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Four decades of legalized contraception in France: an unfinished revolution?

Forty years ago, the French parliament passed the Neuwirth Act liberalizing contraception in France. Why did the government hold back for so long? Why the change of attitude? Looking at the means traditionally used by couples to control their fertility, Fabrice Cahen analyses the reasons for this French legislative inertia compared with the United Kingdom and the United States. Many thought that the new law would bring an end to unplanned pregnancies. But as Arnaud Régnier-Loilier and Henri Leridon explain in their overview of forty years of birth control, one pregnancy in three is still unintended. Why is this the case? How do the couples of today imagine their future family? And how do they seek to achieve their aspirations?

After forty years of contraceptive freedom, why so many unplanned pregnancies in France?

Arnaud Régnier-Loilier and Henri Leridon**

In France, voluntary birth control began to spread in the late eighteenth century, well before the development of medical contraception. It led to a decrease in mean fertility from almost 5 children per woman in the mid eighteenth century to 2.5 in the early twentieth century. The main methods used by couples to limit their family size were withdrawal or abstinence. Withdrawal being only partially effective and abstinence difficult to practice on a permanent basis, a substantial proportion of pregnancies were unwanted. But women gradually became less willing to accept their fate and after the Second World War began to fight openly for the right to have a child "if I want and when I want", to use the words of a popular slogan coined by the French family planning movement in the late 1970s.

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Women were prevented from exercising this right by a law of 1920 limiting access to contraception and banning abortion (see article by Fabrice Cahen in this issue). Under the weight of public opinion, the Neuwirth Act was passed on 28 December 1967. It legalized contraception in France, but did not authorize contraceptive propaganda or abortion (1). The use of more effective contraceptive methods (2) spread rapidly as a consequence. For example, the proportion of contraceptive pill users among women aged 20-44 not wishing to have a child rose from 5% in 1970 to 37% in 1978 and has reached 60% today [1]. Forty years after the Neuwirth Act, what is the situation in France?

(1) It was not until some years later that elective abortions were legalized (Veil Act, 1975) and that contraceptive advertising was authorized in media other than medical journals (2001).

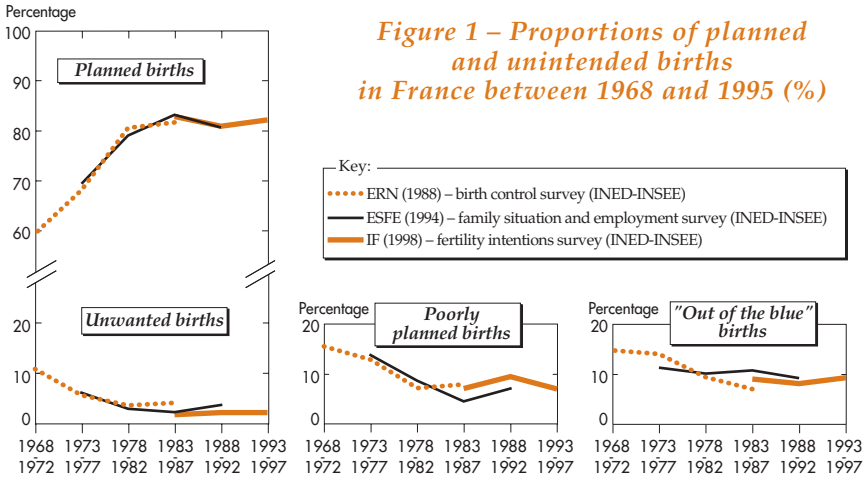
(2) Notably the oral contraceptive pill, developed by Gregory Pincus in 1951, and marketed in the United States from 1960.

CONTENTS

Eight births in ten are planned…

The improvement in fertility control resulting from legalization of contraception is illustrated by a series of INED surveys (Box). In the late 1960s, 15% of pregnancies resulting in a birth were "poorly planned" (see definition in box), 15% occurred "out of the blue" and 11% were "unwanted". Thirty years later, in the 1990s, these proportions had fallen to 7%, 9% and 2% respectively. The proportion of planned births thus rose from 59% in 1970 to 83% in 1995.

