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***Socialist Mothers and their Legacies:***  
**Migration, Reproductive Health and 'Body-Memory'**  
**in Post-Communist Romania\*<sup>1</sup>**

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**Abstract:** From 1966 to 1989, the communist regime imposed extreme policies of controlled demography in Romania for ‘the good of the socialist nation’, as it was claimed. Pro-family measures were developed in parallel to the banning of abortion on request and the making of contraception almost inaccessible. Women, forced to seek alternative methods of family planning, rediscovered old fashioned methods of contraception or created new ways of terminating unwanted pregnancies. The consequences of Ceausescu’s pronatalism continue to affect Romanian women’s reproductive health to this day. Although the legacies of the past are not publically debated in post-communist Romania, their negative effects become visible at both a national and international level when Romanian citizens migrate. Romanian women who migrate to France (to study or work, legally or illegally) are forced to assimilate into and embody another public health system. Intersubjectivities are thus developed between new policies and old habits, in terms of reproductive health practices and healthcare access.

### 1. Introduction.

After World War II, the European states developed new policies towards human reproduction, both at a national and international level. The deep transformations which occurred in the debates over abortion and concepts like ‘motherhood’ and ‘reproduction’ on both sides of the Berlin wall exemplify the relation of the ‘politics of reproduction’ (Ginsburg & Rapp 1991) to the political systems of postwar Europe. Following the fall of the Berlin wall, Eastern Europe was again confronted with a major transformation in terms of demographic change, this time as a cause of intensive migration to the West. The aims of this paper are to

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present the intersubjectivities between the communist past and the postcommunist present in terms of demography, politics of reproduction and reproductive health practices by taking contemporary Romanian women migrants to France as a case study. The analysis is based on extensive oral history fieldwork (2004-2009) on the memory of abortion in communist Romania, and on anthropological fieldwork in progress on the Romanian immigrants in south-west France and their reproductive health practices and healthcare access.

My ethnographic research shows that Romanian women who migrate to France are forced to assimilate and embody another public health system, shaped by different discourses than those they 'left back home'. Can individual practices of reproductive health behavior – the 'body-memory'- change in the migration situation and, if so, to what extent? Can different public health measures (local, national or European) determine different reproductive health practices and different relations to the health-care system? In short, can one speak of the transnationalization of health policies when it comes to individual reproductive health and 'old national habits', in contemporary East-West European migration?

In order to answer these questions, the paper is developed around three distinct parts, followed by a brief conclusion. The first part, starting with a short overview of the socialist politics of reproduction in Europe after World War II, sums up the history of communist Romania's abortion ban and the low-remembering<sup>2</sup> of pronatalism after 1989. The second part presents contemporary Romania's demographic transition and its relations to the communist 'abortion-culture' (Kligman 2000), as well as to postcommunist migration and the emergence of new family models. Taking as a case study the life stories of three Romanian women migrants to France and their *accueil* in terms of healthcare policies, the third part analyses the discourses and

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<sup>2</sup> I propose the concept of *low-remembering* (low-memory) in order to characterize the social discussion in the present of certain past facts, which are not the object of openly expressed remembering in the public sphere (through debates, commemorations, patrimonialization, etc.). At the same time, they are not entirely absent in present-day society - determining a so-called 'social amnesia' - since they clearly manifest their presence in the private sphere, through social-communicative memory. From time to time, they may also 'come to the surface' of the public agenda, often influenced by different politics of memory. For an extensive discussion about low-remembering and communist Romania's pronatalism, see Anton 2009.

the reproductive health practices of Romanian women migrants as they navigate the French healthcare system.

