról” [Report on the work of the Mother and Child Protection Committee]. MNL, XXVIII-M-20 / i / 1 ő. e.

Romnja women as far as their reproductive rights, sexual health, and sexual education were concerned.

These examples reflect the key institutions' attitudes, in which they questioned the 'worthiness' of the Roma for financial help, and, in fact, for procreation, implying that they deprive other (non-Roma) families from welfare support and their population is burdensome for the Hungarian state. While, in general terms, both the 1973 Ministry Council decision on population policy tasks and the key institutions involved in sex education promoted population growth through family planning, when it came to Roma families, the discourses often took an opposite turn. Accessibility to birth control methods such as the pill and abortion were seen not as the individual rights of the Romnja, but rather appeared as a "racist strategy of *population control*".²⁶⁵ Attitudes towards Roma people show no significant change throughout the state-socialist period, as medical professionals publishing about the health situation of the Roma looked for ways to control their population figures during the 1970s and 1980s too.²⁶⁶

²⁶⁵ Davis, Angela. 1982. 'Racism, Birth Control and Reproductive Rights'. In *Women, Race and Class*, 202–71. London; New York: The Women's Press; Random House, p. 361. Highlight in the original.

²⁶⁶ Varsa, 2018.

5. Encounters in Sex Education

In my final chapter, I discuss sex education as an encounter between the educators and the educated in state-socialist Hungary, exploring the involvement of students, young individuals, and married couples in the state's various sex education programmes. Keeping in mind that certain laws and policies, as well as the overall power of the state, are not static, but “only the terminal forms power takes”, I investigate ‘from-above’ sources and what these reveal about the ‘below’, looking for lived experiences, negotiations, or resistance towards the state's power.²⁶⁷ My purpose on the one hand is to show the dynamics of sexual knowledge production and how certain groups and individuals addressed by sex education took an active part in it by generating debates and exploiting or refusing services. On the other hand, the chapter serves to demonstrate from yet another angle that not everyone could access the same type or amount of knowledge in state-socialist Hungary: gender, age, class, marital status, and habitation strongly affected who gained what type of knowledge. For this chapter, I have chosen those institutionalized forms of sex education, where the addressed could directly seek advice from, either through personal contact, counselling, or written letters, such as the Family and Women Care Centres, public schools, and the agony columns of IM (the official publication of KISZ). These were interactive platforms where the narratives of the state and the lived reality on the ground had encounters, creating a dimension where sex educators did not simply promote their agenda, but reacted to the actual lived experiences of the to-be-educated. I call the documents of these platforms ‘from-above’ sources, since the state established and regulated them, but I point out that the platforms still provided space for the to-be-educated to make their voices heard.

²⁶⁷ Foucault, 1978, p. 92.

In the first section, I analyse in detail the operation of Family and Women Care Centres, which were shaped by the activity of the Ministry of Health, MNOT, and KISZ. The work of these Centres included a specific type of sex education in the period, since medical professionals working there offered direct contact with the visitors through marriage and women's counselling. The spatial expansion of the Family and Women Care Centres in the 1970s was crucial in promoting conscious family planning and the use of birth control methods on the countryside. I argue that while the Centres and their counselling practices monitored and controlled the population throughout the twentieth century, they also provided sex education for heterosexual couples, tried to specifically involve future husbands in responsible sexual behaviour, and served as key institutions for individual women seeking birth control methods in both urban and rural areas.

In the second section, I analyse school sex education materials, Ministry of Health reports, and the agony columns of the official publication of KISZ, offering a glimpse into the experiences of urban and rural youth addressed by school-based sex education and by the KISZ magazine. Even though these platforms of sex education were run and owned by the state, students and young individuals had a key role in thematizing sexuality, asking questions, expressing their feelings and thoughts. Their questions shed light on the sexual knowledge they had or lacked and the circumstances they lived in, while the answers and the advice given show what was expected from certain age groups, from young women and men, from urban and rural youth, and in what sense these expectations differed.

5.1 Family and Women Care Centres and Counselling

The practice of marriage counselling was not a state-socialist invention and dates back to the early twentieth century in many European countries, including Hungary, where it became closely connected to anti-miscegenation discourses through the 1941 racial clause, which

banned marriage between Jews and non-Jews.²⁶⁸ As Szegedi argues, while these racist and eugenic practices were characteristics of the period's right-wing regime, the 'survival' of marriage counselling and its reappearance in the 1970s signals the continuity of state control over the body and the health of the nation.²⁶⁹ Indeed, the narratives and practices of selective pronatalism discussed in Chapter 4.3, as well as different kinds of counselling, are manifestations of state control, there being, however, considerable difference between the ways it functioned in the early and in the late twentieth century. The Hungarian marriage counselling centres set up in the twenties and thirties "categorically rejected [...] the provision of sex education and birth control advice [...] and so the people attending marriage counselling sessions did not and could not hope for advice on or material for birth control in these centres".²⁷⁰ This stood in sharp contrast with how Family and Women Care Centres and counselling were utilized in the state-socialist period, since one of the main purposes of these was to disseminate knowledge on sexuality, and, to a certain extent, to give (heterosexual) couples and individuals the tools for conscious family planning (i.e. how many children they want and when they want them).