Figure 1 – Proportions of planned and unintended births in France between 1968 and 1995 (%)



(A. Régnier-Loilier and H. Leridon, *Population & Societies*, no. 439, INED, November 2007)

INED 244A07

The decline in unwanted births, which began in the mid 1960s, partly explains the sudden drop in fertility observed in the 1970s, with the total fertility rate falling by 27% from 2,490 children per thousand women (2.49 children per woman) in 1970 to 1,809 (1.81) in 1985. The breakdown of planned and unintended births (Table) shows that while planned births remained stable (1,437 and 1,443 births per thousand women), the share of unwanted births fell by 66%, from 499 births per thousand women in 1970 to just 169 in 1985. In other words, half the overall decrease in fertility (681 fewer children per 1,000 women) can be attributed to the drop in unwanted births.

This drop in the proportion of unwanted or poorly planned births occurred very rapidly, in just ten years, from around 1970 to 1980. It affected women of all ages, though younger women in particular. The share of planned births has only varied slightly since the mid 1980s, remaining at a steady 80-85%. This leaves 15-20% of poorly planned or unwanted births, as foreseen by demographers in the 1990s [2], and confirms the fact that no contraceptive method is totally reliable. The pill is very effective if taken every day, but users commonly forget. The inter-uterine device (IUD) also works very well, but is not accepted by all women and is rarely prescribed in France for women who don't already have children. Moreover, a minority of couples use less reliable alternatives such as withdrawal or the rhythm method which, even when practiced correctly, have a 5-6% failure rate. In other words, out of 100 couples who use them continuously for a 12-month period, five or six will conceive [3]. Lastly, abortion, a final resort in the event of unwanted pregnancy, is an unacceptable solution for some women, though it still plays a major role in birth control.

Table – Decomposition of fertility by planned, poorly planned and unwanted births (number of children per 1,000 women)

	Fertility rate (births per 1,000 women)		
Type of birth*	1968-1972	1983-1987	Variation
- planned	1,437	1,443	+6
- poorly planned	554	196	-358
- unwanted	499	169	-330
All births	2,490	1,809	-681

(A. Régnier-Loilier and H. Leridon, *Population & Societies*, no. 439, INED, November 2007)

* see definitions in box.

Note: the "out of the blue" category is divided here between unwanted and poorly planned births.

Source: INED-INSEE, 1988 birth control survey, calculations by Laurent Toulemon (INED).

…but one pregnancy in three is unintended

When assessing the effectiveness of fertility control, the number of abortions must also be taken into account. In France, in 2004, 211,000 induced abortions were notified for 768,000 births [4]. Given that the share of therapeutic abortions (due to medical complications) is no more than 2%, it can be assumed that practically all abortions correspond to unintended pregnancies (poorly planned or unwanted).

If we add abortions to the number of unwanted births, then 24% of pregnancies are "unwanted", and if we add "poorly planned" or "out of the blue" pregnan-

(3) Miscarriages are not counted here. Though they represent around 15% of pregnancies, we can assume that the share of planned pregnancies among women who miscarry is similar to that of other pregnancies. In addition, there is no evidence indicating that the number of miscarriages has changed, so their inclusion would not modify the orders of magnitude.

cies, then an estimated 36% of pregnancies are "unintended" (3) (Figure 2).

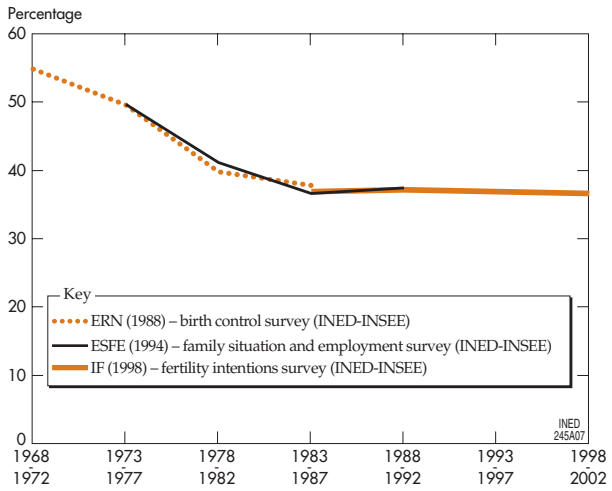
When the Veil Act legalizing abortion was passed in 1975, the legislators hoped that the spread of contraception (whose reimbursement by the national health insurance had been voted a few days previously) would gradually reduce the number of abortions [5]. The abortion figures did indeed decline between 1975 and 1990, in parallel with the growth in hormonal contraceptive use, but then levelled off at a relatively high level compared with other countries of western and northern Europe [6]. The propensity to terminate an unwanted pregnancy seems to have increased in parallel with the progress in birth control [5]. As planned childbearing became the norm, unintended pregnancies became increasingly difficult to accept. Today, couples don't start a family until certain conditions have been met. Even though marriage has declined sharply in recent decades, few people wish to have a child outside a stable union (registered or otherwise): 97% of women aged 15-44 who are childless but intend to have children one day believe that it is "important" or "very important" to be sure that the parental union is stable. The future parents also set other preconditions of a practical nature: 90% of women and 84% of men think that for a couple wishing to have a child, it is "very important" that at least one of the partners hold a stable job. In fact, less than 3% of couples have a first child when neither parent has a job, and in 70% of cases, both are economically active (*Familles et employeurs* survey, INED, 2005). Many couples also wish to make the most of their freedom before starting a family.

