In his biographical trilogy, *Vanhempieni romaani* (My Parent’s Story), Järnefelt described how his father, a high-ranked administrative official and member of the nobility, one day had his bed moved out of the bedroom that he had shared with his wife and the beds of two young daughters moved into it. The father decided that the family had enough children and that he and his wife could henceforth refrain from sexual intercourse. Järnefelt is vague regarding the timing of this occurrence, but it appears to have taken place in either 1876 or 1877, when his mother (born in 1839) had already given birth to nine children, of whom seven survived until adulthood.¹

This story is in agreement with what is known about the primary methods used to stop childbearing during the early phases of the European fertility transition. Even though several accounts note that modern (or, quasimodern) mechanical contraceptives—such as condoms, pessaries, and sponges—have a much longer history, as did ancient traditions of witchcraft or herbal contraceptives to prevent conception, continence, coitus interruptus, and abortion (the last viewed largely as a backup method) were much more important in reducing fertility until the first half of the twentieth century.²

Mechanical contraceptives, as well as most other methods of fertility control, were used earlier mostly to avoid conception in pre- or extramarital relations, or, as in the case of condoms, to avoid venereal diseases. In Finland, mechanical contraceptives in particular had that same reputation at the turn of the twentieth century.

¹ Arvid Järnefelt, *Vanhempieni romaani* (Helsinki 1928–1930), 3v.; Tor Carpelan, *Ättartavlor för de på Finlands Riddarhus inskrivna ätterna* (Helsingfors, 1958), II.

century. In a committee report published in 1891, the decline of venereal diseases among prostitutes of Helsinki, the capital of Finland, was attributed to the increased use of contraceptives (apparently condoms). In both the 1880s and 1910s, there were some scattered reports that condoms permitted cohabitation of unmarried couples by helping them to avoid pregnancies.3

Although the information above implies that even in Finland, the secular decline in fertility may have been due largely to the most traditional and conventional methods of birth control, comprehensive data about the methods used by Finnish marital couples still need to be compiled. Even though a number of studies have tackled contraception in historical Finland, they focus mostly on public discussion, population policy, and attitudes toward contraception and family limitation. Nobody has seriously attempted to assess the relative importance of different birth-control methods during the early phases of the Finnish fertility transition.

In a Western European context, Finland is not a typical case. A sustained decline in marital fertility did not start there until the 1910s, a few decades later than in England and Wales and many western Central European countries, or about one decade later than in the neighboring Nordic countries. Not until the 1930s had marital fertility significantly declined in most regions of the country.4

This article investigates whether the generalization suggesting insignificant use of mechanical, quasimodern contraceptives during the early phases of the fertility transition holds true even where the transition occurred later than in Western European countries. Information from many new sources has much to reveal about the

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3 McLaren, History of Contraception, 157–158; Committee Report, Komitén för afgifvande af förslag rörande prostitutionen och de veneriska besiktningarna (Helsingfors, 1891), VI; Lauri Hyvämäki, Ennen routaa. Eseitä ja tutkielmia 1880-luvusta (Helsinki, 1960); Eero Hyvärinen, Kertosus Suomen evankelisluterilaisen kirkon tilasta vuositairalta 1908–1912 (Kuopio, 1913).

various birth-control methods employed during these early decades of parity-specific family limitation in Finland. The systematic exploration of the source materials—mainly newspapers, magazines, pamphlets, and ethnographic collections—results in a better understanding of birth control in a population prior to the introduction of modern contraceptives.

FERTILITY TRANSITION IN FINLAND  Finland’s total fertility rates can be calculated at the aggregate level from the late eighteenth century. The rates exceeded 5,000 per 1,000 women of reproductive age until the end of the eighteenth century (Figure 1), though they had been declining since the 1770s. In the early nineteenth century, they dropped below 5,000. The annual rates fluctuated during the nineteenth century, but with no clear downward trend until the last decades of the century. After a slow decline between 1880 and 1910, total fertility rates nosedived from about 4,500 to about 2,500 by the early 1930s. A short-term reversal occurred after World War II, but the declining trend resumed by the early 1950s.

Aggregate analyses of the fertility trends indicate that the early decline in Finnish fertility at the turn of the nineteenth century was largely caused by increasing age at first marriage and the decline in the proportion of married women of reproductive age. The same factors also explain most of the fertility decline at the turn of the twentieth century. The regional trends, however, are poorly documented; at least a few localities showed declining marital fertility in the early nineteenth century. The reasons for the regional changes are not fully understood, but they are linked, at least partly, to increasing birth intervals that are connected to considerable changes in infant mortality.  

