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Author: **Elisabeth Elgán**

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Notes:

Gender Construction in Swedish and French Abortion and Contraception Policies, 1900–1940*

Elisabeth Elgán

What is the nature of the link between politics and gender, that is, the social construction of sexual difference in the case of abortion and contraception policies? My objective is to use a comparative study to shed light on this question. I will also address the choice of a comparative study and why I decided to compare Sweden and France.

This study covers the period from the beginning of the 20th century to the Second World War, when most Western countries had, in one way or another, put in place reproduction policies that included sections on abortion and contraception. These policies would be developed until they came under scrutiny in the 1960s and were revised in the 1970s. They are integrated into other political domains, in particular, that of the family, which did not change nearly as radically as did the policies of abortion and contraception after the 1960s.

By analyzing the discourses on which the policies of abortion and contraception are based, we can shed light on the terms of the social construction of gender and the reproduction of male domination, to restate Pierre Bourdieu's terminology, as far as the nature of the relations between the sexes is concerned. Gender construction and the reproduction of male domination happen in the long term; they are present implicitly and explicitly in institutions, such as laws, social practices, and in public discourse. They do not evolve without widespread and radical criticism and rarely in an abrupt and complete manner. The sexual order formulated in the first half of the 19th century was severely criticized by the feminist movement in the 1970s, but some of its principles still structure the way we live and think.

1. Abortion and Contraception: A Political and Social History

My point of departure in this study of abortion and contraception policies was Michel Foucault's hypothesis, now considered a classic: that the history of sexuality cannot be written as a history of centuries of repression followed by enlightenment and humanism. Thus, we have approached sexuality as a social construction whose very regulations are essential to its existence; we have understood the politics of sexuality and its related domains to be a game that is more subtle than a simple matter of the absence or presence of repression.

The next step was to grant policy another status than that of an epiphenomenon, that is, a simple function of economic and social history. On the contrary, in my view

policy represents a very real power struggle, one of principles, interpretations, and symbols that structure social relationships. This struggle is waged at different levels of society; some of its outcomes are measured in terms of laws, norms, and institutions. Policy, included herein, plays a fundamental role in the reproduction and evolution of a society. As an element in a process of signification, politics lead a partly autonomous existence.

The politicization of a fact or an event is not the simple reflection of a new state of affairs. The sudden appearance of a political issue and its formulation as a problem are at stake. It is the very essence of politics. Abortion and contraception were not new phenomena when, at the end of the 19th century and the beginning of the 20th, they became a severe social problem for politicians, one requiring a new policy. This study is based on the printed proceedings of debates in the bicameral Swedish and French parliaments, as well as on government bills, parliamentary bills, opinions of parliamentary commissions, texts of the laws themselves, and reports of official committees of inquiry appointed by the governments or parliaments.¹

1.1. *The case in France*

In France, the modern policy governing abortion and contraception took shape during the 1910s and, unlike Sweden's, would hardly change during the subsequent fifty years. The political context was that of a parliamentary republican regime that had been firmly established for some thirty years. However, this democracy was a male democracy in which women were not permitted either to vote or be elected to office. They were absent as subjects of debates and official inquiries, which are among the primary sources for this current study.

France's attention to the matter of abortion and contraception as a political problem at the beginning of the 20th century was in keeping with a way of thinking that focused on the issue of the relative decrease of the French population compared to that of other countries, in particular Germany. An inseparable couple in the French geopolitical vision, France and Germany represented two opposite poles in which the power of one was, of necessity, the weakness of the other.² For a brief period during the Third Republic, this duality seemed so intense that people spoke of a "German crisis" in French intellectual life.³ The demographic obsession, and more particularly pronatalism – the desire to see the birth rate increase in France – is very much present

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1. Except in rare instances, it is impossible for me to cite every source on which this analysis and its exposition are based. For this reason, reference to the appropriate sections of my thesis, where the sources are presented and analyzed systematically, will be made: Elisabeth Elgán, *Genus och politik: En jämförelse mellan svensk och fransk abort- och preventivmedelspolitik från sekelskiftet till andra världskriget*, Uppsala 1994, p. 176. When sources, French or Swedish, are cited their titles are not, for obvious reasons, translated into English.

2. Elgán, *Genus*, op.cit., pp. 188-191.

3. Claude Digeon, *La crise allemande de la pensée française: 1870–1914*, Paris 1959.

in the period we are studying here. It is possible to link this obsession with medical science, which became the paradigm for understanding and guiding the development of societies on the road to modernization.⁴

Pronatalism penetrated almost all political trends and united Catholics and Republicans under the same conviction.⁵ Its unifying aspect explains its success, which can also be measured in terms of the tentative reactions of the left. During the entire 1910–1920 period, when new legislation on abortion and contraception was debated, only two Socialist members of parliament voiced opposition with regard to the omnipresent pronatalism.⁶ In 1920, France’s elected representatives adopted a policy aimed at putting a halt to all information, public debates, and advertising surrounding contraceptives and abortion, as well as to the public sale of contraceptives and abortifacients. The penalties specified for individuals who did not obey these interdictions ranged from fines to prison.⁷ In 1923, the system put into place in 1920 was reinforced by a law whose aim was to make the judicial repression of abortion more effective by transferring the abortion trials from populist juries who, it was felt were too quick to pardon, to professional judges. The punishments were shortened; by doing so, the legislature hoped to encourage the judges to waver less in their abortion convictions.⁸

However, it would be wrong to view the Third Republic’s abortion and contraception policy as solely an issue of repression. Its full meaning can only be derived in relation to other family and social policy measures that contributed just as actively in the creation of a climate favorable to a higher birth rate. An active French family policy began before the First World War, which meant that, early on, France provided for different types of family allowances. This method of dealing with what was believed to be harmful to the birth rate, abortion and contraception, and with what were regarded as material obstacles to the creation of large families came to fruition in 1939, in a series of pronatalist legislative texts known as the *code of the family (code de la famille)*. This “code” included reforms that had been debated for a long time, as well as updates and co-ordination of several reforms already in effect. The repression of abortion, for example, was reinforced on this occasion.⁹

The application of the 1920 law appears to have been somewhat tentative: contraceptives were still being sold, and the effect of the legislation on the number of

4. For the connection between medicine, the medical profession, and French society, see Léonard, Jacques, *La médecine entre les savoirs et les pouvoirs: Histoire intellectuelle et politique de la médecine française au XIXe siècle*, Paris 1981, pp. 149-150.

5. Elgán, *Genus*, op.cit., pp. 184-188, 191-192.

6. *Journaux Officiels, Débats parlementaires, Chambre des Députés, Compte rendu in extenso*, 23 juillet 1920, André Berthon; *Journaux Officiels, Débats parlementaires, Chambre des Députés, Compte rendu in extenso*, 23 juillet 1920, Paul Morucci.

7. “Loi réprimant la provocation à l’avortement et à la propagande anticonceptionnelle”, in: *Journal Officiel de la République française*, 1 août 1920; Elgán, *Genus*, op.cit., pp. 82-91.