Carefully timed births

Couples also have specific preferences for the timing of births. After the first child, the intervals between successive births are now more rarely left to chance. For example, closely spaced births are unusual. While in the mid 1960s, almost one second birth in five occurred in the calendar year following the first birth, the proportion fell to 8% in the early 1980s and 6% ten years later [7]. Most men and women consider that the ideal interval between two successive births is around three years, and in practice, half of all second births in the same union occur within three years of the first. There are several reasons for this choice. Some people put the children's interests first, and others the well-being of the couple. Parents may wish their children to be closely spaced so that they form strong bonds with each other. A larger age difference, on the other hand, allows parents to devote their full attention to their first child without being overwhelmed by the arrival of a second [8].

The timing of births also involves more sophisticated strategies. Though most people who are expecting a baby or trying to conceive say they stopped contracepting because they felt "ready", one couple in five does so in a particular month so that the birth will take place at a specific time of year [8]. The most popular

Figure 2 – Change in proportion of unintended pregnancies (%)



(A. Régnier-Loilier and H. Leridon, Population & Societies, no.439, INED, November 2007)

Sources: see Box and [2]

Box

INED fertility surveys

INED has conducted a series of fertility surveys since the 1970s. This article is based on the three most recent ones, the 1988 birth control survey (ERN), the 1994 family situations and employment survey (ESFE) and the fertility intentions survey conducted between 1998 and 2003. Persons aged 18 to 44 were asked to list their children, indicating for each one whether the pregnancy was wanted a) at the time it occurred, b) later, c) not at all, d) earlier, or e) it occurred "out of the blue". The responses distinguish between:

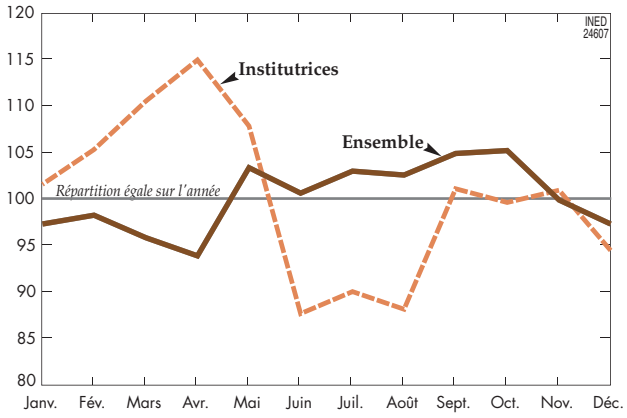
- planned births, i.e. those desired "at the time they occurred" or "earlier"*:
- poorly planned births, i.e., those desired "later";
- unwanted births, i.e., not desired at all.

The category of births which occurred "out of the blue" is difficult to classify as it may signify that the birth was wanted at another time, or that it was unwanted but the respondent preferred to avoid saying openly that the birth was not wanted at all.

Consistent results are obtained in all surveys, indicating that the retrospective data collected was of high quality (Figure 1). For example, similar proportions are obtained for "planned" births in the years 1988-1992 both in the 1994 survey for births occurring one to six years previously, and in the 1998 survey, when the births dated back five to ten years.

* A pregnancy desired "earlier" corresponds to a situation where a couple wanted a child but took longer than expected to have one, for whatever reason

Figure 3 – Seasonality of births among primary school teachers and among women in general, France, 2006



(A. Régnier-Loilier and H. Leridon, *Population & Societies*, no.439, INED, November 2007)

Note: Data adjusted to take account of the number of days and the number of Saturdays and Sundays in the month.

