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1. Introduction: National and global historiographies

This article aims to shed new light on the emergence after 1945 of notions of individual autonomy in reproductive behaviour in France, specifically by looking at the family planning movement. The focus is on the organization *Maternité Heureuse* (MH), founded in 1956, and renamed *Mouvement Français pour le Planning Familial* (MFPF) in 1960. During the 1950s and 1960s, the idea of family planning was of key importance in shifting the parameters of public debate with regard to sexual morality, family life, and demography. More specifically, MH and MFPF were instrumental in transforming political and societal views on contraception, leading to the *Loi Neuwirth* of 1967 which ended the ban on the advertising and sale of birth control. MH and MFPF were crucial actors in the early stages of the French sexual revolution, disseminating norms around “responsible parenthood” and knowledge of “modern” reproductive and sexual behaviour. This article aims to make two interventions in the scholarship on the post-war family planning movement at the French, European and global levels. Firstly, it sets out to deepen our understanding of the extent to which the movement in France, a country at the brink of losing its empire, formed part of transnational networks advocating population control in the developing countries, and it explores the translation of globally circulating family planning discourses in the European context. Secondly, in tracing the emergence of notions of individual autonomy in reproduction, it explores the French family planners’ understanding of the “modern” reproductive subject, and the ways in which this understanding was framed by social markers of class, race, ability, and geography.

Specifically, the article considers the family planners’ approaches to those whom they saw as situated in the margins of reproductive autonomy: (post)colonial immigrants in France, and North and Sub-Saharan African populations before and after decolonization. The analysis covers the mid-1950s to the early 1970s, or the period between the creation of MH and the establishment of key family planning programmes in post-colonial Africa. It is based on archives and publications of international and French family planning organizations, including the recently opened collections of MFPF and its leading figures.¹ The first part of the article situates the French family planning movement nationally, in relation to demographic debate and cultural change in gender roles; and internationally, in relation to transnational family planning activism and discourse. The second and third sections investigate, respectively, MFPF’s activities vis-à-vis immigrant groups in 1960s France, and in Francophone Africa between the late 1950s and early 1970s.

Scholarship on the post-1945 French family planning movement is rich, but until recently it was framed nationally: in relation to national demographic discourse and cultural change on sex and gender.² The work by Bibia Pavard and Caroline Rusterholz has changed this, as they have

demonstrated the many ways in which French family planners were shaped by practices and discourses produced by internationally operating, US- and UK-based organizations such as the International Planned Parenthood Federation (IPPF), the Population Council (PC) and the British Family Planning Association (FPA).³ Further, Françoise Vergès' ground-breaking work on the overseas department of Réunion has demonstrated how the racialization of women's reproductive bodies led in the 1960s-70s to thousands of cases of involuntary sterilization and abortion by French medical officials.⁴ This research has crucially introduced the category of race, and provoked further investigation on the implementing of *anti-natalist* policies in the overseas departments (DOM-TOMs) after 1945, in striking contrast to the strong pro-natalism in metropolitan France. As recently argued by Myriam Paris and Michelle Zancarini-Fournel for Réunion and the Antilles (Guadeloupe and Martinique) respectively, colonial authorities attempted to pressurize non-white populations into using contraception, although the impact of such attempts varied significantly depending on local actors' responses.⁵

The present article builds on such insights, and on the thriving scholarship on family planning in the Global South after 1945. As is now well-established, post-1945 family planning was a transnational movement responding to decolonization and embedded in the globalization of demographic debate and the fear for a "population bomb".⁶ Beyond the variety of local approaches, family planning served as a framework facilitating an array of interventions, by state and non-state actors alike, in individuals' intimate practices and knowledge. Recent studies on the impacts of family planning programmes in the Global South after 1945 understand it as a normalizing biopower which introduced new practices of reproductive control, while also allowing for the articulation of new principles of reproductive agency. They stress the hierarchization of reproductive bodies according to race, social class, ability and other markers of social distinction and exclusion.⁷ A similar notion of hierarchization frames the present analysis of concepts of reproductive agency in post-war France: it points at beliefs that some bodies are more worthy of procreation and some individuals more endowed with the capacity to make informed, considered and autonomous choices with regard to family size, parenthood, and sexual behaviour.

Such a framework helps us to present a complex understanding of the emergence of new societal discourses of reproductive agency in the era of modern contraception, by focusing on those perceived as situated at the bottom of this hierarchy. It helps to understand and connect the French FP movement's different areas of activity and discourse: the lingering eugenics in the early years, the enthusiasm for neo-Malthusianism in the developing countries contrasting with its rejection in France, and the "civilizing" interventions among immigrant communities. Finally, it encourages us to question teleological narratives towards ever-increasing individual liberty in reproductive choice – a widespread public understanding of the situation in the Western world since 1945. Scholars of family planning such as Agata Ignaciuk and Laura Kelly have recently problematized such linear histories,

for instance by pointing at growing medical control.⁸ This article contributes to a more complex historical understanding of the post-1945 construction of an autonomous reproductive subject, by juxtaposing the French family planners' notion of reproductive agency as they applied it to the French-born population, and their approaches to immigrant groups and African populations, whom they framed as distinct.

In France as elsewhere in Europe, demography, rather than women's rights or reproductive autonomy, was central to discussions on birth control in the 1950s-60s. National exceptionalism had characterized French demographic discourse since the 19th Century. It was rooted in the fact that fertility decline started earlier here than elsewhere in the Western world, and shaped a national "denatality complex", a term coined in 1961 by physician André Berge.⁹ The idea of France's demographic vulnerability always framed public discussions of contraception law, leading family planners carefully to distance themselves from the anti-natalist, neo-Malthusian aspects of the transnational family planning movement.¹⁰ While there is no doubt that French family planning was in this sense distinct from the global movement, French actors too were subject to the globalization of demographic debate following 1945. French demographers and family planners increasingly framed their concerns regarding demographic developments as part of a European picture, and in contrast with trends in the developing world. Moreover, while the question of population quantity provoked differing positions in the French and global family planning movements, common ground was found in the focus on the "quality" of the population. This occurred in the context of the emerging of an "expanded notion" of quality of the population among experts in the Western world after 1945, which included a normative view on behaviour in the realms of health, family formation, sexuality and material life-conditions.¹¹

The French family planning movement articulated novel concepts of individual responsibility and agency in procreation. These notions, I argue, relied on the normative construction of the reproductive subject in a culturally specific sense: someone who made the "right" procreative choices, opting for a smaller rather than larger family depending on socio-economic status, and using modern contraception. Defining the "modern" reproductive subject in such a way allowed for the inclusion, exclusion and hierarchization of individuals. Such hierarchization was linked with the process of "feminization" of reproductive agency in mid-20th France and Europe. As discussed in more detail below, MH and MFPP explicitly foregrounded women as responsible for reproductive choices and contraceptive practices within marriage. Herein, they influenced French public and political discourse, contributing to a broad cultural change that partly relied on the fact that contraceptives such as the IUD and the pill were woman-based. Feminization and hierarchization were interlinked: they both attributed specific cultural and behavioural qualities to mothers and wives. They involved the articulation of norms regarding the modern wife and mother, including the fact that her "responsible"

life-choices ought to benefit not only her own wellbeing and that of her family, but more broadly allow the nation to thrive and prosper.