8. “Loi modifiant les dispositions de l’article 317 du Code pénal sur l’avortement”, in: *Journal Officiel de la République française*, 29 mars 1923; Elgán, *Genus*, op.cit., pp. 82-83, 92.

9. “Décret relatif à la famille et à la natalité françaises”, in: *Journal Officiel de la République française*, 30 juillet 1939, pp. 9607-9626.

trials and convictions was very weak.¹⁰ For example, in relative numbers, there were fewer convictions in France than in Sweden for infractions of the law prohibiting the propagation of contraceptives.¹¹ I believe, therefore, that it is necessary to bring up the issue of the normative and discursive aspects of the French legislation as regards matters of abortion and contraception. Perhaps its aim was, above all else, to affirm, loud and clear, the consensus of opinion among Catholics and Republicans regarding their desire to see the birth rate increase.

Another goal voiced by the legislature as it adopted the 1920 law was to put an end to the neo-Malthusian agitation that France had been experiencing since before the First World War.¹² This movement, backed by powerful anarchist and labor-revolutionary forces, disappeared at just about the same time as the 1920 law appeared on the scene. Nevertheless, one would be justified in asking if the cause and effect link between these two phenomena is as obvious as one might have thought. It is true that the legislature was openly pleased to see the neo-Malthusians, who opposed pronatalism, disappear. However, except for a couple of shows of force against some symbolic figureheads of the Malthusian movement, we cannot refer to this as mass repression.¹³ Of course, it is possible that some self-censorship was imposed by the neo-Malthusians after passage of the 1920 law, however I believe that their disappearance from the French political scene can be explained first and foremost by the general evolution of the balance of political power between the right and the left and between leftist trends, of which large segments felt some compassion for pronatalism.

10. On the application of the 1920 law, see Jeanne Pagès, *Le contrôle des naissances en France et à l'étranger*, Paris 1971, pp. 56f., 175 ff.; D.V. Glass, *The effectiveness of abortion legislation in six countries*, in: *The Modern Law Review*, 1938, pp. 97-125; Roger-Henri Guerrand, Francis Ronsin, *Le sexe apprivoisé: Jeanne Humbert et la lutte pour le contrôle des naissances*, Paris 1990, *passim*; Francis Ronsin, *La grève des ventres: Propagande néo-malthusienne et baisse de la natalité française, XIXe-XXe siècle*, Paris 1980, *passim*; Angus McLaren, *Sexuality and Social Order: The debate over fertility of women and workers in France 1770-1920*, New York 1983, pp. 182; Elgán, *Genus*, op.cit., pp. 88-92.

11. Elgán, *Genus*, op.cit., pp. 90-92.

12. This movement has been the subject of many studies in France. See in particular Ronsin, *La grève des ventres*, op.cit.; Guerrand, Ronsin, *Le sexe apprivoisé*, op.cit.; Roger-Henri Guerrand, *La libre maternité*, Tournai 1971; Roger-Henri Guerrand, *Socialisme et néo-malthusianisme dans l'entre-deux-guerres*, in: Antoinette Fauve-Chamoux (ed.), *Malthus hier et aujourd'hui: Congrès international de démographie historique*, Paris, 1984, pp.387-392; André Béjin, "Condorcet, précurseur du néo-malthusianisme", in: *Histoire, économie et société*, 1988, pp. 347-354; André Béjin, *Néo-malthusianisme, populationisme et eugénisme en France de 1870-1914*, in: Jacques Dupâquier (ed.), *Histoire de la population française*, vol. 3, Paris 1988, pp. 481-497; André Armengaud, *Les Français et Malthus*, Paris 1975; André Armengaud, "Mouvement ouvrier et néo-malthusianisme au début du XXe siècle", in: *Annales de la démographie historique*, 1966, pp. 7-19; Michelle Perrot, *Malthusianisme et socialisme*, in: Antoinette Fauve-Chamoux (ed.), *Malthus hier et aujourd'hui: Congrès international de démographie historique*, Paris 1984, pp. 357-370.

13. On the suppression of the neo-Malthusian movement, see primarily Guerrand, Ronsin, *Le sexe apprivoisé*, op.cit.

1.2. *The case in Sweden*

If the term *pronatalist* best characterizes the French abortion and contraception policy during the period we are studying, than the term *medicalization* summarizes the direction in which Swedish policy in this area evolved. The Swedish abortion and contraception policy went through several phases from the turn of the century to the Second World War and seems to have paralleled the country's political history. In the 1910s, when the questions that interest us came before parliament for the first time, the country was on the road to democratization. Old institutions, inherited from an authoritarian and hierarchical society, had only recently been abrogated. Thus, the corporate monopoly and corporatist regulation of professions disappeared between 1846 and 1864 and the work obligation in 1865. Between 1858 and 1884, civil rights were granted progressively to single women; in 1866, two chambers elected through direct or indirect suffrage based on tax quotas replaced state representation to the parliament, on the model of the Ancien Régime; and in 1901, a modern army, using the draft, was created.

Little by little, suffrage was expanded, and by 1910 it included all adult males, with a few exceptions. The idea of true universal suffrage, however, had not yet been accepted. It was not until 1921 that the first elections with true universal suffrage for both men and women were held. In 1910, the Swedish parliamentary system was still in its infancy: the principle that the government should reflect the majority of the Parliament and not the will of the king was making inroads. In 1914, the king made one last attempt to assert his authority on the government's policies, after which his real power was curtailed.

The spring of 1910 ushered in the first phase of the Swedish policy in matters of abortion and contraception, when the Conservative government quickly passed a law prohibiting the *public* sale of and information on contraceptive methods.¹⁴ However, the law barely passed in the lower house, since it was in the hands of the Swedish left of the times, a coalition of Liberals and Social Democrats united in the struggle for a democratic system.

In Sweden, the primary motive invoked in 1910 for wanting to curtail the distribution of contraceptives was not the pressing need to sustain the birth rate but the belief that contraceptives encouraged moral corruption.¹⁵ This argument arose from the desire to channel sexuality in society. It corresponds very well with a conservative political outlook that is based on an organic, rather than an individualistic view of society and on distrust regarding the ability of men to govern themselves. Therefore, most of the individuals who supported this line of thinking were recruited from among the Conservatives. The desire to supervise sexuality, however, was not restricted to conservative reasoning. Later on, we will see the same inability to leave sexuality "alone" among other political groups.

14. *Svensk Författningssamling* 1910:51.