Source: INSEE (register of births)

season is the spring, viewed as a good time for having a child and, in some cases, as the most convenient time for taking leave from work. For example, having a child in April enables teachers, whose leave periods are fixed, to take maternity leave that runs into the summer holidays, and hence to enjoy the summer break after the exhausting first months of parenthood are over. If the baby is born in the summer, however, they "lose" all or part of their summer respite. This strategy is illustrated in the birth statistics, with a peak in births among primary school teachers in April, and a dip between June and August (Figure 3). But a reverse strategy may also be applied. Women who are self-employed or occupy senior positions often prefer to give birth in summer, when the workload is lightest.

Other reasons for planning the timing of childbirth include a desire to avoid the discomfort of late pregnancy in hot weather, to have a child born at the end of the year so that he/she gains a year by being among the youngest in the class at school, or so that the birth can be reported on the annual tax return and hence open entitlement to tax deductions for the entire calendar year. A few parents even time births to coincide with a particular sign of the zodiac. In short, many couples see childbearing as a process that can be planned precisely in advance.

Conception is nonetheless an unpredictable event. The waiting time between stopping contraception and becoming pregnant may range between 1 and 12 months, or even longer in some cases, and tends to increase with age. Hence, after a prolonged waiting time, couples become more concerned about achieving a successful pregnancy than about exact birth timing, so no longer restrict their attempts to conceive. Yet for many couples, planning births in this way is unnecessary, some simply do not think of it, and others find such strategies distasteful.

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The legalization of contraception, associated with the spread of new, more effective contraceptive methods and the availability of induced abortion have weakened the link between sexuality and fertility. In the past, couples not wishing to conceive had to take precautions each time they had sexual intercourse. This is no longer the case, with medical contraceptives at least. It has become "normal" to be free from the risk of unwanted pregnancy. Conceiving involves doing away with all forms of contraception – i.e. stopping the pill or removing an IUD – and planning the birth. More than 8 births in 10 are today "planned", sometimes down to the finest detail. However, despite this improved fertility control, one-third of pregnancies in France are unintended. At the same time, many couples wishing to have a child are unable to do so. In such cases, assisted reproductive technologies provide no more than a partial solution.

REFERENCES

[1] Leridon H., Oustry P., Bajos N., Équipe Cocon, "The growing medicalization of contraception in France", *Population & Societies*, 381, July-Aug. 2002, INED.

[2] Leridon H., Toulemon L. – "La fin des naissances non désirées", *Données sociales*, 1990, INSEE, pp. 293-296.

[3] Toulemon L., Leridon H. - "Maîtrise de la fécondité et appartenance sociale: contraception, grossesses accidentelles et avortements", *Population*, vol. 47, no. 1, 1992, INED, pp. 1-46.

[4] Vilain A. - "Les interruptions volontaires de grossesse en 2004" *Études et résultats*, no.522, DREES, September 2006, 8 p.

[5] Bajos N., Moreau C., Leridon H., Ferrand M. - "Why has the number of abortions not declined in France over the past 30 years?" *Population & Societies*, 407, December 2004, INED.

[6] Rossier C., Pirus C. - "Estimating the number of abortions in France, 1976-2002" *Population, English Edition*, 62(1), pp. 57-88.

[7] Prioux F. - "Du premier au deuxième enfant: maîtrise de la contraception, normes sociales et choix de l'intervalle in AIDELF (ed.), *Les modes de régulation de la reproduction humaine. Incidences sur la fécondité et la santé*, PUF, 1994, pp. 85-96.

[8] Régnier-Loilier A. - Avoir des enfants en France. Désirs et réalités, Coll. *Les Cahiers de l'Ined*, no.159, 2007, INED, 268 p.

ABSTRACT

Over the last forty years, while birth control has made substantial progress, it has generated growing demand for planned parenthood. Prospective parents now expect not only to choose the number of children and the moment of entry into parenthood, but also the interval between births and even the time of year when the births occur. Yet control over fertility is by no means perfect. The share of unintended pregnancies remains very high in France, while many couples still find it difficult or impossible to have a child.

From clandestine contraception to the 1967 Neuwirth Act. Why did France drag its feet?

*Fabrice Cahen**

The so-called Neuwirth Act (No. 67-1176) of 28 December 1967 legalized contraception in France. It marked a change in the history of population policies in France and indicated a new institutional attitude to sexual and reproductive behaviour, even though, like many laws, it merely sanctioned a change that it had little part in creating. The fortieth anniversary of this event provides an opportunity to recall the conditions under which a previous generation of men and women led their sexual lives.

