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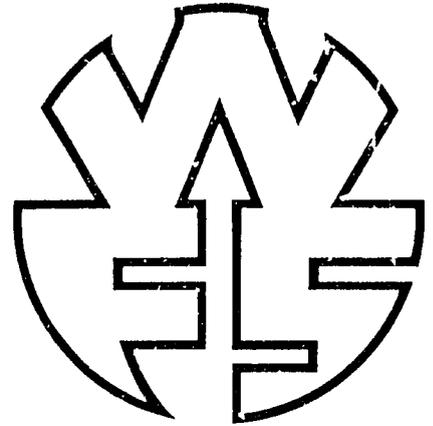
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WORLD FERTILITY SURVEY



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Fertility Survey in France, 1978 A Summary of Findings

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The World Fertility Survey is an international research programme whose purpose is to assess the current state of human fertility throughout the world. This is being done principally through promoting and supporting nationally representative, internationally comparable, and scientifically designed and conducted sample surveys of fertility behaviour in as many countries as possible.

The WFS is being undertaken, with the collaboration of the United Nations, by the International Statistical Institute in cooperation with the International Union for the Scientific Study of Population. Financial support for the developing country surveys is provided principally by the United Nations Fund for Population Activities, and the United States Agency for International Development. The WFS programme in the developed, or low-fertility, countries is being carried out in close collaboration with the Economic Commission for Europe, Geneva.

The French survey has been financed by the french government and carried out by the Institut National d'Etudes Démographiques, in cooperation with the Institut National de la Statistique et des Etudes Economiques. The research team included Y. Charbit, Ph. Collomb, H. Leridon (director) and J.-P. Sardon. This summary, prepared by J.-P. Sardon, contains the salient findings of the survey. A list of other publications is given at the end of the text ; most of these papers will be reprinted in a book under preparation to be published by the Institut National d'Etudes Démographiques, 27, rue du Commandeur, 75014 Paris, France.

For information on Country Reports of the Developing Countries, WFS publications, or a list of depository libraries, write to the information Office, International Statistical Institute, 428 Prinses Beatrixlaan, B.P. 950, 2270 AZ Voorburg, Netherlands.

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WORLD FERTILITY SURVEY IN FRANCE, 1978

SUMMARY OF RESULTS

1. THE SETTING

France with an area of 550,000 square kilometers, had 52,630,000 inhabitants enumerated in the 1975 census (53,590,000 estimated as of 1.1.1980). France is the fourth most populous country in Europe after West Germany, Italy and Great Britain but ranks fifteenth according to density (97 inhabitants per square kilometer).

In 1800, with 29,100,000 inhabitants within the confines of its present boundaries, France was the most populous country after Russia (40,000,000) and contained fifteen percent of the European population. Today that percentage has fallen to seven.

This loss of demographic standing is due to the unique character of France's demographic history. Indeed, while in the majority of European countries fertility did not begin to decline until about 1880 or later, the decline began in France in the middle of the 18th century. Numerous factors have been proposed to explain this early spread of birth limitation (weakening of religious beliefs, the modification of inheritance legislation, the emergence of private property ...) but none holds up completely under close examination. Nor does classical demographic transition theory account for the characteristics of the demographic history of France, since the decline of fertility largely preceded the decline of mortality. Thus, even knowing the general causes of fertility decline in Europe, the reasons for its early start in France remain unexplained.

The birth rate which was at a level of 40 per 1000 at the beginning of the 18th century, fell to 33 per 1000 in 1800, 26 in 1875, 22 in 1900, 19 in 1950 and 15 in 1980. The death rate fell from 20 per 1000 in 1900 to 10.2 in 1980. This later improvement was due largely to the diminution of infant mortality, which declined from 150 to 10 between 1900 and 1980. Today expectation of life at birth is 69.9 for males and 78.0 for females.

Since 1964, France, like most European countries, has had a very marked fall in fertility. The total fertility rate (TFR)^{a)} which was 2.9 births per woman in 1964 fell to 1.83 in 1976, recovered to 1.96 in 1980 and has been below replacement level since 1975. This decline of fertility has contributed to an acceleration of the aging of the population : in 1978, persons below 20 years of age represented 31.1 percent of the population and those over 50 years of age, 17.5 percent of the population.