15. Elgán, *Genus*, op.cit., pp. 101-104.

Although the medical discourse of the period also emphasized the medical and physiological dangers of unbridled sexuality, it was, above all, its social consequences that were debated in Sweden in 1910. Free love, the term used by some participants to the debate, ran the risk of shaking the very foundations of society, primarily the family. Sexuality, understood as a pressing physical need, a force of nature, must allow itself to be repressed by a powerful morality. In the belief that the distribution of advice on daily hygiene and moderation proposed by those opposed to this policy was not sufficient, the majority passed the Swedish law prohibiting the diffusion of contraceptives in 1910.¹⁶ The left, which opposed the 1910 law, did so in the name of humanism. It accused the law on contraceptives of conflicting with the principles of freedom of expression. However, these humanists also supported the fight against moral corruption, claiming that they shared its objectives but not the means of accomplishing them.¹⁷

This first period of the Swedish policy on contraception and abortion also sees the enactment, in 1921, of a modern abortion law.¹⁸ This new law decreased the penalties for abortions. As opposed to France, the purpose of the law was not to make the pursuit of abortion offences more efficient. The Swedish abortion law of 1921 was part of a general evolution of the theory of criminal law in which the signification and the length of the punishment evolved.¹⁹ It is precisely this evolution that can be linked to the liberal humanism just mentioned; the new law was planned during a period in which the Liberals came to power through a coalition with the Social Democrats. The conservatives opposed this reform in the name of the fight against moral corruption, while its supporters defended it easily, saying they were protecting a vulnerable being, at the limit of judicial incapacity, namely woman, whose nature required that she be treated gently.²⁰

The second period of the Swedish policy on abortion and contraception begins in 1922, when Arthur Engberg, a well-known Social Democrat and member of parliament who later became minister of education and ecclesiastical affairs, proposed a bill to reform the law on contraceptives.²¹ His words heralded a new method, one that could be described as hygienist in nature, to tackle the issues of abortion and contraceptives. This line of reasoning would result in the supersession of the conservative position regarding the fight against moral corruption with repressive measures. By hygienist, I mean the development of social reforms based on a permanent and prevailing concern for public health. The proponents of public hygiene in the Swedish parliament, primarily Social Democrats, demanded the repeal of, or at least, restrictions on the 1910 law, so that doctors would be allowed to freely conduct

16. *Ibid.*, pp. 113-116.

17. *Ibid.*, pp. 107-112.

18. *Svensk Författningssamling* 1921:298.

19. Göran Inger, *Svensk rättshistoria*, 3rd edition, Lund 1986, pp. 235-250.

20. Elgán, *Genus*, op.cit., pp. 111-113.

21. Riksdagstryck, *Bihang till riksdagens protokoll, Motioner väckta inom Andra kammaren*, Nr. 141, 1922. See also: Riksdagstryck, *Bihang till riksdagens protokoll, Motioner väckta inom Andra kammaren*, Nr. 144, 1923.

a campaign against venereal diseases and mention the use of condoms as a means of protection.²² As far as abortion is concerned, the demands from the members of parliament for reform were less pressing, but the matter was still debated, not only in parliament but also in leftist organizations. The demand for reform was centered on the need to allow some exceptions to the ban on abortions.²³

During this period, abortion in Sweden and in France was permitted in those cases in which the mother's health was in grave danger. The supporters of public hygiene wanted to extend this concession to permit doctors to carry out abortions for eugenic or humanitarian reasons, this latter category to include victims of rape and individuals suffering from psychological disorders. In the mid-1930s, many Swedish women's organizations fought for abortion rights for women who, on their doctor's advice, needed abortions because they had large families and serious social problems.²⁴ For its part, the leftist Swedish Communist party submitted to parliament several bills with a vague feminist point of view to parliament. These bills could be construed as meaning that a woman should have the right to decide whether she wanted an abortion or not. However, when other members of parliament questioned the intent of these bills, the Communists denied that they wanted women to have this right.²⁵

From 1925 to around 1935, the supporters of the fight against moral corruption lost ground to hygienism, which represented a victory for a particular concept of medicine related to social progress, a concept that pleased the left. Without denying the dangers of moral corruption and free love, the victorious hygienists advanced social prevention and education as solutions to the problem. If living conditions, from both a cultural and material standpoint, were improved, unbridled sexuality would disappear on its own. The victory of hygienism also reflected Sweden's political history in the 1920s and 1930s when, little by little, leftist forces triumphed over conservative ones. It is also important to note that with women's suffrage, the voices of women often made themselves heard in parliamentary debates and official inquiries into abortion and contraception. The majority, but by no means all, were members of the progressive camp.²⁶

The second phase of the history of Swedish policies governing abortion and contraception ended in the 1930s, when hygienism evolved towards a more general social reform, one that was less fixated on public health. In the name of medical science, the proponents of public hygiene were fighting a society that, in their eyes, was archaic, authoritarian, and socially unjust. The new reformists, generally described as social engineers in Sweden, designed a new society and participated in

22. Elgán, *Genus*, op.cit., pp. 123-126.

23. *Ibid.*, pp. 75-76, 129.

24. *Ibid.*, pp. 63-64.

25. Riksdagstryck, *Bihang till riksdagens protokoll, Motioner väckta inom Andra kammaren*, Nr. 241, 1927; Riksdagstryck, *Bihang till riksdagens protokoll, Motioner väckta inom Andra kammaren*, Nr. 292, 1928; Riksdagstryck, *Bihang till riksdagens protokoll, Motioner väckta inom Andra kammaren*, Nr. 347, 1930; Riksdagstryck, *Bihang till riksdagens protokoll, Motioner väckta inom Andra kammaren*, Nr. 291, 1931; Elgán, *Genus*, op.cit., pp.136-138.

26. Elgán, *Genus*, op.cit., pp. 146-150, 158-169.

the development of institutions that assured its implementation.²⁷ The best representatives of this way of thinking, and probably those who enjoyed the largest audience in the 1930s and 1940s, were the husband and wife team of Gunnar and Alva Myrdal. Closely aligned with the Social Democratic party, these social scientists became a public sensation in 1934 when they published a book in which they used pronatalist arguments to promote social reforms.²⁸ According to their reasoning, it was necessary to raise the Swedish birth rate with an innovative family and social policy bill comprising a number of reforms intended to change the entire society. These reforms ranged from the transformation of production in order to free the means necessary for putting the reforms into place, to the creation of nursery schools and housing similar to that proposed by Le Corbusier in France after the war. The ideas of Alva and Gunnar Myrdal achieved great success in Sweden very quickly and their dissemination corresponds to the period in which the Social Democrats, separated from their former liberal allies, became the primary political power in Sweden and took the reins of government in their hands.

This reformist trend changed the course of Swedish abortion policy in a restrictive sense. In 1934, a reform was being developed as the Myrdals were publishing their book. This reform, based on principles of hygienism, would authorize abortions in cases of rape, psychological disorders, mental disabilities, and any risk of transmitting a handicap or other hereditary illness, as well as in cases of serious social or economic problems. Following the debate set in motion by the pronatalist Myrdal book, this last point regarding new abortion legislation disappeared with the argument that in the new society it would no longer be necessary to authorize abortions for social and economic reasons because these reasons would disappear.²⁹

The contraception policy was one of the cornerstones of the reformist edifice. The concept of contraception was to be disseminated in the framework of sex education designed to improve conjugal life and prevent unwanted pregnancies. Citizens were to be made to understand that it was their duty to give to their country and people as many children as their economic, social and physical situation permitted, no more, no less. In 1938, the successive efforts of the supporters of public hygiene and the social reformists led to a reform of the entire Swedish abortion and contraception policy. Simultaneously, the reform comprised a degree of liberalization,

27. In her research, the Swedish historian Yvonne Hirdman emphasizes the utopian heritage in the view of these specialists on social life. Yvonne Hirdman, *Att lägga livet till rätta: Studier i svensk folkhemspolitik*, Stockholm 1989.