MNOT was one of the earliest supporters of marriage counselling, and an ardent one at that, set out to improve marital relations and marriage life by giving not only medical, but also legal and psychological advice.²⁷¹ As early as in 1961, MNOT issued a proposal, explaining that the "medical tasks" of marriage counselling should include

- "a./ Caring for women who requested abortions and are having their first pregnancies (following the request of the Ministry of Health)
- b./ Family planning, birth control (informing, educating)
- c./ Infertility counselling
- d./ Counselling for sexual problems [szekszuális problémákra tanácsadás]

²⁶⁸ Szegedi, 2012.

²⁶⁹ Ibid.

²⁷⁰ Ibid, p. 297.

²⁷¹ "Tervezet házassági tanácsadó felállítására" [Proposal for the establishment of marriage counselling]. September 8, 1961. MNL, XXVIII-M-20 / h / 9 ő. e.

- e./ Propaganda for increasing birth rates
- f./ Promoting medical examinations before marriage”.²⁷²

The list reflects the continuity of state control in terms of “increasing birth rates”, and once more shows that, on an ideological level, MNOT followed the agenda of top-level decision makers regarding population control. At the same time, sex education and birth control advice appeared as the main objectives of marriage counselling. As explained in Chapter 2.1, it was in 1971 that the Ministry of Health first established Family and Women Care Centres within existing gynaecology clinics and other health care facilities, in order to offer counselling for couples and individuals on family planning related questions, both before and after marriage.²⁷³

Two years later, the Ministry Council decision on population policy tasks demanded the expansion of the Family and Women Centres, in terms of the range of activities and regional presence.²⁷⁴ Nationwide expansion of the Centres was of great importance in disseminating knowledge for people on the countryside. According to the 1973 Ministry Council decision on population policy tasks, all cities and villages were required to have this type of counselling network, to give family planning advice, and to complete a medical examination if needed.²⁷⁵

It was also the 1973 Ministry Council decision that the made marriage counselling mandatory for future husbands and wives:

“Visiting the counsellor doctor in Family and Women Care Centres is now mandatory for people who are about to legally marry, in order to receive adequate advice and education in family planning questions. If necessary, they [the couple] must be educated on birth control methods suitable for them and provided with the means of contraception, as prescribed by the law. In order to assure that the couple appears at the counselling, the registrar should inform them at the time of the legal marriage announcement.”²⁷⁶

²⁷² Ibid.

²⁷³ “Az Egészségügyi Minisztérium 40.680/1971. számú irányelve a nővédelmi tanácsadók működéséhez” [Ministry of Health directive 40.680/1971 on the operation of Women Care Centres]. October 18, 1971. *Egészségügyi Közlöny* 21 (19): 351–52.

²⁷⁴ Fock, Jenő. October 1, 1973. “A Minisztertanács 1040/1973 (X. 18.) számú határozata a népesedéspolitikai feladatokról” [1040 1973. (X. 18.) decision of the Ministry Council on population policy tasks], *Magyar Közlöny*, no. 71: 774–78.

²⁷⁵ Ibid.

²⁷⁶ Ibid.

The obligatory nature of marriage counselling and the possible medical examinations suggest the continuity of state control over the population in the second half of the twentieth century, but now advising the couple has gained new importance. Marriage counselling was one way to directly involve the man and the woman *together* in conscious family planning and inform them on birth control methods. This makes marriage counselling a specific approach in the state-socialist period to also involve husbands in the practice of responsible sexual behaviour, which strengthened the idea of equal partnership. Historian Brendan McElmeel argues that the interlacement of romantic love and communist morality appeared repeatedly in the Thaw years (1953–1964), presenting romantic love as “an integral part of the life-story of the new Soviet person, the logical reward for fulfilling the requirements of communist morality, which should culminate in a companionate, heterosexual marriage based on equal partnership”.²⁷⁷ McElmeel’s analysis demonstrates a history different from a body of scholarly literature, which depict Soviet men as “having been displaced by a patrimonial state and deeply alienated from women and family life throughout the Soviet period”.²⁷⁸ Following his concept of love being a central part of the egalitarian Soviet marriage, I claim that – at least in the Hungarian state-socialist context – love and partnership were expected not only from marriage, but also in sexual relationships, affecting how sex education was disseminated.²⁷⁹ This partnership agenda manifested itself in, for example, both partners being expected to take responsibility in the prevention of pregnancy, as the purpose of marriage counselling also shows. As the 1974 Ministry of Health statement on the operation of the Family and Women Care Centres specifically stated, the counsellor must “draw the attention of the husband-to-be to the

²⁷⁷ McElmeel, 2021, p. 23.

²⁷⁸ Ibid.

²⁷⁹ Ibid.

responsibility he has towards his future spouse, the woman, and educate him on the means of contraception available to him to avoid unwanted pregnancies”.²⁸⁰

Not only the Ministry of Health and MNOT, but also KISZ was involved in and shaped the activity of Family and Women Care Centres. From the 1980s on, it was a general point of criticism of the National Council of Girls and Young Women of KISZ that sex education focuses only on primary school students, 5th grade and up, leaving six- to ten-year-olds without knowledge on family planning and sexual health.²⁸¹ Furthermore, the National Council of Girls and Young Women expressed dissatisfaction with the limited operation of Family and Women Care Centres, stating that the Centres are mainly confined to counselling before marriage, thus offering services for those who are already “young adults”.²⁸² While the Council voiced these concerns, I have found no evidence in my documents that children below the age of fourteen visited the Family and Women Care Centres.