Finnish population statistics permit the calculation of marital fertility rates from the late nineteenth century onward. Rates for the Finnish administrative provinces are shown in Figure 2. Despite the considerable provincial differentials, the total marital fer-

tility rates were high throughout the country, and none of the provinces shows a downward trend until the early twentieth century. In fact, a slight increase can be detected in nineteenth-century rates for the eastern Finnish provinces of Viipuri, Mikkeli, and Kuopio. In the early 1930s, rural marital fertility rates declined considerably for the first time in all of the provinces. Only in the southwestern provinces of Uusimaa, Turku and Pori, and Häme had the rates started to decline earlier, apparently around the year 1910.

The rates for the urban municipalities show similar regional differentials, even though the levels are consistently lower. However, the urban rates underwent a much greater decline, evident in most provinces as early as 1920/21. Only in the two most remote provinces, Oulu in the north and Kuopio in the east, did the rate still approximate the level at the turn of the century. Even in these provinces, urban rates dropped steeply by the early 1930s, when the average urban-marital fertility levels were only slightly higher than those of the present day. The decline in marital fertility con-

**Fig. 1** Total Fertility Rates (per 1,000 Women Aged Fifteen to Forty-Nine Years), 1776 to 1976

![Total Fertility Rates Graph](http://www.mitpressjournals.org/doi/pdfplus/10.1162/002219503322649471)
continued in the rural areas during the 1930s, but after World War II, a temporary stagnation is apparent. As Figure 1 shows, total fertility rates increased remarkably for a few years following the war. The exceptionally large postwar baby-boom cohorts can be viewed, in part, as children who had remained unborn during the precarious war-time conditions, but the reversal in the fertility trend was mostly due to increased nuptiality. The number of marriages had started to grow during the years just prior to the war, but during the late 1940s nuptiality reached unprecedented levels, indicating that the baby boom resulted largely from a marriage boom. The decline in rural-marital fertility again resumed during the early 1950s, and the total fertility rate declined steadily, despite the sustained high levels of nuptiality.\(^6\)

The age schedules of marital fertility can be analyzed with the Coale-Trussell index of family limitation. The index allows that, although the overall level of fertility may vary considerably in such populations where parity-specific family limitation is not commonly practiced (that is, in the so-called natural fertility populations), the shape of their age-specific marital fertility schedules can be similar. A common assumption is that populations practicing family limitation have marital fertility rates that decline faster with age than do populations with natural fertility. If the shape of the fertility schedule of a given population is identical to the average natural-fertility schedule, the Coale-Trussell index will be equal to zero. The faster marital fertility falls with age the higher will be the value of the index. The values given in Table 1 indicate that the fertility schedules of both the rural and urban municipalities still closely resembled those of the natural-fertility populations at the turn of the twentieth century. In most provinces, the index values were significantly elevated above zero for urban populations by the 1920s, though for rural municipalities they were so elevated only in the southern provinces. In the early 1930s, index values were still not much above zero for the rural areas in the northern province of Oulu and eastern province of Kuopio.\(^7\)

The aggregate statistics reviewed above indicate that parity-


Fig. 2  Total Marital Fertility Rates (per 1,000 Women Aged Twenty to Forty-Nine Years) by Province, from 1880/81 to 1940/41, Rural and Urban Municipalities

A

B

NOTE  The rates also include stillbirths.