2. Family planning in France: demography and “responsible parenthood”

The French family planning movement stood at the crossroads of radical civic and professional engagement, female activism, and the drive to normalize the nuclear family. Centrally important was the battle to abolish a law dating from 1920, banning the sale and advertising of contraception (with the exception of condoms) and criminalizing any “anti-conception propaganda”.¹² Due to the strong pro-natalist consensus, this law remained in place after World War Two, presenting the movement with a particularly hostile legal and cultural environment. The considerable though declining social power of the Catholic Church, too, hindered any public advocacy for birth control. As Catholicism held significant influence over public discourse and norms, MFPP, while counting many Protestants and secular Jews among its leading figures, avoided openly confronting the Church until well into the 1960s.¹³ Nonetheless, it understood the norms around “responsible parenthood” to be part of a wider process of secularization and modernization, involving a deep reshaping of the population’s views on family, sex, morality and individual freedom.¹⁴

Maternité Heureuse was created in 1956 by a group of professional women including sociologist Evelyn Sullerot and gynaecologist Marie-Andrée Lagroua Weill-Hallé. The pro-natalist consensus among experts and politicians was such that family planners had to tread carefully on questions of demography, indeed distancing themselves from any neo-Malthusian agenda. As put by Sullerot in an article for the organization’s periodical in 1956: “We who always have avoided the amalgamation of the problems of hygiene and women’s liberty, which constitute the possibility of contraception, with a Malthusian politics of limitations of births.”¹⁵ Instead, MH propagated a positive image of motherhood, and played a role in disseminating new ideas regarding the “modern” woman who made conscious life-choices and was guided by expertise and rationality in all areas of life.¹⁶ MH emphasized the notion of family wellbeing and foregrounded the “desired child” as central to it. Further, middle-class respectability was a key strategy of legitimation, and this included a negative discourse on abortion. Abortion was criminalized by the same law of 1920, although legal reform of 1939 decriminalized it if the woman was at risk of death, and the introduction of capital punishment for abortion introduced by the Vichy regime was reversed in 1946.¹⁷ Like other family planning groups around Europe, MFPP repeatedly invoked the prospect of reduced instances of illegal abortion – at that time estimated at around 500 000 per year – as a positive effect of legal contraception.¹⁸

Maternité Heureuse was in 1960 refounded as the Mouvement Français pour le Planning Familial, an organization that counted around 100 000 members by 1967.¹⁹ In disseminating sexual knowledge as well as new norms and technologies, it challenged what had hereto been the only official source of medical information, the *Ordre des médecins*, the influential association of medical professionals

which opposed the legalization of contraception until 1967.²⁰ As political support for the legalization of birth control remained limited until the early 1960s, MFPPF initially focused on creating a network of local clinics providing private assistance. The first clinics, opened in Paris and Grenoble in 1961, advised married couples on birth control and put them in touch with physicians illegally selling contraceptives. From the mid-1960s some clinics directly handed out contraceptives, including the IUD, the diaphragm, and from the mid-1960s the pill. These were procured in Switzerland or shipped over from the UK or US.²¹ By 1965, MFPPF had established around 50 clinics with over 400 medics prescribing or handing out contraceptives. As the threat of police repression was constant, publically the clinics were presented cautiously as fighting “against abortion, sterility [...] and other problems within the couple.”²²

While clinic work and campaigning for legal reform constituted major areas of activity, exchanges with the global family planning movement were also essential to MH and MFPPF. The transnational networks of which they formed part emerged after World War Two in the form of private associations based in the US and UK. These included the PC set up by J.D. Rockefeller III in 1952 in New York, and IPPF created in the same year in London by Margaret Sanger, among others. By 1960 these transnational networks, involving philanthropists, medics, scientists and campaigners, had grown into a “powerful epistemic community”,²³ with over thirty national groups affiliated, programmes in all continents, and growing influence in the United Nations system. In subsequent years the transnational family planning movement grew in influence, not least thanks to the expansion of financial support by USAID to projects in developing countries.²⁴ MH was affiliated with IPPF in 1958, and IPPF representatives attended MFPPF’s founding meeting. As argued by Pavard, MFPPF underwent an encompassing “advocacy transfer” from IPPF: thanks to its international affiliation, MFPPF acquired expert legitimacy and status, as well as financial, educational and logistical support, including medical training and the shipment of contraceptive supplies.²⁵

MH and MFPPF were shaped by the theory of problematically high fertility in developing countries in the wake of decolonization. Around the Western world, post-war family planners argued that high fertility in the developing countries, combined with lowering mortality, stifled socio-economic development, threatened to provoke famine and social instability, and upset the “balance” of population numbers around the world.²⁶ By and large, the global family planning agenda was centred on the normalization of the small nuclear family, the “modernization” of sexual practices, and crucially, the lowering of fertility in developing countries and also among marginalized groups in the “first” world.²⁷ IPPF and PC supported dozens of local initiatives in Africa and Asia, but also in Europe and the US itself, aimed at regulating people’s reproductive behaviour, most often through the dissemination of contraceptive technology. In a number of cases, including India and Kenya, this involved coercive practices such as unconsented abortion and sterilization, or insufficient information in the administering of contraceptives.²⁸ However, as reports of problematic practices involving

unconsented interventions and the bypassing of local medical officials were discussed at the UN, during the 1960s organizations such as IPPF and PC were increasingly pressured into adopting more cautious approaches.²⁹

By the early 1960s family planning organizations were affiliated with IPPF in Britain (Family Planning Association), West Germany (Pro Familia), Sweden (League for Sexual Education), and Italy (Associazione italiana per l'educazione demografica, AIED), alongside France and among other countries.³⁰ The European groups attended the frequent conferences convened by IPPF, PC and the Ford and Rockefeller Foundations, exchanged data and documentation, and received financial support from these. As Sanger noted in a letter to George Hendricks in 1949: "It is so evident that the West – no less than the East – is desperately in need of our Birth Control information and services."³¹ However, as far as demographic analysis was concerned, West European organizations occupied a specific space in this transnational movement. While they adhered to the theory of excessively high fertility in the developing world, they did not share a unified position on the implications of global overpopulation for Europe. In Italy, AIED was thoroughly neo-Malthusian and constructed an image of Southern Italy's "hyper-fertility", seen through the prism of global overpopulation.³² By contrast, in 1960s West Germany family planners and demographers issued stark warnings regarding the "population boom" in the developing world while in the same breath expressing concerns around low fertility and the aging population in Europe. They saw these two contrasting situations, and any solution to them, as interdependent.³³

