

"FERTILITY ATTITUDES AND BEHAVIOUR OF WOMEN IN CONTEMPORARY FRANCE :
A STUDY OF FRENCH AND MAGHREBINE WOMEN IN MARSEILLE"

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ABSTRACT

This research is set within the framework of a recent decline in desired and actual fertility in France. This decline corresponds to an increasing delay in marriage, and a reorganisation of male and female roles within and outside the family.

The thesis first describes the major demographic changes in fertility and nuptiality in the post war period and examines the arguments and evidence for a relationship between the development of an approved social status for women, other than that of wife and mother, and a planning and limitation of family size. It is suggested that women's improved access to education, employment and an independent income provides resources which influence fertility by encouraging a discussion and redefinition of the couple's priorities and goals, and a breakdown in the sexual segregation of family tasks and decisions that identify women with the maternal and domestic role.

The thesis examines this proposition with reference to a sample of women attending two family planning clinics in Marseille. The sample is composed of two groups, Maghrebine immigrant women who combine a traditional, highly segregated family model with a low level of personal resources, and French women, who benefit from a greater social autonomy and have a wider range of external resources. The status, fertility expectations and behaviour of these women are examined and compared, as well as a series of intermediate variables which include knowledge, attitudes, and practice of birth control, attitudes towards work and family roles, and the actual allocation of tasks and decision making within the French and Maghrebine couple.

Evidence is found for the proposition that the access of women to an alternative social status acts to redefine the priorities, goals, and organisation of the couple, reducing the woman's identification with the maternal role, and leading to a planning and limitation of desired and actual fertility.

ABBREVIATIONS

C.N.R.S.	Centre National de Recherche Scientifique
J.M.F.	Journal of Marriage and the Family
I.N.E.D.	Institut National d'Etudes Démographiques
I.N.S.E.E.	Institut National de la Statistique et des Etudes Economiques
I.U.D.	Intra-uterine device

CHAPTER 1THE RECENT DEMOGRAPHIC EVOLUTION OF FRANCE

This thesis sets out to examine the process by which access to an alternative social status for women influences the priorities, goals, and organisation of the couple, and their decisions concerning family size and family formation. In this chapter I shall examine the recent demographic changes in relation to fertility and nuptiality in France. The next two introductory chapters will show that this demographic evolution has been accompanied by changes in women's educational and socio economic status and in the organisation of family roles. This allows the formulation of several hypotheses which relate women's status to family organisation, fertility attitudes and behaviour, and which will be explored in subsequent chapters by means of a sample of French and Maghrebine women.

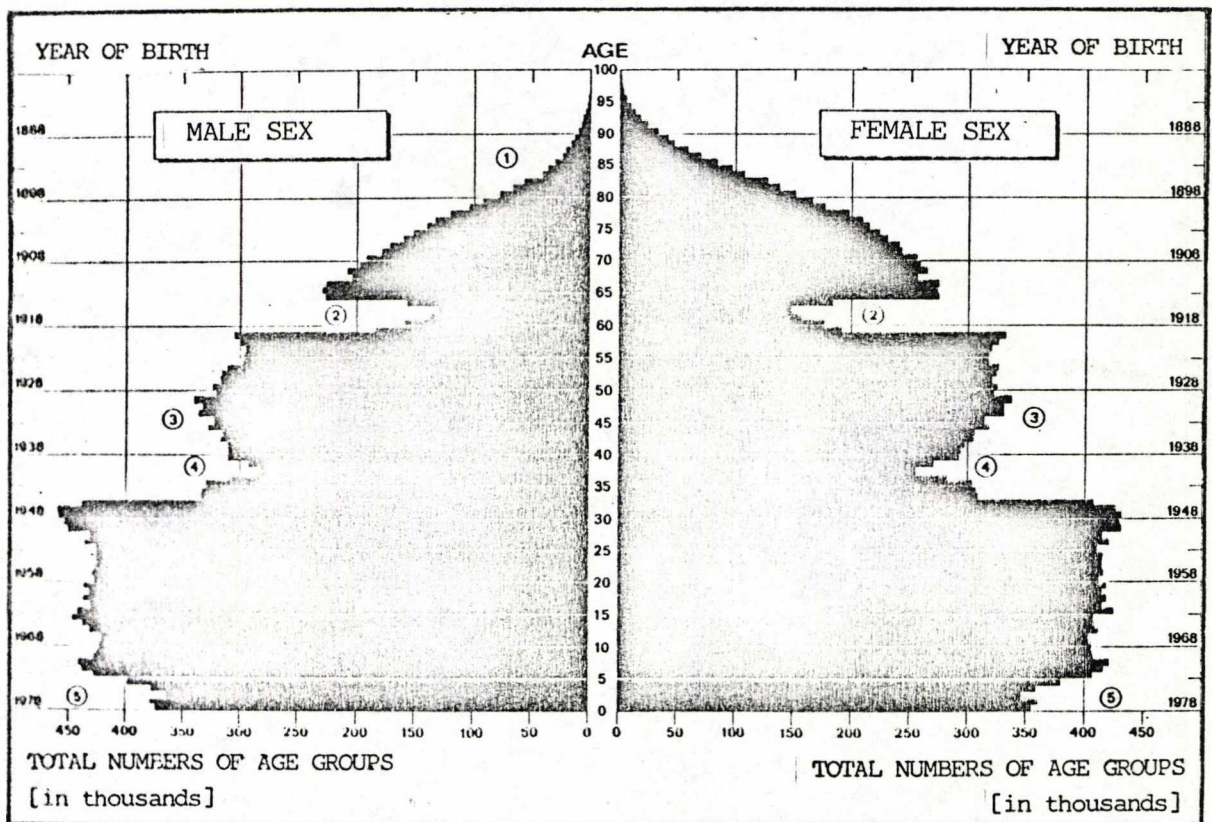
1. Changes in fertility behaviour

Recent French fertility behaviour is characterised by a rapid fall in the birth rate which began in the mid nineteen sixties and accelerated in the early nineteen seventies. There are several aspects of this decline in fertility which make it exceptional. It represents a brutal rupture with the previous period of remarkable demographic recovery following the Second World War,¹ it results in the lowest birth rates ever registered in peacetime,² and it is found in all European countries.³ The fertility behaviour of French women begins to resemble that of neighbouring countries after pursuing a highly individual demographic path for several centuries.⁴ The post war rise in the birth rate, which was more rapid in France, began to turn into a decline in 1964.⁵ Although at first more hesitant in France, this fall accelerated in 1973 to reach the level of other European countries.⁶

The crude birth rate which registers these changes is useful for determining the actual growth of a population, and for comparing different populations. It is, however, as much the product of the age and sex structure of a population as of changing fertility behaviour. The age pyramid for France at the beginning of 1979 is that of an ageing population⁷ temporarily rejuvenated by the high fertility of the post war generations.

Graph 1.1

Age pyramid of the population of France. Evaluation at 1st January 1979⁸



- 1 Military losses in the 1914-18 war
- 2 Deficit in births due to 1914-18 war
- 3 Arrival of 1914-18 war generations at the age of fertility
- 4 Deficit in births due to 1939-45 war
- 5 Recent fall in birth rate

The renewed fall in the birth rate after 1964 is at first compensated by the arrival at the age of maternity of the immediate post war generations. This compensation ceases after 1973 and the decline in the number of births

is more rapid.⁹ The most useful current measure of changes in fertility behaviour is the total fertility rate,¹⁰ which expresses the number of children a cohort of 1,000 women would bear if they went through their reproductive lives with age specific fertility rates as in the given years. A comparison of total fertility rates in 1964 and 1976 in three European countries shows a decline in average family size equivalent to 1.1 children.¹¹

Table 1.1

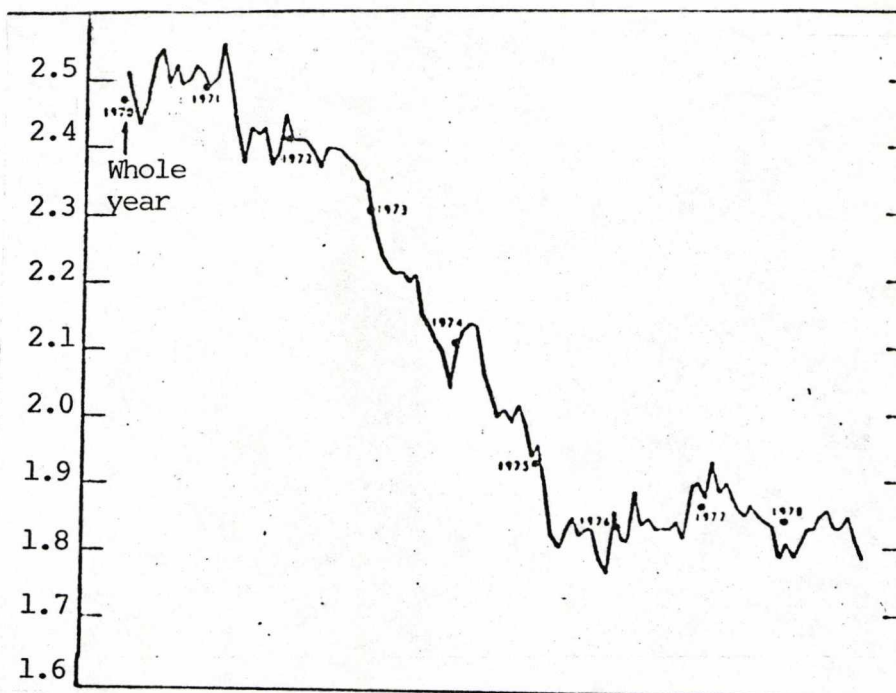
Total fertility rates in France, Great Britain and West Germany-1964 and 1976

	1964	1976	Fall in average number of children
France	2.9	1.8	1.1
Great Britain	2.8	1.7	1.1
West Germany	2.5	1.4	1.1

Following a rapid acceleration in the fall in total fertility between 1973 and 1975,¹² the average number of children has stabilised in France, as in most other European countries.¹³ This average settles at around 1.8 children per woman in the French family.¹⁴ Although this is higher than some other countries, it is still lower than the minimum of 2.1 children that is necessary to ensure the replacement of a generation, given the current mortality rates. It is, therefore, possible that the generations born after 1947 will not ensure their own replacement. This situation was to be found in most of the regions of France by the mid nineteen seventies.¹⁵ The evolution in total fertility rates in France between 1970 and 1979 is shown in the following graph.

Graph 1.2

The evolution of total fertility rates in France between 1970 and 1979 *



* after correction of seasonal variations

Recent immigrant populations provide one of the notable exceptions to these very low fertility rates. Births to immigrant families have contributed "for a long time and to an appreciable extent to the country's demographic balance".¹⁶ Originally, most immigration was from neighbouring European countries, but the Maghrebine population has grown steadily in importance: since the late nineteen fifties. In 1979, 7.8% of the population of France was immigrant, and 33.3% of these immigrants originated from the Maghrebine countries of Algeria, Tunisia and Morocco.¹⁷ In Provence-Alpes-Côte D'Azur, the region of the present study, Maghrebines represent 52.1% of the immigrant population.¹⁸ A recent decision to restrict immigration to reuniting families¹⁹ has increased the proportion of fertile women in the Maghrebine population. As a result, this group contributes more strongly to total French natality.²⁰ By 1973 births to immigrants had risen to nearly 10% of total births, at a time when they were less than 6% of the population. The average fertility of Maghrebine women was approximately 60% higher than that of French women.²¹

In 1975, the estimated total fertility rate for immigrant women was between 3.32 and 3.35, compared to 1.84 for French women.²² These estimations are made more difficult by the incompleteness of statistics on emigration, which does not allow an accurate calculation of the age structure of the immigrant population.²³ It is also difficult to know how migration affects fertility. A review of recent immigration suggests that a selection process operates in the country of origin whereby it is the least privileged and generally more fertile women who emigrate.²⁴ However, it can be supposed that the longer these women stay in France, "the more their behaviour will align itself with that of the French, and the more their fertility will fall below that of their compatriots remaining in their own country."²⁵ The fact that Maghrebine women form part of the population consulting family planning clinics indicates that this evolution is taking place.

Changes in fertility behaviour relate to the stage at which couples decide to start limiting the size of their family. The decline in French fertility after 1964 is mainly due to a strong reduction in third order births and the virtual disappearance of higher order births, except among the immigrant population. In most recent generations, even the arrival of the second child is affected.²⁶ There is still no sign in France, as there is in West Germany, of an absolute refusal to have children. On the contrary, in 1979, "the proportion of couples remaining childless is one of the lowest ever registered in France".²⁷ The continued fall in fertility in the early 1970s reflects the fact that the one child family has overtaken the three child family, "a fundamental modification in relation to the two first post war decades, where the opposite order was observed"²⁸, although the two child family is still the most frequent choice.

The period preceding 1974 shows a decrease in fertility whatever the family size, whatever the length of marriage, and whatever the woman's age, with

the exception of women who are non parous, in their first year of marriage, or under 20 years of age.²⁹ The refusal to accept another birth rises with actual family size.³⁰ The relative stability in fertility since 1975, when the net rate of reproduction fell to less than one,³¹ is the result of two separate tendencies; the refusal to have large families precludes any dramatic rise in the birth rate, while the desire of most couples to have at least one child means that the fall must be checked at some point. The slight recovery in 1977 is due to a small rise in the three child family. This is not sufficient to ensure even the simple replacement of the population, which can only be achieved by a significant increase in the proportion choosing three children, and then only if the first and second order births stay at the same level.³²

An important factor in determining completed family size is the length of time in which a woman is exposed to the possibility of becoming pregnant. A traditional way of limiting fertility in a population which does not have access to efficient methods of birth control is by delaying marriage and reducing the frequency of marriage, a strategy which, to be successful, must be reinforced by a taboo on pre or extra marital sexual intercourse, at least for women. The possibility of a voluntary control of fertility during a sexually active and fertile period that is introduced by effective contraceptive practice and access to abortion means that completed fertility can be determined as much by the use of birth control before marriage and the timing and spacing of births within marriage as by the age at marriage and the duration of marriage. These factors do, of course, influence each other.

It might be expected that illegitimate births and prenuptial conceptions, traditionally associated with early first births and a high final fertility, would decline with increased access to efficient birth control methods. In fact, in 1977, illegitimate births accounted for 8.8 % of all births, against 6.0% ten years earlier.³³ It is predominantly women under 17 or over 27 who are responsible for these births.³⁴ In the younger age group, this may indicate an ignorance of contraception. In the older age group, it may result from a refusal to legitimise these pregnancies by marriage. For the latter group, 'illegitimate' pregnancies can be conscious choices, no longer identified with early, unplanned pregnancies. Many pregnancies outside marriage do continue to be legitimised before birth. In 1972 these constituted 26.0% of all births. Despite an overall fall in this proportion to 18.0% in 1977,³⁵ there is still an increase in prenuptial conceptions in the youngest age groups, another sign that "premarital sexual relations are earlier and earlier and contraceptive techniques little spread among the young".³⁶ They also, perhaps, accept the solution of marriage more easily than older, more highly educated women.

DE SABOULIN³⁷ identifies the recent fall in prenuptial conceptions as being an important factor in the decline in French fertility, given that they tend to telescope the period between marriage and first birth and decrease the average age at marriage, both of which are associated with a higher average fertility. It is not only the fall in prenuptial conceptions that has contributed to this decline. The proportion of births between eight and eighteen months after marriage also fell between 1965 and 1976.³⁸ In 1971 births in the first three years of marriage represented 74.0% of legitimate first births, and, in 1976, less than 65.0%.³⁹

Completed fertility is also determined by the spacing of pregnancies after the first birth, and by the age at which a woman terminates childbearing. An international survey in 1970 found that French mothers had some of the shortest intervals between first and second births. A comparison of generations shows a decline in both first and second birth intervals in most recent generations.⁴⁰ This decline, plus the fact that women are having less children, means that childbearing occupies a shorter interval in 1977 than in 1950.⁴¹

The fall in the average age at pregnancy, representing an average decrease of 1.08 years between 1960 and 1970, is due solely to the fact that there have been less higher order births. There has been little variation in the average age at first or second pregnancy since 1965⁴² and there has actually been a slight rise in the age of the mother at the third pregnancy.

The major aspects of the renewed decline in fertility since 1964 can be summarised briefly. The period is characterised by a fall in fertility in all age and marital cohorts, although this occurs later in the youngest age groups. The basis of this fall lies in an increasing refusal of large families and a preference for two rather than three children. A delay in the first birth and rapid spacing of subsequent births reduces the amount of time spent in childbearing. The little information that is available on Maghrebine immigrant women suggests that their fertility is still characterised by early first births and rapid subsequent births, leading to a high completed fertility, but that younger generations are beginning to exercise a control over their family size.

II. Changes in marriage patterns

The early and rapid fall in French fertility from the end of the eighteenth century is even more remarkable when it is viewed in the context of contemporary marriage patterns. At the beginning of the nineteenth century there developed in France a custom of fairly early marriage and high marital propensity reminiscent of the 'traditional'⁴³ marriage pattern⁴⁴, while the rest of Europe employed a strategy of more delayed and less frequent marriage.⁴⁵ It is suggested that the combination of low fertility rates and high nuptiality rates could only be maintained in France" because of an early adoption of fertility control".⁴⁶ The absence of any positive relationship between marriage and fertility rates is undoubtedly a reason why, historically, "so little attention was paid to marriage as a variable in fertility analysis."⁴⁷

The period following the Second World War is marked by a clearly discernible change in the relationship between nuptiality and fertility, with the appearance of a positive correlation between the two. Marriage and fertility rates rose rapidly in the immediate post war years. A period of stability in the early sixties is followed by a fall in both. Nuptiality continues to decline and natality remains low, despite a slight recovery in 1977.

Table 1.2

The evolution of marriage and fertility rates in France since World War II⁴⁸

	Marriage rate	Birth rate
	per 1,000 inhabitants	
1946 - 1950	9.7	21.0
1951 - 1955	7.3	19.0
1956 - 1960	7.0	18.2
1961 - 1965	7.0	18.0
1966 - 1970	7.3	17.0
1971 - 1975	7.7	16.0
1975	7.3	14.1
1976	7.1	13.6
1977	6.9	14.0
1978	6.7	13.8
1979	6.4	14.2

Crude marriage rates owe as much to the number of marriageable people in a population as to actual changes in marital behaviour. A more accurate and detailed idea of these changes can be obtained from a study of the age at which people marry and their tendency to marry.

A fall in age at marriage can be expected to have a dual influence on fertility.⁴⁹ The additional cohorts of men and women marrying in a given year should be responsible for an increase in annual births, and earlier marriages increase the length of exposure to the possibility of conception. Early marriage among the Maghrebine population is undoubtedly a factor in high fertility. The decline in age at marriage from the immediate post war period to the mid nineteen sixties⁵⁰ is also accompanied by a remarkable recovery in French fertility, despite an already long established practice of family limitation within the framework of early and frequent marriage. French couples in the post war years were, therefore, anxious to marry and reluctant to use methods of birth control. Legal restrictions on the sale of modern contraceptive methods meant that these were also less available in France at this time than in some other European countries. Average age at marriage continued to fall slowly until 1972, but by this time fertility had begun to fall, with increased access to and increased motivation to use effective birth control. This year marks the beginning of a new rise in age at marriage for both men and women⁵¹ and an acceleration in the fertility decline. By 1979, the average age at marriage is 25.0 years for men and 22.9 years for women.⁵² Although the average age at marriage has followed the same tendency for French men and women, they have evolved at different rates, leading to an overall reduction in the age difference between partners. The average age difference in 1979 is 2.1 years, compared to 3.3 years in 1947.⁵³ For both sexes, the profile of marriage according to age has undergone "profound modifications"⁵⁴ during the 1970s, with a complete reversal since the previous period, in that

there is a fall in nuptiality at the ages where this had been strongest and a decrease in nuptiality at the youngest ages. This tendency is also to be found in other European countries, suggesting that it is part of a much wider evolution in marriage patterns.

The increasing intensity in marriage in the post war period is due both to the greater precocity of marriage and to the spate of marriages delayed by the war. In this period, total marriage rates of over 100% were frequently recorded.⁵⁵ The perturbations brought about by the war began to lessen off in 1950, but marriage rates continued to rise until 1964, at a faster rate for men than women.⁵⁶ This situation reflects a rejuvenation of the marriage calendar in those generations reaching marriageable age, but also a lowering in the frequency of permanent celibacy.⁵⁷ There is a rapid fall in the marriage rate between 1964 and 1970, more pronounced for women than for men.⁵⁸ There is a short period of recovery for female nuptiality and then, after 1973, the frequency of marriage for both sexes falls strongly.⁵⁹ Table 1.3 shows that in France, as in other European countries, marital intensity begins to decline at ages of 'full nuptiality', and then gradually spread to younger and younger age groups. The result of a decline in the frequency of marriage at the ages of strongest nuptiality is a rise in the proportion of people remaining single, despite the increase in nuptiality that these generations experienced at younger ages.⁶⁰

Table 1.3

Age	Proportion of French women in different generations already married at certain ages ⁶¹								
	Generation								
	1930	1948	1950	1952	1954	1956	1958	1960	1962
18 years	8.4	9.1	8.4	8.6	9.2	9.3	8.3	6.9	5.5
20 years	28.8	31.0	30.8	32.0	32.3	31.4	28.5	24.5	
22 years	51.8	56.6	56.9	55.9	54.3	51.8	47.3		
24 years	68.3	72.3	71.4	69.2	67.1	64.0			
26 years	77.9	80.0	78.7	76.5	74.2				
28 years	83.4	83.9	82.8	80.6					
30 years	86.7	86.2	85.2						
50 years	92.8	90.7*	89.8*						

* evaluation

The acceleration in the fall in marriages witnessed in France, and elsewhere in Europe, for several years indicates an evolution which cannot be explained by the variations in the size or age structure of the marriageable population. "It is essentially due to the decreasing intensity of nuptiality at different ages".⁶² This general tendency still disguises considerable differences in marital behaviour between regions and different socio economic groups.

Marriages in the south of France are usually more delayed and less frequent than in the north.⁶³ The region of my survey, Provence-Alpes-Côte D'Azur, is an exception in that male nuptiality is delayed but final intensity is high. Women are more likely to marry than men, and at younger ages.⁶⁴ The age difference between partners reaches or exceeds four years in predominantly agricultural regions, including Provence-Alpes-Côte D'Azur,⁶⁵ although in the large agglomerations, such as Marseille, age differences are smaller. Regional variations undoubtedly owe something to occupational bias. Education and socio economic status affect both the age at marriage and the likelihood of ever marrying. The main effect of a longer education is to delay marriage, although this varies with the type of education.⁶⁶ Although surveys are inconclusive,⁶⁷ it seems that this delay in marriage and the wider employment opportunities afforded by higher education lead to a greater refusal of marriage.

An analysis of the relationship between socio economic status and nuptiality is handicapped by the fact that studies do not take place at the moment of marriage, but are based on census data which only record status at the time of observation. This does not take into account the professional mobility of both men and women since marriage⁶⁸ and, in the case of women, poses several additional problems.⁶⁹ Marriage and childbearing lead to

interruptions in a woman's professional activity, which means that she is frequently classed as inactive, or under her husband's occupational status. It is not surprising that inactive women are seen to have a high level of nuptiality.⁷⁰ The situation is further complicated by the fact that the married woman's decision to give up employment is related to the status of this employment, and that marriage and children can act as a brake to her professional promotion.⁷¹ The result is that the clearest and most reliable indicators of the relation between socio economic group and nuptiality are to be found in studying male nuptiality.⁷² Nevertheless, certain observations can be made for both sexes. The most important is that occupational status acts in a different way for women and for men.

In agricultural occupations, male nuptiality is characterised by its low level and its lateness, while women, although they marry late, have a high final nuptiality. This intensity is partly due to the favourable sex ratio created by female emigration to the towns.⁷³ Amongst salaried non agricultural workers, final intensity is in direct relationship to qualifications with men, and in inverse relationship with women. ROUSSEL found the two extremes at the highest occupational levels, among senior executives and members of the liberal professions, which had the lowest level of permanent celibacy for men, at 4.0%, and the highest level for women, at 28.0%.⁷⁴ A more recent study confirms that the proportion of senior executives is much higher among single women [24.0%] than among married women [15.6%].⁷⁵ For both men and women precocity in marriage decreases as qualifications increase,⁷⁶ presumably partly because of the longer training received by qualified workers.⁷⁷ The general pattern for women appears to be that the higher their educational level, the later they will marry and the less they will choose to marry at all.

The lack of information on the age and sex structure of the immigrant population makes it impossible to examine the nuptiality of Maghrebine women in the same detail. We can expect, however, that many characteristics of Moslem marriage in Maghrebine countries will be found in the immigrant population. Most Maghrebine women are already married when they arrive in France, a tendency reinforced by the recent restriction of immigration to reuniting families. All Maghrebine countries have a lower minimum legal age at marriage for women than for men,⁷⁸ and there is frequently a considerable difference in the age of partners. In Algeria and Morocco the minimum legal age for women is 16 and in Tunisia it is 17 years, but marriages are often contracted when the girl is much younger. In the mid 1960s, approximately half of Algerian and Moroccan women were married by the age of 19. By the time they reached 30 years, only 4% of Algerian and Tunisian women and 1% of Moroccan women were still single.⁸⁰ These figures illustrate the fact that "all Moslem societies are almost totally married societies. Celibacy disappears from the population before the age of 30."⁸¹ Divorce can be achieved relatively easily under Moslem law, but divorce is seen as only a temporary state, and the divorced woman has an obligation to remarry.⁸² Finding a partner presents less of a problem in countries such as Algeria and Morocco, where the practice of polygamy is still legal. The more progressive laws introduced in Tunisia after independence, which outlawed polygamy, replaced repudiation by divorce, installed a freedom in the choice of partner, and a higher legal minimum age for marriage, have succeeded in raising the average age at marriage, while in Algeria this has fallen.⁸³ A survey of ideal age among immigrant Maghrebine families in France shows that there is some evolution, with younger generations preferring a later age at marriage, for both men and women.⁸⁴

In an examination of the possible reasons for variations in marriage patterns, NIXON⁸⁵ suggests three factors - availability, feasibility, and desirability - which might act as intermediate explanatory variables. Availability is a demographic factor which reflects the male-female ratio in a particular population, such as an agricultural community, which is frequently reinforced by the endogamous nature of these populations.⁸⁶ Endogamy is also strong at the highest occupational levels, but this relates more to the social origin of the wife than to her profession.⁸⁷ Availability is also determined by the socially acceptable norms for age differences in marriage.⁸⁸ We have seen that these differences in age are much greater among the Maghrebine population, where there is a strong preference for endogamous marriage⁸⁹ and marriage represents the alliance between two families rather than two individuals.

Feasibility is a socio economic variable which is concerned with the economic possibility of assuming the charges linked with marital status. ROUSSEL comments that, although there does appear to be a link, as with agricultural workers, between poverty and low marriage rates, the latter owes perhaps less to income than to their marginal position in society.⁹⁰ Both factors probably affect the low marriage rates of single, male immigrant workers. It is, however, more difficult to interpret the seemingly paradoxical relationship between low income and early marriage that exists for manual workers, and the high income and low marital intensity of female executives. ROUSSEL suggests that, for the former, no interest will be gained in delaying marriage, while the latter are women who have "resigned" themselves to being single or "one can even admit that some chose a professional qualification, because only that made celibacy possible".⁹¹ Here is a crucial point that relates not only to nuptiality, but also to fertility. Because the norm is for women to marry and have children,

most explanations as to why women do not behave according to this norm tend to look at the factors which have prevented them from doing so. ROUSSEL suggests that the danger of sticking too closely to the economic theory is its implicit assumption that young people want to marry early, but are prevented from doing so by economic obstacles.⁹² This approach stresses the "desirability" of marriage and the "rights and advantages that society accords to married people and refuses single people".⁹³ This social image of marriage is reinforced by penalties and disapproval extended to those who refuse to conform to the norm.⁹⁴ In these circumstances, celibacy and non parity are considered marginal and undesirable situations. The high marital intensity of Maghrebine societies is a reflection of the severe social censure of celibacy.⁹⁵ In French society, there is evidence of an evolution in this attitude to marriage. The behaviour of young people, and particularly those who have reached a higher educational and occupational level, indicates that the possibility of acquiring an alternative status to that of wife and mother makes marriage and motherhood less desirable and less inevitable, at least in the immediate future.

Traditionally, emancipation could only be achieved through marriage, the act which put an end to childhood status, and by which one passed from total dependence to adulthood, with no intermediate stages. In the case of women, this frequently meant merely a transfer of dependence from the parents to the husband, but marriage also brought children who were themselves a source of adult status. In France, the "impatience for emancipation led logically to an early marriage, and it is probable that the rejuvenation of nuptiality since 1950 is due partly to the difficulty of being emancipated other than by marriage."⁹⁶ There is evidence that this desire for social and sexual emancipation at an early age has existed for some time.⁹⁷

ROUSSEL suggests that if, instead of this rapid transition from minor status to adulthood, there was an intermediate stage between adolescence and marriage, tolerated by parents, during which men and women had most of the rights of being an adult without any of the responsibilities and in which a loosening up of sexual prohibition was accompanied by less chance of accidental pregnancy, early marriage would cease to hold the attractions that it had done previously. In 1971, he describes this situation as "not totally fiction sociology",⁹⁸ although still limited to the student population. By the end of the seventies, this pattern is an aim and a reality for a wide cross section of the younger generation, and is increasingly tolerated and often approved by older generations. This evolution is accompanied by a breakdown in the traditional disapproval of sexual freedom before marriage. In 1969, ROUSSEL and ZUCKER⁹⁹ carried out a survey to see if the "much more marked indulgence with regard to the behaviour of young men" had been extended to women. Most respondents felt that girls did have a greater sexual freedom than previously, and approval of this freedom grew through generations, with women being more approving than men. Nearly a quarter of the most recent age cohort expressed the opinion that "only a temporary life together can enlighten partners on the solidity of their relationship".¹⁰⁰ A further survey in 1978 found that this opinion was shared by a third of respondents.¹⁰¹

Closely associated with the traditional disapproval of girls' extra marital sexual activity is the fear of illegitimate pregnancy. Through the generations, we see less attachment to the idea that marriage is a strict duty for the man in the circumstances, although it is interesting that young men in the most recent cohort would accept this solution more readily than women. There is actually an increase in the proportion of men who think that marriage is "the best solution in the circumstances", while women accept more easily that marriage is not essential and other solutions can be envisaged, an attitude that grows in recent generations, among both sexes.¹⁰² This suggests that one

of the factors which has precipitated the timing and increased the number of marriages, extra marital conceptions, may in the future exert less influence on nuptiality. The number of pregnancies outside marriage will not necessarily decrease - on the contrary, they may increase as the necessity of marriage to legitimise such conceptions loses its importance - but it seems likely that the availability of effective birth control methods will reduce conceptions that are unwanted.

The possibility of achieving a social and sexual emancipation outside marriage leads to an increased preference for delayed marriage, particularly among young women.¹⁰³ In a survey in 1969, ROUSSEL and ZUCKER¹⁰⁴ found that women in most recent age cohorts were increasingly in favour of an early age of majority and the freedom for a young girl to go out alone, while at the same time rejecting the ideal of early marriage. In a later survey, BASTIDE and GIRARD confirm this disaffection between emancipation and marriage. Most respondents felt that a decrease in the age of majority would not incite women to marry earlier.¹⁰⁵ The preference for delayed marriage is closely related to the increasing popularity of cohabitation. French surveys distinguish between two forms, a period of cohabitation preceding marriage and a more radical form of long term cohabitation that is an alternative to rather than a precursor of marriage. The distinction between the two is crucial in a study concerned with fertility. Prenuptial cohabitation is part of a strategy of adjournment on the part of the young. It gives emancipation from parents and sexual freedom, but delays the responsibility of marriage and maternity and, in doing so, reduces final fertility. There is a temporary resistance to the institutional aspects of marriage, but this is finally accepted because of the social stigmatisation attached to its complete rejection, especially if the couple want children. It is, in fact, the decision to have children that usually determines the decision to marry.¹⁰⁶ The second model, that of long

term or permanent cohabitation that does not lead to marriage, at least not with the same partner, serves not only to delay fertility, but may also be accompanied by the decision to have no children at all. The relationship may be stable, in that it lasts over several years, but it does not necessarily have the commitment to the future that is involved in the joint decision to have children. The awareness that society only tolerates these relationships when they remain childless encourages more efficient fertility control. The identification of marriage with having children means that the rejection of one leads to the rejection of the other, and to a double marginality. ROUSSEL forecasts that prenuptial cohabitation will "rapidly become the dominant model in most social milieus", but that permanent cohabitation will continue to be seen and experienced as marginal behaviour, and that society will "disqualify or at least handicap those who insist on refusing marriage",¹⁰⁷ and, by implication, pregnancy. In these terms, cohabitation is only acceptable as an introduction, and not as an alternative, to marriage; the factor that determines the choice between cohabitation and marriage, or the progress from one to the other, being the decision to have children.

The changes in the demographic aspects of marriage that can be observed in recent years, the increasing delay and even refusal of marriage among younger generations, is concomitant with a complete redefinition of the couple's expectations and of the nature of marriage. These changes within marriage are as influential in determining fertility behaviour as are changes concerning the timing of marriage. "Immobile in appearance, set in its rites, marriage is in reality in the process of transformation: the age of partners, the relationship with their family of origin, the more or less long cohabitation that precedes marriage, the psychological and economic motivations of the union, so many domains where small changes are accumulating to modify the institution of marriage."¹⁰⁸

The freedom of men and women to choose their partner gave rise to a 'romantic' model of marriage which ROUSSEL suggests characterises the twenty years after the war. The aim is the "pursuit of happiness through reciprocal emotional gratification",¹⁰⁹ an aim which could explain the popularity of marriage in the post war period, but also the increasing instability of marriage, in that the same factors which attract people to marriage are those which contribute to its dissolution. However, children play an important part in this model of marriage: they not only represent a wish for stability, but they also contribute to that stability, in that a marriage with children is more difficult to get out of than a childless marriage. The freedom of choice in entering a marriage and the ideal of a romantic relationship does not guarantee an equality between partners within marriage. The extent to which equality between partners is valued is dependent on the legislative and social norms that govern family life. The economic dependence on the husband and the separation of conjugal roles reflects a social and legal definition of marriage that originates in the Napoleonic Code. The emergence of a more recent model of 'companionship' marriage, which still gives supreme importance to the emotional relationship, but is based on an increase in real equality in the couple, with a high value placed on communication, joint decision making and role sharing,¹¹⁰ involves a refusal of the institutional aspect of Christian marriage and of entering into a "state where the roles, tasks, rights and duties were fixed and shared out in advance".¹¹¹ This model emerges at the same time as married women begin to regain some of the legal capacities they lost several centuries earlier. It was only in 1970 that the basic principle of a wife's legal subordination to her husband was challenged and overthrown. "Egalitarian ideas, for the first time since the beginning of the Middle Ages, were incorporated into the laws governing the organisation of the family."¹¹² The 1970 law¹¹³ eliminated the husband's status as head of the household and

replaced it by joint management of household affairs by both partners. For the first time, it was not necessary for the wife to have her husband's authorisation to start a business, buy on credit, or open a bank account. The same law profoundly altered the relationship between parents and children, replacing the total power of the father by an authority invested in both parents, and setting out conditions under which parents may be deprived of this authority.

The new rights accorded to women within and outside marriage increase the choices which are available to women and introduce, among other things, a new attitude to fertility. DE BEAUVOIR suggests that the growing economic independence of women means that " woman is no longer limited to the reproductive function, which has lost in large part its character of natural servitude and has come to be regarded as a function to be assumed voluntarily".¹¹⁴ A recent report also suggests that a different attitude towards children emerges from the egalitarian model of marriage that is associated with a greater independence for women.¹¹⁵ A prime consideration is that the couple's relationship is not disturbed by the arrival of children, and that the wife is not totally immersed in the maternal role. The child is valued only for the satisfaction that it gives its parents. A limitation in the amount of time taken up by children is achieved by a planning of the number and timing of children, and a sharing of child care tasks both within and outside the couple. This represents a very different situation to that outlined for Moslem couples in the Moroccan Code, which defines the purpose of marriage as being " to increase population by the creation of a stable base in a family directed by the husband."¹¹⁶

The emotional rather than the economic dependence of partners in 'companionship' marriage, together with the inbuilt contradiction in the ideals of emotional fusion and personal autonomy, leads to a more rapid breakup of marriage if the emotional base fails. The increase in divorce and the decrease in the average length of marriage ended by divorce is partly due to more rapid legal procedures,¹¹⁷ but also to a greater readiness to end a dead marriage. An examination of behaviour in different marital cohorts suggests that "the couples formed since 1960 are adopting a new attitude to divorce; the latter constitutes for them a more easily accepted solution to conjugal conflicts, and the quite regular evolution over the last years seems to indicate a process similar to that observed in other Western countries."¹¹⁸ This increase in divorce has been at the expense of legal separations, which indicate a greater reluctance to admit marriage breakdown, and which constituted the 'Catholic divorces' in more traditional regions.¹¹⁹ Recently, divorces have doubled in marriages of only five to six years duration.¹²⁰ The movement is, therefore, towards earlier divorce at a time when there is a greater tendency to delay the first birth. Divorces occur least often at intermediate ages, which correspond to a period of strong social integration, with "the presence of children to raise, the exercise of a professional activity, and such elements which constrain one to admit the social norms in force."¹²¹ The presence of children in a family is likely to discourage, or lead to a long postponement of,¹²² separation and divorce.

It seems that the same factors which have persuaded couples to delay marriage and the arrival of children are the same which accelerate the rupture of certain unions. One of the most influential factors is the woman's professional activity. Activity "modifies for the woman the concept of her role within the couple, in her relationship to her partner and her children. The

autonomy she acquires from the fact of exercising a profession diminishes her threshold of tolerance of conjugal disagreement. It is significant in this respect that the initiative to divorce comes more and more from the woman."¹²³ The likelihood of divorce is four times stronger if the wife is active.¹²⁴ The recent rise in divorce is associated particularly with the extension of salaried work for women. Thus, in 1979, salaried non manual workers, executives, and professionals with an independent income, divorce far more often than women working in family businesses, with no income of their own, who have the lowest rates of divorce. The increase in marriage breakdown is such that, by 1978, one in every five marriages had ended in divorce.¹²⁶ The experience of divorce does not mean that marriage loses its attraction, and many divorcees remarry. This can lead to a pattern of 'sequential monogamy' in which an individual prefers life in a couple, but may change partners several times in the search for the ideals of 'emotional fusion' and personal autonomy.

III. Conclusion

This chapter identifies the recent decline in French fertility as being due to a reduction in third order births and the virtual disappearance of higher order births, while the popularity of the one child family grows and two children remain a frequent choice. These smaller families are carefully planned. There is a fall in prenuptial conceptions and early births, but also a decline in subsequent birth intervals, which means that childbearing takes up a shorter period, allowing the French woman more time for alternative pursuits. The behaviour of immigrant Maghrebine women presents a contrast in that it is still characterised by early, rapid births and a high completed fertility. Marriage for the Maghrebine woman is early and almost universal, while, for the French, the pattern of nuptiality is undergoing considerable change. The age at marriage is increasing for both sexes, although more

rapidly for the woman, leading to a smaller age difference between partners. Marriage is frequently preceded, and sometimes replaced, by cohabitation, while there is an increase in the popularity of permanent celibacy, especially among women with a high occupational status. When women do marry, they have higher expectations of an equal and sharing relationship, and they are more willing than previously to end a marriage that does not meet their expectations. It appears that many of the characteristics of modern marriage, the delay in marriage and first births, the emphasis on the emotional relationship of the couple, the autonomy of partners, the wife's activity, the frequent breakdown of marriage and the changing of partners, are antipathetic to a high fertility. The childbearing role has to fit in with other preoccupations of the couple, the management of their own relationship, and the development of an alternative role for the woman to that of wife and mother. In subsequent chapters, I shall examine the impact of the improvement in woman's status on her fertility, and the mechanism through which this operates, the redefinition of roles within the couple.

CHAPTER 2THE INFLUENCE OF WOMEN'S STATUS ON FERTILITY ATTITUDES AND BEHAVIOUR

The appearance of a new model of French fertility, which the previous chapter has shown to be characterised by a delay in family formation, a high level of forward planning, and a refusal of large families, coincides, as in most Western industrialised countries, with the access of women to a wider range of education and training, greater employment opportunities, and an independent income. These resources allow women to define their own social status, rather than deriving it from their marriage and their maternities. Maghrebine women, who have not had the same educational or professional opportunities, retain a pattern of rapid family composition and a high fertility.

In this chapter, I shall examine those theoretical arguments which attempt to establish a link between an alternative social identity for women and a limitation and planning of family size. These arguments will be reviewed in the context of the experience in contemporary France. The effects of income, education and employment on fertility will be considered separately. This is not because they operate separately, on the contrary, they are shown to be highly interdependent, but because very different arguments have been used to establish their influence on fertility. Womens' education, employment and income are all factors which can be dissuasive to a high fertility. It will be argued in the next chapter that they do not act directly on fertility behaviour, but through a redefinition of family goals and a redistribution of roles within and outside the family.

I. Income and fertility

An attempt to assess the influence that income exerts on fertility is complicated by the failure of certain studies to distinguish between different sources of family income, which leads to often conflicting conclusions about the direction and force of this influence. This confusion arises partly from the fact that a married woman's income can have a different effect on fertility desires and behaviour to that of a family income earned solely by the husband and supplemented by cash allowances for children. The receipt of an independent income is a crucial aspect of women's improved social status because it challenges the basic sexual division of family roles in which the husband provides the economic support for the wife's childbearing and childrearing. In the family where there is this differentiation of roles, it is arguable that an increase in the husband's income may encourage higher fertility. This economic approach to fertility assumes that women in higher income families have no personal motivation or power to limit fertility; another assumption, considered by ANDORKA, is that decisions concerning the number of children are based mainly on the ability to afford another child.¹ In this perspective, children are considered as 'desirable consumer durables' whose number depends on the relative benefits and costs of these and other consumer goods, and on income. Although costs and benefits will vary with the stage of the country's development,² the general economic situation, and the family's immediate situation, it is generally felt that fertility will increase with the ability to afford children. There is some evidence that, when the husband's occupation is held constant, there is a positive relationship between income and fertility.³ This is because people within the same occupational group are more likely to share aspirations and goals, and more likely to have the number of children they want if their income level is rising rather than stagnating or declining.⁴ However, there is, in general, a fairly well established negative relationship

between income and fertility⁵ that suggests that a rise in income may introduce factors antipathetic to a high fertility. The increasing participation of married women in paid employment, and in contributing to a rise in family income, is an important negative factor in fertility. In the family where the wife is earning, she will not be willing or available to assume all the child-rearing and associated tasks. BLAKE suggests that married women's employment, or the possibility of employment, introduces an awareness of the cost of child-bearing that "traditional feminine roles and activities are well designed to circumvent."⁶ The time required by childrearing and other household tasks increases dramatically with the number of children.⁷ The greater the demands of employment [in high income jobs] and the greater the separation between work and home, the more the time demanded by children becomes a problem.⁸ This can only be resolved by a full time, paid mother substitute, or by a considerable increase in the husband's participation. Otherwise, the cost to the employed mother is not only in hours lost but in the hiring and promotional prospects foregone because she is considered an unreliable worker. The necessity to pay for child care services that the wife previously performed for nothing offsets the positive influence of a married woman's income, and can lead to a negative relationship between a woman's income and her fertility. The effect is more pronounced for a woman with a high income who can afford goods and services that compete with the time demands and cost of childrearing.⁹ At the same time, surveys suggest that the desire for 'better quality' children leads to a longer education and increased expenditure in high income families.¹⁰

High income and low fertility may also be the common product of other factors.¹¹ The level of a woman's income is closely related to her education and employment, which frequently have a negative effect on expected and actual fertility. The lower fertility desires of salaried women are occasioned by the satisfaction they find in employment, as well as the financial costs of children. These desires are more likely to be translated into a lower actual fertility

because of an increased discussion of family goals, effective use of fertility regulation, and a greater decision making power.

Another reason why it is difficult to find evidence of a consistent relationship between income and fertility is that studies usually focus on current income, whereas past and potential income can also influence fertility decisions. Married women's income varies far more widely than that of men due to the frequent interruptions to their career caused by childbearing and child-rearing. The women with the most continuous careers, who are the least deterred by their family responsibilities,¹² are those in high status jobs with high incomes. Although they are the most successful in combining a career with a family, they frequently also have lower fertility desires and lower actual fertility.¹³ High status jobs are less vulnerable to periods of economic recession. BUTZ and WARD¹⁴ suggest that women's opportunity costs are particularly affected by the current economic climate. They argue that, in times of expansion, the improved occupational opportunities for women generate increased opportunity costs for childbearing, while recession, in which it is often women's employment that is first affected, reduces these costs. According to this argument, fertility will decrease in times of economic growth, which is contrary to the usual argument that economic expansion is associated with a rise in fertility and recession with a fall in fertility.¹⁵ This could help to explain why investigations concerning the influence of prosperity on fertility come to different conclusions.¹⁶

In France opinion polls show that the population increasingly place the responsibility for the decline in the birth rate on unemployment and economic recession. LE MONDE comments that "it is as if the French persuaded themselves that the hardness of the times deprived them of the joy of having the children they desired. The explanation could be useful since it puts into question the economic and social situation and not the individuals who compose or experience

it."¹⁸ Few acknowledge the impact of women's changing role¹⁹ or the related fall in desired family size. An analysis of economic and fertility cycles in recent years does not reveal that the French have, in practice, been primarily influenced by the economic situation. LERIDON, in a study of the impact of economic factors on the French birth rate between 1949 and 1970, related economic indicators²⁰ to birth, marriage, and death rates. He found that the economic recessions of 1952, 1953 and 1959 appeared to have no effect on the birth rate, which was falling anyway, and that the downturn in fertility in 1964 did not follow an economic recession. The birth rate also showed itself insensitive to short term crises, such as spring 1968; all of which leads him to the conclusion that a "modern population is perfectly capable of altering its birth rate considerably and temporarily, if only it has strong enough reasons to do so, but these reasons ...have little or nothing to do with economic fluctuations."²¹ Certainly, the fall in fertility in the mid 1960s occurred at a time of full employment.²² This does not, however, validate the argument of BUTZ and WARD,²³ as fertility continues to fall as unemployment rises.

GLASS²⁴ argues that changes in economic circumstances do affect the spacing of births, which may in turn influence final family size. Adverse economic conditions, such as a rise in unemployment, can lead to a delay in births that may, for older women, be postponed indefinitely, while good times or prospects can lead to a reduction in birth intervals and to additional pregnancies. This viewpoint is shared by D'ADLER and LIHARES who found, in a survey in 1974, that 62% of young workers between 16 and 24 years continued to live with parents because of lack of income. They suggest that "the economic situation does influence age at marriage and, thus, the arrival of the first child."²⁵ This argument does not explain why the more overcrowded housing conditions of the 1950s²⁶ did not deter earlier marriages and first births, or allow for the fact that the young may find early marriages and early births less desirable. A survey of the timing of first births in France shows an

increase in the delay between marriage and first birth that is clear and regular over twenty years, which DE SABOULIN suggests is a "sign of a modification in aspirations and ways of family life".²⁷ This may not be a direct response to an economic situation, but could be an indirect response to the changing economic role of women.

If there is insufficient evidence that the national economic situation has a direct effect on fertility, this may also be because individual family incomes are affected to a different extent by economic cycles. Attempts have been made to relate the level of family income to fertility, although a survey of European countries in the early 1970s²⁸ found that it was difficult to generalise on this relationship. This was inverse in some countries and non-existent in others. In France, fertility grew with income up to middle income levels, but fell slightly at high income levels.²⁹ Another French survey³⁰ finds that the relationship varies according to the composition of the family income. When family allowances are included, fertility rises with income. Otherwise, there is a negative relationship between income and fertility levels that is particularly clear when the wife is also active.³¹ This survey suggests two important points, that cash allowances can have a positive effect on fertility, and that a woman's income has a stronger negative influence on fertility than male income.

Successive French governments have tried, over a long period of time, to encourage demographic growth by cash incentives, in the belief that births may be encouraged or discouraged by the family's financial situation. The apparent contradiction in the rise in fertility that began in 1942, when "half of France was under German occupation, the standard of living was very low, there were all kinds of shortages, and the whole situation was characterised by insecurity and uncertainty",³² is frequently explained by the introduction in 1939³³ of a comprehensive system of family allowances and other cash benefits

as a direct incentive to increased fertility. It has been suggested that the success of French family policy was due to the comparatively high level and the wide application of cash allowances.³⁴ In 1939, family allowances were extended to all occupations and, in the next five years, expenditure on these and single wage allowances increased by 330%. By 1948, they represented 15.8% of the industrial wage bill.³⁵ As the primary aim was to increase population growth by the encouragement of the three child family, the level of family allowances was steeply graded according to the number of children.³⁶ A first child only received an allowance if legitimate, French, and born within two years of marriage. Additional financial measures included a young household allowance, aimed at encouraging women not to work after marriage, a single wage allowance, and a marriage loan to young agricultural workers which was partially amortised with each birth, and cancelled by the fifth birth. Maternity and prenatal allowances were introduced. Although aimed primarily at improving health and reducing infantile mortality, maternity allowances had a pronatalist element in that they were at a higher rate for young mothers and early births. An important aspect of this system of allowances, which was designed to encourage early and rapid births and large families, is the reinforcement of the woman's role within the home. The discouragement of married women's employment is an acknowledgement of its negative influence on fertility. It was recognised that an increased income could only encourage fertility if it was aimed at reinforcing the traditional family unit, where man is the wage earner and woman a full time unpaid child carer.

These positive financial incentives were accompanied by severe restrictions on birth limitation. Access to contraception and abortion continued to be illegal and, during the war, abortion was elevated to a crime against the state, punishable by the death penalty.³⁷ This measure passed virtually unnoticed and unopposed,³⁸ suggesting a social atmosphere

that was strongly pronatalist. Financial measures cannot, therefore, be considered solely responsible for the rise in the French birth rate during and after the war. They reinforced, and were reinforced by, a strong validation of the family and maternity, restrictions on the employment of married women,³⁹ and on the use of fertility control.

In the same way, the fall in the level of family allowances and the increasing emphasis on means tested benefits and special needs, instead of universal, allowances to encourage and reward large families, cannot be considered primarily responsible for the fall in French fertility after 1964. Rather, the change in emphasis is indicative of a wider change in attitudes and values. RODGERS suggests that the decline in the importance of pronatalist policies is due mainly to doubts about "the efficacy of any system of family allowances in inducing people to have more children".⁴⁰ In fact, the 1972 law, which made the single wage allowance a means tested benefit, and introduced a controversial child care allowance, also represents "a greater commitment to providing women with children a freer choice between remaining at home and seeking employment".⁴¹ The reforms of 1977 reaffirm a neutrality with regard to married women's activity, and replace the single wage, housewife's, and child care allowance by a single new allowance applied with 'moderate selectivity'.⁴² The family allowance remains the only universal allowance.

The importance of this change in attitude is that it confirms and validates the possibility of an alternative role to full time maternity. The complicating factor in an attempt to determine the relationship between a woman's income and her fertility is that her decisions are influenced as much by the social status attached to her active or her maternal role as by the financial costs of childbearing. BLAKE⁴³ argues that the decision to have a child is never determined solely by the cost of this child, and that this

approach implies that, theoretically, there is nothing to stop children being "priced off the market".⁴⁴ She suggests that childlessness is not a desirable state : if children have ceased to be economic investments, they are still "socially instrumental" in that they are objects of affection and satisfaction, and give status and immortality.⁴⁵ HOFFMAN and HOFFMAN claim that children are also outlets for creativity, sources of constant stimulation; they contribute to family unity, increase the power and prestige of parents, and give them the feeling that they are both moral and altruistic.⁴⁶ Although HOFFMAN recognises the importance attached to children, she suggests that voluntary childlessness may become more acceptable with the growth of an alternative career role.⁴⁷ Both BLAKE and HOFFMAN agree that the value of children as social investments varies with the extent to which an individual has alternative investments. BLAKE found that women with no other source of status were especially likely to value childbearing and childrearing, "for providing meaning in life, for giving women a status without which they would be unfulfilled, and for cementing marriages."⁴⁸ Improved educational, employment, and income opportunities provide an alternative source of social investment and increase the costs of childrearing, leading to a preference for a smaller family size, although women in high status, high income jobs should be able to afford more children. Exponents of economic theories of fertility such as EASTERLIN⁴⁹ and SIMON⁵⁰ recognise the importance of these 'tastes' in children.

It seems possible that, whereas the "social investment" value of ~~any~~ children may be a primary factor in determining the arrival of the first birth, economic considerations can play a part in decisions concerning timing and higher order births [which BLAKE did not examine]. A fall in income might persuade a couple to delay births, leading to a smaller final

family size, while an increase in income might encourage a couple to have the child they planned. There is no evidence that economic prosperity or cash incentives will encourage people to have more children than they want, or that even the worst economic conditions will persuade people to have no children.

The substantial and widespread fall in fertility throughout Western industrialised countries, the similarities in their behaviour despite innumerable fluctuations and differences in their economic performance, wide variations in income distribution, and family policy support the argument that there are new influences at work which cannot be explained in purely economic terms. This does not preclude the fact that changes in women's status are, in part, long term, indirect results of changes in national income and, more directly, of access to their own individual income. However, the influences of income cannot be separated from those of education and employment.

II. Education and fertility

There is general agreement that education is a crucial factor in determining familial values, and thus fertility decisions and behaviour,⁵¹ but considerable disagreement as to the effect it actually exerts and the mechanisms through which it works. This disagreement arises from the wide variations in the content and level of education,⁵² the different ways of collecting evidence,⁵³ and the fact that the influence of education varies according to the stage of the country's development. In developing countries, education may act to raise standards of health care and increase fertility,⁵⁴ while, at a later stage, it lowers both desired and actual fertility.⁵⁵ The evidence for some developed countries shows a further variation, in which the inverse relationship between education and fertility is reversed at higher educational levels.⁵⁶

In an attempt to provide an explanatory framework for the apparently contradictory effects of education, COCHRANE⁵⁷ suggests that the decision to have another child is determined by supply factors [biological fecundity, infantile mortality, age at marriage and propensity to marry], demand factors [current family size and desired family size], and by the regulation of supply, through knowledge and use of contraception. Education can act on the individual at different levels. Through literacy, it gives individuals access to information and wider perspectives; as a form of socialisation, it inculcates certain values and behaviour. Education also provides economic skills, or at least the status and credentials through which jobs are allocated. COCHRANE suggests that people will be influenced by the community level of education, and their own social networks, as well as their own educational career.⁵⁸ These different channels can be effective at the level of supply, demand, or regulation of supply. Education, at a community and individual level, can be expected to increase the natural supply of children, by improving access to health information and services. However, at a later stage in development, the effect of education on delaying marriage and reducing marital intensity will decrease the supply of children. COCHRANE finds that education, particularly the wife's education, has a predominantly negative effect on the demand for more children.⁵⁹ She suggests that "generally education reduces such preferences [for more children] by changing traditional values and increasing awareness of alternative sources of satisfaction". Although the income effects are not clear, the cost effects are strongly negative in that education raises the perceived costs of children, as aspirations for higher educational achievement of children increase, and reduces the economic returns. COCHRANE also emphasises the time cost of children. The availability of high income jobs increases with the wife's education. "Such jobs have two important characteristics; they are more

attractive, and they are less likely to be compatible with childrearing. Both of these factors raise the cost of time devoted to childcare."⁶⁰ We see here that the effects of income and education are inextricably mixed. COCHRANE argues that the education of both men and women increases the ability to control fertility, although the wife's education is more important than the husband's in gaining knowledge and forming attitudes. The increase in successful contraceptive use is also associated with another factor related to education, increased discussion between partners. This explanatory framework was elaborated primarily with reference to developing countries going through a period of transition. It will be interesting to see whether it can be adopted to help explain fertility patterns in a highly developed country such as France, and also to explain the different fertility levels of Maghrebine immigrants who originate from developing countries.

In France, as in other Western industrialised countries, the negative relationship between education and fertility has been, to some extent, reversed at higher educational levels. This is illustrated by the final fertility of generations born between 1910 and 1929.⁶¹

Table 2.1

Average completed family size for French generations 1910-1929	
<u>Educational level</u>	<u>Average completed family size</u>
Illiterate or no diploma	2.83
Primary education certificate	2.39
Professional education certificate	2.13
Baccalauréat	2.42
Higher education	2.49

A study of more recent cohorts⁶² suggests that there is an evolution in this U, or reversed J, pattern, in that women at highest educational levels have started to react against a high fertility, a reaction that

anticipates, and is stronger than, other educational groups. The movement towards a lower fertility that began among the most highly educated in 1963 had spread progressively to the less educated by 1969, although encountering some resistance among those at the lowest educational levels.⁶³ This movement is amplified by the fact that women with the baccalauréat constitute a growing proportion of the married female population.⁶⁴

Explanations for the original U shaped relationship between education and fertility, and the subsequent evolution, can be given in terms of supply and demand for children, and the use of fertility regulation. In France, the problem of the biological supply of children has been reduced to a minimum. A concentrated effort to improve health care and education has resulted in one of the lowest known levels of infantile mortality. This has fallen from 71.4 per thousand before the Second World War to 9.8 per thousand in 1979.⁶⁵ Immigrant women do not benefit to the same extent from the sophisticated system of health care and maternity benefits, and it is possible that a history of early, rapid births among these women increases the risks of childbirth. Their perception of supply, even among better health and sanitary conditions, may also remain strongly influenced by previous experience.

The main effect that education has on supply in France is through the delay of marriage and, for women, a fall in the intensity of marriage. Delayed marriage limits the period when the woman is at her most fertile⁶⁶ and at risk from pregnancy, or at least an acceptable pregnancy. The conflict between continuing education and marriage can be resolved in two ways, by giving up studies or remaining single.⁶⁷ A survey published in 1975 found that, at the age of 27, 62.4% of female students were single, compared to only 4.1% of other economically inactive women.⁶⁸ Education can also lead on to employment which further delays marriage. Both education and employment

decrease the likelihood of a woman marrying at all.⁶⁹ There is evidence that the stage at which marriage interrupts education and employment is determined by the social class into which the woman marries.⁷⁰ An educated woman who chooses a partner from a low social level is more likely to delay this marriage than if she marries into a higher social class. In the latter case, marriage, rather than employment, is the vehicle for an upward social mobility. Surveys suggest that education is frequently seen as an investment to ensure a good marriage. In a study of the role of the 'educational dowry' in Nantes, DE SINGLY found that 41% of women with the baccalauréat did not use it to find employment, but to find a husband.⁷¹ In this case, women reject the opportunity for an independent status in favour of the role of wife and mother in a high status family. Early marriage means that they have a longer period in which they are exposed to the possibility of pregnancy. In this group, a greater supply coincides with a greater demand for children. Several observers suggest that the U, or reversed J, relationship between education and fertility is a temporary one that is due to particular circumstances in a country's development.⁷² The access to a higher education of women with different social origins and different motivations, a wider educational perspective, and the increasing association between education and employment, act to reduce both the supply and the demand for high fertility.

The recent fertility decline is associated with a profound modification in the timing of first births, and with a clear lengthening of the period between marriage and the first birth. This is particularly true of women with a high education, who show a complete reversal in their behaviour. In the early 1960s, they were the group most likely to conceive early in marriage, while, at the beginning of the 1970s, they are the least likely to have early births.⁷³ The fall in prenuptial conceptions and in births between nine and

eighteen months after marriage is much stronger among the higher educational and socio economic groups.⁷⁴ DESPLANQUES and DEVILLE suggest that these changes correspond to a change in the function of marriage, and reflect the desire to concentrate on the partners' own relationship, particularly at the beginning of marriage. This way of life is accompanied by a strong "socio-cultural consumption" for which a child's presence represents an interference, and which rises in "easy or culturally elevated milieus".⁷⁵ It also reflects the increasing likelihood of activity among highly educated women. Both act to reduce the demand for children.

The decline in ideal family size in all educational groups can be associated with a change in family values, with an emphasis on the relationship of the couple rather than the number of children, less social insistence on children as defining status, and greater opportunities for women to achieve an alternative social status through education and employment. Early studies of ideal family size reflect the familiar U, or reversed J, pattern, whereby those at the lowest and highest points of the educational scale have the highest family size ideals.⁷⁶ However, a study in 1975 found that, although educational differentials continue to hold, variations lose their intensity, and that the change in attitudes "does not consist of a modification touching one milieu more than another, but a modification of the whole social ensemble."⁷⁷ The general pattern is one of declining ideal family size, a rejection of large families, and a closing of the gap between different educational levels. We can expect that it is only in groups such as that of Maghrebine immigrant women, where a low education combines with cultural expectations of a high fertility, and a demand for sons, that demand will equal supply in a passive acceptance of 'God's will'.

The influence of education on preferred and actual family size acts, therefore, not only through the socio economic effects of costs and benefits, but also through a change in the value system of the individual and society. the extent and the direction in which education influences values varies considerably between different generations and different societies. Survey findings that education is associated with more modern and liberal attitudes to family roles, leading to a lower fertility among the highly educated⁷⁸ have not always been valid for France. MICHEL, in a comparative survey in the 1960s, suggests that in France, unlike the U.S.A., higher education does not have a liberalising influence, but is positively associated with the acceptance of traditional roles and values. In France, access to higher education, particularly the prestigious 'grandes écoles', has been preserved primarily for the bourgeoisie, and concerned to retain the values and privileges of this élite. The secondary education system is divided between the more sought after lycées and the secondary colleges. In 1962, 82% of the children of the bourgeoisie attended lycées.⁸⁰ One of the basic tenets of the bourgeoisie is the high value placed on family life and on the role of the woman in the education of the children and the maintenance of the home. In this context, there was not seen to be any contradiction between according a woman a high level of education, which would make her a better mother, and at the same time discouraging her employment. The assumption that education was aimed primarily at preparing women for their maternal role, and to be an asset in her husband's career, was not challenged by university education. BODARD SILVER, basing her assessment on studies conducted in the 1960s, suggests that "most bourgeois women go to university to receive an education that is seen as necessary to the bourgeois way of life, that is, consistent with the traditional family structure. Knowledge of high culture - classical culture, language and, increasingly, some knowledge of the social sciences - is perceived as a good preparation for a woman's future in the household."⁸¹ A study in 1969 confirmed that university degrees did not encourage women's commitment to professional life.⁸²

The participation of students in the political and social upheaval of 1968 was in part a protest against the reactionary nature of the educational system. Their movement led to a reappraisal of the organisation, method, and content of teaching. Prior to and following 1968, girls, and the children of the less privileged classes, started to gain access to a wider range of education, at both the secondary and university level. In fifteen years, the proportion of the children of manual workers in secondary education doubled,⁸³ while the proportion of other groups fell. During this period, there was a slight increase in the participation of these children in basic professional training,⁸⁴ although their representation decreases with the level of training.⁸⁵ The access of these classes to specialised education has led to a change in the orientation of education. A survey of second year pupils in secondary education in 1972/73 shows that the children of manual and white collar workers are far more likely to choose technical subjects than the children of the upper socio economic groups, who prefer literary or scientific subjects. This distinction holds for both boys and girls, although the former opt more heavily for technical or scientific subjects in all classes.⁸⁶ Between 1960/61 and 1975/76, the proportion of manual workers' children in higher education rose from 6% to 11%, and the proportion of white collar workers' children from 8% to 9%.⁸⁷ The gradual evolution in female participation in higher education, with an increasing number choosing science, pharmacy, and law,⁸⁸ is partly due to the increase in students from the middle and lower classes who are less accepting of traditional role division, and more concerned that education should lead to employment. At the same time, there has been some evolution in the traditional bourgeois circles.

Women's education is still less adapted to employment than that of men.⁸⁹ This fact, plus a continued discrimination against women in hiring, means that higher education less often leads to high level employment. Women frequently

find themselves in an employment below that which corresponds to their educational level. Although their participation in in-service training has increased slightly,⁹⁰ they still form the minority, and this proportion decreases as their qualifications increase.⁹¹ The changes in women's education, and its relation to employment, helps to explain the evolution in the relationship between education and fertility. The social origins of female students in higher education are now more diverse. They choose a wider range of subjects, and they see education as a preparation for long term employment. The concept of the cultured housewife and mother is less strong in families of modest origins, and their education leads to a greater questioning of traditional role division. The combination of these factors leads to a lower desired and actual fertility. The situation of women with a low educational level is somewhat different. Education is not pursued to a point where values are radically reassessed; rather it is likely, at primary levels, to reinforce already accepted stereotypes.⁹² Lack of education means that they have access only to unskilled, low paid employment, which does not provide an attractive alternative to the maternal role. It is financial necessity which often forces these women into employment. This promotes a direct conflict between the necessity to work and the desire for children, which is complicated by a lack of education in fertility regulation.

COCHRANE suggests that, while supply and demand act to determine the size of the demand for more children, "the actual and ,particularly, the effective use of contraception depends on several other factors".⁹³ These include knowledge, attitudes and practice of contraception, as well as communication between husband and wife about family size and planning goals and, where they have different goals, the balance of decision making power within the couple.

Several studies show a direct relation between education and contraceptive knowledge,⁹⁴ although the extent of the differential between groups depends on the general level of community education. Two factors have particularly influenced public awareness in France in the years preceding the survey; a liberalisation of laws concerning contraception and abortion, and a revolution in birth control techniques. For almost half a century, the diffusion of information and the sale of contraceptive methods, and the practice of abortion, had been illegal in France.⁹⁵ The only information which was tolerated was that concerning menstrual cycles, fertile and infertile periods, because of the help that it might offer infertile women to conceive. In 1967, a more liberal law concerning contraception was passed, but it was obstructed in its application.⁹⁶ It was not until 1974 that the law guaranteed free access to contraception for all women, with a reimbursement of costs.⁹⁷ Shortly afterwards, the 1975 law gave women the legal right to terminate a pregnancy before the tenth week, subject to certain specified conditions.⁹⁸

The considerable debate surrounding these changes in legislation increased public awareness, while the laws themselves set up channels by which information could be disseminated as widely as possible, through the media as well as through a network of family planning centres in public hospitals and health centres. Since 1972, sexual education is a requirement in the secondary school curriculum. The increase in public discussion of birth control methods coincides with an increasing sophistication and medicalisation of methods. Contraception is no longer a spontaneous decision, highly dependent on male initiative or, at least, cooperation, but a long term commitment undertaken by women, under medical surveillance.

These radical changes have far reaching effects on the level of knowledge, the attitudes and practice of birth control in the whole community. Surveys show a positive relationship between education and contraceptive knowledge, but also a growth in the knowledge of all groups in recent years. In one of the earliest surveys, in 1966,⁹⁹ 20% of men and 17% of women could not name a method of birth control. Awareness of birth control techniques and practice, and of existing legislation, was strongly associated with educational level. However, the publicity surrounding the liberalisation of the law and the introduction of new contraceptive methods ensured that, by 1971, all women in a survey could name the 'pill' as a method of contraception, although the highly educated were still more aware of the other techniques available.¹⁰⁰ There is still evidence that individuals are dissatisfied with their level of knowledge, particularly when confronted with the more sophisticated techniques. A survey of adolescents in 1978¹⁰¹ found that 52% of boys and 37% of girls interviewed felt that their knowledge of contraception was inadequate.

The Maghrebine immigrant woman is among those who benefit least from the increase in community education, in that she is cut off from both informal and formal information sources by problems of language, illiteracy, racial, social and sexual segregation. Traditional birth spacing methods are mostly limited to breastfeeding and to the periods of abstinence built into cultural and religious practice.¹⁰² Research in Algeria indicates that education can increase knowledge of contraceptive techniques,¹⁰³ but immigrant women in France have neither education nor the contact with other women that encourages an exchange of information. The sexual segregation of their world also discourages discussion between husband and wife. Studies in the immigrant community show that men can have more knowledge of contraceptive techniques than women.¹⁰⁴ The introduction of family planning clinics in public maternity and health centres is an important step in giving Maghrebine women access to modern contraception.¹⁰⁵

Successive opinion polls show that increased knowledge is accompanied by greater public approval of birth control and sexual education. However, approval is still positively related to education.¹⁰⁶ Other surveys examine attitudes towards particular methods of contraception, a level at which resistance is likely to become more apparent. Early studies of the attitude of patients in a maternity hospital towards oral contraception,¹⁰⁷ at a period when the pill was not available in France and represented an ideal rather than a reality, show a high degree of approval. This rises with the husband's socio economic status and, presumably, education. Research conducted in the 1970s¹⁰⁸ confirms that the popularity of the pill and the intra-uterine device [I.U.D.] is positively related to social status, although attitudes are not specifically analysed according to education. More recent experience suggests that those high status women, who favour female rather than male contraceptive methods, and who are the first to have experimented with the pill, are now the first to reject this method, which they consider psychologically and physiologically harmful.¹⁰⁹

The debate on the liberalisation of abortion has also increased public awareness and approval of this method of birth control, particularly among educated groups. Thus, while a survey in 1966¹¹⁰ found that education had little effect on attitudes, later surveys¹¹¹ show a positive relationship between approval of abortion and educational achievement. This is not reflected in the highest socio economic groups, suggesting that the two are not necessarily synonymous. Although sterilisation has never been the subject of wide debate in France, and there is no law specifically covering its practice,¹¹² there is an increasing awareness and use of this technique.¹¹³ A small scale survey in 1975¹¹⁴ found that 54% of respondents were in total agreement with sterilisation for a couple who wanted no more children, and only 24% were opposed. This level of approval is higher than that found in a contemporary

study in England,¹¹⁵ where sterilisation is more widely practised.¹¹⁶

Given the positive relationship between education and knowledge and approval of birth control, we would also expect education to increase usage. However, when discussing differences between certain groups, it is important to bear in mind the very high level of contraceptive use among the population as a whole. The most recent national study¹¹⁷ found that only 4.1% of women who were exposed to the risk of pregnancy, and did not want another child, were not currently using a method of contraception. The difference in usage between educational groups appears to be in the willingness to innovate, reflected in the stage at which contraception is employed and the methods used. Prior to the advent of modern methods, educated women preferred natural, female methods, and a combination of methods,¹¹⁸ but they moved rapidly onto more effective methods when these became available. A comparative study in the early 1970s concluded that education was the most important of the socio economic variables relating to fertility control, and that it encouraged a "greater receptivity towards innovation in general".¹¹⁹ Clinics providing family planning advice when this was still illegal found that students and executives were very much over-represented among their clientèle,¹²⁰ suggesting that the highly educated were in the vanguard of the search for modern and effective contraception. The national survey¹²¹ in 1978 confirmed that the use of the pill and the I.U.D. rises with educational level. However, educated women also have higher expectations and less tolerance of unsatisfactory methods. Since 1978, there has been an increasing rejection of the pill, particularly among those educated women who have used it for long periods.¹²² This does not mean that these women have rejected the use of birth control, only that they continue to search for more satisfactory methods.

The studies which exist on abortion practice suggest that women who have abortions fall into two distinct groups; women from the higher socio economic groups who use abortion to limit fertility at an early stage, and those from lower socio economic groups who have more unplanned pregnancies, and larger families, before they take recourse to abortion.¹²³ Unfortunately, these studies are based on data, theoretically collected for every abortion, which do not give any information on educational level.

In a consideration of the effect of education on fertility, it is often difficult to isolate the effect of education from that of other socio economic variables. As COCHRANE comments, "it is evident that a large part of the negative effect of female education on fertility is believed to result from the employment opportunities for women - higher wages, greater attractiveness of jobs available, and the incompatibility of childbearing and market work. If, for some reason, these factors are not present, then a large part of the effect of female education on fertility will not operate."¹²⁴ I have suggested that one explanation for the U, or reverse J, curve that has been characteristic of the relation between education and fertility in France is that, traditionally, higher education has not necessarily been seen as a preparation for employment and there has, therefore, been no conflict between work and family expectations. The gradual disappearance of the higher fertility levels among the most educated is, perhaps, due to the fact that education is increasingly associated with employment outside the home, which means that highly educated women will also encounter the conflict between work and family roles that is associated with a limitation of fertility. It is this participation in paid employment, and its relation to fertility, that I shall now examine.

III. Employment and fertility

Most research in highly developed, industrialised countries indicates that women's employment is associated with a low desired¹²⁵ and actual¹²⁶ fertility, whereas, in developing countries, female activity and high fertility frequently coexist.¹²⁷ WELLER¹²⁸ suggests that the emergence of a negative relationship between female employment and fertility in urban societies is due to an increasing incompatibility between the two. This is shown by the appearance of an activity cycle in which women work until the first pregnancy, then retire from the labour force, only to return when the children reach school age. WELLER identifies four main factors that contribute to the incompatibility between women's employment and fertility in developed countries, ; the nature of employment, the social organisation of child care, the system of normative beliefs concerning the employment of women, and the impact of employment on the family structure.¹²⁹ He points out that employment also delays marriage and decreases marital propensity. This delay not only reduces the period at risk from pregnancy, but has an indirect effect in that women may have already developed "life styles and perceptions different from [and competing with] marriage and parenthood."¹³⁰ WELLER also suggests that employment directly increases the wife's influence in decision making, including family size decisions, while a wife dominant or egalitarian relationship ensures a more effective contraceptive practice.

Many of WELLER's arguments can be reformulated within COCHRANE's framework¹³¹ which, as mentioned earlier, examined the relationship between education and fertility in terms of supply, demand, and fertility regulation. The close correlation between educational and employment status should allow an analysis of employment and fertility within this framework. The supply of children is determined by the health of the working mother, infantile mortality, marital precocity, intensity and breakdown. Demand depends

on actual and desired family size, both of which are determined by the compatibility between fertility and employment, but also by the satisfaction offered by an active role. Knowledge, approval, and practice of contraception will be encouraged by the active woman's motivation to limit family size, by her contact with work colleagues, and increased discussion and decision making within the couple.

In developing countries, the biological supply of children can determine female activity, in that it is often infertile and subfertile women who enter paid employment,¹³² while, in developed countries, it is more frequently activity that determines supply. In France, most women enter the labour force at least for a time before marriage.¹³³ The majority interrupt their employment at some time to have children,¹³⁴ although the extent, timing, and number of interruptions depends very much on their employment status.¹³⁵ HOFFMAN suggests that, in the case of monotonous, unpleasant work, maternity can be an escape from employment.¹³⁶ An interesting, highly paid job can, on the contrary, act to delay marriage, reduce the chances of marriage, and facilitate divorce, all of which act to reduce the legitimate childbearing period. The later a woman marries, the less fertile she will be during marriage.¹³⁷ The combination of these factors can reduce the supply of children. In France, protective legislation seeks to minimise any deterioration in the health of the working woman caused by employment. It limits the hours of paid activity, and forbids the employment of women in certain heavy industries, subterranean or night work, and, more generally, in "all work exceeding women's strength or dangerous to their health or morals."¹³⁸ The health of active mothers is further protected by a series of legislative measures concerning pregnancy and maternity.¹³⁹ Working women's health and fecundity should not, in principle, be adversely affected by their employment. But it remains that, for most active women, their paid employment is only a supplement to long hours of unpaid activity within the home.

The demand for children is, WELLER suggests, primarily determined by the extent of compatibility between employment and fertility. The first factor which contributes to incompatibility in developed countries is the nature of employment.¹⁴⁰ This is frequently separated from the home, and makes demands on the active woman that conflict directly with her home responsibilities. Several studies find that the conflict is most severe for the white collar worker.¹⁴¹ WELLER suggests that this is due to the difficulty in interrupting such employment, because of the employer's investment in training, the importance of the worker to the smooth running of the organisation,¹⁴² and the greater contribution of the wife to the family income. In addition, there is the loss of fringe benefits, and the greater difficulty of reinsertion in such work. The interruption of high status employment also entails greater social and psychological costs. The work gives the woman an alternative, individual social status and identity, and a level of satisfaction which can be equal to that of childbearing.¹⁴³ This commitment to interesting, high status, high paid work increases the length of work experience and decreases the interruptions, which helps to explain findings that the longest durations of employment are associated with lower fertility desires, lower actual fertility, and earlier use of birth control.¹⁴⁴

The second factor in incompatibility suggested by WELLER is that of alternative child care. The separation between work and home, and the frequent breakdown in the extended family care system in urban society, means that the working mother has to find an alternative, paid form of child care. The rapid fall in female activity as family size increases reflects the extra time demanded by each additional child, which cannot be met by existing systems of child care. The fact that such care is rarely full time or continuous means that the mother has to be available to look after them during the holidays and in times of illness. This constant demand on the working mother gives her the reputation of an unreliable worker, penalises chances of hiring and promotion,

and means that she is frequently the first to lose her employment. Women attempt to resolve this conflict by dividing their time between roles, through part time, temporary, and home work. The fact that the high status woman more often continues her employment, whatever her family size, reflects her greater ability to pay for alternative child care, but also, perhaps, a more active participation by her partner in child care.

Much of the incompatibility between married women's employment and fertility results from what WELLER calls "normative beliefs"¹⁴⁵ concerning this employment, which usually express a disapproval of working mothers. SULLEROT suggests that the mother's absence from the home is seen as "the cause of all family misfortune, divorce and delinquency among them."¹⁴⁶ Disapproval is expressed at an individual level, being highest among married men, the multiparous, and the least educated, but it is also reflected in employment and family policy. It is a primary element in discrimination against women in hiring, promotion, and dismissal, in the lack of adequate child care provision and in cash incentives to encourage women to stay at home and produce children. These policies are frequently reinforced by social and psychological theories which stress the dangers of "maternal deprivation".¹⁴⁷ A result is that when mothers do work they rarely admit to other than financial reasons for their activity.

WELLER's argument that an aspect of the incompatibility between fertility and employment is the effect that this employment has on the marital relationship presumes that there is an inverse relationship between female employment and marital satisfaction and stability. The proposition that the wife's activity introduces a tension into the couple's relationship that can only be reduced by limiting the number of children, assumes that this employment destroys an equilibrium that existed in the couple when the husband worked and the wife remained at home. This recalls the Parsonian argument that the specialisation between the instrumental male role and the expressive

female role is necessary for the stabilisation of the adult personality, and that any attempt by the wife to compete for status, through employment, would disrupt the solidarity of the couple and engender stress and unhappiness.¹⁴⁸ This argument is not supported in many studies of the working wife,¹⁴⁹ which leads RICHARDSON to conclude that the hypothesis that the wife's employment induces tension in the couple arises from the fallacy of "deriving, a priori, a social psychological consequence from a structural arrangement."¹⁵⁰ Most studies indicate that the wife's activity does effect a change in the organisation of family life and the relationship of the couple, usually towards a greater equality. The higher the woman's status, in terms of education, employment, and income, the greater the breakdown in the sexual segregation of household tasks and decisions.¹⁵¹ French and American research suggests that the wife's marital satisfaction is highest when decisions are shared by both partners and lowest when the power structure of the couple is autocratic, "as if this situation were perceived by the woman as a marginal one in a society where an equalitarian ideology is becoming dominant for the couple."¹⁵² Findings that marital satisfaction, for husband and wife, increases with the wife's occupational status are due partly to the increased economic benefits for both partners, but also to the egalitarian values that are associated with a high educational level.¹⁵³ It appears that satisfaction and stability is associated with agreement between partners on the organisation or reorganisation of roles, rather than with retaining traditional role division. Resistance to role change, which may introduce conflict into the couple, falls as the woman's independent resources increase. The greater power of the wife with a high educational and occupational status to effect a reallocation of roles will not lead to a rise in fertility, because the woman who is positively motivated towards a satisfying work experience will want less children.

Several observations emerge from this review of the possible incompatibilities between the world of work and the family. Women in high status employment appear to have greater inbuilt conflict between employment and maternity, but they also have more means for resolving this conflict, either through paid child care or a greater reorganisation of family roles. They will also be least influenced by traditional role prescriptions. The combination of a positive motivation towards work and a considerable incompatibility between work and children will lead to lower fertility desires. It is suggested that the woman with the possibility of a valid alternative status will seek to limit fertility demands and reallocate her traditional responsibilities, in a combined strategy which will allow her to reconcile the demands of both work and childrearing.

I shall now examine the situation in France to see whether it provides support for the thesis that female employment has a negative influence on fertility, as a result of a decreased demand and supply and the more effective use of fertility regulation. We should expect demand to be determined by the extent of incompatibility between work and family roles, and by the positive motivation towards an alternative status.

The high rate of female employment in France is not a recent phenomenon, although this activity declined in the post war years, and only started to rise again in 1962.¹⁵⁴ This increase in women's activity is accompanied by a change in the nature of their employment. With the decrease in the importance of agriculture and small businesses, women move from unpaid participation in these family enterprises into paid employment in the secondary and tertiary sectors.¹⁵⁵ This transfer of activity entails a separation between work and home which makes it more difficult to conciliate the active and the maternal role. Nevertheless, the activity rates of married women continue to rise faster than those of the female population as a whole.¹⁵⁶ The greatest increase

in employment has been among women of childbearing age.¹⁵⁷ During this same period, there is a fall in fertility and a delay in first births. However, although activity rates are inversely related to the number of children and positively related to their age, it does seem that children are less of a brake to employment than previously. Female activity rates have risen in each parity, irrespective of the children's age.¹⁵⁸ Married women also interrupt their employment less. A study of salaried women in 1976¹⁵⁹ found that 43.6% of respondents between 40 and 49 years of age had never stopped work, compared to 35.9% and 34.4% in the 50-59 and 60-65 age groups. This is despite the fact that women between 40 and 49 years belong to the highly fertile generation of the post war period.¹⁶⁰ Although these working women probably have a lower than average fertility for their generation, 49.4% of those with one child had been in continuous employment. Other surveys confirm that, although a birth is still the most usual reason for women to give up work, first births interrupt employment less systematically than in the past.¹⁶¹ LABOURIE-RACAPE suggests that the decision to leave work at a birth is influenced by three factors, the number of previous births, the spacing between births, and the woman's educational and socio economic status. While the likelihood of being active before or after a birth decreases with the birth order and the closeness in the spacing of births, it rises with the woman's occupational status. Thus, 66% of women executives are still active after the birth of their second child, compared to 45% of white collar and only 20% of manual workers.¹⁶²

It appears that the 'typical' behaviour outlined by WELLER in 1968, when half of women in France between the ages of 25 and 34 interrupted their employment,¹⁶³ has been replaced by a greater tendency towards continuous activity.¹⁶⁴ This suggests that married women have found ways of decreasing the incompatibility between activity and maternity, despite an increasing physical separation between these two worlds, and are more motivated to do so.

It will be interesting to see if this can be traced to changes in the nature of employment, the provision of child care, an increasing approval of women's work, or a reorganisation of family roles.

WELLER suggested that white collar workers experience most conflict between work and family roles. In France, more than half of active women are in such employment,¹⁶⁵ with the highest female concentration in office work. In 1975, they constituted 97.6% of shorthand typist and secretaries and 71.0% of unqualified office staff.¹⁶⁶ In this sector, technology does not open up better opportunities for women but merely provides more subordinate roles for them. There is a considerable tendency toward "deskilling" in those areas where women are traditionally employed, in both commerce and industry. There has been a decline in the demand for skilled labour in industry¹⁶⁷ and an increase in unskilled and semi skilled work. Female participation in management and the professions is confined to mainly to teaching, nursing, and social work, although, even in these 'female' professions, they are rarely to be found at the highest levels.¹⁶⁸ If there has not been any radical change in the sexual division of occupations and professions, or in the allocation of posts or responsibilities, there have been some attempts at an administrative level to reconcile employment and maternity, through the extension of maternity leave, the preservation of posts, and the introduction of parental leave. Women in the public sector have the most favourable work agreements and conditions.¹⁶⁹ There has also been an overall reduction in working hours, although these are still inversely proportional to status and income.¹⁷⁰ With the exception of the teaching profession, work hours rarely correspond to school hours.