## **2. Politics of Reproduction in Europe after World War II: Communist Romania's Pronatalism**

*2.1. Socialist Women, the Nation-Family and the Abortion Issue.* The 'Iron Curtain' which separated war-torn Europe into Western capitalist and Eastern socialist bloc nations for four decades dramatically affected not only the foreign policies of these states, but also greatly influenced their domestic and private spheres. The reproductive politics and policies which emerged in this period exemplify significant transformations in the overall relationship between public policy and the private sphere. In Western Europe, the experiences of the Nazi era and other authoritarian regimes during the interwar period, including their far-reaching control of everyday life led to deep mistrust and suspicion of any form of government intervention in the private sphere following the Second World War. Nevertheless, reproductive politics, particularly abortion issues, remained on Western states' agendas. In contrast<sup>3</sup>, the reproductive politics of Eastern European countries followed the example of the Soviet Union, which legalized abortion in 1955, two years after Stalin's death. The official reason the Soviet leadership gave for legalization was that it would reduce 'the harm caused to the health of women by abortions performed outside hospital' and 'give women the possibility of deciding for themselves the question of motherhood' (Field 1956, cited in David 1992). After 1945, all socialist countries in Eastern and Central Europe except Albania had passed similar legislation by the 1960s when, again following the Soviet Union, they re-instituted legal restrictions on abortion. This was not so

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<sup>3</sup> For an extensive discussion regarding the politics of reproduction after World War II and their differences in Western and Eastern Europe, see Lorena Anton, Yoshie Mitobe and Kristina Schulz (forthcoming 2011): 'Politics of Reproduction in a Divided Europe: Abortion, Protest Movements and State Intervention after the Second World War', *The Establishment Responds – Power and Protest During and After the Cold War* (eds. Kathrin Fahlenbrach, Martin Klimke, Joachim Scharloth and Laura Wong), New York/London: Palgrave Macmillan. Some paragraphs, related to Eastern Europe and the Romanian case, are included in this paper.

much a circulation of political discourse on reproductive health in Communist Europe, but more a following of the Soviet leadership and the Soviet core discourse.

Among other major transformations, communism brought a new economic science based on the concept of ‘political economy’ to Eastern Europe. This new approach focused on collective, as opposed to individual, property. In order to revolutionize the economic sector, communist governments planned to massively expand the work force by employing women in all sectors of the economy. Thus, women and the family became very important issues on the socialist agendas. Furthermore, along with trying to build prosperous economies after the war, most of the socialist states developed in time highly nationalist regimes, which in return needed complementary pronatalist policies. The abortion and pronatalist policies in communist Romania are a strong example of this phenomenon and offer a unique view of state involvement in the reproductive sphere and the family model. At the same time, they also provide an example of the limits of how the circulation of communist discourse on reproduction and reproductive health should be understood in postwar communist Europe: always following the Soviet lead, but always ‘ready’ to take a different path when national interests were at stake.

From 1966 to 1989, the Communist Party prohibited abortion in the name of the sanctity of the Romanian communist nation. In the second half of the 1980s, the so-called ‘Golden Era’ of Romanian Communism, Nicolae Ceaușescu – the head of the Communist Party – even proclaimed publicly that ‘the fetus is the socialist property of the whole society. Giving birth is a patriotic duty. Those who refuse to have children are deserters, escaping the law of natural continuity’ (*apud* David & Băban 1996). In the Communist Romanian public sphere, reproduction was thus fundamentally associated with ‘the nation-family’ and its needs. Even though all of the other communist states in Eastern Europe prohibited abortion in one way or another during their socialist regimes, Romania’s ‘politics of duplicity’ (Kligman 2000) concerning reproduction stands out as a singular example of force and negativity whose consequences are still powerfully felt.

After the Second World War, in 1948, Romania revised its Penal Code (Article 482) outlawing abortion, but in 1955, following the Soviet lead, the text of a related decree allowed for abortion on demand, if the pregnancy represented a threat to the woman's health or if one parent suffered from a serious hereditary illness<sup>4</sup>. In 1957, the government legalized abortion, in what was at the time one of the most liberal policies in Europe. As a result of the lack of modern contraception, and of almost any contraceptive education, however, repeated abortions became the norm for Romanian women. Demographic studies show that by 1965, the end of this most liberal period of Romanian history with regard to reproductive policies, Romanian women had four abortions for each birth, the highest rate ever reported in any European country up to that time. In other words, abortion had become the main instrument of birth control. The new regime's plan 'to raise the Romanian<sup>5</sup> nation' thus necessitated new pronatalist policies (cf. Berelson 1979).

In autumn 1966, without prior announcement, Ceaușescu's regime strictly prohibited the right to pregnancy interruption. In short, the famous Decree no.770/1966 – 'For the relementation of the interruption of pregnancy's course' (rom. *Pentru reglementarea întreruperii cursului sarcinii*) limited abortion on request to: (1) women whose life, in a judgment of a special commission, was endangered by the pregnancy; (2) women whose future child was faced with hereditary diseases, or the risk of congenital deformity; (3) women who were physically, psychologically, or emotionally incapacitated; (4) women over 45 years of age or (5) women already supporting four or more children; or (6) women whose pregnancy resulted from rape or incest.