SOURCES  Population Statistics of Finland, unpub. materials, Archives of the Statistics Finland.
<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>1880/81</th>
<th>1890/91</th>
<th>1900/01</th>
<th>1910/11</th>
<th>1920/21</th>
<th>1930/31</th>
<th>1940/41</th>
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<tr>
<td><strong>Urban municipalities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uusimaa</td>
<td>0.04</td>
<td>0.17</td>
<td>0.15</td>
<td>0.46</td>
<td>0.71</td>
<td>1.29</td>
<td>1.16</td>
</tr>
<tr>
<td>Turku &amp; Pori</td>
<td>0.39</td>
<td>0.26</td>
<td>0.27</td>
<td>0.18</td>
<td>0.63</td>
<td>1.00</td>
<td>1.16</td>
</tr>
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<td>0.14</td>
<td>0.12</td>
<td>0.25</td>
<td>0.66</td>
<td>0.98</td>
<td>1.00</td>
</tr>
<tr>
<td>Viipuri</td>
<td>0.02</td>
<td>0.10</td>
<td>0.20</td>
<td>0.49</td>
<td>0.58</td>
<td>0.89</td>
<td>0.94</td>
</tr>
<tr>
<td>Mikkeli</td>
<td>0.28</td>
<td>0.07</td>
<td>0.27</td>
<td>0.10</td>
<td>0.47</td>
<td>0.66</td>
<td>0.78</td>
</tr>
<tr>
<td>Kuopio</td>
<td>0.13</td>
<td>0.24</td>
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<td>0.82</td>
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<td>0.30</td>
<td>0.72</td>
<td>0.84</td>
<td>0.91</td>
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<tr>
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<td>−0.03</td>
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<td>0.07</td>
<td>0.39</td>
<td>0.58</td>
<td>0.70</td>
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<tr>
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<td>0.17</td>
<td>0.19</td>
<td>0.30</td>
<td>0.61</td>
<td>0.99</td>
<td>1.03</td>
</tr>
<tr>
<td><strong>Rural municipalities</strong></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Uusimaa</td>
<td>0.01</td>
<td>0.04</td>
<td>0.07</td>
<td>0.15</td>
<td>0.35</td>
<td>0.65</td>
<td>0.82</td>
</tr>
<tr>
<td>Turku &amp; Pori</td>
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<td>0.03</td>
<td>0.06</td>
<td>0.05</td>
<td>0.24</td>
<td>0.37</td>
<td>0.50</td>
</tr>
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<td>Häme</td>
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<td>−0.01</td>
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<td>0.04</td>
<td>0.22</td>
<td>0.42</td>
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<td>0.20</td>
<td>0.34</td>
<td>0.51</td>
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<td>0.02</td>
<td>0.02</td>
<td>0.02</td>
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<td>0.28</td>
<td>0.41</td>
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<tr>
<td>Kuopio</td>
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<td>−0.11</td>
<td>−0.01</td>
<td>−0.11</td>
<td>0.04</td>
<td>0.15</td>
<td>0.28</td>
</tr>
<tr>
<td>Vaasa</td>
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<td>−0.01</td>
<td>−0.03</td>
<td>0.09</td>
<td>0.22</td>
<td>0.40</td>
</tr>
<tr>
<td>Oulu</td>
<td>−0.11</td>
<td>−0.14</td>
<td>−0.08</td>
<td>−0.10</td>
<td>−0.09</td>
<td>0.08</td>
<td>0.13</td>
</tr>
<tr>
<td>Finland total</td>
<td>−0.06</td>
<td>−0.04</td>
<td>0.01</td>
<td>0.00</td>
<td>0.13</td>
<td>0.29</td>
<td>0.43</td>
</tr>
</tbody>
</table>

specific family limitation was not commonly practiced in Finland prior to the 1910s and that it remained at its initial stages in the more remote rural areas during the early 1930s. Nonetheless, at least one population segment shows a deviating tendency in fertility behavior—those who were educated (sivistyneistö in Finnish, de bildade klassema in Swedish, as they defined themselves in relation to the masses). In this upper-class social category (largely urban and Swedish-speaking), the marriage cohorts of the 1860s or 1870s started to limit their number of children. The cohorts married between 1880 and 1899 gave birth to an average of only 3.8 children, whereas the respective figure for those married prior to 1860 had been about seven children. The average number of children born to the cohorts married from 1900 to 1909 declined even further to about three children.8

PUBLIC ATTITUDES TOWARD BIRTH CONTROL AND CONTRACEPTION

A special feature of the Finnish case is the apparent failure of effective family limitation to diffuse immediately from the educated class to other segments of the population, or at least, to the masses. When marital fertility started to decline, however, the new reproductive model was adopted quickly. The speed of the change suggests that the general attitude toward birth control must have been positive in early twentieth-century Finland. Even the ministers of the conservative Lutheran State Church appear to have started limiting their family size at the turn of the twentieth century, although their marital fertility remained higher than that of other educated people. Furthermore, neither the sale nor the advertisement of contraceptives was ever prohibited by law in Finland. Yet, the dominating tone in public discussion of contraceptives and birth control was distinctly negative until the latter half of the twentieth century. As late as 1965, when Finnish newspapers began a public debate about family planning, birth control rallied a strong contingent of detractors.9

To some, the use of contraceptives presented a moral threat, facilitating pre- and extramarital sexual relations. From the conser-

8 Ibid.
Contrac
tive religious viewpoint, contraception was sin even in mar-
riage—“conjugal fornication.” Negative sentiments were fueled
by an abundant sex-education literature emphasizing sensuality
and eroticism in sexual life and often promoting birth control and
use of contraceptives at the same time as a way to separate sexual
life from reproduction. In religious thinking, children were gifts
from God, not subject to human intervention. Certain Christian
organizations—Suomen Valkonauhaliitto in particular—and, at
times, the Lutheran Church (1923 Synod of the Church), de-
manded that the marketing of contraceptives be made illegal. The
issue was discussed a few times in the Parliament, but no legal re-
strictions ensued.  