Another solution adopted by women to decrease the incompatibility of work and children is the limitation of the hours of outside employment, by taking up part time work, temporary work, or working at home. A survey in 1977¹⁷¹ found that 17% of active women were part time workers. In the same year, women formed 79.1% of those

in part time employment, a proportion which had grown to 84.6% by 1979.¹⁷² Part time employment is highest among married women and increases with age and the number of children.¹⁷³ Although surveys show that the idea of part time work is popular among married women,¹⁷⁴ the attractions are not obvious. Part time workers are usually concentrated in small industries, where the lowest wages are to be found. They have few privileges, little job satisfaction, and the least chance of promotion. These drawbacks suggest that a major factor in accepting part time employment is the wish to reconcile home and work. Other women adopt the solution of working at home. SULLEROT suggests that these are the women who are "most influenced by traditional ideas and who feel guilty at the idea of working away from home!" They are also likely to be those with the least education and training. Home work accumulates many disadvantages, "fatigue and isolation, the impression of cloistered hard labour for life, the absence of external contacts and companionship, even greater difficulty in enforcing ...rights".¹⁷⁵ and very low pay. It is not surprising that it is less popular than part time work. Another way in which women attempt to reconcile employment and childrearing is by interrupting employment when the demands of children are at their highest. We have suggested that married women interrupt their activity less than in the past. LABOURIE-RACAPE et al identify three different patterns of behaviour.¹⁷⁶ They distinguish between the continuously active, frequently those in teaching or salaried non manual work, those who return to employment relatively early after an interruption, and those who postpone their return almost indefinitely. The second group is divided between those who have their employment rights protected and go back into the same profession, and those who return mainly for financial reasons, often to a less qualified job or one that is more compatible with family demands. The latter help to explain the recent growth in temporary work which is a response to, but also an exploitation of, the fact that many women are disqualified from the traditional 'career' pursued by men. Temporary work, like

part time and home work, is characterised by negligible prospects of promotion, little job satisfaction, and a lack of protection and security. In 1979, women at the end of fixed term contracts accounted for 65% of the female unemployed.¹⁷⁷ Some women find themselves unable to return to work at all. Women constituted 53.5% of those actively seeking work in 1979.¹⁷⁸ They are more likely to have been unemployed for longer periods, a likelihood that increases among the older and least qualified women. Some are also reluctant to return to work. A recent report suggests that if a woman's job "lacks interest and, above all, if it brings in little or imposes too many constraints [daily migrations, strict hours, laboriousness of work] she will give it up or she will have few children". The same report observes that if, on the other hand, "work conditions leave her a certain liberty, or if she earns a good living, she can allow herself to raise her children and remain active."¹⁷⁹ This indicates that the compatibility between the roles of mother and worker is strongly dependent on the type of employment. High status employment combines a strong, positive motivation towards work with a greater ability to afford alternative child care. The fact that a mother's activity is significantly related to the age of her child, and increases considerably when the child reaches school age, indicates how much her employment possibilities are dependent on some form of child care, and how inadequate this child care provision is. In 1975, only 7.5% of working mothers with a child under three years old had access to a creche.¹⁸⁰ This means that the majority of the care has to be provided by friends or family, with the grandmother playing a leading role.¹⁸¹ This system breaks down when there is not a geographically close family network. The alternative of paid child care is often not within reach of manual workers, who earn on average three times less than higher executives.¹⁸² The popularity of community child care facilities is shown by the overwhelming take up of nursery school places. SULLEROT reports in 1978 that 85.0% of three year olds, 95.0% of four

year olds and 99.0% of five year olds attend nursery school, despite the fact that education is not obligatory under six years of age.¹⁸³ However, the differences between work and school hours mean that child care problems continue to exist even when the child is in school.

This lack of coordination reflects what ROUSSEL calls the "irreducibility of the male and female universe",¹⁸⁴ and is one result of the disapproval which is extended to married women's employment. A recent survey found that still only a minority of men and women favoured an equal sharing of roles, and the proportion of men in favour of a strict division of roles had actually increased slightly. Women show themselves to be in favour of a greater equality, but still many feel that, if married women do work, their occupation should be less absorbing and they should carry the majority of household responsibilities.¹⁸⁵ The overwhelming reason for disapproval is that the working woman will not be able to do as much in the home.¹⁸⁶ Approval of married women's employment falls rapidly when respondents are confronted with family situations where the children are young or there are several children, reflecting the considerable increase in responsibilities that these children bring.¹⁸⁷ There is still evidence of what CHOMBART DE LAUWE, in a study of family life in the early 1960s, called a "strong adhesion to a dichotomy of roles, a model so internalised as to become instinctive: woman sees her domestic role as a right, an affirmation of herself and the depository of her confidence".¹⁸⁸ Although we would expect this adhesion to lessen as the wife acquires another socially approved status, this is a slow process and depends on the extent to which her activity is validated and approved within society and within the couple. Meanwhile, women are reluctant to concede their traditional responsibilities. A recent survey

found that women only approved an extension of paternity leave, to allow the father to participate in early child care, on the understanding that this did not affect their own maternity leave rights.¹⁸⁹ They are willing to share this role, but not renounce it. At the same time, women are anxious to retain an active role, and favour measures that would conciliate work and childrearing, by guaranteeing a return to employment after an interruption in the child's early years, and by the extension of part time employment.¹⁹⁰ Approval of married women's employment is highest among women who are active themselves, and this approval is positively associated with income and occupational status.¹⁹¹ These women also achieve a greater reorganisation of family life and a reallocation of roles that is of crucial importance in reducing the incompatibility between activity and motherhood. The positive relationship between women's educational and socio economic status and the breakdown of role stereotyping helps to explain why high status women can continue their activity, while other active women, with the same family composition, are forced, or prefer, to give up employment. However, at the same time that high status women expect and receive more help, they also want less children: both are part of a strategy to reduce incompatibility.

Most French surveys that analyse fertility according to professional status concentrate on the husband's, rather than the wife's, occupation. They find that desired and actual fertility fall at middle occupational levels, to rise again at the highest levels.¹⁹² An examination of the wife's status is usually limited to a distinction between activity and non activity, despite the fact that most women work at some period in their lives. A comparative survey in the early 1970s¹⁹³ still found that, in France and in England and Wales, there was a particularly wide differential between the expected fertility of women who were currently working and those who were not working at the time. In all countries, the expectations of those who had never been employed exceeded other groups. The differential between active and non active women

diminishes in more recent marital cohorts, as the employment of married women and an increased limitation of fertility become the norm. However, a French survey in 1979 still found that 62% of active women felt that two children or less was a 'reasonable' family size, while 55% of non active women opted for three or more children. Working women were also more likely to limit their ideal family size to less than two children, even when there were no financial constraints.¹⁹⁴ Other surveys confirm that, while differences in ideal size between different professional groups [grouped according to the husband's profession] lose their intensity, active women, or women who had been active since marriage, still have a lower ideal size than women who have never worked.¹⁹⁵ Several studies in the U.S.A. and Canada¹⁹⁶ seek to explain fertility differentials in terms of the length of employment, based on the finding that expected and actual fertility are inversely related to duration of employment. It seems that it is the status of women that is the crucial factor, in that those who have worked constantly since marriage have the highest educational and professional levels.¹⁹⁷ Fertility expectations have an effect on family building strategy; those who want less children delay the first birth and have a lower actual family size.¹⁹⁸ Shortest first birth intervals and highest actual fertility is found among those women who have never worked. Otherwise, an international survey suggests, the exact relationship between female employment and fertility is determined by the employment prospects and the attitudes towards working women in a particular country.¹⁹⁹ In France, there appears to be a general movement towards a delay in first births, but this is strongest among those with a high educational and professional status.²⁰⁰ These women, who more often continue their activity after marriage, have a lower actual fertility after ten years of marriage, and more often have no children, than women who have given up their activity or never worked. The influence of activity appears to be more important than educational level.²⁰¹

If active women are successful in limiting their fertility, it is partly because they are aware of the possible methods of birth control and use them effectively. Several studies show the importance of informal channels of communication in spreading knowledge about contraceptive methods. Employment brings women into contact with a network of other women workers who are equally motivated to control their fertility.²⁰² This exchange of information becomes more important with the increasing complexity, medicalisation and feminisation of methods. A survey in 1971²⁰³ also found that active women more often discussed contraception with their husband. The high level of motivation and more effective communication among working women results in a greater approval of methods of birth control, even at a period when these were not widely accepted, and early experimentation.²⁰⁴ At the same time, working women claim a greater personal responsibility for birth limitation. Women who continue their activity after marriage think that abortion should be available for those who want it.²⁰⁵ Women who want less children reject traditional methods of contraception that are initiated or controlled by the male partner, and prefer female methods. In early surveys, this was translated into a higher level of use of the rhythm method,²⁰⁶ but they were also the first to approve and adopt modern female methods such as the I.U.D. and the contraceptive pill.²⁰⁷ Early approval and use rises with the status of women's employment, which is partly a result of higher educational levels. Both education and employment expose women to new values which may be inconsistent with a high fertility, and to new sources of information, which increase the effective use of birth control.²⁰⁸ A national survey of contraceptive practice in 1978 suggests that professional activity has ceased to play the "propagating role" in the diffusion of modern contraceptive techniques that is shown in earlier surveys²⁰⁹ and that the use of modern methods is at a very similar level whatever the woman's work history. This may, however, be related to an increasing rejection of the pill

among those [active] women who have used it the longest,²¹⁰ and who are influenced by the views and experience of their work colleagues. In this way, activity encourages the search for an equally effective, but safer, form of birth control.

IV. Conclusion

Although I have chosen to examine independently the different factors determining a woman's status, and her fertility decisions, it is often difficult to isolate the effects of income, education, and employment. The access of women to an independent income is shown to have a predominantly negative effect on fertility, but much of this effect is due to the systematic relation between the level of income and the level of education and employment. In recent years there emerges a regular, inverse relationship between educational and fertility levels. This is partly due to a change in the content of education, which is more and more instrumental in changing personal and social values, in encouraging innovation, experimentation, and a questioning of sexually determined roles, but is also due to the fact that higher education is more often geared to an active career. Where education leads to employment, it will influence the nature and level of activity, the satisfaction and motivation of an active role. All these factors will influence the extent to which a woman is willing and able to reconcile activity with a family role. Education and paid employment decrease the demand for and the supply of children, by reducing fertility desires, delaying marriage and first births, and improving the effective regulation of supply. The fall in demand for children results partly from the incompatibility between work and childrearing, and from the strong positive motivation towards an alternative role that rises with the satisfaction and status attached to this role.

All of the incompatibilities which working mothers experience have their origin in a sexual division of work and family roles that is constantly reinforced at every level. The woman who is motivated towards an independent social status will need to reduce some of the conflict between these two roles; this can be achieved not only by controlling her fertility, but also by reorganising family responsibilities to give her a greater autonomy and reduce her identification with the maternal role. These changes in the interaction and organisation of the couple will be explored in the next chapter.

CHAPTER 3WOMEN'S STATUS, FAMILY INTERACTION AND FERTILITY

In previous chapters, I have described the main characteristics of the decline in fertility and the changes in family formation patterns in France in recent years, and examined the available evidence for a relationship between this evolution and the access of women to a wider range of education, training, and paid employment. It does appear that the possibility of an independent social status for women acts to reduce desired and actual fertility. It is, however, impossible to adequately describe or explain the impact of educational and socio economic status on fertility behaviour without considering the medium through which they act, which is that of the couple. In a review of research on women's status and fertility, PIEPMEIER and ADKINS comment that "one difficulty in trying to relate certain aspects of modernization such as education and employment to an individual's fertility is that it is partially through their influence on the family organisation and the husband and wife relationship that they affect fertility decisions and behaviour."¹ The movement of women into paid activity challenges the traditional sexual division of roles, in which the woman is identified primarily with maternal and domestic responsibilities, and forces a redefinition of the couple's organisation, priorities, and goals. I suggest that the more that education and employment offer a satisfactory alternative status, the more a woman will be motivated to reduce the demands of her maternal role; and that this alternative status gives her the resources and power to achieve this objective. Demands can be reduced by a limitation in the number of children and by a reallocation of childrearing tasks and decisions. The extent to which this strategy is successful will depend on the motivation and relative resources of the partner, as well as on the strength of cultural

norms governing sexual role division. In this chapter, I shall examine the arguments and evidence that an improvement in women's social status, and the relaxation of norms concerning female and male roles, is related to a more active approach to family planning, to a greater participation by women in 'male' areas of decision making, and a higher level of sharing by male partners in the domestic and childrearing tasks and decisions. All of these act to reduce the exclusive identity of women with the maternal role. It is suggested that these changes in couple interaction and organisation are also associated with a much reduced, highly planned fertility; little research has been done directly on this relationship, but it is an argument that will be pursued in the analysis of my own research.

I. Discussion of fertility goals

The segregation of male and female worlds that is found in many traditional societies limits considerably the discussion of fertility goals between husband and wife. In these societies, the strong validation of a high fertility and an emphasis on the group rather than individual interest² means that family size is rarely a matter of personal choice, or subject to active planning and control. Studies of communities where male authority is strong³ have found that a lack of communication between partners concerning family size preferences means that they do not practice family planning even in circumstances when they are both motivated to do so.⁴ PIEPMEIER and ADKINS⁵ suggest that couples with a segregated role relationship rely more heavily on their peers for discussion and support. A study of the Maghrebine community in France confirms that, at first, couples remain strongly influenced by this traditional dichotomy of the male and female universe,⁶ in which each relates principally to groups of

their own age and sex. A later study shows that migration can cut women off from their own female support system, and problems of language and racial prejudice prevent their integration into the French women's network of friends and colleagues. In these circumstances, the Maghrebine immigrant woman becomes more dependent on her husband. If she wants to limit her fertility, this survey suggests that she will need her husband's cooperation and agreement.⁷

The lack of communication between partners is not confined to the more obviously traditional communities. In a survey conducted among American couples in the mid 1950s, BLOOD and WOLFE claim that the American family has emerged from the patriarchal tradition which provides a limited place for emotional support between partners, and that "the changing alignment of the two sexes has changed their communication with each other".⁸ Although it is true that American wives value the physical companionship of their husbands, BLOOD and WOLFE'S own survey shows that few regard understanding as of prime importance in marriage.⁹ They suggest that wives at home, cut off from other adult contact, "learn to fend for themselves emotionally as best they can".¹⁰ They are more dependent on the husband at the beginning of the family cycle, but communication declines with the passage of time and the number of children. A more recent American survey of 'happily married couples' found that husbands and wives conversed on average 27½ minutes per week, or 1.0% of the time that a television is on in the typical American living room. Many of the attempts at communication proved unsatisfying, with men doing 96.0% of the interrupting, a tactic which, it is suggested, indicates a desire for control and power. Although women raised twice as many topics as men, male topics usually prevailed.¹¹

BLOOD and WOLFE found that childless couples showed a much higher, more consistent, positive interaction. Despite the fact that working wives have alternative resources outside the home for meeting their emotional needs, improvements in the wife's social status in relation to her husband is associated with a sharing of problems, a positive response from the husband, and joint decision making. A "compatibility of characteristics", particularly a similarity in age, encourages discussion between partners. These syncretic, sharing marriages "exploit the husband and wife relationship for all it is worth."¹²

Studies in France show evidence of a wide variation in the extent to which partners communicate with each other. In more traditional communities, men and women still occupy separate domains, one 'public' and the other 'private'.¹³ A survey by MICHEL finds that French wives place far less emphasis on companionship, but more importance on 'understanding',¹⁴ than American wives, suggesting that they are not so much interested in merging the male and female worlds as setting up a line of communication between them. In an earlier survey, conducted among predominantly high status clients in a family planning clinic, MICHEL found that, although there was a high proportion of women who had discussed and agreed on fertility desires with their husbands, indicating that "procreation is no longer taboo as a subject for discussion",¹⁵ husbands were less often cited as a source of information and rarely took an active part in family planning consultations. They took virtually no part in abortion decisions, which were more often discussed with friends,¹⁶ despite the fact that these high status wives enjoy the highest levels of communication with partners.

In a more recent survey MICHEL¹⁷ finds that education increases the extent to which a wife communicates with her husband, although more for the housewife than the working wife. MICHEL suggests that when the wife is active, there is an awareness of role conflict, relating to the division of domestic roles, that blocks communication between partners. This is resolved in the case of the highly qualified working wife, who has the highest level of communication with her husband.¹⁸ Active wives, who are shown to be less conventional and less conformist than inactive wives, disagree more often with their husbands over issues such as household task division, presumably because they have higher expectations of a reallocation of roles. However, with the exception of the white collar worker, working wives have a higher level of agreement over the desired number of children. Agreement rises with occupational category, being highest among professional and executive women.¹⁹, as their fertility desires fall to the level of the male partner. In an earlier paper, MICHEL concluded that partners who are in agreement over the desired family size are considerably more successful in realising their family planning goals and in eradicating excess fertility.²⁰ She finds that variables such as communication, agreement, and equality in decision making - all of which are determined by the wife having a high level of resources relative to her husband - are more positively related to family planning success than variables which concern the husband's education and socio economic status.²¹

MICHEL and LAUTMAN FEYRABEND point out that there is a dialectic relationship between family interaction and successful family planning, in that "marital interaction can be considered at the same time a consequence and a condition for the realisation of the desired number of children".²² According to this perspective, the active wife who successfully limits her fertility can expect a greater degree of agreement and cooperation from her husband in reallocating marital roles.

Recently, the relevance of these earlier studies which relate family planning success to husband and wife communication has been questioned.²³ There are several reasons why discussion between partners on family planning objectives or, at least, methods may appear less relevant to final fertility than previously. Traditional methods demand that contraception is essentially a joint decision, taken at the moment of coitus, the success of which is strongly related to the resolution of one or both partners to avoid ~~conception~~. Partners who have not discussed family planning goals, and methods of achieving them, are less likely to practice contraception, and to practice it effectively. Modern contraceptive techniques involve a long term decision and forward planning. The responsibility for assuring this contraception falls on the woman, and it is frequently consultation with her new medical 'partner' and with female colleagues that is crucial in deciding the acceptability and the success of contraceptive methods. The husband generally has a far lower level of information on female methods and is not directly involved in their practice. The wife does not need the agreement of her husband, and she can even practice birth control without his knowledge. This represents a very important evolution in roles, because the ability to control her own fertility, with or without the knowledge and agreement of her partner, gives the woman access to other resources which, in their turn, increase her power within the relationship. Although discussion may no longer be necessary for effective family planning practice, partners do discuss their family size goals more, especially in the couple where the wife has a high educational and occupational status. MITCHELL finds that "women who express a high level of communication on one issue are also the most likely to express a similar level of communication on other issues."²⁴ The wife who has successfully discussed and agreed on family limitation with her partner will also want to discuss and negotiate in other areas where she experiences an incompatibility

between her work and family roles. Working wives can be expected to have the highest expectations of a reallocation of household tasks and decisions, and to have achieved a greater redistribution of roles than non active wives; both a direct reflection of their participation in the world outside the family. In the rest of this chapter, I shall examine how this acquisition of external resources enables women to participate in important family decisions, at the same time as to reallocate some of the less prestigious tasks and decisions identified with her role of wife and mother.

II. Decision making and fertility

Decisions concerning the number, timing, and spacing of children are extremely complex. They reflect the extent to which fertility is valued within the wider society and within the couple, as well as the possibilities and limitations imposed by immediate situations. The nature and importance of these influences vary over a couple's lifetime, with changes in social norms, experience acquired, and with the evolution in men and women's respective roles. In traditional societies, there is frequently a passive acceptance of conception and childbirth that is difficult to describe as a decision. Whether people see childbearing as an area in which it is possible, or desirable, to take a decision will depend on the extent to which they control, and wish to change, other elements in their situation. For this reason, it is important to consider who takes decisions relating to the maintenance and evolution of the family group, and the allocation of roles within that group. The degree of specialisation in decision making and household tasks reflects the extent to which childbearing, childrearing, and household maintenance are identified with the female role. An acceptance of specialisation also means that the husband controls those decisions which are crucial to the evolution of the family structure and the woman's position within it. The

approach that I have chosen in my examination of the relation between family interaction and fertility is the perspective which relates sexual inequality, lack of predominance in decision making, assumption of the least prestigious, least agreeable household tasks, to an unequal distribution of power within the couple.

There are several ways of considering the concept of power. The 'pluralist' view suggests that power can be identified by determining who prevails in decision making when there is a conflict of interests.²⁵ Several studies propose that a conflict of goals must exist before we can look at a situation in terms of power.²⁶ ROLLINS and BAHR offer a definition of marital power as "the relative potential of marriage partners to influence the behaviour of each other when a conflict of goals exists between them".²⁷ BACHRACH and BARATZ suggest that an approach that looks only at decision making is insufficient in that it does not take into account the second face of power, which is concerned with preventing decisions from being taken. They suggest that an analysis of power involves a consideration of decision making and non decision making; a decision being a "choice among alternative modes of action" and a non decision a "decision that results in suppression or thwarting of a latent or manifest challenge to the values or interests of the decision maker".²⁸ For them, it is critical to identify the areas of potential conflict which non decision making prevents from being actual conflict. They stress that this conflict exists, whether it is overt or covert. LUKE criticises approaches which are too committed to behaviourism and insist on the presence of observable conflict. He suggests that "the most effective and insidious use of power is to prevent such conflict arising in the first place". In this way, power prevents people from having grievances by "shaping their perceptions, cognitions, and preferences in such a way that they accept their role in the existing order of things, either

because they see or imagine no alternative to it, or because they see it as natural or unchangeable, or because they value it as divinely ordained and beneficial."²⁹ There is a latent conflict in this situation between the interests of those exercising power and the 'real interests' of those they exclude, but this potential conflict may never be actualised because the powerless are not even conscious of their interests. It is of course possible, as LUKES himself points out, that certain values, such as equality, may be less relevant in some cultures than others; he suggests that this can be tested by examining how people behave when they are given the possibility to escape from subordinate positions in hierarchical systems.³⁰

In the relationship between male and female partners in a couple, it appears that power can be manifested through decision making and the organisation of roles, although partners may not necessarily be aware of the conflict of interest in this organisation, but can also be identified by the fact that certain crucial areas do not enter into the realm of decision making. In the traditional couple, where both partners accept the sexual allocation of tasks and decisions, conflict is unobservable and unconscious in that both partners have been socialised into their respective roles. In the Maghrebine immigrant couple we can expect that partners will be for the most part unconscious of a conflict as long as there is no motivation to challenge the existing division of roles; but that conflict will emerge when education and employment expose Maghrebine women to the same values and the same resources as French women. A reallocation of roles is only assured when, firstly, the woman is aware of a conflict of interests and goals, and, secondly, she has the resources to achieve this redistribution. This process can be observed in the modern French couple, where the possibility for the woman to acquire an independent socio economic status both reveals the latent conflict in the segregated family model and gives the woman the resources and power to break down this segregation.

Frequently, education encourages more egalitarian values in the husband as well as the wife, which leads to a more sharing model, and a lessening of conflict. Another aspect of this same process is that fertility emerges from the area of 'non decision making' which deprives individuals of a choice, and they begin to exercise control over the number and timing of their children. I suggest that power can be identified by the type of organisation and decision making in the couple, but also by the exercise of conscious decisions concerning fertility, which is a precondition for women to emerge from a total identification with maternity, and to begin to control other areas of their life.

In considering various aspects of family organisation in terms of power, I am adopting what HOSCHILD calls the "politics of caste" perspective which adopts and extends certain concepts of the sex role approach. This view "assumes that sex differences are due to socialization, and that differences in socialization are linked to differences in status and power."³¹ Women, because of their sex, are seen as an inferior 'caste'. The process of discrimination begins at birth and is constantly reinforced by the fact that resources are not equally available to men and women.³² BELOTTI points out that the social conditioning that reinforces "feminine characteristics" is most effective in early infancy when "there can be no conscious struggle against oppression".³³ The result, according to MILL, is that "all women are brought up from the very earliest years in the belief that the ideal of their character is the very opposite of men; not self will and government by self control, but submission and yielding to the control of others".³⁴ This interiorisation of subordinate status is itself a consequence of the power relationship between men and women. Dominance, activity, and independence in men, and submissiveness, passivity and dependence in women become sexual characteristics rather than being seen as the result of a long and thorough system of socialising men and women into unequal roles. CHOMBART DE LAUWE suggests that the image of

men and women in a society can best be assessed by the tasks and roles reserved for them.³⁵ Usually, the tasks reserved for the male partner are those which give prestige and power, and concern the interaction of the family with the outside world. The female partner acquires, because of her childbearing role, not only the education and care of the children, the sick, and the old, but also the monotonous, time consuming, unpaid tasks necessary to maintain the home and replace the husband's labour power. LANGUIA and DESMOULINS remark that these disparate aspects of her activity are all seen as "one romantically blended whole".³⁶ Role theory has been strongly influenced by structural functionalism, which stresses the positive and functional aspects of this division of labour, in which man is the 'instrumental' and woman the 'expressive' element.³⁷ There is no attempt in structural functionalism to link role division to concepts of inequality or conflict. The 'politics of caste' approach argues that various characteristics of face to face interaction and sexual role division are closely related to the balance of power within the couple. Men are endowed with authority purely because they are male, DE BEAUVOIR comments that "the very fact of being male constitutes a privilege"³⁸, but they also have power because of their access to and control of resources. The ability to reproduce should be a source of power for women but, because they themselves are under male dominance, this can also become a male resource. Thus, in traditional societies, a man's status is enhanced by the number of children, particularly sons, that his wife produces. However, within the couple, he acquires power from his appropriation of external resources. BLOOD and WOLFE first developed the theory that the distribution of marital power is directly related to the resources held by each partner, in relation to the outside community and, more importantly, in relation to each other. A revised version of what is called the 'Theory

of Resources' specifies that these resources must originate from the external system. These are essentially education, occupation, and income, which together define an individual's 'social status'.³⁹ BLOOD and WOLFE suggest that the power relationship in a couple can be determined by who takes the decisions, and they examine the influence of resources on a selection of "relatively important decisions" that face most couples. These include decisions relating to the wife's employment and management of the weekly budget,⁴⁰ but not decisions relating to the number and planning of children. BLOOD and WOLFE's major conclusion is that the comparative resources held by the husband and wife are the main determinants of the balance of power in a marriage, although the husband's social status in the community and the stage in the family life cycle also contribute to the overall balance of power.⁴¹ This theory has been extremely influential in the development of a theoretical framework concerning family power and interaction and has been used as the basis for several comparative studies.⁴² It has also been the subject of much criticism. One of these critics, SPREY,⁴³ suggests that, although the concept of power can help to explain family decision making structure, its influence has been exaggerated. He argues that the concept of a 'win' is highly unsuitable to family decisions, and the emphasis on power ignores the areas of conflict management and negotiation. He suggests that there is a choice as to whether exert power or submit to it, and that this will be determined by the nature of the relationship. What SPREY does not acknowledge is that the nature of the relationship, the value that is invested in it by each partner, and the extent to which each can tolerate disharmony, is itself related to the place the partner occupies in the power structure. O'NEILL WEEKS⁴⁴ develops the theory, based on HEIDER's⁴⁵ proposition that people prefer balance in their interpersonal relationships, that the extent to which a partner needs harmony is determined by his or her relative power. He establishes that, when there is a disagreement in a couple,

the weaker partner experiences a sense of imbalance which causes him or her to accept the other partner's decision. The more powerful partner suffers less from the tension caused by disagreement. This finding fits in with WALLER'S 'principle of least interest'⁴⁶ which states that the partner with least interest in a relationship is the most apt to use his power to exploit the other. HEER elaborates his 'exchange theory' to explain why one partner may have less interest than another. The focus of this theory [originally proposed as an alternative to BLOOD and WOLFE'S resource theory, but later seen as an explanation for this theory] is not on the value to each partner of the resources contributed by the other, but on the value placed on these resources outside marriage. HEER suggests that "the greater the difference between the value to the wife of the resources contributed by her husband and the value to the wife of the resources which she might earn outside the existing marriage, the greater the power of the husband and visa versa".⁴⁷ A husband can use his powerful position to prevent the wife getting access to those resources, such as employment, which enable her to survive outside the marital relationship. SAFILIOS ROTHSCHILD suggests that physical attractiveness is a valuable resource in that it increases the possibility of marriage alternatives.⁴⁸ It is, however, a less reliable factor than financial independence. All these theories suggest that considerations about maintaining harmony in the couple do not, as SPREY suggests, act separately to counterbalance the use and acceptance of power,⁴⁹ but are themselves products of the existing power structure. A housewife, whose only source of status is that of wife and mother, will be more concerned to 'keep the peace' than the educated working wife who will actively search a more equal relationship.

In attempting to relate decision making to power, it is important to remember that not all decisions and tasks are equally status giving, and that, although there is a strong sexual identification of many family tasks and decisions, this may vary between cultures .

Some theorists suggest that the family decisions most closely identified with power are those that concern the control of financial resources. DAHLSTROM claims that "the administration of income and expenditure is a key function in the balance of power of a family, a function generally discharged by the husband, who takes care of the family account."⁵⁰ BLOOD and WOLFE found, in families with high income husbands, that "the magnitude of their contribution to the family exchequer"⁵¹ was reflected in their preponderance in decisions concerning large scale investments, such as life insurance and house purchase. However, the husband's interest in these decisions falls with income level, so that, in the working class, they frequently "leave the wife saddled with the burden of family decisions unaided."⁵² In fact, the importance of financial management in giving power is directly related to the level of income to be managed. In a study in France in the 1960s, CHOMBART DE LAUWE⁵³ found that in milieus where there was more money, and more possibilities of spending, saving, investing, financial management was a prestigious task, involving far more manipulation of the external environment, and a source of power. In contrast, in the middle and lower occupational brackets, managing the money was essentially a case of stretching available income to meet immediate expenses. PAHL suggests that, when family income is low, "managing the family income may be better seen as one of the chores of the household rather than as giving any significant power to the spouse whose job it is to manage it."⁵⁴ In this case, it is not so much a sign of the wife's power as the husband's power in delegation.⁵⁵ This is confirmed by CHOMBART DE LAUWE's study. He found that, in the middle and lower income groups, a majority of both sexes, but particularly men, approved female management of the budget. The attitude frequently expressed by men that "if the woman stays at home it is her that looks after the budget; if not they share the work" indicates that budget management in these milieus is seen as a task more than a privilege. In this survey, 78.3% of working class, 43.3% of middle class, and only 13.3% of upper class women managed the budget.⁵⁷

The influence of the woman's employment on financial management also varies with the occupational group to which she belongs. A survey by MICHEL finds that women manual workers still exercise a "veritable matriarchy" over the family budget because, she suggests, the husband realises that "she will deprive herself first in case of need."⁵⁸ Manual and white collar workers control the monthly family expenditure as well as the everyday budget. Specialisation is also high for women working in family businesses, where there is the highest instance of husband dominance in budget management. The wife in higher occupational categories manages to break down this role segregation and, as her level of resources rises, the practice of role sharing is introduced.⁵⁹ The importance of the woman's paid employment in achieving a reallocation of roles explains why husbands in past surveys frequently use their power to oppose their wife's employment. BLOOD and WOLFE suggest that the interest high status husbands have in controlling their wife's employment is that "they are concerned about the reorganisation of their life around a working life", and not that they see it as a threat to their own prestige.⁶⁰ MICHEL claims that her survey shows a "fundamental inequality" in that, in all circumstances, the husband takes the decision concerning his own employment and his wife's employment far more frequently than the wife. Although he is quite happy to leave internal family decisions to his wife, he "reserves the last word in the only decision which allows the wife to emancipate herself from the economic guardianship of her husband; employment."⁶¹ Any improvement in women's status, through education⁶² or participation in community life, will influence the balance of power in the couple, but BLOOD and WOLFE find that working, which contributes money, "the most tangible of all resources,"⁶³ brings more power. Research carried out in the U.S.A. and Europe shows a consistent relationship between wife's employment and their increased decision making power, a power that is positively related to the number of hours worked, the level of work commitment, and to occupational status and qualifications.⁶⁴ The importance of

an independent income is confirmed by the fact that women who work at home have less effective power than the full time housewife.⁶⁵ The impact of a woman's paid employment is related to the relative status of her husband,⁶⁶ but, when the husbands education, occupation and income are held constant, the power of the working wife is always significantly higher than that of the non working wife, which leads MICHEL to the conclusion that a "wife's salaried work, when done outside the home, is intrinsically linked, and not by the mediation of another variable, to an improvement in the wife's power in the couple".⁶⁷ The working wife is likely to be less satisfied with traditional role distribution and will want to restructure the couple towards a greater equality in the allocation of decisions and household tasks.⁶⁸ This does not mean an increase in decision making in all areas. MICHEL finds that the working wife shows no desire to increase her participation in traditional 'female' decisions [home improvements, purchase of gadgets, childrens' education]. On the contrary, the husband's participation in childrearing decisions doubles when the wife is working, and he is more often drawn into domestic decision making.⁶⁹ At the same time, the working wife participates more in 'male' decision making, although rarely taking these roles over. The main emphasis is on a greater flexibility and greater sharing of roles, especially at higher occupational levels.⁷⁰

Another factor which BLOOD and WOLFE suggest is determinant in decision making, the stage in the family life cycle, is closely related to the wife's economic dependence. BLOOD and WOLFE find that "having a young child creates needs for the wife which lead her to depend more on her husband for help, financial support, making decisions".⁷¹ They suggest that, as children grow up, they move from being a burden to being a resource, although the power that the mother gains in this way remains low. In a revision of their theory, children at home are not considered as resources at all.⁷² The extent to which children can constitute a resource in decision making must vary with the value

accorded to a high fertility in a particular society, as well as to the particular decisions being considered. In Maghrebine society, where a woman's status is determined by the number of children, particularly sons, that she produces, her power and autonomy does show some increase in the late middle age. This power is, however, only accorded after the menopause, when she is incapable of producing more children. Male control slackens because she can no longer constitute a threat to the family honour. This new found power is confined to household decisions, and is not exerted over the husband, but over the daughter in law who has assumed her subserviant role. SAFILIOS ROTHSCHILD, in a study in Greece, also found that the presence of children gave a right to make and influence decisions that increased with the age of the children but that most of these decisions related directly to the children.⁷³ She suggests that there is a similar trend in the French family that begins when the child is at school age. It seems that this increased decision making power is related not so much to the presence of children, but to the fact that the wife's ability to work increases with the child's age. MICHEL finds that French mothers with young children experience less of a loss of power than American mothers because they withdraw less often from work.⁷⁴ BLOOD and WOLFE confirm that, in the U.S.A., 'childlessness allows a continuation of the honeymoon state of mutual emotional and financial interdependence with the husband'⁷⁵ A wife's participation in the occupational world in what BLOOD and WOLFE call "the deviant childless sequence"⁷⁶ reduces her need for one sided dependence and increases her skill in independent decision making. They suggest that the longer that a wife has worked and has been used to taking decisions, the more she will insist on an equalitarian relationship throughout marriage.

Although there is much evidence to confirm that the relative resources of partners are a very important element in the allocation of decision making power, there is sufficient variation in research findings to suggest that resources are not the only determinant. In developing their 'pragmatic theory', BLOOD and WOLFE dismissed the possibility that role division was still influenced by the 'patriarchal tradition' of the husband's authority.⁷⁷ In fact, much subsequent research indicates that the authority invested in one partner by cultural and social norms still plays a large part in determining, or at least reinforcing, the decision making structure and the allocation of roles. Its effect varies within and between different societies. Authority is less relevant in highly industrialised societies where economic development has necessitated a greater sharing of roles by men and women. SAFILIOS ROTHSCHILD suggests that, as male authority is undermined by ideological shifts and changes in the status of women, men can no longer depend on authority, but must also convince and influence their wives.⁷⁸ She claims that the consideration and exercise of authority and the use of influence to counterbalance it form an important part of the decision making process. Although MICHEL's research lends general support to BLOOD and WOLFE's theory of resources, she warns that occupational and educational status may play a different or less crucial role in developing countries. They may be less important as determinants of social status than kinship, "sexual or generational identification".⁷⁹ SAFILIOS ROTHSCHILD explains the difference between her own and MICHEL's findings as being due to the persistence of an ideology according to which " a man has a right to dominate all family decisions simply because he is a man, regardless of his education, occupation or earning capacity."⁸⁰ She suggests, however, that education can play an important role in liberating men from this traditional ideology and promoting liberal attitudes.

RODMAN agrees that the difference in findings between countries forces a reconsideration of the role of education, occupation, and income. "They are not merely resource variables in a power struggle, but are also positional variables in the social structure".⁸¹ In Greece and Jugoslavia, education is a cultural rather than a resource variable: it is associated with learning a new role rather than acting as a resource in a power struggle. In applying his 'theory of resources in a cultural context' to various countries, RODMAN concludes that comparative resources are important in the U.S.A. because of various cultural factors - the egalitarian ethic, flexibility in the marital power structure, and the importance of income, education and employment in defining status. In France, although the relationships between socio economic variables and power follow the same trend, RODMAN finds that they are weaker and frequently not statistically significant, which he suggests is due to the fact that lingering traditional patterns confront the developing egalitarian and flexible pattern.⁸² The correlations are low because the trends cancel each other out. The extent to which the exercise of power, determined by access to external resources, is modified by the continued presence of a strong patriarchal authority may vary not only between countries but between groups and communities. BURR suggests that variations have least effect when norms invest one partner with the power, and most effect when there is an egalitarian distribution of power.⁸³ In the present survey, it is possible to examine the relationship between authority, power and resources in two different ethnic groups, as well as different educational and socio economic groups. In the French couple we can expect that greater access to resources by both men and women, and a growing egalitarian ethic, will lead to a greater sharing in decision making. In the Maghrebine couple, an ideology of male dominance is further reinforced by the low educational and occupational levels of both sexes, but especially women. The alienation of this immigrant group will probably not encourage them to adopt European values or behaviour.⁸⁴

III. The division of household tasks and fertility

The division of household tasks has been less widely studied as an indicator of the power structure in the couple, probably because of an early identification of power with decision making. As a result, it has been less often related to decisions concerning fertility. SAFILIOS ROTHSCHILD questions an exclusive identification of power with decision making, and suggests that "familial power can be measured through the outcome of decision making, the patterns of tension and conflict management, or the type of prevailing division of labour".⁸⁵ The reallocation of household tasks is associated with fertility in two ways. At one level, it is an indication of changes in the woman's status and autonomy, and of a redefinition of traditional values. At a more practical level, it reduces the conflict a woman may experience between her professional and maternal roles, especially when the tasks that are reallocated or shared directly concern child care.

A survey in France in the early 1970s found that 80% of domestic work was carried out by women, who could spend from three to nine hours per day in household tasks, Men did not spend more than two hours on these tasks, even on Sunday, and including household repairs, which is one of the few domestic tasks reserved for the male.⁸⁶ A survey in 1978 still finds that women carry out 76% of unpaid domestic work, while men accomplish 66% of paid, professional work.⁸⁷ The amount of time that a woman spends in housework decreases with her activity and increases with the number of children. The active woman reduces her domestic work by a greater use of outside services and paid help, a limitation of family size, and a greater participation by her husband.⁸⁸ The working woman with one child still works an average of 83.6 hours per week, against an average of 71.2 hours for the housewife with ~~one~~ child.⁸⁹ Although the presence of children considerably increases the domestic load, not only in direct child care tasks but also in general housework,⁹⁰ the

husband does not respond by offering more help. In many cases, his participation decreases after the first child.⁹¹ This suggests that a reallocation and sharing of traditional female tasks depends not on the size of this responsibility, but on the status and resources of the woman. Children are not a power resource, but act to identify a woman more closely with the domestic role.

BLOOD and WOLFE offer an explanation of the sexual division of household tasks in terms of resources, but these are resources innate in being male or female [musculature, childbearing] rather than the resources acquired from the outside system which determine power. They admit a similarity in task sharing and decision making trends, even a "considerable tendency for couples who share more than half of their decisions to do more housework together and, at the other extreme, for couples who make few decisions to do correspondingly little work together",⁹² but claim that power and division of labour can exist in almost any combination, and are thus best considered separately. However, this separation is made difficult by the fact that they frequently overlap. The financial management of the family, one of the most crucial areas of family interaction, can be considered as a task or an area of decision making. It can be a prestigious and disputed source of power or a demanding task, involving difficult and painstaking decisions, relegated to the least powerful partner. Household tasks involve taking decisions. These may not in themselves appear prestigious or power giving, but their allocation and relegation is a sign of the relative resources and power of partners, as well as a reflection of traditional role division.

An attempt by BLOOD and WOLFE to explain the division of labour in the 'normal' American family in terms of aptitude rather than power runs into difficulties when they attempt to describe the female role. They identify muscular and mechanical aptitudes in the male, but find that " the feminine

tasks are less directly determined by biological or mental attitudes, but are examples of the household 'package' usually associated with the role of the mother".⁹³ Because of the difficulty of applying the argument of special skills to tasks that are frequently "humdrum in nature", BLOOD and WOLFE are forced to the conclusion that women undertake the majority of household tasks because "the chief resource required is time. Usually the person with the most time is the wife - providing she isn't working outside the home"⁹⁴ BLOOD and WOLFE do not ascribe this situation to a lack of resources on the part of the woman or to traditional ideological values concerning women's role. They argue that American families are motivated by pragmatism rather than ideology and that the general contemporary pattern just happens to be traditional.⁹⁵ They consider that "nothing could be more pragmatic and non ideological than the sheer availability of one person to do the household tasks. This is precisely what seems to be the prime determinant of the division of labour."⁹⁶ I would argue that, on the contrary, it is the persistence of an ideology which encourages men to work in the external system and confines women to the home that dictates that women are more available for the more time consuming 'humdrum' tasks. The tradition of male authority, which demands that men supervise but do not intervene directly in the maintenance of the home, is reinforced by the power that they acquire from their participation in the external system. The primacy accorded to the man's occupational role insulates him from the demands of the household role. These household tasks, which are traditionally allocated to the woman, have what BENSTON⁹⁷ terms 'use' value, but they do not have 'exchange' value and are not sources of power. The wife can only acquire power through participation in the system outside the family. However, even when women work and have equal resources to those of their husband, it is still accepted that her domestic and maternal role predominates; The impact of resources is tempered by strong ideological considerations concerning sexual role divisions although, as with decision making, the perseverance of this ideology varies between countries and between regions.

Research in the USA and Europe indicates that there are several mechanisms which ensure that a greater value is attached to the occupational role for the male than for the female, and which guarantee his unavailability for household tasks. An occupation is necessary to define a man's social status in the community⁹⁸, while the wife's status is frequently acquired from her husband's occupation. ALDOUS suggests that a man's participation in the job market is also "essential for providing him with the means of participating in the family".⁹⁹ The particular characteristics of the husband's job can have "profound effects on his marital and parental role performance."¹⁰⁰ If his occupation has an intrinsic interest which competes with and even supplants the family, the wife may have to assume sole responsibility for all the household tasks because her husband is too busy or too disinterested, [the first reason often disguising the second]. The synchronisation of occupational and family responsibilities is affected by hours worked, geographical mobility, the stage of the family life cycle, and the extent to which occupational demands can be limited. ALDOUS suggests that a job which physically overlaps with the home may act to break down some of the differentiation between work and family roles. Although the family role may still be secondary, the husband is at hand to respond to emergencies and family members "can sanction behaviour that threatens performing essential family functions".¹⁰¹ These sanctions will be more effective if the wife herself is also working. Normally, PLECK suggests, the segregation between male and female roles is supported by "structural buffers in the work-family role system."¹⁰² Men and women participate at different levels and in different areas in the work market, thus insulating men from changes in the female work role. Whatever the woman's occupation, it is expected that her family role will intrude into the work role, while it is acceptable for a man to take work home with him or use family time to recuperate from stress at work. PLECK concludes that although, for both men and women, "employment status has a significant main effect on family work, sex has a



stronger effect and accounts for much more of the variance in an individual's time in family work than does his or her employment status".¹⁰³ Availability, far from being the simple pragmatic factor divorced from ideological considerations that BLOOD and WOLFE suggest, is a complex factor closely related to the value accorded to sexually defined roles, by society and the individual.

A survey conducted in 1962¹⁰⁴ in France found that the refusal to divide the domestic role equally was justified in different ways by each sex. Men rejected the domestic role because of a strong feeling that housework was incompatible with the male image, and a determination not to be an American 'puppet man'.¹⁰⁵ In fact, French women are more likely than American women to subscribe to attitudes which mark men as superior and assign women the domestic task.¹⁰⁶ CHOMBART DE LAUWE's study suggests that French women have internalised the dichotomy of roles to the extent that it becomes instinctive. Housewives see their family role as an area of confidence and a source of prestige. The husband's participation is seen as a drain on this prestige, but also on his own.¹⁰⁷ Another study at this period confirms that women, more than men, feel that there is shame in a man doing a woman's task,¹⁰⁸ which suggests an awareness and acceptance of their own low status. At the same time, their lack of any alternative skills makes them reluctant to give up the area of expertise they have. Another French study shows that two groups, married women with two children and married men, cling most persistently to a segregation of roles, while single and younger respondents are favourable to a breakdown in this segregation.¹⁰⁹ A more recent survey suggests that attitudes evolve very slowly. In 1979 only 13% of female and 7% of male respondents declare themselves unsatisfied with a situation where women undertake most of the child care and daily chores, while men participate only in the "noble or gratifying tasks". The conclusion is that "in their great majority, men and women want to be complementary. There are very few couples where roles are interchangeable. It is only in couples where the

woman is working, or when one of the partners has received a higher education, that the sexual segregation of roles begins to break down".¹¹⁰ There appear to be two factors necessary to challenge the traditional allocation of roles, a change in the value system of the individual which introduces an awareness of the inbuilt conflict in the segregated system, and the power to bring practice into line with these values. Both of these factors can be influenced by educational and employment status. The idea that values encountered by men in their work affect the extent to which they accept or reorganise family roles has been examined in several studies. RAPOPORT and RAPOPORT find that science oriented technologists carry the universalistic norms of science over into an egalitarian relationship, while professional and business men concerned with interpersonal relations hold high expectations of companionship and professionalism in marital roles.¹¹¹ Another study of the American upper middle class, mainly professionals and managers, finds a pattern of role sharing and swapping that can only be achieved by the husband stifling the assertion and aggression that are useful qualities in his job.¹¹² ALDOUS considers that the "haven of companionship" in the U.S.A. is to be found among the lower middle class, low level executives, semi-professionals, blue collar and supervisory workers, who far from attempting to carry job related behaviour over into the family, look to the home as a source of satisfaction and a release from job monotony. This means that they participate in child care tasks, although they still retain a division of labour in other tasks. ALDOUS finds that manual workers participate the least in household tasks and decisions because they do not have the egalitarian or skills of other classes, and they seek emotional support from "kin and cronies" rather than in the home.¹¹³ In a British study, OAKLEY also finds that middle class men help more than working class men.¹¹⁴ However, PAHL and PAHL's findings in a study of British managers and their wives are that few of these husbands spend time in household tasks, that their work is a central

interest, and the home a haven to return to. This can lead to an exploitative attitude to the wife, although PAHL and PAHL suggest that "the mobile house-keeper who cooks well, is careful with his money, and provides a 'pleasant sensation' at times, may be a pattern of the past."¹¹⁵ They forecast that the wives, who are more sensitive to the ambiguities of the situation, will provide the main force for change, and will demand more time for other activities.

It seems likely that demands for a more equal relationship will increase with greater access to education and employment, which change values and also provide the resources that give women the power to realise a reallocation of roles. The importance of employment is illustrated by findings that task specialisation is at its highest when the woman is confined to the home with young children. BLOOD and WOLFE suggest that partners collaborate most at the beginning of a marriage, because of the need for mutual assistance and the enjoyment of new things. Gradually the novelty wears off and there is an increasing role differentiation, as the wife assumes the majority of tasks and the husband becomes more alienated from family life. BLOOD and WOLFE link these changes to the acquisition of skills as "gradually the new members become specialists along different but complementary lines".¹¹⁶ They admit that "the primary determinant of the shifting division of labour is the wife's sex linked childrearing role",¹¹⁷ but do not associate the changes in task allocation through the family life cycle with the relative access to external resources and power of the husband and wife, as they did with decision making. It is hard to dissociate the variations according to the family life cycle from the demands and possibilities of employment, and the resources acquired from work participation.¹¹⁸ Studies also suggest that the wife does not always accept the increased role specialisation that comes with young children. A Belgian survey finds that the wife's marital satisfaction "declines steadily through

the childbearing and childrearing period"¹¹⁹ to rise again when the children become young adults, a movement which they suggest is synonymous with changes in the power relationship of the couple. The young mother at home does not have the bargaining power to effect a greater sharing of roles because the difference in the relative resources of partners is at its highest point. The woman who gives up work to have children loses the resources acquired from the external system at the same time that the man increases his in terms of training, experience, income, and occupational level. Even if the wife returns to work after childrearing, she will not regain the same position relative to her husband that she had prior to or in the early stages of marriage. Hiring and promotional prospects are reduced by a long absence from work, and her salary, which was rarely equal to that of her husband, will be proportionately lower. SILVERMAN and HILL's survey shows that, although the wife's traditional sex score role does decrease when she is relieved of her childrearing responsibilities, it is never as low as the married woman without children who has never been disqualified from the labour market.¹²⁰ This woman has always been in a more powerful position to demand her husband's participation, and a long practice of tasks sharing is more likely to establish an egalitarian norm. The growing practice for women to delay marriage and the first birth, and to continue working during pregnancy and the early childrearing years must increase her resources and encourage the husband's participation. Experience of this egalitarian relationship may itself be dissuasive to more children. The findings of surveys which relate a woman's social status to household task division vary in the extent to which they confirm a reallocation of roles, with some finding that this help is limited to child care.¹²¹ BLOOD and WOLFE, who did not consider child care, find that the activity of the wife subjects normal role allocation to "conditions of strain" and puts pressure on husbands to help with more female tasks.¹²² Surveys in Europe also find that a woman's activity increases her husband's participation in her traditional household tasks¹²³; in some cases this

breakdown in role segregation means that the wife shares more in traditional male tasks.¹²⁴ In MICHEL's survey in France, the help given to the wife increases with the wife's qualifications but, at every educational level, the working wife has more husband participation than full time housewives. She explains her findings in terms of the theory of resources: "the more often that the wife works, the more often she can take decisions and be heard in the couple. The easier it is for her to ask, and even demand, her husband's help."¹²⁵ The importance of an independent income is shown by the fact that it is current, paid employment, rather than a history of employment, that is most determinant in task reallocation.¹²⁶ The extent of reallocation also depends on the type of employment, the length of work experience, hours worked, attachment to employment, and the relative status of the husband. The range of these variables explains some of the differences in survey findings. It is also certain that the impact of employment varies with the particular cultural setting and the approval extended to married women's employment. In the highly segregated Maghrebine society, women's paid activity, which is only tolerated in financial necessity, does not involve any real idea of role allocation. "When she has to work through material necessity, she has to earn less than her husband. As soon as the situation improves, she returns home. It would be incomprehensible, and even suspect, if she worked for other reasons."¹²⁷ It is also likely that low paid, unskilled work does not encourage the woman to demand a reorganisation of roles. SAFILIOS ROTHSCHILD suggests that women in interesting, high status employment will have a higher commitment to their work and be more motivated and more successful in reallocating family tasks.¹²⁸ MICHEL confirms that the husbands of women manual workers give little help, partly because these husbands have less time, but also because these women are more attached to traditional roles, which gives them a relatively greater satisfaction and prestige than their work experience.¹²⁹ She finds that women executives have a more 'modernist' ideology which translates itself quite

well into behaviour, with sharing in a wide range of tasks. The help given by the husband is positively associated with the wife's salary, except in the highest income brackets, where there is more use of paid help and the husband may have comparatively greater resources.¹³⁰ The importance of an independent income is illustrated by the fact that women working in family businesses are often more closely aligned with housewives in retaining traditional role decision than with salaried women. Their greater participation in the tax declaration task is not a sign of their power, but an extension of their unpaid work role. Although women's salaried employment is accompanied by a greater flexibility of role division, in that men share more in female tasks and women share more in tax declaration and financial management, MICHEL finds that women are not interested in participating in one of the few male household tasks, household repairs, which would increase their work load, but not their prestige. Their aim is to decrease the time and energy expended in household tasks, to release them for paid activity which will give them resources, power and an alternative status.

IV. Conclusion

The arguments and the evidence examined in this chapter suggest that the access of women to an independent social status is related to a change in the orientation and the organisation of the couple. This independent status, defined by education, employment, and income, provides them with the motivation but also the resources and power to redefine the nature of the interaction within the couple. This takes the form of increased discussion between partners and a greater control by the woman over the planning of her children and her family role ; she participates more in some decisions but at the same time her husband takes over more of the unpaid household and child care tasks. The movement is towards a greater autonomy and away from an exclusive

identification with the maternal and domestic role. The appearance of a sharing model is the sign of an increasing equality between partners, which derives from the fact that each has an independent social status. However, the impact of women's education and paid employment is determined both by the relative resources of her partner and the strength of cultural norms which define and reinforce a sexual segregation of roles. The result is that the couple is rarely organised around a complete sharing of male and female roles. We can still expect to discern a considerable evolution from the traditional couple, such as the Maghrebine couple, in which a strict sexual segregation of roles reinforces an exclusive identification of the woman with maternity, and the modern French couple, where the woman's pursuit of an active role introduces into the couple a dual strategy of task sharing and family limitation. So far, little work has been done on relating the changes in women's status and fertility behaviour directly to the interaction and organisation of the couple. In the next chapters, I shall use the results of my own survey to examine in detail how women's access to an independent status affects attitudes to fertility, family planning, and the organisation of roles within and outside the couple, and how these factors affect fertility behaviour.

CHAPTER 4METHODOLOGY

Although previous research indicates that the recent decline in fertility in Western industrialised countries is associated with changes in women's social status, and other research has found a correlation between these changes in status and the couple's interaction and role organisation, there has been little systematic attempt to trace the process by which improvements in women's status affect the couple's priorities and goals, the distribution of roles and fertility behaviour. The present study, which concerns both Maghrebine immigrant women and French women, allows us to examine a traditional, highly segregated, family model, where women have a low level of personal resources and a high fertility, as well as a rapidly evolving French model, where women have increasing access to education and paid employment, and a declining fertility. In subsequent chapters, I shall explore and attempt to find evidence for the following hypotheses which link changes in women's status and a reduced fertility to changes in the priorities, goals, organisation and power structure of the couple.

I. Hypotheses

[1] It is suggested that decisions concerning fertility are related to the extent to which a couple maintains a sexual segregation of roles in which the woman derives her status exclusively from being a wife and mother. Access to an alternative status, through education and paid employment, should make women want to reduce the demands of their reproductive role : this is achieved by a more conscious and individual family planning, a limitation of desired and actual fertility, and a greater sharing of the household and childrearing role. It should be possible to discern a change in the goals, priorities and practice

of the couple in several areas : fertility behaviour, fertility ideals and expectations, knowledge, attitudes and practice of birth control, attitudes towards male and female roles, and the organisation of tasks and decision making. These are examined in subsequent chapters.

[2] Women who have access to an independent social status will reduce the supply of children by a delay, and sometimes a refusal, of marriage, a postponement of first births, and a limitation of subsequent births. Evidence for these changes in fertility behaviour are examined in Chapter 6.

[3] This reduced supply corresponds to a reduced demand for children. This should be shown in a rejection of norms which stress the value of a high fertility and a more individualistic approach to family size. We can expect a higher level of forward planning and more discussion between partners, a fall in ideal and expected fertility, a desire to delay births and to restrict the period devoted to childbearing. These fertility attitudes are discussed in Chapter 7.

[4] It can be expected that the woman who values an alternative status to that of mother will have a more comprehensive knowledge of birth control methods, a favourable attitude to all methods of limitation, including abortion, and an earlier and more effective use of fertility control than the mother in the traditional couple who approves and adopts birth control only after realising fertility expectations. This regulation of the supply of children is examined in Chapter 8.

[5] The motivation towards establishing an alternative female role is measured, in Chapter 9, by attitudes concerning the relative importance of work and family roles. We should expect the woman's motivation, and rejection

of an exclusive identification with the family role, to increase with the opportunities available to her to achieve a satisfying, alternative social status.

[6] Education and paid employment should provide women with resources which give them the power to achieve a reallocation and sharing of male and female roles: this will be aimed at allowing them more time to pursue a role outside the family as well as a more determinant position in a wider range of family decision making. It should be possible to discern a link between this sharing model and a much reduced, highly planned fertility. This will be explored in Chapter 10.

[7] We can expect this process of 'modernisation' to be most apparent in the French group, among the young and those who have access to better education and paid employment, and who are the most affected by a general growth in egalitarian values. The process will be most restrained in the Maghrebine group, where a strong social validation of high fertility combines with a low level of female resources to encourage rapid family formation and a large family size.

II. Research design

After formulating the general hypotheses for the research, it was necessary to draw up details of the research design. This involved taking decisions concerning the population to be studied, the information necessary to test out hypotheses, and the methods of collecting this information.¹

II.1 The choice of population

The definition of a population involves fixing limits geographically² as well as in terms of the particular aims of the research. The choice of

Marseille was determined by a recent period spent as a social worker³ in two family planning clinics in this town. There were insufficient time and resources to take a random sample of the whole, or even a district, of Marseille.⁴ Such an approach would also have made it difficult to take a random sample of women⁵ or to isolate a population of women within the fertile age range.⁶ The decision to study the population of two family planning clinics was prompted by the fact that this population is, by definition, composed of women within the fertile age range. A sample of women attending family planning clinics in Marseille cannot, of course, claim to be a sample of the fertile female population of that town. However, a recent national survey, discussed in Chapter 8, found that only 4.1% of women exposed to the risk of conception and not wanting a pregnancy did not use a method of contraception. Modern contraception requires that a woman consult a doctor, whether in a clinic or private practice. We can, therefore, expect that the population of women attending family planning clinics will not be very different from the fertile female population as a whole. In the particular clinics chosen, I had the advantage of facility of access in that I was already known personally to the administration⁷ and staff. There are also more general advantages attached to studying a clinic population. A clinic provides important resources in the form of clinic files, reports, statistics, as well as the possibility of using 'key informants', doctors, midwives, counsellors and social workers, with a long experience of the clinic population, its contraceptive attitudes and practice. In addition, I was able to be a non participant observer at all stages of the consultation. These included not only the more formal exchanges in the medical and social interviews, but also the reception of the consultants and the long hours of waiting for the medical consultation. This observation meant that my information was not limited to the subjective, and often defensive, views of staff members, and gave me some idea of the experience of the women attending the clinic.

The selection of two clinics gives access to two very different populations. Clinic A is located in a densely populated area of low grade housing in the centre of Marseille, with a poor, mobile, and predominantly immigrant population. The clinic offers prenuptial, pre and post natal consultations, as well as a family planning service. There is a considerable amount of cross referral between these consultations, most of which share the same staff, which leads to a high proportion of parous and multiparous women among the family planning population. In 1979, almost a quarter of the women consulting for contraception were Maghrebine, compared to a very small proportion in the second clinic.⁸

Clinic B is situated in a residential area, consisting of privately owned or rented accommodation, with a stable, predominantly French, population. It is considered a respectable area, in contrast to the 'ghetto' which surrounds Clinic A. There are lycées and the university medical faculty in the near vicinity, which means that the clinic is used by school and university students. The family planning service shares premises and some staff with a fertility and artificial insemination clinic, with which there is no cross referral. Clients are drawn more from the middle and upper socio economic groups, with a higher level of well educated and employed women than in Clinic A. Both clinics have the same administration and share some of the [all female] doctors and a family counsellor. The social workers have the same specialist training. In theory, the standard of service should be similar in the two clinics, but practice is influenced by the ethnic group with which the woman is identified.

In my research, I have chosen to look at the differences between French and Maghrebine women, considered as two ethnic groups, as well as to examine the differences between educational, employment, and income groups. I am aware that arguing for a distinction between the Muslim immigrant women and

the French women in the sample might be construed as taking for granted, or even reinforcing, racial stereotypes. However, the recognition of differences does not mean that I consider them as fixed and immutable, or that they should provide the basis for a negative or punitive form of racial discrimination. On the contrary, I am arguing that access to an alternative, independent social status, through education and paid employment, provides a strong motivation and power source for change among both French and Maghrebine women, but that Maghrebine women are given the least opportunities for change.

The French group is composed of women born and brought up in France, plus a small minority of women born into French families abroad. They share language, a religious and cultural history, as well as a particular form of social and family organisation. They come from French speaking, predominantly Catholic families, relatively small, closely knit units, with a strongly individualistic bias. Even those who were born abroad, were educated within the French educational system, which inculcated a common sense of history and of cultural values and confirmed them in their identity as French women. Although the arrival of the 'expatriate' French group in France at the time of Algerian independence caused considerable upheaval, they did not experience to the same extent the racial prejudice suffered by North African Muslim [Maghrebine] immigrants. They were more easily absorbed into the educational and employment network, forming a solid part of the local government administration and the liberal professions, and have been extremely successful in exploiting the French 'entrepreneurial' capitalist system. The French group as a whole spans the range of the educational, employment and income scales.

Maghrebine immigrant women do not identify with and are not accepted into the French group. The Maghrebine have a very different linguistic, religious, cultural, and historical heritage, The language which they share, and through which they construct their reality, is Arabic; French remains very

much a second language. The precepts of the Islamic religion and of traditional social organisation form the framework to their daily life. An essential element of this tradition is that identity and status within society is determined by membership of an extended family group, within which position is defined by age, sex, and lineage, rather than in terms of individual achievement. The Maghrebine group have usually participated only marginally in the French educational system, and thus have less of a sense of shared values, as well as lacking the credentials through which jobs are allocated. The identity of the Maghrebine group is reinforced by the experience of colonial rule, independence, and, later, by immigration. The nature of colonisation in North Africa, which differed from that in West Africa in that it involved French settlement of the land and the dispossession of the native Islamic population, meant that independence was only achieved after a prolonged and violent confrontation between the two groups, leaving a legacy of mutual animosity and bitterness. This has resulted in a virulent and overt form of racism against Maghrebine immigrants in France, a group that can be easily identified by their colour as well as their linguistic, religious, and dietary specificity. The Maghrebines find themselves cut off physically, if not emotionally, from their extended family network, only partially compensated for within the 'ghetto' system. At the same time, there is little inclination or effort to integrate them into the host community. Discrimination combines with a low level of education and training to ensure that employment, when available, is restricted to the low paid manual and service sectors. Women, isolated within the home, suffer particularly from the experience of living within an alien and hostile environment. Immigration means that they lose their network of other women of the same age, and only infrequently gain access to other groups through employment. They live in another space and another time to French women, who begin to benefit from wider educational and employment opportunities while also discovering their identity with the community of other women.

It can be expected that these two groups, French and Maghrebine, will show differences in their fertility attitudes and behaviour as well as in the organisation of life within and outside the family, although this does not mean that, within these groups, there will not also be differences, according to the opportunities available to each woman.

II.2 The method of research

There are three main methods of collecting information with which to test out hypotheses ; observing behaviour, asking questions, and making experiments.⁹ The choice between the first two is determined by the kinds of questions to be answered, while the last method is very difficult for those studying human beings. Observing behaviour is valuable but limited, in that it cannot give an adequate idea of attitudes and personal opinions and how they relate to behaviour. In the context of the present research, I consider it a valuable method of collecting background information which will help in the interpretation of data acquired from other sources. Within the clinics, I was essentially a non participant observer, although I was a participant observer in the wider society in which I lived and worked.¹⁰ I decided that my primary method of collecting information about the clinic populations lay in asking questions. "Key informants" are important in what STACEY calls the "initial exploratory stage of investigation."¹¹ In the clinic context, these were the professional workers. They could not, however, provide me with the main body of information, which could only come from the women consulting the professionals. The next decision was how to ask these women, and what questions to ask. The most usual method of asking questions is by personal interviewing, although the form of the interviews may be structured or unstructured.¹² Unstructured interviews have the advantage of eliciting more personal information, and are often used at an exploratory stage. Their disadvantage is the wide variation possible in the context of different interviews, which are not directly comparable.¹³ Comparability being a basic requirement in a survey, I chose to

adopt a structured questionnaire. This decision was also prompted by the fact that I wanted to test specific questions, as well as explore issues. STACEY suggests that the advantage of a structured approach is that "it ensures that all the respondents have the same questions put to them and that the same form of words is used in every case".¹⁴ Although not all respondents will necessarily understand the same thing by the same question, this approach reduces the variations that arise from the use of different words. The fact that French was not a native language for myself or the Maghrebine consultants made it even more important that the questions should be clear, concise, and uniform. A great deal of attention was paid, with the help of the professional workers, to constructing questions which the Maghrebine women would be able to understand and respond to. I chose not to use other [French] interviewers as this would have led to a lack of comparability between my interviews and those of native French speakers. Although I anticipated that my command of the language would cause some problems in comprehension, I felt that, by conducting the interviews myself, I would have a better understanding of the responses than if they were reported to me by another interviewer. This also eliminated the problems associated with employing, training, and checking on interviewers.¹⁵ My own experience of interviewing as a social worker, my motivation and familiarity with the subject also reduced some of the problems associated with personal interviewing in a foreign language.¹⁶

Social survey literature offers a great deal of advice on legitimate and illegitimate aspects of the interview technique,¹⁷ usually advising a pleasant, but professional and detached approach.¹⁸ The aim is to encourage the respondent to answer the questions put to him or her, but to avoid answering questions that are put by the respondent. OAKLEY suggests that this research protocol assumes an essentially male model of society and sociology that esteems male qualities and devalues female characteristics of interaction.¹⁹ She argues that when

women interview other women on personal subjects this is likely to encourage a relationship between the interviewer and the respondent in which the respondent also asks questions; and that it is not only inappropriate to ignore these questions but, in some cases, morally indefensible.²⁰ In my own survey, I anticipated that respondents would want to ask questions concerning pregnancy, contraceptive and abortion techniques, and about my own intervention, which I was quite ready to answer, or refer the respondent to someone who knew the answer. I felt that these questions, and any other information or opinions which women wanted to give, were a valuable and necessary supplement to, rather than a deviation from, the structured questionnaire. Although I felt justified in the circumstances in choosing a structured approach, supplemented by open encouragement to the women to express themselves freely in any areas which particularly interested or disturbed them, it is, nevertheless, certain that a structured questionnaire imposes more restraints on the relationship between interviewer and interviewee than an open ended interview.

II.3 The design of the questionnaire

A crucial aspect of research²¹ is the design of the questionnaire. This is dictated not only by the need to provide information in a form comparable to other surveys, but also by other factors which affect the quality of response. Each question needs to be examined according to certain criteria : whether the respondent will understand it, whether she is willing or able to respond, or will limit herself to 'acceptable' responses.²² The understanding of the respondent and her ability to respond may depend not only on a clear wording of the question, but also on the respondent's knowledge of the subject.²³ Questionnaires on sensitive subjects such as abortion will elicit a more truthful response if placed within a 'guilt free' context.²⁴ and if there is a sympathetic relationship between interviewer and respondent. The lack of information on contraceptive and abortion practice in French surveys is presumably because research designers felt that respondents would be unwilling to answer such questions. My decision to include detailed questions on the practice of

contraception and abortion is based on the likelihood that, in the context of a contraceptive consultation, respondents would be more able²⁵ and more willing to answer these questions. I also felt that the reluctance to approach these questions in previous surveys was as much due to embarrassment on the part of the interviewer as the interviewee.

Factual and opinion questions each raise different problems. Factual 'classification' questions, concerning marital status, family composition, education, employment and income, need careful definition.²⁶ Many studies differentiate only between marital and single status. The extensive increase in cohabitation, both prior and as an alternative to marriage, means that it is essential to distinguish this group from other 'single' respondents. It is also important in a study of fertility to have a detailed record not only of births but of all negative pregnancies.

An approach which seeks to relate changes in women's socio economic status to their fertility attitudes and behaviour relies on sufficient information being available concerning this status. One of the major drawbacks of existing sociological research on women, that is particularly obvious in fertility studies,²⁷ is the use of a system of social stratification in which women are classified according to the occupation of the man in their family. ACKER suggests that this practice makes several assumptions about the social position of women that do not always correspond to reality: it assumes that the basic unit of stratification must be the family, that the social position of the family is defined by the male head of the household, and that women's status is determined only by the men to whom they are attached.²⁸ The convention for married women to be assigned their husband's occupation and single women their own²⁹ or their father's occupation can result in some very confusing and misleading relationships.³⁰ DELPHY argues that the classification of women under their husband's status is not due just to methodological errors or

ideological bias, but reveals a "hidden social structure"³¹ which employs a double standard for determining class membership. "Occupation, the universal measure of an individual's social class, is, in the case of women and women alone, replaced by a completely heterogeneous criterion : marriage. It follows from this that women are not integrated into a description of social structure through the application of rules governing the concept of social stratification, but rather through abandoning these rules."³² The housewife is relegated to a state of "social inexistence", and is attributed the class of the person on whom she is economically dependent, her husband. The concept of "class parity" is put forward to minimise this dependency. "The relations within the couple, and particularly the relations of economic dependence, are always treated as secondary since the shared social status.....is supposed to override internal disparities".³³ In fact, this concept of economic dependence is critical to any consideration of women's status. It contributes to an inequality within the couple which is obscured by the fact that women who are classified according to their husband's occupation will frequently have a higher social status than women who are classified according to their own occupation,³⁴ although the latter will have more power in the marital relationship. It is certain that, in a study of fertility, a woman's own occupational status is more relevant to her reproductive behaviour than her husband's profession. There remains the problem of the classification of the housewife, whose mode of production is neither recognised nor rewarded. ACKER suggests that these should be treated as a separate class³⁵. The status of the housewife is, however, rarely a permanent one : most women are employed before and after childrearing. Past and prospective employment can be an important element in determining status, the nature of the couple's relationship, and their fertility behaviour. It is, therefore, essential not only to correct the bias of methods of social stratification which classify women under someone else's occupation, but also to have information on the history of a woman's employment, the type of

activity, the reasons and motivation for working,³⁶ all of which can be crucial explanatory variables in a study of fertility. In the same way, it is important to have detailed information about the respondent's education, another critical variable affecting fertility. In the present survey, the information concerning education and employment is noted in detail, and then classified in groups according to the standard classifications employed by INSEE³⁷ I have attempted to translate these in terms which relate to English classification methods, although the two systems are not directly comparable. Questions concerning income raise additional problems of whether the respondent is able or willing to respond. STACEY³⁸ suggests that it is easier for the respondent to indicate what group their personal or family income falls into, rather than state the precise amount, which would, anyway, have to be coded into a group at a later stage. I chose to give respondents a card with income groups and ask them which group they belonged to. The income ranges have as one dividing level the legal minimum growth wage [SMIC], as defined by the government at the time of the survey. A disadvantage of this approach is that it is not possible to calculate accurately average income.

MOSER suggests that opinion questions raise much more fundamental problems for the interviewer, in that there is no one correct answer and the response will depend on the circumstances of the interview as well as the phrasing and placing of the question.³⁹ I have already suggested that women would feel freer to talk about their personal and family life away from the home environment : it is also possible that being interviewed in the clinic, by a social worker, might restrict their freedom to criticise clinic procedures. The phrasing of questions varies according to whether it is the intensity as well as the distribution of opinion that has to be determined. The main areas in which I felt a detailed opinion was necessary were contraception,⁴⁰ abortion,⁴¹ sterilisation,⁴² and the employment of married women.⁴³ Respondents were questioned about the circumstances in which they would approve any of these

issues, a distinction being made between general approval and their personal decisions. The form of these questions was aligned with previous surveys, to allow an examination of the evolution in attitudes, as well as the influence of local factors. The wording of questions is also determined by whether they are open or pre-coded questions ; the essential difference being the stage at which information is coded.⁴⁴ Precoded questions are preferable when the range of answers is well established and limited. The pilot survey should give information about the range of possible answers, which can then be precoded in the final draft of the questionnaire. This helps to ensure that the distortion which must arise through fitting answers into precoded groups is minimal. As the data in the present survey was to be analysed by computer, it was also important that the answers were coded into a form acceptable for the programme being used.⁴⁵

The content and range of the questionnaire is determined by the aims of the research. I identified six major areas in which I needed information⁴⁶: the questions asked in each of these areas are detailed in Appendix D. This is not the final form of the questionnaire, which was designed on the basis that the order as well as the content of questions influences response.⁴⁷ STACEY suggests that the order should be dictated "by the way in which it might be possible to conduct an ordinary conversation on the subject and not by the nature of the enquiry".⁴⁸ The essential criterion is that the interview should "flow naturally",⁴⁹ which may mean that topics are widely separated. Within these general considerations, the first question should be easy to answer, give no offence, and be connected with the subject of the research. "Remaining questions are then grouped as naturally as possible, leaving until the end of the interview any that are likely to give offence to some people."⁵⁰ This ensures that refusal of these questions does not lead to a refusal of the whole questionnaire. My own questionnaire was designed so that first questions are familiar in the clinic context, and allow a preliminary classification of respondents.⁵¹ Abortion, considered a sensitive area, is introduced as a part of fertility

history,⁵² which leads on to fertility attitudes and practice of birth control. Questions on attitudes to women's employment and government policy introduce a section on the couple's own educational and socio economic status. This is followed by an enquiry into areas such as religion, place and family of origin which have traditionally been considered important in fertility behaviour. The questionnaire ends with those questions most likely to be unfamiliar to respondents, concerning the division of tasks and decisions in the couple, for which it was difficult to forecast a reaction. The last question is a general one on contraceptive responsibility, to bring the respondent back to a familiar area, and to synthesise some of the different aspects approached in this survey.

III. The survey

III.1 The preparation of the survey

The first stages of the research, preliminary reading, a broad definition of the survey population, and the first draft of the questionnaire, were carried out in England. The more detailed preparation of the survey was conducted in Marseille. An initial step was to discuss the aims and approach of my research with members of the multidisciplinary teams of the two family planning centres, and to circulate the first draft of the questionnaire. I felt that, at a psychological level, this would encourage the staff to accept and cooperate with my intervention, while, at a practical level, their comments were invaluable. They were not only able to correct the more obvious language errors, but also advise on the rephrasing and restructuring of questions so that they would be better understood and more likely to encourage a response. At the same time, I regularly sat in on social and medical consultations, to ensure that the questions relating to these consultations were relevant. Discussion with the clinic staff also resulted in giving a greater precision to the definition of the survey population.⁵³ I was advised against interviewing a sample of past consultants because this would involve contacting clients at home and, presumably, conducting the interview in their own home. It was

thought that this could provoke problems for two groups in particular, the young and the Maghrebine, whose family, parents or husbands, may not be aware that they had consulted the clinic. The staff felt that to approach them would be betraying a professional confidence. Contacting and interviewing people at home, in a town of a million inhabitants, posed considerable problems in terms of time, resources, response, and response errors. I could expect a high level of refusal from women approached 'cold', given that I was a foreigner doing private research without the support of a French government or research institution. Interviewing respondents among their family might also deter them from answering, or answering truthfully, certain questions, particularly those concerned with the division of tasks and decision making.

The decision to interview a sample of current attenders at the two family planning clinics was prompted not only by these disadvantages in interviewing past attenders at home, but also by the advantages of interviewing a 'captive' population. I was accepted into the clinic, and introduced to respondents, as a social worker; a label which gave me legitimacy both with the women working in and the women attending the clinic. This 'legitimacy' has both negative and positive aspects in the interviewing process. A negative element is that I was identified with the hierarchy of the clinic and, as such, women could feel obliged to be deferential, answer my questions, and give answers that would not offend the clinic staff. This probably explains why respondents did not voice the criticism of clinic procedures, of reception, counselling, and treatment, that were, according to my observations, sometimes merited. The negative aspects of my identification with the clinic hierarchy were partially reduced by the fact that, as a visiting social worker in a medical consultation, I was not very high up in this system, that I refused to disguise myself as a member of the medical staff by wearing a white coat, and, hopefully, did not adopt the authoritarian approach that I observed in many of the staff. My identification as a social worker was, nevertheless, an important element

in achieving a very high response rate ; the fact that only one woman refused to participate can be seen as a negative rather than a positive aspect of the survey results. There are , however, also positive reasons why women should be more ready to answer my questions than women in other surveys. The interview was planned to take place during the very long waiting period which arose because the doctor was consistently at least an hour late. The women therefore found themselves freed temporarily from their domestic and family responsibilities, but also 'trapped' in an unwelcoming waiting room that offered them little in the form of entertainment or light relief. In these circumstances, the request by a foreigner to participate in a survey had more attractions than might be obvious in any other situation.

III.2 The pilot survey

MCARTHUR suggests that the pilot survey should constitute the "complete survey in miniature",⁵⁴ and should give the opportunity to test out all the phases of the survey from the collection to the treatment of the data. The pilot survey can provide guidance on a number of factors, including the adequacy of the sampling frame, the variability of the population [which can determine the size of the final sample] and the non response rate to be expected in the final survey.⁵⁵ The time taken by the pilot interview⁵⁶ allows an estimation of the number of interviews that can be carried out at each session, and the period necessary to complete the survey.

The pilot survey was carried out with ten respondents, five from each clinic, who were selected on the basis that they were the first to arrive at the clinic on the day of the consultation. There were no refusals in the pilot survey. The respondents seemed quite happy to cooperate in what they obviously considered 'wasted' time. They were, however, in a hurry to leave the clinic immediately after the medical consultation, so this would not have been a good

time to interview them. The interviews were easily completed between the women's arrival at the clinic and the arrival of the doctor.⁵⁷ The time taken up by the approach, introduction, and actual interviewing suggested that I could comfortably interview two women at each session.

I had no obvious difficulty in making myself understood, or in understanding the responses, although the pace of the interview was considerably slower with the Maghrebine women. In questions concerning contraceptive methods, it was necessary to run through all the names by which they were called and, when all of these were unfamiliar, to explain the process. None of the respondents refused to answer any of the questions, even those concerning abortion. They seemed to enjoy answering the questions concerning the division of household roles, making frequent comments about the amount of help they received. It is doubtful that they would have answered so freely if they had been interviewed at home, in the presence of their husband. The experience of the pilot survey led to some alterations in the content and the structure of the questionnaire: questions were added, omitted, coded, and recoded in the light of responses. It also led to the decision to expand the projected sample size from 100 to 200 women, in order to give a sufficient number of Maghrebine respondents, as well as allowing the educational and occupational range of the respondents to be exploited in more detail.

III.3 Sampling the population

In order to ensure that a sample represents as far as possible the population from which it is drawn, it is necessary to observe certain methodological principles. MOSER suggests that two major principles dictate sample design; "the first is the desire to avoid bias in the selection procedure, and the second broadly to achieve the maximum precision for a given outlay of resources."⁵⁸ Bias and precision are two independent factors and will be considered separately.

Bias is caused when sampling is carried out according to a non random method [when there is conscious or unconscious human selection], when the sampling frame is inadequate or incomplete, and when sections of the intended population are impossible to find or refuse to cooperate. Random sampling is usually preferred because the standard error of the sample is measurable⁵⁹ and, since no human judgement is involved, every unit has a calculable and non zero chance of selection. In the present study, it was impossible to use a simple random sampling technique, using random tables, because the population was not defined in advance. Lists were drawn up for each consultation, either on the basis of an appointments system, in Clinic B, or on the arrival of the women, in both clinics. MOSER comments that "selecting at regular intervals from a list is often reasonably regarded as equivalent to random sampling".⁶⁰ This assumes that the order of arrangement of the names on the list is more or less random. In the pilot survey, I found that bias did enter into the beginning of the list compiled according to an appointments system in Clinic B.⁶¹ However, in actual practice, Clinic B compiled another list, based on the order of arrival of the clients, the same method used by Clinic A. I decided to minimise the possibility of bias by interviewing half an hour after the beginning of the consultation in each clinic. At this point, I approached and requested an interview with the last woman to arrive, and the last on the list. When this interview was concluded, I again approached and asked to interview the last woman who had arrived. In this way, there was no conscious or unconscious selection of respondents. This approach meant that I had to resist the attempts of the secretary in one clinic to introduce me to 'nice' consultants who would cause the least trouble to me and to herself.

The sampling frame was composed of all the consultants in all the family planning consultations in the two clinics during the period of the survey [October 1978 - March 1979]. Theoretically, this should have amounted to seven consultations per week,⁶² each with approximately fourteen clients. In practice, the number was reduced by public holidays or the absence of the doctor. I sampled every

consultation that took place. As it was decided that the particular doctor was not a significant variable - all were female gynaecologists - no attempt was made to substitute for the consultations which did not take place, or to equalise the number of consultations in the two clinics. MOSER enumerates six qualities that should be looked for in a sampling frame, that it should be adequate, complete, not subject to duplication, accurate, up to date, and convenient,⁶³ although he recognises that these are stringent requirements and no sampling frame can meet them all. The only requirement that was not met in the present survey was that the list inevitably involved duplication, in that most of the women who consulted would return before the end of the survey period. These women would have a greater chance of being included in the sample: they did, however, include the quasi totality of the population. In practice, I never had to approach the same woman twice.

The third possible source of bias is that of non response,⁶⁴ when the respondents are impossible to find or refuse to cooperate. In the present survey, there was no risk that the respondents could not be found as they were all in the clinic. I had previously estimated that refusal would be reduced by several factors associated with a 'captive' population : the fact that women were on their own, the enforced waiting period, the familiarity with many of the questions, my identity as a social worker, and my 'legitimacy' within the clinic [with its both negative and positive aspects] . In addition, I had what WHYTE calls "stranger value".⁶⁵ In all, I interviewed 214 women to obtain my desired sample of 200. Twelve of these women were eliminated because they did not meet the basic criterion of being French or Maghrebine.⁶⁶ Interviews with two respondents were unfinished and follow up was impossible.⁶⁷ In the whole survey, only one of the women approached refused to participate, an Armenian woman who would have been eliminated from the survey at a later stage. The reason for her refusal was that her husband would not agree. In this survey it appears that it is not non response, but over response, that is the problem.

The other principle that dictates sample design is precision. Precision depends on the variability of the population with regard to the characteristics being studied, and on the size of the sample selected. The more varied the population in respect of the characteristic in question, the larger the potential sampling error will be. In the present sample, variability was reduced by the limitations of the sampling frame: all respondents were within the fertile age range and were actively seeking contraception. In this sense, there was much less variability in relation to the main characteristic being studied, fertility planning, than if I had used a geographical limitation to define my population. Precision was also increased by the decision to raise the sample size from 100 to 200, a maximum number given that I was interviewing alone and had limitations on the time and resources available. An analysis of the chosen sample size in relation to the total population in 1977⁶⁸ gives a relatively high sampling fraction of 16%, important when several subdivisions are needed for analysis and the parent population is small.⁶⁹

III.4 Interviewing and response errors

The interviewing process was obviously affected by the fact that French was not a native language for myself and the Maghrebine respondents.⁷⁰ Although this at no time led to an obvious breakdown in communication, it must sometimes have led to misunderstanding on the part of myself or my respondents. The interviews with the Maghrebine women were noticeably slower. An advantage of conducting the interviews myself was that I avoided many of the response errors that arise from employing several interviewers, who bring different levels of expectation, skill, and interest to the survey.⁷¹ I was also familiar with the questionnaire, which reduced errors caused by difficulties in manipulation. When interviews are carried out by one person, there is a consistency in the method of asking questions and the extent of probing, but there is also the disadvantage that systematic errors cannot be compensated by different approaches.⁷²

Response errors can also arise from the conditions in which the survey

is undertaken.⁷³ I have already described the advantages in the place and timing of the interviews, which eliminated the stress and pressure of some home interviews. It is possible that some respondents were worried, despite reassurance, about missing their turn with the doctor. This could increase response error. I was conscious, in the design of the questionnaire, of trying to reduce response errors caused by misunderstanding on the part of the respondent. All questionnaires were checked for 'gross' errors and, where necessary, coded immediately after the interview. Most of the 'vital data', including fertility and contraceptive history, where errors are most likely to occur, could be checked against clinic records.

