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## Wanted and Unwanted Fertility: Victoria 1971 to 1975

*In both practical and subjective terms, birth control became more available in Victoria after 1971. During 1971 to 1975, this change seems to be more considerable than changes in social and economic factors affecting wanted births. Therefore it is hypothesized that, during this period, unwanted fertility declined more steeply than wanted fertility. Evidence of a growing use of more effective methods of birth control, and of the differential rates of change in various categories of births, appear to support this hypothesis. Births designated 'unwanted' declined more than those designated 'wanted' and within the 'unwanted' categories, declined most for those women who had best access to birth control.*

Though fertility had been declining gradually in Victoria during the sixties, it fell more sharply during the early seventies. This is illustrated by changes in the total fertility rate which, in the eleven years from 1960 to 1971, fell from 3.43 to 2.93, and in the four subsequent years fell to 2.70 in 1972, 2.44 in 1973, 2.34 in 1974, and 2.14 in 1975. (The total fertility rate can be thought of as the number of children a woman would bear in the course of her life if she experienced child-bearing at the rates shown for women of different age groups in a given year.) The decline of the early seventies was so great that, despite an increase in the population of women of child-bearing age, the total number of births fell from 75,498 in 1971 to 61,897 in 1975.<sup>1</sup>

This sharp and relatively sudden decline coincided with an increase in the practical availability of birth control.<sup>2</sup> Though the effect of this increased availability cannot be measured here in any very precise way, during 1971 to 1975 changes relating to birth control appear to have been greater than changes in social and economic factors affecting wanted births. In this paper, then, I wish to present the hypothesis that, because changes in the availability of birth control were more considerable than changes in factors affecting wanted births, unwanted fertility declined more than wanted fertility.

### WANTED AND UNWANTED FERTILITY

Changes in fertility may have a variety of causes: economic change, changes in the role of women, changes in the effectiveness and availability

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of birth control, changing attitudes to sexuality, perhaps zero population growth or women's liberation ideology, and doubtless many others. But, as Lavis has pointed out, if we cannot in a given instance reach any idea of their relative importance, lists of possible causes are not very helpful.<sup>3</sup> If, however, we think of annual births in terms of unwanted and wanted fertility we may be able to assign some degree of importance to the birth control variable *vis-à-vis* the others. This is because unwanted fertility can be held to vary with the effectiveness and availability of birth control and wanted fertility with the host of factors that are here summed up under the term 'motivational'. That is, wanted family size will vary with people's perception of their social and economic situation, and their priorities within that situation, in short their motives.

Though there are some theoretical (and practical) difficulties in demarcating the boundaries between the two categories, wanted fertility is defined here as those pregnancies which are wanted at or around the time of conception and unwanted fertility as those that are not. It is of course true that while motivational factors determine the numbers of children wanted they may also, depending on their intensity, affect tolerance of unwanted fertility. And, if the methods available for the control of unwanted fertility are relatively unacceptable, as abstinence, infanticide, and unskilled abortion may be, they will be used only in the presence of strong motivation, of the kind provided, for example, by severe economic depressions. (Cannon writes that infanticide was common in Melbourne during the depression of the 1890s.)<sup>4</sup>

Just as the strength of motivating forces and the personal cost of using methods may affect tolerance of unwanted fertility, so may birth control influence the motives determining wanted fertility. That is, if effective birth control is believed to exist, people may take this into account in planning their lives. For example, women may commit themselves to careers believing that their efforts will not be sabotaged by unwanted births, or the desired number of children may be concentrated into a shorter time span, with no need felt to keep one or two in reserve as insurance against future misadventure.<sup>5</sup>

The tidy model of motivational factors affecting wanted births and the availability of birth control affecting unwanted births is, then, a simplification. Nevertheless, it may prove useful as a tool to help establish whether the greater availability of birth control after 1970 has been an important factor in the fertility decline.