Owing to the decline of nuptiality, the number of marriages has steadily declined since 1972 even though the number of "marriageable" persons continues to increase. As a result the mean age at first marriage, which had declined steadily from the beginning of the century, reversed itself in 1973 for males (from 24.6 years to 25.0 years in 1978) and in 1974 for females (from 22.5 years to 22.8 years in 1978).

The liberalization of abortion in 1975 does not appear to have led to an increase in its practice. In fact, the current estimate of the number of induced abortions (250,000 per year) is very close to the estimate that was made before the change of legislation.

a) The sum of the age specific fertility rates for a given year.

2. THE SURVEY

In this context of declining fertility, the survey of 1978 was undertaken with the aim, not so much of measuring the level of fertility, which is well known from vital registration statistics, but rather of filling some gaps in our knowledge, particularly with respect to contraceptive practice.

The French fertility survey had two parts : a sample survey of women and a sample survey of men.

THE "WOMEN'S" SURVEY

This questionnaire was administered to all women born between 1933 and 1957 (these women were 20-44 years of age on January 1, 1978) regardless of their marital status.

The list of women to be interviewed was obtained by a random drawing from a multiple stratified sample of dwellings enumerated in the 1975 census, and of dwellings newly inhabited after that date. The number of dwellings drawn was initially 14,050 distributed in 98 survey areas covering all the regions of France (except Corsica), but it was then reduced to about 7000 by appropriate weightings. This was done firstly, to decrease the number of dwelling that would have been needlessly visited because no woman 20-44 years of age resided there and secondly, to assure a better representation of younger women. To accomplish these objectives the sample of 14,050 dwellings was divided into four groups and sampled as follows :

- Group A : Dwellings in which at least one woman 20-29 years of age resided in 1975. All dwellings in this group were retained.
- Group B : Dwellings in which at least one woman 30-44 years of age resided in 1975. Every second dwelling in this group was retained.
- Group C : Dwellings in which no woman 20-44 years of age resided in 1975. One out of every four of these dwellings was retained.
- Group D : New dwellings (for which no information was available). All these dwellings were retained.

To recover a true picture of the original population, at the data processing stage the questionnaires in the four groups were weighted by the following factors : 1, 2, 4, 1.

Of the 6938 dwellings visited, 3387 (49 percent) were rejected because no woman aged 20-44 resided there ; 3018 provided one interview (of which 3011 were usable), 394 women refused to respond to the questionnaire, and in 139 cases the occupants could not be contacted. The interviews were done primarily between January and June of 1978.

The following topics were covered in the questionnaire :

- Socio-cultural characteristics of the woman and her partner (if any) ;
- Marriage history and pregnancy history ;
- Problems of sterility or subfecundity ;
- Knowledge of the ovulatory cycle and of contraceptive methods ;
- Practice of contraception at the beginning of married life and at the time of the survey ;
- Opinions about the method currently used and reasons for its choice ;
- Methods used previously and reasons for switching or stopping ;
- Detailed history of previous use of the pill ;
- Sources of information about contraception ;
- Requests for legal abortion since 1975 ;
- Desired family-size ;
- Communication and decision-making with the spouse regarding the number of children desired, contraception, etc. ;

Occupation and income of the woman and her spouse ;
 Satisfaction with the interview itself and with specific or sensitive questions.

The section of the questionnaire pertaining to the contraceptive method in use at the time of the survey was especially detailed in order to obtain a picture as accurate as possible of contraceptive practice, particularly in the area of traditional methods which are often poorly measured in such surveys (27 questions were included in this section).

THE MEN'S SURVEY

In order to better understand fertility and contraceptive behavior it appeared particularly important to include men in the survey, since, in modern society, procreation and contraception are issues which face the couple together. It was of interest, therefore, to try to compare the opinions and practices described by each of the spouses. Because of inherent difficulties with this type of survey in which several members of the same household are interviewed, we limited the sample to lawful spouses of women born between 1943 and 1947 and between 1953 and 1957. These groups of ages (20-24 and 30-34) were chosen because they cover the two most important phases of family building--the beginning and the end. The men's questionnaire was derived directly from that of the women ; only the module pertaining to the reproductive history of the woman was reduced. In all, 529 men were interviewed three to six months after the interview with the wife^b).

