

## Birth in Czech Republic, a societal matter – Interview with Kateřina Lišková (2/2)

### Description

**Childcare, breastfeeding, pregnancy, abortion... these topics, in Czech Republic as elsewhere, are drawing the attention of women who consider having a child but also of policy makers, aware of the link between life conditions and birthrate.**

In this second interview granted to *Regard sur l'Est*, Kateřina Lišková, Associate Professor and Senior Researcher in Modern Transnational and Intellectual History at the Institute of History, Czech Academy of Sciences, currently affiliated as a guest researcher at Utrecht University, evokes the links between lifestyle and birthrate in Czech Republic.

***Regard sur l'Est*: How is the nuclear family conceptualized in Czech Republic and what is the role of this conception in today's demographic issues that strike not only Czech Republic but the entirety of the European Union?**

**Kateřina Lišková:** Not only in the Czech Republic but across the western world did the family life change. The family has become, indeed, more nuclear and the distance from other relatives and a broader community grew. Grandparents or neighbors are not readily available to support childcare. Also, preschool facilities especially for children under 3 are less available. Then it is up to individual families to pay for childcare. If a woman wants to join the workforce then it is up to her to figure out who will take care of the child when she is at work. I am talking about women, because it is mostly women, not men, who are expected to provide the care.

Another trend which affects the lower total fertility rate in Western societies is that children, especially children of higher educated parents, tend to require more resources, both money and time. This was different in previous generations when children were more autonomous. Even during the 1970s and 1980s, when I was growing up, it was normal for children to have unstructured free time which parents were not responsible for. That is not really the case nowadays. Today's parents are expected to put a huge time investment into childcare, which outlast preschool age and parents or people who consider parenting are aware of this expectation. This expectation is pronounced in higher educated couples.

**In one of your [articles](#), you raise the question of milk substitutes and breastfeeding which was endorsed as the best nutrition recommended by Czechoslovakia's Health Ministry as early as the 1950s, also pointing out that before the 1960s, Czechoslovakia was an outlier among Eastern and Central European countries by approving the use of milk substitutes. Are there some repercussions on today's Czech medical scene? Is breastfeeding in public places something controversial as it is for example in France and other western countries or more broadly accepted?**

What we noticed in our research is that Czechoslovak expert position on milk substitutes already changed in the 1960s and the recommendation to prioritize them over breastfeeding declined. So by the 1960s, Czechoslovakia recommended breastfeeding similar to other countries and the WHO.

By now, public breastfeeding is fairly broadly accepted. It was controversial some 15 years ago when it was discussed in the media when some found it as a form of sexualized public nudity. What is a breast? It is essentialist to think that a naked breast is sexual under any and all circumstances. It took some organizing by mothers and women's NGOs to persuade the public that this is not sexual, this is not some nudity for the sake of nudity. That you need to feed your child when the child is hungry. By now it is much more accepted and I have not heard in a long while that public breastfeeding would be disputed.

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**In another [article](#), you highlighted that some medical professionals linked marriage or marital happiness and pregnancy complications. If this very ideological, gendered and stereotypical discourse seems to disappear with the biomedicalisation of the discipline, are there some survivance of this type of discourses in the mentalities?**

I cannot speak of the current practice of medical doctors because this is not what we researched. And I disagree with your characterization of linking healthy pregnancy with social aspects of women's lives as stereotypical. Women's lives are impacted by their work and spouses – and medical doctors perceived these social aspects as very influential. This importance in doctors' eyes weakened by the 1980s when technological and pharmacological devices became available to monitor and support a healthy pregnancy.

Don't get me wrong, these devices and medical progress are very beneficial but that does not mean that now that we have them, social aspects of women lives are not important anymore. We cannot only focus on “are they eating healthy, are they exercising enough” but we need to consider also how pregnant women's working lives are organized, how they live their marital lives. These are questions of general human flourishing, which impact on the healthy pregnancy. No amount of medication can substitute for this. Only the broader societal and medical understanding that social aspects of people's lives are important can make women having more balanced lives outside of their pregnancy and childcare.

**Rights such as abortion have been granted in the West in the 1970s as results of civic actions from below. In Eastern and Central Europe, the liberalization occurred from above and as early as in the 1950s. But how to explain the different trajectories taken by Czech Republic and other Eastern and Central European countries such as Poland where right now abortion is getting overturned and is a very present issue in public debates?**

Poland is a really big outlier nowadays. I think that abortion access illustrates the anxieties of a given society at a given time. It is true that in most Eastern European socialist states, abortion was legalized in the mid-1950s. And then, it lasted until the end of state socialism with the exception of Romania where abortion was re-criminalized in 1966 and we all know the results of Ceausescu's horrible “politicized demography” as it was called by historians: illegal access to abortions, difficult to non-existent access to contraception, forced gynecological checkups to make sure that women did not undergo abortions illegally... Indeed more children were born but the social and individual price was staggering. When socialism ended in Romania and the Ceausescu couple met their horrible demise, abortion law was one of the first things that Romanians changed, making it legal to access.

And an opposite trajectory is true of Poland. Polish socialist authorities propagated abortion. They even prioritized abortion over modern contraception, despite what Polish experts urged. The reason was that the Polish socialist government saw abortion access as a sign of modernization, which went against the so-called “backwardness” of the Catholic Church. In the 1980s, Polish dissidents from *Solidarność* connected with the Catholic Church in the fight against their common enemy, the socialist government. So when the socialist regime ended, very different things happened in Poland compared to Romania. In Poland, the forces that defeated communism had a very strong conservative agenda and the suppression of abortion access came already in the early 1990s. By now it is almost impossible to get an abortion for any reason in Poland.

**In 2022, the abortion rate in Czech Republic was at its lowest point since 1956. How to explain that? A better access to contraception or a change in mentalities towards the use of them, or towards abortion itself?**

Access to modern contraceptives plays an important role. In the 1980s, the use of contraceptives was really low with the intrauterine device (IUD) being the most frequently used modern form. Moreover, the IUD or the pill were not prescribed to women who did not give birth yet, so especially young women who are most prone to get pregnant were left without reliable contraception. Then abortion was their one option, and having the child was the other.

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That changed in the 1990s when the access to contraceptives improved. Over time, also women's knowledge of their reproductive cycles improves. In the 1950s and 1960s, medical doctors still noted with surprise that they encountered female patients who had no idea about ovulation and did not use even "natural" or "traditional" methods to prevent a pregnancy. This kind of ignorance is by now completely gone.

**Illustration:** Kateřina Lišková (© Dita Pepe).

[Link to the French version of the article](#)

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