### PRIVACY AND THE USE OF BIRTH CONTROL

Public birth control clinics were established during the early seventies in Victoria, medical attitudes were liberalized, and abortion and steriliza-

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tion became more available. While non English speaking migrants, the unmarried, some of the poor, those who had not already had at least one child, and people living outside Melbourne, were still inadequately catered for, by 1975 birth control was, in practical terms, far more available than it had been before 1971.<sup>6</sup>

But, availability of birth control is not a matter of laws and clinics alone. It has subjective aspects. If people are not sure of their values concerning sexual behaviour the decisions they make may be inconsistent and one result of their confusion may be that contraception is neglected. Then, if people do not understand the biology of reproduction, and know about methods of birth control, how they work, and where to get them, they cannot use them. And, lastly, if people are to obtain methods they must feel that they can manage the business of presenting themselves, as sexually active people who would like help with birth control, to some third party who may possibly be censorious and unsympathetic. Some may feel that they lack the social skills to manage the encounter without pain and humiliation.<sup>7</sup>

These processes, of knowing what to do and of being able to ask for help, have been shrouded in, and impeded by, privacy in our culture. The overtly expressed expectations of others which prompt and support other aspects of social behaviour have often been muted or absent. It is to be expected that such a silence would have far reaching effects.

In the first place, values concerning sexual behaviour are confused. On the one hand, our belief that people should find their marriage partners for themselves puts a high premium on sexual attractiveness, and this is magnified and intensified by television, advertising, films, and magazines. On the other hand, parents, school teachers, churchmen, try to uphold the traditional value of chastity.<sup>8</sup> Usually these conflicting values are promoted implicitly rather than explicitly. Thus they are harder for people to analyze and evaluate, and less likely to be presented with specific information that might help people to make decisions in real situations. Though chastity may be the publicly supported ideal, some unmarried girls find that in as much as sexual activity secures them a man it can be the price of social acceptance.<sup>9</sup>

Furthermore, sex roles themselves can create difficulties in that while sexual initiative is still usually taken to be the prerogative of the male, contraception is often seen as the woman's responsibility. But, while it is always hard to know what you should do when values conflict, it is even harder if you feel you may not talk about it. In 1979 in interviews with 200 sexually active teenage girls in Victoria, Webberly discovered that they were still resolving these problems alone, not talking about them

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with each other or with older people. Most were not resolving them very effectively.<sup>10</sup>

As far as birth control itself is concerned, some sources of authority tell people that most methods are immoral.<sup>11</sup> Contrary voices advocating birth control as, at least, a lesser evil than unwanted births may find themselves against the law.<sup>12</sup> But, besides this, communication of the explicit kind that sexually active people need if they are to manage their fertility breaches widely supported norms of decency and propriety. In this climate of social silence, then, many people will not know enough about sexual biology to use contraception effectively.<sup>13</sup> Even in 1979, a survey of Victorian secondary schools conducted by the Family Planning Association found that more than a third provided no general sex education and that over half gave no information about birth control.<sup>14</sup>

If people are to use birth control effectively, they must be able to break through the norms of silence on sexual topics and, first of all, talk to their partners about the need to avoid births and reach an agreement on suitable methods. If people do not know each other well, this sort of discussion may prove difficult. This may be one reason why contraception is less often used in casual relationships.<sup>15</sup> Even some married people may find it difficult, or it may be an area of conflict between them.<sup>16</sup> The problems of acknowledging sexual activity and talking about tabooed topics are, however, likely to be greater outside the relationship than within it. Yet, if effective methods are to be used some third party must be approached. And, until recently, there have been few cues presented to people that this is an acceptable, even expected, thing for them to do and that in making the approach they are not risking considerable loss of self esteem.