28. Alva Myrdal, Gunnar Myrdal, *Kris i befolkningsfrågan*, Stockholm 1934. For Alva and Gunnar Myrdal and family policy, see, among others: Allan Carlsson, *The Swedish experiment in family politics*, New Brunswick 1990, *passim*; Hirdman, *Att lägga livet till rätta*, op.cit., pp. 98-127; Yvonne Hirdman, Alva Myrdal, "En studie i feminism", in: *Kvinnovetenskaplig tidskrift* (1988) 4, pp. 15-30; Ulf Cervin, *Makarna Myrdal och befolkningsfrågan*, Lund 1976; Staffan Källström, *Den gode nihilisten: Axel Hägerström och striderna kring Uppslalafilosofin*, Stockholm 1984, pp. 101-139; Ann-Katrin Hatje, *Befolkningsfrågan och välfärden: Debatten om familjepolitik och nativitetsökning under 1930- och 1940-talen*, Stockholm 1974, *passim*.

29. Elgán, *Genus*, op.cit., pp. 167-169, 175.

as well as more restrictions. Abortion and the public sale of contraceptives was to be permitted in certain cases. However, the sale of contraceptives and information on their existence and use was subject to numerous controls and regulations. Abortions were permitted in those instances mentioned above, with the exception of the socio-economic clause. The decision to abort would rest with the doctors, not with the pregnant woman in question.³⁰ In reality, it appears that the new abortion policy merely formalized what was already being practiced in hospitals.³¹ In all likelihood, the consequence of the 1938 reform of the Swedish policy on abortion and contraception was increased medicalization regarding sexual and reproductive matters. In addition to deciding on abortions for their patients, the medical establishment also had the power to approve or deny the sale of various contraceptives.

Even before the reform, some major cities had already opened offices in hospitals for the dissemination of information on sexuality and contraception, often with the explicit aim of undermining the Swedish *birth control* movement, which was booming at the time.³²

Eugenics was also part of this medicalization. For a number of years, all sorts of eugenic ideas had been very popular in Sweden, and in addition to eugenic abortions, the hospitals performed – within a completely legal framework – quasi-obligatory sterilizations on people considered simple-minded, mentally ill, or asocial.³³ Abortions as a result of rape or incest were also part of eugenic practices because the experts emphasized the poor genetic material passed on by at least one of the parents. In my opinion, however, it would be wrong to view this medicalization as the result of a conscientious strategy on the part of the sole medical establishment to take away from women, or any other social group, the control of their own fertility. Assigning the medical establishment the role of final arbiter in matters of reproduction and sexuality was the strategy of all those who, in the 1920s and 1930s, fought for a reform of the abortion and contraception policy, including the Swedish *birth control* movement.³⁴

30. *Svensk Författningssamling* 1938:318-319, pp. 566-572.

31. Hatje, *Befolkningsfrågan*, op.cit., p. 138; *Statens offentliga Utredningar* 1944:51, pp. 54 ff.

32. For the Swedish birth control movement, see Lena Lennerhed, *Sex i folkhemmet: RFSU's tidiga historia*, Hedemora et al. 2002; *40 år med RFSU*, Stockholm 1973; Elise Ottesen-Jensen, *Livet skrev*, Stockholm 1986.

33. In recent years, numerous books and articles have appeared on the sterilizations in Sweden. Among the most important Swedish studies, the following deserve mention: Gunnar Broberg, Mattias Tydén, *Oönskade i folkhemmet: Rasygien och sterilisering i Sverige*, Stockholm 2000; Maija Runcis, *Steriliseringar i folkhemmet*, Stockholm 1998; Gunnar Broberg (ed.), *Fem uppsatser om steriliseringen i Sverige*, Lund 2000; Mattias Tydén, *Från politik till praktik: De svenska steriliseringslagarna 1935-1975. Rapport till 1997 års steriliseringsutredning*, Stockholm 2000, and 2nd enlarged edition Stockholm 2002.

34. For the fascination with medical science and doctors in the Swedish political discourse, see Elgán, *Genus*, op.cit., pp. 123-183.

2. *Abortion and Contraception: A Comparative History*

2.1. *Why compare them?*

In spite of the very convincing plea by Marc Bloch at the International Congress of Historians in 1928 in support of comparative history, European historians do not generally compare countries and nations.³⁵

For Marc Bloch, comparison is not a method that follows from a specific theory on the evolution of societies or the bonds between them; it is a tool. Comparisons permit researchers to discover phenomena that at first go unnoticed because the possibility of their existence is not addressed. The differences and similarities observed in the course of a comparison generate new questions. Similarities can also raise the issue of possible influences. With a better grasp of the research objective, one can advance general explanatory hypotheses with greater confidence.

Using a systematic and theoretical approach, two American sociologists, Theda Skocpol and Margaret Somers, propose the classification of comparative studies into three categories. They call the first “parallel comparison”, in which a comparison offers more examples to illustrate a theory than the study of one single country or region could possibly do. The second, “a contrasting comparison”, deals with the specificity of each case studied in order to outline a potential theory. The third category, known as “macroanalytic”, tests explanatory hypotheses and, taking into account the differences, similarities, limits, and possibilities of proposed hypotheses, improves them.³⁶

In this research on the first policies regarding abortion and contraception, I attempted to implement Marc Bloch’s suggestions. Thus, I needed a subject and countries capable of providing a rich and justifiable comparison.

I thought it would be interesting to compare abortion and contraception policies in Sweden and France from the point of view of the social construction of the difference between the sexes and the social inequalities of the sexes. The question of the nature of the gender system and its reproduction is just such an area in which comparison allows fundamental hypotheses or generalizations that go beyond the subject being studied.

35. Afterwards, Bloch’s account was published under the title “For a comparative history of European societies” in: *Revue de synthèse* 46 (1928), pp. 15-50. For the Scandinavian countries and the issue of comparative history, see Torkel Jansson, *Agrarsamhällets förändring och landskommunal organisation: En konturteckning av 1800-talets Norden*, Uppsala 1987; Ulf Jonsson, “Komparation: en strategi för att fånga breda samhälleliga förändringsmönster och processer”, in: Ulf Jonsson, Johan Söderberg (eds.), *Från vida fält: Festskrift till Rolf Adamson 25.10.1987*, Stockholm 1987, pp. 125-143; Magnus Mörner, “Komparation: Att vidga historiska perspektiv”, in: *Scandia* 1981, pp. 225-243; *Syntese, analyse, komparasjon. Konferensrapport från Nordiska fackkonferensen i historisk metodlära* 1970; Eva Österberg, “Forskning om det äldre svenska samhället: I dag, i går, i morgon?”, in: *Historisk Tidskrift*, 1980, pp. 483-499.

36. Theda Skocpol, Margaret Somers, “The uses of comparative history in macrosocial inquiry”, in: *Comparative Studies in Society and History* 22 (1980), pp. 174-197.