The moral aspects of contraception were intertwined with
questions concerning family limitation and population growth
from the very beginning. The idea of continuous population
growth and the need for a larger population dominated demo-
graphic thinking in Finland during the nineteenth and much of
the twentieth century. The diminishing political significance of
France was repeatedly cited as an example of the problems that
family limitation and declining population growth could create.
These concerns escalated into an outright fear of population de-
cline toward the end of the 1920s, further aggravated by the first
population projections that, in the early 1930s, indicated that fer-
tility decline was diminishing the population after only about forty
years.  

The medical profession shared these demographic concerns.
Most physicians did not promote the use of contraception, at least
not publicly and not on social grounds; they recommended family
limitation and contraception primarily on medical grounds. After
members of the Population Committee (Väestöpoliittinen komitea,
appointed by the government in 1937 to find solutions to the
“population question”) had visited several remote municipalities
in northern Finland in 1938, they reported, “In many municipali-
ties, physicians and midwives said that they are not often consulted

10 Nieminen, Taistelu sukupolimmoralista I: Avioliitto- ja seksuaalikysymyksiä suomalaisen
hengenelämän ja yhteiskunnan muuroksessa säätty-yhteiskunnan ajoilla 1910-luvulle (Helsinki, 1951).
Suomen Valkonauhaliitto is a member organization of The World’s Women’s Christian Tem-
perance Union. Valkonauha 1913:2; Suomen Evankelisu-Luterilaisen kirkon yhdeksännen Yleisen
Kirkolliskuukon puutarhoja ja Puutarhun liitteen (Turku, 1923).
11 Pitkänen, Väestöntutkimus ja yhteiskunta: Suomalaisen väestöntutkimuksen historia 1700-
luvulta noin vuoteen 1980 (Helsinki, 1988).
on family limitation and that they see no point in giving voluntarily such information, as far as healthy people are concerned. — In many municipalities, mothers with many children sometimes showed signs of overexertion, but the physicians usually were of the opinion that this condition was not caused by multiple births but by unfit nutrition or insufficient rest.”

The ideological atmosphere prevailing in Finland explains why the Neo-Malthusianism never gained a foothold there, despite the realization that large families sometimes contributed to poverty and social distress. Foreign proponents of the movement even visited Finland to gain support for it, among them Knut Wicksell, a well-known Swedish Neo-Malthusian, who intended to give several public talks in 1890. His arrival ignited a debate in the newspapers. The main concern that emerged from it was that Wicksell might promote the use of contraception as a means to limit population growth. Several articles, as well as letters from readers, demanded that the authorities prevent Wicksell from giving his talks. One of the talks, in fact, was prohibited by order of the governor-general of Finland. Although no one endorsed Wicksell’s views, some people decried this threat to the freedom of speech. A few of those who participated in the debate worried that these actions might have an effect opposite to what was intended, namely, arousing enough curiosity to increase sales of Wicksell’s books, which contained “medical details” concerning family limitation and were available even in Helsinki.

Around 1910, discussions about the cons and pros of contraception, or family limitation, became more common in Finnish newspapers and magazines. In the more conservative publications, the tendency was to denounce the sale of contraceptives, or the dissemination of birth-control information. Terveydenhoitolehti, a popular health magazine, started to receive many letters from readers seeking advice about contraception. The magazine’s stated position was that all types of contraceptive were harmful to health in one way or another. Newspapers contained repeated demands to prohibit any events that promoted birth control or provided contraceptives to the public. A particularly infamous character in the eyes of critics was A. F. Tanner, who traveled the country giv-
ing lectures on sexual matters, including contraception, and selling contraceptives. He published several sex-education booklets, in which he also gave advice about how to use various contraceptives.¹⁴