IV. Processing and analysing the data

The data collected in the survey were processed and analysed by computer, using the 'Statistical Package for the Social Sciences' [SPSS].⁷⁴ Preparation for variate analysis showed that, for certain variables, the method of categorising the information was not adapted to the analysis I wished to undertake. Data concerning marriage and birth dates were reorganised to create new variables of marital and age cohort which were more useful for analysis and comparison. The first step in analysis was to obtain a list of frequency distribution of the variables, which provided the information necessary for the measurements of central tendency - the mean, media, and mode - and the measures of dispersion such as range, which were needed to describe and compare data. The frequency distribution list also made it possible to examine the categories of response. These categories were reduced wherever possible, especially for those variables which I expected to be using most in the compilation of crosstabulation tables. The next stage was to decide, on the basis of my preliminary hypotheses, which were the variables to be explained [the dependent variables], which were the main explanatory [independent] variables or influences, and the main intervening variables or controls.⁷⁵ The main body of analysis consists of testing out the proposed relationships between the dependent variables on one hand and the independent and intervening variables on the other. These relationships are

first examined in a series of two way tabulations, comparing the distribution of the main dependent and independent variables. The separate influence of different control variables is tested by setting up multivariate tables. Key control variables include age and marital cohort, educational, employment and income status, and ethnic group.

Throughout the analysis, I applied certain statistical tests to test the significance of the relationship between variables and the strength of these relationships. The chi squared [χ^2] test determines whether a relationship between the distribution of two variables is statistically significant or arises purely by chance.⁷⁶ Most statisticians accept tests of significance at the 5 per cent level.⁷⁷ The majority of claims for a significant relationship in the present study are based on evidence between the 1 and 5 per cent level.⁷⁸ In drawing conclusions from a significance test, the researcher runs two risks, of rejecting a hypothesis that is in fact true, if one keeps to strictly to the 1 per cent level, and of accepting it when it is false, at the 5 per cent level.⁷⁹ MOSER emphasises that a statement about statistical significance is a statement about sampling errors, which are themselves a function of sample size.⁸⁰ A small sample may not have the 'power' to show up a difference as significant, even though the effect may exist in the population. This could explain why, in the present survey, relationships are sometimes shown as statistically significant for the French, but not the smaller Maghrebine group. MOSER also points out that an effect shown to be of statistical significance may be so small in magnitude that it is not of substantive interest, while an absence of statistical significance does not mean that there is no sociological, political, medical, or economic significance.⁸¹ The chi squared test indicates the likelihood of a significant relationship, but says nothing about the strength of this relationship. The coefficient of correlation [Pearsons 'r'] measures the extent to which variation in one variable is matched by systematic

variation in another variable.⁸² The coefficient varies from a value of +1.00 which means a perfect positive relationship, through zero, which indicates no relationship at all, down to -1.00, which shows a perfect negative correlation. CONNOLLY and SLUCKIN give a useful guide to the degree of relationship indicated by the size of the coefficient.⁸³ These tests were applied throughout the variate analysis and form the basis of claims for a statistically significant relationship between variables. All the relationships examined in the text are supported by statistical evidence, but, for the purposes of presentation, this evidence is detailed in the notes to each chapter.

Any analysis is incomplete until a "logical connection has been traced between the variables".⁸⁴ The whole process of statistical analysis is accompanied by a constant interpretation and reformulation of ideas acquired during the preparation and design of the research and the experience of the survey. The main hypotheses, although inevitably qualified and reformulated during the process of analysis, remain substantially the same and are, for the most part, supported by the findings of the survey. These findings will be examined in subsequent chapters. They are introduced by a description of the sample drawn from the clinic populations.

CHAPTER 5PROFILE OF THE SAMPLE

The aim of this chapter is to draw a profile of respondents which will provide a background to the ensuing analysis of their fertility attitudes and behaviour and their patterns of family organisation. This profile shows that Maghrebine and French respondents form two distinct groups, the one identified strongly with early and almost universal marriage, and a low level of education and professional activity, and the other delaying marriage while establishing an independent social status through education and paid employment.

I. Location

The final sample drawn from the two family planning clinics is composed of 200 women, 160 of them French and 40 Maghrebine. All of the respondents are resident in the department of the Bouches-du-Rhône, and the majority live within the municipality of Marseille.¹ Each clinic serves as a pole of attraction for a different group of districts² and a different type of population. Most of the respondents at Clinic A come from densely populated districts³, with a high proportion of foreign immigrants and manual workers, and a low level of owner occupation. Clinic B serves some of the same districts, but also attracts a clientèle from the more privileged areas⁴ where population density falls as the level of occupational status and home ownership rises.⁵ The composition of the sample reflects the location and population of the two clinics. Maghrebine women form 46.3% of the Clinic A respondents compared to only 6.8% in Clinic B.⁶ Both the French and the Maghrebine women who attend Clinic B have on average a higher educational and socio economic status than the respondents in Clinic A. The two clinic groups together provide a wide cross section of the fertile, female population of Marseille.

II. Religion

Throughout the survey, French and Maghrebine respondents are distinguished on the grounds of their ethnic and religious affiliations, rather than according to their nationality or place of birth, which can be misleading.⁷ The ethnic division corresponds largely to a religious division between Catholics and Moslems.

Table 5.1

The religious affiliations of respondents, according to whether they are practising or non practising

	Moslem	Catholic	Jewish	Other	None	All	
Practising	11.0	20.0	2.5	1.0		34.5	%
Non practising	9.0	44.5	1.0		11.0	65.5	%
	20.0	64.5	3.5	1.0	11.0	100.0	%

The rejection of religion, found only in the French group, is strongly associated with a high educational level⁸ and with student status.⁹ Most of the non believers are under 30,¹⁰ suggesting that youth is a factor in the questioning of traditional attitudes and behaviour. There is a very high correspondence between the religious practice of respondents and their partners.

III. Age

Table 5.2

The age distribution of family planning consultants in previous surveys and in the present survey, according to ethnic group

	MFPF SURVEYS		PRESENT SURVEY		
	1973	1974	French	Maghrebine	
Under 19	7.9	14.4	17.5	5.0	%
20 - 24	15.7	19.0	23.8	30.0	
25 - 29	21.3	20.6	20.0	32.5	
30 - 34	22.9	18.0	18.1	22.5	
35 +	32.2	28.0	20.6	10.0	
	100.0	100.0	100.0	100.0	%

All of the respondents are within the fertile age range,¹¹ although there is a considerable difference in the age structure of the two ethnic groups. The concentration of respondents in the 20-34 age range is most noticeable among the Maghrebine group, as is the absence of very young and older women. The lack of Maghrebine women under the age of 20 reflects the

fact that early sexual experience is only tolerated within marriage, when it is associated with early rapid births. The traditional importance placed on a high fertility may also help to explain why older women form such a small part of the Maghrebine group, although this may be partly due to the relatively young age structure of the Maghrebine immigrant population. The strong representation of younger age groups among the French respondents¹² is a reflection of a precocious sexual activity that is divorced from marriage and childbearing. The increase in young consultants since earlier clinic surveys¹³ is a sign of an earlier use of modern contraceptive methods, encouraged and facilitated by a liberalisation of the law concerning the provision of contraception to adolescents. The presence of these young age groups explains the high proportion of single French women in the survey.

IV. Marital Status

Table 5.3

The marital status of family planning consultants in previous surveys and the present survey, and the marital status of women in the fertile age range in the agglomeration of Marseille

	MFPF SURVEYS		PRESENT SURVEY			MARSEILLE AGGLOMERATION
	1973	1974	FRENCH	MAGHRBINE	ALL	WOMEN 15-49 YEARS 1975
Married	76.5	67.1	50.0	82.1	56.3	61.3
Cohabiting			8.8	15.3 ¹	10.0	
Separated/Divorced	3.3	3.9	3.8	2.6 ¹	3.5	4.8
Widowed						
Single	20.2	29.0	37.4	0.0	30.2	33.9
	100.0	100.0	100.0	100.0	100.0	100.0
						%

For the Maghrebine, the pattern of early and almost universal marriage is shown by the fact that all of them in the survey are either married or cohabiting. 57.9% of Maghrebine respondents were married by the age of 19 years. There is some sign of an evolution in that this proportion is higher among the older women. There is also evidence of an increasing delay in marriage among the French women. Only 17.6% of the respondents under 20 years are married, compared to 30.6% who were married by this age overall.¹⁴

The absence of cohabiting women in earlier surveys and censuses does not mean that cohabitation did not exist, but rather that it was ignored as a status in its own right.¹⁵ For the Maghrebine women in the present survey, cohabitation is a long term arrangement closely assimilated to marriage. For the French, cohabitation represents more of a delay or refusal of marriage; it occurs more often in the middle than the younger age groups which suggests that it is acting as an alternative as well as just a prelude to marriage. Education acts to postpone marriage among French respondents. Almost half [45.5%] of those in the 25-29 age group who have the baccalauréat are still single, while all of those with a primary education are married or cohabiting. The increase in educational opportunities among young French respondents¹⁶ has not benefited the Maghrebine. No Maghrebine woman under 25 has reached the level of the baccalauréat; for 70.0% of all the Maghrebine group, the highest level of education they have achieved is the professional aptitude certificate.

V. Education

Table 5.4

Educational level of respondents according to ethnic group

	French	Maghrebine
Less than primary education certificate	6.2	32.5
Primary education certificate	13.1	27.5
Professional aptitude certificate	10.0	10.0
Professional education certificate	13.1	12.5
Professional education certificate + training	8.8	7.5 ¹
Baccalauréat	14.4	2.5 ¹
Baccalauréat + training	8.8	5.0 ¹
University or Grande Ecole	25.6	2.5 ¹
	100.0	100.0 %

Family planning consultations are no longer confined to the highly educated,¹⁷ although the high proportion of students in the French sample means that average educational levels are higher than in the wider population. There is a surprising lack of agreement between the education of respondents and their partners, except at the lowest and highest levels.¹⁸ Respondents

reflect the national and regional tendency for women's education and training to be concentrated within a narrower range of disciplines than men's.¹⁹ Although French women in the survey have a relatively high level of professional training - 27.6% specifically mention this in addition to educational qualifications- which encourages activity, they are mainly restricted to traditional 'female' fields.²⁰

VI. Employment status and history

Over a quarter of the French,²¹ but none of the Maghrebine, respondents are still pursuing full time study. 45.5% of the French respondents are in paid employment, an activity rate that is much higher than the female activity rate in the agglomeration of Marseille²², while only 15.0% of the Maghrebine women work. The active French respondents provide evidence of the tendency for women's employment in the region to be concentrated within the rapidly expanding tertiary sector²³, although they are more often in qualified employment than the wider female population.

Table 5.5

The occupational status of women in previous surveys, the present survey, and the agglomeration of Marseille

	MFPF SURVEYS		PRESENT SURVEY		MARSEILLE	
	1973	1974	FRENCH	MAGHREBINE	ALL	1975
Manual and service workers	12.9	21.3	23.3	66.6 ¹	26.5	29.8
Self employed	4.8	5.2	6.8	16.2 ¹	7.6	7.0
White collar workers	13.3	19.2	30.1	16.2 ¹	29.1	37.4
Middle management	27.1	19.9	30.1	0.0	27.8	18.6
Senior management/professions	27.5	18.4	8.2	0.0	7.6	7.0
Other	4.5	5.6	0.6	0.0	1.3	13.5

$\chi^2=0.00$ Pearson's 'r'=-.41

The sample is much closer in its distribution to the general population than was the case in earlier surveys, where women working in high status employment were very much over represented and manual workers were under represented.²⁴ There is still a higher proportion of middle and

senior management workers in the present survey than in the wider population. This coincides with a rapid increase of female participation at these levels, although women are still usually confined within areas such as teaching, socio-medical services and public administration.²⁵ The Maghrebine respondents' occupational distribution reflects their position in the wider population. The few who are economically active are mainly in manual and service employment.

The activity of French respondents, and their socio professional status, varies with their age.²⁶ Paid activity is low among the younger women²⁷, because of the tendency to continue in full time studies. This education leads to a high proportion of white collar, senior and middle management workers in the intermediate age range of 25-34 years,²⁸ which could explain why marriage and childbirth interrupt employment less for this group than for the wider population. Almost half of active women between 35-39 years are employed in middle management, a type of activity which offers a greater incentive to keep or resume employment, despite family responsibilities. Older women, who have had less educational opportunities are more often inactive.²⁹

Marriage proves to be a brake to activity, presumably because it is linked to the presence of children,³⁰ although 55.7% of French married women still work. Activity is affected by marital cohort, reflecting the different pressures at the various stages of family formation. Inactivity is highest among those most recently married, with the responsibilities of very young children, and lowest among the cohorts with children of school age. Inactivity rises again among those married the longest, most influenced by traditional ideas about married womens' employment, reinforced by the difficulty they have in finding interesting, well paid work. When these

women do work, it is mostly as manual and service workers, while those in younger cohorts are more often in middle and senior management. Inactivity is associated with a low educational level. Those respondents with a level up to the primary education certificate have an activity rate of only 40.0%, and are mostly manual workers, compared to 90.2% of those with a university education, who find work at high occupational levels. Professional training is more likely to give access to management than a general education.³¹ Those without a professional training are to be found more often in white collar employment.

The husbands of French respondents also have a higher activity rate than their Maghrebine counterparts, many of whom are unemployed, and a higher occupational level.³² A comparison of the professional activity of women and their partners shows that those at the lower and upper ends of the occupational scale are the most likely to choose partners within the same category. Most of married women in manual work have husbands of the same status. More men than women are in manual employment and their wives are at the same level or inactive.³³ Unemployment among the men does not encourage their wives to work - they have the highest proportion of inactive wives³⁴, despite the greater financial needs. This suggests that there are other pressures operating against these women finding employment. French women in higher management choose partners at the same level, although men in this position frequently have wives who are inactive or in lower status employment. It is at middle occupational levels that there is most social mobility, especially among women in middle management where only 25.0% have partners in the same category: they more often have partners at a lower rather than a higher occupational level.³⁵ There are not enough active women among the Maghrebine and the activities are too restricted to discern a pattern.

This discussion of professional activity among the women in the sample concerns their status at the time of the survey. The history of employment and prospects of future employment are also important factors in a study of fertility behaviour. Amongst those women who were inactive at the moment of the survey, 91.1% of the French and 64.7% of the Maghrebine had been previously active. Those Maghrebine women who have worked show a greater tendency to give up work early, with each stage of family life providing more of a barrier to work than for the French.³⁶ An analysis by age reveals that women are increasingly reluctant to give up work at marriage, yet, eventually, 65.8% of currently inactive French women were obliged to give up work for family reasons.³⁷ 42.1% of those who have not worked since having their child[ren] are in the youngest marital cohort,³⁸ suggesting that it is the age of the children that provides the immediate barrier to employment and that they are likely to resume employment at a later date.

The likelihood that family responsibilities will interrupt employment decreases as educational and socio economic status rise. Inactive French women have less education than the group as a whole.³⁹ Women with a low educational level and those who were in unskilled employment frequently give up work at an earlier stage than more qualified respondents.⁴⁰ Manual work is less adaptable to a family routine, and also provides a less positive incentive to delay or limit children. French manual and white collar workers were generally more happy than not about giving up work, while 80.0% of those in middle management were unhappy⁴¹ and had given up work at a later stage and for reasons other than family responsibilities.⁴² Overall, pregnancy and childbirth remain the most frequent reasons for leaving work. Despite the fact that many say they had been happy to give up

work at this stage, the majority want to return to work as soon as possible. The desire to return to work is highest among professionally qualified women⁴³ who give a wide range of positive reasons for wanting to resume their activity. They mention family finances less often than the ex manual worker, for whom this is the overwhelming reason for returning to work. Maghrebine women also work for financial necessity. The second reason they give for resuming work, "to help my husband", indicates that they see this activity as being outside their normal role.

A survey of currently active respondents shows that few of the French⁴⁴ and none of the Maghrebine have managed to have an uninterrupted work career. Family responsibilities, usually pregnancy and childbirth, are again the major reasons for these interruptions.⁴⁵ The importance of health and the lack of work opportunities increases with the number of interruptions, presumably as women get older. Most women stop work for less than six months, for the period during which they are covered by maternity benefits, although 17.1% of first interruptions lasted for over five years. The length of first interruptions⁴⁶ is related to the number of children. A first child causes only a short break in employment, while the proportion of long breaks increases with family size.⁴⁷ The small numbers involved suggest that some women with large families interrupt their employment permanently. The woman with a high educational and occupational status, and a high income, has the strongest motivation to limit her work interruptions to less than six months⁴⁸ and shows herself as the most able to reconcile the demands of family and work. Short intervals are also associated with a high socio economic status for the husband, and the possibility to afford alternative child care. A high family income may also encourage a woman not to work. Thus, a minority of those women in higher family income brackets choose to interrupt their employment for more than five years. Those who stay away

from work the longest do so exclusively because of pregnancy and child care. Their only reason for returning to work is the family's financial situation. Those who have had only short interruptions to their work return because they are also attracted by the economic independence, the desire to meet people, and the interest of work.

Interruptions in a married woman's employment start early. 72.7% of the most recent marital cohort⁴⁹ have already had at least one break in their activity. Nevertheless, those in the 20-24 age group are the least likely to have interrupted their employment.⁵⁰ If the interruptions of white collar workers and those in management and the professions are shorter, they are also relatively more frequent⁵¹; perhaps because manual workers give up their employment permanently, or for longer periods, and thus do not appear in the active group.

Given the close link between pregnancy, children, and work interruptions, it is not surprising that the likelihood of a continuous employment record is inversely related to family size. The proportion of active French women in continuous employment decreases from 100.0% for those with no children to 14.3% for those with one child and 5.3% for those with two children. 68.5% of active mothers with two children have had at least two interruptions.⁵¹

Part time work is another solution to the conflict between work and family roles, adopted by 14.8% of active French respondents. There seem to be different reasons involved in the decision to work part time. The wish to devote more time to the family role is counteracted by the fact that most of the part time work available is insecure, unskilled, and low paid. This deters those with higher educational and professional qualifications, but also those who need to substantially supplement the family income. The high

popularity of the idea of part time work among respondents suggests that, if the conditions and availability of part time work were improved, it would be adopted by a far wider range of women. In reality, at the time of the survey, most part time employment was in the unskilled manual field, and was most frequently undertaken by older, married women, and those with a low educational level.⁵² Women in the most recent marital cohort are the most reluctant to adopt this solution⁵³, despite the likelihood of preschool children. Their higher educational level gives them access to higher status employment, with the possibilities of longer paid holidays, extended leave, and greater financial resources for child care.

VII. Income

The levels of family income and personal income in the sample reflect the fact that regional salaries are lower than the national average, and that this differential has widened in recent years.⁵⁴ This evolution is partly due to 'structural' effects, or the distribution of different sectors in the region, and partly due to 'differential' effects, whereby regional salaries in each sector do not evolve at the same rate. In the region of Provence-Alpes-Côte d'Azur, two thirds of employment is in the tertiary sector, where there are the lowest levels of pay. At the end of 1979, this was the sole sector generating employment in the region, employing 80.0% of active women.⁵⁵ High salaries are found only in certain industries, where women participate rarely and at the lowest levels.⁵⁶ An analysis of different socio professional categories shows that, with the exception of middle management, all show a fall in average salary relative to the cost of living over the period 1963-73.⁵⁷ Categories with the highest proportion of female employees show the greatest relative fall.⁵⁸

The method used in the survey to collect income data, by income groups, does not allow an accurate calculation of average income, but does enable us to see the proportion in the sample who fall below national average income levels, and below the minimum growth wage.⁵⁹ The average net annual male income in France in 1978 was 48,840 francs.⁶⁰ 27.8% of French and 85.2% of Maghrebine couples in the survey find themselves below this average, even though, for the French, the family income frequently represents two salaries. If we exclude couples where the wife is economically active, 65.9% of French and 93.3% of Maghrebine husbands have an annual income below the national average. 22.7% of French and 33.3% of Maghrebine men earn less than the minimum growth wage. These low income levels can be explained by the regional differential, the high rates of manual employment, and, for the Maghrebine, the fact that when they are employed they earn on average less than their French counterparts.⁶¹

The average income of active women in the sample is lower than that of men, but also lower than the national female average.

Table 5.6

The relative income levels of active respondents in different occupational categories, compared to the national net average female salary in 1978⁶²

	National net average annual income in 1978		Proportion of respondents earning less than the national average	
			French	Maghrebine
Manual workers	27,250	FF	70.5%	100.0%
White collar workers	33,820	FF	68.2	
Middle management	50,760	FF	77.3	
Senior management/professionals	86,910	FF	100.0	

The respondent's earning capacity is related to her marital status and her family responsibilities. Within the same age range, single women more often have an income, and have a higher level of income, than married

women.⁶³ Married women less often have an activity, have more interruptions to this activity, and more often work part time; when they do work full time, they are in less qualified employment.⁶⁴ For both French and Maghrebine respondents, the likelihood of having a paid activity and a personal income falls as the number of children rises.⁶⁵ In the Maghrebine couple, family income has the same inverse relationship with family size, although in the French couple there is a positive relationship.⁶⁶

VIII. Conclusion

There emerge from this profile some very distinct differences between the two ethnic groups. The French respondents have a lower average age, and a higher educational and occupational level, characteristics that are associated with a rejection of traditional ideas, including religious practice. The importance attached to an independent status, and to a continuous work career, rises with educational and socio economic status and leads to a delay in family formation. The Maghrebine respondents are predominantly in the intermediate age groups, have little education and a very low level of economic activity. They enter at an early age into marriage and childbearing, and accept more easily that this is their exclusive role. They do not appear to be influenced by economic considerations in their family size, which rises as family income falls. This profile provides the information essential to an analysis of fertility. The status acquired by education, employment, and an independent income is a vital factor in determining fertility attitudes and behaviour. It acts through redefining values and priorities and restructuring the organisation of the couple, in the direction of reducing the woman's identification with the maternal role. We shall see that the extent to which this redefinition is realised varies with the ethnic group, and the resistance of the traditional family model.

CHAPTER 6ACTUAL FERTILITY AND INDICATIONS OF FUTURE FERTILITY

An examination of previous fertility studies¹ leads us to expect that fertility behaviour will vary between different cultures and, within the same society, between different generations and socio economic groups. These variations reflect a greater or lesser motivation to produce children, determined by the status attached to childbearing, as well as the different possibilities of achieving desired family size, and of combining motherhood with alternative roles.

The present study gives us the opportunity to compare the fertility behaviour of two ethnic groups, French and Maghrebine, as well as to examine the variations introduced by age and socio economic status. We shall see that the Maghrebine women, poorly integrated into the host community, remain strongly influenced by a traditional model of family formation. Marriage is still virtually universal, and entered into at an earlier age than among their French counterparts. Sexual activity begins at marriage and is encouraged exclusively for childbearing. High fertility expectations, combined with a decrease in infant mortality, lead to rapid family formation and a high achieved fertility. The Maghrebine women in the sample benefit little from the increases in educational, occupational, and income status that have had such a profound effect on the ideals and expectations of French women, on their family organisation, and their fertility behaviour. For the French, the appearance of socially approved alternative roles reduces the attraction of a life devoted entirely to childbearing and childrearing. There is an increasing dissociation

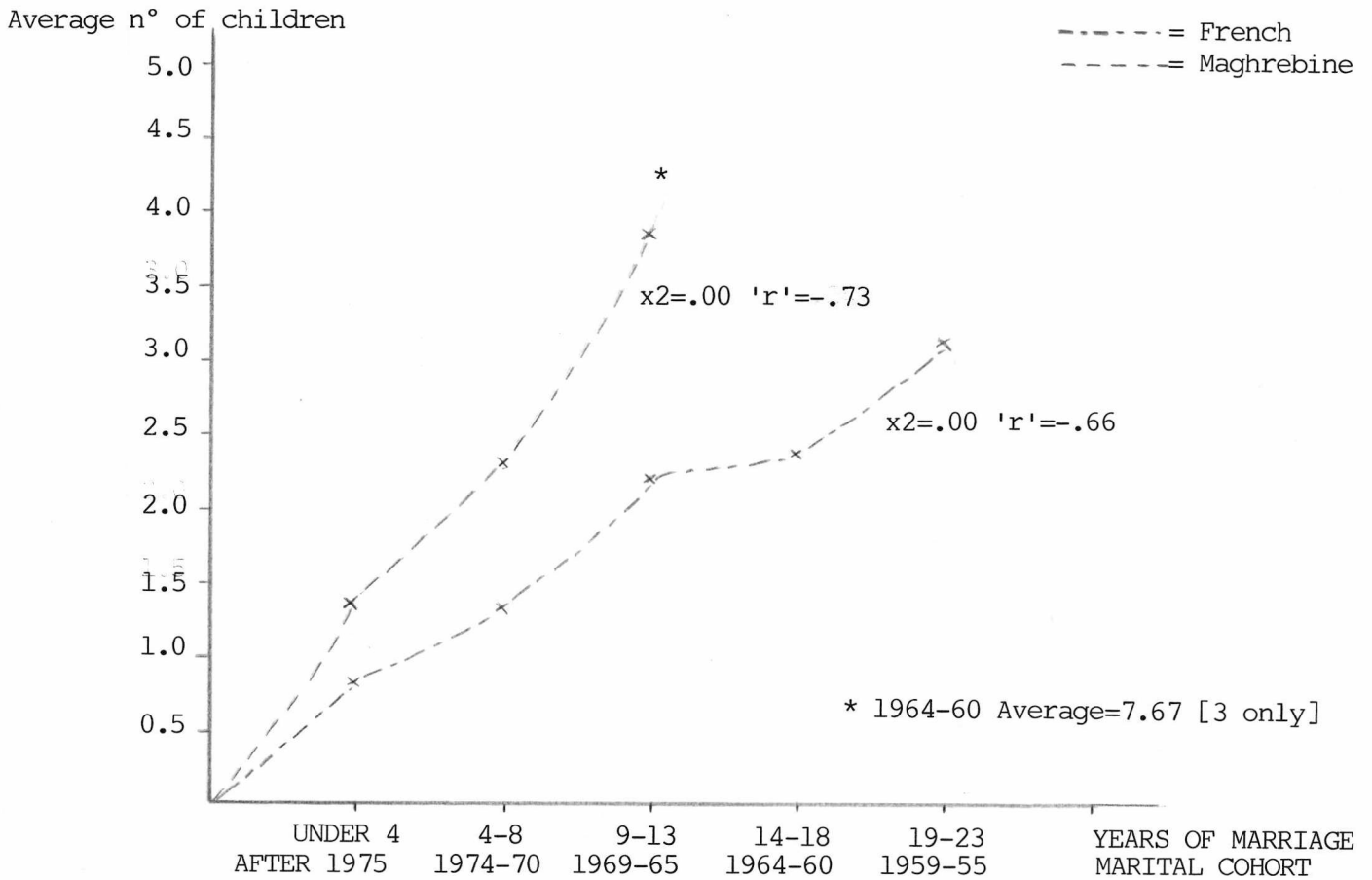
between sexual activity and reproduction that leads young people to experiment with different relationships, to delay, and even to reject, marriage. Although most women still want at least one child, their fertility desires are limited and the practice of delaying the first and subsequent births leads to a lower achieved fertility.

In this survey, it is not possible to examine completed fertility because the sample is composed only of women in the fertile age range who have not necessarily finished childbearing, and of whom many are only at the beginning of their reproductive cycle. There exist, however, valuable indicators of future and final family size. These include not only achieved fertility but various other decisions concerning family composition such as marriage, age at marriage, age at first birth, and the timing and spacing of first and subsequent births.² These aspects of the respondent's behaviour will be analysed according to ethnicity, generation, and socio economic status

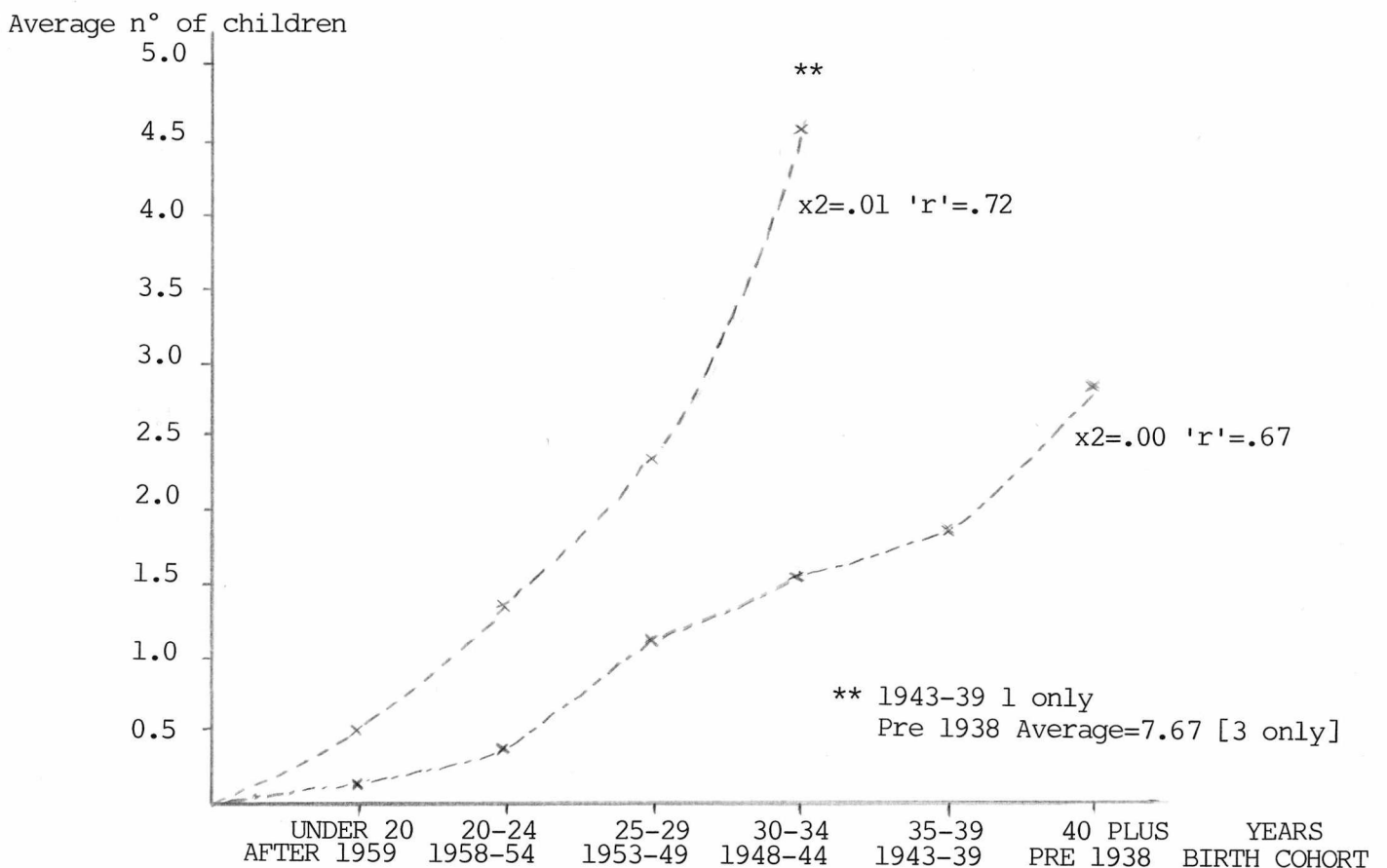
I. Achieved Fertility

The Maghrebine women have a higher average achieved fertility than the French women³ that is not due merely to differences in the age and marital structure of the two groups. For both French and Maghrebine, actual family size is positively and significantly related to the age of respondents and their partners and to the duration of marriage.⁴ However, within each cohort, Maghrebine women have a consistently higher average fertility.⁵ The difference between the French and the Maghrebine increases with age and with length of marriage. This is because, although the French continue to accept a first child, they show the increasing reluctance to have two or three and the refusal to have more than three children that is at the root of the decline in fertility observed throughout France in recent years.⁶

GRAPH 6.1 AVERAGE FAMILY SIZE ACCORDING TO DURATION OF MARRIAGE AND MARITAL COHORT



GRAPH 6.2 AVERAGE FAMILY SIZE ACCORDING TO AGE AND BIRTH COHORT



In the age group 25-29, only just over a quarter of French women have more than one child, compared to over three quarters of the Maghrebine women. Although French women in the next oldest cohort⁷ more often have two children, they are further outstripped by the Maghrebine group, whose higher fertility desires are translated into a rapid family composition and large families.

Table 6.1

Family size in different birth and age cohorts, according to ethnic group							
BIRTH COHORT	1958-1954		1953-1949		1948-1944		
AGE COHORT	20-24		25-29		30-34		years
ETHNIC GROUP	F	M	F	M	F	M	
N° OF CHILDREN							
None	71.1	8.3	18.8	0.0	20.7	0.0	%
One	21.0	50.0	53.1	23.0	27.6	11.2	
Two	7.9	41.7	25.0	38.5	34.5	22.2	
Three or more	0.0	0.0	3.1	38.5	17.2	66.6	
	100.0	100.0	100.0	100.0	100.0	100.0	%

F=French $\chi^2=.0000$ Pearsons'r'=.67 M=Maghrebine $\chi^2=.0112$ Pearsons'r'=.72

In each age and marital cohort, it is the Maghrebine women who are both more likely to have achieved the number of children they wanted at marriage⁸ and to say they want more children.⁹ The French more often delay childbearing and decide at an earlier stage that their actual fertility is their final fertility. In the most recent marital cohort, none of the French women who already have two children want more.¹⁰

If the Maghrebine group show little evolution in their fertility pattern through generations, relative to the French, it is because they have been less exposed to the educational and professional opportunities enjoyed by younger French women, but also because there is more pressure to conform to the cultural norm of a high fertility. The moral precepts of Islam and of traditional society, integrated into contemporary daily life, place a great emphasis on fecundity and procreation. Young Moslems find it difficult to reject this religious and cultural influence. There is

not the same distinction between a practising and a non practising Moslem that there is in other religions.¹¹ Non practising Moslems have a much higher average fertility than non practising Catholics and Jews, despite the high proportion of young people in both groups.¹²

Table 6.2

Average fertility according to religious affiliation, practising and non practising						
MOSLEM		CATHOLIC		JEWISH		NO RELIGION
Practising	Non practising	Practising	Non practising	Practising	Non practising	
2.3	3.5*	1.4	1.1	1.4	0.5	0.3

* If the two respondents with 10 children are omitted, this average falls to 2.9 $\chi^2=.00$ Pearsons' $r'=.40$

Among the non practising and the non believers in the French group, we can see the combined effects of age and education. 59.1% of non believers are under 25¹³ and 72.6% of them have an educational level of the baccalauréat or above. they compose the majority of those who have no children.¹⁴

The limited access to education and the persistence of traditional values means that there is no significant relationship between achieved fertility and the educational level of the Maghrebine women in the sample. There is, for French women, evidence of a negative relationship between fertility and the level of education.

Table 6.3

Average fertility of French respondents according to educational level						
PRIMARY EDUCATION OR LESS	PRIMARY EDUCATION CERTIFICATE + TRAINING	PROFESSIONAL EDUCATION CERTIFICATE	PROFESSIONAL EDUCATION CERTIFICATE	BACCALAUREAT	BACCALAUREAT + TRAINING	UNIVERSITY
1.90	1.63	1.52	0.57	0.61	0.71	0.51
$\chi^2=.000$ Pearsons' $r'=-.46$						

Earlier studies¹⁵ found that fertility, high at low educational levels, fell at middle educational levels, to rise again among those with a higher education. This pattern has been explained as being due to the fact that,

traditionally, higher education has been the privilege of women of the bourgeoisie, who did not see education primarily as a preparation for employment, but as a preparation for the maternal role.¹⁶ More recent studies¹⁷ show the disappearance of this reversed 'J' relationship between education and fertility, reflecting the fact that a wider class of women are gaining access to higher education and that this education is more geared towards employment. This is confirmed in the present study, where an increase in education, and in professional training, is associated with a limitation of fertility.

It is true that the extremely low average fertility shown among the more educated French women in the survey is partly due to the fact that younger age groups are strongly represented. However, an examination of achieved family size according to age and education shows that, in all age groups, women with a higher education are consistently less fertile than those with a low educational level.

Table 6.4

Average fertility of French respondents within different age groups at lowest and highest educational levels

	UNDER 20	20 - 24	25 - 29	30 - 34	35 - 39	OVERALL
PRIMARY EDUCATION CERTIFICATE OR LESS \diamond	0.75	1.14	1.27	1.90	2.50	1.81
BACCALAUREAT OR OVER *	0.0	0.12	0.75	1.38	1.22	0.58

\diamond $\chi^2=.0142$ Pearsons'r'=.62

* $\chi^2=.0000$ Pearsons'r'=.64

This lower fertility is partly because education acts to delay marriage.¹⁸ But, within the same marital cohorts, women with a higher education still have a lower average family size than women with a primary education.¹⁹ This is because the more highly educated women not only delay marriage, but delay the timing of the first birth after marriage. Among French women who have been married between 4 - 9 years, 25.0% of women with the baccalauréat still have no children, while all those with a primary education have at least one child.²⁰ In the most recent marital cohort,

the gap widens, while those women with a technical training show a particularly strong tendency to delay the first birth.²¹ Although all married women have at least one child at the end of nine years of marriage, the delay of the first birth reduces the likelihood of a second birth, and virtually eliminates third or higher order births among the most highly educated women.

The tendency for education and training to limit fertility is partly due to the fact that the likelihood of permanent, interesting, well paid employment increases with the level of education and training. The present study confirms previous surveys²² which found a link between economic activity, type of employment, and achieved fertility. There is strong evidence of a significant relationship between employment status and family size for the French women, although this does not show up for the Maghrebine women, of whom only 15.0% are economically active, and these in low status occupations.²³

French inactive women have a lower educational level than the French group as a whole, and are more likely than active women to have large families.²⁴ The inactive cannot, however, be considered as one homogeneous group because inactivity occurs at different stages in the family cycle and for different reasons. Inactive women with large families are often older women, most influenced by traditional ideas about a woman's role, and most likely to have given up work at an early stage.²⁵ Other inactive women are those who have been forced to give up work for a limited period while their children are young. The presence of these women, who have not finished their family formation,²⁶ among the inactive explains why the overall average achieved fertility of inactive women is not as high as two groups of active women, those in manual employment and those working in family businesses. These two groups, who traditionally have a high fertility, continue employment because of financial necessity or because, in the case of artisans, they are more able to reconcile home based work with family responsibilities.

The likelihood that a woman will give up work to have and care for children depends on her relative motivation towards a work or family role, and her ability to reconcile the two. Women with well paid, qualified employment have a motivation to limit their fertility to a level where it will not interfere with continuous employment, or the length of interruptions will be minimum. In the survey, the lowest levels of average fertility are found among women in white collar employment and in middle management. This rises slightly among women in senior management and the professions, where a higher income gives them the possibility of paid child care or part time employment.

Table 6.5

Average fertility of French respondents, according to employment status

INACTIVE	STUDENTS	MANUAL WORKERS	SELF EMPLOYED ARTISANS	WHITE COLLAR WORKERS	MIDDLE MANAGEMENT	SENIOR MANAGEMENT	ALL ACTIVE
1.53	0.12	1.76	1.80	0.91	1.18	1.40	1.32

$\chi^2=.0000$ Pearsons'r'=.42

The low average fertility of white collar and middle management workers cannot be explained as being due to their stage in the family life cycle.²⁷ Within most age and marital cohorts²⁸ they have a lower fertility than inactive or unskilled manual workers, suggesting a greater motivation to limit family size. Where they do have a higher fertility, women at middle occupational levels show themselves more able to reconcile work and family responsibilities.

The relationship between professional activity and family size is reflected in the relationship between income and fertility. Highest average fertility is found among women who have no income, or an income below the minimum growth wage, and the few women in the highest income group.³⁰

The group with no or very little income represents those women whose family responsibilities force them to be inactive or to accept low paid, unskilled, frequently part time, employment. High income women owe their high fertility to the fact that they are nearer to the end of their childbearing period than middle income women³¹ and also that their financial resources reduce the conflict between the demands of work and child care. The lowest average parity is found in the middle income group,³² although the majority of women in this group are married or cohabiting. In their case, paid employment has the effect of delaying and limiting births. None of the respondents earning between 3,000 to 4,000 francs per month has more than two children, suggesting that this level of income provides an alternative motivation to childbearing, but does not allow or encourage women to reconcile activity with large families. There is no evidence of a significant relationship between total family income, which often includes two wages in French families, and actual fertility.

II. Indications of future fertility

In addition to achieved fertility, there are several other indicators of final family size which can usefully be studied in a sample of fertile women. The propensity to marry, the age at marriage and first birth, and the timing and spacing of first and subsequent births are all convenient and accurate measures of the speed of constitution of a family, which has a direct effect on final fertility. There are considerable variations in marriage and birth calendars between different ethnic and socio economic groups, but also an evolution over generations.³³

The strong disapproval of female celibacy in the Maghrebine community is reflected in the fact that none of the Maghrebine women describe themselves as single. The vast majority, 83.7%, are married, while the rest live in cohabitation. In contrast, over one third of French respondents are still single. The difference is not purely due to the high proportion of very young respondents. In every age group, French women are more reluctant to marry than Maghrebine women, a reluctance

that increases as the educational level rises.³⁴ At the period of highest nuptiality, between the ages of 20 and 24, a technical training is shown to be as much a deterrent to marriage as a university education. The fact that only 60.0% of French women over 25 with a university education are married, compared to 100.0% of those with a primary education certificate, suggests that higher education not only postpones marriage, but leads more often to permanent celibacy.³⁵ One reason why academic and technical education delay marriage is that they lead to professional activity. This paid employment gives the woman a financial independence outside marriage, which also more frequently permits her to accept marital breakdown.³⁶

A survey of the marital intentions of single French respondents reveals that, although the majority intend to marry, 17.1% would prefer to cohabit, while 3.9% feel that marriage is not necessary. Among those who choose to live alone, 60.0% are in white collar employment.³⁷ The choice of cohabitation is strongest among those with a high educational level, but is found among all age³⁸ and educational groups. It represents a widespread rejection of the institutional aspects of marriage, but is not necessarily inconsistent with a permanent relationship and with children.

The Maghrebine marry not only more often, but at younger ages than the French. Over half of the Maghrebine respondents were married before the age of 19³⁹ while the modal age for the French is between 20 and 24 years. No woman in the sample was married at over the age of 34. Men are far more likely to delay marriage, especially Maghrebine men, for whom the modal age is between 25 and 29.⁴⁰ This practice leads to considerable age differences between partners in Moslem marriage.

Generation has a significant⁴¹ but very different influence on the two ethnic groups. The previous, longstanding practice in France of relatively early marriage is shown in the 40-49 age cohort, none of whom were married at over the age of 24 years. There

is a further increase in very early marriages in the 30-34 age cohort⁴² which is in agreement with the movement registered in a study of recent European marriage patterns.⁴³ This found that those born in 1945 show a tendency to marry at "the lowest ages that have been observed for a very long time in Western Europe".⁴⁴ The 25- 29 age group shows the beginning of a new movement away from early marriages and a rise in the proportion married within the modal age range of 20-24. The rise in the age of marriage since 1973, seen over the whole of France,⁴⁵ is shown by the fall in very early marriage among the youngest cohort. These movements can be illustrated by a comparison of the proportion married at under 20 in the different age groups.

Table 6.6

Proportion of married French respondents married at under the age of 20 according to age cohort at the time of interview

AGE AT INTERVIEW	UNDER 20	20-24	25-29	30-34	35-39	40-44
%	14.3	15.8	21.9	24.1	10.5	18.1
$\chi^2=.0608$ Pearsons' r '=.12						

Among French partners, there is a fall in the proportion of marriages at the youngest and oldest ages, and a rise in the modal age of 20 - 24 that contributes to the recent tendency for mens' and womens' ages at marriage to be more closely aligned. Maghrebine men show a continued preference for later marriage, even among the younger age groups.

Although Maghrebine women show a greater precocity in marriage than their French counterparts, there is a consistent movement through cohorts towards a decrease in very early marriages and an increase in marriages between 20 - 24 and even later at 25-29. This could be due to a change in traditional marriage patterns, reflecting social and legal⁴⁶ changes, or could be a response to a particular economic situation.

The age at which Maghrebine men and women marry is related to their father's occupational status.⁴⁷ The children of unskilled and agricultural workers have the latest marriages, presumably because of the heavy financial costs involved in marriage. Despite the economic difficulties, the pressure to marry early in the Maghreb⁴⁸ is as strong, if not stronger, in a rural as an urban environment. Among the French married respondents, the minority who were raised in a rural environment marry latest. French women who were raised and have spent most of their life in Marseille have a tendency to marry earlier than the rest of the French sample⁴⁹ and the population of the region as a whole.⁵⁰ An analysis according to educational level⁵¹ shows that very early marriages, at under the age of 18, occur exclusively among those with an education below the baccalauréat. The high rate of marriage between 18 and 19 for the few respondents with a university education who stopped before a first degree⁵² perhaps reflects a link between unplanned pregnancies and the abandon of further studies. It is those who have a professional training after the baccalauréat, or have reached first degree level, who delay marriage most.

French men do not appear to be as influenced as Maghrebine men by economic considerations in their decision to marry. Skilled and unskilled manual workers marry earlier than their Maghrebine counterparts⁵³ and earlier than qualified workers, supervisors, and those in middle management.⁵⁴

Another indication of final fertility is the age at which a woman starts childbearing, age being inversely related to ultimate family size. The advantage of this approach is that it includes all women who have had at least one child, a large proportion of the total sample.⁵⁵

The most popular age range for first, and second, births is between 20 and 24 years, although the distribution of ages varies according to the ethnic group.

Table 6.7

Age at first birth, according to ethnic group						
AGE AT FIRST BIRTH	Under 18	18-19	20-24	25-29	30-34	years
French	3.1	18.8	49.0	24.0	5.2	100.0%
Maghrebine	10.5	15.8	55.3	13.2	5.3	100.0
Total sample	5.2	17.9	50.8	20.9	5.2	100.0

The Maghrebine respondents have the highest proportion of very early births, but show a consistent movement through generations towards births between the age of 20 and 24.⁵⁶

In the French group, the oldest cohort has the most early births. These fall considerably in the 35-39 age cohort to rise again in the 30-34 age cohort⁵⁷ who, as we have seen, had some of the earliest marriages. Those in the 25-29 age group who had their first birth early did so at a period which marked the beginning of a general fertility fall in France. There are, in fact, no births at under 18 in this group, and the high proportion with a birth under 20 is exaggerated by the fact that not all in this group have had their first child. Nevertheless, we can expect this proportion to remain relatively high because first births, births within the first year of marriage, and births to women under 20 are known to be the most resistant to any general decrease in fertility.⁵⁸ Already, in this group there are many who have chosen to delay the first birth.⁵⁹ These have a lower actual fertility than those who had their first birth between 18 and 19 years.

A smaller proportion of respondents, 67.5% of the Maghrebine and 32.0% of the French already have their second child. There are more early second births among the Maghrebine, reflecting their more precocious start in

family formation. For both groups, the most popular age range for the second birth is between 20 and 24, with 80.0% of all second births occurring between 20 and 29 years. Very few women have had a second child at over the age of 34, although, among the younger cohorts, there is still this possibility. An examination of the oldest cohorts,⁶⁰ who are closest to completed fertility, shows that highest fertility is among those who had their second child between 20 and 24, rather than among those who chose to delay it.

The recent French fertility decline has taken the form of a collapse in third order births and the virtual disappearance of fourth and fifth order births.⁶¹ Only 11.3% of French respondents have had a third birth, compared to 35.0% of the Maghrebine. Higher order births are concentrated almost entirely among the Maghrebine women, of whom a quarter have four or more children. These multiparous women start their childbearing early and have births in rapid succession. One woman with ten children had her last child before the age of 34 years.⁶²

In a study of French family formation, DE SABOULIN⁶³ analyses the recent fall in fertility in terms of changes in the calendar of first births, or of monthly fertility rates in the first three years of marriage. This method of analysis, once again, allows us to examine all married and cohabiting women who have had at least one child, and provides a useful indicator of future behaviour even among the younger cohorts. An examination of first birth calendars needs to take into account births which are illegitimate, and to give sufficient information about the distribution of births after marriage. Illegitimate births⁶⁴ are an important indication of changes in attitudes and behaviour. In the present sample they

account for 7.1% of all births, a lower proportion than the national figure in 1977.⁶⁵ All French married women who admit to illegitimate births are in the most recent marital cohort, suggesting that they are less motivated than earlier cohorts to legitimise pregnancies before birth, or to alter the date of pregnancy to make it appear legitimate. These births are represented in older marital cohorts by births within the first year of marriage.⁶⁶ All French illegitimate births in the sample occur in the under 34 age group, mostly concentrated in the 25-29 cohort, where they form 13.0% of all births. The fact that they do not, like the few Maghrebine illegitimate births, occur at early ages, suggests that they are more likely to be conscious choices.

Legitimised prenuptial conceptions, births within the first eight months of marriage, reached 26.3% of all legitimate births in 1972.⁶⁷ In the present survey, they are included in births which occur less than a year after marriage, which represent 10.8% of first births for the Maghrebine and 23.6% for the French. As not all of these are prenuptial conceptions, especially among the Maghrebine where they are more likely to be pregnancies conceived rapidly after marriage, it appears that women in the sample have considerably less prenuptial conceptions than the wider population. This could result from the taboo on premarital intercourse, for the Maghrebine, or a more efficient use of contraception, for the French. A comparison of behaviour in different generations shows that, even in the youngest Maghrebine cohorts, the pressure persists to produce a first child quickly. This almost universal practice, which means that limitation of births occurs only after producing a sufficient number of children, explains the absence of any relation between the timing of first birth and actual family size, and the lack of evolution among the Maghrebine sample.

In the French group, the frequency of first births between one and two years after marriage falls between the 30-34 and the 20-24 age cohorts, and the frequency of first births two years after marriage rises as cohorts get younger, both movements in line with national trends.⁶⁸ The increase in the proportion of births within the first year of marriage among the youngest cohorts is partly due to the fact that not all those who have chosen to delay the first birth are included. First births three years after marriage are rare except in the 35-39 age group, whose members have a high occupational level, and where they represent 23.5% of all first births. There is evidence that a delay in first births is related to a smaller actual family size. In the 1970-74 marital cohort, both French and Maghrebin women who had their first birth within the first year of marriage are far more likely to have had a second birth than those who waited for a year.⁶⁹

The length of the period between marriage and the first birth rises with the educational level.⁷⁰ Illegitimate births are confined to those respondents with an education below the baccalauréat, while there is a higher rate of births within the first year of marriage among those with a primary than those with a secondary, technical education.⁷¹ A survey of previous employment among French respondents shows that women who were employed as manual workers were far more likely to have had their first birth within the first year of marriage than those in middle management or white collar employment.⁷²

The average spacing between first and second births, another determinant of final fertility, is 2.54 years for the French and 2.10 years for the Maghrebine. This reflects the fact that half of Maghrebine women have their second child one year after the first, as opposed to only a quarter of French women, who favour a gap of two to three years before their second child. This interval is longer than that in a previous study⁷³

which found an inverse relationship between the length of spacing and family size.

In the present survey, there is evidence that the spacing of the second birth is strongly determined by previous decisions concerning family composition. In this way, cohort and socio economic status act indirectly on the arrival of a second child. Age at marriage is an important factor influencing decisions concerning the second birth. French respondents who married very early tend to concentrate their births in the first few years of marriage⁷⁴ while spacing and the range of spacing increases with age at marriage. Among respondents married between the ages of 25 and 29, only 16.7% of second births occur within the first three years. An examination of the age of respondents at the second birth confirms that the length of spacing is positively related to age.

Table 6.8

Average period between first and second birth, according to the age of respondents at the time of the second birth [French respondents only]

AGE AT SECOND BIRTH	Under 18	18-19	20-24	25-29	30-34	years
Average spacing	1.0	1.33	1.87	2.82	5.4	years

$\chi^2=.0245$ Pearsons' $r'=.40$

Respondents having their second birth while still in the younger age groups are likely to be those who had early, unplanned first pregnancies. This group is also more predisposed to have their second birth within two years, while those who considerably delayed the first pregnancy are also inclined to delay their second birth.

III. Conclusion

The level of correlation between decisions taken at different stages of family formation suggests that these decisions, concerning marriage, the

timing and spacing of births, can be used to predict final fertility. In the present sample, such an analysis allows us to forecast different levels of completed fertility according to ethnic group, generation, educational and socio economic status.

Although the Maghrebine women, through their greater intensity and precocity of marriage, their earlier and more rapid births, enable us to predict a consistently higher final fertility than for the French, they also show signs of an evolution through generations. The fall in early marriages is particularly noticeable among younger Maghrebine respondents. In the French group, it seems possible that an increasing delay in marriage might result in higher levels of permanent celibacy. Illegitimate births among the younger French women are not necessarily a sign of a higher level of unplanned pregnancies, but may represent a refusal to legitimise extra marital pregnancies by precipitating marriage, a habit among older French generations. There are also more delayed first births among young French respondents. Young Maghrebine cohorts are still under pressure to produce a child as soon as possible after marriage. However, the fall in very early marriages means that the Maghrebine, like the French, show an overall decline in first birth at an early age among the younger cohorts.

Access to higher levels of education and professional training, open to the French but not the Maghrebine respondents, proves to have a powerful influence on family formation and fertility behaviour. The survey shows a consistently negative relationship for the French, with fertility falling as education rises, that holds for all age groups. Highest levels of education, no longer the prerogative of the bourgeoisie, are no longer associated with high fertility levels. Education acts by delaying marriage, reducing the intensity of marriage, lowering the rate of early, unplanned pregnancies, and delaying the arrival of the first birth after marriage.

Most French women spend some part of their life in paid activity. The extent to which employment affects the process of family building, and to which family responsibilities interrupt employment, depends very much on the type of employment. Women at skilled, middle occupational levels more often defer marriage, and have a higher proportion of very delayed first births, than unskilled women who more easily give up work to devote themselves to family responsibilities. The alternative motivation offered by interesting, long term employment, and the resulting delay in family composition, leads to less second births and a lower achieved fertility.

This survey shows that among the Maghrebine and, to some extent, the older French respondents, there still exists a traditional model which consists of early marriage, rapid first births, and a high achieved fertility. It also shows that the acquisition of an alternative, satisfying status to that of full time wife and mother changes the pattern of family formation and acts to reduce final fertility. In subsequent chapters, I shall examine different aspects of the process that leads to this change in fertility behaviour. These include an evolution in attitudes to family size, family building, methods of fertility control, and the role of women, which lead to a restructuring in the organisation of the couple, the essential element in formulating and realising new expectations.

CHAPTER 7FERTILITY IDEALS AND EXPECTATIONS

In this chapter I shall examine how far the changing patterns of family formation reflect changes in ideal and expected fertility. There are different reasons for examining fertility ideals and fertility expectations. Fertility ideals provide a measure of the less tangible influences on fertility behaviour, the prevailing community norms, and show the importance attached to childbearing within a particular group. These norms apply not only to the number of children, but also to ideal family building patterns. These ideals differ from fertility expectations, which are influenced by more individual considerations, including the desire for an alternative role to that of motherhood. A comparison of early fertility expectations with achieved fertility can show how far, and how effectively, couples have planned their families. It can measure excess fertility, although many couples at the end of their family formation may rationalise their expectations to conform with their experience,¹ so that excess fertility appears as planned fertility. A disparity between early and current fertility expectations can also show how couples adapt their desires to their circumstances.

Fertility ideals and expectations can be used as predictors of future fertility and of changes in fertility behaviour,² although the extent to which these are translated into reality depends on the control which women have over their own fertility³ as well as on external, economic circumstances.⁴ Some instruments of measurement are more accurate than others. In this chapter I shall consider attitudes to family size, measured by ideal fertility and the number of children expected at marriage and at the time of the interview, and views on the timing and spacing of children, which also act directly on final fertility.

I. Ideal family size

The importance of the concept of the ideal number of children lies in its ability to "unmask the norms and make known the implicit standard from which couples draw their inspiration, and its variation over time"⁵. GIRARD and ROUSSEL stress that the widely held opinions and general attitudes expressed in ideals should not be confused with intentions. "Certainly a collective image that reflects the accepted norm has an effect on behaviour, but it cannot be confused with the expression of individual wants or desires"⁶. It is this confusion which has led to the widely held belief that the gap between ideal and actual family size represents a discrepancy between desires and behaviour that can be reduced by a pronatalist government policy offering economic incentives.⁷ This approach ignores the fact that, although behaviour may reflect the collective standard contained in the concept of an 'ideal family', it is also strongly influenced by individual preferences and particular circumstances. Ideal family size in France is concentrated around two or three children, while a consideration of actual behaviour shows a high proportion of couples with no children or only one child, as well as a range of higher order births.⁸ A result is that, although there is a general correspondence between ideal and actual fertility within countries, in recent years, with the reduction in large families, average ideal family size is consistently higher than average actual family size.⁹ Surveys conducted in France show a remarkable stability in the concept of the ideal number of children that does not reflect the variation in actual behaviour. The ideal number for people in the same milieu and with the same resources is slightly lower than the global ideal, but still does not match actual fertility levels.

Table 7.1

Total fertility rates and ideal number of children in France 1965-1978 ¹⁰							
YEAR	1965	1966	1967	1974	1975	1976	1978
Ideal number [global]	2.82	2.70	2.73	2.58	2.50	2.69	2.73
Ideal number [milieu]	2.62	2.56	2.51	2.40	2.38	2.50	
Total fertility	2.84	2.79	2.66	2.10	1.93	1.83	1.83

A survey conducted in different European countries in 1979¹¹ shows variations in the average ideal number of children between countries and between sexes, age and parity groups. These findings are confirmed in the present study, where Maghrebine women have a higher average ideal size than French women, but both have a higher ideal size than their partners.

Table 7.2

Ideal number of children according to ethnic group and sex

		Percentage distribution									Average ideal n° of children
		0	1	1-2	2	2-3	3	4	Depends	What comes	
FRENCH	Women	0.6 ¹	0.6 ¹	1.3	31.4	15.7	27.7	14.5	7.5	0.6 ¹	2.67
	Men	2.3 ²	8.1		40.7	14.0	18.6	5.8	9.3	1.2 ¹	
MAGHREBINE	Women		2.6 ¹		13.2		21.1	47.4	7.9	7.9	3.34
	Men		9.7		22.6		16.1	29.0	3.2 ¹	19.4	

The difference in ideal size between partners is significant French $\chi^2=0.00$ $r=0.13$
Maghrebine $\chi^2=0.00$ $r=0.58$

The high average ideal family size of the Maghrebine woman results from the frequent choice of four children as an ideal number. Some women describe the ideal as whatever number God wants to send. An essential element in these high fertility ideals is that the Moslem woman's status is defined by her fecundity and, particularly, by the number of sons she can produce. Although most respondents want both a girl and a boy in their family, which explains the popularity of the two child family among the French, there is an overall preference for boys which shows itself particularly among Maghrebine men.¹²

Table 7.3

Proportion of respondents and partners wanting a majority of boys or girls, according to ideal family size and ethnic group

Ideal n° of children	Ideal family size										Average ideal n°	
	1		2		2-3		3		4		BOYS	GIRLS
Majority of	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS
FRENCH												
Respondent	100.0 ¹		6.0	2.0	13.0	26.1	61.3	15.9	30.4	17.3	1.51	1.24
Partner	28.6	57.1	8.6	2.9	8.3	25.0	56.3	31.3	20.0	20.0	1.13	1.13
MAGHREBINE												
Respondent			20.0 ¹	20.0 ¹			62.3	25.0	16.7	16.7	1.80	1.70
Partner	66.7 ²		28.6				80.0		22.2	11.1 ¹	1.82	1.23

The fact that all Maghrebine women are consulting for contraception illustrates the disparity between ideal and actual behaviour. In practice, many opt to control their fertility before they reach the ideal number of children.

Table 7.4

N° of children	Percentage distribution *						Average n° of children
	0	1	2	3	4+	Total	
FRENCH respondents							
Actual fertility	41.9 ¹	26.2 ¹	20.6	6.9	4.4	100.0	1.06
Ideal fertility	0.7 ¹	0.7 ¹	35.6	47.3	15.7	100.0	2.67
MAGHREBINE respondents							
Actual fertility	5.1	28.2	33.3	10.3	23.1	100.0	2.83
Ideal fertility		3.1	15.6	25.0	56.3	100.0	3.34

* Those choosing ranges 1-2, 2-3, 3-4 are included in the maximum numbers 2, 3, 4.

The relatively high proportion of French respondents choosing four as an ideal number, in comparison with previous surveys,¹³ is due to many of them being at the beginning of their family formation. Ideal family size is high among childless women, reflecting a vision of an idealised future situation that is later tempered by experience. This survey agrees with contemporary findings¹⁴ that ideal family size falls among those with one child, and then rises again with family size. Women with two or three children most frequently claim that their ideal corresponds to their actual family size, which may result from an adjustment of ideals to experience,¹⁵ or may be because these represent the most widely shared norms. It is only women with four or more children who have an average ideal below their actual family size.

Table 7.5

Ideal family size, according to parity and ethnic group

Actual n° of children	Ideal number of children										Average ideal n° of children		
	0-1		2		3		4+		Depends/What comes		F	M	
	F	M	F	M	F	M	F	M	F	M			
None			32.9		32.9		19.3		14.9			2.77	3.00
One	2.4 ¹	9.1 ¹	41.5	27.3	44.0	9.1 ¹	7.3	54.5	4.9			2.47	3.09
Two	3.0 ¹		27.3	15.4	57.6	23.1	12.1	38.5		23.1 ³		2.65	3.30
Three			18.2	25.0 ¹	72.7	75.0			9.1 ¹			2.70	3.75
Four +			28.6	20.0	28.6	80.0	42.8					3.07	3.80

F=French M=Maghrebine

Despite the general, slight recovery in average ideal family size,¹⁶ the ideals of women in the fertile age range remain consistently lower than the rest of the population.¹⁷ The variations in ideal family size that were previously introduced by the husband's socio economic status¹⁸ lose their intensity, as do differentiations according to religious practice.¹⁹ There is a change in attitudes that affects the whole social ensemble²⁰ and is strongly influenced by the large scale entry of women into paid employment. The effect of women's economic activity is shown in a survey in 1976, which found that the average ideal number of children for working mothers was only 2.53, compared to 2.69 for women at home.²¹ In the present survey, there is an interesting relationship between the employment history of the French respondent and her ideal family size. Women who have devoted themselves most to their family role, by giving up work at marriage, are far more likely to choose three or four children as an ideal number than those who only gave up work at the arrival of children, or are still currently active.²² This leads to an average ideal family size of 2.81 children in the first group, compared to 2.68 children in the last two groups. The level of personal income is closely related to employment. It is, therefore, to be expected that women in the higher income groups, the longterm active women, tend to reject four as an ideal number, in favour of two or three children.²³

Another indication of a change in attitude to the 'ideal' family is the ambivalence expressed in responses, particularly among French women. Unlike the Maghrebine women, still strongly influenced by the cultural and religious norms of a high fertility, the French find themselves less able to relate to a general, ideal family size. They frequently give a range of births, or else reject the notion of an 'ideal! This view, that the number of children should be determined solely by the individual desires and circumstances of the couple, and not dictated by a predetermined standard, is given by the younger age groups, the more highly educated, and the active women, who refuse an exclusive identification of women with maternity.

II. Fertility expectations

There is a difference between ideal family size and the number of children a woman wants or expects to have. This is reflected in the fact that desired or expected fertility is regularly at a lower level than ideal fertility.²⁴ In the present survey, the expectations of the respondent and her partner are measured at the time of marriage and at the time of the interview. These measures are useful, in the absence of longitudinal studies, in assessing the evolution and agreement of fertility desires within the couple. They also give some indication of the extent to which a couple has planned, and been successful in planning, family size. The number of children expected at marriage has, however, some disadvantages as a measure of fertility expectations. It can only be applied to respondents who are married, who have discussed and planned the number of children at this early stage, and it is dependent on accurate recall. We can expect that women married the longest are less likely to have a precise recollection of their views at the time,²⁵ and are more likely than younger cohorts to align these with actual fertility, to show they have been 'successful' in planning their family, or to justify actual family size.²⁶

The majority of respondents and their partners in the survey had thought at marriage about the number of children they wanted and were able to recount these ideas. This is related to the fact that most belong to relatively recent marital cohorts.²⁷ An earlier survey found that the likelihood of forward planning, previously associated with higher socio economic groups, increased greatly in all couples married after 1960.²⁸ The present respondents have also adopted modern methods of birth control, which researchers predicted would encourage and facilitate forward family planning.²⁹ French women had considered future family size at marriage more frequently than their Maghrebine counterparts and more frequently than their own husbands. There is a very high

correspondence between the fertility desires of partners³⁰ although, overall, women wanted more children than men at the time of their marriage.

Table 7.6

The planning and the number of children expected at marriage, according to ethnic group and sex

	Percentage having an idea	Number of children expected						Average N° Expected	Average Ideal N°
		Percentage distribution							
		1	1-2	2	2-3	3	4+		
FRENCH Women	72.7	6.3	4.7	54.7	12.5	10.9	11.0*	2.30	2.67
Men	69.2	16.7	3.7	48.1	9.3	13.0	3.8*	1.94	2.35
MAGHREBINE Women	66.7			39.1	8.7	26.1	21.7	2.65	3.34
Men	66.7	10.0		40.0	5.0	25.0	20.0	2.58	2.83

* includes 1 person choosing 3-4 children
1 Maghrebine woman and 3 French men chose 0

The higher average expected family size among the Maghrebine is due to them opting more for three or four children, while the French prefer the two child family. The French are also more flexible in their views, often choosing a range rather than a particular number, suggesting they are more prepared to adapt their family size to particular circumstances.

Age at marriage is a significant factor affecting the number of children expected. French women who married very early were more likely to consider large families, and have the highest average expected family size among married French women. Those married within the modal age range of 20-24 mainly chose two children, although some had higher fertility expectations.³¹ Two children is the overwhelming choice of those married between 25-29.³² French men generally reject the idea of large families at the start of marriage, even when they marry early, and are more ready to consider one child, or even no children, when they marry at a later age. It is interesting that French men's fertility expectations at marriage appear to be more influenced than women by their educational and economic status. Men at middle educational levels have the lowest expectations,³³ perhaps because

they recognise at marriage that children may interfere with upward social mobility. Those currently at the highest income levels, who have been the most financially successful, had the lowest average fertility desires at marriage.³⁴ French women start with higher, more unrealistic, expectations which are lowered by experience, and by the appearance of a greater motivation and more effective ways to control their own fertility. A comparison of fertility expectations at marriage and actual fertility shows that, on average, those expecting two or more children have underachieved.

Table 7.7

The number of children expected at marriage and average actual family size, according to ethnic group [women only]

Number expected at marriage *	Average actual number of children		Actual compared to ideal number		
			Greater	Same	Less
1	French	1.00	25.0 ¹	50.0	25.0 ¹
2	French	1.68	18.4	31.6	50.0
	Maghrebine	1.77	11.1	44.4	44.4
3	French	1.60	0.0	13.4	86.6
	Maghrebine	2.12	12.5	12.5	75.0
4 +	French	2.70	0.0	42.8	57.2
	Maghrebine	4.20	60.0	0.0	40.0

* Those choosing ranges 1-2, 2-3, 3-4 are included in maximum numbers 2, 3, 4

This underachievement can partly be explained by the fact that women have not necessarily finished family formation, although they have chosen to control it. However, those French women in the 30-34 age group who wanted two children still have 0.2 children less than they wanted at marriage, which agrees exactly with an earlier survey comparing expected and completed family size.³⁵ It is in the marital cohort where there was a high proportion of early marriages that women who originally wanted two children have exceeded this number.³⁶

A longitudinal study of French women between 1974 and 1976³⁷ suggests that women can quite rapidly change their expected family size, and that plans

at any given moment indicate a maximum number of births that is reduced in reality. The total average number of children wanted by French women at the time of interview, including those already born, is 2.15 children. This is lower than the average ideal family size and lower than the average number of children wanted at marriage. It is still probably slightly exaggerated as a predictor of future fertility by the high number of young and non parous respondents whose desires have not been modified by experience.

Table 7.8

Fertility ideals, fertility expectations, and actual fertility, according to ethnic group

	Average ideal n° of children	Average n° of children expected at marriage	Average n° of children wanted at interview	Average actual n° of children
French	2.67	2.30	2.15 [married 2.14]	1.06 [married 1.75]
Maghrebine	3.34	2.65	2.74	2.83

The Maghrebine women have a higher average desired family size of 2.74 children, while 5.3% still say they want whatever number arrives. This average is lower than the average ideal fertility but higher than the number of children expected at marriage. It seems likely that some Maghrebine women have tailored their current fertility desires to a high actual fertility, encouraged by strong cultural pressures for a large family size, which discourages forward planning. The general tendency to match achieved and desired family size, involving an increase in fertility desires since marriage, is also found among French women with more than three children.³⁸ French women with one or two children show an overall fall in desired family size since marriage.

Although the Maghrebine respondents have higher average fertility desires, reflecting the fact that none want no children, and only 20.0% of those with one child are content with this number, there is for them a clear indication of a change through generations. While all Maghrebine women over

the age of 35 give a desired family size of more than three children, none of those in the youngest age groups want more than three children, or are ready to accept whatever number comes.³⁹ In the marital cohorts prior to 1974 almost half [47.8%] of Maghrebine women want more than four children, compared to only 13.3% of the most recently married. These young married women show a greater variation and flexibility in their fertility desires.⁴⁰ Expected family size is not, however, reduced to the level of French respondents, partly because Maghrebine women are exposed to only a very narrow range of educational and employment opportunities.

French women at middle and higher educational levels are the most likely to want to limit their fertility severely, to one or even no children. Women with the level of baccalauréat or above show the most reluctance to commit themselves to a particular number, while some speculate on a four child family⁴¹, an unreal expectation given their pattern of late family formation. Current fertility expectations among the French are influenced by the employment status of the woman and her partner. Both have a similar effect, but the woman's own status is more determinant than that of her husband.

Table 7.9

The average desired number of children of French respondents, according to their own and their partners' employment status

	Inactive	Manual worker	Self employed artisan	White collar worker	Middle management	Senior management	Student
Respondent*	2.24	2.06	2.00	1.65	1.81	2.10	2.50
Partner **	2.14	2.29	2.06	1.73	2.16	2.00	

* $\chi^2=.0444$ Pearsons'r'=.17 ** $\chi^2=.0010$ Pearsons'r'=.14

Studies frequently limit their analysis of fertility expectations and socio economic status to the husband's occupation.⁴² Their findings, confirmed in the present survey, show that wives of manual workers have the highest average desired family size; this falls in middle occupational brackets, to

rise again in senior management and the professions. An analysis according to the woman's own status shows that it is the wife's activity or inactivity, regardless of her husband's occupation,⁴³ which has the strongest influence on fertility expectations. Inactive women have the highest average desired fertility, and their fertility desires remain virtually unchanged since marriage. Employment has the effect of reducing desires expressed at marriage, as women experience the motivation and the demands of employment. The effect of employment varies according to the type of activity. Women working in white collar employment or middle management have the lowest fertility expectations.

A majority of the respondents do not consider they have completed their families⁴⁴, but wish to delay future births. These women want more children, although most would be unhappy with an immediate pregnancy.⁴⁵ As we should expect, the desire for [more] children reflects the stage in life, marital, and family cycle, as well as the pressure of alternative and conflicting roles. The effect of generation shows up more clearly for the French because their limited fertility desires mean they spend less time in childbearing.

Table 7.10

Proportion of French respondents wanting [more] children, according to age and marital cohort

AGE COHORT						MARITAL COHORT				
Under 20	20-24	25-29	30-34	35-39	40 +	1975 +	1974-70	1969-65	1964-60	1959-55
96.3	83.3	50.0	42.9	11.1	0.0	72.7	44.0	5.3	14.3	0.0
x ² =.0000 Pearson's 'r'=.61						x ² =.0000 Pearson's 'r'=-.53				

The fall in the proportion wanting more children as age increases corresponds to a higher actual fertility in older generations. The desire for more children falls rapidly as parity increases, especially among the French. None of the French women with three or more children want more. Only 18.2% of those with two children say they want more, compared to 61.5% of Maghrebine women with the same family size.

The French woman's desire for [more] children is influenced by her educational and employment status. The large proportion of women with a higher education wanting [more] children is partly due to their practice of delaying the first birth. A comparison of those in different educational groups who have had one child shows that it is those with a technical or professional training who are less likely to want more.⁴⁶ Amongst French women with two children, none of those with a higher level technical, professional or university training want more children.⁴⁷ Skilled, middle level employment delays births more than manual employment. Thus, despite their lower fertility desires, a high proportion of women in white collar employment and middle management still want [more] children.⁴⁸ Manual workers have more frequently interrupted their employment at an earlier age, and already have the children they want.⁴⁹ The fact that the lowest level of desire for more children is found at the highest levels of personal and family income⁵⁰ is partly due to an older average age, but also to the effect of high paid employment on reducing a woman's fertility expectations.

Most women in the survey want at least one child.⁵¹ However, they find it very difficult to elaborate on their reasons for wanting children. Previous surveys of French fertility attitudes⁵² have always encountered a high level of non response, or a vague response, in this particular area. In the present survey, there was a high response rate, but the reasons given for wanting children were couched in very general terms. Many respondents regard the desire for children as a self evident, if inexplicable, fact. This is expressed in a general liking or love of children⁵³ which they find difficult to define. Other broad reasons are that having children represents the 'fulfillment of women' and is the reason for marriage. Together, these account for 80.3% of the first reasons given by French women and 57.1% of those given by Maghrebine women. Many women restrict themselves to one reason.

Table 7.11

First and second reasons given for wanting [more] children, according to ethnic group

	N° of responses		Likes/ loves children	Women's fulfillment	Reason for marriage	General/ cultural	Wants girl or boy	For other children	For part -ner
FRENCH	81	1st reason	35.8	27.2	17.3	7.4	4.9 ¹	4.9 ¹	2.5 %
	33	2nd reason	27.3	9.1	6.1	42.4	3.0 ¹	3.0 ¹	9.1
MAGHREBINE	21	1st reason	33.3	9.5	14.3	9.5	28.6 ¹	0.0	4.8 ¹ %
	6	2nd reason	0.0	33.3	0.0	33.3	16.7 ¹	0.0	16.7 ¹

Women with no children give only general reasons for wanting children. More individual motivations emerge among women who already have one child, and among second reasons given.⁵⁴ French women with one child talk more in terms of the needs of their existing family; company for their child or the desire to 'complete' their family with a boy or a girl. French women with two children, perhaps more closely identified with the maternal role, offer only general reasons for wanting a third child. Maghrebine women who already have more than one child are strongly motivated by the desire for a child of a particular sex, usually a boy. This desire, important for women with two children,⁵⁵ becomes the sole reason for more children among women who already have three, and would otherwise have finished childbearing.

An examination of responses at different educational levels reveals that broad ideological reasons are strongest among those with a higher education who are frequently young and non parous. Women with a low educational level, already in the midst of establishing their family, evoke reasons directly related to this family, such as the husband's wishes or the need to have a boy.

Women who are active and earning a reasonable income appear to be less influenced by traditional social pressures in their desire to have children.⁵⁷ None of the respondents show any concern for national or pronatalist interests in the reasons they give for wanting children.

Women who do not want to have more children also tend to justify their decision in a general way. When they do not talk merely in terms of having 'enough' children, they present a series of circumstances, health, age, the demands of work, and their financial situation, which prevent them from having children. This defensive attitude to their decision is no doubt influenced by strong disapproval extended to people who refuse to have children. In a survey in 1969, respondents suggested that couples who limited their family to one child were selfish in that they were only concerned with their own 'wellbeing'; a pejorative judgement particularly prevalent among women who themselves had a high fertility.⁵⁸ Couples who had two children were less often accused of acting in their own interest; here financial circumstances were considered a valid reason for family limitation. These attitudes, confirmed in a later study,⁵⁹ indicate the presence of a self-perpetuating social norm that women should have more than one child. Women who have had children themselves hold most strongly to the view that other women should have children. A survey conducted in England and Wales⁶⁰ found that it was women with no, or very few, children who expressed concern for overcrowding, overpopulation, or the need for good material conditions for childrearing. These women also felt free to express more negative feelings about children, that they were an encumbrance; this view was not to be found in the largest families.

In the present survey, it is women with no children who talk most often in terms of the future of children in society: their ambivalence has sometimes resulted in a delay which makes them feel they are now too old to

have children. Women with one child are the most concerned to give health as a reason for not having more children, although 80.0% who give this reason are between 25 and 34. Women with two children, who do not want any more, feel most able to justify this decision in terms of the financial situation of the existing family and the demands of employment. Those French respondents with a larger family are content to say that they have 'enough' children; a reason which grows with family size as the woman becomes more confident that she has fulfilled all social expectations of motherhood.⁶¹

Table 7.12

Reasons given for not wanting [more] children, according to ethnic group.

	Enough children	Age	Work/ Study	Too much work	Health	Financial situation	Other
All reasons given	30.2	15.5	12.1	11.2	10.3	6.9	13.8
FRENCH							
1st reason [69]	33.3	17.4	13.0	4.3	13.0 ¹	7.2 ¹	11.8
2nd reason [19]		26.3	31.6	10.5	5.3 ¹	5.3 ¹	21.0
MAGHREBINE							
1st reason [18]	61.1		5.6 ¹	16.7	5.6 ¹	5.6 ¹	5.6 ¹
2nd reason [9]		11.1 ¹	11.1 ¹	55.6	11.1 ¹	11.1 ¹	

Maghrebine women, with the highest average parity, are the most likely to say that they have enough children. This reason is explained as being due to the excessive amount of work associated with a very large family. They do not mention age or health as much as the French, despite their long periods of childbearing.

Among the French, active and inactive women show a different orientation to childbearing, through the reasons which they give for having no more children. Inactive women with no personal income⁶² are most likely to think that they have satisfied fertility expectations, and give physical reasons of age and health for not continuing. Active women, particularly those in

white collar employment, are more likely to emphasise the demands of their work. In many cases, this has delayed childbearing, so that they think they are now too old to have [more] children.⁶³ Women in these middle occupational groups are, together with students, the only ones to mention wider considerations, such as personal freedom, the responsibility of bearing children, and the future of society, as reasons for not wanting children.⁶³

III. Attitudes towards the timing and spacing of births

The evolution in attitudes to family size has been accompanied by a change in attitudes towards the timing and spacing of children. When childbearing occupies a woman exclusively, births tend to start early and spread over a number of years. The increasing practice of combining childbearing with other activities encourages not only a limitation of births, but a more careful planning and timing of these births. In France, the reduction in desired family size corresponds to a preference for a delay in the first birth and a diminution in the amount of time spent in childbearing and childrearing.

In the present survey, attitudes to family building are measured by ideal ages to start and stop childbearing, as well as ideal timing and spacing of first and subsequent births. The majority of respondents⁶⁴ have already had a first birth, so we can expect that their 'ideal' will be tempered by their own experience. For those who have not had their first birth, these ideals can be considered as an indication of future behaviour, although with the same reservations as for ideal family size in that they reflect a community norm that has a narrower range than actual behaviour.⁶⁵ In fact, we shall see that an important aspect of the evolution in attitudes is an increasing reluctance to name an 'ideal' age, timing or spacing and an insistence that these decisions should be determined by individual circumstances.

The most popular age range within which to start childbearing, for both French and Maghrebine women, is between 20 and 24 years. Otherwise, the French show a preference for a later age group, and the Maghrebine for an earlier age.⁶⁶ Women who have already had a first birth opt even more strongly for ages between 20 and 24 as being ideal for the first birth. For the Maghrebine respondents this ideal corresponds closely to their actual behaviour⁶⁷ while the French have more often had their first birth at an earlier or later age. 21.1% of these French women had had their first birth before the age of 20, although only 6.3% thought this was an ideal age. This suggests that many of these were unplanned births, or that the experience dissuades people from very early births. The ideal age increases with the age at marriage of the respondents.⁶⁸ The only women who approve births at a very early age are those who themselves married young. The choice of an early ideal age is significantly associated for the French with high fertility desires⁶⁹ and with a high actual fertility.⁷⁰

The clearest indication of an evolution in fertility ideals is found among women who have not yet had their first birth. These women frequently reject the concept of an 'ideal' age, or show a preference for delayed births.⁷¹ Non parous respondents are predominantly young and highly educated,⁷² both factors which influence attitudes to family building.

Table 7.13

Ideal age to start childbearing, according to age and ethnic group

Ideal age for childbearing	Under 20		20-24		25-29		30-34/late as possible		No ideal	
	F	M	F	M	F	M	F	M	F	M
Age										
Under 20	14.8		33.3		37.0		3.8		11.1	100.0 ²
20-24	10.5	25.0	39.5	41.7	28.9	33.3			21.1 ¹	
25-29		38.5	59.4	46.2	34.4	7.7 ¹	3.1 ¹		3.1 ¹	7.7 ¹
30 +	1.6 ¹	27.2	53.2	54.5	32.3	9.1 ¹	8.1		4.8	

F=French $\chi^2=.0479$ Pearsons'r'=-.08

M=Maghrebine $\chi^2=.0243$ Pearsons'r'=-.33

Respondents under 24 themselves show less agreement with the established norm of 20-24 as the age range for first births. They choose a wider range of ideals, but also opt more frequently for a delayed start, or are reluctant to name an ideal. Among Maghrebine women, most of whom are married, the effect of generation is shown through a rise in the ideal age for the first birth in the younger marital cohorts.⁷³ The ideal of delaying childbearing grows with educational level, as does the persuasion that age depends on the circumstances of the couple. This rejection of a norm among the young, non parous, and highly educated corresponds to a greater availability of modern contraceptive techniques and use of more efficient methods.⁷⁴ The movement is strongest among students,⁷⁵ representing the potentially active, and currently active women⁷⁶ who are most concerned to reconcile childbearing with an alternative role.

Views on the ideal age to start childbearing are closely related to attitudes concerning the timing of the first birth⁷⁷ and the spacing of the second birth.⁷⁸ French opinion surveys show a growing preference for concentrating childbearing within a shorter period,⁷⁹ through a delay in the first birth but a closer spacing of second births. Women, particularly those of childbearing age, are the most favourable to delaying first births.⁸⁰

Table 7.14

	Attitudes towards the timing of the first birth, according to ethnic group			ACTUAL PREFERRED TIMING AFTER MARRIAGE * AVERAGE					TIMING
	IMMEDIATELY LATER	A LITTLE LATER	DEPENDS	1 year	2 years	3 years	4 years	Depends	
FRENCH	14.7	75.6	9.6%	14.1	35.9	23.0	13.5	13.5 %	2.41yrs
MAGHREBINE	25.0	70.0	5.0%	35.0	27.5	20.0	5.0	12.5	1.91

* Those choosing age ranges 1-2, 2-3, 3-4 are included in maximum numbers 2, 3, 4

French women in the survey opt less often for immediate births than do fertile women in the wider population. Maghrebine women are the most in favour of rapid first births; even those preferring spaced births choose shorter time intervals. Thus, while the average ideal timing of the first birth for the French corresponds closely to previous surveys,⁸¹ Maghrebine show a preference for

more rapid timing that reflects their own experience of a strong social pressure to prove their fecundity as soon as possible after marriage. Ideal first birth intervals are lower among the French who have already had a first birth,⁸² perhaps because of a desire to rationalise their own behaviour. However, neither French nor Maghrebine consider births before or in the first few months of marriage as ideal, although their own birth calendars show these are quite frequent.⁸³ Ideal first birth intervals are, therefore, longer than actual birth intervals.⁸⁴ An indication of future behaviour is that women who have not yet had their first birth are the least in favour of rapid first births and feel strongly that the timing depends on individual circumstances.⁸⁵ These women, who have also delayed marriage, contrast strongly with the Maghrebine women who married early and most favour immediate first births.⁸⁶

Access to education and employment among French women is an important factor affecting the timing of the first birth. Students, with the prospect of interesting employment, are the least convinced that there is an ideal interval, while women in white collar employment and middle management prefer longer first birth intervals than inactive women or manual workers.⁸⁷ BASTIDE and GIRARD suggest that the recent movement towards concentrating second and subsequent births into a shorter period is linked to a desire to shorten the time spent in childbearing, thus allowing women to preserve their employment and their independence.⁸⁸ Surveys conducted since 1955 show a substantial increase in the popularity of rapid second births,⁸⁹ and, in 1976, a decrease in the average desired interval between spaced births.⁹⁰ In the present study, the French respondents opt even more frequently for a close spacing of the second child, in contrast to the Maghrebine who would prefer to wait. The two ethnic groups also have a different understanding of the intervals involved in 'rapid' and 'spaced' births. The difference is far less for the French, so that the average ideal interval is much shorter.