Following the 1973 Ministry Council decision on population policy tasks, all nineteen Hungarian counties filed unpublished and standardized reports on the implementation of the decision. All reports included general observations on various topics, such as population growth, the health of women and children, financial support for families, and, last but not least, health education and related services, which also included information on the Family and Women Care Centres in each county.²⁸³ Although the reports were written by the local authorities (Népi Ellenőrzési Bizottság [People’s Inspection Committee]) of the respective

²⁸⁰ “Az Egészségügyi Minisztérium 40.680/1973. IV. számú állásfoglalása a család-és nővédelmi tanácsadások megszervezésével kapcsolatos intézkedésekről” [Ministry of Health statement 40.680/1973 IV. on the operation of Women Care Centres]. January 2, 1974. *Egészségügyi Közlöny* 24 (1): 9–11.

²⁸¹ “A KISZ feladatai a családi életre nevelésben. Vázlat” [KISZ tasks regarding family planning. Draft]. February 18, 1980. KISZ Központi Bizottság, Fiatal Nők Tanácsa [KISZ Central Committee, National Council of Young Women], MNL, XXVIII-M-18 / m / 13 ő. e.

²⁸² Ibid.

²⁸³ See for example, “Összefoglaló jelentés a népesedéspolitikai haátorzat végrehajtásának vizsgálatáról. Fejér megye.” [Report summary on the implementation of the population policy decision. Fejér County]. 1975. Dr Mikes József, megyei NEB elnök [Dr József Mikes, County President of the People's Inspection Committee], MNL, XXVIII-M-20 / k / 100 ő. e

counties, a letter by the Central People's Inspection Committee shows that the reports were sent to MNOT "for review purposes".²⁸⁴ This tells us that the institutional restructurings of the 1970 party directive and government decisions on women's issues might have reduced the responsibilities of MNOT,²⁸⁵ without it losing interest in monitoring women's situation on sexuality and health related questions.

One of these standardized reports from Fejér county proves the expansion of the Family and Women Care Centres after 1973, with their establishment especially in the regional capital of Székesfehérvár and in Dunaújváros (named Sztálinváros [Stalin City] until 1961), a huge industrial area famous for its enormous factories which employed men and women in large numbers.²⁸⁶ The two cities provided complex services involving "marriage counselling, family planning, and pregnancy counselling, pregnancy exercise classes, preparation for giving birth, birth aftercare, gynaecological service, and cancer screening", while other towns had obstetrics and gynaecology medical specialists who offered marriage and women's counselling and prescribed contraceptives.²⁸⁷ This shows that sexual health and family planning services went way beyond marriage counselling, although they mainly revolved around marriage and childbirth and targeted (young) adults. The report also pointed out that the number of visits to Family and Women Care Centres grew so significantly between 1974 and 1975 that the duration of counselling shortened and sessions became more formal, while "the experiences in small towns and villages paint a better picture, because of the smaller number of visitors and the closer and much more intimate relationship between the district doctor and the local

²⁸⁴ Central People's Inspection Committee. Letter to comrade Mrs. Sándor Fazekas, MNOT, June 16, 1975. MNL, XXVIII-M-20 / k / 100 ő. e

²⁸⁵ Zimmermann, 2020.

²⁸⁶ Report summary on the implementation of the population policy decision. Fejér County, 1975; Csík, Józsefné. Interview with Józsefné Csík (by Susan Zimmermann). Interview by Susan Zimmermann., September 12, 2016. Interview with Manyi Csík, who as a full-time functionary of the metal workers' trade union between 1980 and 1991 held the position of head of the women's committee at the Dunai Vasmű [Danube Iron Works], located in Dunaújváros. Retrieved from ZARAH DB database. <https://public.zarahdb.eu/document/157>.

²⁸⁷ Report summary on the implementation of the population policy decision. Fejér County, 1975.

population, as compared to cities”.²⁸⁸ The Fejér county report thus exemplifies that Family and Women Care Centres were key institutions in sex education in rural areas and were able to offer longer, more in-depth services in less densely populated areas, revealing a different encounter between the Centres and the urban or the rural population. Report from the Northern Nógrád county highlighted the importance and necessity of Family and Women Care Centres, since these offered assistance on “the sexual questions of married life, modern and adequate birth control, and conscious family planning”.²⁸⁹ However, the Nógrád report identified a problem similar to the one faced in Fejér county, namely, that couples were too embarrassed to ask intimate questions during marriage counselling and merely looked for a certificate, which reduced counselling to mere formality.²⁹⁰ This is, then, another example of an encounter, in which the attitude of the educated is revealed through a ‘from-above’ source.

While mandatory counselling had its limitations, the number of those *willingly* visiting the Family and Women Care Centres for one form of another of counselling grew remarkably. In the county of Southern Bács-Kiskun, for example, the report argued that “ever more women turn to Family and Women Care Centres voluntarily, because they know that they get proper help there”, which indicates that the services attracted many (female) individuals who were not necessarily obliged to visit the Centres.²⁹¹ The statistics from Pest county – home of the Hungarian capital – reveal that, already in 1974, the majority of visitors at the Family and Women Care Centres looking for some kind of counselling went there on their own volition.²⁹²

²⁸⁸ Ibid.