Despite the national aversion to neo-Malthusianism, in France too family planners, demographers and some politicians came under the spell of the doctrine of global overpopulation. In an internal MFPP report of 1966 which discussed UN publications and French expert analysis, "galloping demographic growth" was termed the world's chief problem, and the spectres of environmental destruction, famine, and even cannibalism were evoked.³⁴ In post-war France, demographic discourse was articulated and disseminated by the influential Institut national d'études démographiques (INED). Created in 1945 and directed by demographer and historian Alfred Sauvy, it provided expert legitimization for the post-war pro-natalist drive and initially opposed the legalization of birth control.³⁵ From the mid-1950s French demographic discourse was globalized, although in a way that both strengthened national exceptionalism and exacerbated negative stereotypes of "hyper-fertility" in the developing world. INED in the 1960s published numerous reports on the dangers of overpopulation in developing countries, presenting the situation as abnormal compared to the demographic transition witnessed by the industrialized world.³⁶ A 1960 INED report on the Arab world is noteworthy for its culturally essentialist analysis based largely on historical Islamic texts and macro-demographic data, and only limitedly on empirical details of marriage and sexual practices. It highlighted the "dogmatic and traditional foundations" of "patriarchal power", noting that only small pockets among the urban elites were influenced by "Western" values of the modern family.³⁷ MH and MFPP, too, contrasted the

situation in France, where they opposed neo-Malthusianism, with calls for population control in the developing world.³⁸ Despite their disagreements on contraception in France, MFPP and INED were united in popularizing the spectre of overpopulation in the developing world. For instance, a *Faire Face* television broadcast of 1960 featured Lagroua and Sauvy commenting on “alarming” global population numbers, combined with images of masses of starving African children.³⁹

In the late 1950s, as the effects of the babyboom became increasingly visible, INED it moved away from blanket pro-natalism. Although the “depopulation” paradigm never completely lost its influence, INED now proposed that the country’s demographic recovery necessitated new, more differentiated interventions among the population. Support for some form of birth control legalization grew among INED demographers: for instance, leading researcher Paul Vincent in an article of 1957 argued that legal birth control was acceptable if it formed part of a revised pro-natalist framework including family support.⁴⁰ In 1966, when asked by the government to report on the likely demographic impacts of legalization, INED concluded that while a slight lowering of fertility rates was to be expected, it would be offset by reductions in illegal abortion and mitigated by the positive impact on couples’ wellbeing. INED and MFPP were now more aligned, as both called for enhanced family welfare support and a “pro-family information campaign”, to counter the effects of legal contraception.⁴¹ Moreover, after 1960 INED introduced the notion of “family optimum” as an alternative to demographic optimum. Using family budget and educational level as key indicators, this notion indicated that the optimal number of children varied across sectors of the population, and thus that different reproductive decisions were required.⁴² MFPP endorsed such a notion, which chimed with its aim to responsabilize parents in choosing the “right” family size.⁴³

The views of family planners and demographers in this period cannot be reduced simply to pro- or anti-natalist arguments; rather, they were underpinned by another question: who ought to be encouraged to procreate and who ought to be discouraged? As argued by De Luca Barrusse, one of MFPP’s strategies for avoiding being labelled anti-natalist was to focus on the “quality” rather than quantity of the population. The spectre of “degeneration” of the population – this too, a deeply-seated anxiety, going back to the 19th Century – reared its head in the public debates on contraception. Since the 1950s INED had discussed the issue of fertility gaps between social classes, and the question of social class was also at the centre of debates on contraception preceding the Neuwirth Law of 1967. Opponents of legalization pointed out that, as projected by INED, contraception was likely to be used most widely by the affluent and educated, and that therefore the balance of fertility rates between social classes would be negatively affected. Rather than challenging the discourse of “quality” of the population, shared across the pro- and anti-legalization divide, MH and MFPP amplified these concerns, while, however, resetting the meaning of “quality”. They argued that it was the *absence* of a culture of family planning which weakened the French population qualitatively, and they associated un-planned families with social misery and deviancy. Far from upsetting the “demographic balance”

between lower and middle class sections of the population, the family planners argued, the legalization of contraception would strengthen rather than weaken the French population, as it formed part of a wider civilizational drive based on family wellbeing.⁴⁴

In thus reframing the notion of “quality” of the population, French family planners found common ground with the transnational movement. In the latter networks, too, the notion of family served as a strategic and discursive tool to replace biology or race as the foundation for the “bettering” of the population, while having the advantage of being untainted by eugenicist language. Neo-eugenicists such as Charles Paton Blacker and Dorothy Brush occupied leading positions in IPPF. Blacker, Administrative Chair of IPPF from 1953 and leading figure in the British FPA, also presided over the British Eugenics Society, which provided office space to IPPF in London.⁴⁵ In Western Europe, as argued by Dagmar Herzog, arguments in favour of limiting procreation among disabled, poor, and non-white people continued to be widely heard after 1945 – despite the formal discrediting by most political actors of the interwar practices of unconsented sterilisation and abortion.⁴⁶ A West European neo-eugenicist network emerged, including the British Eugenics Society, parts of the French demographic school, Italian demographer Corrado Gini, and Danish geneticist Tage Kemp. This expert community advocated the “non-worsening of the human type”, to be achieved through persuading rather than coercing parents to make preferable procreative choices depending on their social environment. To them, discussions of population quantity and “quality” always went hand in hand: both needed to be manipulated jointly, and crucially through a civilizational drive involving responsible parenthood and the small family norm.⁴⁷ The centrality of family in the post-war configuration of neo-eugenicist thinking emerges from a 1957 article for *Eugenics Review* by Blacker, with whom MFPPF entertained strong links: “From this eugenic standpoint, we can perhaps most succinctly describe [genetic potentiality] in terms of the achievement of producing by design a large, intelligent, healthy and united family. This performance is encouraged by some environments, and discouraged by others. The object of a eugenically conceived social policy should be to spread this ideal.”⁴⁸

3. The legalization of contraception and MFPPF’s approach to immigrants

In the mid-1960s MFPPF came to espouse a notion of reproductive agency that was disconnected from population politics and instead based on individual liberty – at least as far as the French-born population was concerned. MFPPF texts increasingly featured principles of liberty and choice, although this continued to be framed by notions of responsibility which implied the obligation to respond to (perceived) societal needs. Sociologist and MFPPF member Andrée Michel stated in an article of 1966 that the organization wished to help couples in expanding their “liberty and responsibility” in procreation.⁴⁹ A similar language of individual liberty featured in the *Loi Neuwirth*, passed in 1967.

The Loi Neuwirth established family planning as a cornerstone of French demographic, health, and welfare policies. It legalized the production and sale of all forms of contraception, as well as advertising, with the exclusion of messages that could be deemed “anti-natalist propaganda”. Liberalization was limited in the fact that the pill became legal only for married women and was – for now – not free of charge. Moreover, the amount of contraception a woman could be prescribed was limited: a logbook (*carnet à souches*) controlled the amount an individual procured.⁵⁰

Neuwirth was personally connected to a number of family planners, specifically Pierre Simon, whom he knew through renowned dermatologist and former Resistance fighter Robert Aron-Brunetière, and who was a member of Neuwirth’s parliamentary commission on contraception established to investigate legal reform.⁵¹ Neuwirth’s Report to the *Assemblée nationale* in 1966 and the parliamentary discussions reveal the extent to which he was influenced by the family planning norms of individual and couple responsibility, and by the discourse of “stable” and “modern” families.⁵² Both the Report and the Law were infused with the language of individual liberty, and this marked a rupture: family planning and birth control were now partly – though never entirely – taken out of the sphere of population management and into the sphere of individual rights. While the introduction to Neuwirth’s Report was entitled “*De la collectivité et des impératifs nationaux*” and included a large discussion of demographic trends and impacts, an equally significant part of the Report and the discussion was focused on “*la liberté des individus*”. Cultural change and new values were foregrounded here, requiring a legal framework centred on individual agency in intimate matters.⁵³