The difficulty will, of course, vary with the individual's confidence in his or her degree of social skill. Emerson, for example, describes the considerable poise women must demonstrate if they are to play the role of gynaecological patient without loss of dignity and suggests that many less confident women may avoid the situation altogether.<sup>17</sup> And, the Melbourne Family Study found that though, during the sixties, more married women were using the pill or the IUD, users were either adopting these as first methods or switching to them from the diaphragm or condom. The use of the highly private methods, rhythm and withdrawal, both strongly associated with lower socioeconomic status, changed very little (40% of all contraceptors in 1960-63 and 33% in 1970-71).<sup>18</sup> The use of these methods could reflect both subjective and interpersonal difficulties, and problems of physical access. Indeed, many of those who have been identified as having greater practical difficulties would also have experienced greater subjective difficulties.

During the sixties and early seventies it could, however, be said that some aspects of sexuality underwent a partial de-privatization, that they became less a matter for private anxiety and guilt and more a focus of public attention and debate. Media discussions of topics like 'the population explosion', 'sexual permissiveness', 'pornography and censorship' and, of course, 'the pill', were a part of this process. In the short run media treatment of the pill was alarmist and counterproductive.<sup>19</sup> But the fact that we now had a method of birth control far removed from the unmentionable specifics of sexual intercourse probably enabled more people to discuss contraception with others than had been the case before.

Further, a number of public events served to highlight the birth control issue. In 1968 the reiteration of Catholic opposition to birth control, expressed in *Humanae Vitae*, was a catalyst for discussion, as was the 1969 Kaye Inquiry into police corruption and illegal abortion in Victoria. Later, the 1973 federal abortion bill and its defeat inspired an intense debate in which considerations of propriety failed to stifle many passionate declarations of principle.

This growing de-privatization of sexual topics would have alleviated some of the difficulties created by conflicting values, ignorance, and the demanding nature of the social interaction with third parties. As issues were brought into the open more people would have been able to select a coherent set of values for themselves, acquire more factual information, talk about problems with each other, and find enough self confidence to enable them to take advantage of the practical extensions of availability that occurred after 1970.

We interpret and understand experience through interaction with others. Other people help us to understand what our experiences mean.<sup>20</sup> When some forms of experience may not be talked about these social processes are disjointed, but with de-privatization it is possible that people will be able to acquire more developed, more integrated, concepts with which to order and understand their experience. Such a process may have changed the way in which unwanted fertility was perceived and evaluated, in that while issues were not talked about it was more likely to be seen in terms of personal inadequacy and failure, while later on people were more ready to see it in the public terms of 'rights' and 'injustice'. If this was so it would explain the increasing public acceptance of abortion. In June 1968 only 13.9% of Victorians approved of abortion with no qualification except the woman's need. In November 1974 those approving had increased to 68.4%.<sup>21</sup>

### POSSIBLE CHANGES IN MOTIVATION

Two broad sets of influences on people's desired family size will be discussed here: the changing role of women and economic change. It seems that concern about world population problems is unlikely to have been a factor. The Melbourne Family Survey found in 1970-71 that only 10% of respondents had heard of the Zero Population Growth movement, and 42% considered Australia to be underpopulated.<sup>22</sup> In 1976 Richards also found that arguments about overpopulation had not influenced her respondents.<sup>23</sup>

The ways in which women's role had changed with industrialization are too diverse to be considered fully, but the growing participation of married women in the work force since the last war provides a recent and striking example of role change. It is also a change that may be presumed to reduce the number of children wanted, if only because working women will have less time and energy to devote to child-rearing.

In 1947, 7.9% of married women in Australia worked outside the home, in 1961 18.4%, in 1971 33.4%, and in 1975 49.1%.<sup>24</sup> While a growing ability to avoid unwanted births has facilitated this change, Richards and Harper argue that it is also associated with fewer wanted births and that this is not due to practical reasons alone. The two phenomena of working wives and smaller desired family size have a common and deeper cause.

They argue that women are facing an identity crisis in that the traditional mother role is incompatible with modern demands that women maintain their individuality and attractiveness. Most of their respondents felt that good mothers should stay at home and display the basically passive qualities of listening and being available to meet the needs of their children. They also believed that such people were usually drab and boring. Working women, though seen as poor mothers, were felt to be more interesting and to command more respect.