The misfortunes of a young couple in the past

Police files and legal archives are among the few means available to historians for understanding the private practices of individuals in the past. The following is an example of an ordinary couple in early 1943. N. and T., who had been courting for two years, took a lovers' stroll along the banks of a river that ran through their respective home towns. N. was preparing to lose her virginity. Although the young pair probably had only immediate expectations, hopes or fears, they were nevertheless gambling on their future — and N. more so than T. — for they were exposing themselves to a considerable number of risks (1). N. was sixteen years-old. She was starting out as a hairdresser and still lived with her widowed father who watched over her closely. T. was two years older and worked in a factory. Because of their age, their situation and the period they lived in, it was vital for them to avoid any "accident", since birth outside wedlock was condemned and unmarried mothers reviled. By the standards of their time, their youthful, extra-marital tryst without reproductive intent, should not have occurred. A law passed just a generation earlier on 31 July 1920, prohibited the dissemination of any kind of sexual information, thereby keeping a large mass of individuals in ignorance about their bodies, and banned advertising for contraceptives (female devices, such as pessaries, predecessors of the diaphragm [2], were not even authorized for sale). This considerably reduced the means available to couples for preventing an unwanted pregnancy. And there was no legal way to stop a pregnancy since abortion was outlawed under the French Penal codes (both the 1791 and 1810 versions) and severely condemned since the end of the fourteenth century. The 1920 law included articles making it an offence to encourage abortion or to collude in such an act. The 1923 law endeavoured to strengthen repression by transferring such cases to a criminal court and away from civilian juries who might be more lenient and reduce the number of acquittals. The 1939 *Code de la Famille* (Family Code) made the sanctions still heavier, including for attempted abortion. Lastly the Vichy régime took an even tougher stand in 1942 by transferring trials of abortionists to the State Tribunals, which resulted in two people being executed.

N. and T. did not need to know the legal details; they were well aware that they had to be careful, if only because they knew other lovers who had been forced to deal with unfortunate occurrences of this nature. Anyone who refused to accept their fate and simply "dealt with" the problem, soon learnt how quickly people in a village or neighbourhood detected anything out of the ordinary, such as a swelling belly, sheets too long unstained, or stained in a suspect manner. They would not only have to endure social condemnation but in some cases would be tried and severely sentenced.

Some six months prior to this incident, N. had left home for several weeks. According to her version of the facts, she had gone on holiday to her aunt's, but her absence aroused suspicion and she was denounced anonymously. The couple was summoned by the gendarmes and interrogated. Each was questioned in detail about every aspect of their love-making as well as anything they had done subsequently. N. was obliged to undergo a gynaecological examination to detect any signs of having undergone an abortion. Had she visited a backstreet abortionist during her absence, and been hospitalized for complications as a result, as so often happened (2)? The police report was less explicit than some and is not clear on the matter. The gendarmes did, however, succeed in obtaining a confession: N. had been distressed for a while because she thought she was missing a period. But she took some over-the-counter "pills", known for their emmenagogic virtues and her menstrual cycle returned to normal.

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(1) For the purpose of this article, the risk of venereal disease is excluded.

(2) There were considerable health risks involved in back-street abortions and the death rate, according to the more reliable estimates, may have reached 1% in the first half of the twentieth century.

This particular case occurred at a specific moment in French history, during the worst period of the Pétain regime that was obsessed by any form of sexual deviation [3]. The dictatorial nature of the Vichy government, with its use of informers and certain over-zealous police and gendarme units, cannot be compared with the situation in previous or later decades. But set in a broader perspective, this type of policy was far from unusual, rather an exacerbation of an attitude with roots in the previous century. And studies of the history of sexuality reveal how, even later on and despite reduced sanctions, the sex lives of the French after World War II and up until the 1960s were marked by fear of pregnancy. Nor should we forget the impact in that period of religious interdicts on a largely Catholic population.

Did France lag behind?