²⁸⁹ “Összefoglaló jelentés a népesedéspolitikai haátorzat végrehajtásának vizsgálatáról. Nógrád megye.” [Report summary on the implementation of the population policy decision. Nógrád County]. May 8, 1975. Nógrád Megyei Népi Ellenőrzési Bizottság [People's Inspection Committee of Nógrád County], MNL, XXVIII-M-20 / k / 100 ő. e.

²⁹⁰ Ibid.

²⁹¹ “Összefoglaló jelentés a népesedéspolitikai haátorzat végrehajtásának vizsgálatáról. Bács-Kiskun megye.” [Report summary on the implementation of the population policy decision. Bács-Kiskun County]. April 28, 1975. Bács-Kiskun Megyei Népi Ellenőrzési Bizottság [People's Inspection Committee of Bács-Kiskun County], MNL, XXVIII-M-20 / k / 100 ő. e.

²⁹² “Összefoglaló jelentés a népesedéspolitikai haátorzat végrehajtásának vizsgálatáról. Pest megye.” [Report summary on the implementation of the population policy decision. Pest County]. April 21, 1975. Pest Megyei Népi Ellenőrzési Bizottság [People's Inspection Committee of Pest County], MNL, XXVIII-M-20 / k / 100 ő. e.

A possible explanation for this trend is the increasing interest in birth control methods, which, following the 1967 introduction of Infecundin, the first hormonal oral contraceptive pill, saw a surge in interest all over the country.²⁹³ In Bács-Kiskun county, which, in 1970, had a population of 577,191, 28,000 packages of birth control pills were bought in 1968 alone, a number that by 1974 had increased to about 280,000, with thousands of women requesting intrauterine devices (IUDs).²⁹⁴ The report welcomed the tendencies in which “women use modern and harmless methods of birth control, which is due to the educational work of family planning and women’s counselling”.²⁹⁵ Similarly, in Nógrád county, with a population of 240,129, 29,000 packages of birth control pills were sold in 1970, which increased to 91,000 in 1974.²⁹⁶ The same statistics for Pest county showed an extreme 64,8% growth in sold Infecundin and Bisecurin packages from 1973 to 1974.²⁹⁷ Against the background of this evidence, the Family and Women Care Centres could be considered crucial institutions for many women, in both urban and rural areas, seeking means of contraception, and possibly providing women with knowledge and material inevitable for freely deciding on the number and the timing of their pregnancies. It must be noted, however, that many women could have visited the Centres for merely practical purposes (i.e. getting birth control pills), since counselling on birth control for individuals was not mandatory.

²⁹³ Szabó, Zoltán. April 20, 1967. “Az egészségügyi miniszter 9/1967. (Eü. K. 8.) Eü. M. számú utasítása az Infecundin nevű törzskönyvezett gyógyszerkészítmény rendelésének és kiszolgáltatásának engedélyezéséről” [9/1967. (Eü. K. 8.) Minister of Health directive on permitting order and supply of the pharmaceutical product called Infecundin] and Appendix. *Egészségügyi Közlöny* 18 (13): 209-10.

²⁹⁴ Területi adatok – Bács-Kiskun megye. A népesség számának alakulása, népsűrűség, népszaporodás [Regional data – Bács-Kiskun County. Population change, density, growth]. Available: Központi Statisztikai Hivatal [Central Statistical Office]. <https://www.ksh.hu/>; “Összefoglaló jelentés a népesedéspolitikai haátorzat végrehajtásának vizsgálatáról. Bács-Kiskun megye.” [Report summary on the implementation of the population policy decision. Bács-Kiskun County]. April 28, 1975.; I have not been able to establish for how many months such package served.

²⁹⁵ “Összefoglaló jelentés a népesedéspolitikai határozat végrehajtásának vizsgálatáról. Bács-Kiskun megye.” [Report summary on the implementation of the population policy decision. Bács-Kiskun County]. April 28, 1975.

²⁹⁶ “Összefoglaló jelentés a népesedéspolitikai határozat végrehajtásának vizsgálatáról. Nógrád megye.” [Report summary on the implementation of the population policy decision. Nógrád County]. May 8, 1975.

²⁹⁷ “Összefoglaló jelentés a népesedéspolitikai haátorzat végrehajtásának vizsgálatáról. Pest megye.” [Report summary on the implementation of the population policy decision. Pest County]. April 21, 1975.

Despite the fact that the 1973 Ministry Council decision on population policy tasks set families with three children as the ideal, a 1975 document on the operation of Family and Women Care Centres in Budapest shows an unwillingness on the part of women to conform to this model. According to the document, the overwhelming majority of women in all monitored age categories planned to have only two children: below the age of eighteen, 65% wished to have two, and only 22% three or more children; 64% of nineteen- to twenty-five-year-olds planned to have two, and 24% three or more kids.²⁹⁸ Easier access to birth control methods and to information about their benefits through the Family and Women Care Centres meant that women had more individual agency, knowledge, and tools to determine and realize their preferences in the number and the timing of their children.