3. RESULTS

3.1 MARIAGE AND THE RISK OF CONCEPTION

The study of fertility and contraception requires knowledge of the population at risk, i.e. the number of women having sexual relations. The legal marital status of the woman provides an indicator of this (Table 1). In order to more precisely define the status of each woman with respect to the risk of conception, the sample was divided into four categories :

1. Women married and living with their spouse ("married")
2. Women living with a partner ("cohabiting")
3. Women with a regular partner but not living together ("with partner")
4. Women who stated they had no regular partner (single)

Table 1 - Distribution of women by age and marital status (legal)

Marital status	Age				
	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years
Never married	42.2	15.5	10.3	2.7	5.4
Currently married	56.8	30.7	85.8	92.3	87.4
Widow	0	0.5	0.8	1.8	3.2
Divorced	1.0	3.3	3.1	3.2	4.0
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(N)	694	878	536	399	475

b) Data pertaining to the husband's survey are analyzed in forthcoming articles to be published in Population.

Table 2 demonstrates the importance of cohabitation among young women, particularly for those below age 25.

Table 2 - Distribution of women by age and marital status (actual)

Marital status	Age				
	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years
Married, husband present	56.5	80.2	84.9	91.5	85.7
Cohabiting	10.7	5.3	4.4	1.3	2.0
With partner (not cohabiting)	12.2	3.1	4.2	1.5	2.0
Single	20.6	11.4	9.5	7.7	10.3
	100.0	100.0	100.0	100.0	100.0
(N)	694	878	536	399	475

AGE AT MARRIAGE

In France the vast majority of births are within marriage. According to vital registration data, the proportion of all births that were illegitimate was 9.3 percent in 1978. Marriage thus constitutes the usual beginning of reproductive life.

Table 3 shows the lowering of the age of marriage which occurred for successive cohorts born between 1950 and the end of the Second World War. According to vital statistics, after 1972 a lower rate of marriage has been observed among young women. This might correspond to an increasing rejection of marriage, in which case the proportion never marrying will ultimately increase. Alternatively this may simply represent a rising age at marriage. It is not yet possible to say which is true though it is noteworthy that there is a parallel tendency toward "juvenile cohabitation" (couples living together without being married) (cf. table 2).

Table 3 - Proportion of women marrying before the age of 20
(women aged 25 or more, married before the age of 25)

A/ By age at 1-1-1978					
25-29 years		30-34 years	35-39 years	40-44 years	All
32.1 %		29.8 %	28.5 %	29.5 %	30.1 %
B/ By educational level					
Primary	Secondary (less than 4 years)	Secondary (4-6 years)	Secondary (professional training)	Secondary (completed : 7 years)	University
42.8 %	36.5 %	29.6 %	25.1 %	15.5 %	4.5 %
C/ By labor-force status					
Never worked		Still working after marriage	Worked before marriage		
49.3 %		36.3 %	27.0 %		

Age at marriage is positively correlated with the level of education and is related as well to wage-earning before marriage. Women who have never worked were married earlier than women who worked only after marriage, who in turn married earlier than women who were already in the work force at the time of their marriage. Such correlations are frequently observed, but they do not permit any determination of causation.

STABILITY OF MARRIAGES

The yearly number of divorces is rising rapidly in France : it has doubled between 1970 and 1979 and the "total divorce rate"^{a)} has risen from 11 divorces per 100 marriages in 1960 to 24.2 in 1979. This increase is partly a result of the increasing tendency of divorces to occur soon after marriage.

The increase in the number of divorces has led to a rise in the number of remarriages of divorcees : while such remarriages represented six percent of all marriages between 1955 and 1975, nine percent of the women marrying in 1978 were divorcees (10 percent of men).

In the survey, a rate of 5 divorces per 100 first marriages was observed, which underestimates the proportion of all marriages broken by divorce because the durations of marriage for younger cohorts are truncated.