The decision to compare France and Sweden is linked to my own university trajectory. In order to undertake a comparison, one must be very familiar with the history, languages, and archives of the two countries. It is therefore rather common for the question of comparison to be reversed, that is, the countries to be compared are often fixed from the start and it is the subject matter that must be chosen from within a given field of research. Thus, the essential question becomes: how to conduct a comparison that conveys new knowledge, not only on factual and descriptive levels, but also on the level of hypotheses or historical generalizations? As I explained, it seemed possible to follow these requirements by choosing – in the area of research on the social relations of the sexes – the issue of the social construction of sexual differences between the sexes in the framework of abortion and contraception policies.

I could have chosen other countries instead of Sweden and France, as long as they had political activities surrounding the issues of abortion and contraception. But the choice of France and Sweden as points of comparison is a valid one. In fact, the French policy regarding abortion and contraception during the period in question seems to be sufficiently distanced from the Swedish one to make this fruitful “face-to-face” possible, which is in itself the process of comparison. Moreover, France was in the European vanguard regarding voluntary restrictions on births. In the Swedish debate at the beginning of the 20th century, France is often cited as leading the way when it comes to both the distribution of contraceptives and contraception policy.³⁷

2.2. *What does the comparison teach us?*

Up to this point we have described the French and Swedish abortion and contraception policies from the point of view of social and political history. We have been able to appraise the role that the medical discourse played, in various guises, in both France and Sweden. Public hygiene and social reformism played predominant roles in the Swedish abortion and contraception policy, most notably in its evolution from a repressive policy, comparatively similar to the one practiced in France during this period, to one of medical normalization and supervised liberalization. On the other hand, it appears that the omnipresence of pronatalist preoccupations explains the form taken by France’s abortion and contraception policy. Thus, two questions arise: why did the public hygiene movement have such a deep influence in Sweden, while we find no trace of it in the French abortion and contraception policy? Why was pronatalism such an important factor in France but so marginal in Sweden until the mid-1930s?

37. We can also underline the fact that the first British neo-Malthusians, as well as the founders of the American *birth control* movement, claimed to be inspired by the French example on the use of contraceptive methods and means. Cf. Linda Gordon, *Woman’s Body, Woman’s Rights: Birth Control in America*, 2nd edition, New York 1990, p. 2f.; McLaren, *Sexuality*, op.cit., pp. 98, 154, 166; Angus McLaren, *A History of Contraception: From antiquity to the present*, Oxford 1990, p. 216.

I believe that the limited influence of hygienism in France can be explained by the importance placed on pronatalism. Yet, concerns regarding venereal diseases were also present in France and, according to Alain Corbin, the campaigns around these questions were very important.³⁸ However, in the French debate on the suppression of contraceptives, we do not see any mention of their prophylactic use to prevent venereal disease. This is probably due to the fact that in France, the fear of venereal diseases, just like the fear of moral corruption, was integrated into a broader view concerning the degeneration of society and individuals, of which a decreased birth rate was considered one of its primary signs.³⁹ However, I believe it would be a mistake to view French pronatalism as being the opposite of hygienism, even if, in the Swedish context, the latter inspires a different policy. The two are close to each other in their preoccupation – the relationship between sexuality and society – and they both developed out of the medical discourse.⁴⁰

The French demographic doctrine, the importance of which for pronatalist ideas cannot be underestimated, is the creation of several doctors, most notably Louis-Adolphe Bertillon. His son, Jacques, extended the work with demographic and pronatalist tracts intended for the general public and the creation of *The National Alliance for the Growth of the French Population*, at the end of the 19th and the beginning of the 20th century.⁴¹ This current research has permitted me to observe the very active role played in parliament by French doctors, obviously all men, who opposed abortion and contraception. Together with their legal colleagues, they dominated the debates and enacted policy in this domain.⁴² According to other researchers, French doctors also played an important and active role in spreading a pronatalist message outside of parliament, one that opposed contraceptives and abortion.⁴³

It is important to emphasize the progressive aspect of certain political practices in the medical discourse. Confidence in science and in a social policy that would be

38. Alain Corbin, *Le péril vénérien au début du siècle: prophylaxie sanitaire et prophylaxie morale*, Recherches 1977, pp. 245-284; Robert A. Nye, *Crime, Madness and Politics in Modern France*, Princeton 1984, pp. 161 ff.

39. On the subject of the connection between the fear of degeneration and a declining birth rate, see Nye, *Crime*, op.cit., pp. 63 ff.

40. Cf. Jacques Léonard who, in *La médecine entre les savoirs et les pouvoirs*, Paris 1981, pp. 149-169, underscores the existence of a strong current of hygienism among French doctors in the 19th century.

41. On this subject, see, for example, Béjin, *Neo-malthusianisme*, op.cit.; Léonard, *La médecine*, op.cit., pp. 159 ff.; Alain Becchia, “Les milieux parlementaires et la dépopulation de 1900 à 1914”, in: *Communications*, 1986, no. 44, pp. 201-246. On the way in which pronatalism used and abused demographic indicators, see Hervé Le Bras, *Marianne et les lapins: L’obsession démographique*, Paris 1991, *passim*; Michael S. Teitelbaum, Jay M. Winter, *The Fear of Population Decline*, Orlando 1985, pp. 4-11.

42. Elgán, *Genus*, op.cit., pp. 82-87, 184-217, 226-229.

43. Léonard, *La médecine*, op.cit., pp. 160 ff., 319 ff.; McLaren, *Sexuality*, op.cit.; Karen Offen, “Depopulation, Nationalism and Feminism in Fin-de-Siècle France”, in: *American Historical Review*, 1984, pp. 648-676; Jacques Dupâquier, “Combien d’avortements en France avant 1914?”, in: *Communications*, 1986, no. 44, pp. 87-106; Jacques Léonard, “Les origines et les conséquences de l’eugénisme en France”, in: *Annales de démographie historique*, 1985, pp. 203-214.

inspired by their principles was a characteristic common to proponents of both hygienism and pronatalism. This positivism was as much a part of the ideology of France's Third Republic, as it was of the Swedish leftist liberal and social democratic ideology in the 1920s. We have here one of the reasons for the success of both pronatalism and hygienism; however, it does not explain why this biological view of the world, biopolitics to go back to Michel Foucault's term, adopts the form of hygienism in Sweden and pronatalism in France.

France's Third Republic was a construction that is the result of hope born out of the French Revolution and of a century of subsequent confrontations between the defenders of egalitarian ideals, justice, and democracy, and the defenders of organic authoritarianism. Finally achieved at the end of the 19th century, and after the first conflicts were over, the longed-for Republic was in danger of splitting apart under the contradictory hopes and interests of its supporters. However, the republican ideology was sufficiently strong to support this structure until the Second World War. In my opinion, pronatalism represented one way of revitalizing the vacillating republicanism. In effect, it gave substance, in the strict as well as the figurative sense, to the nation and created alliances around this project with powers that, while not republican, were nevertheless nationalist in character. The geopolitical vision of a France menaced by a much stronger Germany was essential for forging French national unity, and pronatalism made it possible to explain France's weakness: not enough men were being born because the citizens, in their selfishness, refused to put collective interests before personal ones.⁴⁴

In Sweden, the left was struggling to get rid of the remains of the old regime and, as the country rapidly became industrialized and modernized, sought to put issues of democracy, social justice, and equality on the agenda. In this context, it was pointless to look for national cohesion among contradictory interests or to give substance to a national unifying project. This confrontation is also evident in the policy of abortion and contraception, in which the organic vision of the conservative right that emphasized the role of interdictions to contain moral corruption and support the nuclear family was in opposition to the progressive leftist vision for whom medicine must, at all costs, apply the benefits of its knowledge to everyone. In this framework, undesirable behavior should be contained by education and culture, not by repression.