5.2 Thematizing Sexuality in Schools and Magazine Columns

My chosen sources in this section are school sex education materials, reports to the Ministry of Health, and the agony columns of IM, which were platforms thematizing a wide array of sex-related topics, facilitating conversations between the educators and the to-be-educated. Reports to the Ministry of Health on the experiences of school-based sex education, which offer a glimpse into both what sex education in schools could have looked like ‘in practice’ and how students reacted to it, remained unpublished for the time being. The other sources used in this section are from IM, the official publication of KISZ addressed to young people between the ages of 14 and 18 that ran from 1965 to the end of the state-socialist period, and longer.²⁹⁹ IM and its agony columns were modelled after the newspaper of the Soviet Communist Youth League (Komsomol), which, among many other things that attracted young people, was concerned with love, marriage, and sexuality.³⁰⁰ The Hungarian version of the

²⁹⁸ “Jelentés a fővárosi Család- és Nevelési Tanácsadók munkájáról.” [Report on the work of Family and Women Care Centres in the capital]. July 3, 1975. Budapest Főváros Tanácsa [Budapest City Council], MNL, XIX-C-2 / d / 72d ő. e.

²⁹⁹ Entry ‘Ifjúsági Magazin 1965-1989 | Arcanum Digitális Tudománytár’. Accessed 20 August 2022. <https://adt.arcanum.com/hu/collection/IfjusagiMagazin/>.

³⁰⁰ McElmeel, 2021, p. 23.

magazine was, next to music and fashion columns, a key platform for thematizing sexuality and intimate relationships: especially from the 1980s on, there was a proliferation of agony columns on sexuality, articles on nudism, AIDS, and contraception.³⁰¹ The editors in chief of IM participated in weekly conferences, organized by the respective KISZ division, about censorship regulations and topics they were allowed to publish on.³⁰² Even though I have not been able to gain information on what was censored, and consequently not published, in IM, the questions and answers that appeared are still rather detailed texts on the loss of virginity, sexual intercourse, masturbation, and the incident of same-sex attraction. One agony column of IM, called *Válogatott Magánügyek* [Selected Private Matters] offered, from 1979 on, advice on various questions submitted by readers on a wide range of topics: from how to make friends and deal with parents to seeking information and advice on intimate relationships and sexual matters. Another column publishing readers' letters called *Doktor úr, kérem...* [Doctor, please...] appeared in 1984, where Dr Pál Veres offered guidance in sexual problems. According to Tóth and Murai's research, Veres invented and embodied the image of the "sex educator doctor" and became an emblematic figure in the dissemination of sexual knowledge.³⁰³ As school classes and IM were platforms where students and young adults could make their voices heard, it was often these groups of young people who started discussions on various topics related to sexuality, forming opinions, asking questions, and generating debates.

While Tóth and Murai conceptualize IM as a platform which influenced and controlled the sexual behaviour of the young (from above), I offer a different viewpoint, by looking at IM as a form and a product of encounter between the educator and the educated.³⁰⁴ As Foucault argues "there is no binary and all-encompassing opposition between rulers and ruled at the root of

³⁰¹Tóth and Murai, 2014.

³⁰² Ibid.

³⁰³Tóth and Murai, 2014, p. 63.

³⁰⁴ Tóth and Murai, 2014.

power relations”, and local “relationships of force” are dynamic processes that are constantly realigned as “the ruled” experience, negotiate, or resist the “rules”.³⁰⁵ Through this process, the power of sex educators – be it primary school teachers, medical lecturers, or publicists in a state-owned magazine – is simultaneously restored and undermined by “the ruled”: students, young workers, urban and rural youth, and other magazine readers.³⁰⁶ Through my chosen sources, I further show that the group addressed in the state’s sex education project was not one of passive listeners, but one that actively shaped sex education. The sources do show, in a however mediated manner, the voices of those students and young individuals who were addressed in sex education, offering a picture of diverse sexual knowledge and experiences among urban-rural, married-unmarried, male-female individuals.

Reports about school-based sex education to the Ministry of Health from the 1970s show that the students themselves were asked about their interest regarding sexual knowledge. These reports were written by district doctors [körzeti orvos] all over the country and also documented the activity of form tutors, following the Ministry of Health’s demand to gain information on the development of sex education in public schools.³⁰⁷ A report from 1975, from a primary school in a town in Pest county, shows evidence that, after holding introductory educational lectures, the form tutor and the district doctor asked students to anonymously write down any questions they had, in order to “get insights into the group’s interests, demands, and how active they seem” about topics on sexuality.³⁰⁸ In another city from the same region, a district doctor held lectures for students from the ages of 11 to 15 in 1975, in the presence of their form tutor.³⁰⁹ The doctor asked the form tutors to send him questions from the students beforehand,

³⁰⁵ Foucault, 1978, p. 94.

³⁰⁶ Ibid.

³⁰⁷ See for example, “Beszámoló (Másolat). Általános Iskola: Leányfalu” [Copy of Report. Primary School: Leányfalu]. April 20, 1975, Dr Imre Havas, MNL, XIX-C-2 / d / 78 d ő. e.

³⁰⁸ Ibid.