Newspapers and magazines associated with the labor movement discussed the family-limitation issue in a more analytical way, eschewing the emotionally charged reaction to contraception that prevailed elsewhere. Family limitation was a common topic in Työläisnainen (The Working Woman) between 1912 and 1915. Those who treated the subject in more ideological terms opposed the Neo-Malthusian ideas, claiming instead that Finland’s poverty and misery were not caused by the actions of the workers or their large family size but by capitalism and economic structures. Laboring people needed a large number of children as warriors to combat the capitalist system. However, writers who represented the practical perspective of working people had a much more positive attitude toward family limitation. Even though few believed that family limitation would solve the country’s social problems, many considered it necessary as a temporary practical solution to them. Many women wrote about their own experiences—a husband’s unemployment, poverty, and health problems related to repeated pregnancies. Some argued that a smaller number of children would permit the working class to raise stronger children to fight for the socialist cause.

**SURVEYS AND ETHNOGRAPHIC MATERIAL** The public debates about family limitation reveal that contraceptives were already known and available in Finland in the late nineteenth century. The documents have little to say, however, about particular methods or about their use. For this purpose, additional sources—first, surveys and ethnographic materials—need to be consulted.

The earliest modern public survey about family planning and contraceptive practice in Finland did not appear until 1971. The oldest generation interviewed were cohorts born between 1917 and 1926. These interviewees had a reasonably good knowledge about many contraceptives; a large majority of them had used one or several methods (Table 2). Withdrawal was their most common

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¹⁴ Terveydenhoitolehti, issues 8–9, 1911; Valkonaauha, issue 10, 1912; Uusi Suometar (newspaper), 237, 1912; Nieminen, Taistelu sukupuolimoraalista, 227–233. Tanner was a physician. He had received his medical degree in the United States but was never licensed to practice in Finland.
method; more of them reported using it than reported knowing about it. Nearly half of the respondents had also used condoms. Even though the younger generations—those born between 1927 and 1941 and between 1942 and 1953—used withdrawal as much as the older ones, their preferred method of birth control was the condom—71 percent and 85 percent, respectively.\footnote{Kimmo Leppo, \textit{Contraception in Finland in a Public Health Perspective} (Helsinki, 1978), 49.}

The 1971 survey is largely mute about the use of contraceptives between the world wars; even the oldest cohorts’ reproductive period occurred mainly between the early 1940s and 1960s. The results merely show that the condom had become a reasonably common contraceptive for those who were about to reach the end of their reproductive years, when the pill became available.

The few existing studies about Finland’s early periods of the fertility decline provide only fragmentary information about contraceptive practice. The first birth-control clinic started in 1935 in Helsinki. When the clinic’s clientele (mostly married women) were interviewed, they reported withdrawal as their most common method of contraception. The clinic tried to persuade couples to use pessaries, but mostly in vain, partly because of the expense and partly because of the discomfort. Allegedly, several of the women stated that they would rather have an abortion once or

### Table 2

Knowledge of Contraception and Use of Contraceptive Methods among Finns Born 1917–1926, according to a 1971 Survey, by Percentage of Respondents

<table>
<thead>
<tr>
<th>Method</th>
<th>Knowledge of Methods</th>
<th>Methods Used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>None</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Douche</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Rhythm</td>
<td>24</td>
<td>28</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>47</td>
<td>50</td>
</tr>
<tr>
<td>Vagitories</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>Foam, jelly</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>31</td>
<td>43</td>
</tr>
<tr>
<td>Condom</td>
<td>84</td>
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<td>IUD</td>
<td>50</td>
<td>52</td>
</tr>
<tr>
<td>Pill</td>
<td>79</td>
<td>79</td>
</tr>
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</table>

Source: Kimmo Leppo, \textit{Contraception in Finland in a Public Health Perspective} (Helsinki, 1978), 34, 49.
twice a year than use such an unpleasant device. The couples who had sought advice in 1948/49 via letters to the birth-control clinic founded in 1947 by the Finnish Population and Family Welfare Federation mentioned “caution” (probably coitus interruptus and intermittent continence) as their most common method. On the basis of 300 letters, sent from all over the country, it was concluded that “ignorance concerning contraceptives was substantial.”

The first survey of professionals about birth-control practices in Finland—the brainchild of Seth Wichmann, a Finnish gynecologist, in 1914—was a questionnaire sent to Finnish midwives, physicians, and other educated people. More than 300 responses came back, mostly from midwives, covering all regions of the country. The primary purpose of the survey was to shed light on traditional beliefs and practices concerning child birth, but the questionnaire also included a few questions about birth control and family limitation: “What do fertile women do to refrain from having more children?” “What do women do to induce abortion?” “Do women prolong breastfeeding to avoid conception?” The drawback is that the responses did not come directly from women or couples but from members of the medical profession. Yet, midwives were probably well informed about these birth-related issues. Also, most of them were from the working class, like those whom they served.