FECUNDITY

Fecundity is a concept that is difficult to measure in populations that practice birth control, which is the case in the industrialized countries. But the fear of sterility or of low fecundity is disquieting for couples and it is interesting to measure the perception that women have of their own fecundity. The percentage of ever-married women who report themselves still fecund remains stable until 30 years of age at about 98 percent, then declines to 76 percent in the age group 40-44 with the increasing occurrence of sterilization. In 54 percent of cases, the sterilizations were sought for contraceptive reasons, and the proportion of surgical sterilizations increases with age.

The women's reports give an overly optimistic picture of their fecundity in so far as only women who are sure of their sterility (in 83 percent of the cases, due to an operation) declare that they are not fecund. But other women could have become sterile, in particular after 35 years of age, without knowing it and without worrying particularly if they wanted no more children anyway.

A more objective way to estimate the frequency of fecundity impairments is to examine the difficulties in conceiving that women report having had during the course of their reproductive life. 19 percent of ever-married women who have wanted a child, have encountered problems : 15 percent have taken more time than they wished to become pregnant at some time, and 4 percent have not been able to conceive.

3.2 FERTILITY

NUMBER OF PREGNANCIES

From the pregnancy history, completed for each woman in the survey, one can compare the mean number of pregnancies with the mean number of live births (Table 4). The former was 2.41 for currently married women at the time of the survey. The mean number of live births was 2.06. Thus of 100 pregnancies, over 85 end in live births. This proportion is remarkably stable across all age groups.

a) The sum of the divorce rates at different durations of marriage, during a year.

Table 4 - Mean numbers of pregnancies and live-births by age at survey date
(currently married women)

	Current age					
	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	All
Mean number of pregnancies	1.05	1.87	2.67	3.08	3.15	2.41
Mean number of live-births	0.92	1.60	2.28	2.64	2.65	2.06
Percentage of pregnancies ending in a live-birth	88.0	85.7	85.4	85.9	84.1	85.4

CHILDLESS WOMEN AND PREMATURAL CONCEPTIONS

At the time of the survey, 21 percent of interviewed women had never been pregnant and 24 percent had never had a live birth. Among married women these percentages were 9 and 11 respectively; among women who had nearly completed their reproductive life (40-44 years of age) the percentages were 4.6 and 5.4. The rate of infertility obtained in the survey is thus low and voluntary childlessness is even rarer: for example, among women 40-44 years of age, only 1.1 percent said they never wanted to have a child.

In the sample, 5.6 percent of ever-married women had had one live birth before their first marriage. As expected this proportion is affected by the age of marriage. The percentage is 5.3 for women married between 15 and 19 years of age, 4.8 for women married between 20 and 24 years of age, and 9.5 for women married between 25 and 29 years of age. Similarly, the proportion of women who were pregnant at the time of marriage depends on the age at marriage: it diminishes progressively as the age at marriage rises (30.1 percent at 15-19 years, 14.7 percent at 20-24 years and 8.2 percent at 25-29 years) which seems to indicate that an accidental pregnancy at a young age often precipitates marriage.

FERTILITY OF BIRTH AND MARRIAGE COHORTS

The sampling procedures used in this survey make it difficult to study recent trends in fertility: for the earlier marriage cohorts, only persons who married at young ages are represented in the survey, and the history of the younger birth cohorts is truncated by the survey date. Nevertheless some interesting results emerge from a comparison of the number of children ever born at given durations of marriage, controlling for age of marriage (Table 5).

The numbers of children ever born after 5 or 10 years of marriage are highest for marriages celebrated between 1958 and 1962, for all marriage ages. In the most recent marriage cohorts (1968-1972) an important reduction in the number of children born within the first five years of marriage is observed. This is especially true for women marrying below 20 years of age which thus greatly reduces the effect of age at marriage. The analysis by birth cohorts also reveals an increase in fertility during the first years of marriage for the cohorts born between 1933 and 1937 and 1943-1947 and a very clear decline for the cohorts born 1948-1952. These results agree with what is known about the trend of fertility from vital registration data: period fertility rose until 1964 and then declined appreciably and finally stabilized at a much lower level after 1975. Similarly, though completed fertility began to decline with the birth cohort of 1931, the number of children ever born at age 25 continued to increase for the cohorts between 1930 and 1945, and the number of children ever born at age 30 continued to increase until the cohort of 1937.