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<sup>4</sup> Decree no. 456/1955, published in 'The Official Gazette of the Grand National Assembly of the Romanian People's Republic' - *Buletinul Oficial al Marii Adunări Naționale a Republicii Populare România* - no. 3/November 1<sup>st</sup>, 1955, which was the official legal publication of the Romanian State, under different titles, first published in 1832 (nowadays 'The Official Gazette of Romania' - *Monitorul Oficial al României*).

<sup>5</sup> I am using the term 'Romanian' in a broad sense, to include the different ethnic groups living on the territory of the Romanian State. In 1966 for example, the year of the anti-abortion decree, the official national statistics were the following (cf. Mureșan 1996): 87.7 Romanians; 8.5 Hungarians; 2.0 Germans; 0.2 Jews; 0.3 Rroma; 1.3 Other (eg. Turks, Russians, etc).

This abrupt change in Romanian abortion law had a dramatic effect. In October 1966, the date of the anti-abortion decree, the monthly birth rate was 14.5. Within a single year, it rose to 36.1. In a few years, however, the expected demographic boom steadily decreased<sup>6</sup>. Women, forced to seek alternative methods of family planning, had rediscovered old fashioned methods of contraception or created new ways of terminating unwanted pregnancies<sup>7</sup>. The anti-abortion law was modified again in 1972 (before the International Conference on Demography, held in 1974 in Bucharest) by Decree 53/1972. This decree lowered the age at which a woman could request an abortion from 45 to 40, in accordance with international agreements. In 1985, however, the required age threshold was again raised to 45 (Decree no.441/1985). It was only after the overthrow of Ceaușescu, in December 1989, that the Romanian government reversed the restrictive abortion legislation. The new law, which remains in effect today, authorized the import, production and sale of modern contraceptives and permitted abortion on request during the first trimester if performed by qualified personnel.

**2.2. Pronatalism during Ceaușescu's Regime and its Social Memory.** The inner motivation of such strict political demography was related to different factors: firstly, to the socialist nationalism developed by Ceaușescu's regime (Kligman 2000). To ensure the strength of the nation, the regime was assuring its greatness in terms of number. Secondly, the massive and rapid development of the communist economy had to be sustained by a massive correlated workforce (Fischer 1985; Kligman 2000). And thirdly, last but not least, Romanian communist morality, highly patriarchal, had to be constructed in direct relation with the resemantization of the traditional mentalities of Romanian culture (Popa 2006). In short, the family was supposed to be as large as possible and sexuality was to be conceptualized only in terms of reproduction. Thus, being the moral communist subject was equal to being the prolific 'socialist-mother' (rom.

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<sup>6</sup> Cf. The Official Statistics of the Socialist Republic of Romania, *apud* David & Wright 1971.

<sup>7</sup> I am using the term 'unwanted pregnancy' to include not only 'undesired' pregnancies, but also and especially a pregnancy impossible for the mother to assume, from a socio-economic point of view.

*femeie-mamă*), a family model which was slowly developed into an overwhelming ‘Romanian tradition’ (Anton 2008).

During the entire period of abortion prohibition, maternity was exalted in the media as ‘the fulfillment of women’s destiny’, ‘the wonder of nature’, or ‘the wellspring of life’. The press was filled with accounts of perfect mothers, who had devoted themselves to the bearing and the education of their children for the nation’s vigor. Regarding the family, the official leitmotif (with strong roots – never openly stated - in the religious Orthodox discourse) was that ‘wholesome character and social responsibility are shaped in the atmosphere of families united by love, respect, understanding, and reciprocity; in the atmosphere of a home with brothers and sisters’ (cf. *Femeia* Magazine, no.10/1966). As an abstraction, the family was considered the necessary unit for socialist reproduction. All the family’s values were highly praised in the public discourse, in accordance with the metaphorical view of the state and the Party as ‘the people’s family’. Becoming a mother or raising a family became, in time, a ‘patriotic duty’:

*‘The Executive Political Committee of the Central Committee of the Romanian Communist Party appeals, at this time, to the entire population and to the working people of the towns and villages, to understand that the task of ensuring normal demographic growth in the population is a high honor and a patriotic duty for every family and for all people, who have always taken pride in strong families, with many children, whom they have raised with love, with ensuring the vitality, youth, and vigor of the entire nation. Today, more than ever before, we have the important duty to ensure for our country successive new generations that will contribute to the prosperity of our socialist nation and to the triumph of socialism and communism in Romania.’*  
(*Romanian Population Policy 1984*: 573)

To achieve its desired demographic make-up, Ceaușescu’s regime had, from the very beginning, developed numerous pronatalist public policies. The strategies applied consisted both of control and *pro-familia* measures. For example from the same year as the anti-abortion decree, divorce became very difficult to obtain, especially for couples with children under sixteen years old. Family allowances were liberalized and increased, and income tax was reduced for families with three or more children. At the same time, a ‘celibacy tax’ (reflecting approximately 2% of the

individual's income) was introduced and levied on childless men and women over 25, regardless of their marital status. Interruption of pregnancy was punished according to the Penal Code. Women who self-performed or received illegal abortions were given prison sentences lasting from six months to two years. Persons supporting or helping with the procedure received similar or even harsher punishments, which could be as much as ten years imprisonment if the procedure had resulted in the woman's death. Moreover, although their sale was not prohibited by law, the official import of modern contraceptives gradually ceased. From 1966 on, sexuality was discussed publicly only in terms of reproduction, so preventing any truly comprehensive sexual education from taking place. Seminars were organized periodically – during school classes, village meetings, or in the work places - in order to propagate increased 'education for maternity'. In the public discourse, motherhood was presented daily as the 'fulfillment of the woman's destiny'. In time, the only role for sexuality in one's family became that of conceiving and giving birth to the nation's children. At the same time, the Party tried to initiate even more direct control over women's bodies by introducing, in its last decade, compulsory gynecological examinations. Symbolically, the borders between the public and the private sphere started to be systematically violated. Sexuality and the family's private life became, especially in the last period of the 80s, a public 'socialist possession':

*'At that time I was working at the Institute of Metallurgic Designs. When Ceaușescu said the population should increase, very strict rules regarding abortion were introduced. Almost every month, the institute's doctor would conduct gynecological check-ups. It was obligatory. The good part was that you could run tests that you wouldn't normally do, not every month. The worst part was that if you were pregnant... The medical room was equipped with a gynecological table and everything else. We were tested every month like cattle. There were doctors who sympathized with some of the women who had 4 or 5 children and reported that they weren't pregnant even if they were. The women would later take care of her problem. (Information cited in MARTOR, The Museum of the Romanian Peasant Anthropology Review, no. 7/2002)*

As a consequence, an entire 'abortion culture' (Kligman 2000) emerged behind closed doors and illegal abortions turned in time into a metaphoric form of 'underground protest' against socialist pronatalism. While the lack of intimacy is obvious in the oral histories collected

on Romanian pronatalism, the memory of family life in Communist Romania, with regard to the prohibition of abortion, seemed to be characterized by the dominant presence of daily fear: the fear of getting pregnant or of getting one's partner pregnant, the fear of not managing to obtain an illegal abortion, the fear of death and, of course, the fear of the Party's reprisals. This continuous fear alienated woman from her very body, seen as a possible enemy because of its reproductive aspect, that continuously and officially demanded by the regime.

In addition to claiming a great number of lives, unsafe clandestine abortions often permanently damaged the health of many other Romanian women. Maternal and infant mortality rates were the highest in Europe, although the Romanian Communist Party used all possible methods to keep its internal affairs quiet. As Henry P. David underscored in 1992, 'unofficial estimates indicate that nearly 20 percent of Romania's 5.2 million women of reproductive age may be infertile, more than twice the proportion expected for a population that size.' Even if demographic and public health policies changed substantially after 1989, the legacies of the communist *abortion culture* are still silently present in Romanian society. The social memory of pronatalist times is still a contemporary taboo, hardly addressed in the contemporary public sphere but strongly influencing the characteristics of contemporary Romania's reproductive health. Even if the low-remembering of communist demographic policies is firstly determined by the taboo dimension of the past itself, the current social silence is also influenced by the specificity of individual memories – the memories of women who lived through traumatic experiences that are often better or easier left in the past. As one of the women interviewed during fieldwork on the memory of abortion in communist Romania began her story, '*I don't know if you believe me, but there are many things I don't remember (...) I have forgotten them – I had to forget!*' (F.B., primary school teacher, born 1959). To publicly remember Romania's pronatalism after 1989 is thus to attempt to enter the traumatic personal history of all the communist families involved.