In conclusion, it appears that the very different political histories of Sweden and France constitute a possible explanation for the success of the public hygiene movement in Sweden and the development of pronatalism in France. Yet, pronatalism aroused considerable interest in Sweden beginning in the mid-1930s, a phenomenon that can be explained by the new political situation in the country, which, at the time, resembled more closely France's state of affairs during the Third Republic. In the mid-1930s, with the dominance of the Social Democratic party, one could, in effect,

44. Alain Becchia, in his study of pronatalism in parliament at the turn of the century, outlines the same hypothesis. Becchia speaks of "a new nationalism", which would make the success of pronatalism understandable in these surroundings. Becchia, *Les milieux*, op.cit.

consider the battle between the Conservatives and the Progressives to be over. In this modern and largely industrialized country, the Social Democratic victory was, at the same time, a victory for the labor movement. But since the Social Democrats could not really govern with only the support of the labor movement, they performed an ideological and pragmatic about-face that translated into the adoption of a new language and the promotion of social reforms.⁴⁵ In my opinion, pronatalism is part of this new language, and its acceptance by the Social Democratic party gave it an air of modernity through the intermediary of ties to the group of young intellectuals that included Alva and Gunnar Myrdal. This about-face permitted the Social Democratic party to turn to the middle classes and ally itself with the Agrarian party, both of which were still rather conservative and anti-modern. Thus, as was the case in France, Swedish pronatalism seems to have permitted different political currents to come together in a nationalist and progressive consensus.⁴⁶

Swedish pronatalism does bear a striking resemblance to French pronatalism; nationalism is omnipresent in both movements. The nation was understood to be a biological unity, represented in France by the use of the term *race* and in Sweden by the use of the term *people*.⁴⁷ Just as in France, Swedish pronatalism was very interested in age pyramids. A population consisting of a few young people and many old people would bring about devastating physical, moral, and economic repercussions for the future of the *people*. Like in France, a rise in the birth rate was presented as the only remedy for all of these dangers. Growth itself was considered beneficial, an engine of progress, proof of the nation's vitality, while a constant birth rate already signaled the beginning of the end: stagnation equaled retreat. The theory of communicating vessels was used in both countries to describe the inevitable consequences of a fall in the birth rate. The peaceful or warlike invasion by neighboring countries or distant people would inevitably result in a total decrease in population density. The tone of Swedish pronatalism was just as alarmist as that of French pronatalism. If energetic measures were not taken immediately, the Swedish nation was in danger to disappear. Only by bringing children into the world or supporting the pronatalist policy could people demonstrate that they still possessed a *life force*.⁴⁸

However, Swedish pronatalism differs from the French model in one very important respect, which explains why it did not produce the same repressive policy as that of France in the matter of abortion and contraception. In actual fact, Swedish pronatalism, through the expedient of reformism and social engineering, was the heir

45. On this subject, see, for example, Bengt Schüllerqvist, *Från kosackval till kohandel: SAP:s väg till makten (1928-33)*, Stockholm 1992.

46. The Swedish historian Ann-Katrin Hatje, in her thesis on the Swedish pronatalist and family policy in the 1930s and 1940s, also emphasizes the federative aspect, beyond political boundaries, of Swedish pronatalism. Hatje, *Befolkningsfrågan*, op.cit., p. 165.

47. On the political use of the term *people* in Sweden during this period, see Lars Trägårdh, *Varieties of Volkish ideologies*, in: Bo Stråth (ed.), *Language and the Construction of Class Identities*, Göteborg 1990, pp. 25-54.

48. Elgán, *Genus*, op.cit., pp. 240-241.

to hygienism, which, as we have seen, accorded a significant place to eugenics, an extreme version of public hygiene.

There was great concern in Sweden for what were called *inferior human elements*. Swedish pronatalism continually emphasized its belief that the quality of the population was as important as its quantity. Quality, as well as covering the moral and physical living conditions of the citizens, also flushed out those who were likely to pass on hereditary defects by preventing them from having children. These defects included illnesses, such as blindness, but also certain forms of asocial behavior linked to hereditary flaws that were considered to be dangerous to society. According to this reasoning, these individuals actually profited inappropriately from social policy by reproducing more quickly than the sane population, a situation that could result in a dangerous imbalance that favored mental defectives.⁴⁹ Thus, I believe that the place of eugenics in Swedish pronatalism explains why, in the 1930s, its abortion and contraception policy did not have the same consequences as those in France. Concerned about both quality and quantity, Swedish pronatalism, including social reform, sought to influence all aspects of reproduction in its citizens. It was not merely a question of convincing people to have more children. Births should occur in healthy families, with the number of children corresponding to their standards of living. Which explains supervised liberty and enlightened civic education in the policy of contraception. It also explains the abortion policy that gave doctors the right to end pregnancies whose consequences could be harmful from the point of view of public health, in the sense of the people's health as a biological unity.

In France, the issues of who should be allowed to bring children into the world and under what circumstances were rarely broached in debates on abortion and contraception. Rather, the aim of the French pronatalist policy was to remove all of the obstacles that were said to be preventing citizens from giving free reign to a form of procreative instinct, the sign of strength and self-sacrifice.⁵⁰ One could question the limited success of eugenics in France. In his historical study of French medicine and doctors, Jacques Léonard emphasized the persistent influence of Lamarckism in France, i.e., of the theory about the inheritance of acquired characteristics, which stands opposed to Darwinism. As Léonard notes, the idea of a ruthless and beneficial struggle for life is hardly compatible with the confidence of the Third Republic and the medical establishment, that supports it in opportunities for improving the “race” – the word used at the time to designate the French population – through education and social progress.⁵¹ French pronatalism shared this idea of progress, of the nation's revitalization and solidarity, and therefore constituted one of the obstacles to the introduction of eugenics into France.⁵² However, outside of scientific circles, social

49. *Ibid.*, pp. 166-169.

50. *Ibid.*, pp. 184-231.

51. Léonard, *La médecine*, op.cit., pp. 270 ff., 323f. See also Linda Clark, *Social Darwinism in France*, Tuscaloosa Al. 1984.