The women they interviewed were, then, being affected by irreconcilable sets of values and most saw their inability to meet the demands made upon them in terms of personal failure. Whichever way they attempted to resolve the conflict, or to endure it, their feelings of guilt and inadequacy were likely to make them want fewer children.<sup>25</sup>

Though modern feminism can be seen as one consequence of this value conflict it does not seem likely that, in itself, it affected wanted births to any great extent between 1971 and 1975. There is little evidence that significant changes have taken place in most people's conception of what it is to be male and what it is to be female, and this is confirmed

by the fact that working women are still concentrated in gender typed lower paid jobs.<sup>26</sup> Moreover, as the statistics show, the growth in the proportion of wives in the work force pre-dates the resurgence of feminism in the late sixties by some years.

In fact, though feminists were active in pressing for a wider availability of birth control and through this have almost certainly affected unwanted fertility, they did not try to persuade women to have fewer children. For many, 'freedom to choose' meant freedom to choose large families as well as small. Indeed Blake maintains that, in as much as they have advocated motherhood with 'minimal commitment', feminists have been pro-natalist.<sup>27</sup>

However, during the early seventies, economic changes also served to make child-rearing more expensive and to reinforce decisions to limit families and, in many cases, for wives to work. Richards' and Harper's respondents frequently spoke of their concern about the cost of educating children.<sup>28</sup> And, in as much as they were speaking of a tendency for children to stay at school longer, and afterwards engage in higher education, their concern reflected a real trend. In 1961, 38.1% of children in Victoria aged 15, 16 and 17 attended school. (The school leaving age was then 14; it was raised to 15 in 1965.) In 1966 the proportion had risen to 52.2%, in 1971 to 61.0%, and in 1975 to 62.9%. Of these children, a growing number attended independent schools 12.8% of all 15-17 year olds in 1961 and 18.5% in 1975. (Most of this increase is accounted for by increased numbers at Catholic schools 6.5% of 15-17 year olds were at Catholic schools in 1961 and 11.2% in 1975.)<sup>29</sup> Though numbers of Colleges of Advanced Education and Teachers' Colleges, and numbers of students attending them, also grew considerably during the period, University enrolments can provide an indication of the extent of the growth in tertiary education. In 1961 11,814 people attended university in Victoria, in 1971 28,996, and in 1975 36,674.<sup>30</sup>

For most young couples thinking about family size, the expectation of increased dependency in late adolescence is a cost to be anticipated for the future. The cost of living, and of providing for young children, are felt very much in the present. From a base of 100 in 1966/67 the consumer price index in Melbourne rose to 167.9 in 1974/75 and the housing component of this rose more steeply. In December 1972 it was 137.0, and in December 1975, 210.5.<sup>31</sup>

Nevertheless, income appeared to rise as well: from a base of 100 in 1966/67 total household disposable income in Victoria rose to 261 in 1974/75.<sup>32</sup> Because of population growth, however, increases per household would have been less. Part of the increase should be attributed to

the increased work force participation of married women. Thus, in some cases, more of a couple's total reserves of time and energy would have been expended in earning income. But, though economic needs would certainly have been pressing for many families, an economic emergency comparable to those which affected fertility in the depressions of the past did not exist. Unemployment, for example, was low by world standards and did not rise substantially until 1975. In 1971 1.2% of the workforce in Victoria was employed, in 1974 2.1% and in 1975 4.18%.<sup>33</sup>

The housewife/mother role has been accorded little status and the ways in which it has been defined have made it hard to combine with other roles. Its demands, and a need to receive some measure of respect and recognition, are, then, in conflict. This conflict and the steady economic pressures of rising education and housing costs can provide the basis of an argument that, because of increased motivation, numbers of children wanted should have declined between 1961 and 1975. However, it would be difficult to maintain that these motivational pressures increased in any very dramatic way between 1971 and 1975.