The emergence of a notion of reproductive autonomy sat hand in glove with the “feminization” of family planning in public and political discourse. Women as reproductive agents were at the centre of media and parliamentary debate around 1967, and the Loi Neuwirth cemented the idea of women’s responsibility for birth control in public consciousness. It formed part of rapidly changing public discourses on women’s autonomy in all aspects of their lives, from work to intimacy and family. Similar to the situation elsewhere in Europe, the women’s press played a key role herein: widely-read magazines such as *Marie-Claire* and *Elle* gave voice to women’s self-determination by publishing taboo-breaking interviews and surveys.⁵⁴ To be sure, the feminization of reproductive agency in the private realm – that is to say, women’s growing role within the couple in making decisions regarding family size and spacing of children – was a gradual development. As argued by Anne-Marie Sohn, the 1930s-50s were a pivotal phase, during which large numbers of women claimed reproductive agency in their intimate relationships, although many working-class women in paid employment had already done so since the early 20th Century.⁵⁵ While this intimate feminization of reproductive agency preceded the introduction of the pill and legal change, the late 1960s saw this phenomenon intensified. As demonstrated by Marie-Clarie Rebreyend, women in the 1970s possessed a new language with which to express their desire for and claims of sexual and reproductive autonomy.⁵⁶ Parliamentary and media debates around 1967, then, revealed the *political* dimension of this process of feminization: the

reframing of women as the prime reproductive agents in political, legal and expert discourse. Indeed, amidst sharp divisions, supporters and opponents of legal contraception converged in one respect: their centring of this issue on women's social roles, sexual lives, morality, and rights.

This new discourse of women's reproductive agency was a vindication of MFPPF's approach and its image of the educated and responsible woman who combined dedication in her role as primary care-giver with waged employment if she so desired. MFPPF's woman-centred message radicalized in the late 1960s, as it demanded that all national laws be reconsidered in light of women's rights, as part of the struggle for "women's liberation and the liberation of the couple."⁵⁷ Yet responsible motherhood was at the same time a normative discourse, implying women made certain choices over others (less rather than more children depending on circumstances, and use of modern contraceptive technology). It was a modernization discourse positioning women as key agents contributing to the dissemination of specific values and norms, including secularism and rationality. It served as a marker of inclusion, exclusion and social hierarchization, as reproductive agency was conditional upon displaying "responsible" behaviour. It framed women who were perceived at the bottom of the ladder as lacking in the capability for well-informed, rational choice. MFPPF and French society at large interpreted the principle of reproductive autonomy differently with respect to differently situated social groups.

The actions MFPPF developed vis-à-vis immigrant families in the early 1960s were informed by wider societal discourses on the consequences of immigration from the (former) colonies, marked by disputes over cultural assimilation, economic impact, and demography. Issues of race, immigration, fertility, and the very nature of the French nation had been intimately connected in French political discourse since the late 19th Century, as analysed by Nimisha Barton and Elisa Camiscioli.⁵⁸ Important shifts occurred in the 1950s-60s, as immigration from the (former) colonies, specifically North Africa, increased steadily. After the decolonization of the latter region and the Algerian War (1954-1962), there was growing concern regarding immigration in public and political discourse, articulated specifically through images of hyper-sexualized, violent Arab men.⁵⁹ The Pompidou governments (1962-68) discouraged North African families from settling in France, and when they did, pressured them into assimilation, accompanied by the heavy rhetoric of modernity and civilization. Although family immigration from the Maghreb remained relatively low until the policy of family reunion was adopted in 1975, discourses framing high fertility among North African immigrants as a problem were widespread in 1960s France.⁶⁰ State welfare, involving issues such as housing and child benefits, laid bare the mechanisms of exclusion suffered by post-colonial immigrant groups, based on ethnicity and culture rather than citizenship status.⁶¹ As argued by Amelia Lyons, the situation of Algerian immigrants in particular reveals the racialized quality of French citizenship. Until 1962 Algerians held French citizenship while at the same time experiencing myriad forms of discrimination, not least in family benefits and housing. Such discrimination was faced also by Algerian-born immigrants choosing French over Algerian citizenship after 1962.⁶²

I propose that family planning formed part of this picture of welfare initiatives treating immigrant families as a problematic category distinct from the white French population, and this regardless of citizenship. Cecile Goldet (1914-2019), a gynaecologist active in MFPPF since its foundation, future senator, and survivor of Ravensbrück concentration camp, in 1962 conducted a survey among around 1000 married immigrant couples in the Paris region. Aimed at exploring couples' attitudes vis-à-vis family size and birth control (and this well before legalization), the project involved Italian, Portuguese and Algerian immigrants. The latter formed the largest group of the sample, encompassing eighty families with some 400 children. Where possible, Goldet conducted interviews separately with the women, whom she asked about their knowledge of contraception, views on family size, and perceptions of their husbands' views.⁶³ The research was conducted shortly after the end of the Algerian War, and was designed not to distinguish between Algerian immigrants with French or Algerian citizenship, instead stressing both groups' position of cultural outsiders in France. The project was based on the assumption of high rates of undesired births in all immigrant groups studied, a situation which Goldet described as dramatic.⁶⁴

She concluded that women and men across the different immigrant groups had little knowledge and made little use of "modern contraceptives" (the diaphragm and IUD). She did not, however, offer a comparison with the French population at large, where limited knowledge of birth control beyond the withdrawal beyond was a wide-spread phenomenon. A key question underpinning the initiative was whether their relocation to France led immigrants to opt for smaller families. With regard to Algerians, Goldet and MFPPF were of the opinion that if they maintained the wish for large families after migration to France, then this would present a "demographic problem" to the country. Goldet noted that average family size among the Algerian community studied was circa twenty-five percent higher than in the French population as a whole. She interpreted this as resulting from the immigrants' unwillingness to adapt their cultural norms towards a small-family model. She also understood high fertility as resulting from lower infant mortality here than in the home country, and hypothesized that illegal abortion rates were lower in these communities than in Algeria, where women had extensive kinship networks on which they could rely for to get an abortion.⁶⁵

The research was marked by a clear anti-natalism in relation to immigrant communities: the assumption that the relatively higher birth-rate among immigrants was a problem requiring intervention was never scientifically evidenced, but rather based on a racially and culturally informed view of the French nation. Further, amidst a discourse that considered post-colonial immigrants per definition a socio-cultural problem to France, and framed them as in need of civilization, MFPPF constructed immigrant women as the chosen agents of modernization, and fertility control as the terrain from which to initiate the transformation of these communities.⁶⁶ In doing so, it bestowed agency upon women – reproductive agency but also socio-cultural agency in their communities and French society at large. This, however, was characterized by a normative vision of immigrant

women's choices and behaviours. MFPP narrated the survey results as a tale of (potential) modernization, situating immigrants as moving along a scale from uneducated, deprived, traditional and religious, to modern, integrated, and educated. Goldet portrayed the Algerian women as mid-way on this scale, torn between traditional values and their desire to "Europeanize", which in MFPP's concept involved "responsible parenthood", smaller families, and medical examinations. She regarded Italian women as to some degree similar to French women, though she distinguished those from the Southern regions whom she saw as deeply influenced by religious dogma and infused with fear of their husbands.⁶⁷