TABLE 7.15

Attitudes towards the spacing of the second child, according to ethnic group

	RAPID SPACING DEPENDS			PREFERRED INTERVAL BETWEEN 1ST & 2ND CHILD *					AVERAGE INTERVAL		
	1 year	2 years	3 years	1 year	2 years	3 years	4 years	Depends	RAPID SPACING	ALL	
FRENCH	45.2	53.5	1.3 ₂	31.0	33.5	25.2	8.4	1.9 ₁	1.41	2.67	2.10
MAGHREBINE	13.2	81.6	5.2 ₂	23.7	26.3	26.3	21.1	2.6 ₁	1.00	2.70	2.53

* Those choosing ranges 1-2, 2-3, 3-4 are included in maximum numbers 2, 3, 4

An examination of women who have already had their second birth shows that the average desired interval between first and second births is shorter than the actual interval for the French while, for the Maghrebine, it is the reverse.

Table 7.16

Ideal and actual intervals between first and second births, according to ethnic group

	Under 1 year	1 year	2 years	3 years	4 years	5+ years	Average
FRENCH							
Ideal interval		32.7	30.8	27.0	9.6		2.13
Actual interval	1.9 ₁	25.0	36.5	17.3	9.6	9.6	2.55
MAGHREBINE							
Ideal interval		26.9	15.4	30.7	26.9 ₁		2.58
Actual interval	3.8 ₁	46.2	23.1	11.5	3.8 ₁	11.5	2.06

Over half of Maghrebine women think that an ideal interval is three or four years, reflecting the fatigue engendered by very rapid births and a high parity. French women, most of whom will confine themselves to two children in order to pursue an alternative role, would prefer to have their second child within one or two years. Employment is shown to be a crucial factor in the desire to concentrate childbearing into a limited period. The few Maghrebine women who have an independent income are more in favour than others of shorter birth intervals.⁹¹ Among the French, it is active women at middle and senior occupational levels who most often choose a pattern of rapid family composition⁹² which will involve the least interruption to their careers.

Views on the timing and spacing of children are also influenced by the feeling that there is an optimum period for having children, and that this

should not continue beyond a certain age. One of the reasons why the ideal of a delayed first birth is accompanied by the ideal of close spacing of subsequent births is this consideration that there is a maximum age for childbearing. Recent surveys in France show a slight overall average increase in the preferred age to stop childbearing, from 35 to 36 years, with individual responses varying between 30 and 40 years.⁹³ Women generally give a lower age limit than men; those who are themselves in the childbearing age range show no increase in the preferred age to stop having children. In the present survey, where all women are fertile, the most popular age range is between 35-39 years, but responses cover a wide span of ages.

Table 7.17

The preferred age to stop childbearing, according to ethnic group

AGE RANGE	25-29	30-34	35-39	40-44	45+	No ideal age	Total
FRENCH	1.3	16.4	39.0	31.4	3.7	8.2	100.0%
MAGHREBINE	0.0	38.5	28.2	28.2	5.1	0.0	100.0%

The attitudes of Maghrebine women are related to their own fertility calendar. Older marital cohorts, with a high actual fertility, accept more easily that childbearing will continue until late in life, while younger cohorts more often refuse very late childbearing.⁹⁴ Women who married very young and started childbearing at an early age tend to opt for stopping between 30 and 34 years. The greater educational opportunities among the French respondents which, as we have seen, act as a delaying factor in family composition, are also associated with an older ideal age to finish childbearing. At university level, the choice of later ages is complemented by the attitude that this is an individual decision which cannot be considered in terms of ideals.

An earlier French survey found that a major preoccupation among

women was the fear of being old before raising one's children, and the possibility of too great an age gap between mother and child.⁹⁶ This concern is found in the present survey.

Table 7.18

The reasons given for stopping childbearing at a certain age, according to ethnic group

	ALL	FRENCH	MAGHREBINE
1. Need to be young with children	35.7	49.7	33.3
2. Lack of patience	35.3	40.7	64.1
3. Health of mother	16.4	19.3	28.2 ₁
4. Health of child	7.1	11.0	2.6 ₁
5. Difficulties in raising children	1.7	2.8	0.0
6. Financial reasons	1.7	2.1	2.6
7. Freedom in old age	1.3	1.4	2.6
8. Demands of work	0.8	0.7	2.6

For the French respondents, the primary reason for stopping childbearing at a certain age is the need to be young with one's children, while for Maghrebine women it is a lack of patience. This different emphasis reflects not only the lower average age and parity of the French group, but also a different understanding of the parent child relationship. The value which the French place on being able to identify with their children contrasts with the more formalised relationship between generations in the Moslem family. The need to be young declines in importance as the age of the respondent rises, and is most often quoted by women who do not have children. Women who have the experience of a family are more concerned with the lack of patience that comes with age, and with the state of health of the mother. French women with a high educational level, who are the most reluctant to allot an ideal age to the end of childbearing, still suggest that the mother should be young with her children, and that the health of mother and child are important considerations. Those with a low educational level are more concerned with financial reasons, perhaps because of the need to

return to work to supplement the family income. It is surprising , given the fact that many women return to work after childrearing, that this is not quoted more often as a reason for stopping childbearing at a certain age. It is perhaps considered by respondents as a less acceptable response than problems of physical and emotional fatigue.

IV. Conclusion

The findings of the survey allow us to identify certain important factors affecting fertility ideals and expectations. The most striking difference is between ethnic groups. The Maghrebine retain far more strongly the cultural norm of a high fertility, while the French increasingly reject the cultural norm of a high fertility, while the French increasingly reject the concept of an ideal number of children and stress the importance of individual circumstances in determining family size. Women have higher ideals and higher personal expectations than men, particularly at the beginning of marriage and family formation. Experience reduces fertility expectations for French women, but the Maghrebine are forced to increase their expectations in line with a high actual fertility. There are signs of an evolution through generations towards a lower desired fertility, especially in the Maghrebine group, but also a certain contradiction in the attitudes of young French respondents. These appear to subscribe to the ideal of a high fertility, while at the same time preferring to delay marriage and the first birth, both of which indicate a lower completed fertility. The attitudes of older French respondents shows that experience reduces personal fertility expectations through the life cycle.

Education plays an important role in persuading respondents that their fertility should and can be adapted to their particular circumstances ; with higher education this frequently involves a delay in family formation.

Employment acts to further encourage a careful planning of fertility, and a delay in marriage and first births. The emphasis among those in skilled, interesting, high paid employment is to concentrate childbearing within as short a period as possible, which they feel can be achieved by a limitation in the number of children, but also a closer spacing of births.

The importance placed by French respondents on adapting their fertility to their individual situation indicates an awareness and an approval of methods of fertility limitation. Access to the world outside the family provides the knowledge and the motivation to effectively control fertility. Maghrebine women, whose lives are still centred on their reproductive role, have probably less information about and less motivation to use birth control, at least until they have fulfilled their high fertility expectations. In the next chapter, I shall examine the methods used to match actual fertility to ideals and expectations.

CHAPTER 8KNOWLEDGE, ATTITUDES AND PRACTICE OF BIRTH CONTROL

In previous chapters it has been shown that the traditional couple is characterised not only by a high actual fertility, but also by high fertility ideals and expectations. This suggests that the use of birth control is only considered when expectations have been satisfied. The modern pattern of delaying the arrival and limiting the number of children, and adapting fertility to individual circumstances, demands an early and effective use of birth control.

It is often claimed that it is the increase in knowledge of birth control techniques that has led to greater fertility control and recent fertility declines.¹ ANDORKA argues that most societies have a knowledge of at least some methods of birth control, and that it is the strength of motivation to limit births, rather than knowledge, that determines successful family planning.² He suggests that those with a sufficiently strong motivation to avoid a birth will succeed, despite the inefficiencies of some methods, the psychological strains and health risks of abortion and certain modern contraceptive techniques. It is true that improvements in educational and occupational opportunities for women have provided a new motivation to plan and limit their fertility, leading to a fertility decline in all European countries, in spite of very different possibilities of access to abortion and contraceptive techniques.³ Undoubtedly, motivation is an important factor in seeking out and using the information about birth control that is available in a society. But it seems unlikely, as ANDORKA claims, that there is an "almost universal knowledge of birth control possibilities".⁴ The range of techniques to which the motivated woman has access will depend on the

particular cultural context. VAN DE WALLE suggests that a successful fertility decline requires both motivation and birth control technology.⁵ It is certain that birth control practice in a given society will reflect the particular techniques that have been favoured and disseminated within that society. The knowledge, use and efficiency of these techniques will depend on the strength of motivation to plan and limit fertility.

In this chapter, I shall examine the respondents' knowledge, attitudes and practice of birth control separately, for the sake of clarity, while acknowledging that these determinants of fertility behaviour are subject to many of the same influences and are in constant interaction.

I. Knowledge of birth control methods

The knowledge that an individual has of methods of birth control depends on several factors. The particular historical, legal and religious traditions concerning birth control within a society affect the extent and the range of information which is available about contraceptive techniques. At an individual level, knowledge is determined by the willingness to accept prevailing cultural norms, the motivation to acquire, discuss, and use information on birth control, and the possibilities of access to sources of information.⁶ International surveys have shown a considerable difference in the knowledge of specific contraceptive techniques between different European countries.⁷ In the present survey, the variations in the level and areas of knowledge between French and Maghrebine women reflect a different social, legal, and religious context, different traditions relating to fertility behaviour, a greater or lesser motivation to limit fertility, as well as the comparative isolation of immigrant women from sources of information.

For nearly fifty years, French legislation specifically forbade the diffusion of information on contraception or any contraceptive device.⁸ Among the few methods which escaped the provisions of the law were the condom, considered primarily as a protection against venereal disease, and the rhythm and temperature methods, because it was felt that the diffusion of information relating to the menstrual cycle and fertile and infertile periods might help infertile women to conceive. The rhythm method, or moral restraint was the only method tolerated by the Catholic Church, which showed fierce opposition to mechanical methods of birth control.⁹ These interdictions did not prevent French women from effectively controlling their own fertility, but they did lead to a concentration on certain methods, notably those which did not require mechanical aids, such as withdrawal and the rhythm method.¹⁰

Maghrebine women are greatly influenced by their own cultural and religious heritage. In spite of the lack of specific prohibitions¹¹, "empirically, Islam has been a more effective barrier to the diffusion of family planning than Catholicism."¹² The strong positive reinforcement of fecundity, resulting in a situation where a woman has a "deep rooted fear of not fulfilling the role which is expected of her",¹³ often makes the consideration of limiting her fertility irrelevant. A woman who is constantly aware of the social stigmatisation attached to infertility cannot be said to exercise a real choice concerning birth control.¹⁴ The long period of French occupation seems to have only accentuated the importance attached to procreation, which became a symbol of resistance to colonisation.¹⁵ Following independence, the Algerian government manifested a hostility towards family planning, in spite of the fact that there is no basis for opposition to birth control in Islam.

The Koran does allow the practice of withdrawal, with the agreement of the wife,¹⁶ although the absence of discussion between men and women on fertility desires¹⁷ and the importance which both attach to their fecundity is likely to reduce awareness and practice of this method. The Koran also permits a spacing of two to three years between births, to be achieved by breastfeeding,¹⁸ while traditional periods of abstinence provide some form of protection against conception.¹⁹

A survey carried out in Algeria in 1968 found that there is a certain knowledge of contraceptive techniques,²⁰ and that a majority of women want more information and would consider at least spacing their births. In all cases, demand was higher among educated and urban women. A survey of urban immigrant women shows that there is already an exchange of information about traditional methods among women of the same generation.²¹ In Tunisia, a programme favouring women's emancipation and the setting up of family planning services, has increased awareness of modern contraceptive methods and encouraged practice. But, in 1973, only 7.0% of married women in the fertile age range were using these family planning services, a percentage that fell to 3.0% in rural regions of the centre and south.²² It appears that there is still a greater ambivalence towards birth control in Maghrebine countries than in European countries: even when women show themselves favourable to practice, they frequently encounter a strong resistance on the part of men.²³

Although Maghrebine women will carry with them cultural models of a high fertility and rapid family building, with a reluctance to consider birth control until they have achieved these norms, we should expect the experience of immigration to modify such ideals. In fact, an early study among North African immigrant families in Paris suggested that they had neither the knowledge nor the motivation to adapt their fertility behaviour.²⁴ Any desire to limit births is counteracted by the fear that

"their status will be worse than the one they already have once they renounce their identity with the procreative role which assures them a status in the family and in Algerian society."²⁵ These women live "turned in towards the immigrant milieu with women of the same nationality."²⁶ Any potential modernist tendency among younger women is handicapped by a low educational level, a lack of contact with the French community, and a low level of information concerning the possibilities of effective family planning. MICHEL's study finds that women are generally less informed than their husbands. Men more often know about traditional 'male' methods, such as the condom and withdrawal, and, because they are more often literate, they are also better informed about modern methods which are discussed by the media.²⁷ A more recent study confirms that the husband's advice and permission is particularly important in the efficient use of family planning in immigrant couples.²⁸ Although there is evidence of an evolution, in that Maghrebine women are now consulting in family planning centres, their own lack of confidence and the difficulties of communication with medical staff means that they receive only very partial information.²⁹

Maghrebine women benefit less than French women from the substantial increase in the level of community education about birth control which has come with a liberalisation of legislation covering contraceptive and abortion practice and sex education, and greater media coverage of this area. For both French and Maghrebine, the increasing sophistication of methods means that, although they are more aware of the range available, they do not necessarily have an accurate or detailed knowledge of particular techniques. Methods have become 'medicalised'³⁰ and information depends very much on the willingness of medical specialists to share their knowledge. One positive result of the publicity given to modern methods is that they have become acceptable subjects of public discussion, unlike traditional methods which are more closely related

to the sexual act. In the present survey, there is an increase in the level of spontaneous response, which may reflect a greater knowledge of techniques or a greater readiness to mention them. The use of a 'prompt' card, which reminds respondents of methods they may have forgotten, but also gives them permission to mention certain methods, reveals an even higher level of knowledge.

Table 8.1

Proportion of respondents mentioning methods of contraception spontaneously, and after prompting, in two surveys of women in the fertile age range

METHODS	SPONTANEOUS ANSWERS			PROMPTED ANSWERS		
	1969 Survey	Present survey		1969 Survey	Present survey	
	All	F	M	All	F	M
Pill	87.0	98.0	97.2	100.0	100.0	97.2
Minipill		3.4	5.6		74.3	72.3
I.U.D.	39.0	97.3	83.3	63.0	100.0	94.4
Condom	34.0	54.1	19.4	86.0	98.0	94.4
Diaphragm/Cap	36.0	51.4	19.4	60.0	79.8	33.3
Rhythm	34.0	20.9	5.6	86.0	84.4	58.4
Temperature		19.6	13.9		85.8	63.9
Spermicide	7.0	20.9	8.3	40.0	66.9	55.5
Withdrawal	18.0	14.2	11.1	80.0	92.6	88.9
Douche	7.0	4.1	2.8	63.0	66.9	66.7
Tampon		0.7	2.8		23.0	38.9
Abstinence	4.0	0.7	0.0	51.0	89.2	91.7
Injection		5.4	35.0		45.9	75.0

F=French M=Maghrebine

A comparison of the present survey with one undertaken ten years earlier³¹ shows a considerable evolution in contraceptive knowledge. The intra-uterine device [I.U.D.] and the pill are now methods spontaneously mentioned by almost all respondents : some have learnt to differentiate between the pill and the low dosed minipill. The knowledge of mechanical and chemical methods has also risen among the French respondents. At the same time, spontaneous knowledge of traditional methods such as the douche, withdrawal, rhythm and abstinence has actually decreased. This is partly due to a tendency to limit the term birth control to modern methods, which is why positive responses rise after prompting, but is also due to the fall in the popularity of

these methods, particularly among the younger generation, who have been assured effective modern methods from the beginning of their active sexual life.

The greater ease and familiarity of the French with the subject of birth control is shown in the higher proportion of spontaneous answers, while Maghrebine knowledge is revealed mainly through prompted answers. There are also differences which result from their cultural environment. The historical and religious preference in France for the rhythm and temperature methods leads to a higher level of recognition of these methods among French women. They are also more familiar with the "westernised" female protective methods of the diaphragm and the cap,³² while the Maghrebine know more often about their own cultural equivalents, the tampon or the sponge. The fact that no Maghrebine spontaneously gave abstinence as a method of birth control, although they recognised it when prompted, suggests that abstinence is practised more as part of a traditional ritual than as a conscious method of birth control.

Knowledge of modern methods of contraception, such as the pill and the I.U.D., is higher for the French than the Maghrebine, in spite of the fact that these are the two most popular methods in the family planning clinic and should have both been discussed at counselling sessions. The Maghrebine women have a higher knowledge, both spontaneous and prompted, of the medroxyprogesterone injection, although this method was still in experimentation. This is a good example of how specific, local conditions can affect contraceptive knowledge and practice. A survey of the practice of the contraceptive injection in Marseille family planning clinics show that Maghrebine women constitute the majority of users of this method.³³ It is frequently prescribed as a post partum contraceptive to multiparous Maghrebine women who are, at this stage, highly motivated to have an immediate protection. Although this method is extremely

efficient, it has side effects which include weight increase and amenorrhea, the latter badly tolerated by Maghrebine women who value the purifying function of menstruation and identify amenorrhea with old age and infertility. The lack of any explanation on the part of the doctor leads to a high rate of abandon of this method: the survey on the medroxyprogesterone injection found that 79.4% of Maghrebine women had abandoned this method after several months. The absence of any dialogue between the doctor and the immigrant patient helps to explain their imperfect knowledge of other modern methods. In addition, they benefit less from publicity given to these techniques in the media. Many Maghrebine women are illiterate and depend for information on verbal communication with other illiterate women in the same milieu, and on their own experience.

Many surveys have found that contraceptive knowledge has a strong positive relationship with the level of education.³⁴ Education, in the present survey, is shown to be crucial in opening up knowledge of birth control for both French and Maghrebine women. It enables Maghrebine respondents to offer more traditional³⁵ and modern³⁶ methods spontaneously, but also increases the level of prompted knowledge.³⁷ The use of rhythm and temperature methods, which require careful calculation and a knowledge of fertility cycles, has always been positively associated with education.³⁸ It is, therefore, not surprising that the proportion of French women offering these methods, and responding positively to the prompt card, increases with their education.³⁹ Knowledge of the cap and diaphragm, whose use has been mainly limited in France to the higher socio-professional groups, also rises significantly with educational level.⁴⁰ The strongest positive relationship between the level of education and knowledge of a method among French women is with the minipill. Although it is rarely offered spontaneously as a method separate from the pill, recognition

grows with education.⁴¹ In this case, knowledge is closely related to practice. The minipill is most often prescribed to young,⁴² non parous French respondents who have an educational level higher than average.

It is interesting that occupational status does not significantly affect the contraceptive methods mentioned. This is perhaps because the methods most commonly discussed by work colleagues are the same as those of which a general knowledge is widely disseminated among the population. It is likely that active women, particularly those in high status employment, have a more detailed knowledge of these methods, but this is not measured in the present survey. These differences should emerge in attitudes towards and practice of birth control.

Respondents, all interviewed after receiving some counselling on suitable contraceptive techniques, were asked whether they were satisfied with their knowledge of contraception. Despite the differences in their actual levels and range of knowledge, a similar proportion of French and Maghrebine women declared themselves satisfied with their knowledge. They were more satisfied than respondents in a national survey in the same year.⁴³ Satisfaction is highest among married or previously married women,⁴⁴ and increases with age⁴⁵ and family size.⁴⁶ The most satisfied active women are those in senior management and the professions, probably because they have a more detailed knowledge. However, most women in manual employment and those working in family businesses⁴⁷, frequently older, married women, also feel they have acquired sufficient knowledge of contraception. Students are the least satisfied with their knowledge. There is a general fall in satisfaction with educational level, reaching its lowest point at the baccalauréat, with a recovery among those with a university education.⁴⁸ There emerges a picture of low satisfaction among young, single, non parous, better educated

women, although they have been introduced early to modern, efficient methods of contraception, and high satisfaction among older, married women who have had several, sometimes unplanned, pregnancies. It appears that when these older women are eventually introduced to a method that is both practical and efficient, they are more easily satisfied that they have acquired sufficient knowledge of birth control techniques. They are, perhaps, less demanding in their search for the 'perfect' method or for a more detailed knowledge of the effects of these methods, because of a long experience of inefficient, impractical or unpleasant ways of limiting their fertility. Younger women, who have not had to tolerate the drawbacks of traditional techniques, have higher expectations of the methods they are using, demand more detailed information, are concerned with aspects other than efficiency, and are still looking for better methods. They confirm the findings of a survey among adolescents in 1978 which found a large proportion who felt insufficiently informed about sexuality and, in particular, contraceptive methods.⁴⁹ This low level of information exists despite a law providing for compulsory sexual education in schools, and a situation where general information about contraception is now freely available. It seems possible that dissatisfaction with knowledge is associated with the increasing complexity and medicalisation of contraceptive methods, which are rarely fully explained by the doctor who controls the information. Oral contraception is equivalent to taking a drug, with side effects that are more or less tolerated according to the woman's personal motivation and expectations. In the present study, there is a significant relationship between satisfaction with knowledge and the method used. Those using the pill or minipill, essentially the younger, single respondents, are the most dissatisfied of those using modern techniques.⁵⁰ Those who had just started a method, usually young, first time consultants, were also among the least satisfied. In contrast, those women using the I.U.D., nearly all parous women with a previous history of oral contraception, and

Maghrebine respondents receiving medoxyprogesterone injections, even with considerable side effects, are the most satisfied with their knowledge. Their primary demand, to prevent any further births, is met by these methods. Young women, who frequently adopt contraception before a first birth and even before coitus, have other demands, for efficient but less constraining methods which do not pose a risk to health or future pregnancies. Several articles published at the same time as the survey show this dissatisfaction with the pill⁵¹ and an increasing demand for information about this and alternative methods.⁵²

Access to contraceptive advice and the dissemination of information about contraceptive methods was one of the main concerns of the 1974 law.⁵³ This law also enabled adolescents to seek advice without parental authorization. Only 32.0% of respondents were able to offer a date for this law, and only 6.9% of French and 7.5% of Maghrebine could give the correct year. Most of those who answered gave a later date, presumably because this coincided with the setting up of advice centres. It is the younger⁵⁴, better educated⁵⁵ French respondents who, despite their dissatisfaction with their own knowledge, are more often able to give the correct year. A survey among adolescents in 1978 concerning the conditions for obtaining contraception found, however, that, particularly in the younger age groups, they imagined more restrictions than actually existed.⁵⁶ Some adolescents did not feel ready to assume sole responsibility for their contraception and suggested it was preferable to have the parents' authorization.⁵⁷ This reflects the need for discussion and information which is shown in the present survey.

II. Attitudes towards birth control

In the discussion of fertility ideals and expectations, there was evidence of an increasing feeling that behaviour in relation to sexuality and procreation is an exclusively private domain that should not be dominated by the collective interest, but by personal considerations. The liberalisation of laws on contraception and abortion allows women a greater possibility to control their own fertility effectively. There is still a certain amount of ambivalence concerning this personal autonomy, an ambivalence that increases markedly when we move from contraception to more controversial methods of birth control such as abortion and sterilisation. In this section, I shall examine the attitudes of fertile women to these issues and attempt to isolate those characteristics which are associated with approval of different methods.

Previous surveys⁵⁸ show a growing approval of a wider diffusion of contraceptive techniques, most prevalent among women who are themselves in the reproductive age groups.⁵⁹ As all the women in the present survey are fertile, and consultants at a family planning clinic, we should expect a high rate of approval of contraceptive availability. Respondents do still show a certain hesitation over contraception being available to single women under 18 years of age. Many Maghrebine women also feel that contraception should not be available to single women of any age, reflecting a disapproval of sexual activity outside the framework of marriage and childbearing.

Table 8.2

Approval of the availability of contraception to women of different ages and marital status, in a survey conducted in 1974 and the present survey⁶⁰

RESPONDENTS	INED Survey 1974		Present Survey			
	Women 18-49	Single women	Single French	Married French	French under 18	Maghrebine
Approval for:						
Married women	85.0	86.0	100.0	97.4	100.0	100.0
Single women over 18	79.0	83.0	100.0	94.9	100.0	65.0
Single women under 18	52.0	65.0	86.7	62.5	100.0	55.0

Women who are themselves single or under 18 show the highest levels of approval, although some single women are more hesitant about contraception being available to very young women. The respondent's own fertility history has a significant effect on her views on contraceptive availability. French women with no children or only one child are the most liberal in their attitudes, none specifying the need for marriage and few for an age limit. Among the French, the demand for a minimum age grows with family size,⁶¹ although those who had had early, probably unplanned, births showed the strongest support for contraception being available to all.⁶² Fertility ideals are important for the Maghrebine, the most conservative being those who feel that the ideal is the number God sends.⁶³ Maghrebine women's views have less to do with actual size than with the economic circumstances of the family. Women who are inactive themselves,⁶⁴ or have partners who are inactive,⁶⁵ most often feel that contraception should be available to all, probably because of the financial necessity to restrict family size.

Respondents who were in favour of contraception being available to the under 18s were asked whether they felt parental authorization was necessary. French attitudes are influenced by two major factors: the woman's personal involvement with adolescent sexuality, and her own educational and professional status. Women who are themselves young and single least often recognise the need for parental authorization. The demand increases with age⁶⁶ and is highest among women currently or previously married,⁶⁷ especially those who have been married for more than thirteen years.⁶⁸ Women who have children themselves most often feel that authorization should be required,⁶⁹ but the most significant factor is the age of these children. During the interview, several women admitted that their views were strongly influenced by the fear that their own children might have a sexual relationship

and use contraception without their knowledge. The demand for authorization is significantly higher among respondents whose own children are adolescents.⁷⁰ The proportion of French women who think that parental authorization should be required falls with a rise in their educational level⁷¹ and with their involvement in an active professional life. Those who value independence, approve an active role for married women,⁷² and are themselves in rewarding, high status employment⁷³ are the least likely to think that an adolescent's sexual and contraceptive practice should be subject to a parent's authority.

The introduction of sexual and contraceptive education into secondary schools⁷⁴ was aimed at increasing the adolescent's knowledge and responsibility concerning birth control. Respondents show themselves far more approving of this initiative, and far more ready to give a response, than in previous surveys.⁷⁵

Table 8.3

Approval of sexual and contraceptive education in secondary schools in different surveys

	INED Survey 1966 Women 20-49 yrs.	INED Survey 1974 Women 18-49 yrs.	Present survey French Maghrebine	
Sexual education:				
Yes	75.0	78.0	91.2	78.9
No	19.0	13.0	6.9	21.1
Don't know	6.0	9.0	1.9	0.0
Contraceptive education:				
Yes	59.0	65.0	93.1	75.0
No	33.0	25.0	5.6	25.0
Don't know	8.0	10.0	1.3	0.0

For the French, approval of sexual education, and the inclusion of teaching on contraceptive methods in these courses, is positively associated with their own educational level.⁷⁶

General expressions of approval of birth control can disguise some of the resistance to contraception that becomes apparent in a consideration of

particular methods. Before the introduction of modern contraceptive techniques, none of the methods available to women could guarantee total security against pregnancy. Reasons given by respondents for discontinuing traditional methods concern mainly the fear of their inefficiency, when they have not already resulted in an unplanned pregnancy.⁷⁷ In these circumstances, women who approve and want to use contraception are forced to reject specific methods. In the case of male methods, this may be because their partner disapproves or refuses to take responsibility for contraception.

The main attraction of oral contraception when it was first introduced was precisely the complete efficiency that it offered, especially attractive to those who had experienced unplanned pregnancies⁷⁸ or those active women who had most to lose by such pregnancies.⁷⁹ An international survey in 1969 showed that the pill was considered the most satisfactory method of birth control in all five of the European countries studied.⁸⁰ It was felt to be 'very safe', 'easy to use', 'convenient' and 'needing little forethought',⁸¹ all advantages not found in the more traditional methods. Even at this stage, however, women mentioned the possible side effects of the pill, and the fact that traditional methods were more 'natural' and 'not harmful'.⁸² The high levels of approval of the pill at a period when, for most French women, it was more an ideal than a reality, fell as women gained personal experience of the disadvantages of oral contraception. After a rapid growth in popularity, the increase in the use of the pill ceased in 1977 and even showed a decline in some age groups. A national survey of practice in 1978 found that, whereas 53.5% of respondents between the ages of 20 and 44 had used the pill at some time, only 28.0% were using it at the time of the survey.⁸³ An opinion survey conducted in the same year⁸⁴ shows that the long term health risks associated with the pill have

become a major preoccupation. GIRARD and ROUSSEL suggest that the origin and persistence of this fear is the requirement for a prescription and medical surveillance.⁸⁵ My own survey of respondents' contraceptive history shows a fall in the use of the pill in favour of the low dosage minipill or the I.U.D., and a higher level of satisfaction among I.U.D. than pill users.⁸⁶ The main reasons for giving up the pill, a decision often prompted by medical advice, are physical and psychological intolerance.⁸⁷ Women who are still using oral contraception mention the health risk, and the fact that it is easy to forget,⁸⁸ while the most commonly expressed reason for satisfaction among I.U.D. users is that it is impossible to forget. Only one current I.U.D. user is dissatisfied with her method, although those who intend to continue using it are aware of the risks of sterility and infection.⁸⁹

The difference in attitude towards the pill and the I.U.D. can partly be explained by the fact that they are used at different stages of the fertile cycle. The I.U.D. is mostly adopted by women with a long experience of other methods, including the pill, who want no more children. Oral contraception is frequently prescribed to younger age groups who have not started, or have not completed, their family formation. Many of these women have a desire for pregnancy that gives them an ambivalent attitude to a totally effective method of contraception, particularly as they have to renew their decision every day that they take the pill. Rejection of the pill emerges particularly among those women who have been using it for long periods, often from the beginning of their fertile life. Several surveys encounter these negative attitudes to oral contraception- the long term health fears, the distrust of a daily medicament, the feeling of being continuously 'available', and the lone responsibility.⁹⁰

One of the most striking aspects of the development of modern 'female' contraceptive techniques is that the woman takes on total responsibility in a domain where she was previously heavily dependent on her partner. At first, these techniques met with considerable hostility from French men,⁹¹ who were aware that they involved a loss in their decision making power, and were greeted most enthusiastically by women with a high educational and professional status⁹² who welcomed the means to control effectively their own fertility. However, the 'medicalisation' of contraception means that the influence of the medical specialist on the woman's birth control decisions increases as the partner's decreases,⁹³ and that the price for responsibility is the risk to health that these methods entail. Frequently, the woman carries the responsibility for contraception, suffers the side effects, and risks her future health, without having full control over the final decision. This is particularly evident in the case of the immigrant woman; she submits more readily to the authority of the doctor,⁹⁴ and is also closely supervised by her partner, who refuses to tolerate any change in the balance of power in the couple⁹⁵ which may be brought about by the wife having the possibility to control her own fertility.

Despite the fact that most respondents in the present survey are using a female method of contraception, a majority of both French and Maghrebine favour a joint responsibility for contraception.⁹⁶ These women accept that, in the absence of effective male methods, they must continue to use female methods, but they demand a greater participation from their partners. The French husband's participation is usually limited to agreeing to the consultation⁹⁷ and, unlike the Maghrebine husband, he rarely accompanies his wife. Few women thought that the male partner alone should be responsible for contraception, but slightly more, particularly among the French, felt that the responsibility should lie with the woman.⁹⁸ The exceptional Maghrebine women who opted for female, as opposed to joint, responsibility were those separated

from their husband or those cohabiting,⁹⁹ who had acquired a certain amount of independence through work¹⁰⁰ and a personal income.¹⁰¹ The higher proportion of French women who claim they should have responsibility for contraception, and would presumably always choose a female method, reflects the increasing demand by women to control their fertility. These are the women who also consider that the decision to have an abortion should be made by the woman.¹⁰²

The success with which French women managed to limit their fertility during a period when there were no completely effective methods of birth control indicates that many women are prepared to take the decision to have an abortion, even when this is strictly illegal.¹⁰³ In the period prior and subsequent to the liberalisation of abortion¹⁰⁴ public approval of abortion grew, especially when people were presented with precise circumstances which could justify such a decision.¹⁰⁵ A comparison of responses in the present survey with those in a survey conducted in 1974 illustrates this evolution, but also reflects the more liberal views of women in the fertile age range.¹⁰⁶

Table 8.4

Approval of abortion in different circumstances, in a study conducted in 1974¹⁰⁷ [men and women over 18] and the present survey [fertile women only]

	INED Survey 1974		Present Survey	
	All respondents		French	Maghrebine
Approval of abortion in case of:		%	%	%
1. Mother's ill health			96.2	90.0
2. Risk of abnormal child			96.2	87.5
3. Rape	90.0		96.8	82.1
4. Mental illness	90.0		96.2	82.5
5. Separation or divorce	63.0		87.0	64.1
6. Woman over 40 years	60.0		83.7	70.3
7. Woman under 18			81.2	62.2
8. Lack of resources	56.0		73.5	55.0
9. Single woman	54.0		71.4	64.1
10. Bad housing			61.9	47.5

Respondents in the present survey are more willing to express their opinion in this controversial area, and more ready to show approval of social and economic reasons for abortion. There are, however, significant differences between the attitudes of French and Maghrebine women,¹⁰⁸ with the latter showing a consistently lower rate of approval in all circumstances.

When considering social and economic situations, French women are more likely to be influenced by their own position. The proportion considering that not being married is a reason for abortion is high among very young, single women. The middle age groups are less concerned about illegitimacy, but approval of an abortion in these circumstances rises among the more conservative older age groups¹⁰⁹ and older marital cohorts.¹¹⁰ Women who have been married a long time, and have experienced overcrowded and inadequate housing conditions, are more likely to think that bad housing is a sufficient reason for abortion.¹¹¹ In all cases, women who say that they have no religious beliefs are more approving of economic and social reasons for abortion, although the distinction between practising and non practising Catholics is less clear than it is for the Moslems and the Jews.¹¹²

Education appears to be a crucial determinant of French attitudes.¹¹³ The only circumstances where approval is not positively associated with education are those concerning separation and divorce. Women with the baccalauréat are less likely to think this is a sufficient reason for an abortion, presumably because they are less worried about the problems of financial and emotional self-sufficiency.

Table 8.5

Approval of abortion in different circumstances, according to educational level [French respondents only]

	Professional Aptitude Certificate or less	Professional Education Certificate	Baccalauréat or over	χ^2	Pearson's 'r'
Approval of abortion in case of:	%	%	%		
1. Mother's ill health	89.1	96.8	100.0	.0033	-.26
2. Risk of abnormal child	89.1	96.8	100.0	.0000	-.26
3. Rape	88.9	96.8	100.0	.0000	-.29
4. Mental illness	91.1	96.8	98.5	.0034	-.19
5. Separation or divorce	75.5	96.7	89.5	.0130	-.19
6. Woman over 40 years	73.3	86.2	88.1	.0647	-.19
7. Woman under 18 years	64.4	82.4	90.7	.0018	-.28

Respondents were also asked in what circumstances they would agree to an abortion for themselves, a question that has not been asked in previous French surveys. Although 83.2% of the French and 66.7% of the Maghrebine thought that there were circumstances in which they would terminate a pregnancy, they are far less likely to give personal than general approval.¹¹⁴ Responses are dictated by individual interest and ideology. The problems of being pregnant when young and single preoccupy mainly the young respondents, who often say that they would agree to an abortion for these reasons.¹¹⁵ Students with a high educational level, who have strong reasons for delaying marriage and childbearing, also indicate that they would agree to an abortion because of their age and their marital status.¹¹⁶ In circumstances relating to age, marital and environmental pressures, respondents with no religious beliefs are more likely than others to consider an abortion, and non practising respondents would agree more often than practising respondents. In all cases, practising Moslems show the lowest levels of agreement.¹¹⁷

Although many respondents think there are circumstances in which they would consider an abortion, only 59.2% of French and 41.2% of Maghrebine would

agree to an abortion at the time of the interview, despite the fact that most did not want an immediate pregnancy. The readiness to terminate a pregnancy varies with age and the stage in the fertile cycle. A majority of the youngest age groups, particularly the under 20s, many of whom think that being young and single is a sufficient reason for aborting an unwanted pregnancy, would agree to an abortion in their present circumstances. The motivation to delay births is far stronger than for women in the 25 to 29 age group, who are in the middle of the period of family formation. The acceptance of an immediate abortion grows again among older women, who have presumably reached their desired family size.¹¹⁸

Respondents expect a very high level of agreement from their partners in such a decision.¹¹⁹ For the Maghrebine women, this agreement is positively associated with their educational level,¹²⁰ while active French women generally seem more sure of their husband's agreement than inactive women.¹²¹ Women who profess to having no religious beliefs also expect higher agreement.¹²² Although most women think that their partner would agree with their decision concerning abortion, they do not necessarily think that this should be a joint decision. A question as to who should be responsible for an abortion, the woman, the couple, or the doctor, met with varied responses.

Table 8.6

Attitude as to who should take the decision concerning abortion, according to ethnic group

	Woman	Couple	Couple if stable	Doctor	Doctor + woman	Doctor + couple	Depends	Total
FRENCH	23.8	43.7	3.1	2.5	1.9	23.1	1.9	100.0%
MAGHREBINE	20.5	38.3	5.1	25.6		10.5		100.0%
ALL	23.1	40.8	3.5	7.0	1.5	22.6	1.5	100.0%

The most popular response is that the couple should share the decision, but women are far less convinced of this than they were about contraception. Almost a quarter feel that the woman should take this decision alone, an indication that they attach more importance to their autonomy in this field than that of contraception, or that they expect more opposition to their decision. In the past a frequent source of opposition has been the medical profession,¹²³ which is, perhaps, why so few French women would leave the decision to the doctor; although some suggest that the decision should lie with the doctor and the couple. Maghrebine women are far more likely to accord the decision to the doctor alone. This reflects a greater acceptance of medical authority in fertility control, and also a more ambivalent attitude to abortion. The woman who is uncertain about abortion is, perhaps, more likely to welcome the intervention of a medical expert who relieves her of the responsibility of a decision. French women in the middle age group, with experience of unplanned pregnancies, are the group who most often opt for a decision taken by the woman alone. For women between 30 and 39, this is the most popular choice.¹²⁴ Women at higher educational levels most often reject the role of the doctor in abortion decision making, preferring to take the decision themselves or with their partners.¹²⁵

The abortion law that was adopted in 1975 is, in theory, a liberal one in that it allows a woman whose pregnancy places her in a "situation of distress" to ask for an interruption of this pregnancy. In practice, the likelihood of a woman having her demand met depends very much on the willingness of local medical bodies to answer this demand.¹²⁶ Most respondents in the present survey approve of the new abortion law.

Table 8.7

	INED Survey		Present survey		%
	1976	1978	French	Maghrebine	
Law is a good thing	63.0	66.0	92.5	72.5	
Law is a bad thing	26.0	22.0	4.4	22.5	
Indifferent	6.0	*	2.5	5.0	
Don't know/refused	5.0	*	0.6		
Total	100.0	88.0*	100.0	100.0	%

* not stated

The higher level of approval in my own survey is partly due to the fact that all the women interviewed are in the fertile age range, but is also a reflection of the better application of the law in Marseille than in many other places.¹²⁸ Approval of the law is highest among those who think contraception is a joint responsibility and lowest among those who think it depends on the man.¹²⁹ The law is especially welcomed by those married women¹³⁰ who have had to spend most of their fertile life restricted to the use of ineffective, male methods, without any legal recourse to abortion. Appreciation of the liberalisation of abortion rises with educational level.¹³¹

The first signs of a strong public feeling that abortion should be a personal decision appear in a survey in 1976, when respondents begin to emphasise the woman's right to choose maternity.¹³² In the present survey this right is the reason most frequently given for approving the 1975 law. The French are also particularly conscious that the previous restrictive legislation only resulted in abortions being performed in dangerous conditions that threatened the life and health of the woman.

Table 8.8

	Reasons given for approval of the 1975 law, according to ethnic group		%
	FRENCH	MAGHREBINE	
1. Maternity should be a choice	36.6	35.7	
2. The law stops bad practice	25.5	7.1	
3. Early abortions are preferable	12.4	10.7	
4. Ensures that children are wanted	8.3	21.4	
5. Freedom for women	5.5	3.6 ¹	
6. Prevents dangerous pregnancies	5.5	17.9	
7. Other reasons	6.2	3.6	
Total	100.0	100.0	%

The attitude of the Maghrebine respondents is influenced by their own experience of rapid childbearing, large families, and a lower standard of living. They more often emphasise the necessity of ensuring the well-being of future children and protecting the mother from the dangers of too many, too frequent maternities. The minority of respondents who disapprove of legal abortion do so primarily on moral and religious grounds, the latter being particularly strong among Moslem women.¹³³

A frequent argument against the legalisation of abortion was that, by encouraging more abortions, it would lead to a fall in the birth rate.¹³⁴ French women who are in favour of the law remain mostly unconvinced that it should be made more difficult if there is a fall in the birth rate. Although Maghrebine women are more influenced by this argument, a high proportion of both Maghrebine and French respondents think that the law should stay unchanged whatever the fluctuation in the birth rate. This is another indication of the feeling that decisions concerning fertility are an exclusively private domain.¹³⁵

One method of birth control that has been largely ignored in French opinion surveys is sterilisation. Although a more radical form of fertility control than others, sterilisation has never been the subject of wide debate in France. It has an ambiguous legal status as there is no law specifically covering sterilisation. A doctor performing such an operation can, however, be prosecuted for assault and mutilation¹³⁶, one of the reasons why sterilisation is more rarely practised in France than in many other countries.¹³⁷ Another factor limiting the practice of male sterilisation is the connection made between sterility and the loss of virility,¹³⁸ especially in Mediterranean societies.

Given the apparent lack of demand for sterilisation, it is rather surprising to find that, in a small scale survey in 1975, 54.0% of respondents were in total agreement with sterilisation for a couple who did not want more children, 16.0% were more or less in agreement, and only 24.0% were opposed.¹³⁹ A national study in 1978 found that, although respondents were embarrassed by the question, only a minority thought that sterilisation should be forbidden, or restricted to exceptional cases,¹⁴⁰ while 63.0% felt that an individual should be free to choose. Women in the present survey are more conservative in their approval of sterilisation, although their responses vary according to whether they are considering male or female sterilisation, and whether they are being asked to talk in general terms or about themselves and their partners.

Table 8.9

Approval of sterilisation, according to whether this is female or male sterilisation, and whether it is general approval or personal agreement

	Female Sterilisation				Male sterilisation			
	General Approval		Agreement for self		General Approval		Partner's Agreement for self	
	F	M	F	M	F	M	F	M
Approval	34.0	25.0	35.8	30.0	31.4	44.7	10.8	18.9
Disapproval	43.4	50.0	53.6	65.0	57.7	50.0	80.7	78.4
Depends	22.6	25.0	10.6	5.0	10.9	5.2	8.4	2.7

F=French M=Maghrebine

A higher proportion of both French and Maghrebine women are prepared to give a positive response to the idea of sterilisation performed on themselves than to give general approval, and almost all thought that their partner would agree with their decision.¹⁴¹ The relatively high rate of acceptance of personal sterilisation in comparison with an English survey¹⁴² is perhaps due to the presence of women near the end of their fertile cycle. French women with a low educational level,¹⁴³ who are, on average, older and have had the most problems in controlling their fertility, show the highest

level of acceptance. However, Maghrebine women, despite their higher average parity and older age, are more reluctant to consider sterilisation for themselves. They appear divided between the fatigue engendered by numerous pregnancies and the fear of losing their reproductive power, to which so much importance is attached in Moslem society. Maghrebine women are more likely to give general approval to male than to female sterilisation. They also feel, slightly more often than the French, that their own partner would agree to a vasectomy,; perhaps because they have reached their desired family size. An analysis based on income and family size shows that Maghrebine women more often approve vasectomy when they have a high parity, when family income is low,¹⁴⁴ and when they have no income of their own.¹⁴⁵ For the French women, approval is related to their fertility expectations. Those who want no children approve most of vasectomy, while those who want three children are the most disapproving.¹⁴⁶ The French partner's reported agreement to vasectomy rises with his socio economic status,¹⁴⁷ and is highest among the older marital cohorts,¹⁴⁸ who presumably have the number of children they want.

There appears to be a high level of agreement between partners on decisions relating to sterilisation,¹⁴⁹ although this is, of course, only the wife's perception. It is possible that, if the husband were asked, he would not be so ready to agree to a vasectomy. Positive attitudes to male and female sterilisation are linked, women who approve of one being also more likely to approve of the other.¹⁵⁰ This suggests that their responses are not so much a definite indication of future behaviour as a sign that they are generally favourable to radical methods of fertility control.

III. The practice of birth control

Recent French surveys show that almost all women exposed to the risk of pregnancy who do not immediately want a child adopt some form of contraception.¹⁵¹ Differences in practice lie, therefore, not so much in the actual use of contraception as the stage at which birth control is first employed, the period for which it is used, and the methods used. Several studies have noticed an overall improvement in contraceptive practice over a life cycle. "Contraception is generally employed least diligently prior to the first pregnancy, and most diligently after the birth of the last child wanted."¹⁵² There are, however, considerable variations in this pattern according to ethnic group, generation, and socio economic status, all of which influence the strength of motivation to prevent a pregnancy at a particular time.

Generally, the Maghrebine women are more concerned than the French to prove their fecundity immediately, and only adopt a method of birth control when they have achieved the family size they want.¹⁵³ The strategy employed by the French woman varies with the generation and the socio economic group to which she belongs. Recent falls in fertility are associated with an early use of effective techniques among the younger generation, a greater willingness to abort first pregnancies that are 'badly timed', and the adoption of contraception between pregnancies. Women in the higher educational and occupational groups show a greater willingness to innovate. They start contraception at an earlier stage, use methods more efficiently, experiment with new techniques.¹⁵⁴ They are also the first to reject methods that do not meet their expectations.¹⁵⁵

In the present survey, I have chosen to look at contraceptive practice at three different stages; firstly, that prior to clinic consultation, secondly, practice following consultation, and thirdly, practice at the

time of the interview. This should give a general idea of the evolution in methods, and should also allow an examination of the characteristics that lead to variations in practice at different stages.

Most respondents had used a form of contraception prior to clinic consultation.¹⁵⁶ There are, however, considerable differences in the stage at which birth control was first adopted. French women are far more likely to start using contraception before a pregnancy, and even before first coitus, indicating a high level of forward planning. The Maghrebine prefer to wait until after pregnancy, although the fact that some have adopted contraception at an earlier stage is a sign of an evolution in traditional behaviour.

Table 8.10

The stage at which the first contraceptive method was started, according to ethnic group

	Pre-coitus	Pre Marriage	At Marriage	Post Abortion	Post 1st Birth	Post 2nd Birth	Post 3rd Birth	Other
FRENCH	4.3	51.1	17.8	3.7	8.1	9.6	3.0	1.5
MAGHREBINE	0.0	17.2	6.9 ²	6.9	31.0	13.8	17.2	6.9

For the French respondents, there is a significant relationship between the stage at which contraception was first started and the method used. With the exception of the few who adopted a method pre-coitus, those women who started to use birth control before or at marriage relied heavily on traditional 'male' methods or natural methods. Those who adopted contraception for the first time after an abortion or a birth were more likely to move directly to oral contraception.¹⁵⁷

Table 8.11

Contraceptive practice prior to clinic referral: first method ever used and all methods used prior to consultation

	First method ever used		Methods prior to consultation		
	Percentage distribution		Percentage distribution *		
	FRENCH	MAGHREBINE	FRENCH	MAGHREBINE	ALL
Oral contraception	35.6	37.9	63.4	52.5	63.5
Withdrawal	34.1	34.5	35.0	35.0	35.0
Condom	12.6	10.3	26.3	17.5	24.5
Rhythm/Temperature	10.9	10.3	21.0	15.0 ²	19.5
I.U.D.	1.5	0.0	11.3	5.0 ²	10.0
Douche	2.2	0.0 ¹	8.1 ¹	5.0 ²	7.5
Injection	0.0	3.5 ¹	0.6 ¹	12.5	3.0
Other methods	3.1	3.5 ¹	7.5	20.6	15.0
%	100.0	100.0	*	*	*

* Percentages of over 100.0% as some used more than one method prior to consultation

The most popular methods, for both French and Maghrebine, are oral contraception and withdrawal, followed by natural and 'natural' methods. When the French use the less reliable methods, they frequently use a combination of techniques. The most popular combination is the temperature and rhythm methods, but the most effective in preventing pregnancy is the condom and withdrawal.¹⁵⁸ The choice of a first method was determined by what was available at the time. Older French women were forced to rely on withdrawal and the rhythm method.¹⁵⁹ Young women, between 18 and 29 years, were more often able to benefit immediately from the introduction of oral contraception. When this was not available, the very young relied on withdrawal.¹⁶⁰ The high proportion of Maghrebine women using oral contraception as a first method is due to the fact that birth control was adopted at a much later stage than the French, frequently after several pregnancies. The pill is prescribed at medical, usually post natal, consultations, which constitute for the Maghrebine woman the major source of contraceptive advice.¹⁶¹ Her partner provides her only informal source of information at this stage, unlike French women who collect information from friends, colleagues, relatives, and the media.¹⁶² Active women are the most likely to have received advice from colleagues and friends, and more rarely rely on their partner and the male methods to which his advice is limited.¹⁶³

The French woman's contraceptive practice prior to clinic referral is significantly associated with her educational and professional status. Most women in the higher educational groups adopted their first contraceptive method before coitus or before marriage. Middle educational groups adopt a method before or at marriage, while women with a low educational level frequently do not consider birth control at all until after the first or later births.¹⁶⁴ Women in white collar employment and middle management are almost the only ones to have attempted the rhythm and temperature methods as a first method, techniques which require a good deal of motivation, application, and careful monitoring. They also have a high level of early use of oral contraception. Women working in family businesses also often adopt this as a first method,¹⁶⁵ but at a much later stage. The choice of a first method is associated with the partner's occupation ; oral contraception being popular where the partner is in middle management, and the rhythm and temperature methods where he is in senior management or the professions. Withdrawal is the favourite method among manual and inactive workers.¹⁶⁶ A survey of all methods used prior to consultation confirms a higher general use of 'natural' methods among middle and higher occupational levels, but also an initiative among these groups to transfer to modern contraceptive methods such as the pill.¹⁶⁷ This must be related to their lower desired and actual fertility. Women adopting contraception at an early stage have the lowest fertility desires¹⁶⁸ and are the most in favour of delaying the first birth.¹⁶⁹ Those who postpone the use of birth control until after a pregnancy and who say they prefer earlier birth¹⁷⁰ have a higher level of prenuptial conceptions, early pregnancies,¹⁷¹ and a higher actual fertility.¹⁷² Those most motivated to limit their fertility not only start birth control early , but use the most efficient methods available. The adoption of oral contraception as a first method, notably among the younger, highly educated, French respondents, is associated

with low desired fertility,¹⁷³ a rejection of an 'ideal' age to start childbearing,¹⁷⁴ but also a preference for concentrating childbearing in a short period, by starting late¹⁷⁵ and finishing early.¹⁷⁶ Women who are content to rely on less efficient methods such as withdrawal have higher fertility desires,¹⁷⁷ earlier marriages,¹⁷⁸ and prefer an earlier start and a later finish to childbearing.¹⁷⁹

Most of the traditional methods adopted before or at marriage are used for less than twelve months, when they are dropped because of a mistrust of their efficiency, or because they have already resulted in a pregnancy.¹⁸⁰ Those who have adopted oral contraception as their first method, especially when this is after an unplanned pregnancy, stay longer with this method.¹⁸¹ When it is changed, it is because of intolerance rather than its inefficiency. Only 7.9% of respondents are still using their first contraceptive method.¹⁸² A survey of subsequent methods used, prior to consultation, shows a rapid fall in the use of withdrawal and a rise in the use of all modern methods.

Table 8.12

Proportion of respondents using different contraceptive methods prior to the first clinic consultation, according to the order in which methods used

ORDER OF METHOD	1st Method	2nd Method	3rd Method	4th Method
PERCENTAGE OF RESPONDENTS	82.0	53.0	31.5	20.0 %
METHOD USED				
Oral contraception	34.1	39.6	38.1	42.5
I.U.D.	1.2	6.6	6.3	10.0
Withdrawal	34.1	15.1	7.9	5.0
Condom	12.2	16.0	7.9	10.0
Rhythm/temperature	10.9	9.5	11.3	12.5

The irregular use of some of the more traditional methods indicates that they are sometimes used as interim methods during changes to and between more efficient methods. The likelihood of having used modern contraceptive methods is related to occupational status,¹⁸³ but also rises among older¹⁸⁴ and married women,¹⁸⁵ as these respondents gradually drop ineffective

techniques in favour of oral contraception and the I.U.D. It is only women in the oldest cohorts who resist these methods. The high proportion of respondents who had already used modern contraceptive methods prior to consulting the clinic suggests that, unlike earlier studies, the first consultation does not "mark the abandon of traditional and unsure methods",¹⁸⁶ but represents the search for an alternative form of efficient contraception more suited to the woman's needs and, often, an abandon of certain forms of oral contraception.

Table 8.13

Proportion of respondents using certain contraceptive methods at different stages

	Prior to consultation	Post consultation	Current method	
Pill	59.0	36.4	30.5	%
Minipill	4.5	18.2	18.7	
I.U.D.	10.0	39.0	42.2	
Injection	3.0	3.7	3.2	

Although more French than Maghrebine women had used a contraceptive method prior to their first clinic consultation, they are still more likely to seek consultation at an earlier stage in their fertile cycle.

Table 8.14

Stage in fertile cycle of first consultation, according to ethnic group

	Pre Coitus	Pre Marriage	At Marriage	Post Abortion	Post 1st Birth	Post 2nd Birth	Post 3rd Birth	Post 4th Birth	Post 5th Birth	Preg- nant
FRENCH	5.0	30.2 ¹	1.3 ²	17.6	20.8	17.6	4.4	3.1	0.0	0.0
MAGHREBINE	0.0	2.5 ¹	0.0	10.0	32.2	17.5	7.5	25.0	5.0	5.0

Early referral is associated with a high educational level.¹⁸⁷ Women in higher management, the professions, and white collar employment also refer themselves earlier than other occupational groups or inactive women.¹⁸⁸ Women who consult before having children are either more likely to reject the idea

of an ideal age for childbearing, or to choose a late start. This is in contrast to respondents who already have a large family.¹⁸⁹ Those who show most resolve to avoid early, unplanned pregnancies are those who adopt oral contraception before coitus. Religion appears to have some effect on this decision. It is only non practising Catholics or women with no religion who start contraception at this stage.¹⁹⁰ The reasons given for seeking a family planning consultation reflect the stage in the fertile cycle, as well as a dissatisfaction with previous methods. The Maghrebine respondents, who consult at a later stage, more often say they want no further births, or want to space subsequent births.¹⁹¹ French women, many of them single and non parous, are more concerned to delay the first birth. Often, this is not their first experience of contraception, but they are seeking an alternative method.¹⁹² 70.0% of respondents had a method of contraception in mind when they first visited the clinic, and only 7.0% admitted to needing advice. Most obtained the method they had in mind. Maghrebine women were less sure of the method they wanted¹⁹³ and were often recommended the contraceptive injection, which was not prescribed to the French. The method eventually used is a result of several factors, the respondent's own wishes, the social counselling, and the doctor's own preferences. There are certain 'rules' underlying the doctor's advice and her decision to prescribe certain methods. Younger consultants are generally prescribed the minipill, a low dosage oral contraceptive, while the I.U.D. is reserved for older women who have had at least one pregnancy. The I.U.D. and the minipill also provide alternatives for women who no longer tolerate high dosage oral contraception. An experimental method, the medroxyprogesterone injection, which has the highest level of efficiency but also the most unpleasant side effects, is "often prescribed for low intellectual levels or psychiatric patients"¹⁹⁴, according to the writer of a medical thesis working in the same clinics. In these clinics, the majority of women receiving this injection were Maghrebine, although they constituted only a

minority of consultants.¹⁹⁵ In the present survey, an injection was frequently prescribed when it had not been foreseen by the respondent. Many Maghrebine women, influenced by the advice of their peers, also chose this method. The techniques adopted by respondents are generally in line with clinic practice. The minipill is completely confined to women with no children or only one child. The pill is used by parous and non parous respondents, but its use falls with family size, as women increasingly adopt the I.U.D. to prevent, rather than delay, further births.¹⁹⁶

The length of time for which women continue to use the first method prescribed depends on several factors; the actual method, its ease of use, attendant advantages and disadvantages, and the extent to which the user is motivated, and prepared to tolerate disadvantages. Not surprisingly, there is a greater fidelity to the I.U.D., fitted for two years, than to the pill. A high proportion are also still using the minipill. The pill and the injection have the lowest tolerance levels,¹⁹⁷ frequently being changed for either the minipill or the I.U.D.

Table 8.15

Method of contraception currently being used, according to ethnic group							
	I.U.D.	Pill	Minipill	Injection	Other	None	ALL
FRENCH	41.3	27.5	19.4	0.6	4.4	6.9	100.0 %
MAGHREBINE	32.5	32.5	10.0	12.5	7.5	5.2	100.0

A survey of current usage shows a drastic reduction in the range of contraceptive techniques being used by respondents, partly a result of clinic practice, but also a consequence of the demand for efficiency. Spermicides and withdrawal are still used intermittently, as interim methods, but other methods have disappeared. I.U.D. and minipill users are the most

satisfied with their methods and rarely envisage changing to another technique.¹⁹⁸ Women who are currently using the pill and the injection are the most dissatisfied, and many are considering the I.U.D. as an alternative method.¹⁹⁹ As most pill users have not finished their childbearing,²⁰⁰ this suggests that the use of the I.U.D. will no longer be confined to women at the end of their fertile period, but will also be used to space births.²⁰¹ I.U.D. usage appears to be associated with a low educational level,²⁰² but this is because the practice has been to prescribe it to older,²⁰³ multiparous²⁰⁴ women who have had less educational opportunities. The evidence suggests that the younger, more highly educated respondents will turn more and more to the I.U.D. when they can no longer tolerate oral contraception; although widespread use by non parous women would demand a reversal in current French medical policy. In the absence of a viable alternative method, it is possible that the rejection of oral contraception could lead to more unplanned pregnancies.

Abortion is a frequently adopted solution to unwanted pregnancy²⁰⁵ that, in the present survey, is used far more by the French than the Maghrebine respondents. 26.2% of French, but only 7.5% [3] Maghrebine have had at least one abortion. These abortions represent, overall, 24.0% of live births, although the percentage for the French is much higher.²⁰⁶

Table 8.16

Proportion of respondents having had pregnancies which have not resulted in a live birth, according to outcome of pregnancy and ethnic group

OUTCOME	Abortion		Miscarriage		Stillbirth		All	
	F	M	F	M	F	M	F	M
NUMBER OF PREGNANCIES								
One	18.1	5.0 ¹	11.2	25.0	1.2	5.0 ¹	21.9	22.5
Two	3.7	2.5 ¹	1.2	5.0		2.5 ¹	6.9	7.5
Three +	4.4		0.6 ¹	5.0			5.6	5.0

It is possible that some provoked abortions are described as miscarriages, particularly among the French where a high proportion occur before the first

pregnancy.²⁰⁷ The higher rate of miscarriages and stillbirths for the Maghrebine women could be due to their higher parity and a lower level of health and sanitary conditions, but could also reflect a confusion between spontaneous and induced abortion. The average number of pregnancies before abortion is considerably lower than the national and regional average.²⁰⁸ Previous studies have isolated two groups of women who most frequently have recourse to abortion. One group is composed of married women who resort to abortion at a later stage, often after one or several pregnancies, while the other group, of single women, choose abortion at an earlier age, often manifesting the refusal of a first child in their current circumstances.²⁰⁹ In the present survey, married women constitute 64.4% of those having had an abortion, cohabiting women 13.3% and single women 17.8%. Married and cohabiting women have more often had more than one abortion, but they have also had a higher number of live births than single women.²¹⁰ The average number of pregnancies before abortion rises with age,²¹¹ as does the average number of abortions. The high number of positive and negative pregnancies among older, married women indicates a lack of effective contraception during the fertile cycle, which leads to a dependence on abortion as a method of birth control. Contrary to expectations, women readily admitted abortions that took place before the 1975 law.²¹² 59.9% of all reported abortions were, in fact, 'illegal'. 71.3% of second abortions and all third abortions enter into this category.

Table 8.17

Circumstances of first abortion, according to ethnic group

PERFORMED BY:	Doctor [public]	Doctor [private]	Midwife nurse	Self	Other	N° OF MONTHS PREGNANT			
						Under 2 months	Under 10 weeks	Three months	Four months
FRENCH	23.8	35.7	23.8	2.4 ¹	14.3	70.0	15.0	10.0	5.0 %
MAGHREBINE	66.7	33.3				100.0			

The few abortions declared by Maghrebine women took place in Marseille and appear to have been conducted within the framework of the law. This may be because of a reluctance to declare earlier abortions, or because of a practice of considering abortion only at a late stage in the family cycle. In contrast, 16.6% of French abortions took place abroad and 15.0% over the French legal time limit. 40.5% were carried out by legally unqualified persons.²¹³ There is a distinct improvement in the conditions of those abortions carried out after 1975, all of which were performed by doctors in public or private practice.²¹⁴

Although abortion is carried out in all socio professional categories, at all educational levels, and even among those practising a religion which explicitly forbids it,²¹⁵ there are significant differences in the stage at which women accept or choose an abortion. The particular stage is an important indication of the strength of the woman's motivation to control her fertility, and to delay, or even refuse, first or subsequent births. Age and marital status are important factors in the abortion decision. Young, single women are the most likely to refuse to carry through an unwanted pregnancy at a very early stage. Although no single woman has had more than one abortion, 75.0% of those choosing an abortion have had no other pregnancies, while a further 12.5% had this abortion before their first birth.²¹⁶ Women in the younger marital cohorts also show that they are prepared to abort a pregnancy even when they have no other children.²¹⁷ Older women²¹⁸ and women married the longest were more reluctant to consider abortion at this early stage. All women married before 1964 had at least one live birth before their first abortion.²¹⁹

There is strong evidence of a relationship between the stage at which a woman has had an abortion and her actual fertility.²²⁰ Within all age groups,

the woman who has had an abortion before her first child has a smaller family size than the woman who delays her abortion until after the first or second birth. The relationship between achieved family size and the stage of the first abortion holds at all educational²²¹ and occupational²²² levels. The frequency of early abortions rises with educational and occupational status. Those at the highest educational levels consistently adopt termination of pregnancy at an earlier stage than those at the lowest levels.²²³ None of the French with a university education had had a live birth before their abortion, while all of those with a primary education certificate level had had at least one child prior to an abortion. Apart from students, white collar workers have the most frequent practice of early abortion, while manual workers and inactive women tend to have delayed this decision at least until after the first birth.²²⁴

Early abortion does not mean that women have not attempted to use contraception. On the contrary, 75.0% of those who have had an abortion before or without another pregnancy practised contraception prior to this abortion.²²⁵ This group is also more likely than others to have used oral contraception as a first method. This association between the use of the pill and abortion is also found in other studies, and is not merely due to the adoption of an effective method after an abortion.²²⁶ Unplanned pregnancies are, therefore, not only associated with the use of ineffective methods, but also with the rejection of effective methods which are physically or psychologically intolerable. In some cases these women have stopped the pill on medical advice; in other cases it is their own decision.²²⁷ Still, their resolution to limit their fertility makes them more ready to seek an abortion than to accept an unplanned pregnancy. For young, single women this pregnancy is unwanted although it represents the first conception. In this there is a

rapid evolution from the situation among older married women, where abortion is only adopted as a solution after at least one child, and usually towards the end of the childbearing period. The delay of first births and the refusal of large families, either by the prevention or the termination of pregnancies, has been a determining factor in the recent decline in French women's fertility.

IV. Conclusion

The evidence in this chapter confirms that the high actual and expected fertility among Maghrebine women corresponds to a more hesitant acknowledgment and approval of birth control techniques. They generally adopt contraception only after achieving their desired family size and rarely use abortion as a method of fertility limitation. Access to education and employment, much wider among French respondents, is associated with a comprehensive knowledge of contraceptive methods and a more favourable attitude to the free availability of all methods of birth control. These women adopt contraception at an earlier stage, experiment with new methods, but are also less prepared to tolerate the drawbacks of modern contraceptive techniques. This, plus a greater determination to avoid unplanned pregnancies, leads to an earlier and more frequent use of abortion. Although modern methods leave women with the ultimate responsibility for contraception, most believe in a cooperation with their partner. This is one aspect of the ideology of an equal, sharing relationship which is necessary to reconcile childbearing with an active economic role for the woman outside the family. The motivation to work is a very important factor in reducing fertility desires and encouraging an effective use of birth control. In the next chapter, I shall examine the relative importance which respondents place on their work and family roles.

CHAPTER 9ATTITUDES TOWARDS THE WORK AND FAMILY ROLES OF WOMEN

The findings in earlier chapters that education and paid employment act to limit desired and actual fertility, and encourage an effective use of birth control, reflect the alternative values and motivation attached to an independent status, as well as the problems which women experience in trying to reconcile work and family roles. The aim of this chapter is to determine the relative priority which women give these two roles, and to identify the factors which encourage a positive attitude to married women's employment. We should expect that, the higher the respondent's educational and occupational status, the more she will reject norms which identify her solely with the maternal role, and the more importance she will attach to her activity and to government reforms facilitating this activity. It can also be expected that strong approval of an active role for mothers will be related to attempts to reduce conflict by a desegregation of roles within the couple. The particular issues that are explored in this chapter are the respondents' attitudes to their own activity as well as their ideological positions concerning the employment of married women. The relative motivation towards childbearing or paid activity is measured by the respondents' choice between government policies that encourage the mother to stay at home or facilitate her employment. Attitudes towards an extended paternity leave test the extent to which respondents demand, or refuse, a greater participation by their partner in the traditionally 'female' early child care tasks. The findings of the survey are introduced by a brief summary of French opinion concerning the ideal division of roles.

I. French attitudes to the ideal division of roles

A great deal of the conflict which working mothers experience in trying to perform their two roles stems directly from the practical and psychological barriers that have been erected between the 'female' world of the family and the 'male' world of employment. The separation between these two worlds is manifested and reinforced at several levels. At an organisational level, the domain of paid employment assumes continuous availability during work hours and over a long period of time. A married man is available only because he is divested of those family tasks and responsibilities which overlap with work time.¹ A married woman carries these responsibilities with her into the world of work. The ideology of a sexual specificity of roles which ensures that, in a couple, only the man is available for paid employment, also assumes that there are certain domestic functions which only a woman can fulfill "because they correspond to her nature".² This ideology encourages a hostility towards female employment that is expressed in the view that married women make 'bad' workers, but also that working women make 'bad' mothers.³ Family policy can confirm this disapproval of the working mother and the separation between work and family roles. The absence of any coordination between work and school hours and the lack of alternative child care provisions are very effective obstacles to a mother's employment. Cash allowances, such as the home responsibility allowance, provide a positive incentive for mothers to stay at home. Alternatively, government policy can considerably decrease the conflict between the work and the family role, by providing and subsidising alternative child care, safeguarding the employment of women with children, and encouraging a work programme for men and women that can be reconciled with childbearing.

A recent survey found that, although most women value the equality and autonomy which they identify with an activity outside the home, they

do not want to pursue a career to the exclusion of their family role; they would prefer to be able to conciliate the two roles.⁴ The evolution towards a system of dual roles for men and women, which involves a breakdown in strict sexual segregation, is found in several studies⁵ and is associated with greater occupational opportunities for women. An early survey found that women defended their exclusive responsibility for domestic tasks as long as these provided their only source of recognition.⁶ They only started to relax this defensive attitude when they themselves entered the world of employment. Even in early surveys, married women were more favourable than married men to female employment.⁷ Surveys over the ten year period preceding the present research show that while the views of both men and women evolve, the differences in attitude according to sex, marital and family responsibilities are maintained.

Table 9.1

Attitudes towards the ideal division of roles in a household, in different₈ French surveys

	INED Survey 1969 Marital cohort 1951-60		CNAF-CREDOC Survey 1971				INED Survey 1978		
	Men	Women	Men Single	Men Married	Women Preg- nant	Women One Two + children	Men	Women	
1. Equally absorbing employment and equal sharing of tasks	12.0	13.0	31.0	6.0	26.0	24.0	12.0	24.0	37.0
2. Wife has less absorbing employment and assures most of domestic and child care tasks	41.0	40.0	45.0	23.0	39.0	34.0	28.0	40.0	35.0
3. Only the husband works and the wife stays at home	47.0	45.0	24.0	71.0	35.0	42.0	60.0	34.0	27.0
No reply		2.0						2.0	1.0

While single men hold some of the most egalitarian ideals, married men remain most in favour of a complete separation of roles. In 1971, almost

three quarters of married male respondents favoured a role division where only the husband works and the wife stays at home. A slightly earlier survey confirms that many men see in this segregation a predominant role for themselves; one third of the men interviewed felt that the husband should act as head of the family and assume the most important responsibilities.⁹ Women remain more favourable than men to an equal division of roles. This demand is even higher among pregnant women than single women¹⁰, but generally falls with family size and length of marriage. The most recent survey shows a growing approval of role sharing among both men and women. Highest approval is among the younger age groups,¹¹ partly a result of a general evolution, but also because role differentiation is always less at an early age and stage in the family life cycle. There is still, however, evidence of a remarkable resistance to an equal sharing between partners of professional and domestic roles. Even among the most idealistic younger generation, less than half think this is an ideal solution, . One survey found that the overwhelming reason given for disapproving married womens' employment was that it would prevent them from carrying out their traditional responsibilities in the home; while the main reason for approval was the financial advantage for the family. Consideration of the equality and independence that such employment might bring for women was secondary, although higher among women themselves, while some felt that this consideration was a disadvantage attached to womens' employment.¹² A later survey confirms the importance attached to the financial advantages to the family of womens' employment, as opposed to the improvements which such employment brings in womens' status. I shall now examine the attitudes of women in my own survey to an active female role and attempt to isolate the factors which determine whether a woman gives priority to her work or her family responsibilities. The importance which respondents attach to a role outside the family is determined by their attitudes to their own work, as well as their general approval of womens' employment and government policies which facilitate such activity.

II. Personal attitudes to employment

The respondents' personal work experience shows the very strong impact which childbearing has on an active role. Many Maghrebine women are prevented from taking up an activity at all; most French respondents have worked but have had to interrupt their employment at least for a time. Those women who are currently working and would refuse to interrupt their activity for a[nother] child can be considered the most strongly motivated towards an active role. This determination is strongest among those with interesting, high status employment,¹⁴ and grows consistently with the level of personal income.¹⁵ Most of the inactive respondents have given up employment for reasons specifically related to their family role, for marriage, pregnancy, or child care.¹⁶ The decision appears to have been imposed on them by the incompatibility of work and family responsibilities, rather than arising from any strong preference to stay at home. A higher proportion of these formerly active women had been in manual employment than those currently employed,¹⁷ suggesting that the status acquired by their work had not provided sufficiently strong motivation or power to reduce or reallocate their family responsibilities. The different pressures operating on a married woman in employment are illustrated by the fact that few gave up work for the same reasons which might influence a man, such as health or lack of work;¹⁸ although French women who had been in middle occupational categories were more likely than manual workers to have given up work for reasons not directly connected with child care. They were more reluctant to give up work at marriage, and did not admit to being influenced by their husbands' wishes. Still, even for this group, the most frequent reasons for giving up their activity were pregnancy and childrearing.¹⁹ French women who report that their partner disapproves or qualifies his approval of married women's employment were more likely to have given up work for family motives.²⁰ Many women say they interrupted their employment against their own inclinations,²¹ although they accepted this more readily when they already had one or two

children.²² Women in manual employment²³ and low family income groups²⁴ were less happy to give up employment than more privileged groups, presumably because their work brought a necessary addition to family income.

The majority of inactive women were planning to return to work,²⁵ although the possibilities, especially for an immediate return, decreased with family size.²⁶ Many of the women with a child under the age of three wanted to return to work immediately, suggesting that there are factors which can counter the disapproval attached to the employment of mothers with young children.²⁷ The influence of the number of children on the desire to return to work varies with the educational and socio economic status of the mother. Women with a low educational level are most inhibited by the size of their family. The presence of one child does not deter those at mid-educational levels at all, while all of those with the baccalauréat intend to return to work whatever their family size.²⁸ Those in higher occupational categories are not significantly affected in their work intentions by family size. It is women who had been manual workers,²⁹ or are the wives of inactive or manual workers³⁰ whose intentions to return to work decrease with the number of children. An analysis according to family income shows that it is women in middle income families, just above the minimum growth wage, who are deterred from returning to work by the number of children. Above and below this level, other factors operate in the decision. These are the positive motivation to work of women at upper educational and occupational levels, and the financial necessity to work of those at lower socio economic levels. Financial motives account for over half of the reasons given by respondents for wanting to return to work, although for the French this can be a wish for economic independence as much as the necessity to supplement the family income.

Table 9.2

First and second reasons given for working or wanting to return to work, according to ethnic group³²

	First reasons			Second reasons		
	All	French	Maghrebine	All	French	Maghrebine
Family finances	35.6	29.1	69.0 ²	6.2	7.1	
Economic independence	23.2	26.4	6.9 ¹	27.7	30.4	11.1 ¹
Interest in work	15.8	18.2	3.4 ¹	16.9	19.6	
Dislike of home	14.1	15.5	6.9	16.9	16.1	22.2
Personal liberty	5.1	4.7	6.9	4.6	5.4	
To meet people	4.5	4.1 ²	6.9	13.8	16.1	
To help husband	1.1 ¹	1.4 ¹		13.8	5.4	66.7
Husband's wish	0.6 ¹	0.7 ¹				

While Maghrebine women's reasons for working are almost all confined to improving the financial situation of the family, French women place a greater priority on the interest of work and the desire to be out of the home. In an earlier survey, CHOMBART DE LAUWE suggested that women emphasised financial reasons for working because these were the only 'respectable' motives.³³ It is true that more personal motivation appears mainly when women give supplementary reasons for working. For the French, these include economic and personal independence, the attraction of work, as well as a dislike of being confined to the home. The secondary reasons given by the Maghrebine reflect the influence of the husband and the continuance of an ideology of role segregation: they work "to help the husband".

The size of a French woman's family has a significant influence on her motives for working or returning to work.³⁴ Women with no children, even when married³⁵, are most concerned with their independence and the interest of work, while women with one child most often stress the financial necessity. This may be a real preoccupation, in that the arrival of the first child represents considerable extra expense and there are fewer financial benefits than for the larger family. It also illustrates the considerable pressure on the mother of a young child to stay at home unless it is absolutely necessary for her

to work. This is why personal reasons, which stress the isolation of the young mother, appear only as second reasons.

Table 9.3

First and second reasons given by French respondents for working or wanting to return to work, according to family size

N° of children	First reasons				Second reasons		
	None	One	Two	Three	None	One	Two
Family finances	1.5 ¹	62.5	44.8	44.4 ₁	3.8 ¹	7.7 ¹	9.1 ¹
Economic independence	43.3	12.5	6.9	11.1 ¹	53.8	7.7	18.2
Interest in work	25.4	5.0	20.7	11.1	23.1	23.1	
Dislike of home	20.9	15.0 ₁	10.3		7.7	23.1	27.3
Personal liberty	6.0	2.5 ¹	6.9 ₁				18.2
To meet people	3.0	2.5	3.4 ¹	22.2	11.5	38.5	9.1
To help husband			3.4	11.1			18.2
Husband's wishes			3.4				

At all educational levels, women with one child give financial reasons more often than women with two children.³⁶ This motive is particularly strong for those under the age of 25,³⁷ and in the lower and middle socio economic groups.³⁸ For some women, the demands of child care prevent them from even contemplating a return to work. These are the only reasons given by those French women with one or two children who do not intend to work.³⁹ Health reasons predominate for those with large families, and among multiparous Maghrebine women.

Young single women show a very strong determination that their family role will not predominate over their active role after they are married.⁴⁰ Although they recognise the necessity of interrupting their employment for pregnancy and, to a lesser extent, early child care, almost all intend to return to work.⁴¹ Those who continue their education up to the baccalauréat and beyond do so with the specific aim of ensuring a good job, rather than because they see education as an aim in itself or as a preparation for the maternal role.⁴² Respondents who gave up their education at an early stage did so because of financial and parental pressure to work, while those who followed a technical

training to mid-educational levels, and were assured of more interesting employment, had a more positive motivation to work.⁴³ These are the women who are currently in middle management and white collar employment, and who are more reluctant than manual workers to subjugate their active to their family role. Many of the women who had interrupted their education at an early stage would still continue if given the opportunity, a decision of which most anticipated that their partner would approve.⁴⁴

This survey of the personal employment experience of respondents shows that the possibilities of an economically active role are still strongly determined by their family responsibilities, pregnancy and childrearing being the main reasons for interrupting or giving up employment. It also shows that women no longer accept being permanently confined to their maternal role; most currently inactive women want to return to work, and as soon as possible. Although the main reasons given for activity are financial, these are often presented as a desire for economic independence. Underlying these financial preoccupations are more personal motives, relating to an interest in working and meeting people, a wish for autonomy and self determination.

III. General attitudes to the employment of married women

Given their own employment expectations, it is not surprising that respondents show a relatively high level of general approval of married women's activity.

Table 9.4

	General attitudes towards the employment of married women, in different surveys ⁴⁵					
	INED Survey		Present Survey			
	1975	1976	Women		Men	
			French Maghrebine		French Maghrebine	
Desirable	64.0	54.0	63.1	70.0	42.9	41.0
Depends on circumstances	5.0	9.0	21.9	12.5	23.1	10.3
Not desirable	31.0	38.0	15.0	17.5	34.1	48.7

A comparison with previous surveys shows that outright approval has risen in the present survey, after a fall in 1976.⁴⁶ An interesting development is the high proportion of respondents who give qualified approval, rather than outright disapproval, suggesting that they are no longer so strongly influenced by negative prescriptions concerning a married woman's role. The reported opinion of partners also includes qualified approval, indicating that their wives see them as more willing to adapt themselves to particular circumstances, although general disapproval remains higher among men than among women. For French women, the most significant factor affecting their general attitude is education. An earlier survey, when there were high overall levels of disapproval, found that nuances in responses increased with education.⁴⁷ In the present survey, this is translated into a much greater unqualified approval at higher educational levels and a low level of disapproval.⁴⁸ Occupational status does not appear to have a significant effect on general attitudes for the French, perhaps because almost all have been employed or intend to be employed in the future. Among the Maghrebine respondents, where economic activity is less frequent, all women in manual work with a minimum level of income give general approval of married women's employment, while inactive women with no income, some of whom have never worked themselves, are more liable to disapprove.⁴⁹ There is some evidence that French women's approval is related to the age of their first child.⁵⁰ Highest approval is among mothers whose first child has started full time primary education and among those whose first child is over school age. In the group of mothers with a first child under school age, it is interesting that women whose child is under three are more approving than those who have a child between three and five years, suggesting a particularly strong motivation to work in the first group, coupled with the fact that creche hours are more compatible with work than those of the infant school.

Women who themselves show a general approval of married womens' employment are more likely to report approval on behalf of their partner.⁵¹ Although partners are less favourable to married womens' employment in general, there is a high level of reported agreement to the wife's own employment.⁵² This discrepancy is partly absorbed by the proportion of partners who would approve in certain situations, which presumably correspond to their own marital circumstances. Other possible explanations are the respondent's wish to emphasise agreement in the couple over her employment, as well as a general tendency to approve in practice what one continues to oppose in principle.⁵³ All partners who are reported to approve married womens' employment in general are also said to agree to their wife's activity; although a quarter of those French partners who agree to their wife's work still think that such employment is in principle undesirable.⁵⁴ In these circumstances, the woman presumably has a strong motivation to work.

The likelihood of reporting that the partner has a favourable attitude to married womens' employment is related to the educational level of both the respondent and her partner, as well as the stage in the family life cycle. Reported approval is greatest at highest educational levels.⁵⁵ Partners' approval in the French couple is lowest in middle age and marital cohorts, reflecting the heavier family responsibilities at this stage in the family life cycle.⁵⁶ Here there is a tendency to qualify approval, although outright disapproval is lower in the more conservative, older marital cohorts. Higher unqualified approval in the youngest and oldest age groups is probably linked to the absence of immediate problems of child care.

The close correspondence between partners' views suggests that their general attitude is influenced by their personal experience in attempting to

resolve the conflict between work and family roles. French respondents more often report their partner's approval of married women's employment when there is agreement in the couple over the number of children desired.⁵⁷ In the French couple, the general approval of both the respondent and her partner is significantly related to a reorganisation of family roles; to a greater participation by the partner in the day to day responsibilities of childrearing,⁵⁸ as well as help in the early child care period.⁵⁹ Approval is also associated with a greater female involvement in large scale expenditure decisions,⁶⁰ which traditionally fell to the male head of the household, except in certain low income families. In contrast, when the woman herself disapproves of married women's activity almost a quarter of partners continue to take these decisions alone.⁶¹ In the French household current expenditure decisions have usually been the responsibility of women when confined to the home. The partner who is prepared to approve employment in certain circumstances is also ready to share in every day expenditure decisions, which suggests a more flexible attitude to role division.⁶² General approval of married women's employment in the Maghrebine couple appears to be related more to financial necessity than to a real desire to change roles, particularly on the part of the man. Thus the Maghrebine partner who approves such employment still keeps control of work related tasks such as tax declaration,⁶³ and participates less in household repair tasks than the partner who disapproves of female employment.⁶⁴

Although positive attitudes to employment are associated, at least for the French, with a greater participation by the partner in traditional female tasks, many French and Maghrebine women also think that the government should take some initiative in reducing the conflict between work and family roles. Respondents who are favourable to married women's employment are more likely to prefer a government policy that facilitates the employment of

mothers with young children, or allows them a real choice between paid activity and full time childrearing, than respondents who disapprove of such employment, who consider that government measures should concentrate on enabling mothers to stay at home.⁶⁵ French women who approve employment think that the most urgent family reforms are the provision of part time work for mothers and longer maternity leave, reforms which allow the conciliation of two roles. Those who disapprove or give only qualified approval of married womens' employment opt for measures which will raise the level of family income, while allowing women to remain at home.⁶⁶ This disparity highlights one of the main causes of disapproval of married womens' employment, which is the importance attached to the mother being available to care for her children, particularly when they are young. The close identity of women with maternity and early child care, reinforced by theories of maternal deprivation which emphasise the dangers of any separation between mother and young child,⁶⁷ is the reason for the almost total disapproval of the employment of mothers with young children that is found in earlier surveys.⁶⁸ This hostility to employment diminishes slightly when the children are of school age.⁶⁹ A survey in 1976 which investigated approval of employment in different family circumstances concluded that "there appears, in the public eye, a difficult compatibility between professional activity and the responsibility of a large family or of one or more small children."⁷⁰ In the present survey, I took up almost the same series of questions.⁷¹ Respondents who gave general approval of married womens' employment, or were undecided, were asked whether they would approve if there was a child under three, two children under six, or three or more children. Respondents who disapproved, or were undecided, were asked whether they would approve if the children were over the age of twelve, or if there were no children.