### 3. Postcommunist Romania's Demographic Transition: Old Practices, New Places?

**3.1. Contemporary Demographic Decline: Heritages of the Abortion-Culture.** In its two transitional decades after 1989, Romania lost almost one million people as a direct result of two main factors, either directly or indirectly related to the communist past: on the one hand, a severe drop in the birth rate, caused by the post-communist legalization of abortion; on the other, massive migration abroad, caused by the post 1989 opening of the Romanian frontiers.

The traumatic effects of the pronatalist policies implemented by Ceaușescu's regime were disastrous during and after the communist period. Even if the anti-abortion decree was the second law passed after December 1989, the pronatalist legacy was not entirely eliminated by this sole act. Suffice it to say that the number of women who died because of illegal abortion is approximated to be about 25.000, between 1967 and 1989. If one also adds that of the infant mortality rate, 26.9 per 1000 in 1989, one is given a clear picture of the price the Romanian population had to pay in the name of 'the nation's vigor' (Trebici 1991). However, figures cannot express other types of legacy, such as the degradation of the human condition, the falsification of the couple's intimate relations and, above all, the creation of certain types of mentalities concerning reproductive health. Even today, although modern contraceptives are widely available, the number of abortions on request is still extremely high. Moreover, phenomena like self-induced abortion and child abandonment are still far above average levels (David and Băban 1996; Leibowitz 2003; Ghețău 2004). This situation can be explained by an involuntary continuation of the *abortion culture* which still characterizes Romania's reproductive health, a legacy of its communist past. In the first year after communism, when abortion on demand was again legalized, a new record of almost four abortions for every live birth was set. In 2004, the year of the last *Reproductive Health Survey* for Romania, the country was still among the first in Europe (after Russia and Belarus) for abortion rates by residence, with 0.8 abortions per 1000

women aged 14 to 44, (as compared to 3.4 in 1993 and 2.2 in 1999). In short, even twenty years after the end of communist pronatalism, the lack of proper education regarding contraceptive methods, combined with persistent taboo mentalities, has led to the reluctance of women to control their fertility by means other than abortion (Johnson and al. 1996; Leibowitz 2003; *Reproductive Health Survey: Romania* 2004; Mureşan 2008).

One of the most important factors that contribute to the continuation of the former *abortion culture* and associated reproductive health-practices can be the current low-remembering of communist pronatalism. Under communism, abortion was one of the most powerful public taboos. Moreover, abortion and all of the surrounding secrecy are taboos *per se*, as integrated into the larger context of sexuality and intimacy. In Romanian culture, sexuality was and still is a powerful taboo, with the body seen as a silenced actor. Taking into account the fact that the communist regime created and re-created a social memory of maternity as a historically constructed value which pushed abortions out of society's sphere of normality, recalling pronatalism has become more and more difficult in post-communist years. At the same time, Christian Orthodox values are strongly cherished in contemporary Romanian society, a fact that imbued the abortion taboo with even more power. Another possible reason for pronatalism not being remembered as a major social trauma is the fact that, on a superficial level at least, there is no one to blame: no one to blame, no one to punish, no obvious scapegoat. In fact, it is no one and everyone, but the reality had so many hidden aspects that it becomes increasingly complicated to start a national remembering process and, correspondingly, a social coming to terms with the pronatalist past.

### ***3.1. Contemporary Demographic Decline: Postcommunist Years and Migration.***

What happens to the incorporated pronatalist health practices and inner discourses when Romanians choose to migrate? Nowadays, post-communist migration is considered to be among the most important factors in the current demographic decline in Romania, as the birth rate and the mortality rate have become relatively stable since 2000. Interrelated with European

regulations in the last decades, one can identify several phases in Romanian migration history after 1989 (Roman & Voicu 2010):

(1) 1990-1993: mass permanent emigration of ethnic minorities (German, Hungarian) plus Romanians fleeing political turmoil and poverty.