It is fascinating to compare the situation in France in the early 1960s with the situation in both the United Kingdom and the United States. In those countries, the idea of reforming the laws governing people's sex lives was raised at the beginning of the twentieth century [5]. A number of decisive personalities came to the fore such as the American nurse Margaret Sanger, and the Scottish writer Marie Stopes, founder of the Birth Control Movement during World War I. But the success of this crusade, which started with the establishment of birth control clinics (scarcely legal at the outset), cannot be explained without highlighting the affinity between the principles of birth control and the ideological and scientific currents of thought in the Anglo-Saxon countries in the early part of the twentieth century. Distinguishing themselves from the feminists and "neo-Malthusians" (an anarchist movement preaching free motherhood) which they viewed as immoral, campaigners based their justifications on eugenic or racist arguments. They wanted to reduce the number of children per family, particularly among the working classes (UK) and the blacks (US), in order to promote healthier family lives and a better "quality" population. These principles gradually convinced an influential segment of the biomedical community and countered the opposition of many conservative doctors [6,7]. Since these activists promoted regulatory methods, they made a symbolic distinction between contraception, which they called "rational" (with the diaphragm as the preferred method) and abortion, which contraception was intended to eradicate.

From the 1930s, birth control was permitted by the American and British authorities. And yet the development of birth control between the wars changed popular practice far less than anticipated, and the British working class continued to prefer the withdrawal method [8]. The campaign's greatest impact was probably to encourage people not to accept their biological fate. Consequently the promotion of "modern" contraception did not bring down the number of abortions. The feminist battle to legalize abortion appears, retrospectively at least, to be a corollary of this. Here too, the Anglo-Saxon countries had a lead on France. British legal precedent tolerated abortion in cases of "physical and moral distress" as early as 1938 and abortion was legalized in 1967. In the US, legislation varied according to the state but in 1973 the Supreme Court declared that it was unconstitutional to criminalize abortion.

So is contemporary France lagging behind? The situation is certainly very different and there is a curiously long-lasting discrepancy between the social attitudes to sexuality and the response of the law. As early as the second half of the eighteenth century, well before the other western countries, radically new fertility strategies began to emerge in France, leading to a significant reduction in the number of children per couple. These demographic changes implied a greater use of contraception. As historical demography has long established, the withdrawal method and abstinence were used far more frequently than any "technical" devices (the condom, for instance, was unpopular) [2,5]. Abortion was a last resort when previous methods had failed.

Nevertheless, in the early days of the French Third Republic, an eclectic variety of forces and doctrines — pronatalist, pro-family, proponents of "race hygiene" or maternalist feminism — had established a system with solid institutional roots. The cornerstone was the State pronatalist policy. Against a background of international competition and national crisis, the slowdown in population growth resulting from this new conjugal behaviour was interpreted as a signal of the possible long-term extinction of the French "race". "Depopulation" was branded "the curse of society" and haunted the elite and the authorities. It was constantly referred to in speeches and served as grist to the mill for increased State interference. French men — and French women in particular — were urged to change their private behaviour in the supreme interest of the Nation, namely to protect and develop human capital (especially for the nation's military requirements). During the learned debates that preceded numerous political elaborations, birth control became a recurrent theme, especially for doctors who understood from their patients' confessions and their own observations (growing numbers of hospital admissions for infections or injuries due to back-street abortions), that they were facing a mass phenomenon.

This typically French configuration was a consequence, in part, of the interactions between senior government officials, pronatalist and pro-family activists as well as scientists interested in the "population" [10]. Nor should we omit the influence of powerful associations such as the *Alliance nationale contre la dépopulation* (national alliance against depopulation) which

penetrated well into the State apparatus, from the early part of the twentieth century in particular. These groups developed highly tactical lobbying strategies, urging politicians to clamp down on arguments or attitudes qualified as "Malthusian" through new laws or stricter enforcement of existing ones.

Since many believed that targeting peoples' "souls" was unrealistic (the moral conquest *was a persistent disappointment* for Catholic leaders) the numerous political projects were primarily concerned with the physical aspects of birth control, and especially the technical means by which couples avoided or spaced births. "Biopolicy" was never purely coercive and incentives were devised such as family allowances, whose primary aim was certainly not the redistribution of wealth. But since a degree of repression was inevitable, and weighed less heavily on the State budget, birth control and abortion became a more frequent policy target.