52. Léonard, *Les origines*, op.cit.; Le Bras, *Marianne*, op.cit., p. 207f. However, France also had a theoretician on eugenics and social Darwinism in the person of Vacher de Lapouge, whom the Israeli historian Zeev Sternhell cites for his importance in giving birth to a modern, extreme right-wing theory

Darwinism was fairly popular before and around the turn to the 20th century. As we have seen, it appeared in the parliamentary debates on population in the concept that nations are subjected to constant struggles, in which those who are stronger inevitably attack those who are weaker. However, it was not able to push itself past the progressive and egalitarian optimism of the Third Republic.⁵³

3. *Abortion and Contraception: History of the Social Construction of Gender*

At this juncture, with a better understanding of the abortion and contraception policies afforded by the comparison, we should approach them from the point of view of their interaction with the social relations of the sexes and their consequences for the social construction of sexual difference. A widespread historical generalization emerges from the new field of research that the social relations of the sexes has occupied for the past thirty years: the existence of two sexes is a social construction, a component of all known societies, and not a stable, natural, or biological reality on which a logical social role – that of a woman or a man – can be modeled. In order to clarify this hypothesis, English-speaking historians arrived at the use of the term *gender*, a term that, little by little, imposed itself on academic environments in both Sweden and France. The use of this word, which has become more and more common, also demonstrates that the historians' interest moved from the question of “*why* is there inequality between the sexes” to “*how does it happen?*” Where do sexual inequalities stand? How do they evolve while changing and transforming themselves? What justifies male domination in different historical and contemporary societies? With this perspective, biology, instead of being the proof of the existence of the sexes, becomes a domain invested in the production and reproduction of sexual difference. The American historian Joan Scott proposes the study of the social construction of sexual inequality on four levels: the symbolic, the normative (religion, the sciences, education, law); the institutional (the family, the labor market, politics);

in France; Clark, *Social Darwinism*, op.cit.. On the subject of Vacher de Lapouge and eugenics in France, see also Béjin, *Neo-malthusianisme*, op.cit.; André Béjin, “Le sang, le sens et le travail: Georges Vacher de Lapouge, darwiniste social, fondateur de l’anthroposociologie”, in: *Cahiers internationaux de sociologie* (1982), pp. 323-343, and the works of Pierre-André Taguie ff. On the subject of eugenics in France, see also the works of the French historian Alain Drouard, in particular: Alain Drouard, *L’eugénisme en question: l’exemple de l’eugénisme “français”*, Paris 1999; Alain Drouard, “Herman Lundborg et les eugénistes français”, in: *Gesnerus* 56 (1999), n. 3/4, pp. 241-259; Alain Drouard, *Alexis Carrel 1873–1944: De la mémoire à l’histoire*, Paris 1995.

53. Clark, *Social Darwinism*, op.cit. Nevertheless, there was a eugenics society in France that was not entirely without influence. But this society advocated a type of eugenics inspired by Lamarckism and it worked in concert with the pronatalists. As its goal, it wanted to eradicate alcoholism, tuberculosis, and syphilis, all of which it believed were hereditary if they were not treated, and proposed reforms that supported a general increase in public health by means of social reforms. Cf. William H. Schneider, “Towards the Improvement of the Human Race”, in: *Journal of Modern History* (1982), pp. 268-291.

and the personal.⁵⁴ Inevitably, these four levels are neither homogeneous nor consistent; they may very well contain contradictions.

According to Scott, sexual difference is also of particular interest as an analytical category in political history. Because it is one way of making relationships of subordination comprehensible and acceptable, the reference to sexual difference represents one way of understanding the political stakes. In the course of this particular research, the metaphorical use of sexual difference in political language has appeared across the geopolitical spectrum, with the rapport between France and Germany being described as a rapport between woman and man. France regarded itself to be the gentle female – spiritual, cultivated, and full of charm – and it was just these charms that fueled the male desires of a strong and brutal Germany even more. If the purpose of the French abortion and contraception policy was to help raise the birth rate, this birth rate was understood to be the sign of a virile nation.⁵⁵

The social construction of gender in the Swedish and French policies of abortion and contraception is simultaneously shaped on a normative level and an institutional one: institutional, because abortion and contraception policies gave rise to specific administrative and institutional practices; normative, because a public policy affirms, explicitly or implicitly, a specific social ideal. However, these two levels are not easy to separate in the case of abortion and contraception policies. The comparison between Sweden and France in the matter of these policies reveals a number of similarities. Behind policies that differ at times, there is, nevertheless, a similar notion of the place of women and men in modern society and a similar opinion regarding their differences. This means that the institutions – in the broad sense of the term – that these policies established, participated in the social construction of similar social relations between the sexes. At this juncture, I will set forth the most striking similarities and attempt to evaluate their meaning in terms of the social construction of gender.

During the period studied herein, the abortion policies, both in France and Sweden, made a sharper distinction between women who had an abortion and those who performed the abortions. In relative terms, the penalties prescribed became more severe for the latter.⁵⁶ This distinction must be understood in a context in which the irresponsibility of the woman who had an abortion was emphasized to an ever greater extent: both in Sweden and France, she was considered more and more as a victim of forces superior to her own. This “victimization” of the woman is also present elsewhere in French legislation. In actual fact, the 1920 law provided for stronger punishments for those accused of encouraging an abortion than for the women who had an abortion.

In French and Swedish parliamentary debates on abortion, the protagonists also emphasized that a woman did not want to have an abortion but she was often forced to do so. Among those elements cited as being responsible for this situation, men and

54. Joan W. Scott, *Gender: A Useful Category of Historical Analysis*, in: Joan W. Scott, *Gender and the Politics of History*, New York 1988, pp. 28-50.

55. Elgán, *Genus*, op.cit., pp. 188-191, 217.

56. *Ibid.*, pp. 205-217.

their selfishness were singled out in particular. It could be a question of an individual man, accused of abandoning a pregnant woman, or of collective male behavior, as in France, where all male citizens were accused of not wanting children and therefore, of being responsible for the low birth rate. Propaganda and so-called “insidious publicity” in favor of abortion, the existence of which in France was given particular emphasis, were also singled out as being responsible for women’s difficulties.⁵⁷

The federative character of the different political currents of the pronatalist discourse can explain this search for a scapegoat in the French debates. Swedish hygienism and its successor, social reformism, were more likely to blame the existence of abortions on a poorly functioning society and its social inequalities.⁵⁸ Only the Swedish Conservatives proposed a different view of the relationship of women to abortion. For them, the woman was not the victim of the man, social circumstances or abortion conspirators; rather, she was the victim of her own bad instincts, for the same reason as men were. Like men, women were tempted by moral corruption, and there had to be norms and laws to remind a woman of her social responsibility to bring children into the world.⁵⁹

It is precisely a certain view of sexual difference that explains why a woman who had an abortion was presented as the victim. A woman’s nature, as understood by the majority of protagonists, was conditioned by her ability to bear children. This emphasis on women’s ability to have children could be called the naturalization of women or the feminization of reproduction. The American historian Thomas Laqueur advances the hypothesis that before the Age of Enlightenment sexual difference was perceived in a different way. Laqueur believes that this difference appeared as a de facto difference, a sociological difference like that between lords and peasants, and not a difference based on the important role a woman plays in reproduction.⁶⁰ In his book, *Making Sex: Body & Gender from the Greeks to Freud*, Laqueur demonstrates in a very convincing fashion that, prior to the Age of Enlightenment, no essential distinction was made between male and female genitalia. One was a man or a woman depending on one’s place in society but one was not perceived to have a body that was fundamentally different from that of the opposite sex. The question was left open as to the respective role and importance of a man and a woman for the reproduction of the race.