(2) 1994-1996: low levels of Romanian economic migration to Western Europe - mainly for seasonal or illegal work, along with continued very low levels of ethnic migration and asylum-seeking;

(3) 1996-2001: development of several parallel trends and increases in emigration, including permanent migration increasingly to the USA and Canada, the emergence of circular migration to European countries for illegal work or the growth of trafficking in migrants (especially females). From 1999, Romania has also registered a small usage of labor recruitment agreements with various European countries such as Germany, Spain, Portugal or Italy.

(4) 2002- 2007: elimination of the Schengen visa requirement promoted a rapid growth in circular migration. With the possibility of a 3 month legal tourist stay, a sophisticated circular work migration system developed, focused primarily on Italy and Spain.

(5) 2007 – to date: free access to European countries and especially to many parts of the European labor market, a fact that favors massive (temporary) migration, with major consequences on Romanian demography and economy.

In short, after the fall of the communist regime, Romanian migration had two faces: the legal one, statistically recorded emigration and immigration<sup>8</sup>, and migration in order to work abroad. While the first component was not very important (10 to 15 thousand emigrants and a few thousands immigrants a year), the second one is, nowadays, so present<sup>9</sup> that it has become a

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<sup>8</sup> The immigration flow has two components: a returning migration and a moderate number of immigrants from the Republic of Moldova. This is the country of origin for most Romanian immigrants; some of these are interested in obtaining Romanian citizenship in order to find opportunities for a better life in the European Union. Increasingly since 2007, people from third world countries or of Asian origin (especially Chinese) are seeking long stay visas on the Romanian territory ( Michalon & Nedelcu 2010).

<sup>9</sup> One can notice in this case the high proportion of emigrants with university level education – cf. Roman & Voicu 2010, around 25%. The main destination countries in those cases are USA, France and Canada.

daily reality for almost any Romanian community. Most of the Romanians who go abroad to work come from rural communities, and their migration is always structured around a ‘returning project’ (Zane 2007). They become potential agents of change, of development, private transfers determining social development both at a personal and community level (*Living abroad...* 2006).

From a demographic perspective, the consequences of this intense migration are very far-reaching. The tendency to remain definitively in the destination countries is becoming more and more present, a fact that involves a potentially permanent ‘human loss’ for the near future (Roman & Voicu 2010). Also, as international mobility is greater among persons of working age, Romania is currently facing two important migration-related problems : on the one hand, an accelerated demographic aging process (in 2004 for example, the 26-40 year old age group accounted for 58% of the migrant population - cf. *Living abroad...* 2006); on the other, as the migrants are especially young people and increasingly women (62% of migrants in 2004 - cf. *Living abroad...* 2006), effects on the birth rate and fertility are starting to be noticed, as working and leaving living abroad is very likely to entail either the postponing of the birth of the first child or the fact that a large number of children are born outside the country (Ghețău 2007). One could thus speak, in the context of contemporary Romanian migration, of the emergence of a new family model – the *transnational family*: the young generation lives and works abroad, while the old one stays at home, sometimes with the young children left in their care.

#### **4. Reproductive Health and Romanian Women Migrants to France: Three Portraits**

Research has shown that contemporary European migration has lately reached a stage of so-called ‘feminization’ (Koser & Lutz 1998; Kofman et al. 2000; Passerini et al. 2007, etc.): more and more women are choosing to work, study or create a life for themselves abroad for short or longer periods of time. This characteristic of European migration has developed particularly since the fall of the communist regimes. Massive mobility in Eastern and Central Europe beyond national frontiers – has produced over time important re-arrangements in gender relations and

gender stereotypes (Kofman 2003; Passerini & all 2007) and, possibly, significant changes in reproductive health practices. For Romanian migrants in Europe, this characteristic is not to be neglected: in - recent years, more and more women have been choosing to live and work abroad, and informal yet powerful networks have been developed especially in Spain, Italy, and France. Among these countries, the case of France is a special one, as the *Hexagon* has been a 'traditional destination' for Romanians since the nineteenth century. For the recent past, transnational circulation to France can be classified in two main categories: on the one hand, so-called '*forced migration*', in order to escape a fascist or communist regime; on the other, '*unforced migration*', for work or studies, a phenomenon that has developed massively since 1989.