MFPP's survey was considered a pioneering one, provoking further research on immigrants in France by academics and international organizations. MFPP acted as advisers to a large IPPF-commissioned study of Algerian couples' attitudes to birth control in Paris in 1968-69.⁶⁸ The IPPF study, too, was driven by categories of race and culture rather than citizenship, as it focused on Algerian-born families living in France whether they had taken French citizenship after 1962 or not. Yet more explicitly than in Goldet's approach, the data was inscribed in the heavy rhetoric of modernization, whereby birth control and the small family norm were presented as vectors for wider cultural transformation. Men and women were asked about their use and knowledge of modern and traditional birth control, as well as their real and desired number of children. The study found that thirty-two percent of the women used modern contraceptives and thirty-three percent of the men, while respectively fifty-two and fifty-six percent of them had been given information on birth control in previous family planning programmes. Although it was acknowledged that these figures were not significantly lower than estimates for the French population at large, and that the Loi Neuwirth had been passed only recently, the numbers were considered problematically low.⁶⁹

The study found, further, that the couples held a significantly stronger desire for large families compared to the French-born population, although it observed a marked decline in desired numbers of children in the younger age-groups (around 3.4 as desired number for men and women under thirty; around 5.5 for those between thirty and forty; and ca. 6.4 for those over forty).⁷⁰ Although the age-differentiated figures indicated that a cultural transformation was underway with regard to desired family size, the study concluded that family size norms continued to be problematic among this immigrant group, and urgently called for thorough intervention through the creation of designated clinics. Finally, the study revealed that real numbers of children in the immigrant community sat very close to the stated desired numbers, and this among men and women of all age groups – suggesting that the couples themselves were mostly satisfied with their birth-control methods. Nonetheless, the report concluded that France was presented with a demographic and cultural problem since these numbers were higher than those of the French-born population in the same region.⁷¹ Thus, selective anti-natalism and the hierarchization of reproductive bodies underpinned the research, rather than principles of individual liberty in procreation.

4. The global hierarchization of reproductive bodies: MFPP in Africa

MFPP's publications of the 1960s featured numerous analyses of the local contexts of family planning in the colonies and former colonies of Africa and in the DOM-TOMs. A civilizational narrative prevailed: in an article on family planning in Guadeloupe of 1968 contraception was defined "a problem of civilization", both requiring and producing a situation where citizens were able to think beyond immediate basic needs, act with responsibility vis-à-vis their own well-being and that of the wider community, and elevate themselves towards "cultural liberation".⁷² Discourses on contraception as a civilizational device in Africa were similar, and throughout the 1950s-70s leading figures in MH/MFPP played a role in establishing family planning programmes in Francophone Africa. It is an area of MFPP activity that has hereto received little scholarly attention. The discussion here is focused on MH and MFPP's perceptions of and attempts at intervening in African countries, rather than on the responses among local institutional and professional actors and the local population – a question which will require further research.

An influential figure in this area was Pierre Simon (1925-2008), a renowned gynaecologist, leading figure of MFPP and chair of its *Collège Medical* in the 1960s, and future government adviser. Of Jewish descent, Simon was in the 1950s a member of *Litré* – a Swiss-based group of freemason physicians from Francophone Europe exploring contraception. Thanks to his extensive transnational connections, Simon was key in disseminating contraceptives and information in France, specifically introducing the IUD. In the 1960s he acted as IPPF's representative for the Europe/Africa/Middle East region, and as the PC's French correspondent. Simon's approach to the non-Western world was aligned with population control as espoused by the latter organizations, and with French anti-natalist policies in the overseas territories. In the 1960s, before his involvement in Tunisia detailed below, he played a role in the opening of family planning clinics in French Polynesia and he visited Réunion.⁷³ Along with Suzanne Képès (1918-2005), another leading figure in MFPP's interventions in the developing world, he belonged to the first generation of post-war family planners, many of whom left the organization in the years following 1968, critiquing what they saw as its feminist and leftist turn and its de-professionalization.⁷⁴ Képès, a co-founder of MFPP, was a gynaecologist and psychotherapist who grew up in a working-class Jewish Lithuanian family. In the 1950s she was a pioneer in privately smuggling contraception from London to France. She studied in the US and worked with renowned French scientists including Jacques Monod. In Africa, Simon and Képès worked closely with the transnational family planning movement, though not always agreeing with it and claiming greater regional expertise than US or UK actors.⁷⁵

French population politics in the African colonies had since the interwar period been discursively pro-natalist, mirroring the situation in the metropole. However, of paramount importance to the French governments, the colonial administration, and French settlers, was the demographic balance between

the settler and indigenous populations. In the interwar period, in North Africa and particularly Algeria, where settler populations were most numerous and influential, white settlers continuously called on the French government to live up to its promises and provide tangible support for (white) families, similar to the pro-natalist incentives in France. Such support failed to materialize in any significant measure, as French governments were weary of introducing services that distinguished between settler and native populations, which would have revealed the racialized notion of citizenship. When the French Union was established after World War Two it became legally even more problematic to distinguish between settler and native populations, and the governments of the Fourth Republic once again avoided introducing pro-natalist incentives in the African colonies.⁷⁶ The situation revealed the fact that the French governments' desire to avoid demographic growth among the native populations was such that it trumped the ambition to stimulate growth of the settler population – despite experts, colonial administrators and settlers alike raising alarm bells over white (termed “European”) depopulation in the colonies.⁷⁷ At the same time, contraception and abortion remained illegal, as in mainland France.

In 1954, months before the FLN uprising that marked the start of the Algerian War, MH took part in a meeting of French gynaecologists based in Morocco, Tunisia, and Algeria, all under colonial rule. Held in Algiers, the “Journées obstétricales d’Afrique du Nord” were attended also by representatives of the colonial authorities. In an extraordinary statement, the French medics and MH jointly demanded the creation of family planning programmes involving the dissemination of contraceptives and sexual information, as part of a family politics (“politique de famille”) aimed at lowering fertility. With alarm they noted “galloping demographic expansion” and called on the colonial administration to invest in local clinics, which, as part of a “work of civilization and progress”, would disseminate “rational” practices. In the statement, the “defense of the interests of children and women” in North Africa was foregrounded, and the latter qualified as “modern-day slaves”. MH offered to advise the French government on contraception, pregnancy and childbirth in North Africa, and curate the training of midwives and gynaecologists.⁷⁸ These bold proposals, which would have involved radical legal change, fell on deaf ears in Paris. Nonetheless they are noteworthy, as they contrasted sharply with the medical profession’s opposition to legal birth control in metropolitan France.⁷⁹

Following independence, French family planners contributed to the design of family planning programmes in Tunisia and, more limitedly, Morocco. Partnerships developed between international organizations, national governments, and local health officials. The French colonial administration had left behind not only a restrictive legal framework but also an underdeveloped medical infrastructure, with personnel ill-qualified in reproductive health.⁸⁰ The PC and IPPF started providing logistical support and education to the governments and medical associations of Tunisia and Morocco in the early 1960s.⁸¹ As the first North African country to implement a comprehensive family planning programme, Tunisia was upheld as a model for the continent. Although the population was

small and growth was limited in the early 1960s to 2.7%, President Bourguiba was an adherent of demographic transition theory and upheld a discourse of “responsibilization” of the individual as part of the national interest in demography as in other areas of social life. Family planning formed part of a modernization drive involving the expansion of women’s rights, and was also an attack on traditional and religious cultures and practices. In 1960 the sale of contraception was legalized, and allowances to families with over four children were cut.⁸²