Two other ethnographic collections are relevant for this study. The first of them, from 1939, asked respondents to report how they were coping with modern life. The other, from 1969, was a questionnaire about older contraceptive practices. Although it is much later than the other two, most of the respondents were born either in the late nineteenth century or in the beginning of the twentieth century.

17 The questionaires are in E186–189, Duodecim 1950, Folklore Archives of the Finnish Literature Society.
All of these ethnographic materials, particularly the 1914 study, confirm that people in Finland believed that prolonged breastfeeding postponed the next pregnancy and that many of them used it for that purpose, even so late as the first decades of the twentieth century. According to the 1914 study, prolonged breastfeeding—that is, spacing—was, until then, virtually the only strategy to limit family size. Information about various ways to attempt an abortion (drinking quicksilver, hard massage on the stomach, lifting heavy objects, etc.) was in circulation, but it was apparently employed primarily by unmarried women. Only a handful of respondents mentioned abortion as a method of birth control in marriage. Furthermore, only a small number of respondents, approximately one out of ten, referred to the use of contraceptive techniques, and those who did were disproportionately from the urban or industrial centers. Exact methods were seldom specified. In some cases, responses indicated only certain segments of the population were using methods other than breastfeeding. In the small town of Hanko in southernmost Finland, workers did not employ any contraceptive methods, whereas the educated class utilized mechanical contraceptives (“hygienic devices”) and sometimes even abortions. In another small urban community, Laapeenranta in southeastern Finland, peasants used no contraceptive methods, but working people admitted to the use of “modern contraceptives.”

Some of the respondents of the 1939 study tackled the issues of family limitation and contraceptive method. Older couples did not tend to limit family size (in the modern way), even though a large number of children was not always welcomed. The fact that by the early twentieth century, people from the higher social strata had far fewer children than the lower strata started people wondering about how this family limitation could be achieved. Information was disseminated in newspapers, public meetings, or in neighborhoods. The most common advice from those who had smaller families was to use either complete or partial withdrawal. A respondent from an eastern Finnish municipality of Sortavala said that “rural people, of course, are not yet using any chemical contraceptives to prevent conception.” But another respondent from the nearby municipality of Kitee stated that rural people had learned from city dwellers to wear “a cap” to cover the penis and that unborn children could be aborted.
The results of the 1969 study are more difficult to interpret, because the respondents did not always follow the instructions to focus on “older times.” Nonetheless, the materials are informative regarding contraceptive strategies in both urban and rural regions during the first half of the twentieth century. Moreover, about twenty respondents commented on their own use of birth-control methods. The respondents listed a large number of different contraceptives that they knew, but the one that most of them used (twelve respondents) was coitus interruptus, often supplemented with douching, which some respondents also viewed as reliable independently. Breastfeeding was the second most common method in use (six respondents). A number of respondents mentioned some variation of the rhythm method and of condoms, and others even reported that some people had made their own condoms from cloth. Although condoms were widely known in different parts of the country, they were more popular among the upper social strata or working people living in the urban or industrial centers. As one woman respondent born in 1904 said, “Commoners like us would have been ashamed to use such devices.” None of the respondents attested to using condoms themselves, but many claimed to have seen these “rubber-made devices.” Other mechanical contraceptives, such as sponges, were almost exclusively instruments of the upper social segments.

The popularity of withdrawal points to an important aspect of gender roles in twentieth-century family limitation. The use of abortion and breastfeeding as birth-control methods could, at least in principle, remain completely at the discretion of women, without the consent of husbands. Withdrawal, however, required men’s co-operation. The picture emerging from all of the surveys and ethnographic materials, regardless of a respondent’s gender, is that most husbands and wives agreed about limiting their family size. The common practice of combining withdrawal with douching further underscores this conclusion.

Only a handful of respondents reported women carrying total responsibility for birth control because of their husbands’ indifference. A male respondent—a primary-school teacher from Central Finland, born in 1895—stated that women often advised each other, “When ejaculation starts, try to kick the man away, if you can.” A few women respondents reported cases of husbands attempting to induce an abortion by kicking their wives in the
stomach or feeding them an abortifacient, such as quicksilver. Most of these respondents, however, were talking not about their own experiences but other women’s. One exception was a woman from the eastern Finnish countryside (born in 1907), who said that her husband recommended, during her third pregnancy, that she see “some old woman” for an abortion. The wife refused, but allegedly her husband managed to provoke an abortion by frightening her. “My husband tried the same method even later on,” she added, “but the first experience had already hardened me, and so he didn’t succeed.”