## EVIDENCE WHICH SUPPORTS THE HYPOTHESIS

### *Changes in the Use of Birth Control*

Evidence on changes in the use of birth control provide some support to the hypothesis in that, if effective methods were being made more available but fewer people were using them it must be false, while if the reverse is the case it may be correct.

In 1977 Young and Ware re-interviewed those married women who had been aged 18-31 at the time of the Melbourne Family Study in 1971.<sup>34</sup> They were then aged 25-38. In 1971 65% were using the more effective contraceptive methods (the pill, IUD or sterilization) and in 1977 76%. In fact, the use of the pill had declined and the increased figure is almost all attributable to sterilization. In 1971 4% of couples depended on sterilization and in 1977 32%.

In a smaller study in 1975 Francis and her associates also found a growing reliance on sterilization.<sup>35</sup> In 1971 48% had been using the pill or the IUD. None had been sterilized. In 1975 15% were sterilized and a total of 72% were using the more effective methods.

Young and Ware also interviewed 500 never-married people aged 18-25 in 1977. They found that 60% of the women had used the pill and 44% of the men the condom. Unfortunately, we have no earlier data on the unmarried, based on random samples, to compare with this.

Because a black market in illegal abortion had already existed, it is hard to decide whether the availability of legal abortion has affected

the use of this method. Tietze, however, has estimated that about 70% of legal abortions in New York replaced illegal abortions and therefore the remainder represented an increased use of the method.<sup>37</sup> In Melbourne in 1974 Wainer asked 1,696 abortion patients what they would do if their request was refused.<sup>37</sup> Most said that they would try to find another doctor, but a residual 12% said they would continue the pregnancy. (Some because they had selected abortion as 'the best although not the only alternative', others because they were 'so young and naive they were incapable of thinking of an alternative'.) It seems then, especially where access to contraception is restricted, that legalization of abortion does result in some increase in its use.

Thus, the evidence we have indicates that effective methods of birth control were more widely used in the mid seventies than in 1971.

#### *Categories of Wanted and Unwanted Births*

If we can distinguish groups in 1971 in which unwanted births were likely to have been more numerous, and groups in which they were likely to have been less numerous, we can examine the extent to which the numbers in these categories have altered in 1975.

Many live births during the first six months of marriage (which may be presumed to have been conceived ex-nuptially), and many ex-nuptial births, are likely in 1971 to have been unwanted at the time of conception. This probability is accentuated when we realize that most involved women aged 24 or less. (In 1971, 72% of the mothers of ex-nuptial children and 93% of those giving birth in the first six months of marriage, were under 25.)<sup>38</sup>

It is harder to make assumptions about the unwantedness of births which resulted from conceptions within marriage. However, if nuptial births are arranged into categories by order of their occurrence, that is by parity order, the survey evidence suggests that those consisting of higher parity births will contain more births unwanted at the time of conception than those consisting of lower parity births. In 1969 in Melbourne, Wood and his colleagues interviewed a group of 209 English speaking women of lower socioeconomic status who had just given birth: 79% of those who had given birth to a child of fourth parity and above had not wanted that child.<sup>39</sup> An Adelaide survey of women who had given birth between May 1972 and April 1973 found that in the working class subsample 80% of all third and subsequent births had been unplanned (compared with 17% of first births and 38% of second births). In the middle class subsample, 42% of all third and subsequent births had been unplanned.<sup>40</sup>

In the Melbourne Family Study the proportion of women (aged 18-60) who were prepared to say that they specifically had not wanted to be pregnant at the time of each pregnancy increased with parity order: 12% said they had not wanted their second child, 23% had not wanted their fourth, and 39% their eighth.<sup>41</sup> These figures would, however, understate the incidence of births unwanted at the time of conception. This is because many mothers are reluctant to acknowledge the fact that they have not wanted one or more of their children.<sup>42</sup> This effect will be intensified when the events surrounding the child's conception are far in the past as would have been the case for many of these women.