In 1963 the government signed an agreement with the Ford Foundation and the PC to run a two-year family planning programme for the dissemination of contraceptives through local clinics. Here, as they did in other developing countries, the international organizations promoted especially the IUD, a device that required medical intervention and thus limited women’s autonomy.⁸³ By 1968 both the Ford Foundation and the Tunisian government reported several problems, including complaints among the public of insufficient dissemination of information, and reported cases of unconsented IUD insertion. The government and the international organizations nonetheless decided to enhance investment. In order to generate stronger adherence among Tunisian medics the Association Tunisienne du Planning Familial was created, with close connections to IPPF and for now also MFPP.⁸⁴ Simon and Képès lobbied the Tunisian government and the international actors involved in an attempt to play a greater role. However, after their departure from MFPP in 1969 and 1972 respectively, they acted in Africa as French government advisers and through their connections with the transnational movement. In 1971-74 Simon was sent by the International Bank for Reconstruction and Development to Tunis to design a family planning programme. As part of this he produced a report for IPPF on the situation in Tunisia and Morocco since the mid-1960s, and devised a plan for the training of medical and paramedical staff. In it, he stressed that local midwives should play a key role and ought to be trained by Western experts.⁸⁵

The following year the Association Tunisienne, in collaboration with IPPF and PC and financed by USAID, set up an “experimental campaign” in the northernmost city of Bizerte.⁸⁶ This involved the creation of fifteen clinics around the city and mobile clinics in the neighbouring countryside, all authorized to provide medical advice, examinations, and contraception. Some clinics performed abortions and sterilization within the legal framework. According to early reports, the project was significantly helped by the fact that religious leaders did not oppose it.⁸⁷ Reporting to IPPF on the Bizerte programme, Simon noted that while infrastructure was functioning adequately, response from the local population was disappointing. He called for enhanced resources and investment. During the following years he grew frustrated with the slow expansion of the programme, which did not mirror his and international actors’ sense of urgency around population control. Simon called for greater IPPF control: “The Bizerte programme is insufficiently controlled. We must have a much stronger presence on the ground.”⁸⁸ The dissemination of “Western” family planning norms and expertise in the post-colonial world remained, thus, of paramount importance to these family planners.

In 1972 the French Ministry for Development charged Suzanne Képès with co-designing an Institut de Formation de Cadres for family planning and sexual health professionals in Francophone Sub-Saharan Africa. The idea for such an Institute had previously been coined at the African Demographic Congress held in Accra in 1971. Preparatory meetings took place between 1972-1975 in Abidjan (Ivory Coast) and Dakar (Senegal), attended by representatives from MFPP, the École Nationale de la Santé Publique in Rennes, the Ford Foundation, PC, IPPF, USAID, UNESCO, WHO, and the Ministries of Education and Health from Senegal, Mali, Ivory Coast, Togo, and Congo.⁸⁹ The Institute was created in Dakar in 1975, funded primarily by the Ford Foundation. Képès played a role in planning the medical training, creating the library collections, designing the population surveys, and cooperating with hospitals.⁹⁰ She highlighted socio-cultural and political obstacles: religion and taboo, lack of locally adapted sexual-education documentation, female genital mutilation and other traditional practices, widespread abortion, prohibitive laws, and some politicians' rejection of family planning.⁹¹

Alongside these initiatives by former members, MFPP itself continued to sponsor exchanges with actors in Francophone Africa. Its approach in the 1970s moved away from demographic concerns and was increasingly cognisant of the need to embed family planning in local socio-economic development on the one hand, and centred on individual, and specifically women's, rights on the other. In 1972 Catherine Valabrègue, a long-standing member of the organization who had played a key role in the clinics in France and in MFPP publications, along with Cecile Goldet and Odette Cahier visited Niamey in Niger. They aimed to establish collaboration with the Ministry of Health and the newly created national Family Planning Committee. The French women gave a series of lectures on family planning to medics and students, and met with government officials. It was a moment of intense dissemination of the MFPP's approaches, knowledge, and material: French family planning was presented as a model, although, according to Valabrègue's report, there was clear awareness among all parties involved of the need to embed any new infrastructure into local cultures and practices (citing, for instance, the socio-economic community status that came with motherhood).⁹² Other leading figures of the MFPP undertook similar visits, including the transfer of knowledge to local experts, to Upper-Volta and Mali in the mid-1970s.⁹³

5. Conclusion

Further research will be required to more fully establish the role played by MFPP in family planning initiatives across Francophone Africa, including its relations with other actors on the ground, the translation of its approaches and its concepts in different environments, and the wider impacts of its actions. It will also have to explore the changes in the French family planning movement's concepts of individual reproductive agency from the 1970s onwards, as the organization underwent rapid

changes. In the 1970s, MFPPF became a feminist organization, more clearly centring its approaches on principles of (women's) bodily autonomy. Increasingly, it displayed attention to class inequalities in reproductive agency and access to contraception and abortion, and this resulted partly from its alliance with the trade unions and the vicinity of part of its membership to the radical, post-1968 left.⁹⁴ However, as has been shown, this was preceded by a phase during which emerging notions of reproductive agency were entangled with demographic considerations, a focus on the "quality" of the population, the normative association of reproductive modernity with the small nuclear family, and the aim to globalize this family model.

Family planning as an ideology, a field of expertise, and a series of socio-medical practices was central to the post-war reconfiguration of gender relations and of discourses of population and family life. Specifically, family planning was central to the modernization of practices and discourses surrounding motherhood. If "responsible motherhood" granted women new forms of agency in the family and society, at the same time it was a normative discourse, implying that women make certain choices rather than others and burdening them with responsibility vis-à-vis wider national wellbeing. As such, it served as a marker of inclusion, exclusion and social hierarchization, as reproductive agency was made conditional upon displaying culturally specific and "responsible" behaviour. The ambivalence with which the family planning movement endowed women with (political and private) agency while at the same time defining responsible behaviour in a normative sense, emerges from the analysis of the movement's approaches to immigrant families in France as well as its interventions in colonial and postcolonial Africa. With regard to Algerian families in the Paris area, both the French family planning movement and IPPF called for urgent intervention to achieve a reduction in fertility, and high numbers of unwanted births were noted – despite the fact that the research itself demonstrated that the numbers of real and desired births lie closely together in this group. Thus, anti-natalism and preconceived notions of ideal family size, rather than individual and couple choice, underpinned the research.

A wider picture emerges of differentiated anti-natalism underpinning the French family planning movement's approaches to non-white and colonial or former colonial subjects – strikingly contrasting with the movement's emphatic rejection of neo-Malthusianism as far as mainland France was concerned. As early as the late 1950s the French family planning movement called for the dissemination of birth control in the North African colonies, using the framework of "third world overpopulation" rather than the language of individual rights and reproductive autonomy, which it started to adopt in relation to (white) French women and men. To be sure, in the early 1970s MFPPF's approaches vis-à-vis family planning in developing countries suggested growing attention to local context and the need for diverse practices, even if the French approach continued to be presented as a model. Nonetheless, on the whole the analysis of French family planning ideology in this period demonstrates the interconnectedness between the dissemination of birth control with discourses of

civilization and modernity. It also reveals the ways in which debates on family planning continued to be infused with culturally and racially specific visions of the make-up of the French population and therefore the nature of the French nation. Situating the French actors in relation to transnational family planning networks and globally circulating ideas on “third world” development, family life, and contraception, adds depth to our understanding of sexual change in the “first world” as framed by the global contexts of decolonization, immigration and demographic change.