³⁰⁹ “Feljegyzés (Másolat). Általános Iskola Szentendre, Bajcsy-Zsilinszky út” [Copy of Memo. Primary School: Szentendre, Bajcsy-Zsilinszky út]. April 19, 1975, Dr László Kiss, MNL, XIX-C-2 / d / 78 d ő. e.

so the doctor could “integrate the answers into the lecture”: he reported receiving 192 questions from four classes.³¹⁰

The last two examples show that, in addition to medical presenters providing an open platform for students’ questions, the audience also actively participated in sex education. Their questions shed light on what sexual topics interested which age groups and highlight white spots in their knowledge in specific areas. Many 5th graders for example showed interest in how babies are born, while 8th graders were concerned with the first sexual intercourse, abortion, masturbation, and homosexuality.³¹¹ In the *Válogatott Magánügyek* [Selected Private Matters] agony column of IM, the editors published many letters on various topics and gave extensive information on questions related to sexuality. In 1983, the (anonymous) IM representative answered a letter seeking information on the reliability of contraceptive methods by saying that

“Only abstinence can guarantee a hundred per cent protection. In every other case there is some risk. But the extent [of the risk] can be reduced by planning and being prepared. Condoms and pills are only two of the methods. Medical professionals can offer the most help. You should see one”.³¹²

While it was not uncommon for IM to suggest sexual abstinence, or to start sex life after the age of eighteen, to teenagers, the magazine still showed that active sexual life among minors before marriage was widespread. By publishing these letters, IM acknowledged this activity, and, throughout the 1980s, alerted readers that conception can still occur during menstruation³¹³ and listed the possible symptoms of pregnancy.³¹⁴ Dr Pál Veres also gave detailed advice on birth control methods (including the pill and condoms)³¹⁵, and, especially

³¹⁰ Ibid.

³¹¹ Ibid.

³¹² ‘Válogatott Magánügyek [Selected Private Matters]. Mit Sütsz Kis Szüz.’ 1983. *Ifjúsági Magazin [Youth Magazine]* 19 (3): 60.

³¹³ ‘Válogatott Magánügyek [Selected Private Matters]. Disco.’ 1981. *Ifjúsági Magazin [Youth Magazine]* 17 (6): 61.

³¹⁴ ‘Válogatott Magánügyek [Selected Private Matters]. S.O.S.’ 1984. *Ifjúsági Magazin [Youth Magazine]* 20 (3): 54.

³¹⁵ ‘Doktor úr, kérem... [Doctor, please...]. No title.’ 1986. *Ifjúsági Magazin [Youth Magazine]* 22 (11): 57.

with the start of the second half of the 1980s, on the hormonal effects of different birth control pills.³¹⁶

Since oral contraceptives were, officially, only available for women over the age of sixteen in the period – and because the state’s sex education project generally promoted conscious family planning – the sex educators of IM were torn between promoting sexual abstinence and promoting responsible sexual behaviour among minors.³¹⁷ On one hand, the magazine repeatedly (but carefully) informed the readers on the act of petting (i.e. non-penetrative sexually touching), in order to resolve this contradiction, stating that petting is

“a sex-replacement recommended for young people. It means that anything is allowed for the sake of sexual pleasure, except intercourse. According to psychologists and sexologists, with petting it is easier to wait for a boy and a girl – who love and are attracted to each other – for the time when they will be biologically and socially ready for a traditional sexual relationship. I must say, not everyone agrees with this. Sceptics warn against petting because the partners ‘will not be able to stop at the gates of paradise’, and should they enter, they might easily cause harm to themselves, since they have no other protection against unwanted pregnancy. This shows that petting is also a particular contraceptive method. In case you need more information, you can read about [petting] in detail in the newly published book of Dr Pál Veres or in *Világ Ifjúsága* from the psychologist Vilmos Szilágyi”.³¹⁸

On the other hand, IM turned to a narrative of love and romance among teenagers as the quote above shows. When, in 1980, a fourteen-year-old girl asked for help and wrote that she wanted to “have sex with boys but without the purpose of getting pregnant. To put it simply, I have a desire for them”, IM answered that “It is natural to have these feelings in your age. But that does not mean you should give them green light. According to the moral norms which developed in humans throughout the years, sex without emotional bond (or love) is to be condemned”.³¹⁹ In another instance, a twenty-year-old young man asked for advice because he

³¹⁶ ‘Doktor úr, kérem... [Doctor, please...]. Zöld Szemű Boszorkány.’ 1988. *Ifjúsági Magazin [Youth Magazine]* 24 (3): 55.

³¹⁷ Minister of Health directive 13/1974. (Eü. K. 14.) on modifying the 23/1973. (Eü. K. 17) directive on the order and supply of hormonal medical contraceptives], 1974.

³¹⁸ ‘Válogatott Magánügyek [Selected Private Matters]. Kíváncsi Kicsi Tini.’ 1982. *Ifjúsági Magazin [Youth Magazine]* 18 (7): 60.

³¹⁹ ‘Válogatott Magánügyek [Selected Private Matters]. Love and Kis.’ 1980. *Ifjúsági Magazin [Youth Magazine]* 16 (9): 60.