Births recorded in annual demographic statistics can be divided into two groups. The first, consisting of ex-nuptial births, births during the first six months of marriage, and nuptial births of fourth parity and above, will be labelled 'unwanted'. The second, consisting of first births seven months after marriage or later, and second and third nuptial births, will be labelled 'wanted'. These labels are *not* meant to imply that all the births so arranged are accurately described, only that births unwanted at the time of conception are likely to have been more numerous, in 1971, in the category labelled 'unwanted' than in the category labelled 'wanted'.

#### *Changes in 'Wanted' and 'Unwanted' Births*

If numbers in the 'unwanted' category had decreased less considerably than those in the 'wanted' category the hypothesis would be overturned. In fact this has not happened. As Table 1 shows, the 'unwanted' category has declined more rapidly than the 'wanted' category. In percentage terms the decline was nearly four times as great. Furthermore, the decline in 'unwanted' births was greater among married women, who have been identified as having had greater access to birth control, than it was among unmarried women.

However, Table 1 is based on raw figures and does not take into account the fact that the population of women in Victoria aged 15-44 increased by some 8.7% between 1971 and 1975. Figures for this population increase are set out in Table 2.

This shows that while the total population of women aged 15-44 increased, the increase was not uniform for all age groups. Numbers of women under 30, who have traditionally made a greater contribution to total fertility than those over 30, increased more considerably. This may have some effect on the results presented in Table 1. When births are expressed in terms of a rate per 1000 of the population at risk we can control for the effect of changing population size. Unfortunately, in most cases here, the size of the subsection of the population which is at

TABLE 1  
'WANTED' AND 'UNWANTED' CONFINEMENTS—VICTORIA  
1971 AND 1975

Confinements Designated 'Unwanted'				
	1971		1975	
Ex-nuptial	4,963		4,361	
Within 7 months of marriage	5,109		2,742	
Fourth parity and above	10,300		5,247	
Total	20,372		12,350	
Numerical drop 1971-1975		8,022		
% decrease		39.4%		

  

Confinements Designated 'Wanted'				
	1971		1975	
First confinements 7 months after marriage or later	20,914		19,253	
Second confinements	21,642		20,338	
Third confinements	11,787		9,374	
Total	54,343		48,965	
Numerical drop 1971-1975		5,378		
% decrease		9.9%		

Because of multiple births, figures for total confinements will be slightly less than those for births.

Source: *Demography 1971*, Melbourne: Australian Bureau of Statistics, Victorian Office, Tables 26 and 30, and *Demography 1975 and 1976*, Tables 29, 37 and 39.

TABLE 2  
CHANGES IN THE POPULATION OF WOMEN AGED 15-44—VICTORIA  
1971-1975

Age group categories	Numbers in 1971	Numbers in 1975	Increase	% Increase 1971-1975
15-19	148,612	160,966	12,354	8.3
20-24	148,319	156,845	8,526	5.7
25-29	124,496	152,277	27,781	22.3
30-34	107,241	120,846	13,605	12.7
35-39	100,060	108,164	8,104	8.1
40-44	105,937	99,409	-6,528	-6.2
Total				
15-44	734,665	798,507	63,842	8.7

Source: *Demography 1971*, *op. cit.*, and *Demography 1975 and 1976*, Table 4.

risk is not known.<sup>48</sup> However, it is likely that Table 1 does underestimate the extent of the decline in births labelled 'wanted' to some degree. This is because numbers of women aged 25-29 increased disproportionately and it is they who would be more likely to be at risk of lower parity nuptial births than younger women who might not yet be married, and older women who may have already had several children. However, the effect of this increase in their numbers would be

unlikely to reverse the trend of Table 1, which does appear to offer the hypothesis a measure of support.