However, in practice repression was not effective. The law imposed constraints and penalties depending on the circumstances, but it did not serve as a deterrent. Abortion was a case in point since it was difficult to detect, and sentences passed by the courts tended to be lenient to women who had undergone abortions. The law wanted to punish the abortionists. The 1920 law, which scarcely sentenced ten people a year in 1930, proved calamitous for the leaders of the French neo-Malthusian movement, as well as for the "professional" abortionists, many of whom were arrested. But ordinary couples frequently got around the legal constraints, as often as not quite innocently. And the population curve remained unchanged, at least in the interwar period. In the thirteen years following the 1920 law, the total fertility rate in France fell from 2.7 to 2.1 children per women. The fall was less sharp than in the United Kingdom where it dropped from 3 children per women to 1.7, but the trend was similar. More deceptive, but important in the eyes of contemporaries, the crude birth rate for both countries converged in 1933 at around 15 per thousand.

The origins of a reform

Despite the spectacular demographic reversal of the baby-boom from 1942 to the mid-1960s, the trend towards controlled and planned childbirth continued. Although one quarter of births were still unwanted, birth control was practiced massively, with a consequent sharp decline in the number of large families, the norm becoming approximately two children. Technological innovations (such as oral hormonal contraception, authorized in the United States from 1960) were not the reason behind this "second contraceptive revolution". Rather it was a desire by couples to ensure a future for their children. For instance we know that the effects of mass schooling and the growing importance of education in social mobility strengthened competition in schools. Schools also awakened new aspirations for individual success, which were incompatible with large families. The massive entry of women into the workforce contributed to improve their social status and broaden their aspirations. A fringe group of middle class women were the first to openly express their desire for fulfilment outside the home and the traditional family model, and this required legally authorized means to avoid repeated pregnancies.

In the early years of the Fourth Republic, a range of different players grouped together to voice this mounting demand for access to contraception [13]. They included the remaining neo-Malthusians and supporters of birth control linked to "sexological" and sometimes eugenic issues (such as Jean Dalsace, who set up a family planning dispensary in Suresnes near Paris in 1935), women doctors, who were interested in the damaging psychosomatic effects of the fear of pregnancy, freemasons, socialist militants, and "renegades" of the French Communist Party, which was very pro-birth up until 1965. A certain Dr Marie-Andrée Lagroua-Weill-Hallé, realizing that illegal abortions were the only way out for numerous patients, many of whom had several children already, decided to spread American-style birth control principles. In 1956, she founded the *Maternité Heureuse* (happy motherhood) association, which, after joining the International Planned Parenthood Federation in 1960, became the *Mouvement Français pour le Planning Familial* (French movement for family planning). The association disseminated information, especially to doctors, and took advantage of a favourable press to fire popular opinion. In 1961 it opened the first family planning centres, illegally supplied with contraceptives (mostly diaphragms and spermicides). As previously in Britain and the United States, moderation paid off, because here too, the idea was that legal contraception would replace abortion. However, moderation also had its limits. Traditional opponents were extremely hostile, starting with the Catholic Church (which advocated abstinence and only permitted certain "natural" methods based on the menstrual cycle) but included a section of the medical profession that was steeped in Christian values. However, a radically new attitude was emerging among leading organizations of public expertise, such as the Institut national d'etudes démographiques (INED), which assessed the issues of contraception and abortion in a more objective light.

The origins of the 1967 law were to be found in this general change of opinion — one that requires further study — rather than behind the closed doors of political representation. A first draft law by family planning activists was tabled in the National Assembly in 1956. Further attempts were made in the early 1960s, but all were shouted down by an inflexible majority, with the then Prime Minister Michel Debré urging the need for a strictly pro-birth population policy in tones reminis-

cent of certain pre-war speeches. The matter was nevertheless propelled to the centre of the debate during the 1965 presidential campaign. In June 1966 it was the turn of the Gaullist senator, Lucien Neuwirth, a former resistance fighter who knew several members of the family planning association personally, to table a proposal to legalize contraception. The international context was favourable (the UN openly supported family planning) and the government agreed to study the proposal. The text pleaded for the clauses in the 1920 law prohibiting contraception to be repealed , and for the manufacture and import of contraceptives to be authorized. The actual law proved to be a more moderate version of previous proposals (which sometimes demanded a total liberalization of contraception). The role of contraception as a means to prevent abortion was emphasized, with the former posited as the "lesser evil". This was a far cry from the feminist slogan "a woman's right to choose". The cogency of a vigorous family policy was emphasized to reassure those who feared a decline in the birth rate, or an onset of social and sexual dissoluteness. Nevertheless, opposition was fierce, as often as not from the majority itself, and led to heated parliamentary debate. The opponents' case rested on the three points: the moral aspect, the demographic risk — despite the January 1967 statement by the *Haut Comité à la Population et à la Famille* (high committee for the population and the family) that the law would not have a demographic impact — and the medical risk (opponents brandished the alleged dangers of the contraceptive pill or the IUD). On occasion, male fears surfaced in opposition arguments. One deputy, for instance, expressed concern that men would lose "the proud awareness of their fecund virility".