felt “like being in love for the first time”, saying that “I love her with all my heart, but I did not want to initiate a sexual relationship with her, because I think we should not [have sex] until we feel mutual love [...] but I feel like she is only playing with me”.³²⁰ In 1986, the sexologist Dr Pál Veres claimed in the columns of IM that while “sex without love does exist”, it is an “inhumane relationship”.³²¹ This, again, ties in with McElmeel’s research on the regional newspaper of the Communist Youth League (Komsomol) in the industrial parts of the Urals, in which heterosexual romantic love and communist morality are simultaneously part of the life of the new Soviet men and women and their egalitarian relationship. As I have argued earlier, this partnership agenda manifested itself in expecting both partners to act responsibly in order to prevent pregnancies, which, through marriage counselling, was one of the purposes of the Family and Women Care Centres. Nevertheless, when it came to unwanted pregnancies among the young, male partners were not so keen on the idea, nor were they expected to take any responsibility, as far as the columns of IM are concerned. Letters seeking help on this issue came exclusively from girls and young women, and the answer usually included a lecturing on how *she* should have been more careful. Discussing letters from girls and young women who believe themselves to be pregnant, Dr Pál Veres stated that he wished not to “heighten the problems of girls in trouble” but still noted that “they are responsible for their situation for the most part”.³²² This goes to show not only the often paternalistic attitude of IM, but also the limitations of the gender equality and partnership agenda regarding sexual relationships.³²³

While during the 1960s and the 1970s the key institutions engaged in sex education, especially MNOT, discouraged abortions and encouraged preventive methods (discussed in Section 2.2),

³²⁰ ‘Válogatott Magánügyek [Selected Private Matters]. Ambrozi.’ 1979. *Ifjúsági Magazin [Youth Magazine]* 15 (4): 61.

³²¹ ‘Doktor úr, kérem... [Doctor, please...]. Szerelem = Szex.’ 1986. *Ifjúsági Magazin [Youth Magazine]* 22 (6): 61.

³²² ‘Doktor úr, kérem... [Doctor, please...]. Not title.’ 1988. *Ifjúsági Magazin [Youth Magazine]* 24 (3): 55.

³²³ Tóth and Murai, 2014.

in the agony columns of IM abortion was often suggested to young women with unwanted pregnancies. The pill was not accessible for girls until the age of sixteen, but abortion was available to unmarried women by law.³²⁴ IM in the cases discussed here dealt with women, who were pregnant already. Promoting abortion as a solution for young individuals was thus an advice ‘of last resort’. Abortion as a solution is ever-present in the letters, even though the word itself is often missing from the *Válogatott Magánügyek* column and letter-writers did not explicitly say that they had wanted to terminate their pregnancies. Dr Pál Veres was more explicit and detailed about offering abortion as a solution. In 1987, he started his usual column in IM with an open letter, stating that the magazine still received hundreds of letters from young girls who believe themselves to be pregnant, advising them to avoid “home remedies” for producing an abortion – such as “hot water, pinprick, shaking” – and to seek professional medical help in an obstetrics and gynaecology clinic.³²⁵ When a seventeen-year-old girl asked for help because she had “met a boy who seemed serious” and is now “over twelve weeks pregnant”, the answer was the following:

“Why haven’t you written two months earlier? Is there no one to ask for advice? If you are from the countryside, you should contact the medical department of the county council, or the Csecsemőotthonok Felvételi Irodája [Infant Home Registry Office], if you live in the capital. Address: 1063 Budapest VI, Kmetty u. 31. The letter is quite tragic and, unfortunately, not the only one I have received in the last weeks. Girls, take care of yourselves! Do not make sexual relationship out of fashion, sport, curiosity, naivety! Wait until you become mature and can bear the responsibility...”³²⁶

The quote exemplifies an encounter in which the educator is faced with the lived reality of a young and desperate pregnant girl, creating an advice as a reaction to this reality. It is clear that both the addressed and the addressee understood that there was no intention of keeping the child and no possibility for abortion, hence the suggestion of the Infant Home, which was an

³²⁴ Minister of Health directive 4/1973. (XII. 1.) Eü M on the evaluation of a request for the termination of pregnancy, 1973.

³²⁵ ‘Doktor úr, kérem... [Doctor, please...]. No title’ 1987. *Ifjúsági Magazin [Youth Magazine]* 23 (3): 57.

³²⁶ ‘Válogatott Magánügyek [Selected Private Matters]. Hol az út.’ 1984. *Ifjúsági Magazin [Youth Magazine]* 20 (4): 53.

orphanage for children under the age of three.³²⁷ Again, the letter leaves the question of men's responsibility untouched and shows that fewer options were available, or known, in the countryside for women with unwanted pregnancies. The more traditionalist values of rural Hungary are also represented in a 1982 letter:

“I am a fifteen-year-old girl, the most beautiful in the village, according to many. I unfortunately only had six guys [sic!]. The other day, János and I went hoeing, took a fancy to each other, and it happened on the wagon on the way back. I had many cases like this, but now, for the first time, I am in trouble. Give me quick advice, because if my dad finds out, he will throw me into the well [belevág a kútba!]”.³²⁸

According to the advice, she should “marry János or go see the doctor urgently”, which implies that abortion might not have been an option for young rural women, and, to avoid shame, marriage and keeping the child was the best solution.³²⁹ These examples depict a different history of sex education and sexual advice, with narrow social and sexual self-determination for young unmarried women on the Hungarian countryside even in the 1980s, revealing the limited reach of nationwide sex education.

³²⁷ Révész, Magda. 2007. ‘A Gyermekvédelmi Alapellátás Intézménytörténete Magyarországon 2. rész [Institutional History of Child Protection Services in Hungary, Part 2]’. *Kapocs. A Nemzeti Család- És Szociálpolitikai Intézet Folyóirata* 6 (5): 1–41.