Table 9.5

Approval of the employment of married women in different family circumstances, in the present survey and an earlier survey⁷²

Family circumstances	Desirable			Not desirable			Depends		
	1976	Present survey		1976	Present survey		1976	Present survey	
		F	M		F	M		F	M
Child under 3*	25.9	25.6	48.5	70.4	69.9	51.5	3.7	4.5	0.0
Two children under 6**	24.0	48.1	63.6	70.4	46.6	36.4	5.6	5.3	0.0
Three or more children	20.4	34.4	45.5	66.7	55.7	54.5	13.0	9.9	0.0
No children	76.3	92.7	100.0	18.4	5.5	0.0	5.3	1.5 ¹	0.0
All children over 12	36.8	77.2	75.0	52.6	19.3	16.7	10.6	3.5	8.3

* 1976 Survey = under 2

** 1976 Survey = under 6

The level of approval of the French respondents is higher than the previous survey in all circumstances except where there is a very young child, indicating that this remains a very real problem for mothers who want to work. The size of the family presents less of a difficulty, as does the presence of an adolescent child. The high level of approval of Maghrebine respondents contrasts strongly with their very low actual level of employment, and suggests that they are prevented from working by other influences, such as the disapproval of their own partner. The attitudes of respondents are also influenced by their personal ideals and circumstances and by their socio economic status. The approval of employment when there is a child under three is significantly related to several factors. The low approval among those with low fertility ideals is perhaps explained by the fact that these women have limited their fertility ideals specifically because they are persuaded of the necessity to give full time care to children when they are young. On the other hand, women who themselves have a child under three, particularly when this is a second child, are the most likely to approve the employment of mothers in these circumstances.⁷³ In the case of active mothers, this may be because they find the creche a satisfactory solution.

to child care,⁷⁴ while, for inactive mothers, it might represent a reaction to the increase in sexual role segregation in the early child care period. For the French, approval of employment when there is a small child rises with family income⁷⁵ and the husband's educational level,⁷⁶ presumably as the possibilities to afford alternative child care and the participation of the husband increases.

The factors which influence approval of employment in circumstances when there are two children under six years, or three or more children, suggest that this approval can be encouraged by the financial obligation to work as well as the positive motivation for those who have access to interesting employment. Thus approval is high among the wives of inactive or manual workers and women who are manual workers themselves⁷⁷; it is also high among women in the highest occupational categories.⁷⁸ Family size presents less of an obstacle as educational level rises.⁷⁹ Education plays an important positive role even in those circumstances where there is a high level of general approval, when there are no children in the family.⁸⁰ Women who are currently inactive and have no independent income⁸¹ have a high level of approval of married women's employment in families where there are no children or the children are over twelve years old, although they may be reluctant to agree when children are young, or there are several dependent children.

IV. Attitudes towards family policy measures

The importance which is placed in the mother being available to care for very small children considerably influences the respondents' attitudes towards family policy measures. Such policies can act to improve the occupational opportunities of married women, or confirm the identification of women with the childrearing role. The present survey took up a question put in previous

national opinion surveys , and asked respondents whether government measures should facilitate the employment of mothers with young children, or allow them to stay at home.

Table 9.6

Attitudes towards government measures concerning mothers with young children, in national opinion surveys and the present survey.⁸²

	INED Survey 1975	INED Survey 1976	Present Survey 1978-79	
			French	Maghrebine
Measures for mothers with young children should :				
1. Facilitate employment	30.0	20.0	27.5	32.5
2. Allow them to stay at home	65.0	74.0	53.8	65.0
3. Allow both possibilities			18.8	
4. Do neither				2.5 ¹
5. No reply	5.0	6.0		

The clear majority opinion in the earlier surveys was that such measures should enable mothers to stay at home, confirming that although women increasingly want to work: " if they have a small child they want to be able to raise it themselves while it is small".⁸³ Although there is no real growth in the present survey in support for measures that only facilitate employment, there is the appearance of the feeling among French respondents that both sets of measures should be available in order to allow women a free choice. The 1976 survey found that the level of approval of measures facilitating employment was similar for men and women, but rose with socio-economic status and fell among those with large families and more traditional attitudes.⁸⁴ In the present survey, the proportion of French respondents preferring a policy that facilitates employment, or allows a choice of measures, rises with their educational level.⁸⁵ These are the women who are interested in a long term professional career, and have managed to achieve a reorganisation of roles in their own couple, receiving help from their partners in some of the most segregated tasks.⁸⁶ For Maghrebine women also, there is evidence that a favourable attitude towards employment for young mothers is associated

with greater participation by their partner in certain household tasks.⁸⁷ Single women in favour of mothers with young children being offered the choice to work are more likely than others to have an ideal of role sharing in their future couple.⁸⁸ These significant relationships show that the breaking down of traditional role segregation is an important part of the process to reduce the stigmatisation attached to working mothers. The counterpart to the disapproval of married women's employment is the hostility and suspicion traditionally directed at men who wanted to share in the female caring role. Although present respondents show a greater approval of the idea of paternity leave extended to allow men to participate in early child care than respondents in an earlier survey,⁸⁹ they do so on the condition that this does not involve a reduction in their own right to maternity leave. While they are more willing to share the caring of the small child with their partner, they are not prepared to be replaced by him. The earlier study noted that "non-salaried workers, who are afraid of having to carry the cost, welcome the change the least."⁹⁰ There is still the same reluctance among French non-salaried groups such as artisans and the liberal professions.⁹¹ Approval of extended paternity leave is highest among those who do not yet have any children, for whom this is an ideal rather than a reality. It falls as family size increases and women become more identified with their maternal role, which is an important source of their status.⁹² Single women who approve this male sharing of female roles are also more likely to favour women sharing in traditional male roles.⁹³ The high level of approval of Maghrebine women, especially low income women in older marital cohorts⁹⁴ with considerable family responsibilities, suggests that they do not see their partner's participation in child care as a threat, but think that it would be a welcome relief to a wearying task. They have frequently reached a family size where they have no more time to give to extra children.

An earlier survey found, when considering reforms that would most improve family life, that respondents were most concerned to achieve "a general increase in resources and the standard of living".⁹⁵ There are various ways of achieving this, while at the same time ensuring the childrearing role that is a function of most families. These include the possibilities of encouraging the mother to work full time, by assuring alternative child care, allowing her or the father to interrupt employment for relatively long periods with a guarantee of re-employment, providing more part time work for the mother or father, or enabling one of the partners to remain at home permanently, while maintaining a reasonable standard of living by means of family and home responsibility allowances. The most popular reform for French women in the present survey is part time work for the mother, which "seems to exercise a sort of fascination on minds",⁹⁶ while Maghrebine women opt strongly for cash allowances.

Table 9.7

Choice of the most urgent reform to improve family life, according to ethnic group	French	Maghrebine
Part time work for the mother	23.7	15.0
Alternative child care	21.8	12.5
Home responsibility allowance	18.7	22.5
Higher family allowance	15.6	30.0
Longer maternity leave	10.0	12.5
Child care allowance	5.6	5.0 ¹
Higher birth allowance	3.1 ₁	2.5 ¹
Part time work for the father	0.6 ₁	
Longer paternity leave	0.6	

The French are almost equally attracted to two other solutions for improving family life; a home responsibility allowance for the mother which would allow her to devote all her time to childrearing, and the provision of alternative child care which would enable her to work full time. It is possible that they are referring to different stages in the family cycle, one when the children are very young and the other when they are slightly older.

A measure which received overwhelming support in earlier surveys,⁹⁷ and which would allow this 'timetabling' of family and work roles, is an extended period of maternity leave during which employment rights are safeguarded. In the present survey this is less popular than part-time work which would permit a continuous activity. This perhaps reflects the fact that long term parental leave is unpaid. The Maghrebine preference for higher family allowances and a home responsibility allowance is not surprising given the weight of their family responsibilities, and the very limited occupational opportunities available for them. It also indicates a greater acceptance of traditional role segregation. Although many respondents were prepared to accept an extended paternity leave as long as it did not interfere with their own role, almost none think that measures which institutionalise a greater participation by partners in child care are a priority. They prefer ways of reconciling home and occupational roles in which they retain the major responsibility for child care. Respondents' views are, however, strongly influenced by their own situation, the extent to which employment would give them a valid alternative status and the organisation of roles within their own couple.

It has already been noted that women who approve of married women's employment in general, who are those with the most interesting employment opportunities, approve measures which will allow them to work rather than stay at home. Preferences for the provision of part time employment and alternative child care increase strongly with educational level: those with a higher education are the only ones to suggest that measures aimed at the father are a priority.⁹⁸ The choice of work-oriented measures rises with the respondent's own occupational status. Women in the highest employment categories choose exclusively formats which would facilitate employment.⁹⁹ Women who are currently inactive, but previously held jobs

in middle management, support measures which would allow them to return to these jobs.¹⁰⁰

Although both single and married French respondents frequently mention the importance of part time work possibilities, and married women consider this the most urgently needed measure, single and cohabiting women place the highest priority on the provision of alternative child care, the only reform which would allow mothers of young children to work full time. In all, 70.0% of single women, 57.1% of cohabiting women, and 55.5% of married women choose solutions which would enable women to reconcile home and work roles and which would contribute to a breaking down of sexual stereotyping.¹⁰¹ By contrast, women who have never worked, who are or were manual workers, or are married to manual workers¹⁰² would prefer cash allowances which would permit the mother to retain her traditional responsibility for child care and household tasks.

The choice which a respondent makes between reforms which allow women an active role or which identify them with the maternal role is closely related to the sexual allocation of roles in her own couple. A preference for measures which would enable mothers to work is associated, for the French, with their husband's participation in highly stereotyped household tasks such as ironing¹⁰³ and with their own sharing in large scale expenditure decisions.¹⁰⁴ This sharing of tasks and decisions is no doubt connected to their own activity. Maghrebine women, of whom the majority are inactive, less often demand work oriented reforms and, when they do, this appears to be a reaction against a high level of sexual segregation in their couple.¹⁰⁵ Among young, single French respondents, those who choose work options are those who expect to receive help from their future partner, especially in child care tasks,¹⁰⁶ All of these intend to continue employment after marriage.

V. Conclusion

It appears from this chapter that the increasing approval of married women's employment and the demand for reforms which would facilitate this employment is associated with a desire to reduce the woman's exclusive identification with the mothering role. This is achieved not only by a reduction and planning of family size, but also by a sharing of the childrearing role outside and inside the couple.¹⁰⁷ Women demand a greater participation by their partner, although they do not see him replacing them; reforms which allow them to reconcile family and working roles are more important than measures which institute a greater flexibility in the male role. It is doubtful, however, that men will participate extensively in the family role unless their occupational responsibilities are reduced. The ambivalence which many women show when asked to make a choice between paid activity and childrearing, and the strong desire to reconcile these two roles, is probably influenced by a certain disapproval which is still attached to working mothers, and which is extended to men taking over the childrearing role. Educated, active women have the least ambivalence, because they are strongly motivated towards an alternative role, reject norms which identify them exclusively with maternity, and combine a lower desired and actual fertility with a greater participation by their partner in household and childrearing tasks. The impact of changes in women's status on the reallocation of roles within the couple, and the relation between this reallocation and a new model of fertility behaviour will be examined in the next chapter.

CHAPTER 10THE INFLUENCE OF CHANGES IN WOMEN'S STATUS ON FAMILY ORGANISATION, FERTILITY ATTITUDES AND BEHAVIOUR AMONG FRENCH AND MAGHREBINE WOMEN

In previous chapters I have established that the acquisition by women of an independent social status, in the form of education and paid employment, reduces actual and desired fertility, encourages early and effective use of birth control, and leads to a questioning of social norms that identify women exclusively with the maternal role. In this chapter, I shall examine evidence for the argument that improvements in the educational and socio economic status of women and a limitation and planning of births are associated with a breakdown in sexual role segregation within the couple. It is suggested that this separation of roles, which assigns the male the role of economic provider and the female the unpaid childrearing and family maintenance roles, is related to an unequal distribution of power within the couple. This is only challenged when the woman herself receives a wider education and training, and takes on an economically active role, thus acquiring external resources and power. The possibilities for women to possess education, employment, and an independent income, and the extent to which these factors influence a couple's role organisation are, I suggest, dependent on the specific cultural and social context, as well as the stage reached in family formation. I shall attempt to identify the effects of ethnicity and generation on the distribution of roles before I consider the crucial socio economic variables. The evidence for a relationship between different aspects of the couple's interaction and their fertility behaviour will then be examined.

The tasks and decisions which measure the extent to which family roles are segregated or shared were chosen because they form part of day to day family responsibilities, and because previous studies have identified them as being typically 'male' or 'female'. Child care and most routine household tasks, with the exception of household repairs and tax declaration, are traditionally identified with the female role. Research conducted in France suggested that children's education and current expenditure were typically female decisions, while holidays and large scale expenditure were male decisions,¹ although the latter could be delegated to women in low income families. Several researchers have emphasised the problems of selecting tasks and decisions across cultures.² In the present survey, we find that some of these do not have the same sexual identification in the Maghrebine as in the French couple. The very different results obtained from surveys of household role division, even within the same culture, suggest that it is important to identify different tasks and decisions.³

I. The influence of ethnicity on the organisation of roles

Any significant change in the organisation of the French and Maghrebine couple requires a reconstruction of ideologies and of self image, as well as a reallocation of power. This does not take place on the same time scale or to the same extent in the Maghrebine as in the French couple, for two main reasons ; the point of departure is different, and there is less exposure and more resistance to the 'modernising' influences and resources of education and paid employment. The study confirms a very high level of sexual segregation in the Maghrebine couple and the closer identification with the maternal role of the Maghrebine woman. However, even in the French group,

a clear sexual differentiation of roles remains. A primary reason for this specialisation is the woman's reproductive role which has been considered a sufficient motive and justification for allotting her the family and childrearing role. The demands of early child care systematically interrupt the married woman's employment, but very rarely that of her husband. Many of the respondents in the present survey had received no help from their husband in early child care tasks at the birth of their last child.

Table 10.1

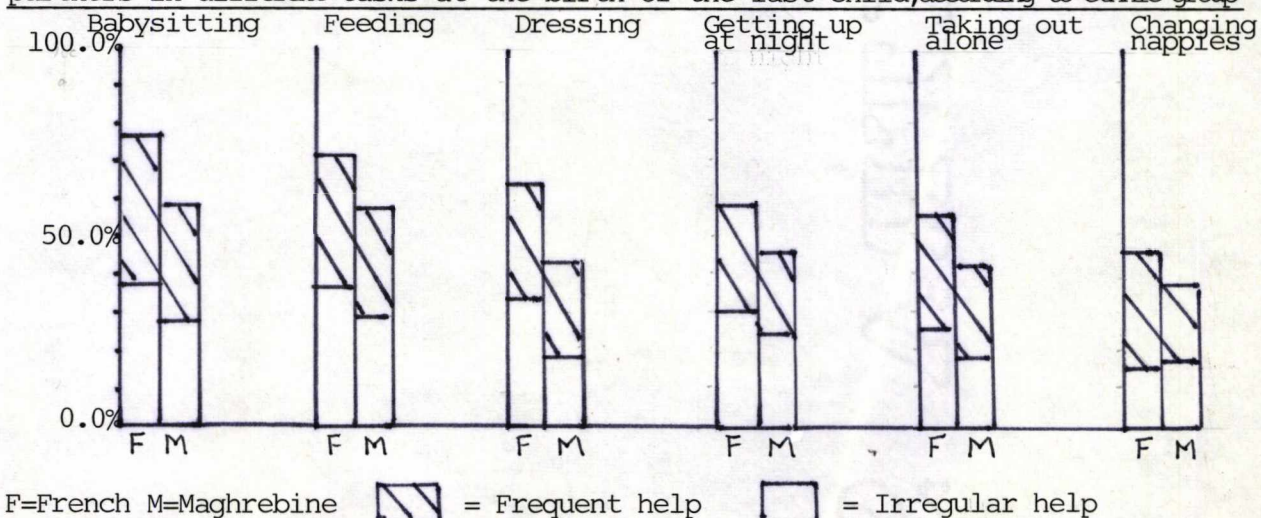
Proportion of respondents receiving frequent, irregular, or no help from their partners at the birth of their last child, according to ethnic group

	French %	Maghrebine %
Frequent help	31.6	25.7
Irregular help	29.6	22.1
No help	38.7	52.2

French women received more help, and more regular help, from their partners than the Maghrebine women, despite the fact that, for the latter, the last birth frequently represented a higher order birth. For both, some tasks, such as changing nappies, taking the baby out alone, and getting up at night, are more closely associated with the female role than others.⁴

Graph 10.1

Proportion of respondents receiving frequent or irregular help from their partners in different tasks at the birth of the last child, according to ethnic group



In a survey of the time devoted to different tasks in the French household, GIRARD found that one child represented an extra 23 hours of extra work per week, two children an extra 35 hours, and three or more children 41 hours, work which fell mostly on the mother.⁵ More recent research also shows that women continue to carry the major weight of these responsibilities.⁶ In the present survey, 76.7% of French and 55.6% of Maghrebine women had received some help from their partners in child care in the previous week, but most retain the main responsibility. Only two of the French working women and none of the Maghrebine can depend on their husband for full time care during work hours, school holidays, and after school. It seems that the help the husband offers is still intermittent and restricted to certain tasks. The Maghrebine husband remains more resistant than the French to participating at all in child care.⁷

Respondents were asked whether their partner had helped them in the previous week with different household tasks. Partners are very selective in the help they offer. Although French men more often give help in most of the tasks than Maghrebine men, both groups place the tasks on a similar cline of participation, suggesting that they share a conception of what are the most strictly 'female' tasks.

Table 10.2

Proportion of respondents receiving help in different household tasks in the week preceding the survey, according to ethnic group

	French	Maghrebine
	%	%
Shopping	61.2	61.5
Housework	47.8	33.3
Washing up	40.0	28.2
Cooking	38.5	30.8
Washing	16.7	7.7 ²
Ironing	6.6	5.2 ²

French and Maghrebine partners give most help in shopping, which a previous survey found was one of the least time consuming of tasks.⁸ For the French this high level of help could result from the respondent's own activity, as shopping and work hours often overlap. For Maghrebine women, the partners participation in shopping is not a sign of an evolution of family roles. On the contrary, shopping is a task which Maghrebine men traditionally undertake in their role as link between the family and the outside world, and is associated with their control over expenditure decisions. This practice is reinforced in immigrant communities where the women are further isolated by language problems. The difference between the level of help offered in the two ethnic groups is widest in the case of housework and washing up. The latter is frequently mechanised in the French household, and so becomes a less onerous and more 'masculine' task in which men help more readily. For both French and Maghrebine, washing and ironing remain the most persistently 'female' tasks, and are the most often avoided.

An examination of what have been defined in previous surveys as 'male' tasks, household repairs and tax declaration, shows that only one of them, household repairs, is performed predominantly by the male partner, and this only in the French group. For Maghrebine couples, this task is just as easily assimilated into the woman's domestic responsibilities.

Table 10.3

The division of traditionally 'male' tasks within the couple, according to ethnic group

Task	Household repairs		Tax declaration	
	French	Maghrebine	French	Maghrebine
Partner	75.0	47.4	37.7	48.6
Respondent	10.9	44.7	43.5	40.0
Both	14.1	7.9	18.8	11.4

Tax declaration is more frequently identified as a male task in the Maghrebine couple, which adheres more closely to the sexual segregation of tasks within and outside the family, and in which the wife is rarely active. The greater participation by French women in tax declaration is undoubtedly due to the increase in their own paid activity. The French generally show a higher level of sharing in these tasks than the Maghrebine.

The four areas of decision making, which were selected because previous research had found them to be sexually determined,⁹ appear to be much more widely shared in the present survey. In both choice of holiday and large scale expenditure decisions, male predominance has given way to joint decision making. Holidays are also shown to be a more marginal decision, especially for the Maghrebine group. It is a decision not applicable to those who cannot afford or are not accustomed to take holidays, or to those who always spend their holidays in the same place.¹⁰ Decisions concerning the children's education are mostly shared by the couple, although, when these are segregated, this area is shown still to belong more to the female than the male role. French women also continue to exercise a predominance in current expenditure decisions. It appears that French women remain more closely identified than men with their sexually allocated decisions, while, at the same time, entering more into the realm of traditionally male decisions.

Table 10.4

The division of decision making within the couple, according to the decision and ethnic group

	Traditionally 'male' tasks				Traditionally 'female' tasks			
	Holidays		Large scale expenditure		Children's education		Current expenditure	
	F	M	F	M	F	M	F	M
Partner	2.5	6.4	5.4	25.6	4.9	4.8	4.3	17.9
Respondent	15.2	12.9	18.5	12.8	27.9	28.5	50.0	35.9
Both	82.3	80.6	76.1	61.5	67.2	66.7	45.7	46.2

F=French M=Maghrebine

There is a significant difference between French and Maghrebine couples allocation of expenditure decisions.¹¹ This reflects an important cultural difference. The Maghrebine man keeps a closer personal control on all expenditure, including current expenditure, which is often relegated as a chore to French women, especially in low income households.¹² Maghrebine women are even more effectively excluded from large scale expenditure decisions ; over a quarter do not participate at all in these more influential decisions. The higher participation of French women is an indication of their greater relative power, except perhaps in the poorest families, achieved by their economic activity.

There is clear evidence in the French group of the emergence of a sharing model of family interaction, with a greater participation by men in female tasks, and by women in male areas of responsibility. The Maghrebine group remain closer to the traditional segregated model. Within each ethnic group, we should expect to find variations in these models.

II. The influence of generation and the stage in the family life cycle on the organisation of roles



There are two factors which might lead us to anticipate a greater sharing of roles in the younger generations of French respondents; the emergence of an egalitarian ethic that accompanies recent improvements in the legal and socio economic status of women, and the observation that, within a particular couple, sharing is usually highest in the early phases of marriage, particularly when marriage and first birth has been delayed,¹³ but falls as each partner establishes and confirms his or her individual role. We cannot expect the same evolution of Maghrebine women, who frequently remain isolated within an immigrant culture, and whose marriages do not pass through the same 'honeymoon'

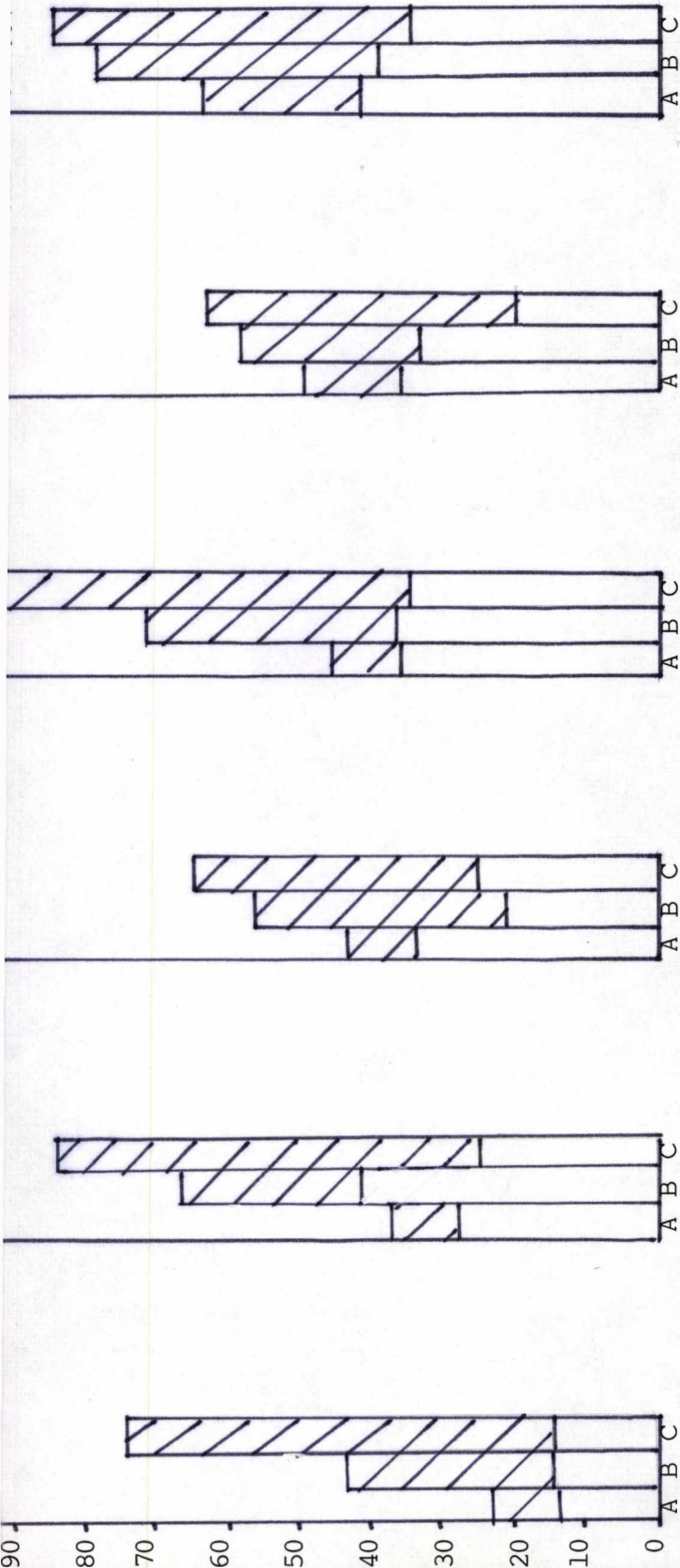
phase. The age at which partners enter a marriage and the difference in age between partners influences the amount and nature of interaction in a couple. In Maghrebine marriages, where the woman marries young and considerably younger than her partner, the male is more likely to assert his authority and the female to accept it. Cooperation between partners is rare, even at the beginning of a marriage. It is also more difficult to talk of the influence of generation on a couple, because partners can belong to different generations.

One result of these qualifications is that neither the age nor the marital cohort of the Maghrebine respondent has an influence on the decision making pattern. Age does, however, affect the help received from the partner in child care and some household tasks. In the French group, the influence of generation is shown through the marital cohort. The lack of any significant relationship between the age of French women and the help they receive probably derives from the tendency of women with a high educational and employment status to delay marriage and childbirth. This introduces a more egalitarian structure which combats the conservative influence of age among older mothers.



The variations in help received in early child care tasks according to marital cohort, for the French group, and age cohort, for the Maghrebine group, is shown in Graphs 7.2 and 7.3. Among the Maghrebine respondents, the husband's participation shows a decrease with the respondent's age, except in the 30-34 age group where a higher occupational level, combined with a large average family size,¹⁴ encourages a higher level of help.¹⁵ The effect that early marriage and a considerable age difference between partners has on accentuating the unequal division of power in the couple is confirmed by the

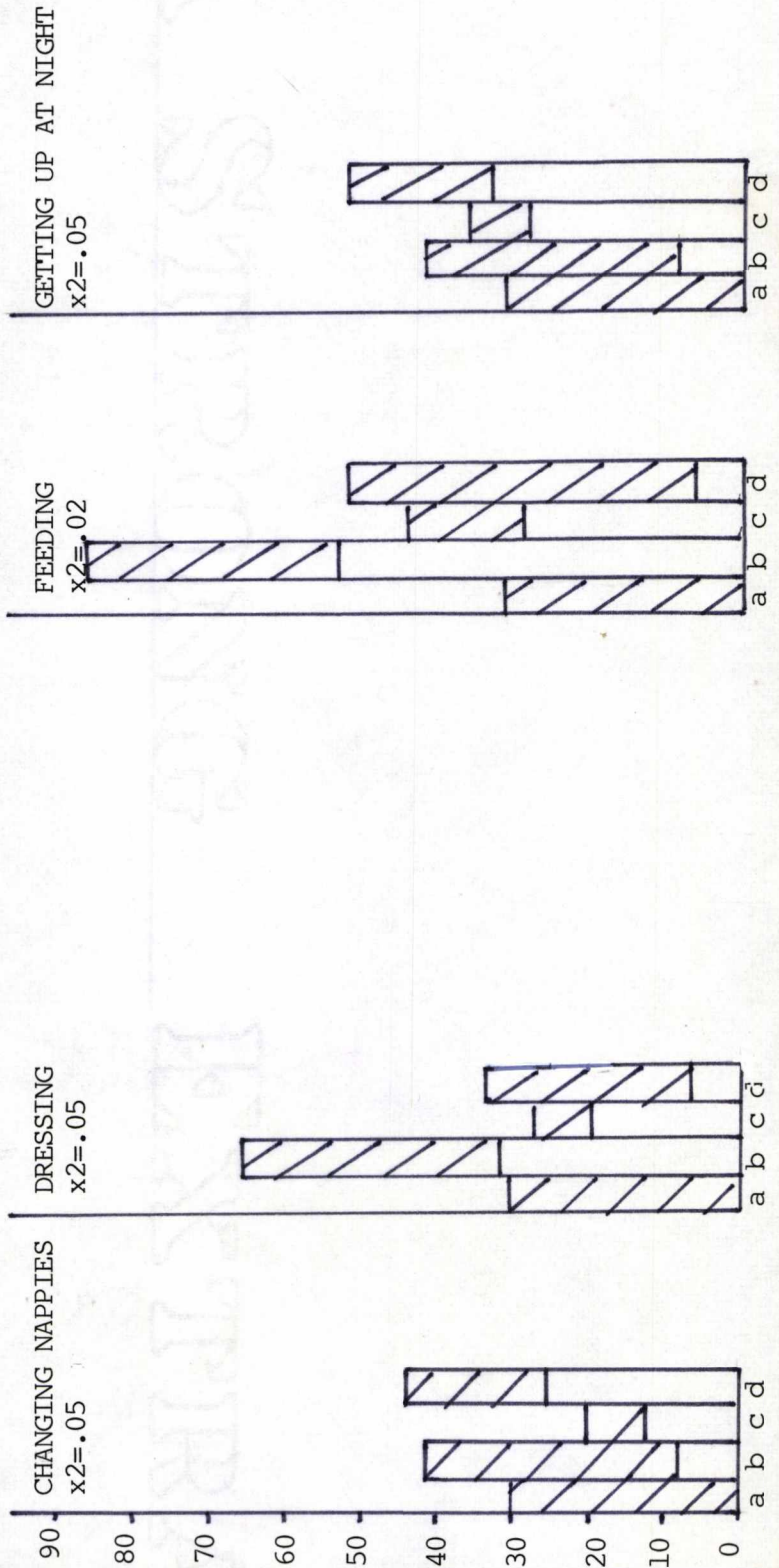
GRAPH 10.2

Proportion of French respondents receiving frequent  or irregular  help in early child care tasks in different marital cohorts
 [A=Pre 1964, B=1965-74, C=1975 +]



GRAPH 10.3

Proportion of Maghrebine respondents receiving frequent  or irregular  help in early child care tasks in different age cohorts
 [a=Over 35, b=34-30, c=29-25, d=24-20]



fact that women married between 18 and 19 years receive considerably less help than those married at a later age,¹⁶ and that the few Maghrebine partners who married women within the same age range always offer help in these tasks, but rarely give frequent help if she was younger.¹⁷ This indicates the importance of a similarity in age in promoting an egalitarian role division.

The French respondent's behaviour shows a more traditional organisation of roles in older generations, with a rapid evolution in most recent marital cohorts, where marriages are more delayed and there is a reduced age difference between partners. Early child care is the area where the partner's participation has increased the most. 78.2% of the most recently married gave some, generally more regular, help, compared to only 46.8% amongst those married the longest.¹⁸ There is a greater evolution in some tasks than others. The French partners' help has considerably increased in tasks such as changing nappies, feeding, and dressing, but they still show themselves resistant to assuming tasks which demand sole responsibility, such as taking the child out alone, or getting up at night to attend to the child. Those most recently married show a greater willingness to adapt the help given to the scale of the tasks, although most have restricted themselves so far to one child. In the couples married longest, there is no evidence that the partner's participation increases with the number of children. In fact, large families are the most traditional in retaining a segregation of roles.

The help that respondents currently receive with child care also decreases significantly with the length of marriage, in French couples,¹⁹ and with the age of the Maghrebine respondents.²⁰ Within each parity, the partner's participation decreases with the duration of the French marriage

and with the age of the Maghrebine mother, an indication of an evolution in attitudes and behaviour through generations, but also a reflection of the different ages of children within the same parity. For the French, help decreases as the age of the first and second child rises ; for Maghrebine women, most help is received when the first child is between 12 and 17 years, presumably because their families are larger than a French woman with a first child of the same age, and the extent of the child care task forces a limited participation by the partner.²¹

Although French partners respond to help with child care and general cleaning when the first child is very young²² and when they are recently married²³ there is no evidence that this help extends to other tasks at this period. The partner's participation in shopping, the most popular of tasks, appears to be determined by the availability of the respondent. At the age when child care keeps her at home, she receives less help than at the age when she is more likely to be employed, when the couple 'manage' the shopping between them.²⁴ The French partner helps most with cooking when family pressures are least acute,²⁵ suggesting that participation in this task is more of a pleasure than a duty, and is associated with increased leisure in the couple.

It is only among the younger and more recently married Maghrebine couples that the partner ever contemplates help with the most segregated 'female' tasks of washing and ironing.²⁶ Partners who were themselves relatively young at marriage help more in cooking and washing up than partners who married at a later age.²⁷ Although younger Maghrebine partners participate slightly more in female tasks, there is no evidence of a

significant change in the allocation of financial tasks and decisions through generations. Young Maghrebine men are as determined as the older men to retain the control they have in this area.

There is a clear evolution towards a sharing of the 'male' tax declaration task among the more recently married French couples, where the woman is more likely to have an economic activity. This sharing, plus a frequent assumption of the task by the respondent alone, leads to a fall in male responsibility in more recent cohorts.²⁸ The young French respondent does not show the same desire to take over the other 'male' task, household repairs. Although they participate more readily than respondents over 30 years of age, who take virtually no part in this task, it remains primarily a male responsibility.²⁹

In the French couple, the allocation of several decisions varies significantly with generation and the stage in the family life cycle, although not always in the same way. Joint decision making over holidays is highest among the youngest cohorts, where it is more likely to be an active than a passive decision.³⁰ This provides an example of how, over the life cycle, a decision can become less contested. A quarter of respondents between the ages of 40 and 44 years say that noone takes a decision over holidays, presumably because they always go to the same place. Other decisions vary with the stage of family formation, because of the greater or lesser identification of the respondent with the maternal and 'female' role at different periods. The children's education demands a series of decisions that continue through the family life cycle and the children's educational career. At all stages, these decisions are most frequently taken by both partners, but the woman's sole responsibility is greatest in youngest cohorts³¹ where arrangements

concern pre-school and primary education, considered to be part of the 'female' role. The partner takes no responsibility for educational decisions when the child is under five. His participation increases with the age of the child.³² Sharing, in French and Maghrebine couples, is highest when the child is over twelve and the decisions taken, directly affect future employment. The movement from female to male responsibility coincides with a change in the nature of the decision, from a caring to a work related preoccupation. The French respondent's participation in current expenditure decisions, traditionally a female responsibility, also varies with the stage in the family life cycle. Women who have been married the longest always take these decisions alone. Their predominance falls in middle cohorts in favour of joint responsibility, but rises again among those married between 4 to 9 years.³³ These are the women with young children who, confined to the home, fall more easily into the traditional role. In the most recent marital cohort there is a more varied pattern, but a renewed increase in sharing, that is associated with fewer children and a high level of activity. The allocation of large-scale expenditure decisions is related to the partner's age at marriage. French men who married relatively young, and are closer in age to their wife, are more likely to share these more prestigious decisions with her.³⁴

A primary reason why we see less evolution towards a sharing of tasks and decisions in young Maghrebine couples is that Maghrebine women benefit less from the increased educational and occupational opportunities available to young French women, which are vital factors in the changes observed in couple interaction through generations.

III. The influence of education and socio economic status on the organisation of roles

Most Maghrebine women have not pursued their education beyond primary level ; very few are active or have any personal income.³⁵ A discussion of the impact of education and paid employment on family organisation must focus mainly on the French respondents, who have continued their education to a higher level, and of whom the majority are in paid employment or full time study.³⁶

Education can influence the nature of the couple's behaviour by introducing egalitarian values as well as providing a resource for power. The combination of these two factors means that there is not always a uniform relationship between the respondent's educational level and a reallocation of roles. Although, in some early child care tasks, such as dressing and feeding, there is evidence that the woman with a high level of education has more help from her partner,³⁷ she receives less cooperation from him in getting up at night,³⁸ when egalitarian ideals do not provide a strong enough motivation. In general, the partner's participation is higher when the respondent has educational resources equal to his own.³⁹ French women with a higher education also receive more help from their partner in current child care,⁴⁰ although they require this help less often because of a smaller family size and a greater use of alternative sources of care. The influence of education in breaking down role stereotypes is shown by the fact that, while the more highly educated women receive more help from their partners in housework,⁴¹ they also share more in the traditional male tasks. The level of a woman's participation is determined by the relative resources of her partner, as well as her interest in the

particular task. The high partner predominance in household repairs at all educational levels, despite an increase in sharing by highly educated women,⁴² is because women rarely want to take over yet another time consuming home maintenance task. In situations where the respondent has a higher educational level than her partner, she leaves this task to him. The highly educated French woman has more interest, and participates more, in tax declarations.⁴³ However, partner predominance is also high at this level, presumably because the partner himself has a high educational and occupational status. An analysis according to his own educational level shows that while sharing increases with education, his predominance also increases and the respondent's sole responsibility decreases.⁴⁴

RODMAN suggests that the weak and often insignificant relationships found in previous French studies between educational and professional status and decision making are due to the combined effects of "lingering traditional patterns"⁴⁵ and modern egalitarian patterns. The educational system in France served, until recently, largely to reinforce traditional values. This may explain why the educational level of the respondent alone has no significant effect on the crucial large scale expenditure decisions. It could also be explained by the fact that power in decision making depends not only on the level of education, but on the relative educational level of each partner. The impact of education on specific decisions depends on the importance which each partner attaches to these decisions. Current expenditure decisions are frequently considered a chore by the French woman. Although in couples where both partners are at mid educational levels, the woman still assumes many of these decisions, when her partner has only a primary level of education she more often shares these decisions with him.⁴⁶ We have seen

that, in Maghrebine couples, men attach more importance to current expenditure decisions, and the wife more rarely has predominance. In this situation, an increase in the Maghrebine woman's educational level, while remaining relatively modest, is sufficient to ensure that she takes most of the decisions concerning current expenditure, or shares them with her partner.⁴⁷ These decisions are taken by the partner when the woman has a lower educational level. In French couples, large scale expenditure decisions provide a more accurate reflection of the relative power of each partner. Joint decision making is highest in couples where both partners have a high level of education, but sharing drops progressively as the partner's relative education and power decreases, and the woman's sole responsibility increases.⁴⁸ In Maghrebine couples, almost no women or men have a higher education, and their relative education does not have a significant impact on large scale expenditure decisions. In other areas of decision making, such as those concerning holidays or the children's education, the relative educational level in both groups is less important. Sharing rises with the respondent's own educational level, with a disappearance of segregated decision making at the highest educational levels.⁴⁹ An increase in the partner's education is also associated with a greater sharing in these decisions.⁵⁰

Studies disagree as to the extent to which a woman's economic activity determines a redistribution of roles within the couple,⁵¹ disagreements which are due to a variation in the tasks and decisions and in the different aspects of the wife's activity under consideration. The significance and weight of certain tasks also varies between cultures. MICHEL suggests that "women workers do not restructure the division of power and domestic tasks in a uniform fashion : this restructuring operates according to the 'bargaining' power that their status and employment history

gives them and according to their motivation, the latter being closely linked to their social status".⁵² Reallocation also depends on the size and nature of tasks and decisions, and the possibilities for sharing responsibilities with outside agencies. I shall now examine the impact of three aspects of the woman's active role, her motivation, her current employment status, and her work history, on the organisation of roles.

A woman's motivation towards her work can be determined by the reasons she gives for working, as well as her determination not to give up work for another child. Women who work because they have a positive interest in their activity, as well as a desire for independence, more often received help from their partner at the birth of the last child than those who work only to supplement the family income. Women who would prefer to retain a segregation of roles and work only because their husband wants them to, or because they want to help their husband, received virtually no help, and probably did not expect it.⁵³ In the same way, women who offer their child care responsibilities as a reason for not working, rarely received any help from their husband when their last child was born.⁵⁴ A positive motivation to work is significantly associated with a higher level of current help with children,⁵⁵ as well as with other female household tasks, such as cooking, washing up and ironing.⁵⁶ Women who would refuse to give up work for another child receive more help with housework than women less determined.⁵⁷ These highly motivated French women also participate more in the 'male' work related task of tax declaration,⁵⁸ a task which Maghrebine men who disapprove of married women's employment are more likely to keep for themselves.⁵⁹ In the area of decision making, a favourable attitude to employment is related to a greater participation by French women in large scale

expenditure decisions, while at the same time they encourage partners to share in current expenditure decisions.⁶⁰ Active women who work for personal interest and independence are also eager to share day-to-day expenditure decisions with partners, while women who work to supplement family income prefer to retain sole responsibility.⁶¹

It appears that a far greater restructuration of roles is desired and achieved by those who place a priority on their economic independence and personal freedom than by those who see their active role only as a temporary adjunct of the male role. Women with a high level of motivation towards employment in general, and their own employment in particular, are very often those who themselves have access to interesting, high status employment. This gives them not only the motivation but also the power to achieve a reallocation of roles.

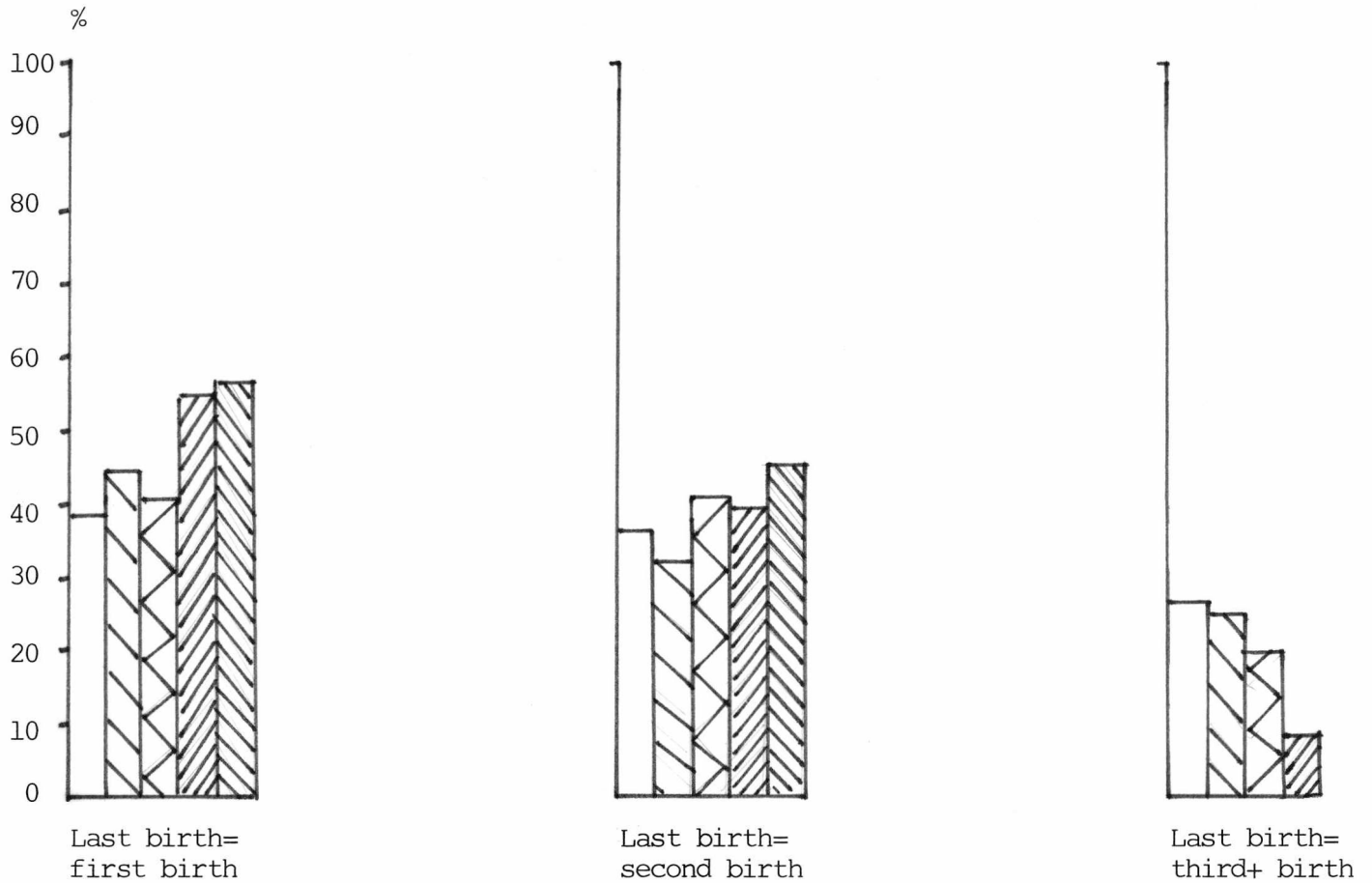
MONNIER, in a study of the incidence of a birth of a child on family life,⁶² found that active women benefited from a greater participation by their husband than inactive women, but also used paid help more. The use of salaried help was higher among senior and middle management and the self employed, where the wives had correspondingly less help from their husbands than in the families of white collar workers. In the present survey, the few French women in highest occupational categories always received some help from their partners in early child care tasks. Women working in middle management received less help than white collar or manual workers, perhaps because of their greater use of paid help. The group which had the least aid from their partners, amounting to a total refusal in tasks such as changing nappies, were those women working in family businesses.⁶³ Despite the greater availability of their husbands and the long hours of work by the respondents, these are the most highly segregated couples. The wife's unpaid work does not provide her with the

power to break down this role segregation. The high levels of help received by inactive and manual workers may reflect the fact that they have a higher parity than most groups and that for $\frac{1}{4}$ of them, as shown in Graph 10.4, their last birth was a third or higher order birth,⁶⁴ at which point there is a limit to the extra time that a mother can give to child care. This group is less likely than higher status women to be able to afford alternative child care.

Women who are termed 'inactive' form a disparate group ; some have never worked, while others gave up work at different stages of family formation.⁶⁵ Work history proves to be an important factor in the organisation of roles in the couple. Women who have never worked, or have both worked since marriage, are the most likely to have had no help at all from their husband at the birth of their last child ; while women who only gave up work when they had children received more participation from their partner in some tasks than active women.⁶⁶ This group of women, who were the most reluctant to give up work, have many of the characteristics associated with a desegregation of roles. They are younger and more recently married than other inactive mothers, they have a higher educational level and were more often in middle management or white collar employment. The partners of women who are active, or were until recently active, are more flexible in the help they offer than partners in couples where the respondent has little or no work experience. This is illustrated by male participation in current child care.⁶⁷ Women who have never worked receive no help, whatever their family responsibilities. Inactive women with a history of employment have the most help from their partner. They are more likely than active women to have a child under six, a stage at which partner participation in child care is highest. Active women also more often seek outside solutions to child care. White collar workers, who are the least able to afford these alternatives, receive more help than inactive women with the same family size.⁶⁸

GRAPH 10.4

Proportion of French respondents for whom the last birth was the first, second, or third + birth, according to their occupational status



= inactive
 = manual
 = self employed
 = white collar
 = middle management

Activity significantly increases the amount of help received by French women in certain of the most time consuming and stereotyped household tasks.⁶⁹ The partners of white collar workers give the greatest amount of help, confirming the findings of a previous survey.⁷⁰ The lower levels of help given to women in management and the professions could be a result of their use of external services and time saving household appliances, as well as the lesser availability and higher status of their husband. The physical availability of their partner still does not benefit women working in family businesses, who receive less help than the inactive.⁷¹ An examination of the husband's professional status confirms the greater help given by salaried workers, compared to the self employed and those in liberal professions.⁷² A history of employment also serves to break down sexual segregation in household tasks in couples where the woman is economically inactive.⁷³ The level of help rises with her former occupational status.⁷⁴ In Maghrebine couples, it is only former white collar workers,⁷⁵ who continued working for a longer period, who receive any help in ironing, the most stereotyped of household tasks.

The partner's professional status has a greater impact on the division of 'male' than 'female' tasks, particularly in the work related task of tax declaration. The partner's sole responsibility for this task rises with his status, and his income. Sharing also rises with his socio economic level, especially when the respondent herself has an equivalent status.⁷⁶ Tax declaration is often delegated to women working in the family business as part of their unpaid work role : but many manual workers and women working in middle management⁷⁷ also assume this task themselves. The increase in paid activity and in women's demand to be responsible for their own financial affairs, explains why tax declaration has ceased to be a predominantly 'male' task. Even among inactive women, a recent work experience can increase female

participation, while 85.7% of inactive women who have not worked since marriage leave this task to their husband.⁷⁸ Female activity does not, however, encourage participation in the other 'male' task, household repairs, which would only increase the burden of the household role.

MICHEL observed that salaried female employment was linked to an increase in the wife's power in the couple, through participation in the influential, traditionally 'male' decisions, but that the active woman is also more prepared to leave to her husband decisions which have been "accorded her by custom".⁷⁹ In the present survey, the respondent's activity does not affect the allocation of decisions concerning holidays and children's education, but significantly alters responsibility in financial decisions.⁸⁰ Women with a current or recent activity are more ready to share everyday expenditure decisions with their partners, but they also share more in large scale expenditure decisions, and assume these decisions more often than other groups.⁸¹ In the French and Maghrebine couple, a similarity of status between partners encourages the sharing of these decisions.

Female employment is shown to be a crucial variable in the reallocation of certain family tasks and decisions. Approval of and commitment towards employment, current employment status, a history of paid activity, and the length of work experience all act as resources which increase the power of the woman to achieve a more equitable division of roles. Sharing is at its highest when partners have similar status and resources.

An important resource identified with employment is an independent income. MICHEL found that the wife who earned nothing had the least amount of help in 'female' tasks, and that "the more the woman earns, the more she

is helped by her husband".⁸³ These findings are confirmed in the present survey, where women with no income have less help in all household tasks than women in paid employment.⁸⁴ French women with no income receive as little help, and sometimes less, than the Maghrebine woman in the same circumstances. An earlier American survey⁸⁵ found that the husband's level of income was a determining factor, with his participation in household tasks decreasing as his income increased. In the present survey, there is no evidence that high levels of income automatically reduce the partner's participation, probably because in couples with a high level of family income the wife is also working. The crucial factor appears to be the relative income of both partners. Women with little or no income receive most help when their partner's income is low or average. Above this level, help falls as his availability lessens and his power rises.⁸⁶ The influence of income is shown clearly in the task of tax declaration. French men most often assume this task when the woman has little or no income of her own. In these couples, the man's solo decision making is positively related to his income. The respondent's participation increases with even a small personal income and male predominance decreases, regardless of his own level of income. Sharing also rises when the woman earns more than the minimum growth wage.⁸⁷

In the area of financial decision making, the survey confirms that income "can be a basic resource for power in the couple".⁸⁸ The woman with no personal income is likely to have large scale expenditure decisions taken by her partner,⁸⁹ although she retains predominance in current expenditure decisions, a sign of her lack rather than her contribution to resources. In financial decisions, as in the choice of holidays,⁹⁰ sharing rises significantly

with the level of income of the French family. This positive relationship between family income and joint decision making is related to the fact that, at higher income levels, this is a joint income. In families with an income of over 4,000 francs per month, wives are most often active and most often in high status, well paid employment.

Table 10.5

The allocation of financial decisions in French families, according to the level of family income

Monthly family income	Under 1,800*	1,801-5,000	5,000 +	FF
Current expenditure:**				
Partner	33.3	0.0	2.0	
Respondent	66.7	62.8	40.0	
Both	0.0	37.2	58.0	
Large scale expenditure:***				
Partner	16.7	8.6	0.0	
Respondent	33.3	28.6	10.0	
Both	50.0	62.8	90.0	

* minimum growth wage level in 1978

** $\chi^2=.00$ Pearsons 'r'=.34

*** $\chi^2=.04$ Pearsons 'r'=.29

The resources which the active woman brings to high income families give her the power to reallocate financial decisions and to achieve a remarkably high level of joint decision making in the area of large scale expenditure, traditionally a domain of male authority in families with a substantial income earned only by the husband.

IV. The organisation of roles and fertility behaviour

It has been established that the emergence of a sharing model of family roles is associated with improvements in the status of married

women, a process that can be observed more clearly among the French than among the Maghrebine women, where a lack of resources combines with a resistance to modernisation and change. A further examination of the survey findings confirms that there is also a strong relationship between the movement from a segregated to a sharing model of role organisation and a very much reduced, highly planned fertility. Studies of the traditional segregated family show a determinist attitude towards family size and an absence of communication between partners concerning expected fertility, which lead to early rapid births and a high, unplanned fertility.⁹¹ SAFILIOS ROTHSCHILD found that it was the wife's degree of traditionalism or modernism, rather than the husband's, that was the operating factor in decisions concerning family size,⁹² and that the wife with a high educational level and a commitment to employment was more motivated to limit family size.⁹³ In a study in France, MICHEL found that improvement in the woman's status translated itself into an increase in her predominance or in the sharing of decisions, which was more often associated with the realisation of family planning goals and the eradication of excess fertility than was the traditional male dominated, segregated model.⁹⁴ We have seen in the present study that an improved socio economic status for women, which contributes to a more egalitarian relationship in the couple, leads to a different model of fertility behaviour, which is characterised by discussion and agreement on fertility goals, a limitation in desired and actual family size, and a delay in childbearing. I shall now examine more closely the link between the organisation and sharing of roles in the couple and this new fertility model.

V. The division of child care and fertility



Early child care is one of the most time consuming and, traditionally, most segregated tasks, that is seen as a natural adjunct to the female

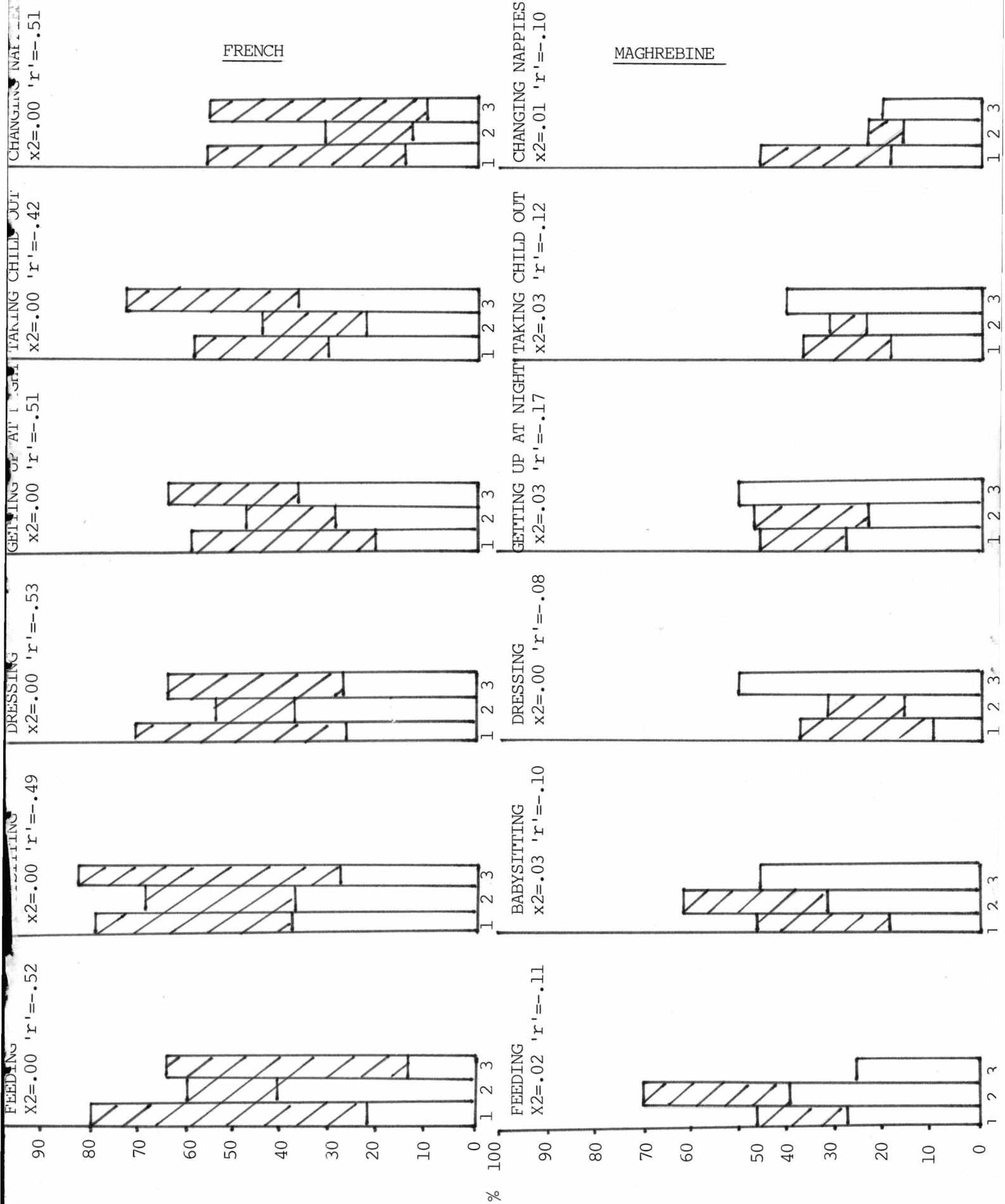
childbearing role. Even one young child can represent considerable demands on the time of the mother.⁹⁵ We can, therefore, expect that the woman who wants to restrict the demands of her maternal role by planning and limiting her births will also seek more help from her partner in early child care. The present study shows that it is couples who did not plan the number of their children, who wanted and have achieved a large family, who retain the most segregated roles, with the husband giving the least help at the birth of the last child.⁹⁶ Discussion and early planning of family size, represented by those who, at the time of their marriage, had already thought about limiting the number of their children, and who have so far limited their family to one child, is associated with sharing in some of the most persistently 'female' child care tasks.⁹⁷ The highest level of frequent help is received by women who wanted two children, already less than the average expectation, at marriage but have restricted their actual family size to one child.⁹⁸ This relationship is not confined to younger respondents, but is also to be found among those who are well into the period of family formation,⁹⁹ suggesting that an egalitarian task division is associated with a considerable delay in births. Among this group are couples who have been married for more than fifteen years. In their case, a high level of help in a number of early child care tasks is linked with a definite decision to limit their family to one child, rather than the two children wanted at marriage.¹⁰⁰ The relationship between delaying or refusing a second birth and an increased partner participation is confirmed by a closer examination of the timing and spacing of births. Most help in early child care is given to women who show a preference for starting childbearing at a later age, and for a delay between marriage and the first birth.¹⁰¹ There is evidence for those French women who

choose two years after marriage as the ideal timing for the first birth of a significant relationship between the successful timing of their own first birth and a high level of help in all early child care tasks.¹⁰² This help is frequent, suggesting a real sharing of the responsibility of early child-rearing, rather than a token aid in selected tasks. Women who had their first before what they consider to be the ideal interval received less help at this birth : the earlier the birth the less help they received and the more irregular this was. Delaying a first birth beyond a chosen interval of one year is also associated with greater participation by the partner than choosing and having a birth at a very early stage in marriage.¹⁰³ Help in current child care is shown to be related to discussion and agreement between partners, resulting in a limitation of family size to one child.¹⁰⁴ The partner who had wanted two children at marriage always gives some help when the actual number is limited to one or two, against only a quarter of those who give help when this number has been exceeded.¹⁰⁵ French women who themselves wanted only two children at marriage receive most help from their partner when they have been successful in limiting their actual fertility to two children, and considerably less when they have exceeded this number.¹⁰⁶ These women had lower fertility expectations than the sample as a whole, expectations which are often reduced during the course of marriage.

The present survey confirms the finding of earlier research¹⁰⁷ that the amount of help given by the partner in child care tasks is not determined by the actual burden of child care - except in the very large, mostly Maghrebine, families where it is impossible for the woman to extend the time she has available, and she cannot afford alternative paid child care.

GRAPH 10.5

Proportion of respondents receiving frequent  or irregular  help in early child care tasks, according to the number of children [1, 2, or 3 children]



French women received some of the highest levels of help at the last birth when this was their first birth, although the need for help is greater in large families. Their partner participates more often in the repetitive, regular tasks such as feeding, dressing, and changing nappies. He participates more in all tasks than when there are two children in the family, although the amount of help rises again in the three child family in babysitting, getting up at night, and taking the child out alone. The partner's participation is lower in the Maghrebine family whatever the family size. In these highly segregated couples, there is evidence of a 'blanket' refusal of help as long as there is a possibility of the woman assuming the task alone.

The help currently received by French women in looking after children is significantly related to their family size, falling as size increases from one to four children.

Table 10.6

The proportion of French respondents receiving help from their partner in the week preceding the survey, according to family size

N° of children	One	Two	Three	Four	ALL
%	83.9	75.0	62.5	60.0	76.4

$\chi^2=.0316$ Pearsons'r'=.34

Within each age and marital cohort, the French woman with one child, irrespective of the age of the child, receives more help than the woman with a larger family. The relationship is significant for women who are active or were until recently active¹⁰⁸ who, as we have seen, have achieved the most egalitarian distribution of roles. They receive more help, whatever their family size, than women who have never worked.

There is, for the French, a clear link between an independent socio economic status, prolonging employment into marriage, success in delaying the first birth and limiting further births, and a greater participation by the husband in the childrearing role. The Maghrebine couple, with precocious first births, high fertility desires, and a high achieved fertility, remains closely aligned with the traditional segregated model, with a strong identity of the woman with child care tasks. The woman's activity is infrequent; it is a sign of financial necessity rather than an improvement in the woman's status, and does not encourage a greater participation by the partner in child care. The Maghrebine partner only helps, and then only occasionally, when the time that the woman has to devote to child care reaches its limit.

VI. The division of household tasks and fertility

In household tasks, as in child care tasks, the help received by the respondent is determined not so much by the size of the task as by the motivation and the power of the woman to effect a change in traditional role allocation. Despite the fact that the presence of children also increases the time required to carry out general household tasks, the partner's participation actually falls as family size increases, except for a slight increase in the largest families. Women with no children have the highest levels of help.¹⁰⁹

Table 10.7

The proportion of French and Maghrebine respondents receiving some help in household tasks in the week preceding the survey, according to family size

N° of children	None	One	Two	Three	Four	
French	43.9	41.5	39.7	35.1	39.0	%
Maghrebine	66.7 ²	32.5	27.4	40.7	21.4	

Agreement between partners on the number of children they want is associated with a more frequent participation by the husband in certain household tasks, such as cooking and washing.¹¹⁰ The French partner also gives more help in the most highly segregated tasks¹¹¹ when the couple's actual fertility remains below fertility expectations at marriage. This is partly a reflection of a more egalitarian relationship among younger respondents, but also suggests that delaying births is related to greater partner participation in traditional 'female' tasks, in a strategy to reduce the conflict between work and family roles.

Unlike 'female' household tasks, the partner's predominance in 'male' tasks increases with family size, a relationship which is significant in the French couple for household repairs.

Table 10.8

The division of household repair tasks in the French couple, according to family size

N° of children	None	One	Two	Three	Four
Partner	35.7	87.1	75.9	81.8	100.0
Respondent	28.6	6.5	10.3	0.0	0.0
Both	35.7	6.5	13.8	18.2	0.0

$\chi^2=.0043$ Pearsons 'r'=-.18

The most egalitarian situation, where there is more sharing and crossing of roles, is in the couple with no children. As family size rises, both these solutions fall in popularity, with role crossing disappearing before role sharing, and the partner takes over completely. High family size is associated with a lack of forward planning. It is not surprising that partner predominance in household repairs is greater in those couples where he had not considered or discussed his desired family size at marriage, than in those where he had.¹¹²

This link between a traditional model of fertility and male predominance in household repair tasks is found only in the French couple. In the Maghrebine couple, traditional attitudes, such as the disapproval of married women moving out of their maternal and domestic roles,¹¹³ are linked with an assumption by the woman of these task, as part of her overall household responsibility. Although improvements in French women's status do not encourage them to take over, or even share, household repairs, they do increase their interest in the other 'male' tasks, tax declaration. This task is far more closely related to assuming responsibilities outside the home, which often result in a limitation of the maternal role. Male predominance in tax declaration, most common when it is only the man who is economically active, is associated with unplanned fertility and high actual family size. In French couples where either the respondent or her partner had not considered the number of children they wanted at marriage, the partner's predominance in tax declaration increases with the size of this unplanned family and the reluctance of the couple to adopt any form of birth control.¹¹⁴ In couples who have discussed and agreed on their desired family size, male predominance increases with the number of children wanted, and task sharing decreases.¹¹⁵ The fact that tax declaration has ceased to be a predominantly male task for the French and not for the Maghrebine is related to the greater access of most French women to education, employment, and an independent income, and the increased importance they attach to having an active and autonomous role. Breaking down sexual stereotyping, such as the exclusive identification of the woman with the reproductive and childrearing role, involves not only the male moving into traditionally 'female' spheres, but also women assuming tasks and decisions which relate to a wider domain than everyday family maintenance.

VII. Decision making and fertility

The value of different decisions as indicators of a 'traditional' or 'modern' orientation of the couple vary. Holidays are shown to be, in almost all families, a joint decision. Children's education remains primarily a female decision when children are young, although male interest increases with secondary education, resulting in a very high overall level of shared decisions. Financial decisions are the most interesting indicator of the relative power of partners. We have seen that traditional patterns in current expenditure vary according to ethnic group, the Maghrebine partner exercising authority in these decisions that are, for the French, viewed more as a chore, and delegated to be part of the female household role. Large scale expenditure decisions, linked to bringing an income into the home, are, for both French and Maghrebine, traditionally associated with male resources and power, except in low income families. In the Maghrebine couple, where the woman is rarely active, over a quarter of partners still retain total responsibility for these decisions. The greater sharing in French couples is a direct reflection of the resources which the French woman brings to the couple, in terms of education, employment, and income. In all decisions, but most strongly in financial decisions, there is evidence that the segregation of roles in the traditional couple reinforces the woman's identity as wife and mother. The woman who acquires an alternative status readily relinquishes or shares these traditional responsibilities, while at the same time moving into the sphere of 'male' decision making. This is associated with a more highly planned and limited fertility.

Partners who discuss, agree on, and plan the number and spacing of their children are likely to be the most successful in eradicating excess fertility. It is in these couples that we can observe an increased sharing in decision making.

As all the partners' views in the present survey are reported by the respondent, in themselves they reflect a certain amount of discussion within the couple on fertility desires. French couples where the respondent can report that her partner thought about future family size at marriage achieve a much higher level of sharing in large scale expenditure decisions than couples where this has not been considered.¹¹⁶ Joint decision making increases with the number of children wanted by the partner at marriage¹¹⁷ and with his ideal family size¹¹⁸, presumably as these approach and agree with the respondents' own desires. Current agreement over fertility expectations is positively associated with the woman's participation in both educational and financial decisions. Almost a quarter of French respondents who have their husband's agreement over desired family size take sole responsibility for large scale expenditure decisions, a predominance achieved by none of those respondents whose partner is in disagreement because he wants less children.¹¹⁹ In the latter situation, the partner more often assumes the more powerful financial decisions, or shares in them.

A totally egalitarian structure in educational decision making¹²⁰ is found in French couples where actual fertility is lower than that desired by the respondent at marriage. This can be associated with a further limitation in the number wanted - there is an overall fall between initial and current fertility desires among French respondents - or with a delay in subsequent births¹²¹, both strategies which reduce final fertility. An examination of current fertility desires shows that there is more sharing in educational decisions when French women who would like two children have, so far, limited their actual family size to one child.¹²²

In the Maghrebine couple, sharing is highest in all decisions when the partner had limited fertility desires at marriage and has succeeded in keeping family size to this level.¹²³ In French and Maghrebine couples, the partner participates most in decisions concerning children's education when the couple have agreed on and kept to a limited family size.¹²⁴

In addition to the ideals and expectations concerning family size which influence fertility behaviour, there exist norms concerning the timing and spacing of births. The recent evolution in France, particularly among women who value an independent status, is towards a greater approval of delayed first births, and an emergence of the feeling that the timing of this birth should be adapted to the particular circumstances of the couple, rather than following certain prescribed norms, an attitude which usually results in the delaying of the first birth. In the present survey, these attitudes are closely associated with an egalitarian structure of decision making in French couples. Sharing is at its highest in all decisions¹²⁵ when the respondent rejects the concept of an 'ideal' age to start childbearing, and prefers to plan children in accordance with the couple's own priorities. Among those who give an ideal age, joint decision making increases with the age given and role specialisation decreases. A similar pattern is found in an examination of attitudes towards the 'ideal' timing of the first birth after marriage. The most egalitarian couples in financial decision making¹²⁶ are those in which the respondent feels that the timing of the first birth depends on the circumstances and desires of the couple, or that it should be delayed at least two years.

Discussion and planning of family size, and a preference for delayed

births, leads to a smaller actual family size. It is, therefore, not surprising that the sharing model of decision making is associated with a very much reduced fertility. Couples with no children are the most successful in combatting traditional role stereotyping. They most often share, and sometimes cross over, in financial decision making. These include the only French couples where the partner takes sole responsibility for current expenditure. Traditional role segregation increases and sharing falls with the number of children. In current expenditure and educational decisions this is translated into an increase in the women's sole responsibility as she becomes more preoccupied with the housewife and mother roles,¹²⁷ while male predominance in large scale expenditure decisions rises with family size.¹²⁸ It is only the French mother with one child who manages to share most financial decisions.

It appears that an egalitarian structure of decision making in the couple is associated with a desire to limit the impact of the childbearing and rearing role on other aspects of activity. The egalitarian couple discuss and agree on fertility goals at an early stage, reject the imposition of norms which are not related to their own situation and priorities, and prefer to delay and reduce the period of childbearing, by a careful planning of the arrival of children and a limitation in their number. Partners work together to adapt fertility to a new model of the couple where both have an active external role as well as a family role.

A survey of the intentions of single respondents¹²⁹ shows that the egalitarian model, where tasks, decisions and power are shared between partners, is the overwhelming choice for the future. These young women do not envisage taking over traditional male tasks, but they do forecast a pattern of sharing that is much stronger than actual practice.

Table 10.9

Comparison of the actual division of traditionally 'male' tasks in French couples and the intentions of single women

TASKS DIVISION	Household repairs		Tax delaration		
	Actual	Intended	Actual	Intended	
Partner	75.0	32.8	37.7	10.3	%
Respondent	10.9	0.0	43.5	12.1	
Both	14.1	67.2	18.8	77.6	

Young, single respondents' interest in a joint responsibility for tax declaration is particularly strong, but they also envisage sharing more in the more strongly stereotyped male tasks of household repairs. At the same time, they expect far more help in the traditionally 'female' tasks than is actually received by women already living in couples, although they still hesitate over some of the most stereotyped tasks.

Table 10.10

Comparison of help actually received from partner by French married and cohabiting women and the intentions of single women

TASKS	Children	Cooking	Housework	Shopping	Washing	Washing up	Ironing
Percentage receiving:							
Actual help	76.7	38.5	47.8	61.2	16.7	40.0	6.6
Intended help	93.0	81.8	70.7	87.9	50.0	75.9	39.7

The task in which single respondents expect most help is that of child care, reflecting a realisation of the conflict between childrearing and alternative roles. Education is positively associated with expectations of help in all tasks;¹³⁰ all women with a higher educational level expect help with child care in their future couple. Students and women who are already in high paid and high status employment, show the strongest demand for an egalitarian relationship.¹³¹

The intentions of single respondents concerning decision making show an almost unanimous determination to share family decisions. A small minority would keep responsibility for current expenditure, but this proportion falls rapidly with a rise in educational level, and among those still studying full time.¹³²

Table 10.11

Comparison of actual decision making in French couples and the intentions of single women

DECISIONS	Choice of holiday		Children's education		Current expenditure		Large scale expenditure		
	Actual	Intended	Actual	Intended	Actual	Intended	Actual	Intended	
Partner	2.5	0.0	4.9	0.0	4.3	0.0	5.4	1.7 ¹	%
Respondent	15.2	1.7 ¹	27.9	1.7 ¹	50.0	6.9	18.5	1.7 ¹	
Both	82.3	98.3	67.2	98.3	45.7	93.1	76.1	96.6	

Several observations emerge from these 'ideals' of role division in the couple. Women have no desire to take on by themselves 'male' household tasks which would only increase their home responsibilities but not their status, although they are more prepared to share these tasks. They also expect to share in those financial decisions which are associated with external resources and with power. There is a high demand for male participation in 'female' tasks and decisions, but still considerable discrimination between tasks in which they do or do not expect help. There is a strong realisation that help with child care is a crucial factor, and women show a desire to reject a total identification with childrearing decisions. The overall emphasis is on an increased sharing of all tasks and decisions, but not a crossing over of roles. This breakdown in role stereotyping, which involves a decrease in home responsibilities and access to a wider decision making power, is, together with a limitation and planning of fertility, essential to the development of an alternative identity to that of wife and mother.

VIII. General Conclusion

The aim of this research was to examine the process by which changes in the educational and employment opportunities available to women influence fertility attitudes and behaviour. It was suggested that women's access to an alternative social status acts to redefine the priorities, goals and organisation of the couple, reducing the woman's identification with the maternal role, and leading to a limitation of desired and actual fertility. The examination of two ethnic groups, of Maghrebine and French women, has allowed us to determine the variations caused by a differential access to education and paid employment, and by a different social and cultural context. In the Maghrebine group, high expected and actual fertility is linked with a highly segregated family model, influenced by a strong social reinforcement of the woman's reproductive role and by her low level of personal resources. The lower fertility of the French group is related to a wider range of external resources which begins to break down the sexual segregation of work and family roles which identify women with maternity.

For the Maghrebine woman, the only possibility of achieving an approved social status is through marriage and childbearing. She has a restricted access to education and training and, when she does work, it is in unskilled, low paid, manual work which does not provide a satisfying alternative to motherhood and is tolerated because of financial necessity. This contrasts with the French woman who pursues education to a much more advanced stage, leading to a higher rate of economic activity, more qualified employment, and a higher personal income. These resources provide a strong alternative motivation to childbearing, as well as the power to achieve those changes which allow a reconciliation of work and family roles.

In the survey, the differences in the access of Maghrebine and French women to an approved alternative status to that of wife and mother are reflected in their fertility expectations and behaviour, their knowledge, attitudes and practice of birth control, their adhesion to social norms governing the female role, and the organisation of roles within the couple. Maghrebine women still adhere to social norms of a high fertility. This leads to a pattern of very early marriage, often to a partner considerably older than themselves, and rapid family formation. The number and timing of births are more rarely discussed and planned in advance. They adopt birth control more reluctantly than French women, and only after achieving a higher actual fertility. As sexual behaviour is only tolerated within marriage and for the purposes of reproduction, Maghrebine women frequently disapprove of contraception being available for young and single women. The close identification of Maghrebine women with the maternal and family role is associated with a sexual division of tasks and decisions within the couple. The Maghrebine husband more often assumes the decisions and tasks which relate the family to the outside world : he participates in household and childrearing tasks only when the woman finds it physically impossible to assume these tasks alone. This help is infrequent and irregular and does not represent, for either the man or the woman, a challenge to the traditional allocation of roles. Younger Maghrebine generations show a tentative evolution in this model. They have lower fertility expectations, and show a tendency to delay marriage and the first birth slightly more than older cohorts. This practice, especially when later marriage involves a reduction in the age difference between partners, is related to a slight breakdown in household role segregation.

The greater educational and employment opportunities available for French women , plus the changes in social norms which allow early sexual

activity without marriage and childbearing, encourages an earlier planning and control of fertility. In all age groups, there is a strong, inverse relationship between educational level and actual fertility which results from the fact that education reduces fertility desires, delays marriage and the timing of the first birth, while increasing knowledge, approval, and early practice of birth control, including the use of abortion even before a first birth. Although educated French respondents show a careful and rational planning of their own fertility, they are reluctant to prescribe norms of behaviour and hold the attitude that fertility is a private domain which should be determined by personal considerations and not any wider national or religious interest. Education is associated with approval of an active role for women, although most highly educated respondents insist that a choice should be available for women to work or stay at home. For themselves, education leads to skilled and interesting employment which they are reluctant to give up. Although family responsibilities force some interruptions, these are kept as short as possible. Not all employment provides the same motivation and resources to establish an independent status. Women whose work does not give them an individual income, such as those women working in family businesses, or provides only a low level of income and little satisfaction, such as manual workers, cling more closely to their maternal role. They give up work at an earlier stage, have earlier first births, and a higher actual fertility. Women with a high level of employment and income are the most motivated towards an active role. They have a lower ideal and expected family size, prefer longer intervals between marriage and first births, but a closer spacing of subsequent births, all of which lead to a lower actual family size. These are also the women who achieve the greatest reallocation of roles within their couple: the move towards a sharing model takes the form of a greater participation by the

husband in the domestic and childrearing roles, at the same time as these responsibilities are reduced, and a greater participation by the woman in a wider range of decision making.

The survey, therefore, provides evidence for the hypotheses that improvements in women's social status, measured by their educational, occupational, and income levels, reduce the supply of children through a delay in marriage and first births and a limitation of subsequent birth, and reduces the demand for children, through lowering fertility desires. Partners discuss and agree on desired fertility and women assume control of their own fertility through an early practice of the most effective birth control methods. This evolution in fertility behaviour is accompanied by a rejection of norms which encourage a high fertility and which identify women exclusively with the maternal role. Women with higher educational and employment opportunities are anxious that government policy should facilitate employment although, like the rest of respondents, they are not prepared to eliminate their family role completely. They are more concerned to reconcile their active and childrearing roles. This is achieved by reducing and planning the number and timing of children, but also limiting their availability for work and reallocating household tasks and decisions. The emphasis is on sharing both the external economic role and the family role.

In contemporary French society, the possibility and the motivation of acquiring an alternative status to that of wife and mother reveals the latent conflict in the segregated family model. Men can only assume their economic role, which is the source of their status, because women take over the childrearing and family maintenance tasks and decisions. Women are penalised in pursuing education, training, and paid employment by these same family responsibilities. The modern couple is forced to find a means of resolving

this conflict. It appears that the successful integration of women into an active role outside the family requires a dual strategy, firstly a successful limitation and planning of fertility to reduce the demands of the female role, and, secondly, a redistribution of tasks and decisions, involving a greater sharing by the male in the 'female' family role, and a greater participation by the woman in wider areas of decision making. Both strategies are necessary because, even if the working mother chooses to have only one child, this child represents a considerable demand in terms of time that cannot be met by the mother in full time employment. The extent to which a woman achieves a sharing of roles is determined by her motivation, the relative priority she places on the active and maternal roles, and her access to resources and power. Even in couples where the wife has a high level of resources, we do not find a completely equal sharing in all tasks and decisions. A complete reorganisation of roles is limited by the fact that, outside the family, the allocation of resources between sexes is still unequal. Women's employment is frequently at a lower level, less well paid, and constantly interrupted by home responsibilities, while the importance attached to the man's occupational role means that he is less 'available' to respond to family demands. Women are also reluctant to lose responsibility for the maternal and family roles, especially when they have no valid alternative. This reluctance decreases as the possibilities for a satisfying alternative status rise. The increased motivation to share the household role is accompanied by an increased power to demand the husband's participation and to share crucial decisions. These women receive most help from their partners, while at the same time reducing their home responsibilities by planning and limiting family size. Although an equal sharing of roles has not so far been achieved, there is evidence in the present survey of significant, positive relationships between improvements in women's educational and socio economic status and the appearance of a sharing model in household and childrearing tasks and decisions, and between this sharing model and a much reduced, highly planned fertility.

CHAPTER 1THE RECENT DEMOGRAPHIC EVOLUTION OF FRANCE

- 1 The French birth rate began to rise during the war, while the country was still under occupation. It rose from its lowest prewar level of 15% to 20.5% between 1946-50, when it stabilised at around 18% until 1964
"DONNEES SOCIALES" Edition 1978 INSEE p.4
- 2 "HUITIEME RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE" Population 34 N° Spécial 1979 p.1222. The birth rate fell from 17% in 1967, to 13.6% in 1976, 14% in 1977, and 13.8% in 1978.
- 3 FESTY P. "Le fécondité des pays occidentaux (1870-1970)" Population 34.1 1979 p.164
- 4 While other countries retained a high birth rate for most of the nineteenth century, the French had already begun to limit family size at the end of the eighteenth century.
"RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE EN 1973" Population 30.1 1975 p.33. By the mid nineteenth century, the birth rate was 26-27% in France and 36% in Germany.
In the first decade of the twentieth century(1901-1910) the birth rate was 20.5% in France, 33% in Germany, and 27% in Great Britain.
"ANNUAIRE STATISTIQUE RETROSPECTIF DE LA FRANCE" Paris 1966
Between 1925-29, other European countries reached the same level as France, but the French birth rate continued to fall between 1935-39.
CARRE J.J., DUBOIS P, MALINVAUD P. "French economic growth" Stanford University Press, Stanford 1975 p.36
The motivations and the methods used for this historical limitation of fertility, which include the preservation or promotion of family status and concern for the health of women, but little questioning of their role, are discussed in:
VAN DE WALLE E. "Motivations and technology in the decline of French fertility" in WHEATON R., HARVEN T.K. "Family and Sexuality in France" Pennsylvania 1980
- 5 BOURGEOIS-PICHAT J. "La baisse actuelle de la fécondité s'inscrit-il dans le modèle de la transition démographique?" Population 34.2 1979 p.268
- 6 CHI D.Q., LABAT J.C. "Bilan démographique de 1981" Economie et Statistique N° 142 March 1982 p.4
- 7 "RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE EN 1973" 1975 op cit p.35. Prior to the post war rise in natality, France had the oldest population in the world. By 1970-71, 7 European countries had a higher proportion of over 60s.
- 8 Source: "HUITIEME RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE" 1979 op cit p.1224
- 9 IBID p.1230
- 10 IBID p.1230 The completed fertility rate is the most precise fertility measure but can only be used for women who have completed their fertile cycle. The completed fertility rate fell from 4.3 for women born in 1800 to 1.99 for those born in 1896. It rose to 2.60 and 2.64 for the 1926 and 1932 birth cohorts

- 11 "NATALITE, POLITIQUES FAMILIALES ET DROITS DES FEMMES" Cahiers du Feminisme N°10 1979 p.32
- 12 "SEPTIEME RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE" Population 33.2 1978 p.293. The fall between 1973-75 was from 2.29 to 1.92
- 13 "HUITIEME RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE" 1979 op cit p.1230 In some countries, England, Holland and Belgium, it has risen slightly.
- 14 IBID p.1230 The average number of children in France was 1.83 in 1976, 1.87 in 1977, and 1.84 in 1978.
- 15 IBID p.1234. In 1976, 88 of the 95 départements of France were not ensuring the replacement of their population.
- 16 "RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE EN 1973" 1975 op cit p.24
- 17 INSEE "Tableaux de l'economie française" Edition 1980 INSEE pp.60-61
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- 19 BRAHIMI M. "Chronique de l'immigration" Population 34.1 1979 p.175 Family immigration is covered by the decree of 29 April 1976 and workers' immigration by the decree of November 1975
- 20 BRAHIMI M. "Chronique de l'immigration" Population 35.1 1980 p.184
- 21 "RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE EN 1973" 1975 op cit p.24
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- 23 IBID
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- 26 "HUITIEME RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE" 1979 op p.1233
- 27 CALOT G. "Données comparées sur l'évolution de la fécondité selon le rang de naissance en Allemagne Fédérale et en France" Population 34 N° Spécial 1979 p.1322
- 28 "RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE EN 1973" 1975 op cit p.24
- 29 HEMERY S. "La baisse de la fécondité s'accélère" Sud Information Economique N° 4 1974 INSEE p.24
- 30 IBID
- 31 IBID p.23 A net reproduction rate of one corresponds to the strict replacement of generations.