Table 5 - Mean number of children at 5, 10 and 15 years of marriage duration in various birth and marriage cohorts, by age at marriage.

Age at marriage	Mean number of children after :								
	5 years				10 years			15 years	
	Marriage cohorts								
	1953-57	1958-62	1963-67	1968-72	1953-57	1958-62	1963-67	1953-57	1958-62
15-19 years	1.78	1.81	1.80	1.45	2.68	2.73	2.63	3.07	2.96
20-24		1.57	1.52	1.46		2.25	2.13		2.45
25-29			1.48	1.37			2.07		
30-34				1.21					
	Birth cohorts								
	1933-37	1938-42	1943-47	1948-52	1933-37	1938-42	1943-47	1933-37	1938-42
15-19 years	1.63	1.78	1.88	1.58	2.44	2.72	2.77	2.90	3.03
20-24	1.54	1.57	1.51		2.19	2.26		2.42	
25-29		1.42	1.51		1.96				
30-34	0.96								

In addition, this analysis shows that the birth (or marriage) cohorts which were at the beginning of childbearing during the period of high fertility (1962-1966) had higher fertility in their first five years of marriage than either earlier or later birth cohorts. The lead so acquired was never completely lost, i.e., the earlier and higher start of fertility seems to have resulted in a slight rise in completed fertility for these women.

It appears, on the other hand, that the increase of fertility up to 1964 affected all marriage cohorts irrespective of duration.

3.3 DESIRED NUMBER OF CHILDREN

The survey did not include questions regarding the ideal or expected number of children; it did however, contain a question regarding the number of further children desired. Table 6 shows these results for fecund women by age and parity. The number of expected children (current parity plus further desired children) shows a drop for the two youngest age groups (2.4 children instead of 2.6). This is due to the fact that in the younger cohorts, attained parity is still low and these women also desire fewer children. The table also shows that currently nulliparous women expect to eventually have more children than women who currently have one child (1.98 versus 1.81).

Table 6 - Mean number of additional children desired by current parity and age (women currently married and fecund)

Current age	Current parity							Mean expected size of the family
	0	1	2	3	4	5	6 et +	
20-24 years	2.34	1.19	0.67	(0.25)	(0.60)	(1.00)	(0)	2.40
25-29	1.93	0.97	0.43	0.24	0.14	(0.14)	(0.62)	2.37
30-34	1.27	0.69	0.31	0.11	0.07	0.13	(0.18)	2.64
35-39	(1.00)	0.30	0.08	0.04	0.03	0	0	2.63
40-44	(0.44)	0.06	0.01	0.02	0.05	0	0	2.66
All ages	1.93	0.81	0.28	0.09	0.07	0.08	0.08	2.54
Mean expected size of the family	1.98	1.81	2.28	3.09	4.07	5.08	6.78	

() = less than 20 cases

Desired family size can change later : thus among women who want more children, 41.6 percent think they might revise their desires downward (10.6 percent did not respond). On the other hand, among women who desire no further children, 21.7 percent report that they might change their mind (7.4 percent did not respond).

Table 7 shows the clear rejection of large families ; about one-half of the women (42 percent) want only one child, more than three-quarters want no more than 2 (78 percent).

Table 7 - Proportion of women wanting no more children (or sterilized for contraceptive reasons) among currently married and fecund women, by current parity.

	Current parity				
	0	1	2	3	4 and more
Wanting no more children	9.9	41.5	75.2	82.7	78.7
Sterilized for contraceptive reasons		0.6	3.1	10.0	16.0
Total	9.9	42.1	78.3	92.7	94.7

If one asks women who have completed their families (i.e. those who do not desire any further children) how many children they would have preferred, given their experience, one observes large differences according to the actual size of the family (Figure 1). Even though the majority of women would be ready to have the same number again, above parity three the proportion of women who would have preferred having less children is greater than the proportion who would have preferred more. On the other hand, 42 percent of those women who had only one child would have preferred more children. Thus if desires could be met, one would observe a clear contraction of the variance of family size around