³²⁸ ‘Válogatott Magánügyek [Selected Private Matters]. Szőlőhegy.’ 1982. *Ifjúsági Magazin [Youth Magazine]* 18 (8): 60.

³²⁹ Ibid.

6. Conclusion

In this thesis, I have mapped the manifold activities of KISZ, MNOT, and the Ministry of Health regarding sex education in state-socialist Hungary against the backdrop of population, reproductive, and family planning policies, as well as sex-educators' encounters with those addressed by sex education. Top-level decisions related to sex education were introduced from the 1970s on through the Ministry of Health – in accordance with the state's gender equality agenda – with the purpose of improving women's situation and promoting conscious family planning for socialist men and women. In practice, this primarily meant establishing school-based sex education and paying keen attention to the prevention of abortions and unwanted pregnancies and the dissemination of knowledge on birth control methods. Organizations such as MNOT pursued similar goals as early as the 1950s, broadening its scope of activity to the Hungarian countryside after 1965 and educating on sexual issues throughout the country. My thesis contributes to the complex history of women's organizations under state-socialist regimes, such as MNOT, by outlining its role in promoting responsible sexual behaviour and access to (information on) birth control. KISZ joined the network of key sex educators following the 1970 party directive and government decisions, which, again, included clear objectives regarding women's equality.

I have argued that, despite the growing importance of expert knowledge, the state's sex education programmes and policies involved a wide range of actors as sex educators, ranging from institutions and teachers to parents. I have also highlighted the importance of pedagogical skills and intimate relations between the educators and the educated. Exploring the mutual relations between gender, power, and knowledge, I revealed that expert (especially medical) knowledge and the higher levels of professional or organizational hierarchy were often associated with male sex educators, while the female representatives of KISZ and MNOT often engaged in tasks construed traditionally as feminine, such as personal contact with other

women and marginalized individuals or visiting their homes. These representatives were often expected to approach family planning education and sexual questions as an exclusive domain of women.

Framed as family planning education, sex education often reflected the political aims of the MSZMP leadership and the top-level Hungarian political regime regarding the encouragement of childbirth among the non-Roma population, which can be identified as a form of selective pronatalism. I have, however, shown that MNOT and KISZ shifted the discourse towards sexual and reproductive health and responsible sexual behaviour for both men and women, integrating these within a larger gender equality and partnership agenda, while simultaneously strengthening, at times, gendered differences and traditional values associated with femininity and masculinity. While not always contrasting the gender equality agenda and promoting birth control for many women, selective pronatalism furthered narratives among KISZ, MNOT, and the Ministry of Health that discouraged childbirth in Roma families, strengthened the “otherness” of the Roma, and, in general, failed to integrate them into sex education.

Cases of encounters between educators and educated show that categories of difference such as gender, age, class, marital status, or an urban or rural environment strongly affected access to sex education. Practices of counselling, school-based sex education, and the answers to magazine readers’ letters not only exemplify the power of the state and its control over sexuality, but also reveal how couples reacted to marriage counselling, how students co-shaped sex education classes, and how magazine readers themselves established what sexual questions should be discussed in the columns of IM.

The intersectional approach used throughout the thesis provides insight, by looking at these categories in relation to one another, into how the various types of sex education methods and platforms addressed men and women, young and older, urban and rural, married and unmarried,

industrial or other worker, Roma and non-Roma groups differently. This approach has revealed, for example, that many non-skilled young women and Roma people were partly and de facto excluded from school-based sex education, especially after the age of 14, or that the rural population was left with inadequate knowledge on sexuality, or was offered different sexual advice. Before Family and Women Centres made their nation-wide debut in 1973, women in rural areas, especially the Romnja (represented in large numbers in villages), had an extremely limited access to birth control methods and to information on these methods compared to their urban counterparts.

A focus on men in sex education in my thesis, and on the idea of socialist men as sexually responsible, provides an original contribution to the history of men and masculinities in a state-socialist context. Men were repeatedly expected to take responsibility in preventing unwanted pregnancies and to educate themselves on birth control methods by, for example, MNOT representatives and through marriage counselling. MNOT criticized men's attitudes towards women in the question of control over contraceptive methods in the 1960s. Furthermore, following the triumph of the birth control pill, one of the purposes of the Family and Women Care Centres was, during the 1970s, to educate husbands-to-be on their sexual responsibilities. These exemplify how the idea of the socialist man included responsibility in sexual questions. In practice, however, many young men were not so keen on the idea, nor were they expected to take any responsibility in the case of unwanted pregnancies; this finding highlights some of the limitations of the gender equality and partnership agenda.

While in the introduction I have mentioned that many archival sources were left unexplored, this also holds true of the magazine agony columns. These provide a rich source for further historical analysis. Moreover, the thesis has not engaged a more far-reaching critical reading of the heteronormative framework that characterized Hungarian sex education. An analysis of the position of same-sex relations and attraction in Hungarian sex education is yet to be done.

While the state's approach to sex education was extremely heteronormative, occasionally, homosexuality was discussed in public school sex education classes, and the agony columns also include examples from young magazine readers seeking help in understanding attraction to a member of their sex. These documents can serve as a basis for an important and detailed research on queer people in Hungarian sex education. The growing scholarly contributions on sex education in a communist/socialist context also provide material for a comparative, transnational analysis of sex education which might also challenge the idea of geographical and ideological borders. Such analysis will be at the core of my PhD project.

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