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² Key studies on family planning and contraception in France: Mossuz-Lavau, *Les lois de l'amour*; Pavard, *Si je veux, quand je veux*; Friedmann, *Liberté, sexualités, féminisme*; Bard, Mossuz-Lavau, *Le planning familial. A comparative perspective in: Latham, Regulating Reproduction; Olszynko-Gryn, Rusterholz, "Reproductive politics"*.

³ In particular: Pavard, 'Du Birth Control au Planning familial'; Rusterholz, *Women's medicine*, 169-95.

⁴ Vergès, *Le ventre des femmes*.

⁵ Paris, "La racialisation d'une politique publique"; Zancarini-Fournel, "Contraception et avortement dans les Antilles françaises".

⁶ Key recent works on post-1945 global family planning: Connelly, *Fatal Misconception*; Eager, *Global Population Policy*; Hartmann, *Reproductive Rights and Wrongs*; Rao, *From Population Control to Reproductive Health*.

⁷ Takeshita, *The Global Biopolitics of the IUD*; Thomas, *Politics of the Womb*; Nakachi, Solinger, *Reproductive States*; Briggs, *Reproducing Empire*; Paris, "La racialisation d'une politique publique".

⁸ Ignaciuk, Kelly, "Contraception and Catholicism in the Twentieth Century"; Olszynko-Gryn, Rusterholz, "Reproductive politics".

⁹ De Luca Barrusse, "The denatality complex". Barrusse notes Pierre Simon as an exception, breaking with the pro-natalist consensus; more on Simon further in this article.

¹⁰ Pavard, "Du Birth Control au Planning familial".

¹¹ De Luca Barrusse, Praz, "Les politiques de population".

¹² Condoms were freely available in pharmacies but largely absent from discussions on family planning, due to their association with venereal disease and the implicit notion that men visiting prostitutes ought to be protected from it. On the 1920 legal framework: Mossuz-Lavau, *Les lois de l'amour*, 15-18; Olivier, *Le vice ou la vertu*.

¹³ Sévegrand, *Les enfants du bon Dieu*. On *Humanae Vitae*, the papal encyclical of 1968, as a turning point see: Sévegrand, *L'Affaire Humanae Vitae*. Harris, *The Schism of '68*.

¹⁴ Delphine, "Les relais culturels du Planning Familial".

¹⁵ Sullerot, "A propos d'une enquête", 11.

¹⁶ On the modernization of motherhood in 1950s France: Fishman, *From Vichy to the Sexual Revolution*, 29-33 and 63-66.

¹⁷ Mossuz-Lavau, *Les lois de l'amour*, 87-92.

¹⁸ Lagroua Weill-Hallé, "Les raisons d'être de notre association"; Lagroua Weill-Hallé, *L'enfant-accident*.

¹⁹ Mossuz-Lavau, *Les lois de l'amour*, 26.

²⁰ Pavard, "The Right to Know?"

²¹ Mossuz-Lavau, *Les lois de l'amour*, 25. The only other organization to provide information on contraception was the *Mutuelle generale de l'éducation nationale*, which established clinics from 1963, though these were only accessible to its ca. 1 million members. Rettie, "Developments in France."

²² MFPPF, *Qu'est-ce que c'est le planning familial* (Paris, 1968), 8-9; CAF, Fonds Suzanne Képès 19 AF, 109.

²³ Frey, "Neo-Malthusianism and Development", 90.

²⁴ Sharpless, "World Population Growth".

- ²⁵ See the financial report in *Revue trimestrielle du MFPP*, March 1965: BMD, Fonds Valabrègue, Publications 1 AS 2-18; Pavard, “Du Birth Control.”
- ²⁶ Frey, “Neo-Malthusianism and Development”.
- ²⁷ Connelly, *Fatal Misconception*, 155-165.
- ²⁸ Hartmann, *Reproductive Rights and Wrongs*, 55-87.
- ²⁹ Eager, *Global Population Policy*, 60-65; Birke, “It is under the banner of the defense of human rights”.
- ³⁰ Glass, “Family Planning Programmes and Action”, 230. On Italy: Porta, *Amore e libertà*. Recently, a rich scholarship is emerging on family planning in communist Eastern Europe: Kuźma-Markowska, Ignaciuk, “Family Planning Advice”.
- ³¹ Katz, Engelman, Moran Hajo, *The Selected Papers of Margaret Sanger*, document 157.
- ³² De Benedetti, “Aspetti eugenitici”; Zangrandi, “Il controllo delle nascite”.
- ³³ Timm, “Bio-Politics, Demographobia”.
- ³⁴ “Démographie galopante”, 23-25: BMD, Fonds Catherine Valabrègue, 1 AS 19-21.
- ³⁵ Drouard, “La création de l’Ined” ; Girard, *L’Institut national d’études démographiques*; Rosental, *L’intelligence démographique*.
- ³⁶ Tabah, “Démographie et aide au Tiers Monde”; Pressat, ‘Perspectives et tendances futures’.
- ³⁷ Seklani, “La fécondité dans les pays arabes.”
- ³⁸ For instance, Han Suyin, “En Chine.” *La Maternité heureuse*, 3 (1957) ; “Le 6e congrès mondial de fertilité–stérilité, Tel Aviv, mai 1968 ” (unsigned report for MFPP), in CAF, Fonds Suzanne Képès 19 AF, 121; “Le congrès de la Fédération Internationale du Planning Familial, 1968 ”, in CAF, Fonds Pierre 17 AF, 20.
- ³⁹ Barrusse, “The denatality complex”, 28.
- ⁴⁰ Vincent, “La Liberté de la conception.” The author was head of the department for quantitative research at INED since 1945.
- ⁴¹ “Rapport de l’Institut national d’études démographiques.”
- ⁴² Bodmer and Jacquard, “La variance de la dimension des familles.”
- ⁴³ As for instance in: “Regulation des naissances – aspects collectifs et individuels – 25/8/1971 ”, in CAF, Fonds Suzanne Képès 19 AF 97.
- ⁴⁴ Barrusse, “The denatality complex.”
- ⁴⁵ Kuehl, *For the Betterment of the Race*, 151-156.
- ⁴⁶ Herzog, *Unlearning Eugenics*.
- ⁴⁷ Kuehl, *For the Betterment of the Race*, 133-134 and 145-152. For French eugenicists’ relationship with UK and US eugenics in the early 20th Century, see: Schneider, *Quality and Quantity*.
- ⁴⁸ Blacker, “Notes of the Quarter”, in PP/CPB/H5.
- ⁴⁹ Andrée Michel, “Démographie et planning familial”, *Revue trimestrielle du MFPP*, June 1966: BMD, Publications 1 AS 2-18.
- ⁵⁰ Pavard, *Si je veux, quand je veux*, 81-103; Mossuz-Lavau, *Les lois de l’amour*, 65-69.
- ⁵¹ Pavard, “De la salle à manger”, 9-10.
- ⁵² “Rapport au nom de la Commission spéciale chargée d’examiner la proposition de loi (no. 1870) de M. Neuwirth et plusieurs de ses collègues tendant à modifier les articles 3 et 4 de la loi du 21 juillet 1920 concernant la prophylaxie par M. Neuwirth, député”, Annexe au proces-verbal de la séance du 1 décembre 1966, Assemblée nationale, 1966-67”, in CAF, Fonds Pierre Simon, 17 AF, 27.
- ⁵³ “Rapport au nom de la Commission ”.
- ⁵⁴ Pavard, “Contraception et avortement dans Marie-Claire.” On the women’s press and reproductive autonomy in Ireland see Kelly, « Debates on family planning and the contraceptive pill »; Agata Ignaciuk, Teresa Ortiz-Gomez, “ ‘Pregnancy and labour cause more deaths than oral contraceptives’: The debate on the pill in the Spanish press in the 1960s and 1970s », *Public Understanding of Science*, 2015, 24(6), 658-671.
- ⁵⁵ Sohn, *Chrysalides. Femmes dans la vie privée*. See also: Rebreyend, *Intimités amoureuses*; Pavard, “Contraception et avortement dans Marie-Claire.”
- ⁵⁶ Rebreyend, “May 68 and the Changes in Private Life.”
- ⁵⁷ Mossuz-Lavau, *Les lois de l’amour*, 27.