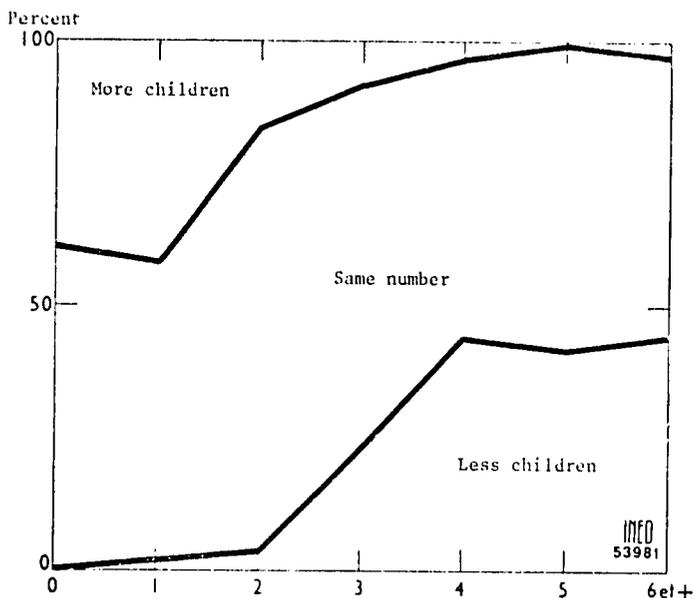


Figure 1 - Proportions of women who would have preferred having more, or less, children, by final size of the family (currently married women, fecund, wanting no more children).

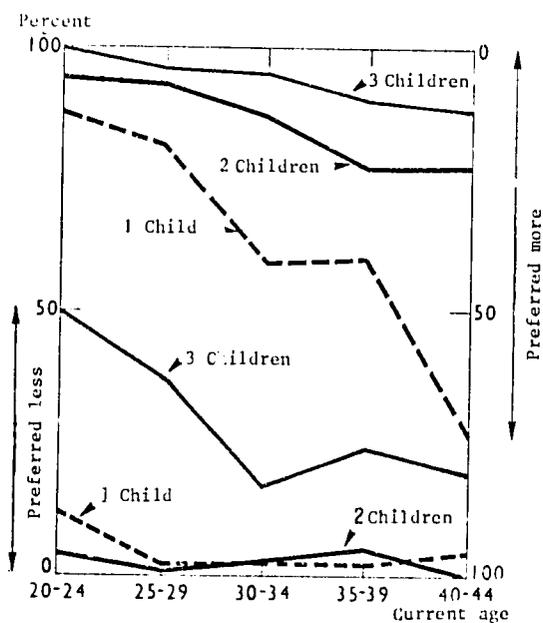


Figure 2 - Proportions of women who would have preferred having more, or less, children, by current size of the family and current age (currently married women, fecund, wanting no more children).

the modal value of two children. Age is an important variable in this area : the older the woman, the more she would have preferred a large family (Figure 2).

3.4 CONTRACEPTIVE PRACTICE

At the present time contraception is practiced widely in the population (Table 8) :

- 68 percent of the women were using a method at the time of the survey ;
- 22 percent did not have any need of contraception because they were sterile, pregnant or without a partner ;
- 6 percent were not practicing any contraception because they wished to conceive ;
- and 4 percent did not fall in any of the above categories.

Table 8 - Contraceptive method currently used by age
(all women aged 20 to 44 years)

	Age at 1-1-1978					All ages
	20-24 years	25-29	30-34	35-39	40-44	
Pill	38.3	35.2	30.4	20.5	9.8	27.9
I U D	2.0	10.9	13.4	11.5	6.4	8.9
Withdrawal	11.6	13.7	18.8	22.3	28.0	18.3
Condom	3.5	4.6	5.9	6.2	6.3	5.2
Rhythm	3.5	4.4	4.3	7.3	9.7	5.5
Other ^a) and unknown	0.3	2.5	1.6	2.9	4.0	2.2
Total	59.2	71.3	74.4	70.6	64.1	58.1
No method	40.8	28.7	25.6	29.4	35.9	31.9
Contraceptive sterilization	0.5	1.0	4.6	9.4	6.9	4.1
Non contraceptive sterilization	0.1	0.3	1.5	6.4	9.9	3.2
Sterile	0.3	0.1	1.6	1.2	4.5	1.4
Pregnant	9.6	6.0	4.5	1.0	0.4	4.6
No regular partner	18.0	9.7	4.1	4.1	6.3	8.7
Others :						
- wanting more children	9.9	8.7	7.3	2.6	0.6	6.2
- not wanting more children	2.4	3.0	1.9	4.7	7.4	3.7
Total	100.0	100.0	100.0	100.0	100.0	100.0

a) Diaphragm, spermicides : 0.8 percent of 20-44 years.
Douché : 0.9 percent.