The policies of abortion and contraception that we are studying can easily be interpreted as a sign of the advent of a biological view of the sexes, in which the latter were primarily differentiated by their roles in the reproduction of the race and in which each aspect of feminine behavior was brought back to women’s so-called reproductive objective. For this reason, the participants of the contemporary debates were able to maintain that a woman never wanted to undergo an abortion, that she was only a victim. Opponents of these arguments may have been reasoning from the

57. *Ibid.*, pp. 211-215.

58. *Ibid.* pp. 140-150, 168, 176-179.

59. *Ibid.*, pp. 116-119; 144-145.

60. Thomas Laqueur, *Making Sex: Body, and Gender from the Greeks to Freud*, Cambridge, Mass. 1990.

point of view of an older perception of sexual difference, which explains why they emphasized that a man and a woman exhibited the same behavior in the face of moral corruption. For them, childbirth was not part of women's nature; it was a social duty that a woman must be induced to carry out if an appropriate policy required it. If we accept that this view of sexual difference corresponds to the view that predominated before the Enlightenment, then it is logical to find it again among the Swedish Conservatives, whose ideas prescribed a hierarchical and authoritarian society.

The view of reproduction as basically a female concern is also the basis of the more radical propositions that favored abortion. These propositions stressed abortion as being a specifically female right, but not as we understand it today. The argument of the period was that because childbirth was an innate part of a woman's nature, the right to use it, if one accepted this right as being within an individual's province, inevitably belonged to women. The argument against those who feared that abortions would increase if one allowed women to decide whether to have them or not was also based precisely on this idea of the female nature: since the essence of woman was childbirth, she would never thoughtlessly go against it.⁶¹ Thus, the view that a woman who had an abortion was a victim characterized both Swedish and French abortion policies. As these policies continued to maintain and update the normative ban on abortions, it was completely logical for them to also attack the factors considered likely to make a woman have an abortion.

In Sweden, the intermediary of a social and family policy was proposed to relieve the supposed economic and social distress of women who wanted abortions. However, abortion was accepted in Sweden in certain cases, in particular, when the overriding interest of the country, understood most often as the biological quality of its "human material", made it necessary.

In France, an attempt was made to put a stop to the activities of those believed to be inciting women to have abortions, primarily, the "male and female abortionists", and the sale of instruments that could be used for abortions was prohibited. This does not mean that France did not also have a social and family policy, but no connection between these policies and the policy against abortion was made during the debates.

In these two cases, the study of the social construction of gender in the area of contraception policies in France and Sweden highlights the other important concept of the sexual sphere: man.

Pronatalists systematically viewed France's decreased birth rate as an indication of the country's loss of virility, particularly where Germany was concerned. On the other hand, a high birth rate was considered as an indication of a nation's strength, of its "virility". According to this view, it was the men, not the women, who were to blame for the decreased birth rate – along with the neo-Malthusians, the vendors of contraceptives, and the "abortionists". As for women, they wanted nothing more than to fulfill the function nature had assigned to them.⁶² This explains why almost all of

61. Elgán, *Genus*, op.cit., pp. 142, 177-178, 214.

62. Cf. Offen, *Depopulation*, op.cit., and Karen Offen, "The sexual politics of republican nationalism", in: Robert Tombs (ed.), *Nationhood and nationalism in France: From Boulangism to the Great War*, London 1991, pp. 195-209.

the measures that France put in place to stimulate the birth rate and the family during this period were addressed to men, while we have observed that coercive measures were primarily directed against women.

In the beginning, the Swedish policy on contraception was also a question that primarily concerned masculine behavior, but for other reasons. By prohibiting advertising for contraceptives, the policy was intended to protect young men from moral corruption, which, it was felt, also encompassed the knowledge of and access to contraceptives. As we have seen, the opponents of the repressive policy against contraception blamed it for impeding the prevention of venereal diseases. Thus, until the 1930s, the debate on contraceptives in Sweden eliminated, in large part, the birth control aspects of contraceptives and focused instead on teaching young men to protect themselves from venereal diseases. At the same time, women were also eliminated from the debate. Based on this fact, we can conclude that, according to the Swedish proponents of public hygiene, women were not endowed with sexuality outside of reproduction, which our analysis of the view of the female nature, as it emerged from the study of the policy on abortion, confirms. Therefore, both in Sweden and France, the debates and policies on contraceptives or on the decline of the birth rate caused the active side of male behavior to emerge in a positive sense in France and in a negative sense in Sweden. At the same time, the debates and policies on abortion in the two countries emphasized the passivity of woman, as a victim of abortion. For men, it was a question of effective sexuality, necessitating a particular social framework; for women, it was the fate of a reproductive function.

But here too, in the 1910s and 1920s, some Swedish conservative voices took issue with the dominant discourse on sexual difference. For the Conservatives, the predispositions with regard to sexuality were the same for women as they were for men. A repressive policy, intended to prevent the two sexes from abandoning themselves to moral corruption, was deemed to be as necessary in the area of abortion as it was in that of contraception.⁶³

As for concrete political measures – “institutionalization” – in the area of contraceptives and abortion, we can make the same observation for Sweden as we did for France: coercive measures were applied to women through abortion policies, while more general provisions accompanied the policies of contraception and family, of which men were among the primary targets. Thus, the use of contraceptives was never banned the way abortion was. Is it possible that these different policies on abortion and contraception reflect and confirm a subconscious respect for men, the dominant sex socially, and a lack of respect, also subconscious, for women, who are socially dominated beings?⁶⁴ A subconscious respect or lack of respect refers to an internal attitude whose terms are not explicit. In other political domains, for example, in the areas of suffrage or salary differences based on gender, this distinction between men and women as citizens was conscious and explicit.

63. Elgán, *Genus*, *op.cit.*, pp. 116-119, 144-145.

64. The fact that the vast majority of eugenic sterilizations in Sweden from the 1930s to the 1960s were performed on female victims, with or without their consent, follows this reasoning. For more on Swedish sterilizations, see note 33.

On a normative level, as well as an institutional one – using a broad definition of the word “institution” – the Swedish and French policies on abortion and contraception appear to have participated in the same process regarding a social construction of gender, one in which the man was confirmed as an active citizen and the woman as an organ of reproduction.

This differentiation between the sexes derives the whole of its import from the larger perspective of building Western democracies on the basis of the values of equality, liberty, and fraternity. Because in a modern and liberal system of government, sexual inequality can no longer be justified on the basis of tradition or an established fact, biology and reproduction become the justification for the differences in how people are treated and for various types of discrimination, whether they be negative or positive. However, there is no doubt that the policies of abortion and contraception are not the only ones involved in the permanent process of gender construction. This process has been taking place, more or less explicitly, in all areas of economic, social, cultural and political life, beginning with war and continuing with the construction of national identity by way of urbanization, industrialization, and the “welfare state”.