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- ⁵⁸ Barton, *Reproductive Citizens*; Camiscioli, *Reproducing the French Race*.
- ⁵⁹ Hargreaves, *Multi-ethnic France*, 16-19; Todd, *Sex, France, and Arab Men*, passim.
- ⁶⁰ Killian, *North African Women in France*, 16-19.
- ⁶¹ A similar point for Britain: Bailkin, *The Afterlife of Empire*, 164-201.
- ⁶² Lyons, *The Civilizing Mission in the Metropole*; Naylor, “Un âne dans l’ascenseur.”
- ⁶³ It is unclear in how many instances Goldet was able to speak to the women separately.
- ⁶⁴ Goldet, “Aspects sociologiques » in CAF, Fonds Pierre Simon, 17 AF, 20. “Report from France.” *International Planned Parenthood Federation News* 131 (1964), in CAF, Fonds Pierre Simon, 17 AF, 23.
- ⁶⁵ Goldet, “Aspects sociologiques.”
- ⁶⁶ On women as agents of modernization see also Lyons, *The Civilizing Mission*.
- ⁶⁷ Goldet, “Aspects sociologiques.”
- ⁶⁸ Andrée Michel and Francoise L. Feyerabend, “The Modernization in the North African Families in the Paris Area”, s.d. (circa spring 1969), mimeo, the University of Minnesota. A fuller report in: Michel, *The Modernization of North African Families*.
- ⁶⁹ Michel, *The Modernization*, pp. 66-98.
- ⁷⁰ Michel, *The Modernization*, pp. 41-75.
- ⁷¹ Michel, *The Modernization*, pp. 58-65.
- ⁷² Lucette Buffon, “Le planning familial à la Guadeloupe”, *Revue trimestrielle du MFPF*, June 1968, 26-28.
- ⁷³ Centre des archives du féminisme, Bibliothèque universitaire d'Angers, “Fonds Pierre Simon”, Introduction, https://bu.univ-angers.fr/sites/default/files/inventaire_simon.pdf (last accessed 4 June 2021). The influential “Rapport Simon”: Pierre Simon, *Le comportement sexuel des Français* (Julliard, 1972).
- ⁷⁴ Le Brouster, “Contribution à l’histoire du Planning familial.”
- ⁷⁵ Képès, *Du corps à l’âme*; Brenot, « Suzanne Képès ».
- ⁷⁶ Cooper, *Citizenship between Empire and Nation*, 170-173; on Algeria: Shepard, *The invention of decolonization*, 183-203.
- ⁷⁷ Cook Andersen, *Regeneration Through Empire*, 220-222; Saada, *Empire's Children*.
- ⁷⁸ “Journées Obstétricales Afrique du Nord” in CAF, Fonds Suzanne Képès, 19 AF, 121.
- ⁷⁹ Laffont, “En Afrique du Nord” in CAF, Fonds Pierre Simon, 17 AF, 20.
- ⁸⁰ Charrad, *States and Women's Rights*; Pearson, *The Colonial Politics of Global Health*; Gaumer, *L’organisation sanitaire en Tunisie*.
- ⁸¹ Gastine and Sandron, *La politique de planification familiale*, 13-16. On the PC and IPPF in Morocco: Lapham, “Mocorro: Family Planning Attitudes.”
- ⁸² Johnson, “The Origins of Family Planning.”
- ⁸³ Daly, “Tunisia”; on the dissemination of the IUD in the developing world in this period see: Takeshita, *The Global Biopolitics of the IUD*.
- ⁸⁴ Gastine and Sandron, “La politique de planification familiale.” ; Johnson, “The Origins of Family Planning.”
- ⁸⁵ “Rapport de Pierre Simon: La formation du personnel médical et paramédical nécessaire à la réalisation du programme de planning familial de l’INPF (1971-1972) ” in CAF, Fonds Pierre Simon, 26.
- ⁸⁶ Bizerte, strategically important in the Mediterranean, had remained under French control after Tunisian independence in 1956, until a UN agreement was reached in 1963.
- ⁸⁷ On the Bizerte programme: Lapham, “Population Policies in the Maghrib”; The Agency for International Development, William Bayer and Dick Young Productions, “Population: Challenge and Response”, in Wellcome library, 5527F, Moving Image and Sound Collections, film reel (27 mins.). On earlier family planning research in Tunisia: Morsa, “The Tunisia Survey.”
- ⁸⁸ ‘Programme et bilan de la journée médicale à Bizerte’ and ‘Note intérieure, 16 octobre 1973’, in CAF, Fonds Pierre Simon, 17 AF, 26.
- ⁸⁹ “Réunion sur la collaboration entre organisations s’occupant du Planning Familial en Afrique Francophone Subsaharienne, Dakar 1972 ” in CAF, Fond Suzanne Képès, 19 AF 117.

⁹⁰ “Dakar: Séminaire d’éducation sexuelle: programme”, “Comptes rendus sur l’élaboration d’une méthodologie de l’éducation sexuelle”, “Dossiers de réflexions”, all in CAF, Fond Suzanne Képès, 19 AF 117.

⁹¹ “Abidjan, Côte d’Ivoire: Conférence régionale africaine sur la collaboration entre organisations du Planning familial en Afrique francophone subsaharienne (1972): Plan des interventions” in CAF, Fond Suzanne Képès, 19 AF 116.

⁹² Catherine Valabrègue and Odette Cahier, “Mission MFPPF – Séjour à Niamey du 11 avril au 20 avril 1972” in CAF, Fond Suzanne Képès, 19 AF 118.

⁹³ “Ouagadougou, Haute-Volta: Séminaire : rapport d’activités (1972)” in CAF, Fond Suzanne Képès, 19 AF 115; “Bamako, Mali: Séminaire interafricain: rapport en anglais”, “Intervention de S.K. et discussion” both in CAF, Fond Suzanne Képès, 19 AF 118.

⁹⁴ Le Brouster, “Contribution à l’histoire du Planning familial.”