The utilization of contraception has reached virtually the maximum possible, since the proportion of women not utilizing any method, even though they risk an unwanted conception, is very low (4 percent). This does not mean that nearly all women are protected from accidental pregnancy, because the contraceptive methods are not 100 percent effective and some women "without partners" may have occasional sexual relations.

The distribution by method shows the wide use of "modern" contraceptive methods (the pill and IUD). More than one contraceptive in two uses a modern method but the role of traditional methods remains large even among the young. The pill is the method used most often (28 percent), withdrawal comes second (18 percent) and the IUD third (9 percent).

It should be noted as well that 7 percent of the women have undergone a surgical sterilization of which more than half were for reasons at least in part of contraception, despite the fact that this is not formally authorized by the law. Finally, 14 percent of the women reported using more than one method during the same cycle (5 percent among the users of modern methods and 26 percent among users of traditional methods).

CONTRACEPTION AND AGE

The use of modern methods varies considerably between age cohorts (Table 9). Older women were more reticent to adopt the new techniques when they appeared, undoubtedly because of their acquired habits and also possibly, with respect to the pill, because of doubts about side effects and long-term health risks.

IUD use is maximum at 30-34 years. Doctors have a tendency not to prescribe it for nulliparous women. Sterilization is witnessing a considerable spread: above 35 years of age, more than 16 percent of the women are sterilized, whether for medical or contraceptive reasons.

Table 9 - Distribution of married women currently using contraception by method used, by age group

Method	Age					
	20-24 years	25-29	30-34	35-39	40-44	All ages
Pill	53.0	46.3	37.8	28.0	14.7	35.9
I U D	4.5	16.0	18.8	15.7	9.6	13.9
Withdrawal	25.9	21.0	27.3	33.1	45.8	30.0
Condom	8.7	6.8	8.7	9.1	8.6	8.3
Rhythm	7.3	6.4	5.6	10.0	15.1	8.6
Diaphragm and spermicides	0.6	0.4	1.1	1.2	2.4	1.1
Douche		1.8	0.6	1.2	3.2	1.4
Unknown		1.3	0.1	1.7	0.6	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

CONTRACEPTION AND MARITAL STATUS

Marital status is a determining factor influencing contraceptive practice. Figure 3 implies that many couples in cohabiting unions do not want children in the short term, and use contraceptive means accordingly. It is undoubtedly this high practice of effective contraception which explains why, despite the very rapid increase of cohabitation among young women 20-24 years of age, the proportion of illegitimate births has risen only slightly.

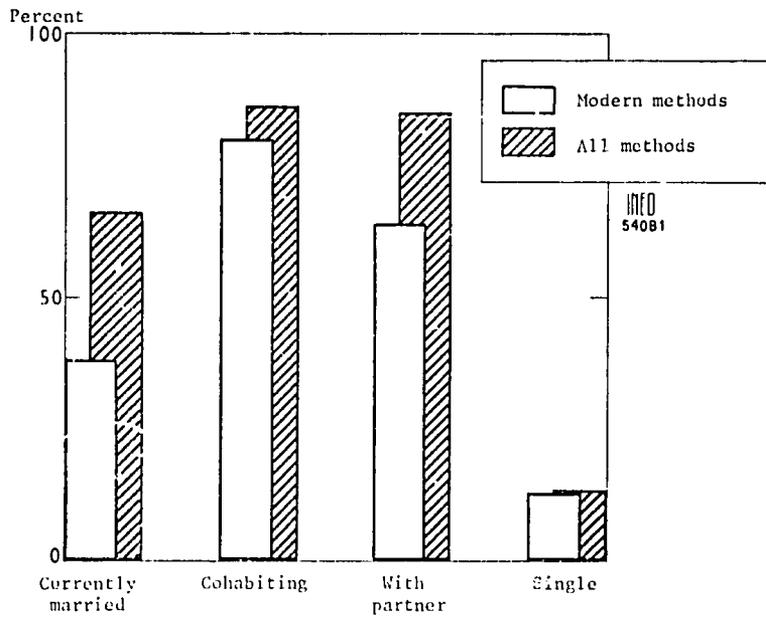


Figure 3 - Contraceptive use among women aged 20-24 years, by marital status.