In order to grasp the intersubjectivities established between the discourses and the reproductive health practices of Romanian migrants as they navigate the French healthcare system, the following paragraphs are constructed around the short portraits of three Romanian women I have met in the Bordeaux region. All portraits have as their starting point the women's<sup>10</sup> life stories (that I have recorded periodically over a timespan of two years), with a special focus on their arrival in France and adjustment to their new life. The questions related to health and health practices were developed in relation to three major themes: their health practices and healthcare access at home, in Romania; their first contact with the French healthcare system; personal opinions and stories about the French healthcare system and health policies in France, with focus on their reproductive health.

Maria's story: *It was much easier, but....*

**Maria**, born in 1955, followed her husband - who left during communism due to political persecution - to France immediately after 1989, with their two daughters (aged 8 and 6). Back home she had had '*abortions...yes, many! Well, like everybody*', but this particular aspect of her life is

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<sup>10</sup> In short, I am working in my current fieldwork with two generations of Romanian women – the first 'full' generation of the 'socialist mothers' (women who started their sexual and reproductive life in the 80s, and were raised during pronatalist propaganda), and the generation of their daughters.

kept hidden from her daughters. In the first years, she stayed at home and looked after the education of her children. Afterwards, she opened a Romanian restaurant, a family business which was very successful at the time. She had to stop working after a few years due to health problems. Her discourse is continuously double-referenced: to the ‘back home’ situation, dominated by the regime’s pronatalism (*‘It was as it was...you were forced to have four children!’*) and her life with ‘*the woman’s daily problems*’ in France (*‘. we had nothing, nothing not to remain pregnant, like here now. In France you can find everything, especially now!’*). She did not have and has not had regular gynecological check-ups since her arrival in France, and prefers ‘*my traditional stuff, the ones I’ve always used* [back home – n.a]’. She is quite well-informed about the French healthcare system, and seems to place considerable trust in it. She is affiliated to her husband’s *Sécu* and *Mutuelle*<sup>11</sup>.

Irina’s story: *At the beginning, I didn’t even know how to say ‘Ça veut dire quoi, ça?’*

**Irina**, born in 1978, came to France in 2000 to work as a ‘*fille-au-pair*’. She has never been married, neither has she had a child or an abortion. She stopped being a *fille-au-pair* a year after her arrival. After a BA and a MA in Educational Studies, she is now developing PhD research in the same area while working in a French high school as an *assistante pédagogique*. Her first encounter with the French healthcare system, in terms of reproductive health, was during ‘*a visit to the gynecologist, once when I thought I was pregnant*’. Her core discourse always valorizes the French system of (reproductive) health care, where ‘*everything is polite and professional: You feel like a normal person, not as....I don’t know what*’. She has had regular gynecological check-ups since she came to France and she pays a lot of attention to contraception (but she doesn’t ‘*like the pills that stop your periods... it’s like you’re not a woman anymore*’). She is particularly well-informed (generally via other

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<sup>11</sup> The French health system includes a basic health insurance (Social Security: *Sécurité Sociale* or *Sécu*) which is mandatory (a monthly sum being deducted from salaries), and a supplementary, optional health insurance (*Complémentaire Santé* or *Mutuelle*). The supplementary sickness insurance covers the 30% that is not refunded by Social Security. People who are unemployed, with low or no income (French nationals or non-French living in France ‘*de façon stable et régulière*’), can apply for the *C.M.U.* (Universal Health Coverage) and *C.M.U. complémentaire* (Supplementary Universal Health Coverage, in order to be 100% covered) at their region’s CPAM (Health Insurance Offices).

women friends) about the French healthcare system and her 'healthcare rights'. She has *Sécu* and *Mutuelle* as a working student<sup>12</sup>.