- 32 CALOT 1979 op cit p.1326
- 33 IBID p.1305
- 34 PRIOUX F. "Les conceptions pré-nuptiales selon l'age de la mère en France depuis 1965" Population 31.3 1976 p.599
- 35 INSEE "Tableaux de l'économie française" Edition 1980 INSEE p.26
- 36 PRIOUX 1976 op cit p.597
- 37 DE SABOULIN M. "Un nouveau calendrier des premières naissances" Economie et Statistique N° 100 1978 pp.35-38
- 38 IBID p.36 they fell from 33.6% of first births in 1965 to 22.9% in 1976
- 39 IBID
- 40 UNITED NATIONS "Fertility and family planning in Europe around 1970" United Nations New York 1976 p.69. The average spacing between first and second births was 17 months in France, 19 months in the U.S.A., and 26 months in England. An earlier survey:
GIRARD A., SAMUEL R. "Une enquête sur l'opinion publique a légard de la limitation des naissances" Population 21.1 1966 p.9650 found that actual second birth intervals are longer than desired intervals.
- 41 CALOT 1979 op cit p.1296. In 1950, 80% of births were to mothers between 20.5 and 36.3 years, and the average period of childbearing was 15.8 years. In 1977, 80% of births were to mothers between 19.9 and 33.3 years, and the average period of childbearing was 13.4 years.
- 42 IBID p.1306
- 43 HAJNAL J. "Age at marriage and proportions marrying" Population Studies 7.11.1953 pp.111-113
HAJNAL J. "European marriage in perspective" in GLASS D.V., EVERSLEY D.E.C. "Population in history" London 1965
HAJNAL J. "The marriage boom" Population Index 19 April 1953 pp 80-101
HAJNAL J. "Analysis in changes in the marriage patterns by economic groups" American Sociological Review 19 June 1954 pp.295-302
HAJNAL was the first to draw a distinction between 'traditional' marriage, a pattern of early and universal marriage that has characterised countries in development, and 'European' marriage, a pattern of late marriage with a relatively high proportion of the population never marrying.
- 44 GLASS D.V. "Recent and prospective trends in fertility in developed countries" Philosophical Transactions of the Royal Society B. Biological Sciences Vol.274 N0928 4 March 1976 p.1 This pattern started in the seventeenth century and continued up to the First World War.
- 45 IBID
- 46 IBID
VAN DE WALLE 1980 op cit also supports this argument
- 47 GLASS 1976 op cit p.1

- 48 CHI D.Q., LABAT J.C. 1982 op cit p.4 Table 1
- 49 GLASS D.V. "Fertility trends in Europe since the Second World War" Population Studies Vol.XXII N°1 March 1968 p.109
- 50 "HUITIEME RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE" 1979 op cit p.1227 Table 3. Between 1958 and 1965, the average age at marriage fell from 26.05 to 24.91 years for men and 23.25 to 22.72 years for women.
- 51 CHI D.Q., GUIGNON N. "La situation démographique en 1981" Les Collections de l'INSEE 94 D 1982. In 1973 the average age for men was 24.41 and for women 22.40 years.
- 52 IBID
- 53 "SEPTIEME RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE" 1978 op cit p.319
- 54 MUNOZ-PEREZ M.F. "L'Evolution récente des premiers mariages dans quelques pays européens" Population 34.3 1979 p.666
- 55 IBID p.651. These rates result from the difficulty of determining the exact amount of people 'exposed' to marriage in a generation, especially in the disturbed post war period. These problems are discussed in PRESSAT R. "Demographic analysis: methods, results and applications" Edward Arnold 1972 p.44
- 56 "SEPTIEME RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE" 1978 op cit p.320
- 57 MUNOZ-PEREZ 1979 op cit p.685
- 58 "SEPTIEME RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE" 1978 op cit p.320
- 59 IBID p.321. It is suggested that "the new crossing of these curves is evidence, as before, of a change in tendency among the generations concerned, those born from 1948 to 1953".
- 60 MUNOZ-PEREZ 1979 op cit p.674
- 61 CHI D.Q., LABAT J.C. 1982 op cit p.4 Table 2
- 62 "DONNEES SOCIALES" 1978 op cit p.291
- 63 ROUSSEL L. "La nuptialité en France: précocité et intensité suivant les régions et les catégories socio-professionnelles" Population 26.6 1971 pp.1029-1055
- 64 IBID p.1033
- 65 "SEPTIEME RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE" 1978 op cit p.312
- 66 ROUSSEL 1971 op cit p.1041 found earlier marriages among Arts students and later marriages in disciplines, such as medicine, aimed at a career.

- 67 ROUSSEL L. "Le mariage dans la société française: faits de population, données d'opinion" INED/PUF Travaux et Documents Cahier N° 73 Paris 1975 p.7
- 68 IBID p.7
- 69 LERY A.,DEVILLE J.C. "Activité féminine et famille: aspects démographiques" in "Données Sociales" Edition 1978 INSEE p.338
- 70 ROUSSEL L. 1971 op cit p.1040
ZUCKER E.,ROUSSEL L. "L'attitude des diverses générations à l'égard du mariage, de la famille, et du divorce en France" Population 26 N° Spécial 1971 pp.121-142
LERY, DEVILLE 1978 op cit pp.335-337
These studies agree that it is childbearing, rather than marriage, that is the major factor in interrupting employment.
- 71 LERY, DEVILLE 1978 op cit p.337
- 72 DE SINGLY F. "Mobilité féminine par le mariage et dot scolaire: l'exemple nantais" Economie et Statistique N°91 1977 p.33
- 73 ROUSSEL 1971 op cit p.1398
"SEPTIEME RAPPORT SUR LA SITUATION DEMOGRAPHIQUE DE LA FRANCE" 1978 op cit p.335
Both observe that this is a recent pattern linked to a rural exodus that is more intense among women than men. Prior to 1955, male and female nuptiality was higher than in other groups.
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- 75 LERY, DEVILLE 1978 op cit p.337
- 76 ROUSSEL 1971 op cit p.1038. This refers to non agricultural workers.
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- 78 PAQUOT E. "Terre des femmes" La Découverte/Maspero Boreal Express Paris 1983 pp.94-95. the minimum legal age at marriage for men is 18 in Algeria and Morocco and 20 in Tunisia: the minimum age for women is 16 in Algeria and Morocco and 17 in Tunisia.
- 79 SAHLI S. "Le Maghreb et sa fécondité: étude comparative" Actes du Colloque de Démographie d'Abidjan. Institut de Formation et de Recherche Démographique Abidjan March 1980 p.173 . 44% of Algerian women[1966], 47.5% of Moroccan women[1962] and 19% of Tunisian women[1966] were married by the age of 19 years.
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- 94 NIXON 1971 op cit emphasises the professional and fiscal penalties attached to single status, as well as the more general discredit and 'social isolation'.
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CHAPTER 2THE INFLUENCE OF WOMEN'S STATUS ON FERTILITY ATTITUDES AND BEHAVIOUR

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- 83 DONNEES SOCIALES Edition 1978 INSEE Table 233 p.304 In 1958/59, they represented 12.9% and in 1973/74 25.3%. Some of this increase is due to the difficulty of differentiating manual workers and employees. However, their joint participation rose by 10.4%. The participation of children of service workers increased from 1.2% to 2.5%
- 84 ibid Table 236 p.307 In the first year of the CAP (professional aptitude certificate) the proportion of the children of manual, service workers and employees rose by 5.0%
- 85 ibid p304
- 86 ibid Table 234 p.305. 45.5% of boys choose science and 32.4% technical, against 34.9% and 7.1% of girls. Girls predominate in the tertiary sector training (34.9% against 16.1%)
- 87 ibid Table 237 p.307. In 1975/76 higher executives children accounted for 40.0% of university students, and those of middle executives another 16.0%
- 88 BODARD SILVER 1977 op cit p. 280
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- 89 SULLEROT E. "Les Françaises au travail" Hachette Littérature 1973 p.84
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- 91 ibid In 1977 they formed 32.6% of unskilled and semiskilled manual workers, 29.3% of skilled workers, 18.2% of technicians, and 10.9% of engineers and higher executives in training.

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- 96 THE LAW OF 28th DECEMBER 1967 authorised and regulated the sale of contraceptive products, with specific conditions for minors. It stressed the importance of education and information, but still prohibited anti-natalist and commercial propaganda or the advertising of contraceptive techniques. It took five years for the decrees governing the setting up of family planning centres to appear [DECREE OF 24th APRIL 1972 N°72-318, completed by DECREES OF 3rd NOVEMBER 1972 and 27th DECEMBER 1972]
- 97 THE LAW OF 4th DECEMBER 1974 assured the reimbursement of the cost of contraceptives for those insured with a social security scheme, and access to free contraceptives for the non insured, including minors. All the decrees had been published by May 1975
- 98 THE LAW OF 27th JANUARY 1975. This law allows the termination of a pregnancy by a doctor in a public or private establishment which satisfies certain requirements [Articles L162-2, L176] : abortions cannot constitute more than $\frac{1}{4}$ of the obstetrical or surgical acts in these establishments [Article L178-1] The pregnant woman must be informed of the risks she runs, and of her rights if she continues the pregnancy [Article L162-3]. She must attend a social consultation to obtain a certificate of consultation [Article L162-5] and then renew her request for abortion, with written confirmation. A minor also needs parental authority. All these formalities, and the operation, must be completed before the tenth week of pregnancy.
This law created legal history in that it was passed for a provisional period of 5 years, after which it was liable to be abrogated or modified.

- 99 ZUCKER, GIRARD 1967 op cit .95.0% of those with a higher education and 64.0% of those with a primary education had heard of birth control. The highly educated were more likely to think that French families practised birth control, 56.0% against 30.0% of those with a primary education; but were also more aware of the existence of a law concerning contraception [50.0% against 11.0% at primary educational levels]
- 100 INTERNATIONAL HEALTH FOUNDATION 1971 op cit
- 101 I.F.R.E.S. "La contraception chez les mineurs: enquête sur les attitudes des jeunes de moins de 18 ans et de leurs parents" 1978 p.5
- 102 KIRK D. "Factors affecting moslem natality" in NAM C.B. "Population and Society" Houghton Mifflin Co. Boston 1968.p.238-239. Ritual abstinence is required during daylight hours of Ramadan. There is also a period of post partum abstinence. Kirk suggests that polygamy is a spectacular rather than decisive factor in reducing fertility, although it does, necessarily involve periods of abstinence for the wives.
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- 104 MICHEL A. "Groupes novateurs et valeurs familiales des immigrés algériens" Cahiers Internationaux de Sociologie Vol.LV 1973 p.327 .52.0% of men and 50.0% of women had some knowledge of contraceptive techniques, but the men were better informed about male methods -condom and withdrawal- Because they were more often literate than the women, they also knew methods - rhythm method and the pill- that had been publicised in the media. [Survey of 950 immigrants in Parisian region in 1967-68]
- 105 IBID
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- 154 INSEE 1980 op cit pp.58-59. The activity rate for women over 15 increased from 36.1% in 1968 to 38.7% in 1975. The highest activity rate is in the 20-24 age group [67.6%] but, up to the age of 40, the rate is more than 85% for single mothers, 70% for married women without a child, and 50% for married women with one or two children under 16. In March 1979, women formed 39.9% of the active population
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- 156 GUILBERT, COLIN 1978 op cit p.87-88 Between 1968 and 1975 married women's activity rates have grown, whatever the size of their family or the age of the youngest child .
- 157 IBID p.87. The activity rates for women between 25 and 29 years rose from 45.6% in 1962 to 50.6% in 1968 and 62.7% in 1975. In the age group 30 to 34, the activity rates in the same years rose from 39.2% to 42.4% and 54.6%.
- 158 Among women with a child, or the youngest child, under 2 years old, the rise in activity rates between 1968 and 1975 has been from 45.3% to 60.6% [1 child], 25.9% to 37.8% [2 children], 13.9% to 16.3% [3 children] IBID p.88
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- 162 LABOURIE-RACAPE et al 1977 .
GUILBERT, COLIN 1978, DEVILLE 1977, MONNIER 1977 confirm these findings
- 163 LABOURIE RACAPE et al 1977 suggests that this can be explained by the decrease in average family size, but also an evolution in the relationship between women and their work. Their salary is no longer 'pin money' and they are determined to keep their jobs in a difficult economic situation.
- 164 WELLER 1971 op cit p.158
- 165 TABLEAUX DE L'ECONOMIE FRANCAISE 1980 op cit p.59
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- 167 CTF "L'Evolution de la situation des femmes dans la société française" Paris Jan 179 p.4
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- 172 "LES CHIFFRES CLES DE L'EMPLOI FEMININ" Secrétaire d'Etat chargée de l'emploi féminin. Oct 1980 p.24
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- 201 COLLOMB, ZUCKER 1977 op cit p.170
CAMILLERI C. "Statut et rôles familiaux de la femme: leur représentation dans des groupes de jeunes travailleuses tunisiennes" Revue Française de Sociologie 5. 1964 pp. 307-324 This survey of Tunisian women found that activity, rather than education, was crucial in contraceptive knowledge and approval
- 202 INTERNATIONAL HEALTH FOUNDATION 1971 op cit p.1 .The most frequently mentioned informal source of information in the French survey was the female friend, mentioned by 29%.
REPUBLICQUE ALGERIENNE DEMOCRATIQUE ET POPULAIRE 1968 op cit p.34.This survey found a far higher level of knowledge among urban[44.5%] than rural[15%] women
FELLOUS M. "Contraception et migration" Editions Syros 1982 p.118 concludes that social isolation is an important factor limiting contraceptive use and knowledge among immigrant women, who have neither a work or family network

- 203 COLLOMB,ZUCKER 1977 op cit p.249
- 204 TEXIER G. "Les attitudes des français à l'égard du contrôle des naissances"
L'Evolution Psychiatrique N°3 1967
TEXIER G."Les consultants des centres de planning familial" L'Evolution
Psychiatrique N°3 1969 p.630
- 205 COLLOMB,ZUCKER 1977 op cit p.215
- 206 SUTTER J.,SIEBERT S. "Attitudes devant la maternité: une enquête à Grenoble"
Population 18.4 1963 p.664-668
PIGEAUD H.,SUTTER S.,BERGUES H."Attitudes devant la maternité: une enquête
à Lyon" Population 21.2 1966 p.257
- 207 TEXIER 1979 op cit p.603
LERIDON H."Etude de la clientèle et du champ d'attraction d'un service
hospitalier" Population 29.2 1974 pp291-312
- 208 UNITED NATIONS 1976 op cit p.163
- 209 LERIDON H.,SARDON J.P.,COLLOMB P.,CHARBIT Y."La contraception en France en
1978. Une enquête INED-INSEE" Population 34.1979 p. 1385
- 210 MARIE CLAIRE "Pilule : la révolte des jeunes femmes" Marie Claire December
1978 pp.51-95
LE MONDE 27 Feb 1979
ELLE"Les français et la contraception" 5 March 1979 pp.44-49

CHAPTER 3WOMEN'S STATUS, FAMILY INTERACTION AND FERTILITY

- 1 PIEPMEIER K.B.,ADKINS T.S. "The status of women and fertility" Journal of Biosocial Science Vol 5 N°4 October 1973 p.512
- 2 FELLOUS M. "Contraception et migration" Editions Syros, Paris 1982 p.17
- 3 HILL R.,STYCOS M.,BACK K. "The family and population control" University of North Carolina Press Chapel Hill 1959
MITCHELL R.E. "Husband-wife relations and family planning practice in urban Hong Kong JMF Vol 34 N°1 1972
- 4 STYCOS M. "Fertility in Puerto Rico" Columbia Press New York 1955 p.166
REPUBLIQUE ALGERIENNE DEMOCRATIQUE ET POPULAIRE Direction Générale du Plan et des Etudes Economiques "La régulation des naissances: opinions et attitudes des couples algériens: résultats préliminaires d'une enquête nationale" AARDES Algiers Summer 1968 pp.12-13
- 5 PIEPMEIER, ADKINS 1973 op cit p.516
- 6 MICHEL A. "Groupes novateurs et valeurs familiales des immigrés algériens" Cahiers Internationaux de Sociologie Vol LV 1973 p.326
FELLOUS 1982 op cit p.18
- 7 FELLOUS 1982 op cit p.39
- 8 BLOOD R.O., WOLFE D.M. "Husbands and wives : the dynamics of marital living" The Free Press New York 1960 p.180
- 9 IBID p.182 Only 10% thought the most important aspect of marriage was understanding, compared to 48% who thought "companionship" most important.
- 10 IBID p.184
- 11 BIRDWHISTELL R. Survey reported by CAMPBELL J. Evening Standard 13th Feb 1980 p.15. Studies by VEACH S. and HAAS A. of child conversations show that these habits begin in very early childhood: boys were abrupt, monosyllabic, poor at elaborating conversations, girls were encouraging and eager to please.
- 12 BLOOD, WOLFE 1960 op cit p.196
- 13 REITER R.R. "Men and women in the South of France; public and private domains" in REITER R.R. "Towards an anthropology of women" Monthly Review Press New York & London 1975
- 14 MICHEL A. "Comparative data concerning the interaction in French and American families" JMF 29.2 1967 p.342. Only 3% thought companionship the most important aspect of marriage, while 73% chose understanding
- 15 MICHEL A. "The Frenchwoman's role in urban married life" International Social Science Journal Vol XVI N°1 1964 p.104 76% of married women had agreed with their husband on the number of children wanted at marriage, and 70% were still of the same opinion. 21% came from higher and 18% from middle occupational categories.

- 16 IBID p.108 Although 28% of husbands had initiated traditional male contraceptive methods, only 5.5% had influenced the decision to consult a family planning centre, and only 6% had helped in obtaining an abortion, while 35% of respondents seeking abortion had been advised by a woman friend.
- 17 MICHEL A. "Activité professionnelle de la femme et vie conjugale" C.N.R.S. Paris 1974 p.132. Education increases the percentage having high communication scores, from 35% to 53% for housewives and 38% to 40% for active wives.
- 18 IBID p.133-134. 37% of manual workers, 42% of white collar workers and those working in family businesses, 47% of housewives, and 66% of executives have a high level of communication with their husband.
- 19 IBID table 4 p.128. 12% of white collar workers, 10% of housewives, 9% of manual workers, 7% of women in family businesses, and 4% of executives disagree with their husband over the desired number of children.
- 20 MICHEL A. "Interaction and family planning in the French urban family" Demography 4.2 1967 p.621. 64.4% of those who agree have the desired number of children, against 40.7% of those who disagree. Only 7.1% of those with a high level of communication have more children than they want, compared to 26.2% of those with little communication.
- 21 IBID p.615
- 22 MICHEL A., LAUTMAN FEYRABEND F. "Real number of children and conjugal interaction in French urban families : a comparison with American families" JMF 31.2 1969 p.363
- 23 MITCHELL 1972 op cit p.141
FAWCETT J.T. "Psychology and population" The Population Council New York 1970
- 24 MITCHELL 1972 op cit p.143
- 25 POLSBY N.W. "Community power and political theory" Yale University Press New haven & London 1963 p.113
- 26 WEBER M. "The theory of social and economic organisation" Oxford University Press New York 1947
DAHL R.A. "A critique of the ruling élite model" American Political Science review 52 1958 p.467
ROLLINS B.C.,BAHR S.J. "A theory of power relationships in marriage" JMF 38.4 1976
- 27 ROLLINS, BAHR 1976 op cit p.21
- 28 BACHRACH P.,BARATZ M.S. "Power and poverty: theory and practice" Oxford University Press New York 1970 p.44
- 29 LUKES S. "Power: a radical view" Macmillan London 1974 pp.21-24
- 30 IBID p.49 He uses the example of the caste system and the untouchables.
- 31 HOSCHILD A.R. "A review of sex role research" in HUBER J. "Changing women in a changing society" University of Chicago Press Chicago 1973 p.251
- 32 COLLINS R. "A conflict theory of sexual stratification" Social problems 19 1971 pp3-12
- 33 BELOTTI E.G. "Little girls" Writers and Readers Publishing Cooperative London 1975 p.13

- 34 MILL J.S. "The subjection of women" 1869 in SCHEIR M. "Feminism: the essential historical writing" Vintage Books 1972 p.168
- 35 CHOMBART DE LAUWE M.J. "La femme dans la société : son image dans différents milieux" C.N.R.S. Paris 1967 p.130
- 36 LANGUIA I., DESMOULINS J. "Towards a science of women's liberations" Red Rag Pamphlet N°1 p.6
- 37 PARSONS T., BALES R. "Family, socialisation and interaction process" Glencoe III Free Press p.23 justify this social arrangement on biological grounds: 'the bearing and early nursing of children establishes a strong presumptive primacy of the relation of the mother to the small child, and this in turn establishes a presumption that the man, who is exempted from these biological functions, should specialise in the alternative instrumental direction!
- 38 DE BEAUVOIR S. "The second sex " Jonathon Cape london 1953 p.350
- 39 BLOOD, WOLFE 1960 op cit p.33
- 40 IBID pp;19-20 Eight decisions, ranging from 'typically masculine' to 'typically feminine', were selected. These decisions concern the husband's job, whether the wife should work, life insurance, holidays, the choice of a car, what doctor to have, and how much the family can afford to spend on food each week.
- 41 IBID p.41
- 42 MICHEL A. JMF 29.2 1967 op cit
SAFILIOS ROTHSCHILD C. "A comparison of power structure and marital satisfaction in urban greek and French families" JMF 29.2 1967
BURIC O., ZEČEVIC A. "Family authority, marital satisfaction and the social network in Jugoslavia" JMF 29.2 1967
- 43 SPREY J. "Family power structure: a critical comment" JMF 34.2 1972 p.237
- 44 O'NEAL WEEKS M. "Towards a theory of the dynamics of marital power in decision making: an adaptation of the test and balance theory" International Journal of Sociology and the Family 5.2 1975 pp.220-229
- 45 HEIDER F. "Attitudes and cognitive organisation" Journal of Psychology 21 Jan 1946 pp.107-112
- 46 WALLER W. "The family : a dynamic interpretation" Dryden Press New York 1951 p190
- 47 HEER D.M. "The measurement and bases of family power : an overview" JMF 25.2 1963 p.138
- 48 SAFILIOS ROTHSCHILD C. "The study of family power structure : a review 1960-1969" JMF 32.1 1970 p.550. This would be less relevant in the Maghrebine culture, where the choice of partner is not determined by physical attractiveness.
- 49 SPREY 1972 op cit p.237
- 50 DAHLSTROM E. "The changing roles of men and women" London 1967 p.41
- 51 BLOOD, WOLFE 1960 op cit p.32

- 52 IBID p.34
- 53 CHOMBART DE LAUWE 1967 op cit p.157
- 54 PAHL J. "Patterns on money management within marriage" University of Kent pp.13-14
- 55 KOMAROVSY M. "Blue collar marriage" Vintage Books New York 1967
SAFILIOS ROTHSCHILD 1970 op cit p.540
- 56 CHOMBART DE LAUWE 1967 op cit p.62
- 57 IBID p.158
- 58 MICHEL 1974 op cit p.84. 59% of women manual workers controlled the budget
- 59 IBID. 63% of women executives shared budget management with their husbands.
- 60 BLOOD, WOLFE 1960 op cit p.33
- 61 MICHEL 1974 op cit p.63
- 62 MICHEL JMF 29.2 1967 op cit p.339
BLOOD, WOLFE 1960 op cit p.37
- 63 BLOOD, WOLFE 1960 op cit p.40
- 64 MICHEL 1974 op cit p.44
SAFILIOS ROTHSCHILD C. "The influence of the wife's degree of work commitment upon some aspects of family organisation and dynamics" JMF 32.4 1970 p.689
- 65 MICHEL 1974 op cit p.42
- 66 IBID p.45
- 67 IBID p.48
- 68 IBID p.109. MICHEL suggests that when the husband resists this restructuring of roles, there is a tension which the woman reduces by limiting family size
- 69 IBID pp.50-54
- 70 IBID p.54
- 71 BLOOD, WOLFE 1960 op cit p.42
- 72 BLOOD R.O. "The measurement and bases of family power : a rejoinder"
Marriage and Family Living 25.4 1963 p.475
- 73 SAFILIOS ROTHSCHILD JMF 29.2 1967 op cit p.346
- 74 MICHEL 1974 op cit p.26. French women also have free nursery school facilities for children over 2½ yrs. More care is available from the extended family than in the USA. In her 1964 survey, 30.8% of the Parisian and 36.7% of the Bordeaux sample had family member, other than husband, to care for children.
- 75 BLOOD, WOLFE 1960 op cit P.42
- 76 IBID

- 77 BLOOD, WOLFE 1960 op cit p.29
- 78 SAFILIOS ROTHSCHILD 1970 op cit p.540
- 79 MICHEL 29.2 1967 op cit p.344
- 80 SAFILIOS ROTHSCHILD 29.2 1967 op cit p.349
- 81 RODMAN H. "Marital power in France, Greece, Yugoslavia and the United States: a cross national discussion" JMF 29.2 1967 p.321
- 82 Ibid p. 322
- 83 BURR W.E., AHERN L., KNOWLES E.M. "An empirical test of Rodman's theory of resources in cultural context" JMF 39.3 1977 pp.505-514 examine the reworking by BURR W.R. "Theory construction and the sociology of the family" Wiley Interscience. New York 1973 of Rodman's theory. They suggest that Rodman may have underestimated the influence of authority in certain patriarchal groups such as the Mormons, in the USA. In this group, the normative structure is much more important than the relative resources of partners.
- 84 FELLOUS 1982 op cit p. 93 " The feeling of ethnic identity is all the stronger if the woman or the couple experiences a feeling of rejection or racism: 'When some of them see an Arab, its as if they saw the devil, one is always aware of not being at home'[Moroccan woman 29 years]".
- 85 SAFILIOS ROTHSCHILD 1970 op cit p.540. She stresses that "none of these particular behavioral patterns can be identified alone with familial power; it is their total configuration that tends to reflect the prevailing model of power".
- 86 LEMEL Y. "Les budgets-temps des citadins" Les Collections de l'INSEE N°33 1973 in DONNEES SOCIALES Edition 1978 INSEE p.375
- 87 HUET M.T., LEMEL Y., ROY C. "Les emplois du temps des citadins" INSEE Dec 1978 p.23
- 88 CHOMBERT DE LAUVE M. in "Les femmes en France dans une société d'inégalités" La Documentation Française Paris Jan. 1982 p. 22
- 89 GIRARD A. 'The time budget of married women in urban centres" Regional Trade Union Seminar 'The employment of women' OECD Paris 1970 p.212 A comparison of surveys in 1947 and 1958 shows there has been very little evolution in working hours of active and inactive women.
ROY C. "Les activités quotidiennes des français" Données Sociales Edition 1981 INSEE found that active women with children accomplished five hours of household tasks per day.
- 90 GIRARD 1970 op cit p.204-208. In Girard's survey, active and inactive women without children spent 35 hours per week on basic household tasks. This increased by 18 hours for one child, 30 hours for two children, and 36 hours for three children where it reached a ceiling. He found that the most time consuming general household tasks were housework, cooking, sewing, washing, and ironing, all of which increased with the number of children. The least time consuming tasks, least affected by the number of children, were shopping, washing up, and taking the children to school.
- 91 GIRARD 1970 op cit p.199 The husband accounts for 9% of household help. His participation in childminding and childcare decreases after the first child.

- 93 BLOOD, WOLFE 1960 op cit pp.51-52
- 94 IBID p.73
- 95 IBID p.73. They suggest that "while sheer conservatism accounts for some of this behaviour, the chief causes appear to be those bio-social factors which produced the tradition in the first place".
- 96 IBID p.57
- 97 BENSTON M. "The political economy of women's liberation" New Hogtown Press Toronto 1973 p.7
- 98 MACKAY A., WILDING P., GEORGE V. "Stereotypes of male and female roles and their influence on people's attitudes to one parent families" Sociological review 1972. p.80 "To have any standing in society a man must work, not only because work provides him with money for the essentials in life, but also because it provides him with a socially recognisable status and thus a basis from which to form relationships with other people".
- 99 ALDOUS J. "Occupational characteristics and male's role performance in the family" JMF 31.4 1969 p.708
- 100 IBID. ALDOUS suggests that there are three main variables, the relative salience, synchronisation, and the overlap of work and home p.710
- 101 IBID
- 102 PLECK J.H. "The work-family role system" Social problems 24.4 1977 p.423 These limit the extent to which change in one role can affect change in the other.
- 103 IBID p.420
- 104 CHOMBART DE LAUWE M.J., CHOMBART DE LAUWE P.H., HUGUET M., PERROY E., BISSERET N. "La femme dans la société : son image dans différents milieux sociaux " C.N.R.S. Paris 1967
- 105 IBID p.173
- 106 GEISMAR L.L., CAUPIN B., DeHAAN N. "Feminist egalitarianism, social action orientation and occupational roles : a cross national study" Journal of Comparative Family Studies VII.3 1976 p.423
- 107 CHOMBART DE LAUWE et al 1967 op cit p.172
- 108 LAMOUSE A. "Family roles of women: a German example" JMF 31.1 1969 p.149
- 109 TABARD N. "Enquête sur les besoins et aspirations des familles et des jeunes" CNAF-CREDOC Paris 1972 . 71% of married men and 60% of married women with two children favoured a strict segregation of roles, compared to 24% of single men and 40% of single women.
- 110 LE MONDE "Une enquête de l'école des parents" 22 May 1979
- 111 RAPOPORT R., RAPOPORT R. "Work and family in contemporary society" American Sociological review 30 June 1965 p.385

- 112 RAINWATER L. "Family design, marital sexuality, family size, and contraception" Aldine Publishing C° Chicago 1965 pp.314-317
- 113 ALDOUS 1979 op cit p.712
- 114 OAKLEY A. "The sociology of housework" Robertson London 1974
- 115 PAHL J.M., PAHL R.E. "Managers and their wives" Penguin London 1971 pp 259-66
- 116 BLOOD, WOLFE 1960 op cit p.68
- 117 IBID p.72
- 118 SILVERMAN W., HILL R. "Task allocation in marriage in the U.S. and Belgium JMF 29.2 1967 pp. 357-358 distinguish three stages in the family life cycle, with highest specialisation in the middle stage with the arrival of children and the wife's loss of income, at the same time that the husband becomes more involved in his own employment.
 DAHLSTROM 1967 op cit p.30 distinguishes four phases which are differentiated by the relative pressures and possibilities for the wife to work.
 ERICKSEN J.A., YANCEY W.L., ERICKSEN E.P. "The division of family roles" JMF 41.2 1979 p.301 suggest that the family should be viewed as a "unit with a set of task requirements both inside and outside the household". Reallocation of these tasks depends on the resources and bargaining power of each partner
 PAHL, PAHL 1971 op cit find that managers' wives lack this bargaining power
- 119 SILVERMAN, HILL 1967 op cit p.358
- 120 IBID
- 121 MEISSNER M. HUMPHREYS E., MEISS S. SCHEU W. "No exit for wives: sexual division of labour and cumulation of household demands" Canadian Review of Sociology and Anthropology 12 1975 pp.424-439
 ROBINSON J., JUSTER T., STAFFORD F. "Americans' use of time" Ann Arbor Michigan Institute for Social Research 1976
 VANEK J. "Keeping busy : time spent in housework in the United States" unpublished doctoral dissertation University of Michigan 1973
 WALKER K.E. "Time spent by husbands in household work" Family Economic review 4 1970 pp.8-11
 All these studies find that the husband's participation does not increase automatically when the wife works. Others find that the husband of the active woman helps more in child care than other work -
 OAKLEY A. "Are husbands good housewives?" New Society 12 1972 pp.377-379
 LEIN L., DURHAM PRATT M., SCHUDSON M. THOMAS R., WEISS H. "Final report : work and family life" National Institute of Education Project N° 3-3094 Cambridge Mass. Centre for the Study of Public Policy
 PLECK 1977 op cit suggests that some of the discrepancies arise from the fact that BLOOD and WOLFE measure the relative rather than the absolute share of the work. Time budget studies are also cross sectional and do not distinguish between different stages in the family life cycle.
- 122 BLOOD, WOLFE 1960 op cit p.65

- 123 MICHEL 1974 op cit p.71 cites surveys conducted in England, Belgium, West Germany, Poland, USSR, and France, all of which show that "working wives do less domestic tasks than housewives because they receive a greater participation from their husband in these tasks"
FOUGEYROLLAS P. "Prédominance du mari ou de la femme dans le ménage" Population 16.1 1951
TOUZARD H. "Enquête psycho-sociologique sur les rôles conjugaux et la structure familiale" C.N.R.S. Paris 1967 confirms the greater participation of the active woman's husband.
- 124 TOUZARD 1967 op cit
- 125 MICHEL 1974 op cit p.66
- 126 MICHEL 1974 op cit p.73
- 127 M'RABET F. "La femme algérienne" Maspero 1969
- 128 SAFILIOS ROTHSCHILD JMF 32.4 1970 p.689
- 129 MICHEL 1974 op cit p;74
- 130 IBID p.76

CHAPTER 4METHODOLOGY

- 1 MOSER C.A. "Survey methods in social investigation" Heinemann, London 1969 p.49. Research design also involves decisions concerning the processing, analysing and interpreting of information. These will be examined in section IV.
- 2 IBID
- 3 As part of the Cleveland International Program for social workers.
- 4 The population of Marseille is 1,070,912 [1975 census]
- 5 LLEWELLYN C. "Occupational mobility and the use of the comparative method" in ROBERTS H. "Doing feminist research" Routledge & Kegan Paul London 1981 p.129. The introduction to this article stresses that the wives of a random sample of men are not a random sample of women. It would have been difficult, using census figures, to isolate the female population.
- 6 The fertile age range is usually considered as between 15 and 49 years.
- 7 Direction Départementale des Affaires Sanitaires et Sociales
- 8 21.0% of family planning consultants in Clinic A were Maghrebine, compared to 3.9% in Clinic B
- 9 STACEY M. "methods of social research" Pergammon Press 1969 p.36
- 10 MOSER 1969 op cit p.166 considers this the "classic method of scientific enquiry", invaluable for studying how people behave in a situation.
- 11 STACEY 1969 op cit p.70
- 12 STACEY 1969 op cit p.75
MOSER 1969 op cit pp.185-186 calls these 'formal' and 'informal' interviews
- 13 STACEY 1969 op cit p.76
- 14 IBID
- 15 MOSER 1969 op cit p.194
- 16 OAKLEY A. "Interviewing women" in ROBERTS 1981 op cit p.55 emphasises the problems of social distance between the interviewer and the interviewee. These problems are accentuated when there is a difference in language.
- 17 GOODE W.J., HATT P.K. "Methods in social research" McGraw Hill New York 1952 p.191
SELLTIZ C., JAHODA M., DEUTSCH M., COOK S.W. "Research methods in social relations" Methuen London 1965 p.576
- 18 MOSER 1969 op cit p.195

- 19 OAKLEY 1981 op cit p.38
- 20 IBID p.41
- 21 MOSER 1969 op cit p.211. "No survey can be better than its questions".
- 22 IBID p.218
- 23 In the present questionnaire, a question concerning approval of abortion legislation is introduced by a brief description of the content of the law.
- 24 A question on the approval of abortion in specific circumstances is introduced by the phrase that "sometimes a woman finds herself pregnant at a time when she does not want a pregnancy".
- 25 During the social consultation, fertility and fertility control histories had already been drawn up by the social worker and respondent.
- 26 MOSER 1969 op cit p.219
- 27 KINGSLEY S., MCEWAN J. "Social classes for women of differing marital status" Journal of Biosocial Science 10 1978 pp.353-359
- 28 ACKER J. "Women and social stratification : a case of intellectual sexism" American Journal of Sociology January 1973 p.938
- 29 The Registrar General's convention is for married or separated women to be classified under the occupation of their husband, while single, widowed or divorced women are assigned their own occupation if employed, or are unclassifiable if not employed.
- 30 KINGSLEY, MCEWAN 1978 op cit p.354
- 31 DELPHY C. "Women in stratification studies" in ROBERTS 1981 op cit p.116
- 32 IBID
- 33 IBID p.127
- 34 IBID p.123
- 35 ACKER 1973 op cit p.941
- 36 SAFILIOS ROTHSCHILD C. "The influence of the wife's degree of work commitment upon some aspects of family organisation and dynamics" JMF 32.4 1970 pp.681-691
- 37 The educational and socio professional classifications used in the survey are detailed in Appendix B , together with an explanatory diagram of the French educational system in 1976-77
- 38 STACEY 1969 op cit p.79
- 39 MOSER 1969 op cit p.220
- 40 Questions 12,13

- 41 Questions 17 - 20
- 42 Questions 15, 16
- 43 Questions 36, 37, 41, 49h
- 44 MOSER 1969 op cit p.230
- 45 NIE N.H., HADLAI HULL C., JENKINS J.G., STEINBRENNER K., BENT D.H.
"Statistical package for the social sciences [SPSS]"2nd Edition McGraw
Hill 1975
- 46 The six major areas are:
 - A. Fertility expectations and ideals.
 - B. Attitudes towards an alternative role for women, and the direction of
government policy concerning work and family roles
 - C. Knowledge, attitudes and practice of methods of family limitation
 - D. Fertility behaviour - 'vital data'
 - E. Background, educational and socio economic information
 - F. Organisation of roles within the couple
- 47 MOSER 1969 op cit p.232. A copy of the final questionnaire is attached.
- 48 STACEY 1969 op cit p.80
- 49 IBID
- 50 IBID p.81
- 51 Respondents who were not French or Maghrebine were excluded from the survey.
- 52 "Certain pregnancies end in a miscarriage, an induced abortion or a still
birth. Have you had any pregnancies which have not resulted in a live
birth?" Question 6e
- 53 HOINVILLE G., JOWELL R. "Survey research practice" Heinemann London 1978
p.56
- 54 McARTHUR N. "Introduction aux statistiques démographiques" Dunod Paris 1964
p.94
- 55 MOSER 1969 op cit p.45
- 56 The average interview length was 30 minutes, longer for Maghrebine women.
- 57 The doctor always arrived at least an hour after the consultation opened.
During this time, the consultant also had a social interview
- 58 MOSER 1969 op cit p.121
- 59 IBID p.127
- 60 IBID p.169
- 61 Women coming for the insertion of an I.U.D. were placed at the beginning of
the clinic appointment list

- 62 Clinic A had two doctors, each holding one consultation per week. The same doctors also held one consultation per week in Clinic B. In addition, three other doctors held a weekly consultation in Clinic B.
- 63 MOSER 1969 op cit p.121
- 64 IBID p.127
- 65 IBID p.169
- 66 These were eliminated after the interview as there was no conscious pre-selection of respondents
- 67 One respondent was a minor and could not be contacted at home. The other, a psychiatric day patient in an adjoining clinic, was too heavily drugged to continue the interview
- 68 This was confirmed by 1978 figures, which gave a sampling fraction of 16% for Clinic A and 15.5% for Clinic B
- 69 STACEY 1969 op cit p.95. Size enters into calculation of the standard error at over 10%
- 70 All Maghrebine women spoke enough French to understand and give a response to questions.
- 71 MOSER 1969 op cit p.252
- 72 IBID p.263
- 73 IBID p.255-256
- 74 NIE et al 1975 op cit
- 75 WARWICK D.P., LININGER C.A. "The sample survey : theory and practice" McGraw Hill 1975 pp.314-317
- 76 CONNOLLY T.G., SLUCKIN W. "An introduction to statistics for the social sciences" Cleaver-Hume Press London 1953 p.102
- 77 KENDALL M.G., STUART A. "The advanced theory of statistics" 4th Edition Griffin London Section 30;30 p.465
- 78 Occasionally, relationships slightly above the 5 per cent level are included, if groups are small, or there is a substantive, if not significant, relationship
- 79 MOSER 1969 op cit p.70
- 80 IBID p.293
- 81 IBID p.294
- 82 WARWICK, LININGER 1975 op cit p.302
- 83 CONNOLLY, SLUCKIN 1953 op cit p.132
 0.90 - 1.00 Very high correlation : very strong relationship
 0.70 - 0.90 High correlation : marked relationship
 0.40 - 0.70 Moderate correlation : substantial relationship
 0.20 - 0.40 Low correlation : definite, but small, relationship
 Less than 0.20 Slight correlation : relationship so small as to be negligible
- 84 IBID p.135

CHAPTER 5PROFILE OF THE SAMPLE

- 1 The 'commune de Marseille' comprises 16 districts [arrondissements] with a total population of 912,130 inhabitants [Census 1975]
- 2 See FIGURE C.1 'Proportion of sample residing in different districts of Marseille, according to clinic' in APPENDIX C
- 3 1st, 2nd, and 3rd arrondissements. These districts provide 61.9% of Clinic A respondents.
- 4 8th - 13th arrondissements. INSEE 'La population de Marseille par quartier de 1954 à 1975' 1981 Appendix C
- 5 Population density falls to 50-70 inhabitants per hectare. See APPENDIX C See FIGURES C.2 & C.3 'Proportion of home owners in the agglomeration of Marseille 1975' and 'Proportion of manual workers in the active population in the agglomeration of Marseille 1975' Source INSEE 1981 op cit
- 6 In 1979, Maghrebine consultants constituted 21.0% of total consultants in Clinic A and 3.9% of consultants in Clinic B [D.D.A.S.S. 1980]
- 7 11.2% of the French group were born in the Maghreb, where they formed part of the 'pied-noir' population, later repatriated to France at the time of Algerian independence in 1962. Another result of the French colonisation of Algeria is that 22.5% of the Maghrebine group have French nationality, although their identity is with the Moslem community.
8. 72.6% of non believers have the baccalauréat. $\chi^2=.0073$ Pearsons 'r'=-.40
- 9 50.0% of non believers are full time students. $\chi^2=.0000$ Pearsons 'r'=-.45
- 10 81.8% compared with 45.0% of practising Catholics and 60.0% of practising Jews.
- 11 There is one woman over 50.
- 12 6.9% of the French consultants are under 18, compared to only 1 [2.5%] of the Maghrebine consultants.
- 13 MICHEL C., WOLTON D. "Qui vient au planning familial et pourquoi" MFPP Paris Autumn 1975. This reports a socio-demographic study of consultants MFPP clinics in 1973 and 1974. The consultants in 1974 are more representative of the wider population than in 1973, partly because of the creation of an abortion counselling service which attracted more women in the lower socio economic groups, but also because of the extensive publicity given to family planning at this time.
- 14 All except one of the French respondents over 40 were married by the age of 24. There is a significant relationship for both the French [$\chi^2=.0608$] and the Maghrebine [$\chi^2=.0008$] between age and age at marriage.

- 15 ROUSSEL L. "La cohabitation juvénile en France" Population 33.1 1978 P.40
After a long process of transformation, cohabitation has only recently
ceased to be stigmatised so strongly."All has not brusquely changed,
simply the change has brusquely appeared".
- 16 65.1% of French respondents under 25 have the baccalauréat, compared to
50.0% in the 25-34 age group and 30.3% in the over 35 age group.
- 17 TEXIER G. "Les consultants des centres de planning familial" in L'Evolution
Psychiatrique N° 3 1969 p.605. This refers to a survey conducted between
1967-68 among family planning consultants in Paris[708] and Lyon[205]. In
this survey 17.0% had primary, 16.0% intermediate and 67.0% higher education.
- 18 All of those married respondents with an education under the primary
education certificate married a partner at the same level, as did 80.0%
of those with a university education.
- 19 PERRIN M., LISSARGUE H. "Etude des principaux blocages qui caractérisent la
situation de l'emploi en région P.A.C.A." CODIF Etablissement Public
Régional June 1976 p.19. Figures from the Inspection Académique des Bouches-
du-Rhône in 1975-76 show that girls constituted 76.4% of those preparing
an Arts/Philosophy baccalauréat, but only 16.9% of those preparing an
'industrial technician' baccalauréat. The economics and administration
baccalauréat had a 76.0% female participation rate, but this qualifies
only for work in the tertiary sector and frequently leads to unemployment.
ORGANISATION REGIONALE D'ETUDES ET D'AMENAGEMENT "Problèmes posés par
l'insertion socio-professionnelle des femmes en région Provence-Alpes-
Côte d'Azur" Nov.1877 p.64
- 20 VASSAL S. "L'Emploi féminin dans la région Provence-Alpes-Côte D'Azur"
Echelon Régional de L'Emploi de Marseille DEC.1974 p.33 Even at the level
above the baccalauréat, professional training is often limited to 'female'
fields, such as nurse, primary teacher, or social worker.
- 21 26.4%
- 22 INSEE "Recensement Général de la Population de 1975" Activity rates are
more similar in the 40-44 age group [44.5% of French in the survey and 43.1%
in the agglomeration]. The overall female activity rate in Marseille is 26.4%
- 23 VASSAL 1974 op cit p.105. The expansion in the tertiary sector, more rapid
than for the rest of France, dates from 1954 and is a result of the high
rate of urbanisation of the region.
DONNEES ECONOMIQUES ET SOCIALES Provence-Alpes-Côte D'Azur INSEE Edition 1981
p.29 In 1979, 66.1% of the active population was in the tertiary sector, 5.5%
in agriculture, 11.1% in public building and works, and 17.3% in industry.
SUD INFORMATION ECONOMIQUE N°32 1978 p.14 In 1975, 81.5% of active women
were in the tertiary sector, where they occupied 43.2% of the jobs.
- 24 MICHEL A., TEXIER G. "La responsabilité du couple devant la procréation"
L'Evolution Psychiatrique N°3 1964 pp.499-522
TEXIER 1969 op cit p.606
MICHEL, WOLTON 1975 op cit p.19
- 25 SUD INFORMATION ECONOMIQUE 1978 op cit p.10. Between 1968-75 female participation
in middle management grew from 41.6% to 44.7% and in administration [mostly
public] from 30.1% to 40.5%. Women in higher management and the professions
have doubled since 1968, but still form only 20.0% of the total. In the
professions, they constitute 3.3% of engineers, but 47.6% of teachers.

- 26 $\chi^2=.0000$ Pearsons 'r'=-.40
- 27 All of the under 18s, 58.8% of the 18-19 age group, and 47.4% of the 20-24 age group are full time students. These constitute 92.9% of all students in the survey.
- 28 66.6% of all active women in this age group are in one of these three occupational groups.
- 29 54.5% of women between 40-44 are inactive and 18.2% in manual work.
- 30 Married women comprise 50.0% of the French group and 82.1% of the Maghrebine group, but 71.1% and 87.9% of the inactive in each group. $\chi^2=.0000$ Pearsons 'r'=-.44 [French] $\chi^2=.0540$ Pearsons 'r'=-.49 [Maghrebine]
- 31 SUD INFORMATION ECONOMIQUE 1978 op cit p.9
- 32 87.5% of Maghrebine partners are either inactive or manual workers, compared to 41.2% of French partners. 41.3% of the French are in white collar employment or management. $\chi^2=.0001$ Pearsons 'r'=-.34
- 33 22.6% of active French women and 36.4% of their active partners are in manual employment. 31.3% of French male manual workers have wives at the same level and 37.5% have wives who are inactive. $\chi^2=.0000$ Pearsons 'r'=.14
- 34 16.7% of white collar workers, 31.2% of middle management, and 25.0% in senior management or the professions have inactive wives, compared to 37.5% of manual and 71.4% of inactive workers
- 35 20.0% have partners at a higher level, and 55.0% at a lower level.
- 36 27.3% of formerly active Maghrebine women gave up work at marriage, compared to 19.5% of French women. This probably reflects more rapid first births.
- 37 46.3% specifically mention children, while another 19.5% gave up work at marriage.
- 38 Married between 1975 and the time of the interview.
- 39 57.8% have a level equal to or less than the professional aptitude certificate, compared to 29.4% of all French respondents. $\chi^2=.0106$ Pearsons 'r'=-.31
- 40 75.0% who gave up work at marriage and 57.9% who gave up at the first birth were manual workers. $\chi^2=.0113$ Pearsons 'r'=.39
- 41 $\chi^2=.0020$ Pearsons 'r'=.28
- 42 20.0% of those in middle management gave up work at the first birth, 20.0% at the second birth, and 60.0% at other times. This contrasts with exmanual workers, of whom 30.0% gave up work at marriage, 35.0% before the first birth and 10.0% before the second birth.
- 43 80.0% of ex middle management, 76.9% of ex white collar and 70.0% of ex manual workers want to return to work.
- 44 19.2% of active French respondents have had a continuous work career.
- 45 Pregnancy caused 73.2% of first, 75.0% of second, and 55.6% of third interruptions, while childbirth caused 14.6% of first and 10.0% of second interruptions among the French. For all but one Maghrebine woman, pregnancy and childbirth were the only reasons given.
- 46 51.2% of active French women have had only one work interruption.

- 47 Among those with one child, 44.4% had a break of under 6 months, 22.0% of over 6 months and only 5.6% of over 5 years. The proportion stopping for five years increases from 22.2% for those with two children, to 33.3% for those with three, and 50.0% for those with four children.
- 48 There is a regular inverse relationship between occupational level and the likelihood of limiting interruptions to six months. The relationship is less regular for educational level, but increases from 12.5% for those with a primary certificate to 100.0% for those with a university education.
- 49 Compared to 90.0% in older age groups.
- 50 18.2%, 52.9%, and 33.3% in these three categories have had two interruptions. On average, they have had 1.4, 1.5, and 2.0 breaks in their employment, compared to 1.2 for manual workers and 1.4 for the self employed.
 $\chi^2 = .0035$ Pearson's $r = -.17$
- 51 $\chi^2 = .0000$ Pearson's $r = .40$ [French respondents]
 $\chi^2 = .0821$ Pearson's $r = .91$ [Maghrebine respondents]
- 52 All of Maghrebine part time workers and 29.4% of French are manual workers 40.0% of those in senior management and the professions also work part time, but these constitute only a very small part of active respondents.
 $\chi^2 = .0112$ Pearson's $r = -.20$
 The incidence of part time work among the French rises from 10.3% in the 20-24 age group to 100.0% in the 45-49 age group. $\chi^2 = .0075$ Pearson's $r = .31$
 20.8% of married and 25.0% of cohabiting active French women work part time, compared to only 1.9% [1] of single women. $\chi^2 = .0001$ Pearson's $r = -.27$
 50.0% of active French women at the lowest educational level work part time compared to none of those with the baccalauréat and professional training. the incidence of part time work rises , to 13.5%, among those with an academic, university education. $\chi^2 = .1100$ Pearson's $r = -.21$
- 53 Only 17.6% of French women married since 1975 adopt part time work.
- 54 ROOS J.L. "Le salaire régional" Sud information Economique N° 6 Nov. 1977 p.60; The relative difference between regional and national salaries widened from 2.3% in 1967 to 6.0% in 1973.
- 55 ROOS 1977 op cit Table 2 p.61
 SUD INFORMATION ECONOMIQUE N°4 1980 p.35 "L'Emploi en PACA au ler janvier 1980"
- 56 ROOS 1977 op cit p.63. These industries, located mainly in the industrial complex at Fos, are those of energy, durable goods ['biens d'équipement'] and intermediate goods ['biens intermediaires']
- 57 TABUTEAU B. "L'Evolution relative des salaires entre 1963 et 1973" Sud Information Economique N°1 1978 p.43
- 58 SUD INFORMATION ECONOMIQUE N°2 1978 p.10 In 1975, women formed 10.3% of qualified and 15.8% of skilled manual workers, but 33.9% of unskilled manual, 63.2% of office, and 59.3% of shop workers.
- 59 The minimum growth wage, 'salaire minimum interprofessionnel de croissance', [SMIC] was introduced in January 1970 to replace the guaranteed minimum wage, 'salaire minimum interprofessionnel garanti' [SMIG] first introduced in 1950. SMIC is an attempt to guarantee the buying power of the lowest paid workers, and is revised regularly. At the time of the survey, it stood at 1,800 FF per month.

- 60 BOURIT F.,HERNU P.,PERROT M. "Les salaires en 1982" Economie et Statistique N° 154 April 1983 p.24
- 61 VLASSENKO E.,VOLKOFF S. "Les salaires des étrangers en France en 1972" Economie et Staistique N°70 Sept. 1975 pp.47-54 . This 1972 study found that foreign workers earned 17.0% less than French workers, due to a heavy concentration in the less qualified manual work.
- 62 BOURIT et al 1983 op cit p.24
- 63 All **single** French women over 25 have a personal income and, in 72.7% of cases, this is above SMIC. $\chi^2=.0373$ Pearsons' $r'=.52$
45.0% of married women have no income and a further 13.8% have an income under SMIC.
- 64 70.0% of single French women have an educational level of baccalauréat or above, compared to 36.3% of married and 25.5% of cohabiting women. $\chi^2=.0007$ Pearsons' $r'=.31$
61.7% of single French women are full time students, compared to 3.8% of married and 14.3% of cohabiting women. $\chi^2=.000$ Pearsons' $r'=.44$
- 65 The percentage of French women with no income falls from 31.0% of those with one child to 66.7% of those with four children. The approximate average family income falls from 23,600 FF to 7,600 FF. $\chi^2=.0400$ Pearsons' $r'=-.06$
- 66 The approximate average family income in the Maghrebine family falls from 32,400 FF in families with one child to 21,600 FF in the four child family. In the French family, the approximate average annual family income rises from 50,857 FF in the one child family to 59,600 FF in the four child family. There is also more evidence that this is a significant relationship. $\chi^2=.0945$ Pearsons' $r'=.24$

CHAPTER 6ACTUAL FERTILITY AND INDICATIONS OF FUTURE FERTILITY

- 1 See Chapters 1 and 2.
- 2 UNITED NATIONS "Fertility and family planning in Europe around 1970"
United Nations, New York 1976
DE SABOULIN M. "Un nouveau calendrier des premières naissances" in
Economie et Statistique N° 100 May 1978
Both studies show a relation between these stages of family composition
and final fertility.
- 3 The average achieved fertility of Maghrebine respondents is 2.83,
compared to 1.62 for married French respondents and 1.06 for all French
respondents.
- 4 Actual fertility is significantly related to:

The age of the respondent - French	x ² =.0000	Pearsons'r'=.67
Maghrebine	x ² =.0112	Pearsons'r'=.72
The age of the partner - French	x ² =.0006	Pearsons'r'=.47
Maghrebine	x ² =.0387	Pearsons'r'=.57
The length of marriage - French	x ² =.0000	Pearsons'r'=-.66
Maghrebine	x ² =.0001	Pearsons'r'=-.73
- 5 See Graphs 6.1 and 6.2
- 6 "Rapport sur la situation démographique de la France en 1973" Population
30.1 1975 pp.23-24
- 7 The 30-34 age group
- 8 In the 20-24 age group, all of the Maghrebine women who wanted one child
have achieved this , comared to 75.0% of French women. 33.3% of Maghrebine
women who wanted two have achieved this, compared to 14.0% of French.
In the 1970-74 marital cohort, only I Maghrebine woman has not achieved the
number of children she wanted at marriage, compared to 59.2% of French.
- 9 In the 20-24 age group, only 1 French woman with two children wants more,
compared to 60.0% of Maghrebine. In the 35-39 age group none of the
French and all of the Maghrebine women with two children want more.
- 10 Those married between 1975 and the time of the survey.x²=.0047 Pearsons'r'=.56
- 11 Islam is integrated into every day life and does not, for women, require
attendance at a mosque, which means that the concept of 'practising'is less
clear for Moslems than Catholics who interpret it in terms of church
attendance, prayer, and the observance of religious festivals. The
responses of the Moslems therefore have less relevance.
- 12 Among the non practising 61.1% of Moslems and 65.1% of Catholics are under 30 years.
- 13 81.8% are under 30 years of age.
- 14 77.3% of those with no children are 'non believers'. There is a significant
relationship between religious practice and education. x²=.0073 Pearsons'r'=-.40

- 15 ROUSSEL L. "Les mobiles de la limitation des naissances dans les ménages de un ou deux enfants" POPULATION 24.2 1969 p.313
COLLOMB P. "Aspects culturels et socio-psychologiques de la fécondité française .Une enquête de l'INED 1971" POPULATION 32.2 1977 p.657
- 16 BODARD SILVER C. "France -Contrasts in familial and societal roles" in ZOLLINGER GIELE J., CHAPMAN SMOCK A. "Women: roles and status in eight countries" Wiley-Interscience Publication 1977 p.278
- 17 UNITED NATIONS 1976 op cit
- 18 All women over 25 with only a primary education are married, compared to only 57.1% with a university education. At primary level, $x^2=.0056$ Pearsons'r'=-.49: at university level $x^2=.0564$ Pearsons'r'=-.54
- 19 The average fertility for those French women with a primary aptitude certificate or less falls from 2.2 in 1965-69 cohort to 1.6 in 1970-74 cohort to 1.3 in most recent cohort [$x^2=.0114$ Pearsons'r'=-.62]
For those with a baccalauréat the corresponding figures are 2.0, 1.0, 0.50 [$x^2=.0002$ Pearsons'r'=-.71]
- 20 Marital cohort 1970-74
- 21 This group is composed of those of those with a professional education certificate, with or without further training $x^2=.0408$ Pearsons'r'=-.66
- 22 ROUSSEL 1969 op cit p.313
UNITED NATIONS 1976 op cit p.62
COLLOMB P. ZUCKER E. "Aspects culturels et socio-psychologiques de la fécondité française" INED Travaux et Documents Cahier N° 180 1977 p.70
DONNEES SOCIALES Edition 1978 INSEE p.356 etc.
- 23 $x^2=.0000$ Pearsons'r'=-.42 Four of the six active Maghrebine women are in manual or service work.
- 24 20.0% of inactive women have three or more children, compared to 9.8% of active women
- 25 62.5% of French women who have not worked since marriage are over 35.
- 26 51.1% of the economically inactive French women are between 18 and 30.
- 27 36.3% of white collar and 59.0% of middle management workers are over 30.
- 28 In the 35-39 age group the difference reaches 2.28 for inactive and manual workers and 1.30 for white collar and middle management workers. In the 1960-64 marital cohort, the difference is between 2.87 and 1.25.
- 29 The most active group is between 35-39, in which 73.7% of French women are active. This group includes the highest proportion of middle management workers[47.4%], but also a high average number of children[1.68], suggesting that professional status is an important factor in whether women continue or resume their employment when they have family responsibilities.
- 30 Average fertility is 1.38 for those with no income, 1.50 for those between 1000-18000[SMIC], 1.17 between 1800-2999, 0.68 between 3000-3999, 1.50 for those over 4000 FF per month. The last group includes only 6.2% of the French women. $x^2=.0057$

- 31 16.7% of married French women earning over 4000 FF per month are under 35, compared to 80.0% of those earning between 1800-3999 FF.
- 32 In the income group 3000-4000 FF per month, most have no children or one child. No one in this group has more than two children.
- 33 Spacing can be measured in closed intervals, which end in pregnancy, or open intervals which end at the interview. Open intervals reflect the most recent experience of women. Closed intervals are more accurate, but still overrepresent women with a higher fertility, at the expense of those who choose to have longer periods between children.
- 34 Educational level has a significant effect on marital status for the French [$\chi^2=.0005$ Pearsons' $r'=.32$], but not for the Maghrebine.
- 35 There are significant relationships between education, age and marital situation for those with a primary education certificate [$\chi^2=.0056$ Pearsons' $r'=-.49$], the baccalauréat [$\chi^2=.0163$ Pearsons' $r'=-.73$], the baccalauréat plus professional training [$\chi^2=.0391$ Pearsons' $r'=-.65$] and a university education [$\chi^2=.0564$ Pearsons' $r'=-.54$]
- 36 40.0% of French women in senior management and the professions are still single, as are 40.9% of those in white collar employment. Women in middle occupational categories are far more likely to be divorced or separated [11.4%] than women in other categories. Employed Maghrebine women more often choose cohabitation than the unemployed. The relationships between employment status and marital status are significant for the French [$\chi^2=.0000$ Pearsons' $r'=.44$] and Maghrebine [$\chi^2=.0540$ Pearsons' $r'=.49$]
- 37 There is evidence of a significant relationship between employment and marital intentions for both French and Maghrebine [$\chi^2=.0097$, .0296], but this is not strong [Pearsons' $r'=-.06$, .11]
- 38 French $\chi^2=.0479$ Pearsons' $r'=.20$
- 39 57.9% of Maghrebine and 30.6% of French were married by 19 years of age.
- 40 Only 6.7% of French men and 2.9% of Maghrebine men were married by the age of 19. 43.3% of French and 62.9% of Maghrebine were over 25 at marriage
- 41 Respondents - French $\chi^2=.0608$ Pearsons' $r'=.23$ Maghrebine $\chi^2=.0008$ Pearsons' $r'=.12$
Partners - French $\chi^2=.0095$ Pearsons' $r'=.37$ Maghrebine $\chi^2=.0580$ Pearsons' $r'=.58$
- 42 28.0% are married at under the age of 20, compared to 16.7% in 35-39 cohort.
- 43 MUNOZ PEREZ M.F. "L'evolution récente des premiers mariages dans quelques pays européens" POPULATION 34.3 1979
- 44 Ibid p.665
- 45 DONNEES SOCIALES 1978 op cit Table 223 P;292
- 46 Legislation has raised the legal age at marriage in Tunisia to 17[women] and 20[men] and in Algeria to 16[women] and 18[men]
- 47 Men $\chi^2=.0673$ Pearsons' $r'=-.24$ Women $\chi^2=.0561$ Pearsons' $r'=-.11$

- 48 NAWAL Y. "Les femmes dans l'Islam" Editions La Breche 1980 p.54-55 points out that, despite minimum legal ages, dispensations can be accorded by a judge to allow earlier marriages. Contracts are arranged by the male 'ouali' The dowry is paid to the father and becomes the means "to enrich and affirm ones position in the social hierarchy."
- 49 37.7% were married at under the age of 20, compared to 21.7% of those born elsewhere in France and 20.0% of those born in North Africa.
 $\chi^2=.0381$ Pearsons'r'=.23
- 50 ROUSSEL L. "La nuptialité en France: précocité et intensité suivant les régions et les catégories socio-professionnelles" POPULATION 26.6 1971 found a pattern of particularly late marriages in the region of Provence-Alpes- Côte d'Azur in 1968, due partly to the strong rural population.
- 51 This relationship is not significant for the French [$\chi^2=.38$] or Maghrebine [$\chi^2=.89$]
- 52 The respondents who stopped at the level of the General University Diploma [D.E.U.G.]
- 53 60.6% of French partners and only 29.6 Of Maghrebine partners in these groups were married by the age of 24. All of the French in these categories were married by the age of 29 compared to 81.5% of Maghrebine French $\chi^2=.0459$ Pearsons'r'=.02. Maghrebine $\chi^2=.0000$ Pearsons'r'=.09
- 54 VALLOT F., ROUSSEL L. "La formation de la famille selon les groupes socio-professionnelles" POPULATION 24.5 1969 Table 1 p.898 . A national study of nuptiality found that manual workers married the earliest and senior managers the latest, with white collar workers and artisans occupying an intermediate position.
- 55 67.0% of all respondents: 95.0% of Maghrebine, 58.1% of all French and 85.0% of married or cohabiting French women.
- 56 In the 40-44 age group, 50.0% of Maghrebine women had their first birth before 20, compared to only 15.4% in the 25-29 age group. $\chi^2=.0042$ Pearsons'r'=.12
- 57 The proportion of first births under the age of 20 is 20.0% in the 40-44 cohort, 11.4% in the 35-39 cohort, and 13.0 in the 30-34 cohort.
 $\chi^2=.0003$ Pearsons'r'=.31
- 58 HEMERY S. "La baisse de la fécondité s'accélère" Sud Information Economique N° 4 INSEE 1974 p.24
- 59 51.9% have their first birth between 20-24 and 29.6% between 25-29
- 60 The marital cohort 1955-59
- 61 "Huitième rapport sur la situation démographique de la France" POPULATION 34 N° Spécial 1979 p.1233
- 62 None of the births in the fifth to seventh order birth ranges were to women over 34. Only two women gave birth at over 40, one to her fourth and one to her tenth child.
- 63 DE SABOULIN 1978 op cit
- 64 Births that take place before or without marriage.

- 65 CALOT G. "Données comparées sur l'évolution de la fécondité selon le rang de naissances en Allemagne Fédérale et en France" Population 34 N° Spécial 1979 p.1305 In 1977 illegitimate births accounted for 8.8% of all births
- 66 These constitute only 25.0% of first births in the most recent marital cohort, a proportion which rises to 36.4% [1970-74] $\chi^2=.0215$ Pearson's $r'=.13$
- 67 PRIOUX F. "Les conceptions pré-nuptiales selon l'âge de la mère en France depuis 1965" Population 31.3 1976 p.599
- 68 There is a significant relationship for the French between their age and the timing of the first birth [$\chi^2=.0000$]
- 69 French $\chi^2=.0392$ Pearson's $r'=-.22$. Maghrebine $\chi^2=.0125$ Pearson's $r'=.06$
- 70 This is not a significant relationship
- 71 Almost a third of those with an education of professional aptitude certificate or less had their first birth within a year of marriage, compared to only 19.0% of those with a professional education certificate and further training.
- 72 $\chi^2=.0162$ Pearson's $r'=.38$ 50.0% of ex manual workers had had their first birth in less than a year, and 5.6% before marriage, compared to only 10.0% of white collar workers
- 73 UNITED NATIONS 1976 op cit
- 74 All but two of second births in this groups occur less than three years after the first. $\chi^2=.0104$ Pearson's $r'=.27$

CHAPTER 7FERTILITY IDEALS AND EXPECTATIONS

- 1 WOOLF "Family Intentions" H.M.S.O. 1971 p.11
- 2 WESTOFF C.F., MISHLER E.G., KELLY E.L. "Preferences in size of family and eventual fertility 20 years after" The American Journal of Sociology March 1957 suggests that although individual desires may be a poor guide to an individual's final fertility, average expected family size in a population often closely anticipates average actual family size in that population a short time later.
- 3 This should increase with access to modern contraceptive methods.
- 4 ADELEMAN I. "An econometric analysis of population growth" American Economic Review June 1963
- 5 GIRARD A., ROUSSEL L. "Ideal family size, fertility and population policy in Western Europe" Population and Development Review Vol.8 N°2 June 1982 p.342
- 6 IBID p.324
- 7 DUMONT G.F., CHAUNU P., LEGRAND J., SAUVY A. et al " La France ridée " Librairie générale française Paris 1979 Ch.5
JOHANET G. "Natalité: aspects financiers" Haut Comité de la Population Documentation Française Paris June 1980 p.19
MARCHAIS G. " Combat pour la vie" L'Humanité 9 July 1980
This attitude is held by people supporting different political points of view
- 8 GIRARD, ROUSSEL 1982 op cit p.332
- 9 COMMISSION OF THE EUROPEAN COMMUNITY "Les Européens et leurs enfants, enquête par sondage dans les pays de la communauté européenne" Brussels 1979
- 10 BASTIDE H., GIRARD A. "Attitudes des français sur la conjoncture démographique, la natalité, et la politique familiale à la fin de 1976" Population 32.3 1977 p. 531-532 compares the results of different French surveys concerning ideal family size. The variations that do occur are due to slight fluctuations in the proportions choosing two or three children.
GIRARD, ROUSSEL 1982 op cit p.330 compares the evolution of ideals between 1974 and 1978, based on the results of INED surveys.
"Septième rapport sur la situation démographique de la France" Population 33.2 1978 p.293 provides total fertility rates in France since 1965.
- 11 COMMISSION OF THE EUROPEAN COMMUNITY 1979 op cit quoted in GIRARD, ROUSSEL 1982 op cit p.329
- 12 Among Maghrebine men choosing three children as their ideal number, 80.0% would have two boys and 1 girl in their ideal family. This confirms the result of a study in England and Wales in 1976 which found that those who wanted one child had a preference for a girl, while those who wanted three or five preferred boys. Those who wanted an even number wanted an even number of each sex, although tests revealing underlying sex preferences suggest that even this group had an underlying preference for boys.
DUNNELL K. "Family formation" H.M.S.O. 1976 p. 71. The tests used are in

COOMBS C.H., COOMBS L.C., McCLELLAND G.H. "Preference scales for number and sex of children" Population Studies Vol 29 N°2 1979

COOMBS L.C., " Are cross cultural preference comparisons possible? A measurement theoretic approach" IUSSP Papers N° 5 Liège, Belgium

In the present survey there is a strong, significant relationship between ideal family size and sex preferences for respondents and their partners in both ethnic groups.

Ideal number/Ideal number of boys: French- Respondents $x^2=.0000$ 'r'=.52

Partners $x^2=.0000$ 'r'=.56. Maghrebine-Respondents $x^2=.0000$ 'r'=.82

Partners $x^2=.0000$ 'r'=.77

Ideal number/Ideal number of girls: French-Respondents $x^2=.0000$ 'r'=.53

Partners $x^2=.0000$ 'r'=.57. Maghrebine-Respondents $x^2=.0000$ 'r'=.83

Partners $x^2=.0000$ 'r'=.77

- 13 BASTIDE, GIRARD 1977 op cit p. 530 cite two surveys conducted in 1976 among married women between 18 - 39 years of age .

Ideal N°	0	1	2	3	4+
INED November 1976	0.6	1.6	45.3	46.1	6.4
IFOP January 1976	0.0	4.0	46.0	42.0	8.0

Previous opinion surveys of the general population show that the proportion choosing four as ideal has fallen from 14.9% in 1955 to 8.2% in 1976.

- 14 GIRARD, ROUSSEL 1982 op cit p.329 An EEC survey in 1979 found that young childless respondents, under 25, choose a higher ideal [2.14] than older, childless respondents [2.09]. Women with no children have an ideal of 2.28 compared to 2.03 for those with one child. Ideal size then grows with family size: 2.21[2 children], 2.51 [3 children], 3.02 [4 children or more]
- 15 PRESSAT R. "Opinions sur la fécondité et mesure de la fécondité" Population 22.2 1967 pp.239-254 suggests that ideals can be modified by the general experience of family life or, more frequently, to integrate the actual number into the number presented as ideal.
- 16 BASTIDE, GIRARD 1977 op cit p.530-531. The increase in the average ideal number from 2.50 in 1975 to 1976 is due to the value of three children again overtaking two, and the proportion choosing four increasing to 10.0%. They suggest that this may be influenced by press and political concern about a fall in the birth rate in the previous year.
- 17 IBID p.530. The average ideal number for fertile women in 1976 was 2.57, and 2.40 for women in their own milieu.
- 18 BASTIDE H., GIRARD A. "Attitudes et opinions des français a l'égard de la fécondité de la famille" Population 30.4-5 1975 pp.693-749
CALOT G., DEVILLE J.C., "Nuptialité et fécondité selon le milieu socio-culturel" Economie et Statistique Oct. 1971
- 20 GIRARD A., ROUSSEL L., BASTIDE H. "Natalité et politique familiale: une enquête d'opinion" Population 31.2 1976 p.361
- 19 BASTIDE, GIRARD 1975 op cit p.700 found that religious practice was associated with a higher ideal family size. 59.0% of practising Catholics favoured 3 children, while 57.0% of non practising favoured 2 children.
- 21 BASTIDE, GIRARD 1977 op cit p. 534

- 22 62.5% of those women who have not worked since marriage choose three or four children as an ideal number, compared to 47.3% of those who worked until children, and 39.5% of those currently working $\chi^2=.0000$ 'r'=.00
- 23 $\chi^2=.0278$ Pearsons'r'=.03
- 24 GIRARD,ROUSSEL 1982 op cit p.338. For fertile women expected equals desired family size
- 25 DUNNELL 1976 op cit p.2
- 26 WOOLF 1971 op cit p.11
- 27 90.6% of French and 95.7% of Maghrebine couples have been in their relationship since after 1960.
- 28 VALLOT F.,ROUSSEL L. "La formation de la famille selon les groupes socio-professionnels" Population 24.5 1969 pp.897-918. This survey found a large proportion of women who, at the time of their marriage had not thought about the size of their family.
- 29 IBID p.904
- 30 In French couples, 75.0% of partners agreed on 1 child, 70.0% on 2, 75.0% on 3, and 80.0% on 2-3 children.
In Maghrebine couples, 75.0% of partners agreed on 2, 66.7% on 3, and 100.0% on 4 children.
- 31 The high average expected size, 2.79, among women married before the age of 18 is due to the 57.2% who choose 3 or 4 children. Women married between 20-24 have an average expected size of 2.40, only 19.8% choosing 3 or 4 children. $\chi^2=.0058$ Pearsons'r'=-.00
- 32 53.3% of this cohort choose 2 children. Their average expected size is 2.14
- 33 The average desired family size for French partners with a primary education plus a professional aptitude certificate is 1.56. This compares to 2.08 for those with a professional education certificate, and 1.97 for those with the baccalauréat or above. $\chi^2=.0126$ Pearsons'r'=.03
- 34 Those currently at highest and lowest income levels thought most about the number of children they wanted at marriage. $\chi^2=.0548$ Pearsons'r'=.06
Those with family income levels over 6000 FR had an average desired fertility of 1.71, compared to 2.40 [4000-5999 FR], 1.96 [SMIC-3999 FR] and 1.83 [under SMIC]. $\chi^2=.0594$ Pearsons'r'=.08
- 35 WOOLF 1971 op cit pp.34-35 $\chi^2=.0440$ Pearsons'r'=.35
- 36 In the 1965-69 cohort 40.0% were married at under 20. $\chi^2=.0019$ Pearsons'r'=.66
- 37 MONNIER A. "Projets de maternité et comportements réels: une enquête longitudinale [1974-76]" Population 33.4-5 1978 pp.813-854
- 38 50.0% of French women with three children and 40.0% of those with four had wanted this number or more at marriage.
- 39 $\chi^2=.0025$ Pearsons'r'=.15
- 40 20.0% want one, child, 13.3% 2 and 13.3% 3 children. 23.5% choose a range 1-2, 2-3 $\chi^2=.0188$ Pearsons'r'=-.26

- 41 $\chi^2=.0312$ Pearsons' $r'=.19$
- 42 WOOLF 1971 op cit p.31
UNITED NATIONS "Fertility and family planning in Europe around 1970"
United Nations New York 1976
- 43 Although only 34.3% of inactive women have partners who are manual workers, their average desired number is considerably higher than women manual workers, 83.3% of whom are married to or cohabiting with manual workers.
- 44 55.5% of French women and 53.8% of Maghrebine women want more children.
- 45 Only 9.7% of French and none of the Maghrebine women would be happy with an immediate pregnancy.
- 46 At middle and higher educational levels, a technical or professional training is associated with a lesser desire for more children. 42.8% of those with a professional education certificate and 25.0% of those with a training after the baccalauréat want more children. $\chi^2=.0305$ Pearsons' $r'=.71$
- 47 33.3% of those with a lower level professional aptitude certificate want more. $\chi^2=.0847$ Pearsons' $r'=.66$
- 48 45.0% of white collar workers and 45.5% of women in middle management want more children. This proportion rises to 92.7% among the student population, most of whom are young and nulliparous. $\chi^2=.0000$ Pearsons' $r'=.29$
- 49 Only 29.4% of manual workers want more children. 82.4% are over 30 years.
- 50 38.1% of those at the highest family income level [7000 Fr +] want more children, compared to 82.1% of those earning below the minimum growth wage. $\chi^2=.0663$ Pearsons' $r'=.27$
None of the French women with a personal income over 5000 Fr want more children, compared to 56.6% with no income and 70.2% earning under the minimum growth wage. $\chi^2=.0348$ Pearsons' $r'=.20$
- 51 96.7% of French women and all of Maghrebine women want at least 1 child.
- 52 ROUSSEL L. "Les mobiles de la limitation des naissances dans les ménages de un ou deux enfants" Population 24.2 1969 p.318 suggests this reflects a very complex situation as "in reality, a certain equilibrium has been reached by the couple, a balance of housing, income, lifestyle, professional and home work."
- 53 "J'aime les enfants".
- 54 Only 40.7% of French and 28.6% of Maghrebine women who want more children give more than one reason. 94.2% of French and all of Maghrebine women give at least one reason.
- 55 44.4% of Maghrebine women with two children who want more give the desire for a child of a particular sex as the reason.
- 56 $\chi^2=.0335$ Pearsons' $r'=-.18$
- 57 They do not mention the wish for a child of a particular sex, or their partners desires. but are more interested in the needs of the existing family. $\chi^2=.0525$ Pearsons' $r'=-.13$

- 58 ROUSSEL 1969 op cit p.319 . 75.0% of the wives of senior managers and professionals, who themselves had a higher than average fertility, gave this answer.
- 59 GIRARD, ROUSSEL, BASTIDE 1976 op cit p.365
- 60 WOOLF 1971 op cit p.106
- 61 There is a regular progression in the proportion of French women giving this response with the number of children - 21.1% with 1 child, 33.3% with 2, 45.5% with 3, 66.7% with 4, and 100.0% with 5 children.
 $\chi^2=.0167$ Pearsons'r' $-.39$
- 62 47.8% think they have enough children, 17.4% give health and 17.4% age as a reason. The proportion saying they have 'enough' rises with actual fertility. $\chi^2=.0191$ Pearsons'r' $-.55$
- 63 In middle occupational groups, 21.7% think they have enough children, 21.7% mention the demands of work, 17.4% think they are too old, and 12.9% mention wider considerations. $\chi^2=.0126$ Pearsons'r' $-.42$
- 64 58.1% of the French and 94.9% of the Maghrebine.
- 65 Even if women subscribe to the 'norm' of behaviour, their possibilities of achieving this are limited by finding a suitable partner and, in most cases, being married, as well as a wide variety of circumstances such as fecundity, standard of living, health conditions etc.
- 66 47.8% of French and 44.7% of Maghrebine choose the 20-24 age range. 32.7% of French choose 25-29 and 5.6% under 20, compared to 15.8% and 29.0 of the Maghrebine . No Maghrebine woman selects an age over 30. 4.4% of French do.
- 67 52.8% of Maghrebine women had their first birth between 20-24
 $\chi^2=.1011$ Pearsons'r' $-.10$
- 68 Except for those who married late, at 30-34, who would prefer earlier first births 82.7% of those married under 20 felt 1st births should be later and 20.0% married between 25-29
 $\chi^2=.0019$ Pearsons'r' $-.29$
- 69 $\chi^2=.0473$ Pearsons'r' $=.06$. Those most undecided about expected family size favour later first births.
- 70 $\chi^2=.0000$ Pearsons'r' $-.20$
- 71 17.9% of non parous French respondents say there is no ideal age, 43.3% opt for births between 25-29 and 3.0% over 30.
- 72 77.6% are under 24 [37.3% under 20]; 73.1% have an education at baccalauréat level or above. 59.7% are full time students.
- 73 $\chi^2=.0801$ Pearsons'r' $=.13$
- 74 Pill or condom users reject the concept of an ideal or choose a later start than users of the rhythm and withdrawal methods. $\chi^2=.0000$ $\chi^2=.0000$ Pearsons'r' $=.04$
- 75 Students are represented in personal income groups by those with an allowance of under 1000Fr per month. $\chi^2=.0206$ Pearsons'r' $=.04$
- 76 9.6% of currently active women, 14.3% of the unemployed, 5.3% of those who have not worked since children and none of those who have not worked since marriage reject the concept of an ideal age. $\chi^2=.0231$ Pearsons'r' $=.03$

- 77 The proportion opting for a delay in the first birth increases among those who opt for a later age at first birth. Those who reject an ideal age are the most likely to feel that the timing of the first birth depends on the couple. $\chi^2=.0099$ Pearsons' $r'=.20$
- 78 The proportion favouring a rapid second birth decreases as the ideal age at first birth rises. Those who think there is no ideal spacing are also those who think there is no ideal age for first birth. $\chi^2=.0089$ Pearsons' $r'=.26$
- 79 BASTIDE, GIRARD 1977 op cit p.533. Surveys since 1955 show a drop in the proportion thinking it is preferable for a young couple to have a first child immediately [1955 33.0%, 1966 28.0% 1974 23.0% 1976 26.0%] but a rise in the proportion in favour of a rapid second birth [1955 22.0% 1966 26.0% 1974 37.0% 1976 41.0%]. The average preferred interval between marriage and a first birth rises from 2.3 years in 1955 to 2.6 in 1976. There is less variation in the average preferred interval for the second birth: from 1.7 years in 1955 to 1.8 years in 1976 for those choosing a rapid birth, and from 2.4 years in 1955 to 2.5 years in 1966 and 1974, to 2.3 years in 1976.
- 80 BASTIDE, GIRARD 1975 op cit p.707 . In 1974 17.0% of women under 50 years opted for rapid first births, compared to 20.0% of all women and 26.0% of men. The 1976 survey does not give a breakdown by sex.
- 81 IBID In 1974 the average timing chosen by women in the fertile age range is 2.5 years.
- 82 The average desired interval for French women who have already had one child is 2.33 years.
- 83 6.8% of the French and 8.1% of the Maghrebine had their first child before marriage, and a further 23.1% and 10.8% in less than a year after marriage.
- 84 The actual average timing of the first birth is 1.48 years for the French and 1.71 years for the Maghrebine , compared to an average desired timing of 2.33 years and 1.94 years among women with at least one child.
- 85 Only 10.9% of non parous French women prefer rapid first births, and 12.5% think it depends on the couple. Among those who choosedelayed births, a further 12.5% think that the actual timing depends on circumstances
- 86 Among Maghrebine women who married at under the age of 18 years, 42.9% opt for immediate first births and none think that spacing depends on circumstances. $\chi^2=.0072$ Pearsons' $r'=.39$
- 87 15.0% of students choosing a certain delay think that the actual timing depends on the couple. The average ideal interval for white collar and middle management workers is 2.56 years, compared to 2.28 years for inactive and manual workers. $\chi^2=.0653$ Pearsons' $r'=.09$
- 88 BASTIDE, GIRARD 1977 op cit p.533
- 89 IBID The proportion in favour of a rapid second birth rises from 22.0% 1955, 26.0% 1966, 37.0% 1974, to 41.0% 1976.
- 90 IBID This falls from 2.5 years in 1974 to 2.3 years in 1976

- 91 20.0% of those in the income level below SMIC choose a rapid second birth, compared to 12.9% of those with no income. $\chi^2=.0000$ Pearsons' $r'=.32$
- 92 48.8% of white collar workers and 60.0% of middle management prefer a rapid second birth, compared to 45.0% of senior management and 40.0% of inactive and manual workers . $\chi^2=.0526$ Pearsons' $r'=.00$
- 93 BASTIDE, GIRARD 1977 op cit p.534
- 94 In the most recent marital cohort, after 1975, 43.8% choose 30-34 as the ideal age to stop childbearing , compared to 38.5% in all cohorts. None of them select an age after 44. $\chi^2=.0467$ Pearsons' $r'=-.23$
- 95 19.5% of those with a university education think that there is no ideal age at which to stop childbearing $\chi^2=.0426$ Pearsons' $r'=.23$
- 96 ZUCKER E., GIRARD A. "Une enquête auprès du public sur la structure familiale et la prévention des naissances" Population 22.3 1967 p.416
22.0% feared a psychological gap between the mother and her child ,
15.0% had economic and 14.0% health reasons. A further 32.0% gave a mixture of these reasons. Only 4.0% mentioned the desire to work or to resume work.