MARKETING OF CONTRACEPTIVES Only a few references to contraceptives or to their use have been found in materials prior to the early years of the twentieth century, beyond those already explored. Contraceptives were not advertised in newspapers (at least, not on a continuous basis) in the nineteenth century. Knowledge about them and about retail establishments was probably by word of mouth. The Collection of Minor Documents (leaflets, handouts, flyers, and advertisements) at the University Library of Helsinki has only two printed advertising leaflets from the nineteenth century containing contraceptives, one from 1890 and another from 1896, and both issued by a drugstore in Helsinki in Swedish (a language favored by the upper social strata). Nonetheless, educated people were obviously well informed about contraception and contraceptives.

The marketing of contraceptives suddenly became much more open around 1909. The first advertisement for contraceptives was published in the newspaper Työmies (the Workingman, published in Helsinki) apparently in December 1908, such advertisements becoming standard thereafter in Työmies. Several companies advertised various types of contraceptives, such as condoms made of rubber, animal bladders, or intestines; pessaries; sponges; and chemicals. The retail stores advertising contraceptives sold pharmaceuticals and cigarettes, and several mail order companies also advertised, promising to ship their products to the countryside in “discreet packages.”

20 The issues of Työmies from 1909 through 1911 were systematically examined for such advertisements and then every fifth year for issues in January and July from 1915 through
Most of the other newspapers refused to publish such advertisements. The most pronounced exceptions were the other socialist or labor-movement newspapers, which soon began to run advertisements in 1909 or 1910 (Työ in Viipuri, Sosvetun voima and Sosialisti in Turku, and Kansan Lehti in Tampere). In addition to the contraceptives, explicit sex-education manuals about how to use them were advertised in all these newspapers as well, often by the same companies, which also offered advertisement leaflets and catalogs for marketing purposes. Abundant examples of these publications from the 1910s have been preserved in the Collection of Minor Documents.

These materials clearly show that by the early 1910s at the latest, mechanical contraceptives were widely accessible in Finland. Several stores in the larger cities sold contraceptives, many of which, as well as mail-order companies, were ready to ship to even the most remote corners of Finland. Despite the active marketing, it is difficult to determine on the basis of this evidence to what extent mechanical contraceptives were actually found among the population. No statistics exist on the sales or import of these devices between the world wars. Clearly, however, the use of mechanical contraceptives could not have been insignificant. That advertising and marketing on this scale must have cost money beyond the overhead needed to run the businesses suggests that the companies were able to sell enough of these products to justify the expense. A price list published in 1936 by a company called Mannermainen Kauppahuone states, “80 million rubber-made contraceptive devices are imported (to Finland) annually.” The figure, however, is implausible; simple calculation shows that this amount nearly corresponds to what would have been the daily need of contraceptives for every married couple at their reproductive ages for the year.21

Abortions Induced abortions were of major concern in early twentieth-century Finland. Abortions were obtainable on specific medical grounds, but they could hardly have been common. Ac-

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21 The Collection of Minor Documents, University Library of Helsinki.
According to one estimate, the annual number in the mid-1930s was between 2,000 and 2,500, a relatively high range (the average number of births in the 1930s was 70,000 per year). Some physicians, however, were reputed to have had an extremely broad definition of “medical grounds.” The number of abortions performed for medical reasons in Sweden was about the same, even though Sweden’s population was twice the size of Finland’s.22

The 1930s saw the number of women hospitalized after having experienced a miscarriage increase considerably since the early years of the twentieth century. The number of miscarriage cases (including abortions performed in hospital) multiplied nearly sixfold between 1910 and the mid-1920s, whereas the number of women in their reproductive years had risen only by 20 percent. The increase may have been due partly to a larger number of hospital beds, but it also occurred in Helsinki, where the supply of hospital beds had always been more abundant than in other parts of the country. In this city, the number of treated miscarriage patients had been only 1.9 per 1,000 women of reproductive age at the beginning of the twentieth century; the respective figure for the late 1930s was as high as 12.5. At the same time, the proportion of miscarriage patients suffering from fever increased from 8.4 percent to 50.0 percent. Fever was considered an indication of induced miscarriage, in other words of illegal abortion. In general, the significant growth in the number of miscarriages was attributed to an increase in abortions. Given the assumption that a significant number of women who had obtained an illegal abortion were not admitted to hospitals, the estimated annual number of induced abortions had grown to a minimum of 20,000 cases by the mid-1930s.23