The limits of the reform

The opponents lost their battle, but did succeed in imposing a series of restrictive amendments that blunted the full impact of the law. The pill or IUD could only be obtained on prescription, and with parental consent in the case of minors under 18. Pharmacists were required to record the names of all people buying contraceptives, as though they were dangerous or addictive pharmaceutical products (a measure that was never actually implemented). Moreover, the administration (notably the Ministry of Health) dragged its feet for five years before implementing the decree, thereby preventing it from being effective. The feminist movement, invigorated by the events of May 1968, continued its fight and demanded both improved access to contraception and the legalization of abortion. Most of those demands were met from the mid 1970s thanks to the Veil law of December 1974 that decriminalized abortion, and the law on contraception that was voted almost at the same time. It removed the need for pharmacy records and parental consent and provided for contraception to be reimbursed by the national health insurance. Nevertheless, viewed from the present, winning the legal battle was a necessary condition for sexual "liberation" and the improvement of women's lot, but not sufficient in itself. Male dominance (including its internalized form) remains a hindrance to contraception, and over the decades, the emergence of a "contraceptive standard" focused on the pill — though it is not suited to many women — has remained problematic [15]. The medical and technological hold on contraception and abortion is also being questioned.

Nevertheless, the State's acceptance of the individual right to control fertility was a fundamental advance. At the end of the nineteenth century, the statistician and demographer Jacques Bertillon, although resolutely pronatalist, had understood that contemporary individuals would not passively obey the laws of nature or submit to economic pressures, but were responsible for their own reproductive choices. In 1967 the Fifth Republic drew the first reasonable conclusion and opened the way to greater sexual and reproductive rights.

REFERENCES

[1] Archives de la Gendarmerie Nationale, 47 E 379.

[2] Étienne van de Walle - "Birth prevention before the era of modern contraception" *Population & Societies*, 418, December 2005, 4 p.

[3] Cyril Olivier - *Le vice ou la vertu. Vichy et les politiques de la sexualité 1940-1944*, Toulouse, Presses universitaires du Mirail, 2005.

[4] Anne-Claire Rebreyend - "Sexualités vécues. France 1920-1970", *Clio*, 18/2003, Mixité et coéducation, 2003.

[5] Angus Mc Laren - *Histoire de la contraception, de l'Antiquité à nos jours*, Paris, Noêsis, 1996.

[6] Carole R. McCann - *Birth Control Politics in the United States, 1916-1945*, Cornell University Press, 1994, new ed., 1999.

[7] Simon Szreter - *Fertility, Class and Gender in Britain, 1860-1940*, Cambridge, Cambridge University Press, 1996.

[8] Kate Fisher et Simon Szreter - "'They Prefer Withdrawal': The Choice of Birth Control in Britain, 1918-1950", *Journal of Interdisciplinary History*, XXXIV:2, 2003.

[9] Anne-Marie Sohn - *Chrysalides : femmes dans la vie privée (XIXe-XXe siècle)*, Paris, Publications de la Sorbonne, 1996.

[10] Rémi Lenoir, *Généalogie de la morale familiale*, Paris, Seuil, 2003.

[11] Paul-André Rosental - *L'intelligence démographique. Sciences et politiques des populations en France* (1930-1960), Paris, Odile Jacob, 2003.

[12] Henri Leridon - *La seconde révolution contraceptive. La régulation des naissances en France de 1950 à 1985*, "Cahier de l'Ined", no. 117, Paris, PUF, 1987, reissued 1999.

[13] Christine Bard and Janine Mossuz-Lavau (eds) - *Le Planning familial : histoire et mémoire, 1956-2006*, Presses Universitaires de Rennes, 2007.

[14] Sophie Chauveau - "Les espoirs déçus de la loi Neuwirth", *Clio*, 18/2003, Mixité et coéducation, 2003.

[15] Nathalie Bajos and Michèle Ferrand (eds) - *De la contraception à l'avortement : sociologie des grossesses non prévues*, Paris, Inserm, 2002.

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