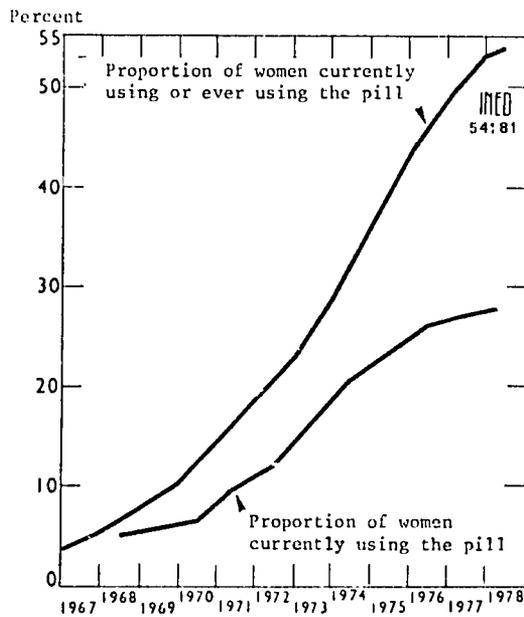


Figure 4 - Use of contraceptive pill : 1967-1978 (all women aged 20-44 years)

CONTRACEPTION AND PARITY

Among married women the practice of contraception varies considerably with the number of children already born, increasing directly with the size of the family (Table 10).

Table 10 - Use of contraceptive methods in 1978, by at various stages of family building (Currently married women, fecund, not pregnant, aged 20-44 years).

Method used	Total	Childless women, wanting children	Women with one child wanting more children	Women with two children wanting no more
Pill	31	22	29	34
IUD	12	1	8	16
Others	44	19	36	46
No method	13	58	27	4
Total	100	100	100	100

Among childless couples which are yet desirous of having a child later, 23 percent use the pill or IUD while 58 percent use no method. After the first child, when the desired family size has still not been reached, the use of modern methods rises to 37 percent and nonuse decreases to 27 percent. Finally, after the birth of the second child and if it is the last desired, 50 percent of couples have taken recourse to a modern contraceptive and only 4 percent report using no particular method.

Thus once desired family size is reached, protection against pregnancy is reinforced in three ways :

first, contraception is used more extensively ; second, modern methods are substituted for traditional methods and third, undoubtedly methods currently in use are used more effectively.

THE SPREAD OF THE PILL

Though the pill was only officially authorized for contraceptive use in 1968, before that date it was often prescribed under the pretext of treatment for certain forms of sterility. Thus at the time of its official introduction, about 5 percent of women were already users. Its spread after that date, traced with data from the survey, is shown in figure 4. In 1978, more than one woman out of two had used the pill at one time or another during her reproductive life (higher curve), but only one out of four is a current user (lower curve). Since 1976 the spread of the pill has slowed considerably, which suggests that a plateau may soon be observed.

SOCIO-CULTURAL DIFFERENTIALS

Comparison of the 1978 survey data with that of the fertility survey of 1971 shows that the spread of modern contraceptive methods (and the pill in particular) began primarily among the women who were youngest, the most urban, the most educated, and of the highest social status. Today, the pill has reached all social strata, all ages and all regions ; this explains the slackening of its spread. Only wives of farmers seem to still be reticent about using it.

The spread of the IUD has followed, with a certain delay, the same path among social groups as the pill, and should continue this path in the coming years, particularly in the absence of any liberalization of sterilization.

Finally, though the use of the pill is lower among fervent Catholics (26 percent) than among those whose religions practice is less intense (37 percent), this is not true for the IUD (10.7 percent versus 12.4 percent). This unexpected result is perhaps explained by the fact that the Catholic church has declared itself more clearly and more often against the use of the pill than against IUD.

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ABSTRACT

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