CHAPTER 8KNOWLEDGE, ATTITUDES AND PRACTICE OF BIRTH CONTROL

- 1 WESTOFF C.F. "Trends in contraceptive practice: 1965-75" Family Planning Perspectives Vol 8 N°2 March-April 1976
KISER C.V. "Research in family planning" Princeton University Press 1962
- 2 ANDORKA R. "Determinants of fertility in advanced society" Methuen & Co Ltd 1978 p.231
- 3 UNITED NATIONS "Fertility and family planning in Europe around 1970" United Nations New York 1976 p.149 found no relation between current fertility in different countries and reliance on the more effective birth control methods
- 4 ANDORKA 1978 op cit p.232
- 5 VAN DE WALLE E. "Motivations and technology in the decline of French fertility" in WHEATON R.. HAREVEN T.K. "Family and sexuality in France" Pennsylvania 1980 p.137. He explains the early decline in French fertility from the end of the eighteenth century in terms of motivation and means being available at the same time. Islamic society is an exception; he suggests that although means were available and there was little opposition from religious authorities, the implementation of methods did not occur because of high mortality.
- 6 IBID p.168 VAN DE WALLE defines three cultural obstacles to the diffusion of contraception: conceptual problems of a scientific or philosophical nature which make contraception unacceptable or 'unthinkable' to the individual, the confidential character of the marital relationship and the difficulty of communication between partners, and doctrinal opposition by the main normative powers of society, the church, and the state.
- 7 INTERNATIONAL HEALTH FOUNDATION "Family planning : a study of the attitudes, knowledge and practice of women in Italy, Belgium, France, Great Britain, and West Germany" I.H.F. Geneva 1971 pp. 26-27
- 8 The Law of 31st July 1920 Articles L647, L648, L649. This law was replaced by the Law of 28th December 1967 and the Law of 4th December 1974
- 9 HIS HOLINESS POPE PIUS XI "Casti connubii" 31 Dec.1930 Encyclical Letter on Christian Marriage. Catholic Truth Society 1954 decrees that the wife should oppose the conjugal act "as if it was rape" if her husband uses the condom. It also describes the emancipation of women as an "abominable crime".
HIS HOLINESS POPE PAUL VI "Humanae Vitae" 25 July 1968 Encyclical Letter on the right ordering of the procreation of children. Catholic Truth Society Oct.1968 confirms that the only tolerated method is the rhythm method. The pill can only be used therapeutically, to regulate the menstrual cycle.
- 10 INTERNATIONAL HEALTH FOUNDATION 1971 op cit p.37 found that 30% of married French respondents were using withdrawal and 19% the rhythm method, against only 10% and 4% of British married respondents. The French were much more likely to regard these methods as satisfactory; 14% felt that withdrawal and 12% that rhythm was the most satisfactory method, compared to only 5% and 4% of the British, 22% of whom preferred the condom. Higher French usage is reflected in a greater spontaneous knowledge of withdrawal [18%] and the rhythm method [34%]

- 11 BOUSQUET "La morale d'Islam et son éthique sexuelle" Paris 1953 p.135
- 12 KIRK D. "Factors affecting Moslem natality" in NAM C.B. "Population and Society" Houghton Mifflin C° Boston 1968 p. 231
- 13 FELLOUS M. "Contraception et Migration" Editions Syros Paris 1982
- 14 YOUSSEF N.H. "The status and fertility of Muslim women" in BECK L., KEDDIE N. "Women in the Muslim world" Harvard University Press 1978 p.76
- 15 GORDON D.C. "Women of Algeria : an essay on change" Harvard Middle Eastern Monograph Series Harvard University Press Cambridge Mass 1968 p.36
- 16 MUSALLAM B.F. "The Islamic Sanction of Contraception" in PARRY H.B. "Population and its problems" Clarendon Press Oxford 1974 p.302
- 17 REPUBLIQUE ALGERIENNE DEMOCRATIQUE ET POPULAIRE. Direction générale du plan et des études économiques "La regulation des naissances: opinions et attitudes des couples algériens: résultats préliminaires d'une enquête nationale" AARDES Algiers Summer 1968. p.12-13 comments that both men and women are strongly influenced by social expectations of a high fertility, which influence behaviour more than the particular circumstances of the individual or the couple.
- 18 FELLOUS 1982 op cit p.22
- 19 KIRK 1968 op cit p.238-239
- 20 REPUBLIQUE ALGERIENNE DEMOCRATIQUE ET POPULAIRE 1968 op cit p.34 In the rural milieu 14.0% of women and 32.0% of men had heard of at least one method : these proportions rose to 28.0% and 39.0% in the urban milieu. Methods included the pill, I.U.D., rhythm, temperature, condom, withdrawal, diaphragm and spermicides., as well as other traditional methods.
- 21 MUSALLAM 1974 op cit p.308 cites reports that the 'dawa', a form of suppository, is a highly effective method.
FELLOUS 1982 op cit p. 19 Traditional methods shared between women to retard or prevent pregnancy include 'acid' stones, soap, camphor and alum.
- 22 COHEN-HADRIA E. "La politique démographique de la Tunisie" Problèmes politiques et sociaux N° 332 17 March 1978 p. 32
- 23 IBID p. 35
- 24 MICHEL A. "Groupes novateurs et valeurs familiales des immigrés algériens" Cahiers Internationaux de Sociologie Vol LV 1973 p.334
- 25 IBID
- 26 IBID p. 326
NAWAL Y. "Les femmes dans l'Islam" Editions La Breche 1980 p.97 suggests that the immigrant family "is convinced it can only survive by reproducing the traditions of the patriarchal family..... the Arab society becomes psychologically an ideal society because it is the only point of reference"
- 27 MICHEL 1973 op cit p.327 These methods include the pill and the rhythm method.

- 28 FELLOUS 1982 op cit p.39
- 29 IBID p.127
- 30 LERIDON H.,MAYEN M.,LEVAILLANT J.M. "La diffusion des méthodes modernes de contraception: une étude dans une consultation hospitalière" Population 32.4-5 1977 p.777 . This 'medicalisation' was sanctioned by the 1967 law.
- 31 INTERNATIONAL HEALTH FOUNDATION 1971 op cit pp.26 - 27
- 32 IBID French knowledge of these methods is, however, much lower than that of British repondents: in 1969 58.0% had spontaneous knowledge and 87.0% a prompted knowledge of these methods.
- 33 LANGLOIS M. "Contribution à l'étude de la contraception injectable trimestrielle par l'acetate de medroxyprogesterone a propos de 204 cas" Thèse pour le doctorat en medecine Marseille 1978
- 34 REPUBLIQUE ALGERIENNE DEMOCRATIQUE ET POPULAIRE 1968 op cit p.35. The effects of education are most clear in the urban milieu. Among the most educated, most men and women know several methods of contraception.
- COCHRANE S. "Fertility and education: what do we really know?" World Bank Staff Occasional Papers N°26 John Hopkins University Press Table 5.1 p.118
- 35 Spontaneous knowledge of the condom increases consistently with educational level [$x^2=.0012$ Pearsons' $r'=-.50$] Only those at highest educational levels spontaneously mention the douche [$x^2=.0305$ Pearsons' $r'=-.04$] or the tampon [$x^2=.0321$ Pearsons' $r'=-.05$]
- 36 All Maghrebine women with a higher educational level spontaneously mention the I.U.D. [$x^2=.0419$ Pearsons' $r'=-.12$]
- 37 When prompted, all women with an education over the baccalauréat recognise the rhythm method [$x^2=.0087$ Pearsons' $r'=.00$]
- 38 SUTTER J.,SIEBERT S. "Attitudes devant la maternité une enquête à Grenoble" Population 18.4 1963 p.664
FREEDMAN R.,WHELPTON P.K.,CAMPBELL S.A. "Family planning, sterility and population growth" McGraw Hill, New York 1959
- 39 $x^2=.0002$ Pearsons' $r'=-.01$
- 40 $x^2=.0049$ Pearsons' $r'=-.08$
- 41 $x^2=.0018$ Pearsons' $r'=.18$ 59.6% at primary level, 65.7% at mid educational level and 88.8% at higher educational level recognise this method. The lower educational level has to be prompted at all times.
- 42 84.1% of current minipill users are under 25 years of age.
- 43 60.9% of French and 59.0% of Maghrebine respondents declare themselves satisfied with their knowledge of contraception. In a survey conducted by ELLE "Les français et la contraception" 5 March 1979 only 54.0% of women, 44.0% of men and 54.0% of adolescents were satisfied with the level of information concerning contraception. p.45
- 44 68.4% of cohabiting, 67.3% of married, 85.7% of previously married and 41.4% of single women are satisfied with their knowledge $x^2=.0081$ Pearsons' $r'=.21$
- 45 $x^2=.0005$ Pearsons' $r'=-.32$

- 46 Satisfaction rises from 47.8% among those with no children, 57.7% with one child, 68.9% with 2 children, 80.0% with 3 children and 75.0% with 4 children. Only one woman with more than 5 children is dissatisfied with her knowledge. $\chi^2=.0845$ Pearsons' $r'=-.22$
- 47 $\chi^2=.0998$ Pearsons' $r'=.11$ 100.0% of those in highest occupational categories, 80.0% of artisans and 76.2% of manual workers are satisfied with their knowledge.
- 48 $\chi^2=.0543$ Pearsons' $r'=.17$. An analysis according to ethnic group shows this rise in satisfaction among French women with a university education $\chi^2=.0020$ Pearsons' $r'=.08$
- 49 INSTITUT DE FORMATION, DE RECHERCHE, ET D'ETUDES SUR LA SEXUALITE ET LA PLANIFICATION FAMILIALE "La contraception chez les mineurs: enquête sur les attitudes des jeunes de moins de 18 ans et de leurs parents" IFRES 1978 p.5. 37.0% of girls and 52.0% of boys between 15 and 17 felt they did not know enough about contraception.
- 50 $\chi^2=.0079$ Pearsons' $r'=.06$ 54.5% of pill and 52.9% of minipill users are dissatisfied with their knowledge, against only 24.7% of I.U.D. and 16.7% of injection users.
- 51 MARIE CLAIRE " Pilule: la révolte des jeunes femmes" December 1978 pp.51-95
ELLE 5 March 1979 op cit pp44-49
LE MONDE 27 Feb 1979
- 52 GIRARD A., ROUSSEL L. "Fécondité et conjoncture : une enquête d'opinion sur la politique démographique" Population 34.3 1979 p.576
- 53 The Law of 4 december 1974 placed an obligation on government-run mother and child health care centres[P.M.I.s] to provide a family planning service
- 54 The under 25s provide 63.7% of the correct answers. $\chi^2=.0420$ Pearsons' $r'=-.17$
- 55 72.7% of respondents giving the correct date have an educational level of the baccalauréat or above. $\chi^2=.0639$ Pearsons' $r'=.33$
- 56 I.F.R.E.S. 1978 op cit pp.11-13 45.0% of girls and 62.0% of boys thought parental authorization was necessary to obtain contraception [70.0% and 64.0% of 15 years olds]. 17.0% of girls and 13.0% of boys thought there were restrictions on the sale of condoms, while a further 26.0% and 14.0% did not know.
- 57 IBID 62.0% of girls and 56.0% of boys felt that parental authorization be needed. This proportion falls with age between 15 and 17.

- 58 ZUCKER E., GIRARD A. "Une enquête auprès du public sur la structure familiale et la prévention des naissances" Population 22.3 1967 .69.0% and 64.0% in each sub sample approved a liberalisation of the law.p.436
BASTIDE H., GIRARD A. "Attitudes et opinions des français à l'égard de la fécondité et de la famille" Population 30.4-5 1975. See Table 5.2
- 59 ZUCKER, GIRARD 1967 op cit p.436 74.0% and 67.0% of women in the fertile age range in each sub sample approved liberalisation.
BASTIDE, GIRARD 1975 op cit See Table 5.2
- 60 BASTIDE, GIRARD 1975 op cit p.716
- 61 The proportion feeling contraception should be available to all falls from 82.1% of those with no children, 85.7% of those with one child to 45.5% of those with three children $\chi^2=.0166$ Pearsons'r'=-.27
- 62 All of those who had first birth under 18 and 72.2% of those who had first birth between 18-19 support contraception for all. Proportion falls with delay in the first birth $\chi^2=.0685$ Pearsons'r'=-.11
- 63 $\chi^2=.0451$ Pearsons'r'=-.13
- 64 55.9% of inactive women feel it should be available to all women $\chi^2=.0831$
- 65 75.0% of women with inactive husbands favour universal availability $\chi^2=.0115$ Pearsons'r'=-.13
- 66 9.1% of under 18s, 18.8% of 18-19s feel there should be parental authorisation. This demand increases with age, to reach 100.0% among the over 40s. $\chi^2=.0284$ Pearsons'r'=.07
- 67 French $\chi^2=.0024$ Pearsons'r'=-.11
- 68 66.7% of these think authorisation should be necessary, against only 23.1% in the most recent marital cohort. $\chi^2=.0639$ Pearsons'r'=-.02
- 69 The demand grows with family size.French $\chi^2=.0004$ Pearsons'r'=.03
Maghrebine $\chi^2=.0495$
- 70 There is a significant relationship with the age of the first [$\chi^2=.0004$ Pearsons'r'=-.05] and the second [$\chi^2=.0011$ Pearsons'r'=.14] child
- 71 Demand falls from 77.8% among those at lowest educational levels to 2.8% among those with a university education. $\chi^2=.0000$ Pearsons'r'=.27
- 72 Only 19.0% of those who approve married women's employment think authorization is necessary, compared to 52.9% who disapprove, and 37.5% who qualify their approval $\chi^2=.0400$ Pearsons'r'=-.15
- 73 None of those in senior management think authorization is necessary, compared to 36.4% of middle occupational workers, and 46.3% of inactive and manual workers. $\chi^2=.0001$ Pearsons'r'=.02
- 74 Sex education was introduced into secondary schools in 1973.

- 75 ZUCKER, GIRARD 1967 op cit
BASTIDE, GIRARD 1975 op cit
- 76 Sexual education $\chi^2=.0049$ Pearsons' $r'=-.13$. Contraceptive education $\chi^2=.0348$ Pearsons' $r'=-.12$
- 77 For the French inefficiency and unplanned pregnancies accounted for 70.6% of reasons for stopping using the condom, 63.6% for withdrawal, and 75.0% for rhythm method $\chi^2=.0000$ Pearsons' $r'=-.31$
For the Maghrebine, the comparable percentages are 33.3%, 60.0% and 66.6% $\chi^2=.0199$ Pearsons' $r'=-.16$
- 78 SUTTER J. MORIN F. "Attitudes devant la maternité: une enquête à Paris en service hospitalier" Population 15.2 1960 pp.223-243
SUTTER J., SIEBERT S. "Attitudes devant la maternité: une enquête à Grenoble" Population 18.4 1963 pp.655-682
Both surveys of women in maternity hospitals found that women who had had unplanned pregnancies were more favourable to the idea of the pill.
- 79 JOURDAIN A. "Une enquête sur la contraception à Rennes" Population 32.6 1977 p.1302 found that women employed in management and the professions were far more favourable to the pill than women at lower occupational levels.
- 80 INTERNATIONAL HEALTH FOUNDATION "Family planning: a study of the attitude, knowledge and practice of women in Italy, Belgium, France, Great Britain, and West Germany" I.H.F. Geneva 1971. 39.0% of French women thought it the most satisfactory method p.28
- 81 IBID p.29
- 82 IBID p.31 Some also mentioned religious reasons for preferring these methods
- 83 LERIDON H. SARDON J.P., COLLOMB, CHARBIT Y. "La contraception en France en 1978: une enquête INED-INSEE" Population 34 N° Spécial 1979 p.1355
- 84 GIRARD A., ROUSSEL L. "Fécondité et conjoncture: une enquête d'opinion sur la politique démographique" Population 34.3 1979 p.576
- 85 IBID
- 86 82.3% of I.U.D. users are satisfied with their method, while a further 16.5% have only just started. Only 1 user is dissatisfied. 63.2% of pill users are satisfied, 14.0% have just started, and 22.8% are dissatisfied. For minipill users, these figures are 60.3%, 34.3% and 5.7%
 $\chi^2=.0000$ Pearsons' $r'=-.01$
- 87 71.4% of French women who gave up the pill after being prescribed it at the clinic did so because of non tolerance. $\chi^2=.0246$ Pearsons' $r'=-.10$
- 88 60.7% of pill users who are satisfied with their method, but see some disadvantages, mention the health risk, and 28.6% the fact that it is easy to forget. $\chi^2=.0062$ Pearsons' $r'=-.10$
- 89 58.8% of those who are satisfied but see disadvantages mention these health risks.
- 90 GIRARD, ROUSSEL 1979 op cit p.576
ELLE 5 March 1979 p.49
MARIE CLAIRE December 1978 p.51

- 91 TEXIER G. "Les attitudes des français à l'égard du contrôle des naissances" L'Evolution Psychiatrique N°3 1967 p.728
- 92 JOURDAIN 1977 op cit p.1302
- 93 LERIDON H., MAYEN M., LEVAILLANT J.M. "La diffusion des méthodes modernes de contraception: une étude dans une consultation hospitalière" Population 32 4-5 1977 pp.777-778 emphasises that a doctor is required for the first prescription and the renewal of all modern contraceptive methods. I.P.P.F. "Le médecin et la régulation de la fécondité" IPPF Europe Bulletin D'Information Régional Vol 1 N°2 1975 points out that the personal opinion of the doctor has a strong affect on the men and women consulting for contraception.
- 94 FELLOUS M. "Contraception et Migration" Editions Syros Paris 1982 pp127-136 argues that the apparent neutrality of the medical relationship hides the power that the doctor has over the patient. His refusal to recognise the immigrant women's fears and fantasies is a form of domination. "The doctor represents knowledge and the law, the woman is there to obey. This power relationship can be masked by paternalism or an infantilisation of the patient." p.133
- 95 IBID p.39 Contraception is a power stake in the couple because it poses the problem of the responsibility for procreation between the two partners.
- 96 85.0% of French and 90.0% of Maghrebine respondents favour joint responsibility for contraception.
- 97 88.9% of French partners and 95.0% of Maghrebine partners had agreed to the consultation.
- 98 11.9% of French and 7.5% of Maghrebine respondents thought the responsibility for contraception should lie with the woman: only 3.1% and 2.5% that it should lie with the man.
- 99 $x^2=.0004$ Pearsons 'r'=-.25
- 100 $x^2=.0000$ Pearsons 'r'=-.47
- 101 $x^2=.0001$ Pearsons 'r'=-.47
- 102 $x^2=.0274$ Pearsons 'r'=.38
- 103 GLASS D.V. "Recent and prospective trends in fertility in developed countries" Philosophical Transactions of the Royal Society B. Biological Sciences Vol 274 N°928 London 4 March 1976 p.1
SUTTER J. "Résultats d'une enquête préliminaire sur l'avortement dans la région parisienne" 2.3 1947 This survey, conducted just after the war when there was a strong pronatalist fervour and abortion was, for a time, a capital crime, shows that there were still many circumstances in which women would choose an abortion rather than an unwanted pregnancy.
- 104 ZUCKER, GIRARD 1967 op cit p.443
39.0% of men, 37.0% of women and 41.0% of women in the fertile age range approved of the authorization of abortion.
GIRARD A., ZUCKER E. "La conjoncture démographique: régulation des naissances, famille et natalité" Population 23.2 1968 pp252-3 found that approval had risen to 40.0%, being the same among men and women.
BASTIDE, GIRARD 1975 op cit p. 722 General approval rises to 60.0% among men, 63.0% among women, and 69.0% among women between 18-49

- 105 ZUCKER , GIRARD 1967 op cit p443
 GIRARD, ZUCKER 1968 op cit pp.252-253
 DOURLIN ROLLIER A.M., ROLLIER F. "Tout savoir sur l'avortement" Editions
 Fillipachi 1972.
 BASTIDE, GIRARD 1975 p.722 op cit
 All these surveys show higher approval for medical reasons, or when
 pregnancy results from rape or incest; although approval for social
 and economic reasons also grows overall.
- 106 ZUCKER; GIRARD 1967 op cit p.443
 BASTIDE, GIRARD 1975 op cit p.722
- 107 BASTIDE, GIRARD 1975 op cit
- 108 There are significant differences between French and Maghrebine when
 considering the following circumstances: the risk of an abnormal child
 [$x^2=.0764$ Pearsons' $r'=.15$], mental illness [$x^2=.0059$ Pearsons' $r'=.22$]
 rape [$x^2=.0020$ Pearsons' $r'=.24$] under 18s [$.0234$ Pearsons' $r'=.17$]
 separation or divorce [$x^2=.0372$ Pearsons' $r'=.16$] financial resources
 [$x^2=.0372$ Pearsons' $r'=.16$]
- 109 90.9% of under 18s would approve abortion on grounds of marital status.
 Approval falls in 18-29 age groups, then rises to the same level after 40.
 $x^2=.0528$
- 110 All women married before 1964 approve abortions for non married women,
 compared to only 61.3% in most recent marital cohort. $x^2=.0277$
- 111 80.9% of those married before 1964 think bad housing can be a reason
 for abortion, compared to 45.2% in most recent marital cohort. $x^2=.0432$
 Pearsons' $r'=.27$
- 112 Religious practice has a significant influence in three circumstances,
 when the girl is under 18 [$x^2=.0386$ Pearsons' $r'=.16$], when the couple
 is in bad housing [$x^2=.0043$ Pearsons' $r'=.16$] and when there is a lack
 of financial resources [$x^2=.0078$ Pearsons' $r'=.16$] In the first two cases
 practising Catholics are slightly more approving than non practising; while
 among Moslems and Jews, those practising are always less approving than others
- 113 The only circumstances in which education does not have a significant
 influence are when the couple has poor financial
 resources or bad housing: all circumstances influenced by religious beliefs.
- 114 Circumstances in which the respondents would personally agree to an abortion
- | | Personal
Health | Risk of
abnormality | Mental
Health | Rape | Under
18 | Over
40 | Single | Separ/
Divorc.- | Finan
ces | Hous-
ing |
|------------|--------------------|------------------------|------------------|------|-------------|------------|--------|--------------------|--------------|--------------|
| French | 74.0 | 73.2 | 71.3 | 70.2 | 25.0 | 56.0 | 31.5 | 55.3 | 50.4 | 40.3 |
| Maghrebine | 64.1 | 63.2 | 57.9 | 59.0 | 0.0 | 45.9 | 20.0 | 33.3 | 33.3 | 25.6 |
- 115 80.0% of respondents under 18 think this is a sufficient reason for a
 personal abortion. $x^2=.0026$ Pearsons' $r'=.41$
 72.7% of under 18s would have an abortion because they are single
 $x^2=.0317$ Pearsons' $r'=.20$

- 116 48.3% of those with the baccalauréat would agree to an abortion because of their age, but none of those, mostly older, respondents with a primary education. $\chi^2=.0003$ Pearsons' $r'=-.50$. 49.0% of those with the baccalauréat would agree to an abortion because single, compared to 27.3% at intermediate levels and 15.4% at primary level. $\chi^2=.0094$ Pearsons' $r'=-.30$
- 117 Agreement varies with religious beliefs in cases of age, under 18, [$\chi^2=.0596$ Pearsons' $r'=.20$], marital status [$\chi^2=.0943$ Pearsons' $r'=.12$] and financial resources [$\chi^2=.0654$ Pearsons' $r'=.10$]
- 118 64.9% of under 24s would agree to an abortion at the present time, compared to 26.3% of those between 25-29; proportion rises to 100.0% in 35-39 age group although 40-44 year olds are more hesitant [$\chi^2=.0058$ Pearsons' $r'=-.01$]
- 119 93.8% of French and 84.8% of Maghrebine thought their partner would agree with whatever decision they made.
- 120 Only those at primary level did not expect partner's agreement. $\chi^2=.0580$ Pearsons' $r'=.14$
- 121 Still 94.4% of inactive women expect their partner's agreement. $\chi^2=.0033$ Pearsons' $r'=-.03$
- 122 $\chi^2=0006$ Pearsons' $r'=.23$
- 123 I.P.P.F. 1975 op cit
BOURGEOIS-PICHAT J. "France" in BERELSON B. "Population policy in developed countries" MacGraw Hill 1974 p.564. The position of the National Council of Medical Order [Conseil National de l'Ordre des Médecins] in debates concerning the legalisation of abortion was that full responsibility for rules on abortion should be given to the medical profession, providing that the deontological code was modified to prevent too great a laxity.
- 124 $\chi^2=.0295$ Pearsons' $r'=.01$
- 125 26.9% of French women with the baccalauréat think that the decision should lie with the woman, 43.6% the couple, 20.5% the doctor and couple, but none with the doctor alone $\chi^2=0539$ Pearsons' $r'=-.06$ There is also a significant relationship for the Maghrebine, but only 4 have the baccalauréat. $\chi^2=.0081$ Pearsons' $r'=.13$
- 126 The Law of 17th January 1975 gives the woman the right to terminate her pregnancy before the 10th week, as long as she has been a French resident for more than 3 months, subject to several requirements these include a social interview, two medical consultations, written confirmation of the request which is accepted only a week after the first request. If a doctor cannot or will not perform the abortion a request must be made to another doctor. All these stages can delay the operation sufficiently to put it outside the time limit required by law. Articles L 161, 162, 163, 165, 166
- 127 BASTIDE H., GIRARD A. "Attitudes des français sur la conjoncture démographique, la natalité et la politique familiale à la fin de 1976" Population 32.3 1977 p.526 GIRARD , ROUSSEL 1979 op cit
- 128 GIRARD, ROUSSEL 1979 op cit p.575. 46.0% felt that the law was not being implemented satisfactorily. This level of dissatisfaction rises to 72.0% along those who think that abortion should be made easier.
FILIPPI J.F. "Les interruptions volontaires de grossesse en Provence-Alpes -Côte D'Azur" Sud Information Economique 51.3 1982 p.17 The threshold of abortions is lower in the region, at 1.54 pregnancies, compared to 1.79 for the whole of France .In Marseille in 1979, 73.0% of abortions were in the public sector and only 27.0% in private clinics.

- 129 $\chi^2=.0000$ Pearsons' $r'=-.18$
- 130 96.2% of married women approve of the law against 93.3% of single women and 78.6% of cohabiting women $\chi^2=.0014$ Pearsons' $r'=.10$
Approval grows with the age of the marital cohort $\chi^2=.0350$ Pearsons' $r'=.06$
- 131 85.1% approval at low, 94.3% at middle, and 96.2% at high educational levels. $\chi^2=.0610$ Pearsons' $r'=-.12$
- 132 BASTIDE, GIRARD 1977 op cit p.525
- 133 44.4% of those Maghrebine women who oppose the abortion law do so on religious grounds. Another 44.4% argue that abortion is either murder or immoral.
- 134 This was one of the considerations which influenced the decision to pass the 1975 law for a trial period of five years only, after which it had to be revoked.
- 135 78.7% of French and 65.4% of Maghrebine thought that that should be no change in the law , even given a fall in the birth rate. 19.9% of French and 34.6% thought there should be a change in the law, indicating that the Maghrebine are less convinced than the French of their right to abortion.
- 136 I.P.P.F. 1975 op cit. Article 309 of the Penal Code can be applied in this context, The Conseil de l'Ordre des Médecins assimilates it to voluntary mutilation.
- 137 SARDON J.P. "La stérilisation dans le monde: II Données Statistiques" Population 34.3 1979 p.620 In France, 7.5 per 1000 married women between 15-44 are sterilised, [4.1 per 100 women between 20-44 are sterilised for contraceptive purposes] This compares to 10.5 per 1000 in England and Wales, 25 in Scotland, 28.3 in the United States.
- 138 SARDON J.P. "La stérilisation dans le monde: I Aperçus médicaux et législatifs" Population 32.2 1977 p.411
- 139 JOURDAIN 1977 op cit p.1303 He does not distinguish between male and female sterilisation.
- 140 GIRARD, ROUSSEL 1979 op cit p.577
- 141 95.7% of French and 97.1% of Maghrebine thought that their partner would agree with their decision.
- 142 PEEL J., CARR G. "Contraception and family design : a study of birth planning in contemporary society" Churchill Livingstone Edinburgh 1975 found in a sample of English respondents that only 27.0% of women would agree to a sterilisation for themselves, while a further 12.0% were uncertain. They suggest this is because many are still at an early stage of family development. p.59
- 143 $\chi^2=.0207$ Pearsons' $r'=.30$
- 144 $\chi^2=.0216$ Pearsons' $r'=.21$
- 145 $\chi^2=.0000$ Only women with no personal income approve vasectomy
- 146 $\chi^2=.0048$ Pearsons' $r'=.05$

- 147 18.2% of those in senior management and the professions approve, against only 8.6% of inactive or manual workers. $\chi^2=.0171$ Pearsons' $r'=.05$
- 148 50.0% are reported to be in agreement in the oldest marital cohort, compared to 8.0 in the most recent cohort. $\chi^2=.0574$ Pearsons' $r'=.25$
- 149 92.2% of French and 88.6% of Maghrebine respondents say that they would agree to the partner's decision concerning a vasectomy.
- 150 55.1% of women who approve of vasectomy also approve of female sterilisation while a further 20.3% say it depends on circumstances. 52.9% of those who approve of female sterilisation also approve of vasectomy, while a further 15.7% say it depends on the man $\chi^2=.0002$ Pearsons' $r'=.14$

The practice of birth control

- 151 LERIDON H., SARDON J.P. "La contraception en France en 1978. Une enquête INED-INSEE I. La diffusion des diverses méthodes" Population 34 N° Spécial 1979 p.1356 A national survey of fertile women between the ages of 20-44 in 1978 found that only 4.1% of women who were exposed to the risk of pregnancy and did not want [another] child were not currently using a method of contraception.
- 152 UNITED NATIONS "Fertility and family planning in Europe around 1970" United Nations New York 1976 p.190
- 153 FELLOUS M. "Contraception et migration" Editions Syros Paris 1982 p.111 suggests that in this 'traditional' type of family planning, there is no number of children fixed at the beginning nor any control of the spacing of births. Couples have a minimum number of boys and girls and stop when they do not want any more.
- 154 SUTTER J., SIEBERT S. "Attitudes devant la maternité: une enquête à Grenoble" Population 18.4 1963 p.668. In a survey of previous contraceptive practice of patients in a maternity hospital, they found that educational and socio professional level was more important than age and positively associated with the use of 'natural' and combined methods. PIGEAUD H. SUTTER J., BERGUES H. "Attitudes devant la maternité : une enquête à Lyon" Population 21.2 1966 p.264 found that these women were using contraception to space and not just to prevent further births
 TEXIER G. "Les consultants des centres de planning familial" L'Evolution Psychiatrique N0 3 1969 pp600-601 in a survey of family planning consultants found that students and women in management were very much overrepresented; and were in the forefront of the search for effective methods
 UNITED NATIONS 1976 op cit Women in the higher educational categories have a much higher use of modern methods of contraception p160.
- 155 ELLE 5 March 1979 p.48
 LE MONDE 27 February 1979
 MARIE CLAIRE "Pilule: la révolte des jeunes femmes" December 1978 pp51-95
 GIRARD A., ROUSSEL L. "Fécondité et conjoncture: une enquête d'opinion sur la politique démographique" Population 34.3 1979 p.576

- 156 84.4% of French and 72.5% of Maghrebine respondents had used at least one contraceptive method prior to referral.
- 157 All of those who used a method pre coitus adopted the minipill: No one who adopted contraception before or at marriage used the I.U.D., 27.5% and 12.5% used oral contraception. Of those taking up contraception after an abortion, 60.0% chose the pill and 20.0% the I.U.D. The proportion of women taking up oral contraception after a first birth was 54.5%, a second birth 61.5%, and a third birth 75.0%. None of these used the I.U.D. as a first method. $\chi^2=.0000$ Pearsons' $r'=.19$
- 158 19.4% of French respondents had used two or more methods together, compared to 15.0% of Maghrebine respondents. The most popular combination for both was withdrawal + rhythm or temperature methods [20.0% of French and 33.3% of Maghrebine who had used more than one method together]. 20.0% of French had used the condom plus two other methods and 16.0% the condom plus withdrawal. There is a significant relationship between the use of more than one method & fertility for the French [$\chi^2=.0099$ Pearsons' $r'=.39$]. Of those who had used the condom plus withdrawal, none had had a pregnancy, while average fertility is highest among those who had relied on a combination of rhythm and temperature [1.4]. $\chi^2=.0099$ Pearsons' $r'=.39$
- 159 28.6% of the over 40s had used withdrawal as a first method, and 28.6% had used the rhythm or temperature method. Only 14.3% had used the pill and 1 woman the I.U.D. $\chi^2=.0465$ Pearsons' $r'=-.07$
- 160 46.3% of French respondents between 18-29 had used oral contraception as a first method. 28.6% of the under 18s had used the pill, and 57.1% withdrawal.
- 161 41.3% of Maghrebine had received advice for their first method from a gynaecologist, hospital or clinic, compared to 32.5% of French respondents. There is a significant relationship between the first method used and the source of advice for the Maghrebine [$\chi^2=.0005$ Pearsons' $r'=.91$] and the French [$\chi^2=.0000$ Pearsons' $r'=.86$]
- 162 13.8% of Maghrebine were advised by their partner, compared to only 7.4% of French: 11.8% of French get their advice from friends, relatives or media.
- 163 80.0% of the advice given by French partners concerned withdrawal or the condom.. The only active women to receive advice from partners on their first method are manual workers. White collar workers are the most likely to receive advice from colleagues and friends. $\chi^2=.0002$
- 164 77.5% of upper educational groups adopt a method before coitus or marriage compared to 45.2% of mid educational groups and 33.3% of lower educational groups [none in latter group before coitus] $\chi^2=.0014$ Pearsons' $r'=-.42$
- 165 $\chi^2=.0017$ Pearsons' $r'=-.02$
- 166 56.4% of the wives of inactive or manual workers adopt withdrawal or the condom as a first method, , compared to 35.0% in middle occupational groups and only 1 in senior management. $\chi^2=.0110$ Pearsons' $r'=.20$

- 167 White collar workers and women in middle management have used rhythm method [$\chi^2=.0713$ Pearson's $r'=-.03$] more, while upper occupational groups favour temperature method [$\chi^2=.0000$ Pearson's $r'=-.13$], hardly used at all by lower occupational categories. Use of the pill is also high, used by 80.0% of middle and upper groups [$\chi^2=.0000$ Pearson's $r'=.18$], but this and IUD [$\chi^2=.0003$ Pearson's $r'=.04$] have also been used by multiparous women working in family businesses.
- 168 The only ones who want no children started contraception before marriage, while 70.0% of French respondents who wanted one child started before marriage $\chi^2=.0048$ Pearson's $r'=.17$
- 169 Women who started oral contraception at the post coitus phase are the most in favour of delaying the arrival of the first birth. Only 28.6% think it should be before 25, compared to 32.2% of those who started before marriage and 70.8% who adopted birth control at marriage. $\chi^2=.0000$ Pearson's $r'=.34$
- 170 45.5% who delayed contraception until after the first birth prefer an immediate first birth, compared to 13.5% who adopted it pre coitus or pre marriage and 21.7% who adopted it at marriage. $\chi^2=.0328$ Pearson's $r'=.03$
- 171 45.5% who delayed contraception until after first birth had this birth in less than a year after marriage, compared to 17.9% who adopted birth control before marriage. $\chi^2=.0478$ Pearson's $r'=-.22$
- 172 There is a significant relationship for both the French [$\chi^2=.0000$ Pearson's $r'=.65$] and the Maghrebine [$\chi^2=.0291$ Pearson's $r'=.71$] average fertility rising with a delay in the first use of contraception. For the French this is 0.55 [pre marriage], 1.71 [at marriage] 2.18 [after first birth] 2.23 [after second birth]
- 173 Among the Maghrebine, the only one who wanted no children at marriage used the pill, as did 60.0% of those who wanted only 2 children $\chi^2=.0677$
- 174 All using the minipill as a first method think there is no ideal age to start childbearing. $\chi^2=.0000$ Pearson's $r'=.04$
- 175 73.4% of French using the pill as a first method think the first birth should be delayed for at least two years. [$\chi^2=.0009$ Pearson's $r'=.03$], as do 30.0% of the Maghrebine [$\chi^2=.0007$ Pearson's $r'=.08$] although most of the Maghrebine only adopted contraception after the first birth.
- 176 25.0% of the French using oral contraception as a first method think that childbearing should stop before the age of 34, compared to 11.1% of those using withdrawal, 17.6% using condom, and 16.7% using rhythm method. $\chi^2=.0000$ Pearson's $r'=-.10$
- 177 80.0% of Maghrebine women using withdrawal wanted three or more children at marriage.
- 178 17.9% of French using withdrawal as a first method were married at under the age of 18 $\chi^2=.0975$ Pearson's $r'=.08$
- 179 Among the French using withdrawal, 58.7% think the first birth should be before the age of 24 [$\chi^2=.0000$ Pearson's $r'=.04$], and 20.0% within the first year of marriage [50.0% of Maghrebines using withdrawal also think this] 40.0% think that childbearing can continue after the age of 40 years.

- 180 Ineffectivity is the reason given by 29.5% of withdrawal users and 41.2% of condom users for stopping these methods. Unplanned pregnancies, sometimes resulting in abortions, account for 34.1% of reasons given by those using withdrawal and 29.4% by those using condom. $\chi^2=.0000$ Pearsons'r'=-.31. Among the Maghrebine using withdrawal 20.0% mentioned ineffectivity and 40.0% unplanned pregnancy as reasons for stopping. $\chi^2=.0199$ Pearsons'r'=-.16
- 181 66.7% adopting oral contraception after an abortion continued to use this for more than four years. Of French women adopting the pill after a third pregnancy, frequently unplanned, 75.0% stayed with it for four or more years $\chi^2=.0027$ Pearsons'r'=.36
- 182 All Maghrebines have stopped their first method. 9.6% of French are still using their first method, 40.0% of those who adopted it after an abortion and 42.9% of those who adopted it pre-coitus, although with the latter use is more recent. $\chi^2=.0017$ pearsons'r'=-.02
- 183 The use of the pill and the I.U.D. is higher among middle occupational categories than inactive or manual workers. Pill use is also high among those in senior management [IUD $\chi^2=.0003$ Pearsons'r'=.04 : Pill $\chi^2=.0000$ Pearsons'r'=.18] Pill and I.U.D. use is also high among older married women employed in family businesses, suggesting age and marital cohort are important factors.
- 184 No woman under 24 has used the IUD [$\chi^2=.0104$ Pearsons'r'=-.19] while pill usage rises consistently with age, from 33.3% of under 20s to 92.3% of those between 40-44. It falls again among the more conservative over 45 age group. $\chi^2=.0000$ Pearsons'r'=-.36
- 185 All women who have used the I.U.D. are married, divorced or cohabiting. [$\chi^2=.0109$ Pearsons'r'=.23. Pill use is low among single women, 35.0%, and rises for married, 67.0%, cohabiting, 80.0%, and previously married women, 85.7% [$\chi^2=.0001$ Pearsons'r'=.23]
- 186 LERIDON H., MAYEN M., LEVAILLANT J.M. "La diffusion des méthodes modernes de contraception: une étude dans une consultation hospitalière" Population 32.4-5 1977 p.793 found that 70.0% of consultants at a family planning clinic in 1975 had previously only used these traditional and inefficient methods.
- 187 Only French women with an educational level over the baccalauréat referred themselves pre coitus. They also constitute 72.9% of those consulting before marriage. [$\chi^2=.0069$ Pearsons'r'=-.44] Few Maghrebine women have a higher educational level, but there is still a significant relationship between education and stage of referral [$\chi^2=.0381$ Pearsons'r'=-.25]
- 188 All of those French women consulting pre coitus are students or at higher occupational levels. 62.5% of those referring themselves before marriage are students, and a further 20.9% in middle and higher employment categories $\chi^2=.0000$ Pearsons'r'=-.48
- 189 Those consulting pre coitus, premarriage or after an abortion are the only ones to say they want no children [$\chi^2=.0000$] French women consulting before or at marriage constitute 73.3% of those who think there is no ideal age for starting childbearing and 44.8% who choose an age over 25. Those who already have large families tend to rationalise their own early start $\chi^2=.0033$ Pearsons'r'=-.21. This practice also helps to explain the Maghrebines' choice of very early ages. $\chi^2=.0208$

- 190 There is a significant relationship between the stage at which a method is adopted after consultation and religious beliefs and practice in two age groups, the 20-24 group [$\chi^2=.0168$ Pearson's $r'=.51$] and the 25-29 age group [$\chi^2=.0146$ Pearson's $r'=.52$]
- 191 42.5% of the Maghrebine wanted no more children and 40.0% wanted to space further births, compared to 31.3% and 7.5% of the French $\chi^2=.0000$ Pearson's $r'=-.27$
- 192 23.8% do not want an immediate pregnancy because they are single. 5.6% think their present method is unsure and 15.6% that it is unpleasant.
- 193 12.5% of Maghrebine, compared to 5.6% of French said they needed advice over the choice of a method. 18.1% of French wanted to continue the same method, compared to 12.5% of Maghrebine. 73.1% and 72.5% had another method in mind.
- 194 LANGLOIS M. "Contribution à l'étude de la contraception injectable trimestrielle par l'acetate de medroxyprogesterone" Thèse pour le doctorat en médecine Marseille 1978 p.89
- 195 In LANGLOIS' survey 57.3% of the users of the medroxyprogesterone injection were Maghrebine, although according to statistics produced by the DDASS 1980, Maghrebine women constituted only 21.0% of consultants in Clinic A, 3.9% of consultants in Clinic B, and 15.0% of consultants in another clinic included in the survey [figures for 1979]
- 196 80.3% of French women adopting the I.U.D. after consultation did not want any more children, compared to only 26.5% of pill users and 10.0% of minipill users. $\chi^2=.0000$ Pearson's $r'=-.37$
- 197 If we exclude consultants who have only just been prescribed their first methods, we find that 92.8% of French and 87.5% of Maghrebine are still using the IUD method that was first prescribed, compared to only 65.8% and 38.5% of pill users. Fidelity is also high to the minipill, still used 89.5% who started with this method. Lowest fidelity is to the injection, rejected by 25.0% of Maghrebine women to whom it was first prescribed. [French $\chi^2=.0018$ Pearson's $r'=.22$: Maghrebine $\chi^2=.0572$ Pearson's $r'=.13$]
- 198 Excluding those who have just started methods, 98.5% of current I.U.D. users are satisfied with their method, as are 91.3% of minipill users, compared to 73.5% of pill users and 50.0% of those on the contraceptive injection. $\chi^2=.0000$ Pearson's $r'=-.01$
- 199 Injection users who are dissatisfied want to change to the pill or the I.U.D. 75.0% of dissatisfied pill users want to change to the I.U.D. $\chi^2=.0001$ Pearson's $r'=.12$
- 200 73.5% of pill users want [more] children.
- 201 Average family size among current I.U.D. users, who are nearer the end of their fertility cycle, is 1.91 children, compared to 0.52 for current married pill users, who belong to more recent cohorts.
- 202 45.6% of I.U.D. users are in the lower educational category, compared to only 33.3% of pill users and 11.4% of minipill users $\chi^2=.0125$ Pearson's $r'=.08$
- 203 65.1% of I.U.D. users are over 30 [and 15.1% over 40] compared to only 22.7% of pill users and only 2 minipill users [French $\chi^2=.0000$]
- 204 24.2% of French and 38.5% of Maghrebine I.U.D. users have three or more children [French $\chi^2=.0000$ Maghrebine $\chi^2=.0454$]

- 205 FILIPPI J.F. "Les interruptions volontaires de grossesse en Provence-Alpes-Côte D'Azur" Sud Information Economique 51.3 1982 p.11
In the region, the average number of abortions per woman was 0.39 in 1978 and 0.42 in 1979. In the survey the average is 0.39 for the French and 0.10 for Maghrebine.
- 206 IBID This is the same as the regional figure in 1978 and 1979. But the percentage is 37.0% for the French and only 3.5% of live births for the Maghrebine.
- 207 61.1% of miscarriages to French women occur before the first birth, as do 40.0% of miscarriages to Maghrebine women.
- 208 FILIPPI 1982 op cit p.17 The average number of pregnancies prior to abortion in 1979 is 1.54 for the region and 1.79 for France overall. In the survey the average is 0.83 pregnancies before the first abortion for the French: for the Maghrebine it is 0.3, but this concerns only three women.
- 209 BLAYO C. "Les interruptions volontaires de grossesse en France en 1976" Population 34.2 1979 pp;315-316
FILIPPI 1982 op cit pp.12-17
FREZEL-LOZEY M. "L'Avortement: incidence de la contraception et motivations: une enquête à Bordeaux" Population 35.3 1980
- 210 Married women have had an average of 1.14 births before the first abortion, compared to 0.50 for divorced women, 0.17 for cohabiting women, and 0.13 for single women. $x^2=.0531$ Pearsons'r'=-.59
- 211 The average number of pregnancies before the first abortion rises, for the French, from none for under 18s, 0.17 for the 20-24 age group, 0.67 for the 25-29, 0.56 for 30-34, 1.36 for 35-39, and 1.75 for 40-44 age groups. $x^2=.0365$ Pearsons'r'=.50
- 212 It seemed more likely that respondents would admit to a recent legal "interruption" of her pregnancy, following the 1975 law, than to an illicit abortion sometime earlier. In fact many abortions mentioned were before 1975: it is still possible that these early abortions are underreported.
- 213 66.7% of French abortions took place in Marseille, 15.7% elsewhere in France and 15.6% abroad; in the last case this is often because they are late abortions. 10.0% were over 3 months pregnant and 5.0% over 4 months. Only one woman performed the abortion herself. 22.2% had the aid of a midwife or nurse, and 13.3% of some other person.
- 214 Those having legal abortions after 1975 were equally divided between public and private practice while, overall, there is a greater recourse to private [35.7%] than public [23.8%] medicine. The figures for Marseille as a whole for 1979 show 73.0% had public and 27.0% private abortions.
- 215 $\frac{1}{4}$ of all abortions were carried out on women who described themselves as practising Catholics. Although these were carried out, on average, at a slightly later stage, there is no significant difference in the behaviour of practising and non practising Catholics.
- 216 Only 1 single French woman had the first abortion after the first birth.
- 217 50.0% of those in the post 1975 marital cohort who have had an abortion have had no other pregnancy, while a further 30.0% had this abortion before the first birth. $x^2=.0352$ Pearsons'r'=-.69

- 218 Only 2 French women in the over 35 age groups have had an abortion before their first birth, and only one an abortion with no other pregnancy.
- 219 45.4% waited until after their second child.
- 220 $\chi^2=.0000$ Pearsons' $r'=.87$
- 221 The relationship between the stage of the stage of the abortion and actual fertility is significant for those with a primary education [$\chi^2=.0000$ Pearsons' $r'=.82$], an intermediate education [$\chi^2=.0059$ Pearsons' $r'=.88$] and a higher education [$\chi^2=.0004$ Pearsons' $r'=.91$]
- 222 The relationship is also significant at different occupational levels: inactive and manual workers [$\chi^2=.0006$ Pearsons' $r'=.83$] white collar and middle management [$\chi^2=.0031$ Pearsons' $r'=.82$].
- 223 40.0% of those at baccalauréat level who have had one abortion have had no other pregnancy, compared to 36.4% at intermediate levels and only 16.7% at primary education level. 33.3% have had this abortion before their first birth, compared to none at intermediate and 16.7% at lower educational levels. $\chi^2=.0068$ Pearsons' $r'=-.26$
- 224 83.3% of students and 37.5% of white collar workers have had their first abortion without any other pregnancy: a further 25.0% of white collar workers had it before their first pregnancy. $\chi^2=.0264$ Pearsons' $r'=-.23$
- 225 This proportion falls as the delay in the first abortion rises. Only 23.1% of those having an abortion after the first child and 16.7% [1] having an abortion after the second child had adopted contraception before marriage. $\chi^2=.0306$ Pearsons' $r'=.46$.
- 226 FRESEL-LOZEY M. 1980 op cit p.548 in a survey of women in Bordeaux seeking abortion found that 40.0% of married and 42.5% of unmarried respondents were using the pill prior to the two months before conception, and that previous use of the pill was highest among single women between 20-29. All these had abandoned the pill to use a traditional method or none at all.
LAMY M.L., JOURDAIN A., LEVAILLANT J.M. "Aspects sociaux et médicaux de l'avortement: deux enquêtes en Bretagne et à Creteil [1975-77] Population 35.3 1980 p.569 found that users or exusers of the pill represented more than 30.0% of women seeking an abortion.
- 227 Of those women who adopted oral contraception as their first method, before clinic consultation, but later gave it up 67.6% of French and 60.0% of Maghrebine said it was due to intolerance, medical advice, or because they 'ran out' of supplies.
Of those French women who adopted the pill after their first clinic consultation, but later discontinued it, 78.5% gave the same reasons; one woman had had an unplanned pregnancy, leading to an abortion.
 $\chi^2=.0246$ Pearsons' $r'=-.10$

PART IICHAPTER 9Attitudes towards the work and family roles of women

- 1 ALDOUS J. "Occupational characteristics and males' role performance in the family" JMF 31.4 1969
SILVERMAN W., HILL R. "Task allocation in marriage in the United States and Belgium" JMF 29.2 1967
PLECK J.H. "The work-family role system" Social Problems 24.4 1977
All discuss the extent to which the male occupational role determines his availability to participate in the family role.
- 2 ROUSSEL L. "Le mariage et la famille dans la société moderne" Cahier de L'INED N° 73 PUF Paris 1975 p.252
- 3 SULLEROT E. "Women's role in modern society from the sociological and economic points of view" O.E.C.D. "The employment of women" O.E.C.D. Paris 1970 p.87
This attitude ~~has been~~ reinforced by the theory of maternal deprivation developed by Bowlby: BOWLBY J. "Child care and the growth of love" Pelican 1953. This theory has been subsequently criticised in several works, including YUDKIN S., HOLME A. "Working mothers and their children" Michael Joseph 1963
O'CONNOR N. "The evidence for the permanently disturbing effects of mother-child separation" Acta Psychologica 12 pp.174-191
YARROW L.J. "Maternal deprivation: Towards an empirical and conceptual re-evaluation" Psychological Bulletin 58 pp.459-490
CLARKE A.M., CLARKE A.D.B. "Early experience: Myth and evidence" Open Books 1976
- 4 GIRARD A., ROUSSEL L. "Fécondité et conjoncture: une enquête d'opinion sur la politique démographique" Population 34.3 1979 p.587
- 5 ROUSSEL L. "L'attitude de diverses générations à l'égard du mariage, de la famille et du divorce en France" Population N° Spécial 1971 pp.101-142
TABARD N. "Enquête 1971 sur les besoins et les aspirations des familles et des jeunes" CNAF-CREDOC Paris 1972
GIRARD, ROUSSEL 1979 op cit p.578
- 6 CHOMBART DE LAUWE M.J., CHOMBART DE LAUWE P.H., HUGUET M., PERROY E., BISSERET N. "La femme dans la société: son image dans différents milieux sociaux" C.N.R.S. 1967 p.168-72 A survey in 1962 found this attitude persisted in all social milieus, although less so among younger generations.
CHOMBART DE LAUWE M.J. "Image de la situation de la femme dans la société urbaine française" Chapter 2 CHOMBART DE LAUWE P.H. "Images de la femme dans la société" Les Editions Ouvrières Paris 1964 found that, among among working and lower middle class groups, women more than men refused male participation in household tasks. p.57
- 7 CHOMBART DE LAUWE 1964 op cit p.52. In the working class 52.3% of women and 21.7% of men approved women's employment in general. This rose to 65.0% for women and 21.7% for men in the lower middleclasses
- 8 ROUSSEL 1971 op cit Survey conducted in 1969
TABARD 1972 op cit Survey conducted in 1971
GIRARD, ROUSSEL 1979 op cit Survey conducted in 1978

- 9 ROUSSEL 1971 op cit p.116 34.0% of men respondents in the 1961-64 marital cohort and 31.0% in the post 1964 marital cohort felt that married men should have authority in the household, compared to 26.0% and 15.0% of women in the same cohorts.
- 10 TABARD 1972 op cit. 22.0% of single female respondents felt that roles should be equally divided, 38.0% that the woman's occupational role should be less absorbing and 40.0% that only the man should work.
- 11 GIRARD, ROUSSEL 1979 op cit p.578 46.0% of the 20-24 age group thought an equal division of roles ideal against only 29.0% in the 40-54 age group. 15.0% in the younger age group think that only the man should work, compared to 29.0% in the older age group.
- 12 DONNEES SOCIALES Edition 1978 INSEE p. 380. The survey "Divorce", Ministère de la Justice 1972 found that 53.0% of women and 65.0% of men thought that the advantage of women's employment was financial, against 44.0% and 34.0% who thought the advantage was female independence. 90.0% of both felt that the main disadvantage was that women would do less in the home, and 7.0% that her independence was the main disadvantage.
- 13 GIRARD, ROUSSEL 1979 op cit p.578
- 14 Only 20.0% of women in higher and 25.0% of women in middle management would give up their employment in these circumstances, compared to 55.0% of white collar workers, 58.8% of manual workers and 80.0% of artisans $\chi^2=.0226$ Pearsons 'r' =-.02
- 15 64.3% of those with a monthly income under the minimum growth wage would give up work, a proportion falling progressively to 0.0% of those earning between 5000-6000 francs per month . $\chi^2=.0166$ Pearsons 'r'=.28
- 16 Among French respondents, 7.7% had given up for marriage, 30.8% for pregnancy and 12.8% to care for the children. The corresponding proportions for Maghrebine women are 27.3%, 27.3% and 9.1%, indicating a tendency to give up work at earlier stages in the family cycle.
- 17 66.6% of currently inactive who had been in employment had been manual workers, compared to 59.1% of women in paid employment at the time of the interview.
- 18 13.1% gave up work because of their health and 11.5% because there was no work available.
- 19 Only 1 woman in middle occupational groups gave up work to marry, but 33.3% gave up for pregnancy and 16.7% to care for children. $\chi^2=.0390$ Pearsons 'r'=-.73
- 20 71.3% of those whose husband was hesitant [$\chi^2=.0818$ Pearsons 'r'=-.69] and 74.9% of those whose husband disapproved [$\chi^2=.0803$] gave up for family reasons, compared to 61.6% of those whose husband approved.
- 21 41.0% were unhappy, 50.8% happy, and 8.2% indifferent to leaving work.
- 22 None of those with no children had been happy to give up work, compared to 72.7% with one child and 81.8% with two children $\chi^2=.0065$ Pearsons 'r'=-.38

- 23 48.5% of ex manual workers had been unhappy to give up work, compared to 34.6% of white collar and middle management workers: in the latter group, their satisfaction decreases with family size. $\chi^2=.0374$ Pearsons 'r'=-.19
- 24 58.3% of those with an income under the minimum growth wage were not happy to give up work, compared to 33.3% with a family income above this level.
- 25 81.8% of Maghrebine and 75.6% of French respondents were planning to work or return to work.
- 26 52.2% of Maghrebine women and 20.8% of French women were planning to return immediately [$\chi^2=.0000$ Pearsons 'r'=.11]. For the French the likelihood of return decreases from 100.0% with no children, 92.3% with 1 child, 66.7% with 2 children, 60.0% with 3 children, 25.0% with 4 children, to 0.0% with 5 children. $\chi^2=.0000$ Pearsons 'r'=.63. For both ethnic groups there is a significant relationship between family size and the possibility of an immediate return, falling from 38.9% with one child, to 21.0% with two children $\chi^2=.0000$ Pearsons 'r'=.47
- 27 44.4% of those with a first child under three were prepared to start work immediately, suggesting a greater attachment to work among the younger generation as well as the acceptability of the creche as a form of alternative child care.
- 28 There is a significant relation between family size and work intentions for those at lower [$\chi^2=.0019$ Pearsons 'r'=.58] educational levels. This is less evident at middle educational levels [$\chi^2=.0838$ Pearsons 'r'=.61]
- 29 All of ex manual workers with no children or only one child intend to return to work, but this intention lessens as family size increases. $\chi^2=.0446$ Pearsons 'r'=.50
- 30 $\chi^2=.0317$ Pearsons 'r'=.55
- 31 Women with a family income between 1800 and 4000 francs per month. $\chi^2=.0043$ Pearsons 'r'=.63
- 32 31.0% [9] of Maghrebine and 37.8% [56] of French respondents giving a first reason for working also gave a second reason. 13.8% [4] Maghrebine and 5.4% [8] French gave a third reason. 50.0% of these third reasons are family finances and 50.0% economic independence for the Maghrebine. For the French 50.0% chose family finances, 37.5% the desire to meet people and 12.5% [1] a dislike of home.
- 33 CHOMBART DE LAUWE 1964 op cit p58-9 suggests that one of the reasons why economic reasons predominate is the fear of women to show a positive taste for work, partly because of the hostility and suspicion of men as to their reasons.
- 34 There is a significant relationship between family size and the first [$\chi^2=.0000$ Pearsons 'r'=-.25] and second [$\chi^2=.0023$ Pearsons 'r'=-.03] reasons.
- 35 In the most recent marital cohort only one woman who has no children gives family finances as a reason for working.
- 36 The relationship is significant at all educational levels; lower [$\chi^2=.0670$ Pearsons 'r'=.00], middle [$\chi^2=.0007$ Pearsons 'r'=-.46] and upper [$\chi^2=.0074$ Pearsons 'r'=-.12]

- 37 All of those between 18-19 [$\chi^2=.0012$ Pearson's $r'=-.71$] and 76.9% of those between 20-24 [$\chi^2=.0000$ Pearson's $r'=-.42$] who have one child give family finances as the reason for working.
- 38 90.0% of those with a family income under the minimum growth wage [$\chi^2=.0062$ Pearson's $r'=-.52$] and 78.6% of those with an income just above [$\chi^2=.0001$ Pearson's $r'=-.42$] give the family's financial situation as their reason for working when they have one child.
This reason is given by all women with one child who were manual workers and 86.4% who are the wives of manual workers. Reasons are significantly associated with family size for women who are themselves [$\chi^2=.0066$ Pearson's $r'=-.35$] or have husbands [$\chi^2=.0210$ Pearson's $r'=-.17$] in the middle occupational groups, those with one child opting strongly for family finance as a reason for working.
- 39 $\chi^2=.0587$ Pearson's $r'=.90$. 12.2% of Maghrebine and 24.4% of French who are currently inactive do not intend to work.
- 40 94.1% of single French respondents who intend to marry also intend to continue working.
- 41 44.0% intend to work all the time except for pregnancies. 48.0% will give up at pregnancy, but all except two will return later. 4.3% foresaw no interruptions as they did not want children.
- 42 43.0% of those with the baccalauréat or above continued their education because they wanted a good job. This proportion rises to 75.0% among the under 18s. There is a significant relationship between age and the reasons given. 57.1% of those between 30-34 continued because of the wish to learn and only 14.3% for a good job. $\chi^2=.0000$ Pearson's $r'=.13$
- 43 Those French respondents who had stopped education at primary levels said it was because they had to work [36.2%], parental pressure [14.9%] and they did not want to continue. Those who continued to the professional aptitude certificate wanted to work [34.3%] more often than they had to work [22.9%] $\chi^2=.0459$ Pearson's $r'=-.13$
- 44 41.4% of French and 82.4% of Maghrebine who stopped before the baccalauréat would like to continue their education. The greater enthusiasm of the Maghrebine is probably because they stopped at lower levels: 77.8% of this group below the primary aptitude certificate compared to 57.3% of the French.
- 45 GIRARD A., ROUSSEL L., BASTIDE H. "Natalité et politique familiale: une enquête d'opinion" Population 31.2 1976 pp.693-750 reports the 1975 INED survey.
BASTIDE H., GIRARD A. "Attitudes des français sur la conjoncture démographique, la natalité et la politique familiale à la fin de 1976" Population 32.3 1977 p.536 reports the 1976 INED survey.
- 46 BASTIDE, GIRARD 1977 op cit p.535 notes that this coincides with the slight rise in ideal family size at this period.
- 47 CHOMBART DE LAUWE 1964 op cit p.51
- 48 Approval rises from 48.1% in the lower, to 60.0% in the middle and 73.1% in the upper educational group. In the latter group only 7.7% disapprove, compared to 21.3% at lower educational levels. $\chi^2=.0375$ Pearson's $r'=-.22$

- 49 For the Maghrebine, approval is significantly related to current employment status [$\chi^2=.0124$ Pearsons' $r'=-.00$] and personal income [$\chi^2=.0333$ Pearsons' $r'=.02$]
- 50 $\chi^2=.0728$ Pearsons' $r'=-.01$
- 51 57.6% of French and 55.6% of Maghrebine who approve married womens' employment report that their partner also approves, against only 23.1% and 0.0% of those who think it undesirable : of whom 76.9% and 85.7% of partners also think it is undesirable. French $\chi^2=.0000$ Pearsons ' $r'=.42$. Maghrebine $\chi^2=.0126$ Pearsons' $r'=.40$
- 52 92.9% of French and 66.7% of Maghrebine partners who have wives who work agree to this employment.
- 53 MICHEL A. "The Frenchwoman's role in urban married life" International Social Science Journal Vol XVI N°1 1964 p.112 in the first French survey of family planning consultants noticed the "duality" of the French urban husband who expresses "old-fashioned" opinions on problems relating to women and family life but "adopts a co-operative, progressive attitude, and respects his wife's initiatives, in his capacity as a partner in the marriage."
- 54 23.5% of French partners. $\chi^2=.0052$ Pearsons' $r'=.38$
- 55 The partners approval is positively related to his own educational level (F) [$\chi^2=.0077$ Pearsons' $r'=-.29$] and to the respondent's educational level [$\chi^2=.0195$ Pearsons' $r'=-.26$ French: $\chi^2=.0336$ Maghrebine]
- 56 Approval falls from 55.6% in the 20-24 age group to 34.8% in the 30-34 age group, then rises again to 46.2% in the 40-44 age group, although 46.2% in the latter group also disapprove compared to only 17.4% in 30-34 group [$\chi^2=.0562$ Pearsons' $r'=.05$]
Lowest approval (16.7%) and highest disapproval (75.0%) is in the 1960-64 marital cohort [$\chi^2=.0172$ Pearsons' $r'=-.30$]
- 57 In French couples who agree about the number of children they want, 46.2% of husbands think married womens' employment is desirable, compared to only 22.2% in couples which disagree $\chi^2=.0347$ Pearsons' $r'=.03$
- 58 In French families with child care responsibilities, 78.6% of wives who approve married womens' employment have had help from their husband in child care in the past week, compared to only 57.1% of those who disapprove. $\chi^2=.0272$ Pearsons' $r'=-.22$
- 59 At the birth of the last child, partners who approve married womens' employment gave more help with feeding [38.5% often and 46.1% irregularly] than partners who disapproved [29.6% often and 25.9% irregularly] Partners who qualified their responses gave intermediate levels of help. $\chi^2=.0875$ Pearsons' $r'=-.29$
- 60 Women who approve employment share large scale expenditure decisions in 75.0% of cases, and assume them in 23.1% of cases. $\chi^2=.0472$ Pearsons' $r'=-.16$
- 61 23.1% of partners take the decision alone and 61.5% share the decision.
- 62 75.0% of those who qualify approval share in expenditure decisions. $\chi^2=.0134$ Pearsons' $r'=-.02$
- 63 60.0% of partners who think employment desirable assume responsibility for tax declarations, against 47.1% who think it is undesirable $\chi^2=.0060$ Pearsons' $r'=-.40$

- 64 38.5% who approve of employment take on household repair tasks, compared to 64.7% who disapprove. In neither case is there any sharing of the task. [$\chi^2=.0027$ Pearsons' $r'=-.27$] In the Maghrebine couple, household repairs are not traditionally a male task.
- 65 French women who approve employment think government policy should facilitate employment(36.6%) or allow a choice (22.8%) rather than enabling women to stay at home. The last policy is approved by 75.0% of those disapproving employment: only 16.7% choose measures which facilitate work, and 8.3% opt for choice. $\chi^2=.0005$ Pearsons' $r'=.06$. Maghrebine women who approve choose facilitating measures(42.9%) as well as home measures(57.1%) Of those disapproving 85.7% opt for a policy to enable the mother to stay at home, and 14.3%(1) a choice $\chi^2=.0597$ Pearsons' $r'=.44$
- 66 Among French women approving employment, 65.8% choose measures which facilitate employment compared to only 21.7% who disapprove employment. $\chi^2=.0056$ Pearsons' $r'=-.23$
- 67 BOWLBY J. 1953 op cit
BOWLBY J."Attachment and loss" Hogarth Press London 1969-80
BOWLBY J:"Maternal care and mental health" World health Organisation Geneva 1977
- 68 CHOMBART DE LAUWE M.J. 1964 op cit p52 found that only 5.0% of working class men and women approved married women's employment when there was a small child: in the lower middle class 13.0% of men and 10.0% of women approved.
- 69 ~~EBD~~ 16.7% of men and 25.0% of women in the working class approve; and 20.0% of men and 30.0% of women in the lower middle class.
- 70 BASTIDE, GIRARD 1977 p.535
- 71 I chose the age of three and six years as division points, rather than two and five years, because these mark the end of creche care and the end of infant school [école maternelle] care.
- 72 BASTIDE, GIRARD 1977 op cit
- 73 This is significant for both the French and the Maghrebine, 75.0% of each group with a child under three thinking employment desirable in these circumstances [French $\chi^2=.0653$ Pearsons' $r'=.14$ Maghrebine $\chi^2=.0157$ Pearsons' $r'=.20$
- 74 50.0% of active mothers with a child under three years old had her child in a creche. There is a significant relationship between type of child care and the age of the first [$\chi^2=.0002$ Pearsons' $r'=.57$] and the second [$\chi^2=.0048$ Pearsons' $r'=.45$] child.
- 75 With the exception of the highest income group. $\chi^2=.0950$ Pearsons' $r'=.02$
- 76 With the exception of the husband who has a baccalauréat and no further training. $\chi^2=.0013$ Pearsons' $r'=-.05$
- 77 Approval is high when the husband is a manual worker [2 children under 6 $\chi^2=.0503$: 3 or more children $\chi^2=.0025$ Pearsons' $r'=.15$] and, in the case of 2 children under 6 when the wife is a manual worker [$\chi^2=.0301$ Pearsons' $r'=.08$]. Her approval falls in circumstances where there are 3 or more children [$\chi^2=.0134$ Pearsons' $r'=.12$]
- 78 All of women in higher management approve when there are two children under 6 and 60.0% when there are three children or more.

- 79 When considering a family of more than three children approval rises from 13.9% for those at primary level to 45.7% for those at an advanced level [$\chi^2=.0055$ Pearsons' $r'=.00$] in the French group.
- 80 When there are no children, all but one of those with an education above the baccalauréat in the French group approve employment [$\chi^2=.0585$ Pearsons' $r'=.00$]
- 81 French women with no income have the highest level of approval when the child is over the age of 12 $\chi^2=.0245$ All inactive women and all those in white collar work think employment is desirable when there are no children $\chi^2=.0460$ Pearsons' $r'=.10$
- 82 GIRARD, ROUSSEL, BASTIDE 1976 op cit
BASTIDE, GIRARD 1977 op cit
- 83 GIRARD, ROUSSEL 1979 op cit p.535
- 84 BASTIDE, GIRARD 1977 op cit p.544-549 This survey found that approval rose with education, occupational status and income. It was highest among young respondents, and those with no religious beliefs, and low among those with right wing political tendencies and large families.
- 85 $\chi^2=.0094$ Pearsons' $r'=-.04$ 39.7% against 70.2% with primary education approve home measures
- 86 French women in favour of employment receive more help from their partners in cooking [$\chi^2=.0321$ Pearsons' $r'=.16$] and ironing [$\chi^2=.0005$ Pearsons' $r'=-.02$]
- 87 Maghrebine women in favour of employment receive more help in housework [$\chi^2=.0939$ Pearsons' $r'=.06$] and washing up [$\chi^2=.0976$ Pearsons' $r'=.01$] the relationship is less significant and less strong than for the French.
- 88 There is evidence for a relationship in cooking [$\chi^2=.0860$ Pearsons' $r'=-.08$] washing up [$\chi^2=.0318$ Pearsons' $r'=-.09$] and housework [$\chi^2=.0758$ Pearsons' $r'=-.09$]
- 89 BASTIDE H., GIRARD A. "Attitudes et opinions des français à l'égard de la fécondité et de la famille" Population 30.4-5 1975 pp.695-750
- 90 IBID p.711
- 91 $\chi^2=.0081$ Pearsons' $r'=-.06$
- 92 Approval falls from 94.0% among those with no children to 66.7% among those with 4 children $\chi^2=.0826$ Pearsons' $r'=.07$
- 93 Single women who favour paternity leave also favour female participation in tax declaration $\chi^2=.0209$ Pearsons' $r'=-.28$
- 94 Approval falls as family income rises, except in the highest income group [$\chi^2=.0167$ Pearsons' $r'=.26$] and with the age of the marital cohort [$\chi^2=.0672$ Pearsons' $r'=-.15$]
- 95 BASTIDE, GIRARD 1977 op cit p.539
- 96 IBID p.537

- 97 GIRARD, ROUSSEL 1979 op cit p.581 26.0% in this survey and 24.0% in an earlier survey in 1975 felt that this measure would have the most effect in encouraging a third child.
- 98 Still only 2.6% in the higher educational category chose these options
 $x^2=.0030$ Pearsons'r'=.29
- 99 Among women in higher management, 40.0% choose part time work, 40.0% a longer maternity leave and 20.0% alternative child care.
 $x^2=.0001$ Pearsons'r' =.21
- 100 61.2% choose work oriented options , compared to only 15.0% of ex manual workers. $x^2=.0303$ Pearsons'r'=.46
- 101 $x^2=.0038$ Pearsons'r'=.17
- 102 47.5% of those married to inactive or manual workers choose cash allowances $x^2=.0070$ Pearsons'r'=-.00
- 103 28.6% of those who favour alternative child care have help with the ironing, compared to none of those who favoir family and home responsibility allowances. $x^2=.0792$ Pearsons'r'=.09
- 104 $x^2=.0984$ Pearsons'r'=.04
- 105 Maghrebine women who favour reforms to allow them to work have least help in childcare tasks such as changing nappies [$x^2=.0490$ Pearsons'r' = -.42] and participate least in traditional male tasks such as shopping [$x^2=.0701$ Pearsons'r'=.25] and current expenditure decisions [$x^2=.0228$ Pearsons'r'=.00]
- 106 $x^2=.0236$ Pearsons'r'=-.27
- 107 GIRARD, ROUSSEL 1979 op cit p.571 also found that "the family model where only the husband works is losing ground in favour of the model where both partners work outside and share child care."

CHAPTER 10

THE INFLUENCE OF CHANGES IN WOMEN'S STATUS ON FAMILY ORGANISATION, FERTILITY ATTITUDES AND BEHAVIOUR AMONG FRENCH AND MAGHREBINE WOMEN

- 1 MICHEL A. "Activité professionnelle de la femme et vie conjugale" C.N.R.S. Paris 1974 pp.50-53
- 2 BLOOD R.O., HILL R., MICHEL A., SAFILIOS ROTHSCCHILD C. "Comparative analysis of family power structure : problems of measurement and interpretation" in HILL R., KONIG R. "families in East and West" Mouton Paris 1970
MICHEL A. "Comparative data concerning the interaction in French and American families" JMF 29.2 1967 p.337
- 3 ERICKSEN J.A., YANCEY W.L., ERICKSEN E.P. "The division of family roles" JMF 41.2 1979 pp.301-304 suggest that variations in the findings of American studies such as BLOOD R.O., WOLFE D.M. "Husbands and wives : the dynamics of marital living" New York 1960, who found that many husbands of women who work do half the housework, and VANEK J. "Keeping busy : time spent in housework in the U.S.1920-70" University of Michigan 1973, who estimated that husbands of working women help for only three hours per week, is due to the fact that BLOOD and WOLFE selected activities that did not cover the whole, or the most time consuming aspects, of housework, while VANEK asked only brief questions about the husband's participation.
- 4 Help received in different tasks at the birth of the last child, according to ethnic group

Task	Babysitting		Feeding		Dressing		Getting up at night		Taking out alone		Changing nappies	
	F	M	F	M	F	M	F	M	F	M	F	M
Frequent help	37.5	32.4	34.6	29.7	29.6	24.3	27.5	21.6	30.0	24.3	30.9	21.6
Irregular help	38.7	27.0	35.8	29.7	33.3	18.9	30.0	24.3	25.0	16.2	14.8	16.2
No help	23.7	40.5	29.6	40.5	37.0	56.8	42.5	54.0	45.0	59.6	54.3	62.2
- 5 GIRARD A. "The time budget of married women in urban centres" O.E.C.D. "The employment of women" Regional Trade Union Seminar O.E.C.D. Paris 1970 p.208
- 6 LEMEL Y. "Les budget-temps des citadins" Les Collections de l'INSEE N°33 1973 in DONNEES SOCIALES Edition 1978 INSEE p.375 found that women still carry out 80% of domestic work. There is less possibility of reducing the time given to early child care than other domestic tasks, as they are essentially 'caring' tasks which can not be mechanised.
- 7 Maghrebine women are less likely to have received even occasional help in all early child care tasks, although their last birth represented a higher order birth. There is a significant difference between the help given by French and Maghrebine husbands in current child care $\chi^2=0.129$ Pearsons 'r'=.12
- 8 GIRARD 1970 op cit pp.200-201 found that the average time spent per day on marketing [food shopping] was 0.6 hours and other shopping 0.1 hours. This is one of the few tasks that does not increase with family size, although non active women spend more time on this than active women. Housework and cooking are the most time consuming tasks and increase with family size.

- 9 MICHEL 1974 op cit pp50-53
- 10 14.1% of French and 20.5% of Maghrebine respondents said that holiday decisions were not applicable to their couple.
- 11 Current expenditure decisions $\chi^2=.0270$ Pearsons' $r'=-.09$
Large scale expenditure decisions $\chi^2=.0039$ Pearsons' $r'=-.23$
- 12 BLOOD, WOLFE 1960 op cit p.34
CHOMBART DE LAUWE M.J. "La femme dans la societ : son image dans diff rents milieux" C.N.R.S. Paris 1967 p.157
PAHL J. "Patterns of money management within marriage" University of Kent pp.13-14
KOMAROVSKY M. "Blue collar marriages" Vintage Books New York 1967
See also Part I Chapter 3 p.72
- 13 BLOOD, WOLFE 1960 op cit p.43
- 14 This is the only group to include women with an occupational status above that of manual or service worker. the average family size is 4.5 children, compared to 2.3 in the 25-29 age group and 1.3 in the 20-24 age group.
- 15 1/3 of the respondents in the 30-34 age group receive frequent help in all child care tasks. In other age groups, frequent help is confined mainly to feeding and babysitting, and the overall level of help is lower.
- 16 Almost half of those married between 20 - 24 receive frequent help in all tasks [feeding, dressing, changing nappies 45.4%, taking out 54.5% getting up at night 36.4%], while those married between 18-19 receive only irregular help if they get help at all. The relationships are significant for all tasks except babysitting. [feeding $\chi^2=.0418$ Pearsons' $r'=.50$, dressing $\chi^2=.0183$ Pearsons' $r'=.57$, changing nappies $\chi^2=.0121$ Pearsons' $r'=.55$, taking out $\chi^2=.0128$ Pearsons' $r'=.36$, getting up at night $\chi^2=.0780$ Pearsons' $r'=.52$]
- 17 Maghrebine men married between 20-24 always give frequent help when their wife is in the same age range, but very rarely if their wife was only 18-19 at marriage, when the level of absolute refusal is very high. the relationship is significant in four tasks: changing nappies $\chi^2=.0005$ Pearsons' $r'=.96$, getting up at night $\chi^2=.0029$ Pearsons' $r'=.94$, dressing $\chi^2=.0068$ Pearsons' $r'=.54$, babysitting $\chi^2=.0602$ Pearsons' $r'=.53$
- 18 53.8% of the most recent marital cohort, married after 1975, received regular help, compared to only 12.8% of those married the longest.
- 19 Proportion of respondents receiving help with child care in the previous week, according to marital cohort [French respondents]
- | Marital cohort | 1955-59 | 1960-64 | 1965-69 | 1970-74 | 1975+ | All |
|----------------|---------|---------|---------|---------|-------|------|
| % | 16.7 | 58.3 | 83.3 | 89.5 | 88.9 | 76.1 |
- $\chi^2=.0003$ Pearsons' $r'=.17$
- 20 Proportion of respondents receiving help with child care in the previous week, according to age cohort [Maghrebine respondents]
- | Age cohort (years) | 35+ | 34-30 | 29-25 | 24-20 | All |
|--------------------|------|-------|-------|-------|------|
| % | 25.0 | 55.6 | 46.1 | 70.0 | 57.1 |
- $\chi^2=.0427$ Pearsons' $r'=.01$

- 21 There is a significant relationship with the age of the first child for both French [$\chi^2=.0005$ Pearson's $r'=.86$] and Maghrebine [$\chi^2=.0005$ Pearson's $r'=.70$] For the French there is also a relationship with the age of the second child [$\chi^2=.0002$ Pearson's $r'=.29$]
- 22 Help with housework is at its highest in the French couple with a first child under three. 75.0% receive help, compared to 38.5% with a child between 3-5, 56.5% when child between 6-11, and 25.0% when child between 12-17 . $\chi^2=.0156$ Pearson's $r'=.07$
- 23 Help with housework falls from 66.7% in most recent marital cohort to 2.5% in the oldest marital cohort. $\chi^2=.0605$ Pearson's $r'=-.29$
- 24 The general increase in help as marital cohort gets younger is interrupted in the 1970-74 cohort, where it falls to 59.1%. It then rises again to 76.7% in the most recent cohort. $\chi^2=.0567$ Pearson's $r'=-.27$ This fall corresponds to the age group 35-39. $\chi^2=.0750$ Pearson's $r'=.13$
- 25 Most help in cooking is offered when there are no children [69.2%] or when children are over 18 [55.6%] falling to much lower levels in the intervening period when there are dependent children. $\chi^2=.0682$ Pearson's $r'=.05$
- 26 There is a significant relationship with the age [$\chi^2=.0255$ Pearson's $r'=-.11$] and the marital cohort [$\chi^2=.0123$ Pearson's $r'=.10$]
- 27 cooking $\chi^2=.0468$ Pearson's $r'=.65$. washing up $\chi^2=.0821$ Pearson's $r'=.36$
- 28 26.7% in the most recent marital cohort share this task and 30.0% of partners assume it alone, compared to 7.7% [1] and 46.2% in the 1960-64 cohort : 10.5% and 68.4% in the 1965-69 cohort. The respondents personal responsibility is at its highest in the 1970-74 cohort. $\chi^2=.0091$ Pearson's $r'=.14$
- 29 In the age cohort 20-24 25.0% of partners share this task, while 58.3% of husbands and only 16.7% of respondents have sole responsibility. $\chi^2=.0863$ Pearson's $r'=-.04$
- 30 $\chi^2=.0218$ Pearson's $r'=.12$
- 31 50.0% of women in the most recent marital cohort take sole responsibility for this decision, compared to 23.1 in the 1960-64 cohort [$\chi^2=.0000$ Pearson's $r'=.62$] 40.0% of women between 20-24 take this decision. The partner only starts to feature as a sole decision maker after the age of 30. [$\chi^2=.0124$ Pearson's $r'=-.39$]
- 32 Participation is significantly related to the age of the first child [French $\chi^2=.0000$ Pearson's $r'=.30$ Maghrebine $\chi^2=.0075$ Pearson's $r'=-.14$] the age of the second child [French $\chi^2=.0001$ Pearson's $r'=.59$ Maghrebine $\chi^2=.0055$ Pearson's $r'=.51$] and, for the Maghrebine to the age of the third child [$\chi^2=.0117$ Pearson's $r'=.60$]
- 33 $\chi^2=.0713$ Pearson's $r'=.08$
- 34 Sharing is highest when the partner married between the ages of 20-24 [84.1% have joint decision making] $\chi^2=.0197$ Pearson's $r'=-.13$

- 35 60.0% of Maghrebine women have an education below or equivalent to primary level. 15.0% are economically active, most of these being in unskilled manual work. 82.5% have no personal income.
- 36 80.6% of French respondents have received a secondary education. 71.9% are in full time study or paid employment.
- 37 76.9% of women at higher educational levels had some help with these tasks, compared to 69.4% [feeding] and 55.6% [dressing] at lower educational levels. [feeding $x^2=.0728$ Pearsons' $r'=.19$: dressing $x^2=.0667$ Pearsons' $r'=.20$]
- 38 52.0% at higher educational levels received some help, compared to 55.6% at lower educational levels. $x^2=.0297$ Pearsons' $r'=.20$
- 39 French partners at low educational levels help more when their partner is at the same level. [babysitting $x^2=.0002$ Pearsons' $r'=.38$ taking the child out alone $x^2=.0231$ Pearsons' $r'=.01$]
The few Maghrebine partners with the baccalauréat also help more when the respondent is at the same level [$x^2=.0620$ Pearsons' $r'=.33$]
- 40 87.5% of those with an education above the baccalauréat receive help, compared to only 53.3% at mid educational levels and 79.4% at lower educational levels. $x^2=.0750$ Pearsons' $r'=.15$
- 41 63.6% at higher educational levels receive help, compared to 43.6% at lower educational levels. Again help falls(to 30.0%) at mid educational levels. $x^2=.0466$ Pearsons' $r'=-.16$
- 42 21.2% of women with the baccalauréat share this task, compared to none at mid educational and 15.4% at lower educational levels. $x^2=.0120$ Pearsons' $r'=.07$
- 43 30.3% at higher educational levels share this decision, compared to 10.0% of less educated . $x^2=.0099$ Pearsons' $r'=-.20$
- 44 53.3% of partners at higher educational levels have predominance in this task and 30.0% share, compared to 28.9% and 7.9% at lowest educational levels. $x^2=.0047$ Pearsons' $r'=-.20$
- 45 RODMAN H. "Marital power in France, Greece, Yugoslavia, and the United States: a cross national discussion" JMF 29.2 1967 p.321
See also Part I Chapter 3 p.77
- 46 $x^2=.0012$ Pearsons' $r'=.39$
- 47 All women with a professional education certificate [B.E.P.C.] share these decisions with their partner . $x^2=.0554$ Pearsons' $r'=-.03$
- 48 In couples where the woman has the baccalauréat, she takes sole responsibility for these decisions in only 4.3% of cases if the partner has an equivalent level; in 25.0% of cases if he has a mid educational level, and 66.7% if he has a lower educational level. $x^2=.0088$ Pearsons' $r'=.55$

- 49 The same pattern is observed for holiday decisions [French $\chi^2=.0282$ Pearson's $r'=-.20$, Maghrebine $\chi^2=.0402$ Pearson's $r'=-.18$] and for decisions concerning childrens' education [French $\chi^2=.0230$ Pearson's $r'=.27$, Maghrebine $\chi^2=.0002$ Pearson's $r'=-.23$] for both ethnic groups.
- 50 The partner's educational level significantly affects holiday decisions in the Maghrebine couple [$\chi^2=.0145$ Pearson's $r'=-.05$] and educational decisions in the French couple [$\chi^2=.0034$ Pearson's $r'=.22$]
- 51 see Note 3
- 52 MICHEL 1974 op cit p.165
- 53 There is a significant relationship between the primary reason given for working and the help received from the partner in all early child care tasks in the French couple [changing nappies $\chi^2=.0474$ Pearson's $r'=.27$, getting up at night $\chi^2=.0137$ Pearson's $r'=.25$, feeding $\chi^2=.0612$ Pearson's $r'=.30$, dressing $\chi^2=.0366$ Pearson's $r'=.31$, babysitting $\chi^2=.0460$ Pearson's $r'=.23$, taking out $\chi^2=.0501$ Pearson's $r'=.24$]
There is a significant relationship between the second reason given by Maghrebine respondents and the help received in some child care tasks. Women who want to work to help their husband receive less help and less regular help, than other groups. [changing nappies $\chi^2=.0357$ Pearson's $r'=-.27$, dressing $\chi^2=.0400$ Pearson's $r'=-.30$, babysitting $\chi^2=.0357$ Pearson's $r'=-.27$]
- 54 This concerns mainly Maghrebine respondents, and applies to the tasks of feeding [$\chi^2=.0255$ Pearson's $r'=.60$], dressing [$\chi^2=.0255$ Pearson's $r'=.60$] and taking the child out [$\chi^2=.0279$ Pearson's $r'=.63$]
- 55 This applies primarily to French respondents [$\chi^2=.0202$ Pearson's $r'=.39$]. There is less evidence of a significant relationship for the Maghrebine [$\chi^2=.0857$] who undertake work only temporarily and in cases of financial necessity. All French women who returned to work after an interruption because of interest in their work, or a desire for economic independence currently have help from their partner in child care.
- 56 cooking $\chi^2=.0429$ Pearson's $r'=.02$, washing up $\chi^2=.0797$ Pearson's $r'=-.05$, ironing $\chi^2=.0015$ Pearson's $r'=.03$ French, $\chi^2=.0241$ Pearson's $r'=-.58$ Maghrebine]
- 57 $\chi^2=.0745$ Pearson's $r'=-.28$
- 58 The partner reserves this task for himself in only 22.2% of cases, compared to 26.9% in couples where the woman would give up work for another child. $\chi^2=.0137$ Pearson's $r'=-.11$
- 59 $\chi^2=.0060$ Pearson's $r'=.40$
- 60 The respondent's approval is linked to large scale expenditure decisions [$\chi^2=.0472$ Pearson's $r'=-.16$] and the partner's approval to current expenditure decisions [$\chi^2=.0134$ Pearson's $r'=-.02$]
- 61 French respondents $\chi^2=.0777$ Pearson's $r'=.28$. Maghrebine respondents $\chi^2=.0606$ Pearson's $r'=-.04$

- 62 MONNIER A. "La naissance d'un enfant : incidences sur les conditions de vie des familles" INED Travaux et Documents N° 81 INED 1977 p.84 found that 10.0% of active women had help from their husband and 13.0% had paid help, compared to 6.0% and 7.0% of inactive mothers.
- 63 The relationship between the French respondent's occupational category and help received in early child care is significant in three tasks : changing nappies $\chi^2=.0087$ Pearsons' $r'=.12$, dressing $\chi^2=.0309$ Pearsons' $r'=.16$, and taking the baby out alone $\chi^2=.0073$ Pearsons' $r'=.20$. The partner's occupation is significant in two tasks, getting up at night and taking the child out [$\chi^2=.0586$ Pearsons' $r'=.41$, $\chi^2=.0470$ Pearsons' $r'=.40$] in the Maghrebine couple. The relationship between the French partners occupation and the help he gives is not as evident, probably because the impact of the wife's activity is more important in the French couple.
- 64 See Graph 10.4
- 65 Employment history of respondents according to ethnic group
- | | Currently active | Inactive since children | Inactive since marriage | Never active |
|------------|------------------|-------------------------|-------------------------|--------------|
| French | 62.2 | 19.4 | 8.2 | 3.1 |
| Maghrebine | 15.0 | 22.6 | 15.0 | 30.0 |
- 66 The relationship between employment history and help received is significant for both French and Maghrebine in changing nappies [French $\chi^2=.0544$ Pearsons' $r'=.08$, Maghrebine $\chi^2=.0613$ Pearsons' $r'=.09$] and dressing [French $\chi^2=.0250$ Pearsons' $r'=.06$, Maghrebine $\chi^2=.0428$ Pearsons' $r'=.13$]. It is significant for the French in getting up at night [$\chi^2=.0520$ Pearsons' $r'=.07$] and for the Maghrebine in feeding [$\chi^2=.0216$ Pearsons' $r'=.18$] and babysitting [$\chi^2=.0070$ Pearsons' $r'=.19$]
- 67 French $\chi^2=.0027$ Pearsons' $r'=.02$. Maghrebine $\chi^2=.0000$ Pearsons' $r'=-.00$
- 68 This applies for families with one or two children. $\chi^2=.0120$ Pearsons' $r'=-.70$
- 69 cooking $\chi^2=.0114$ Pearsons' $r'=.03$; ironing $\chi^2=.0007$ Pearsons' $r'=.11$
- 70 MICHEL 1974 op cit p. 86 Table 17
- 71 Only 20.0% of women working in family businesses receive help with cooking, and none with the ironing; Help is higher in couples where the wife is inactive - 27.8% receive help with cooking and 5.6% with ironing.
- 72 Salaried non manual workers give most help in cooking : 48.1% against only 12.5% of self employed, 36.4% of professionals, and 39.5% of inactive or manual workers. $\chi^2=.0000$ Pearsons' $r'=.15$
Salaried manual workers give most help with washing [$\chi^2=.0000$ Pearsons' $r'=.20$] : 23.7% against 18.5% of non manual, and none of the selfemployed. They also give more help with ironing [$\chi^2=.0091$ Pearsons' $r'=.09$] : 7.9% against one of the non manual workers and none of the self employed.
- 73 Women who are inactive but have worked at some point receive more help in household tasks than the woman who has never worked.