#### Differential Rates of Change in Ex-Nuptial and Bridal Births

Table 3 sets out the difference in the rate of change between births during the first six months of marriage (bridal births) and ex-nuptial births, and because estimates of the numbers of unmarried women aged 15-44 are available to 1974; it is partly able to control for the changing size of the population at risk.

TABLE 3  
CHANGES IN EX-NUPTIAL AND BRIDAL CONFINEMENTS—VICTORIA  
1971-1975

	Ex-nuptial confinements	Rate per 1000 unmarried women aged 15-44	Bridal confinements	Rate per 1000 unmarried women aged 15-44
1971	4,963	21.0	5,109	21.6
1972	4,947	20.5	4,820	20.0
1973	4,580	18.6	4,063	16.5
1974	4,361	17.2	3,369	13.3
1975	4,361	n.a.	2,742	n.a.

Source: Ex-nuptial Confinements, *Demography 1975 and 1976*, *op. cit.*, Table 29; Bridal Confinements, *Demography 1971*, Table 26; *Demography 1972*, Table 44; *Demography 1973*, Table 31; *Demography 1974*, Table 31; *Demography 1975 and 1976*, Table 39.

Figures for numbers of single, widowed and divorced women aged 15-44, 1971 to 1974, supplied by the Victorian Office of the Australian Bureau of Statistics.

The sharper decline in bridal births shown in Table 3 could be due to a climate of increased social acceptance of single mothers and thus fewer forced marriages. However, the Supporting Mothers' Benefit, the most tangible example of 'increased social acceptance', was not introduced until 1973. On the other hand, it could be that pregnancies later legitimated have tended to occur in more stable relationships, where there may have been an intention to marry in any case, while those destined to remain illegitimate have occurred in less stable relationships.

As birth control became more available, those couples who were communicating with each other better and planning together could have taken advantage of it more easily, while those in more casual relationships, who were possibly communicating less effectively, would also have been disadvantaged by the practical structure of availability. This is because those methods which were most suited to their needs, condoms and spermicides, changed least in availability.

If it is indeed the case that, in general terms, bridal and ex-nuptial births are conceived in different kinds of relationships, then births for

that group which has been identified as having had greater access to suitable methods declined more rapidly than births for those who, in both subjective and practical terms, had less access.

### CONCLUSION

Though the evidence presented above cannot be regarded as conclusive, it supports the hypothesis that in Victoria between 1971 and 1975, unwanted fertility declined more than wanted fertility because the availability of birth control increased more than factors affecting wanted births. How much of the overall decline was due to birth control is a slightly different question, depending on the relative contribution of wanted and unwanted fertility to total fertility. If the present hypothesis is upheld, however, the extent of the decline suggests that the contribution of unwanted fertility must, in the recent past, have been substantial.

While the situation has improved considerably, birth control is not yet fully available to all who need it. This is especially true of contraception. Sometimes, when women who have unwanted pregnancies are asked why they did not use contraception, their answers seem irrational and consequently their behaviour is at times labelled neurotic.<sup>44</sup> A fuller consideration of the ways in which contraception has been unavailable to many people may lead to explanations couched in social rather than in psychiatric terms.

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30. *Victorian Year Book 1978*, *op. cit.*, p. 642 and p. 1105.
31. *Consumer Price Index—December Quarter 1975*, Canberra: Australian Bureau of Statistics, pp. 5-6.
32. Derived from figures given in *Australian National Accounts: National Income and Expenditure 1975-76*, Canberra: Australian Bureau of Statistics, p. 71. Total household disposable income in Victoria was \$4,581,000,000 in 1966/67 and \$11,957,000,000 in 1974/75.
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43. Australian Bureau of Statistics figures for numbers of women in Victoria by conjugal status, from which an ex-nuptial and nuptial birth rate per 1000 can be calculated, are available for 1971-74 but not for 1975. Figures for

numbers of married women who have reached a specified parity order and therefore are 'at risk' of a birth of the next order of parity are not available.

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