Amalia's story: *Everything here is so complicated!*

Amalia, born in 1972, came to France in 2006 on a scholarship for PhD studies *en cotutelle* (leaving her husband and her four-year-old child in Romania). Her core discourse does not valorize the French system of reproductive health care, where '*everything here is so complicated*': *They keep sending you from one point to another. You don't have this paper, you don't have that!*' She did not have regular visits to a gynecologist during her stays, apart from two related to '*real problems*': once with an infection, another time in order to ask for an abortion: '*It happened stupidly, with the condom. I interrupted my contraceptive pill 'cause first you needed a prescription and second, even if you had one, they were too damn expensive!*'. Resorting to abortion was a painful experience for her, especially because she '*had no one to speak to*': she could not talk with a health professional, as her French was not very good at the time. Neither could she speak to other Romanian women, particularly fellow students, because of the possible stigma that a confession about an abortion could have brought – an abortion done by a person from the Christian Orthodox Church and by a woman who got pregnant while her husband was back home in Romania. She is generally not very well-informed about the French healthcare system. She has *sécu* and *mutuelle* as she is on an *AUF* (*Agence Universitaire de la Francophonie*) scholarship'.

Maria's, Irina's and Amalia's stories are characteristic of the relation of Romanian women migrants to the French reproductive and sexual healthcare system, as well as of the migrants' individual practices with regard to their reproductive body in an environment other than their home country. Mostly, this relation always depends on the type of health insurance that the

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<sup>12</sup> This basically means that she pays her mandatory social security insurance like any working person, but she is affiliated for her *Mutuelle* to a national student insurance company (which is four to five times cheaper).

women currently have in order to access the system<sup>13</sup>. This is not necessarily a ‘Romanian’ particularity, but one related to the migrant status: unemployed or poorly paid, uninformed or with language difficulties. However, to this general characteristic another one is added: the relation these women, who have directly or indirectly experienced communist pronatalism, have to their reproductive body. Romanian women living and working abroad indirectly continue the reproductive health practices and mentalities inherited from the pronatalist past, with abortion being considered as something everybody did or does, with an inner fear of gynecological check-ups and a generalized mistrust of medical contraception (reproductive health practices which continue to be perceived by most women from the ‘socialist mothers’ generation as examples of control, as in the former communist regime).

In the countries where they are now working and living, they have to adapt and adjust to new healthcare systems, with a different history in terms of the politics of reproduction and reproductive health practices. Very often, their choices concerning contraception and their recurrent use of abortion are not understood by the ‘native’ health professionals. The appearance and manifestation of ‘the *Other's* (immigrant) body’ in reproductive health politics, policies and practices could be easily seen and analysed as a particular form of *biolegitimation* (Fassin 1999): the migrant woman is the ‘strange’ one, with ‘abnormal’ ideas and practices (like her recurrent use of abortion) which have to be changed and controlled in accordance with the mainstream discourse of the host country. This *difference* in terms of personal use of the mainstream reproductive care system by migrant women is very hard to understand for those who should be the first to help, i.e. the health professionals.

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<sup>13</sup> Starting 2007, with the integration of Romania into the European Union, European Health Insurance Cards/EHICs are available when traveling abroad. Theoretically, those cards are putting into practice the Lisbon Treaty’s idea of trans-nationalisation and improvement of human healthcare. In practice nevertheless, those cards are not useful, as each national medical system is different and the migrant patient has to pay in advance to the medical treatment (having a refund in his/hers home country).

### **5. Conclusion: Leaving the Past Behind?**

No matter how 'used to' the French culture and to the French healthcare system Maria's, Amalia's and Irina's stories are, each of them, a particular example of how Romanian women migrants to France cannot just leave the past behind when it comes to reproductive health practices. The entire generation of *socialist mothers*, ignored in the contemporary public sphere, raised a whole generation of young women and men during communism, most of them knowing nothing about sexuality and reproductive health. Stereotypes and mentalities, in short past reproductive health discourses, are thus involuntarily transmitted from an era in which everything was forbidden and silenced to an era in which everything is theoretically permitted. When these people choose to move to another part of Europe, this past goes along with them.

This reality is however insufficiently taken into consideration when it comes to the official French discourse regarding reproductive healthcare and medical practices, and even the European politically correct discourse of the transnationalization of human healthcare and European health access. Officially, France has one of the best healthcare systems of Europe because the entire system is built around WHO's idea of *la santé pour tous*. In reality though, practical differences in the application of French (as well as European) 'equal rights for all' need to be perceived in relation to the *Other's* (reproductive) body, a situation which would stress the importance of a differentiated or more open approach of the healthcare systems to the '*Other's* body'. Its *otherness*, especially in terms of incorporated memory of the past, like for instance national politics of reproduction, should be taken into consideration if old inequalities are not to be transformed into new divides in the European arena of reproductive health, rights and policies.

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