- 74 Help is higher for the French woman who was employed in middle management. $x^2=.0270$ Pearsons' $r'=.24$
- 75 $x^2=.0696$ Pearsons' $r'=-.26$. One of these women gave up work only at children and the other because she lost her job. $x^2=.0634$ Pearsons' $r'=-.22$
- 76 The exception to this pattern of sharing is the segregated self employed couple, who use more professional help. $x^2=.0036$ Pearsons' $r'=-.24$
All of the partners in the professions or middle management share tax declaration when their wife has an equivalent status. $x^2=.0660$ Pearsons' $r'=.49$
- 77 $x^2=.0797$ Pearsons' $r'=-.11$
- 78 $x^2=.0000$ Pearsons' $r'=.04$
- 79 MICHEL 1974 op cit p.48
- 80 Many financial decisions remain specialised for the manual worker; women in middle management show a greater tendency to share, while all those in higher management share in large scale expenditure decisions. However, it is not the occupational level as much as the fact of economic activity which significantly affects the division of current expenditure decisions [$x^2=.0000$ Pearsons' $r'=-.11$] and large scale expenditure decisions [$x^2=.0282$ Pearsons' $r'=-.18$]
- 81 None of the French women who have not worked since marriage assume these decisions themselves.
- 82 Large scale expenditure is one of the few areas where a couple working in the same family business share decisions: this is presumably because such decisions are closely related to the management of the business and accounting which forms part of the woman's unpaid work role; [$x^2=.0611$ Pearsons' $r'=-.46$] In the Maghrebine couple, it is when both partners are inactive or manual workers that they most often share large scale expenditure decisions. [$x^2=.0667$ Pearsons' $r'=-.27$]
- 83 MICHEL 1974 op cit p.77 Tables 5 & 6: the only exception she found was in the higher income bracket where there is more paid help and the husband's salary is correspondingly higher.
- 84 With the exception of the same group as in MICHEL's study - those at highest income levels. The relationship is significant for washing up [$x^2=.0140$] and ironing [$x^2=.0390$ Pearsons' $r'=.18$]
- 85 BLOOD, WOLFE 1960 op cit p.60 found that the wife's involvement in household tasks rose as her husband's income increased.
- 86 The importance of relative income can be seen in shopping [$x^2=.0413$ Pearsons' $r'=.16$] and in ironing [$x^2=.0018$ Pearsons' $r'=.74$]
- 87 The relationship is only significant at .07/08 [$x^2=.0824$ Pearsons' $r'=-.14$ when the respondent has no income; $x^2=.0719$ Pearsons' $r'=-.80$ when the respondent has a minimum income, under SMIC]

- 88 MICHEL 1974 op cit p.340 although she suggests that, in France, the generous system of birth and family allowances should increase the woman's relative power in France. These are included in personal income in the present survey.
- 89 In the Maghrebine couple, a quarter of women with no personal income have large scale expenditure decisions taken by their partner. [$\chi^2=.0566$ Pearsons's $r'=-.05$] In the French couple partners also more often take these decisions alone when the woman has no income.

- 90 Sharing rises and segregation falls in holiday decisions as family income rises. These decisions are also less often dismissed as 'not applicable' as financial resources increase
Division of decision making concerning holidays in the French family, according to family income

Monthly income	Under 1800*	1801-5000	5000+	fr. per month
Partner	0.0	2.9	2.0	
Respondent	16.7	20.0	8.0	
Both	33.3	65.7	80.0	
Not applicable	50.0	11.4	10.0	

*=minimum growth wage level in 1978

$\chi^2=.0335$ Pearsons's $r'=-.13$

- 91 HILL R., STYCOS M., BACK K. "The family and population control" Chapel Hill, University of North Carolina Press 1959
MITCHELL R.E. "Husband-wife relations and family planning practice in urban Hong Kong" JMF 34.1 1972
REPUBLIQUE ALGERIENNE DEMOCRATIQUE ET POPULAIRE Direction Générale du Plan et des Etudes Economiques "La regulation des naissances: opinions et attitudes des couples algériens" AARDES Algiers 1968 p.12
- 92 SAFILIOS ROTHSCHILD C. "Socio psychological factors affecting fertility in urban Greece: a preliminary report" JMF 31.3 1969 found that when the wife's education is higher than her husband it has a significant effect on reducing family size, while her husband's higher education has no effect. p605
- 93 SAFILIOS ROTHSCHILD C. "The influence of the wife's degree of work committment upon some aspects of family organisation and dynamics" JMF 32.4 1970 found that the woman with a high committment to work, usually in high status employment, wanted less children and prevailed in family size decisions.
- 94 MICHEL A. "Interaction and family planning in the French urban family" Demography 4.2 1967 p.623
- 95 GIRARD 1970 op cit. pp200-202
- 96 A comparison of desired and achieved fertility shows the most segregated roles among those who desired and have achieved a large family: 55.8% of fathers in the 4 child family gave no help at all at the last birth. The relationships are significant and strong for all tasks.
- 97 The partners' desires and the respondents' desires at marriage are significant in two tasks, changing nappies [$\chi^2=.0341$, $\chi^2=.0593$] and taking the baby out alone [$\chi^2=.0574$ Pearsons's $r' = .24$, $\chi^2=.0381$ Pearsons's $r'=.26$]

- 98 79.0% receive some help, 55.6% frequent help overall compared to 44.2% and 5.3% who want 4 children. For both groups, there is a strong and significant relationship in all tasks.
- 99 In the 25-29 age group [feeding $\chi^2=.0357$ Pearsons' $r'=-.68$, dressing $\chi^2=.0357$ Pearsons' $r'=-.68$, babysitting $\chi^2=.0091$ Pearsons' $r'=-.30$] and in the 35-39 age group [changing nappies $\chi^2=.0302$ Pearsons' $r'=-.80$]
- 100 In the 1960-64 marital cohort [changing nappies $\chi^2=.0739$ Pearsons' $r'=-.70$, feeding $\chi^2=.0611$ Pearsons' $r'=-.71$, dressing $\chi^2=.0611$ Pearsons' $r'=-.71$]
- 101 Shown by the ideal age at which to start childbearing [of those who choose under 20 only 7.6% get help, compared to 54.2% who choose between 20 - 24] and by the preferred timing of the first birth [75.0% who prefer a delay have help , compared to only 16.0% who prefer an immediate first birth].
- 102 28.3% of French women with no children choose two years as an ideal period. Those others who have had their first birth at this ideal time have significantly more help in all tasks than those who anticipated their ideal timing. [changing nappies $\chi^2=.0178$ Pearsons' $r'=.56$, getting up at night $\chi^2=.0825$ Pearsons' $r'=.39$, feeding $\chi^2=.0437$ Pearsons' $r'=.59$, dressing $\chi^2=.0160$ Pearsons' $r'=.64$, babysitting $\chi^2=.0078$ Pearsons' $r'=.52$, taking the baby out alone $\chi^2=.0305$ Pearsons' $r'=.59$] 75.0% of those with successful timing had frequent help overall, compared to 33.4% who had had their first birth in a year, and 16.7% who had had first birth in less than a year.
- 103 Only 42.9% of those who had delayed the first birth beyond the ideal interval of one year were refused help, compared to all of those who had first birth in this interval or less. This relationship is significant in the task of getting up at night [$\chi^2=.0078$ Pearsons' $r'=.53$].
- 104 87.5% of partners help when there is agreement over family size. $\chi^2=.0282$ Pearsons' $r'=.35$
- 105 $\chi^2=.0213$ Pearsons' $r'=.45$. 48.8% of French partners wanted two children at marriage.
- 106 $\chi^2=.0687$ Pearsons' $r'=.35$. 90.0% of those with two children receive help, compared to only 40.0% of those with three children.
- 107 GIRARD 1970 op cit.
MICHEL 1974 op cit
- 108 Currently active $\chi^2=.0000$ Pearsons' $r'=-.46$. Active until children $\chi^2=.0032$ Pearsons' $r'=.72$
- 109 GIRARD 1970 op cit. p.208 noted that in families of more than ~~three~~ children the woman had no extra time available to devote to more children. This probably explains why the husband's participation increases slightly in the French family with four children.

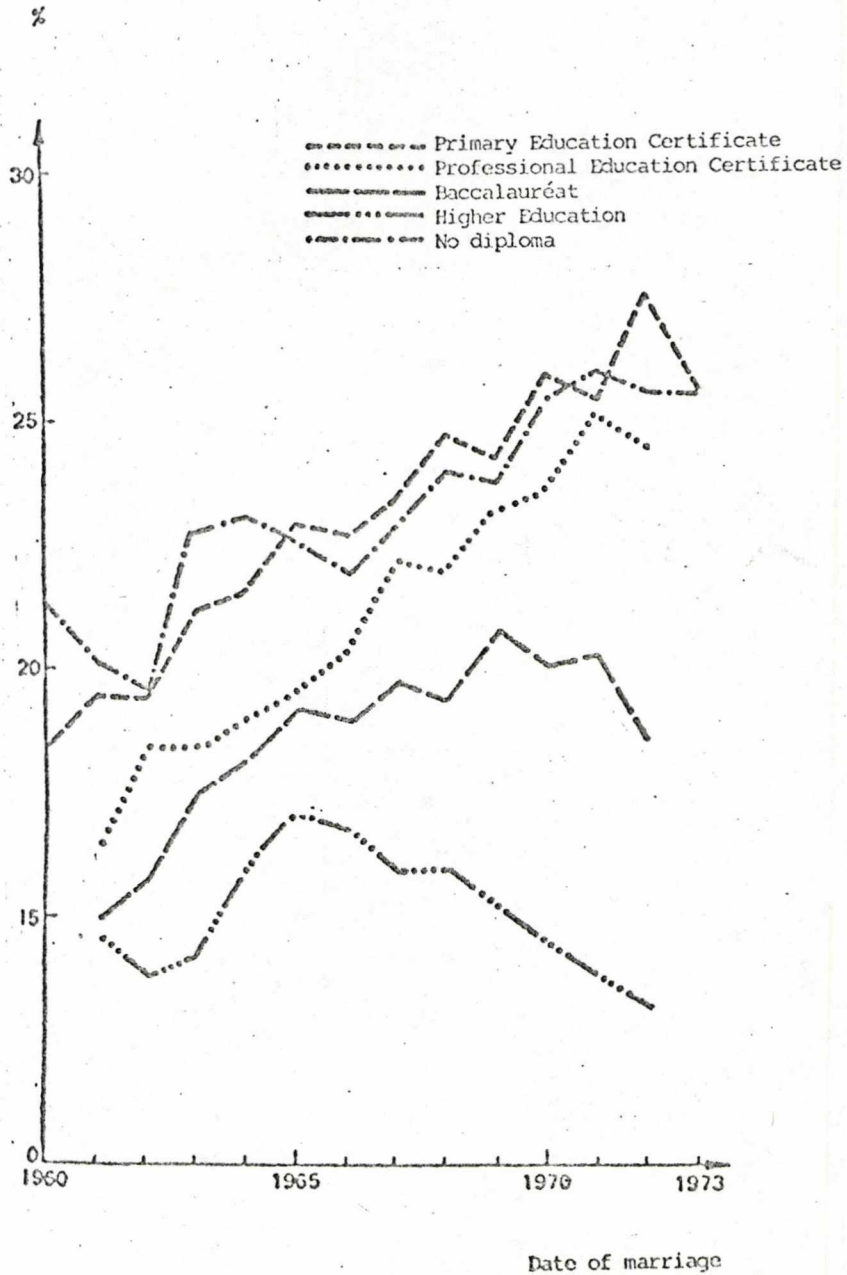
- 110 cooking $x^2=.0006$ Pearsons' $r'=.09$, washing $x^2=.0597$ Pearsons' $r'=.16$
- 111 Ironing $x^2=.0144$ Pearsons' $r'=-.24$, cooking $x^2=.0498$
- 112 Those couples in which the partner had considered fertility desires at marriage less often leave household repairs solely to the partner. [$x^2=.0651$ Pearsons' $r'=-.25$] 77.6% of partners take over this task, compared to 82.6% where the partner had not considered future fertility.
- 113 These attitudes are represented in a disapproval of married womens' employment, by the respondent [$x^2=.0184$ Pearsons' $r'=-.03$] and by her partner [$x^2=.0027$ Pearsons' $r'=-.27$]
- 114 The relationship is significant for the French, when either the the respondents [$x^2=.0554$ Pearsons' $r'=.02$] or her partner [$x^2=.0641$ Pearsons' $r'=.02$] had not considered family size at marriage.
- 115 Male predominance increases from 15.4% in the one child family to 43.8% in the three child family, as female predominance and sharing decreases. [$x^2=.0594$ Pearsons' $r'=.03$]
- 116 81.6% share in decisions, compared to 60.9% where the partner had not discussed his views at marriage. [$x^2=.0454$ Pearsons' $r'=-.15$]
- 117 It increases from 14.3% when the partner wanted one child, to 47.8% when he wanted two to 57.1% when he wanted three children when we consider educational decision making [$x^2=.0567$ Pearsons' $r'=-.18$] This confirms that a partner highly motivated to having children also wants to participate more in their education.
- 118 Sharing in large scale expenditure decisions rises with the partner's ideal family size, and the respondent's sole decision making decreases [$x^2=.0427$ Pearsons' $r'=-.07$]
- 119 When the partner agrees with desired family size, 21.5% of respondents take large scale expenditure decisions alone and only 3.8% of partners. In cases of disagreement, the partners sole responsibility rises to 20.0% and the respondent's falls to nil. [$x^2=.0421$ Pearsons' $r'=-.06$]
- 120 This is significant in the couple where the respondent wanted two children at marriage but has only one. [$x^2=.0670$ Pearsons' $r'=-.57$] The Maghrebine woman who wanted and has two children achieves sharing unlike the respondent who exceeded this number, but this concerns only two respondents [$x^2=.0443$ Pearsons' $r'=-.79$]
- 121 In all those sharing couples who wanted two children but only have one, the first child is already at school age.
- 122 49.1% of all French respondents want two children. When they have only one child, 75.0% share educational decisions, compared to 61.9% who already have two. [$x^2=.0131$ Pearsons' $r'=-.60$]
- 123 There is a significant relationship in all decisions when the partner wanted only two children [holidays $x^2=.0342$ Pearsons' $r'=.77$, education $x^2=.0342$ Pearsons' $r'=-.72$, current expenditure $x^2=.0639$ Pearsons' $r'=.26$ large scale expenditure $x^2=.0443$ Pearsons' $r'=-.07$]

- 124 66.7% of Maghrebine partners with three children share educational decisions, compared to 75.0% of those with two children [$\chi^2=.0037$ Pearsons' $r'=-.76$] In the French couple, sharing is highest when the partners agree on fertility desires and there is only one child : 84.6% share decisions, compared to only 66.6% of those with two or three children. [$\chi^2=.0540$ Pearsons' $r'=-.37$]
- 125 All the Maghrebine who reject an ideal age share decisions concerning holidays; joint decision making falls as ideal age gets younger [$\chi^2=.0058$ Pearsons' $r'=-.09$] For the French, the relationship between rejecting an ideal age and decision making is significant for decisions concerning education [$\chi^2=.0004$ Pearsons' $r'=.02$], current expenditure [$\chi^2=.0002$ Pearsons' $r'=.07$] and large scale expenditure [$\chi^2=.0020$ Pearsons' $r'=.04$]
- 126 Current expenditure decisions $\chi^2=.0065$ Pearsons' $r'=-.16$. Large scale expenditure decisions $\chi^2=.0814$ Pearsons' $r'=-.23$
- 127 The woman's sole responsibility for educational decisions in the French couple increases from 23.5% with one child, 32.0% with two children, to 40.0% with three children [$\chi^2=.0000$ Pearsons' $r'=-.61$]. Sharing in current expenditure decisions is at its highest when the couple has no children, when even the partner takes over this decision. The presence of one child causes the woman's sole responsibility to rise from 28.6% to 61.3% [$\chi^2=.0007$ Pearsons' $r'=-.02$]
- 128 Sole male responsibility does not exist in the couple with no children. It rises from 3.4% with one child to 18.2% with two children [$\chi^2=.0022$ Pearsons' $r'=.16$]
- 129 French respondents as only 1 Maghrebine respondent is single.
- 130
- | Task | Children | Cooking | Housework | Shopping | Washing | Washing up | Ironing |
|----------------|----------|---------|-----------|----------|---------|------------|---------|
| χ^2 | .0082 | .0002 | .0027 | .0412 | .0019 | .0000 | .0420 |
| Pearsons' r' | -.36 | -.54 | -.38 | -.23 | -.42 | -.61 | -.29 |
- 131 61.4% of these single respondents are students. There is still a significant relationship between occupational status and help expected in two tasks, housework [$\chi^2=.0094$ Pearsons' $r'=-.31$] and washing up [$\chi^2=.0145$ Pearsons' $r'=-.33$] 85.7% and 88.6% of students expect help in these tasks
- 132 All current students would share this role [$\chi^2=.0049$ Pearsons' $r'=.45$]. An analysis according to the educational level of all single respondents shows that 95.0% of those with the baccalauréat, 92.3% of those with a professional education certificate, and only 66.7% of those with less than a professional aptitude certificate would share these decisions. [$\chi^2=.0668$ Pearsons' $r'=.26$]

APPENDIX A

GRAPH A.1

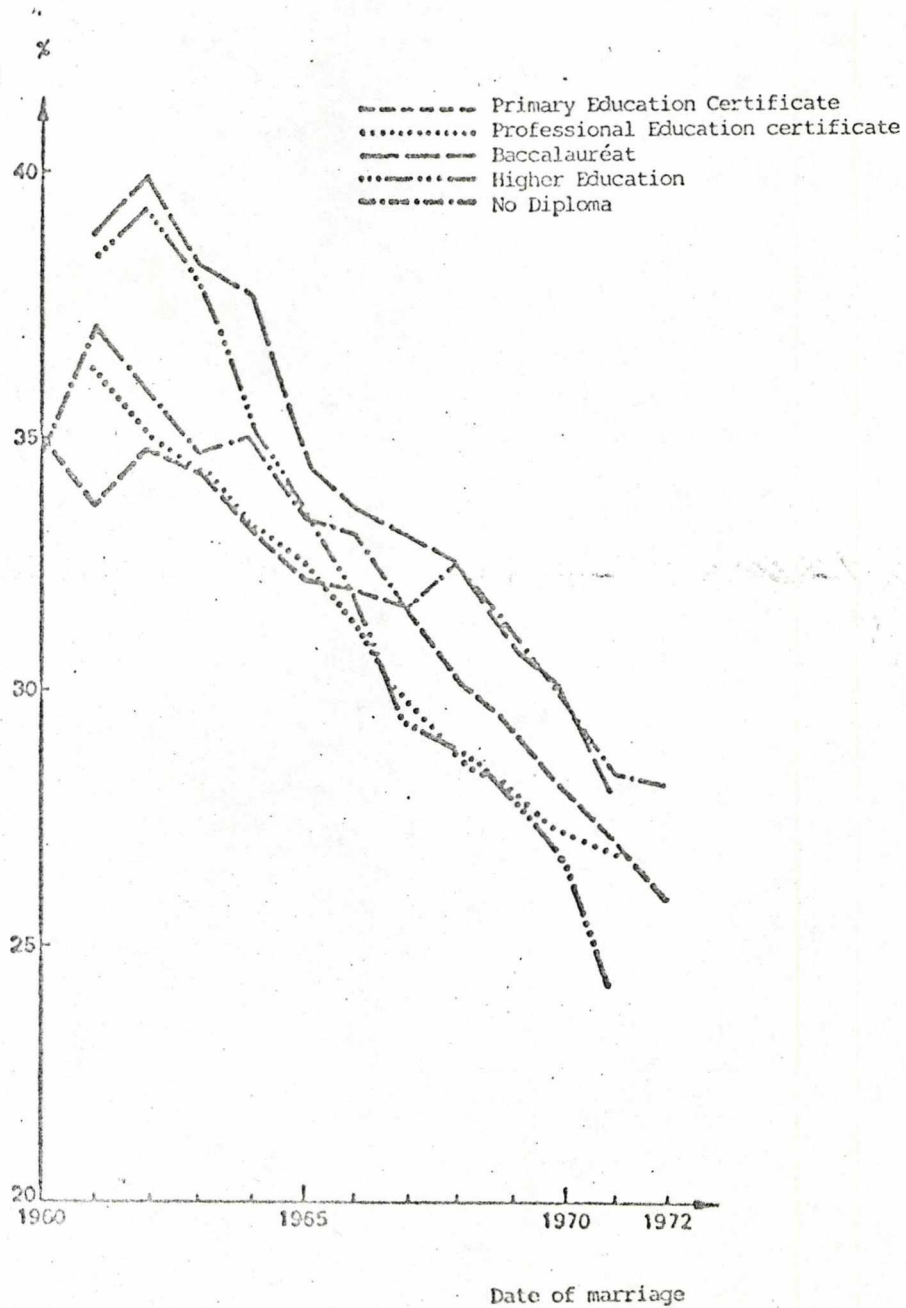
Prenuptial conceptions according to the wife's educational level and the date of marriage in a national survey in 1975 *



*Source- DESPLANQUES G., DEVILLE J.C. "Fécondité et milieu social : les différences demeurent" Economie et Statistique" N°111 1979

GRAPH A.2

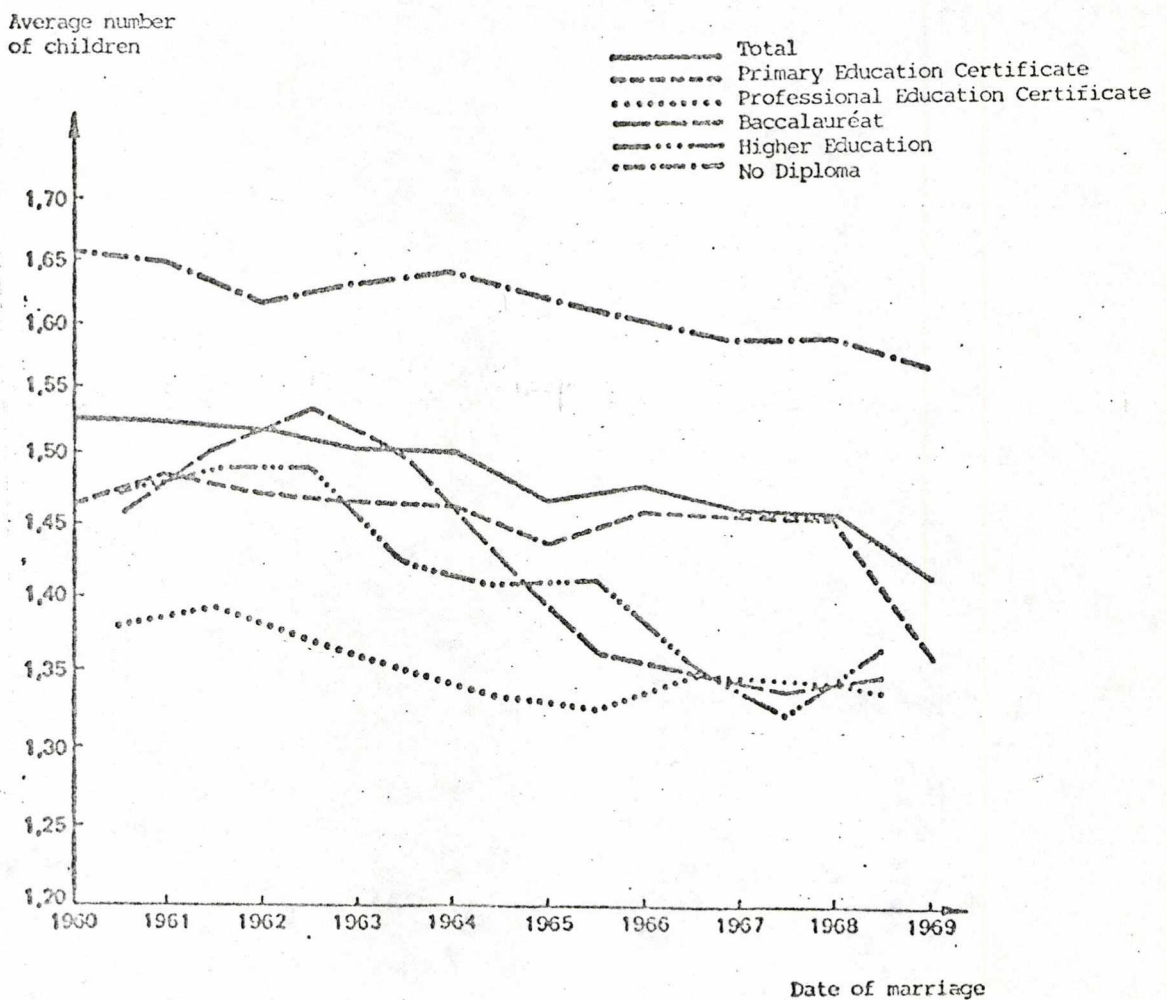
Births between the 9th and 18th month of marriage, according to the wife's educational level and date of marriage in a national survey in 1975 *



* Source- DESPLANQUES G. DEVILLE J.C. "Fécondité et milieu social : les différences demeurent" Economie et Statistique N°111 1979
The 1975 survey was based on a sample of 250,000 women:
1/50 of the population of married or formerly married
women under 65 years

GRAPH A.3

The number of children after five years of marriage, according to the wife's educational level and the date of marriage in a national survey in 1975 *

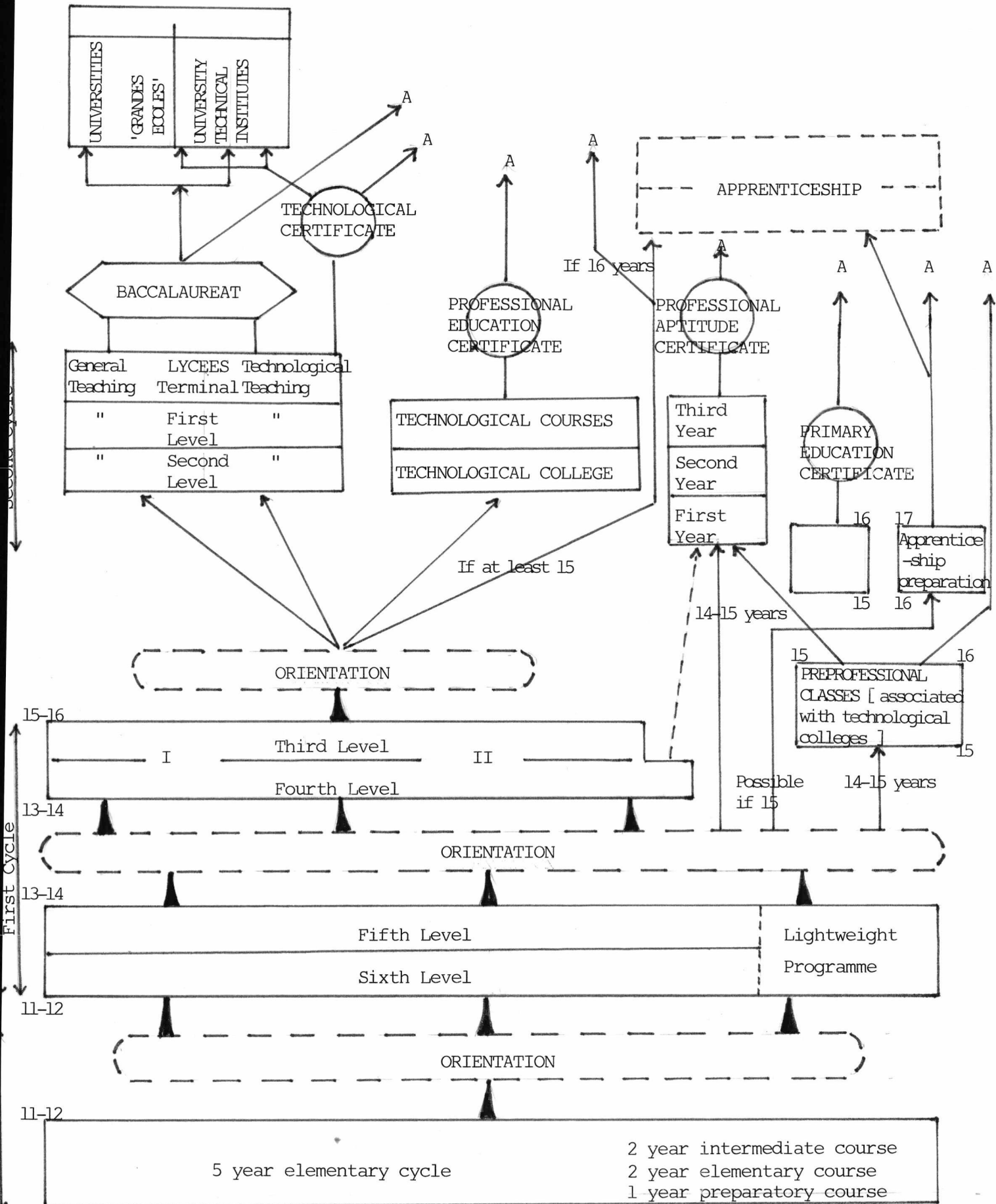


* Source— DESPLANQUES G., DEVILLÉ J.C. "Fécondité et milieu social : les différences demeurent" Economie et Statistique N°111 1979

APPENDIX B

FIGURE B.1

CYCLES AND STREAMS IN PRIMARY, SECONDARY, AND HIGHER EDUCATION - SESSION 1976-77



APPENDIX B.2The educational classifications used in the survey

No formal educational qualifications	Professional Aptitude Certificate or under
Primary Education Certificate [C.E.P.]	Professional Education Certificate
Professional Aptitude Certificate [C.A.P.]	
Professional Education Certificate [B.E.P.C., B.E.P.]	
Baccalauréat *	
Higher Education : non university [diplômes des professions de la santé et des professions sociales]	Baccalauréat or over
Higher Education : university or 'grande école'	
-Advanced Technical Certificate [B.T.S.]	
-Technological University Diploma [D.U.T.]	
-General University Diploma [D.E.U.G.]	
-Bachelor of Arts / Science [Licence]	
-Master of Arts [Maîtrise]	
-Doctorate [Doctorat 3ème cycle, C.A.P.E.S., Doctorat d'Etat]	

* This is the equivalent of the Advanced Level General Certificate of Education. There is a choice between seven different groups of subjects A, B, C, D, E, AB, or T

The socio-professional classifications used in the survey

Patrons of industry and commerce		
Liberal professions		
Senior management [cadres supérieurs*]	Professionals &	
Engineers**	Senior management	
Primary teachers		
Paramedical and social workers		
Technicians	Semi-professionals &	
Administrative workers [cadres moyens*]	middle management	Salaried, non
		manual workers
Shopworkers	Employees or white	
Office workers	collar workers	
Artisans and small shopkeepers	Self employed	
Foremen & supervisors of manual workers		
Qualified manual workers		
Skilled manual workers	Manual workers	
Unskilled manual workers		
Sailors and fisherman		Manual and
		service workers
Service personnel	Service workers	
Agricultural employees		
Farmers	Agricultural workers	
Artists		
Clergy	Other workers	
Army and police		
Inactive		
Unemployed	Inactive	
Retired		
School students		
University and college students	Students	

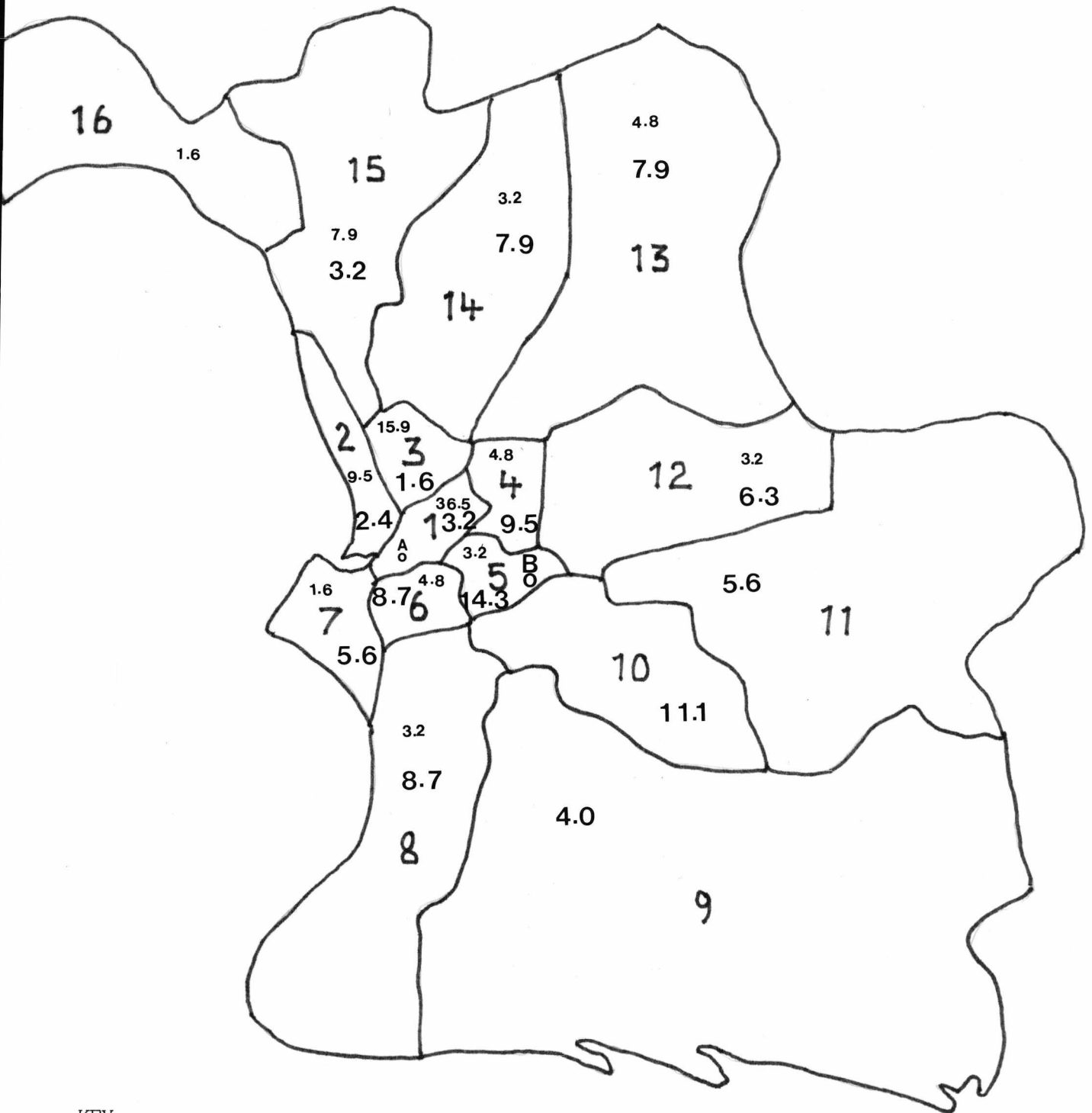
* 'Cadre' has no English equivalent. 'Cadres supérieurs' are those with senior positions in management, but the term is also used to describe the French élite. 'Cadres moyens' are middle supervisory staff, and sometimes include plant foremen.

** 'Engineer' is only an approximate translation for 'ingénieur'. The term is applied to those who have graduated from the élite technical schools ['grandes écoles'], as well as being a status or title for a certain level of promotion within a firm.

See MARCEAU J. "Class and status in France: economic change and social immobility 1945-1975" Clarendon Press, Oxford 1977 p.9

APPENDIX C

FIGURE C.1- Proportion of sample residing in different districts of
Marseille, according to clinic



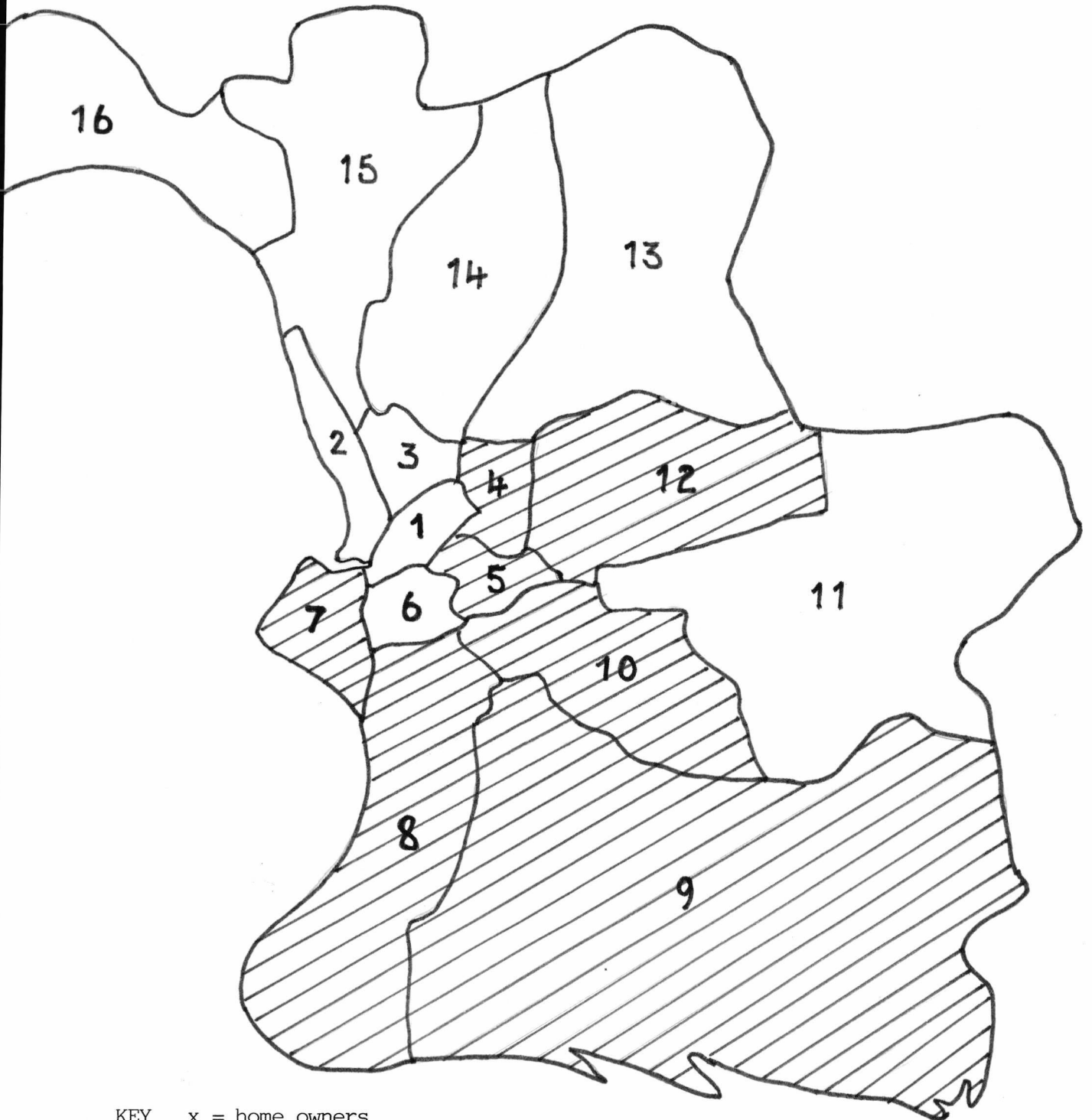
KEY

o CLINIC A %


o CLINIC B %

The districts are numbered 1 to 16. Clinic A is located in district 1 and Clinic B in district 5

FIGURE C.2- Proportion of home owners in different districts of Marseille - 1975



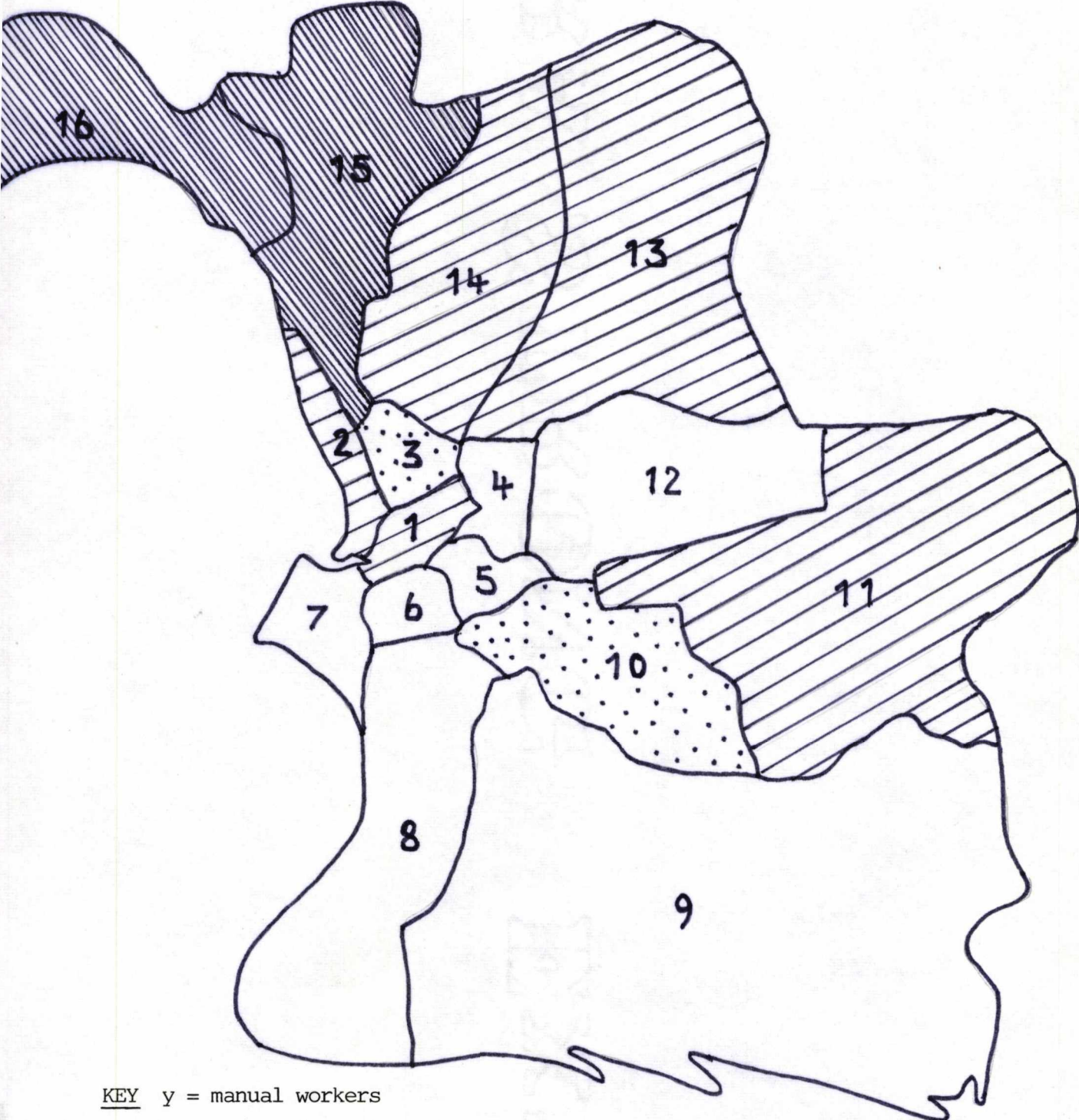
KEY x = home owners

 x < 38.0%





 38.0% ≤ x < 50.0%

Average percentage of home owners - Commune of Marseille - 36.8%

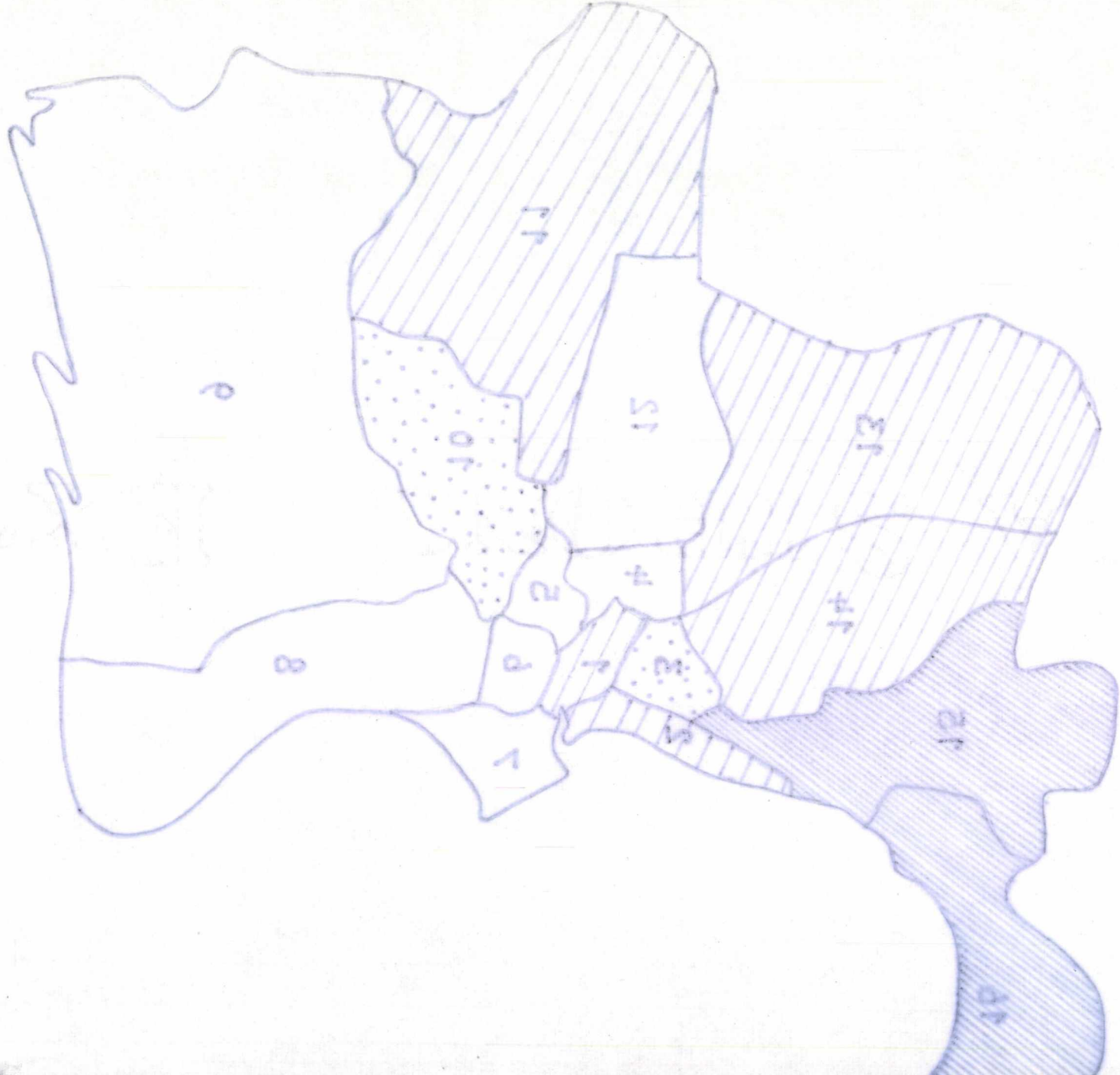
FIGURE C.3- Proportion of manual workers in the active population in different districts of Marseille - 1975



KEY y = manual workers

-  20.0% ≤ y < 30.0%
-  30.0% ≤ y < 40.0%
-  40.0% ≤ y < 50.0%
-  50.0% ≤ y

Average percentage of manual workers - Commune of Marseille - 35.1%



APPENDIX D

QUESTIONNAIRE DESIGNA. FERTILITY EXPECTATIONS AND IDEALS

	QUESTION	PRECODED ANSWER	QUESTION N°
	<u>1. Fertility expectations at marriage</u>		
	"At the time of your marriage, did you have an idea of the number of children you wanted?"	Yes No Don't know/No reply	5
IF YES	"How many?"	0 - 8+ Whatever came	5a
	"And your husband, did he have an idea of the number of children he wanted?"	Yes No Don't know/No reply	5b
IF YES	"How many?"	0 - 8+ Whatever came	5c
	<u>2. Ideal number of children</u>		
	"What do you think is the ideal number of children in a family?"	0 - 6+ It depends/No ideal number Whatever comes Don't know/No reply	8
	"What is the ideal number of boys?"	Ditto	8a
	"What is the ideal number of girls?"	Ditto	8b
IF MARRIED/ COHABITING	"And your husband[partner], what does he think is the ideal number of children in a family?"	Ditto	8c
	"What is his ideal number of boys?"	Ditto	8d
	"What is his ideal number of girls?"	Ditto	8e
	<u>3. Current fertility expectations</u>		
	"Do you want to have [more] children?"	Yes No Don't know/No reply	7
	"How many do you want altogether?"	0 - 7+ Whatever comes Don't know/No reply	7a

	QUESTION	PRECODED ANSWER	QUESTION N°
IF YES	"Why do you want [more] children?"	Reason for marriage Fulfillment/satisfaction It keeps you young Wants [another] girl or boy For the other children National/world interest Other Don't know/No reply	7b
IF NO	"Why don't you want [more] children?"	Already has children she wants Partner doesn't want more Personal freedom Marital relationship is enough Future of existing children Future of children to be born Instability of couple Not married Health reasons Financial reasons Work or study Too old Too much work Egotistical to have children National/world interest Other Don't know/No reply	7c
IF MARRIED/ COHABITING	"Do you agree with your husband[partner] on the number of children you want in your family?"	Yes No Don't know/No reply	7d
IF NO	"How many children does he want altogether?"	0 - 7+ Whatever comes Don't know/No reply	7e
4. <u>Family of origin</u>			
	"Were you happy with the number of brothers and sisters you had?"	Ditto	46a
IF NO	"How many brothers and sisters would you have liked?"	Record	46b
IF MARRIED/ COHABITING	"Was your husband[partner] happy with the number of brothers and sisters he had?"	Yes No Don't know/No reply	46d
IF NO	"How many brothers and sisters would he have liked?"	Record	46e
5. <u>Attitudes towards timing and spacing of children</u>			
	"If a woman is going to have children, what do you think is the best age to start?"	As soon as possible Under 18 years old 18-19, 20-24, 25-29, 30-34, 35-39 As late as possible It depends/No ideal age Don't know/No reply	9

QUESTION	PRECODED ANSWER	QUESTION N°
"What do you think is the best age for a woman to stop having children?"	Under 25 years old 18-19, 20-24, 25-29, 30-34, 35-39 40-44, 45-49, 50+ No particular age Other Don't know/No reply	10
IF PARTICULAR AGE "Why do you think it is best to stop at that age?"	Health of child Health of mother Need to be young with children Freedom when older Danger of leaving orphans Work reasons Financial reasons Other Don't know/No reply	10a
"Do you think it is preferable for a young couple to have a child immediately or a little later?"	Immediately A little later Don't know/No reply	11
IF LATER "How much later?"	1 year 1½ years 2 years 2½ years 3 years 4 years 5+ years It depends Don't know/No reply	11a
"After the first child, do you think it is preferable that the next child[ren] is[are] born rapidly, or that there should be a certain spacing between births?"	Rapidly Spacing Don't know/No reply	12
"What do you think is the most desirable interval between births?"	Ditto Question 11a	12a

B. ATTITUDES TOWARDS AN ALTERNATIVE ROLE FOR WOMEN, AND THE DIRECTION OF GOVERNMENT POLICY CONCERNING WORK AND FAMILY ROLES

1. Attitudes towards the employment of married women

"Do you think it is generally desirable or, on the contrary, undesirable for married women to have an employment?"	Desirable It depends Undesirable Don't Know/No reply	36
IF DESIRABLE/1 "For a mother with a child under 3 years of age?" DEPENDS	Desirable Undesirable Don't know/No reply	36a
2 "For a mother of two children under 6 years of age?"	Ditto	
3 "For a mother with three or more children?"	Ditto	

	QUESTION	PRECODED ANSWER	QUESTION N°
IF UNDESIRABLE/ DEPENDS	1 "For a married woman with no children?"	Desirable Undesirable Don't know/No reply	36b
	2 "For a mother whose children are more than 12 years of age?"	Ditto	
IF MARRIED/ COHABITING	"And does your husband[partner] think it is desirable, or, on the contrary, undesirable that married women work?"	Desirable It depends Undesirable Don't know/No reply	36c
	2. <u>Attitudes towards the respondent's own employment</u>		
IF ACTIVE	"Would a[nother] child oblige you to stop working/studying?"	Yes No Don't know/No reply	41h
	"Does your husband[partner] agree with you working/studying?"	Ditto	41i
	"What are your reasons for working/wanting to work?"	Family finances Interest of work To meet people Don't like staying at home Personal freedom Financial independence Husband[partner]'s wish Other Don't know/No reply	41t
FOR EACH INTERRUPTION OF ACTIVITY	"Why did you stop?"	Disliked work Wanted to stay at home Husband[partner]'s wish Pregnant To care for children Health reasons Other Don't know/No reply	41e
	"Why did you start working again?"	Ditto Question 41t	41g
IF INACTIVE	"What are your reasons for not working/wanting to work?"	Loss of allowances To look after children herself Husband[partner]'s wish Wants[more] children Own health Other health reason Too much work at home No child care facilities Lack of training Don't know/No reply	41u
	"When did you stop work?"	Before marriage At marriage Before 1st...6th pregnancy Other Don't know/No reply	41o

	QUESTION	PRECODED ANSWER	QUESTION N°
	"What were your reasons for stopping work?"	Disliked work Wanted to stay at home Husband[partner]'s wish Pregnant To care for children Health reasons Made redundant/dismissed Other Don't know/No reply	41p
	"Were you happy or unhappy to stop work?"	Happy Unhappy Indifferent Don't know/No reply	41q
	"Do you intend to take up a job [again] ?"	Yes No Don't know/No reply	41r
IF YES	"When?"	Immediately/as soon as possible After studies After next pregnancy After final pregnancy When child[ren] reach[es] 3 When child[ren] start school When child[ren] finish school Other Don't know/no reply	41s
IF SINGLE	"Do you want to get married?"	Yes No It depends/Don't know/No reply	49d
IF NO	"Why not?"	Prefer to be on own Not necessary Don't believe in institution Independence/freedom Don't want to remain at home Don't want children Other Don't know/No reply	49e
IF YES	"Will you continue to work if you get married?"	Yes No Don't know/No reply	49h
IF YES	"Will you work up to the first pregnancy or all the time [except for births] ?"	Up to first pregnancy All the time [no children] All the time [except births] Other Don't know/No reply	49i
IF NO	"Would you think of taking up an activity later on?"	Yes No Don't know/No reply	49j

QUESTION	PRECODED ANSWER	QUESTION N°
IF YES "When?"	After final pregnancy When child[ren] reach[es] 3 When child[ren] start school When child[ren] finish school Other Don't know/No reply	49k

3. Attitudes towards the respondent's own education

RESPONDENTS WITH AN EDUCATIONAL LEVEL BELOW THE BACCALAUREAT

"Why did you stop your studies at this level?"	Didn't want to continue Not capable Parent[s]' wish Wanted to work Not enough money/had to work Wanted to get married Pregnant Friends had left school Other Don't know/No reply	42a
--	---	-----

"Would you take up your studies again if there was a possibility?"	Yes No Perhaps Don't know/No reply	42b
--	---	-----

IF YES AND MARRIED "And would your husband agree?"	Yes No Don't know/No reply	42c
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RESPONDENTS WITH AN EDUCATIONAL LEVEL OF BACCALAUREAT OR ABOVE

"Why did you continue up to this level?"	To improve situation Wanted to learn Parent[s]' wish To make sure of a good job To ensure a good marriage To educate my children Because it was 'normal' Other Don't know/No reply	42d
--	--	-----

4. Attitudes towards government policy

"Do you think that government measures in favour of women with young children should facilitate mothers' employment [help with child care] or allow mothers to stay at home [cash allowances for working mothers]?"	Facilitate employment Allow mother to stay at home Both Neither Don't know/No reply	37
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"Do you think it is desirable or undesirable to have a longer paternity leave at the time of a birth; so that a father can take part in early child care?"	Desirable Undesirable Don't know/No reply	38
--	---	----

QUESTION	PRECODED ANSWER	QUESTION N°
"Amongst all the possible reforms for improving family life, can you tell me which seems to you the most urgent today?"	Higher family allowances Higher birth allowances Child care allowance Home responsibilities allowance Part time work for mothers Part time work for fathers Longer maternity leave Longer paternity leave More crèches, nurseries, minders	39
SHOW CARD		

C. KNOWLEDGE, ATTITUDES, AND PRACTICE OF METHODS OF FAMILY LIMITATION

1. Knowledge of contraceptive methods and contraceptive law

"Do you know what methods can be used to avoid getting pregnant?"	RECORD METHODS ON CHART	21
"Here are some [other] methods used by couples [to avoid a pregnancy]. Which do you know?"	SHOW CARD TO RESPONDENT RECORD ON CHART	21a
"Do you think you know as much as you want about contraception?"	Yes No Don't know/No reply	35
"Do you know in what year the last law on contraception was voted?"	Before the last war After the last war Before 1967 1967 1968-1973 1974 1975-1978 Don't know/No reply	14

2. Attitudes towards methods of family limitation

2.1 Contraception

"Do you think that modern contraceptive methods should only be available for married women, or also for single women over 18, those under 18, or for all women	Only married women Married & single women over 18 Married & single women under 18 Single women of all ages All women All women, if informed Don't know/No reply	12
"Do you think the parent's authorisation should be necessary for single women under 18?"	Yes No Don't know/No reply	12a
"Do you approve or disapprove of sex education courses in lycées and secondary schools?"	Approve Disapprove Don't know/No reply	13
"Do you think these courses should include teaching on contraceptive methods?"	Yes No Don't know/No reply	13a

IF INCLUDE
UNDER 18s

QUESTION	PRECODED ANSWER	QUESTION N°
"What reasons led you to seek a contraceptive consultation?"	Didn't want [more] children Wanted to space births Health reasons Method used ineffective Method used unpleasant Method used difficult Partner's wish Single and sexually active To have sexual relations Don't know/No reply	25
IF USED METHOD, BUT STOPPED BEFORE CONSULTATION		
"Why did you stop?"	No sexual relations Could not tolerate method [reason.....] Ineffective/unsuccessful Unplanned pregnancy Pregnancy leading to abortion Planned pregnancy Partner's wish Disagreeable to use Other Don't know/No reply	22f
IF USED METHOD, BUT STOPPED AFTER CONSULTATION		
"Why did you stop?"	Ditto	34f
"Did your partner agree with you coming to the centre?"	Yes No Didn't know No partner Don't know/No reply	27
IF UNDER 18 "Did your parents know you came to the centre?"	Yes - both No Mother knew Father knew No parents Don't know/No reply	27a
IF YES "Did they [s/he] agree?"	Yes - both No Yes - mother Yes - father Don't know/No reply	27b
"Who do you think should be responsible for contraception?"	The man The woman Both Don't know/No reply	491

QUESTION	PRECODED ANSWER	QUESTION N°
2.2 <u>Abortion</u>		
"Sometimes a woman finds herself pregnant at a time when she does not want a pregnancy. In the following cases, would you agree or not agree that an abortion should be allowed?"		17
[1] The pregnancy is a serious danger to the mother's health	Agree Disagree Don't know/No reply	
[2] There are good reasons to think that the child will be abnormal	Ditto	
[3] Mental illness of the mother	Ditto	
[4] The pregnancy is the result of rape	Ditto	
[5] The woman is under 18 years old	Ditto	
[6] The woman is over 40 years old	Ditto	
[7] The couple is in the process of separating or divorcing	Ditto	
[8] The woman is not married	Ditto	
[9] The couple does not have the means to raise another child	Ditto	
[10] Bad housing "	Ditto	
"Do you think there are circumstances in which you would have an abortion?"	Yes No Refusal Don't know/No reply	18
"Which?"	FILL IN CHART AS IN QUESTION 17	18a
"Would you have an abortion if you found yourself pregnant now?"	Yes No Refusal Don't know/No reply	
IF MARRIED/ COHABITING "Do you think your husband [partner] would agree with you?"	Yes No Depends on circumstances Don't know/No reply	18b
"Do you think the decision to abort should be taken by the woman only, by the couple, or by the doctor?"	Woman only Couple [all cases] Couple [if stable] Doctor Doctor & woman Doctor & couple Other Depends on circumstances Don't know/No reply	19

QUESTION	PRECODED ANSWER	QUESTION N°
<p>"A law was adopted in 1975 allowing the interruption of a pregnancy [abortion] before the tenth week of pregnancy, under medical supervision in public or private establishments. In your opinion is the adoption of this law a good thing, a bad thing, or are you indifferent?"</p> <p>ASK THOSE WHO THINK IT IS A GOOD THING</p>	<p>Good thing Bad thing Indifferent Refusal</p>	20
<p>"What are your reasons for thinking this?"</p>	<p>Preferable to do it early It will stop bad practice It will make abortion acceptable Women's freedom Maternity should be a choice Maternity is a danger for the mother Wellbeing of children already born Wellbeing of future children Too many unwanted children Don't know/No reply</p>	20a
<p>"If the number of births falls considerably in the years to come, do you think that abortion should be made more difficult, or that there should be no change in the law?"</p> <p>ASK THOSE WHO THINK IT IS A BAD THING</p>	<p>More difficult No change in the law Other Don't know/No reply</p>	20b
<p>"What are your reasons for thinking this?"</p>	<p>It is murder It is against religion It is immoral It will encourage abortion Dangerous for the mother Too liberal-it should depend on circumstances Other Don't know/No reply</p>	20c
<p>2.3 <u>Sterilisation</u></p>		
<p>"Some women who have decided to have no more children ask for a sterilisation. Do you think such an operation is desirable?"</p>	<p>Yes No Depends on the woman's health Depends on the woman's age Other Don't know/No reply</p>	15
<p>"Would you accept such an operation?"</p>	<p>Yes No It depends Don't know/No reply</p>	15a
<p>F MARRIED "And would your husband agree with you?"</p>	<p>Yes No Don't know/No reply</p>	15b

QUESTION	PRECODED ANSWER	QUESTION N°
"Men can also ask for a sterilisation [vasectomy]. Do you think such an operation is desirable?"	Yes No Depends on his situation Other Don't know/No reply	16
MARRIED "Do you think your husband would consider it one day?"	Yes No It depends Don't know/No reply	16a
" And would you agree with him?"	Yes No Don't know/No reply	16b
<u>3. Practice of methods of family limitation</u>		
<u>3.1 Practice of contraception</u>		
"Before consulting the centre, did you or your partner use one of the methods of contraception we have discussed?"	Yes No Don't remember Don't know/No reply	21b
YES "Which methods did you use?"	SHOW CARD IF NECESSARY AND RECORD ON CHART	21c
TWO OR MORE METHODS USED "Did you use any of these methods together?"	Yes No Don't remember Don't know/No reply	21d
YES "Which?"	RECORD	21e
MORE THAN ONE METHOD USED "What was [were] the first method[s] that you used?"	RECORD ON CHART	21f
OR EACH METHOD "How did you choose this method?"	Partner Parents Friend/work colleague Teacher/youth worker Social services Family doctor Hospital/clinic Media Don't know/No reply	22a
"In what month of what year did you begin this method?"	RECORD	22b
"Was it..... "	Before the first sexual relations After, but before marriage At the time of marriage After a miscarriage, abortion, stillbirth After the first, second, third, fourth pregnancy Other Don't know/No reply	22c

QUESTION	PRECODED ANSWER	QUESTION N°
"Do you still use this method?"	Yes No Sometimes No reply	22d
NO " In what month of what year did you stop?"	RECORD	22e
"Why did you stop?"	SEE QUESTION	22f
"Who advised you to come to the family planning clinic?"	Nobody - by chance Partner Parents Friend/work colleague Teacher/youth worker Social services Family doctor Other consultation/clinic/hospital Media Don't know/No reply	23
"What reasons led you to seek a contraceptive consultation?"	SEE QUESTION	25
"Why did you choose this centre?"	Recommended by a professional Recommended by a friend Already attended another consultation Near work Near home Convenient hours Team of women Free Other Don't know/No reply	24
"When did you consult the centre for the first time?"19... Today Don't know/No reply	26
"Was it...."	SEE QUESTION 22c	26a
"Did you come alone the first time?"	Yes No Don't know/No reply	28
IF NO "Who came with you?"	Partner Parent Friend Professional Child[ren] Other Don't know/No reply	28a
"What means of transport did you use?"	Car Taxi Public transport Bicycle/moped By foot Don't know/No reply	28b

QUESTION	PRECODED ANSWER	QUESTION N°
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"How long did it take you to get to the centre?"	Less than 15 minutes Between 15 and 30 minutes Between 30 minutes and 1 hour Between 1 and 1½ hours Between 1½ and 2 hours More than 2 hours Don't know/No reply	28c
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"How long did you have to wait before seeing the doctor?"	Ditto	28d
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"Did you find the waiting very long, long, average, or short?"		28e
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CHILDREN "Do you think it would be easier to attend if there was a nursery for the children?"	Yes No Don't know/No reply	28g
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"Do the clinic hours suit you?"	Yes No Prefers appointments Prefers no appointments Don't know/No reply	28f
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At your first consultation, did you find the reception at the desk very good, reasonably good, average or bad?"	Very good Reasonably good Average Bad Don't know/No reply	29
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F GOOD "What pleased you?"	Welcoming/courteous/polite Discreet Took trouble Other Don't know/No reply	29a
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F BAD "What displeased you?"	Nobody at the reception desk Too many people Ignored Talking among themselves Condescending/contemptuous Impolite Long wait Lack of discretion Don't know/No reply	29b
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"Before seeing the doctor, did you see the marital counsellor, social worker, or the midwife?"	Nobody Marital counsellor Social worker Midwife Other Don't know/No reply	30
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"Did you find this interview very good, reasonably good, average, or bad?"	SEE QUESTION 29	30a
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F GOOD "What pleased you?"	Welcoming/courteous/polite Discreet Took trouble/time Good advice/explained clearly Other Don't know/No reply	30b
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	QUESTION	PRECODED ANSWER	QUESTION N°
BAD	"What displeased you?"	Impolite Did not pay attention Too hurried/too short Too long Too many formalities Too many personal questions Could not understand Presence of other people Other Don't know/No reply	30c
	"Did you find the consultation with the doctor very good, reasonably good, average, or bad?"	SEE QUESTION 29	31
GOOD	"What pleased you?"	SEE QUESTION 30b + Doctor had a lot of experience	31a
BAD	"What displeased you?"	SEE QUESTION 30c + Medical examination/undressing	31b
	"When you attended the centre for the first time, did you have a method of contraception in mind, or did you want the team to suggest a method?"	Method in mind Wanted the team to suggest a method Wanted to continue the same method Don't know/No reply	32
IF METHOD IN MIND	"What method did you have in mind?"	RECORD	32a
	"Any other?"	RECORD	32b
	"Did the marital counsellor [social worker, midwife] discuss other methods with you?"	Yes No Don't know/No reply	32c
IF YES	"Which?"	RECORD	32d
	"And did the doctor discuss methods with you?"	Yes No Don't know/No reply	32e
IF YES	"Which?"	RECORD	32f
	"Was a method of contraception prescribed after the first consultation?"	Yes No Don't know/No reply	33
IF NO	"Why not?"	Already had contraception Doctor refused to prescribe Consultant did not want method Did not agree on method No suitable method Had to wait for menstruation Had to have tests Pregnant Don't know/No reply	33a

QUESTION	PRECODED ANSWER	QUESTION N°
	Yes No Don't know/No reply	33b
METHOD DESCRIBED	"What method?"	RECORD 33c
	"Did you agree with the method prescribed?"	Yes No Don't know/No reply 33d
ALL THOSE TO WHOM METHOD IS DESCRIBED	"Did you use the method prescribed?"	Yes No Don't know/No reply 34
NO	"Why didn't you use this method?"	No sexual relations Partner did not agree Already pregnant Wanted a baby Too difficult to take/use Psychological problem Bad for the health Too expensive Don't know/No reply 34a
	"Did you use another method?"	Yes No Don't know/No reply 34b
OF THOSE NOT USED THIS OR OTHER METHOD	"Do you intend to use a method of contraception now?"	Yes No Don't know/No reply 34c
OF THOSE INTENDING TO USE METHOD	"Which?"	RECORD 34d
OF THOSE WHO HAVE USED OTHER METHOD	"Which?"	RECORD 34e
FOR ALL METHODS FOLLOWING FIRST CONSULTATION ASK	"What is the first [second, third etc.] method you used?"	RECORD ON CHART 34f
	"In what month of what year did you begin this method?"	RECORD AS FOR QUESTIONS 22a-22f
	"Was it.....?"	
	"Who advised this method?"	
	"Do you still use this method?"	
	In what month of what year did you stop?"	
	Why did you stop?"	
	"Did you start another method?"	
ALL THOSE CURRENTLY USING METHOD	"Do you find this method satisfactory?"	Yes No Just started Don't know/No reply 34g

	QUESTION	PRECODED ANSWER	QUESTION N°
YES	"In what way?"	Easy to use Pleasant/No trouble Can't forget/ don't have to think Total liberation No or low cost Not a danger to health Partner is satisfied Effective Don't know/No reply	34h
	"Do you find any disadvantage with this method?"	Yes No Don't know/No reply	34i
	"What?"	Psychological problems Difficult to use Disagreeable to use/check Easy to forget Puts on weight Bad for the health Very expensive Partner doesn't like it Ineffective Don't know/No reply	34j
NO	"In what way?"	Ditto	34k
	"Do you find any advantage with this method?"	Yes No Don't know/No reply	34l
	"What?"	SEE QUESTION 34h	34m
	"Do you think you will change your method?"	Yes No Don't know/No reply	34n
F YES	"Have you a method in mind?"	Yes No Don't know/No reply	34p
	"Which?"	RECORD	34q

3.2 Practice of Abortion

FOR EACH ABORTION THE FOLLOWING QUESTIONS WERE ASKED [IN ADDITION TO QUESTIONS ON ALL NEGATIVE PREGNANCIES FOUND IN 'VITAL DATA' SECTION]

"Who carried out the abortion?"	Doctor [public hospital] Doctor [private hospital/association] Medical student Midwife/nurse Friend Partner Self Other Don't know/No reply	6k
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QUESTION	PRECODED ANSWER	QUESTION N°
"Where was it carried out?"	Marseille/Provence region France [elsewhere] England Switzerland Holland Algeria Other Don't know/No reply	6l
"Did your husband [partner] agree?"	Yes No He did not know Don't know/No reply	6m
D. <u>FERTILITY BEHAVIOUR - 'VITAL DATA'</u>		
1. <u>Age</u>		
"How old are you?"	Less than 18 years 18-19 years 20-24 years 25-29 years 30-34 years 35-39 years 40-44 years 45-49 years 50 + years	1
MARRIED/ COHABITING "How old is your husband [partner] ?"	Ditto	4d
2. <u>Marital situation</u>		
"What is your family situation?"	Married Separated Divorced Widowed Cohabiting Single	4
IF NOT SINGLE " In what year were you married [did you begin living with your partner] ?"	1940-44 1945-49 1950-54 1955-59 1960-64 1965-69 1970-74 1975 + Don't know/No reply	4a
IF DIVORCED/ SEPARATED "In what year were you separated from your husband?"	Ditto	4b
IF WIDOWED "In what year were you widowed?"	Ditto	4c

	QUESTION	PRECODED ANSWER	QUESTION N°
MARRIED/ SEPARATED/ DIVORCED/ WIDOWED	"Is [was] this your first marriage?"	Yes No No reply	4e
NO	"How many times have you been married?"	RECORD	4f
FOR EACH MARRIAGE EXCEPT LAST	"In what year were you married for the first [second etc] time?"	SEE QUESTION 4a	4g
	"How did your first [second etc] marriage end?"	Divorced Widowed No reply	
	"In what year?"	RECORD	
	<u>3. Fertility History</u>		
	"Do you have any children?"	Yes No No reply	6
	"How many altogether?"	RECORD	6a
FOR EACH CHILD	"What is the sex and the date of birth of your first [second etc] child?"	RECORD ON CHART	6b
	"Is s/he still at home with you?"	Yes No Dead No reply	6c
DEAD	"When did s/he die?"	RECORD ON CHART	6d
	"Some pregnancies end in a miscarriage, an induced abortion, or a stillbirth. have you had any pregnancies which have not resulted in a live birth?"	Yes No Don't know/No reply	6e
YES	"How many altogether?"	RECORD	6f
FOR EACH NEGATIVE PREGNANCY	"In what year was the first accident or operation?"	RECORD ANSWERS TO QUESTIONS 6g-6j ON CHART	
IF CANNOT GIVE DATE AND HAS CHILDREN	"Was it before or after the first [second etc] child?"		6h
	"Was it a miscarriage, an induced abortion or a stillbirth?"		6i
	"How many months pregnant were you?"		6j

[OTHER QUESTIONS CONCERNING ABORTION CAN BE FOUND IN THE SECTION ON PRACTICE OF FAMILY LIMITATION - QUESTIONS 6k, 6l, 6m]

QUESTION	PRECODED ANSWER	QUESTION N°
"Are you pregnant at the moment?"	Yes No Not certain No reply	6n

YES "How many months pregnant are you?"	Under 10 weeks Under 3 [4 - 8] months Don't know/No reply	6q
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4. Family of Origin

"How many sisters and how many brothers did you have?"	RECORD	46
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MARRIED "How many sisters and how many brothers did your husband have?"	RECORD Don't know/No reply	46c
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E. BACKGROUND, EDUCATIONAL AND SOCIO ECONOMIC INFORMATION

1. Background

"What is your nationality?"	French Algerian Tunisian Moroccan Portugese Italian Spanish Other Don't know/No reply	3
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"Where were you born?"	France Algeria Tunisia Morocco Portugal Italy Spain Other Don't know/No reply	22
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"Where have you spent most of your life?"	Marseille/Bouches-du-Rhône France [elsewhere] Italy/Spain/Portugal Northern Europe North Africa Other Don't know/No reply	45
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"In the country or in the town?"	Country Town Both Other Don't know/No reply	45a
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QUESTION	PRECODED ANSWER	QUESTION N°
<u>2. Housing</u>		
"What are your housing conditions at the moment?"	Living with parents Living with partner's parents Hotel room Hostel Tied housing Furnished flat/bedsitter) Unfurnished flat/house) tenant Flat) House) owner	48
"Do you think they are suitable for bringing up a family?"	Yes No Don't know/No reply	48a
NO "Why not?"	Temporary housing Living with parents Dirty/noisy/overcrowded Too small Too big Too high up Undesirable neighbourhood No garden/playground To far from school/nursery/work Don't know/No reply	48b
"Do you intend to stay there for the next five years?"	Yes No Perhaps Don't know/No reply	48c
<u>3. Religion</u>		
"What is your religion?"	Catholic Protestant Jewish Moslem Other No religion Refusal/No reply	44
"Do you practice regularly, irregularly, or not at all?"	Regularly Irregularly Not at all refusal/No reply	44a
IF MARRIED "What is your husband's religion?"	SEE QUESTION 44	44b
"Does he practice regularly, irregularly, or not at all?"	SEE QUESTION 44a	44c



QUESTION	PRECODED ANSWER	QUESTION N°
<u>4. Education</u>		
"What is your educational level?"	No formal education Primary education certificate Professional aptitude certificate Professional education certificate Baccalauréat Higher education : non university Higher education : university -Advanced Technical Certificate Technological University Diploma General University Diploma Bachelor of Arts /Science Master of Arts / Science Doctorate Other	42
MARRIED "What is your husband's educational level?"	Ditto	42e
<u>5. Income</u>		
"Can you tell me the monthly income that comes into your household?"	SHOW CARD Less than 1,000 francs 1,000 - 1,800 francs [SMIC] 1,801 - 1,999 francs 2,000 - 2,999 francs 3,000 - 3,999 francs 4,000 - 4,999 francs 5,000 - 5,999 francs 6,000 - 6,999 francs 7,000 + francs Refusal Don't know/No reply	43
EMPLOYED "And can you tell me how much you earn on average per month?"	Ditto	43a
<u>6. Employment</u>		
<u>6.1 Respondent</u>		
"Do you work?"	Yes No No reply	41
YES "What is your job" OCCUPATION RECORDED AND CODED	Inactive/unemployed Farmer/agricultural worker Skilled/unskilled manual worker/ service worker Self employed White collar worker Middle management/semi professional Senior management/professional Student Retired Don't know/No reply	41a

QUESTION	PRECODED ANSWER	QUESTION N°
	Full time Part time No reply	41b
MARRIED	Yes No Don't know/No reply	41c
YES	RECORD Don't know/No reply	41d
IF EACH INTERRUPTION	Didn't like work Wanted to stay at home Husband wanted her to stop Pregnant To look after children Health reasons No work /dismissed Other Don't know/No reply	41e
	RECORD years and months	41f
	SEE QUESTION 41t	41g
WORKING D HAS CHILDREN	Parents Husband/partner Friend/neighbour Childminder Crèche/nursery Infant's school School Other Don't know/No reply	41j
IF CHILDREN SCHOOL AGE	Ditto Nobody	41k
IF NOT WORKING	Yes No Don't know/No reply	41l
IF YES	SEE QUESTION 41a	41m
	SEE QUESTION 41b	41n
	SEE QUESTION 41o	
FOR OTHER QUESTIONS RELATING TO EMPLOYMENT HISTORY SEE SECTION ON ATTITUDES TOWARDS OWN EMPLOYMENT :QUESTIONS 41p - 41s		
6.2 <u>Partner</u>		
IF EVER MARRIED	SEE QUESTION 41a	40

QUESTION	PRECODED ANSWER	QUESTION N°
IF MARRIED/ COHABITING "What is his job now?"	SEE QUESTION 41a	40a

6.2 Families of Origin

"What was your father's job?"	Ditto	47
IF MARRIED "What was your husband's father's job?"	Ditto	47a

F. ORGANISATION OF ROLES

1. Early Child Care Tasks

IF MARRIED/ COHABITING AND HAS CHILDREN	"When your last child was born, did your husband [partner] help you in the following tasks; never, irregularly, or often? [1] Changing nappies [2] Getting up at night [3] Feeding [4] Dressing [5] Looking after it for more than an hour [6] Going out with the child alone "	Never Irregularly Often Not applicable Don't know/No reply	49
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2. Current Child Care and Household Tasks

IF MARRIED/ COHABITING	"During the last week, has your husband [partner] helped you in the following tasks? [1] Helping with the children [2] Cooking [3] Housework [4] Shopping [5] Washing up [6] Washing [7] Ironing	Yes No Not applicable Don't know/No reply	49a
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IF SINGLE AND NOT COHABITING BUT INTENDING TO GET MARRIED

"Will you ask your husband to help you in the following tasks?" [1] Helping with the children [2] Cooking [3] Housework [4] Shopping [5] Washing up [6] Washing [7] Ironing	Yes No Don't know/No reply	49f
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QUESTION	PRECODED ANSWER	QUESTION N°
<p>MARRIED/ COHABITING "Who takes responsibility for the following tasks in your household?</p> <p>[1] Household repairs /Do-it-yourself [2] Tax declaration "</p>	<p>Husband/partner Respondent Both Not applicable Don't know/No reply</p>	49b
<p>"Who takes the following decisions in your family?</p> <p>[1] Where to go on holiday [2] The children's education [3] The management of the budget - current/everday expenditure [4] Large scale expenditure</p>	<p>Husband/partner Respondent Both Not applicable Don't know/No reply</p>	49c
<p>MARRIED/ COHABITING BUT INTENDING TO GET MARRIED</p>		
<p>"Will you leave the following tasks and decisions to your husband, will you take responsibility yourself, or will you share them with him?</p> <p>[1] Household repairs/Do-it-yourself [2] Tax declaration [3] Where to go on holiday [4] The children's education [5] The management of the budget - current/everyday expenditure [6] Large scale expenditure</p>	<p>Husband Respondent Both Don't know/No reply</p>	49g