Although the calculated number of induced abortions is a rough estimate, abortion had clearly become a widely accepted method of family limitation in Finland during the interwar period. In the 1969 Ethnographic Collection, it appeared to have become almost a commonplace for that purpose. One respondent, born in 1891 and living in a rural area in eastern Finland, reported four abortions after her marriage at the age of thirty-three. Abortion’s ascension occurred despite its usual illegal performance (as an elective procedure) and its incongruity with publicly expressed popu-

22 Committee Report, Aborttikomitean mietintö (Helsinki, 1945), VI.
23 Ibid.
lation policy targets. Induced abortion, in fact, received abundant attention in public discussion only after it had been linked to the rapidly declining birth rates.24

The proportion of unmarried women among miscarriage patients in Helsinki rose from about 30 to 50 percent, but this dramatic upshift partly reflects the higher percentage of unmarried women in the city. An estimated two out of three pregnancies of unmarried women from 1934 to 1936 terminated in miscarriage there. The respective figure for married women was lower but still high—about 20 percent of their pregnancies. The number of abortions among married women had also multiplied in Helsinki. Had fertility not declined in Finland from the levels prevailing at the turn of the twentieth century, the annual number of births would have been about 110,000 in the mid-1930s. The observed figure was about 40,000 fewer. Induced abortions can account for about one-half of this figure, if not more.25

Even though the onset of the fertility transition came later in Finland than in most other Western European countries, the findings herein largely confirm the trend observed previously in these other countries. The primary methods used to limit family size were traditional methods that had been known for ages—continence, withdrawal, and abortion. The latter two appear to have been much more prevalent than the first. In Finland, withdrawal was often employed in connection with douching, which sometimes found independent use. Even prolonged breastfeeding was still common in the early twentieth century to deter pregnancy.

Mechanical, quasimodern contraceptives were widely sold in Finland starting at least in the early twentieth century. Even people living in the most remote areas could learn about them and buy them by mail order. Nonetheless, these contraceptives were not in common use until the mid-twentieth century. The upper

25 Committee Report, Abortikomitean mietintö (Helsinki, 1945), VI.
social segments (including urban middle classes) and, to a lesser degree, the working classes of the urban and industrial centers, were the most frequent early adopters. The reasons for this social trend were seldom discussed in the source materials, but several explanations are possible:

First, contraceptives were reasonably expensive, and cash was not always readily available in rural areas. By the same token, however, relatively poor urban working people seemed able to afford them, at least to some extent, and many contraceptives, early condoms included, were meant to be used multiple times, thereby mitigating the expense.

Second, mechanical contraceptives may have had varied levels of acceptability between different population segments. Many rural informants in the ethnographic collections stated that they would have been ashamed to purchase or use them. However, this explanation also has a possible counterargument. The bias against contraception was not limited to its mechanical form. Family limitation in general—with its most commonly used techniques, such as withdrawal, not to mention abortion—were similarly condemned. Moreover, the very group that used mechanical contraceptives most frequently, the educated upper classes, were their most harsh critics. Attitudes toward contraception and family limitation fell into two different worlds—the public and the private. Even though family limitation and contraceptives attracted public opposition as threats to population growth or morality, the population at large appears silently to have accepted them, even to the point of illegal abortion. Besides, withdrawal and abortion were not necessarily viewed as actual contraceptive methods.

Third, many mechanical contraceptives adversely affected sexual satisfaction, as evidenced by some of the responses in the ethnographic materials. In principle, this factor pertains equally to every social category, but wealthier people probably had access to higher-quality contraceptives that may not have severely decreased sexual pleasure.

Fourth, despite the active marketing of contraceptives, the devices were easier to obtain in urban and industrial centers than outside them. Furthermore, people in rural areas were probably less informed about them in the first place.

The fact that women had primary responsibility for the use of many birth-control strategies—particularly breastfeeding, douch-
ing, and abortion—may explain why fertility decline progressed at such a rapid pace in Finland, albeit comparatively late. Withdrawal, however, which appears to have been the most popular method of birth control, depended largely on men’s actions for its success. The ethnographic materials may well settle the issue by giving a strong impression that spouses typically acted in concord so far as decisions and actions concerning family limitation were concerned, despite the apparent division in labor.