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Induced Legal Abortion in Sweden during 1939-1974:
Change in Practice and Legal Reform

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Induced Legal Abortion in Sweden during 1939-1974: Change in Practice and Legal Reform

Per Gunnar Cassel

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***Abstract:** This paper aims at showing the development of abortion during Sweden's law of restricted abortion from 1939 to 1974. Before 1939 abortions were illegal. After 1974 abortion became allowed on demand. These surrounding periods give an explanatory background to the 36 years under study. The abortion trend during 1939-1974 consists of three sub-periods of acceleration, decrease, and recovery. Taken together, abortion numbers increased from a low to a high level from 1939 to 1974. This gave way to a smooth changeover from illegal over restricted abortion to abortion on demand. To a high degree, the development depended on the actions of engaged individuals. In particular, the 1960s was a period of crucial social change.*

Keywords: ABORTION, ABORTION TRENDS, CONTRACEPTIVE, SWEDEN

Handelt stets so, dass die Anzahl der Wahlmöglichkeiten grösser wird.¹

Heinz von Förster

¹ Act always so, as to increase the number of choices; von Förster was one of the originators of cybernetics.

INTRODUCTION: LEGAL ABORTION IN SWEDEN

In 1938, a law was put in place in Sweden which, under certain conditions, gave a pregnant woman the right to abortion. The law came into force in 1939 and was, with two later amendments, valid until 1974. This is the period of restricted abortion in Sweden, which is the main focus of study in this paper. We will also consider the periods before 1939 and after 1974. Before 1939 abortion was illegal, and during part of this time, even punishable by death. In 1975 the period of abortion on demand started. With the 1975 law, abortion became allowed up to the 18th week of gestation. This law is still valid today.

During the period of restricted abortion, the survey of abortion in Sweden was under government control by *Medicinalstyrelsen* (The Royal Medical Board), which in 1968 was renamed to *Socialstyrelsen* (The National Board of Health and Welfare). In this paper, I abbreviate these two organizations as MED/SOS. During the period of restricted abortion, a pregnant woman seeking abortion had two possibilities to do so: she could either turn to MED/SOS or she could address two physicians for approval.

Characteristic of the periods of illegal and restricted abortion is that opinions for and against abortion came to have a strong influence both on the original making of the 1938 law and the subsequent implementation and interpretation of the law paragraphs. In many instances, the situation could be described as a controversy between groups of people with irreconcilable views. The abortion defenders asserted the woman's right to decide on her own body, whereas the abortion opponents viewed the foetus as a living being with its own right to stay alive. The abortion issue was debated by authorities, politicians, and non-governmental organizations. Also, specific individual persons had an unusually strong impact on the debate.

During 1939-1974 the changes in the abortion numbers were as follows. At first the abortions increased. After that, a decrease took over. Finally, there was a renewed increase. I have named these periods *acceleration*, *decrease*, and *recovery*. The whole period starts in 1939 with as little as 439 abortions in that year. It ends in 1974, 36 years later, with 30,636 recorded abortions. During subsequent years with abortion on demand abortion numbers varied at around 30,000 per year. As we will clarify, this reflects that as a result of the formulation of the 1938 law and the interpretation of its paragraphs, the passing from illegal abortion to abortion on demand became smooth.

The present study contains three sections of analyses and discussion:

1. The 1938 Abortion Law
2. Opinions and Actions
3. Abortion Trends, 1939-1974

In the section on the 1938 abortion law, its paragraphs and their interpretation are presented and discussed. The section on opinions and actions deals with both organizations and individual persons which have had an influence on the abortion issue and abortion developments. The section on abortion trends presents several time series of abortion indicators.

The aim of the study is to demonstrate and explain the great changes in abortion numbers which occurred during the period of restricted abortion. This is achieved by showing different statistics of abortion and by relating the abortion trends to different events that occurred in Swedish society during the study period.

1. THE 1938 ABORTION LAW

In the beginning of the 18th century, abortion in Sweden was by practice punished by death. The death penalty was formally included in the criminal law of 1734. The law stated that a woman who drives out her foetus and the one who advises or helps are sentenced to death. More than one hundred years later, a less severe attitude came into being. In the criminal law of 1864, the death penalty was abandoned. Still severe, the punishment was as high as six years of hard labor. In a new law of 1921, the penalty was reduced, this time to a maximum of six months in prison (SOU 1944:51).

The first law to allow abortion under certain circumstances was taken by the Swedish Parliament (*Riksdagen*) in 1938 and was, with a few amendments, in force during the 36 years from 1939 to 1974. A woman applying for abortion had to present her reasons. She could choose either to apply to MED/SOS or to physicians. In the latter case, two doctors had to decide together. This was called applying for a two-doctor certificate. One of the doctors performed the abortion. The other was often a psychiatrist.

In the beginning, four medical conditions for sanction of abortion were available. These were *sickness*, *weakness*, *humanitarian*, and *eugenic*. In 1946, *expected weakness* was added and, in 1963, *fetal damage*. The conditions are formulated in the law as follows:

- *Sickness*: Abortion is allowed when, because of the woman's sickness, or physical defect, the delivery of the child would involve a serious danger to her life or health;
- *Weakness*: Abortion is allowed when, because of the woman's weakness, the delivery of the child would involve a serious danger to her life or health;
- *Expected weakness*: Abortion is allowed when, regarding the woman's situation of living and other circumstances, it could be assumed that her bodily or mental force could seriously deteriorate by the delivery and rearing of the child;
- *Humanitarian*: Abortion is allowed when the pregnancy is the result of a criminal act like rape, sexual abuse, or sexual intercourse with a close relative;

- *Eugenic*: Abortion is allowed when it can reasonably be assumed, that the mother or the father would transfer a hereditary disposition of mental disorder, or grave disease, or severe defect of another kind to the child. Abortion according to this condition could only be granted by MED/SOS and was not allowed, unless the woman was also sterilized;
- *Risk of fetal damage*: Abortion is allowed when there is reason to fear that the expected child would suffer a severe sickness or handicap because of a damage incurred in the fetal stage.

It should be noted that abortion purely on the basis of social needs like poverty, lack of housing, or unemployment, was not included in the law. It was argued by the *Social Democrats*, and specifically by the prominent politicians Alva and Gunnar Myrdal, that a law considering social conditions as a ground for abortion would imply a declaration of incompetence of society (Davidson and Forsling 1982). One can assume (although it cannot be proven by statistics) that social needs also led to illegal abortions.

Another thing to report is that the 1938 abortion law was not a law in its own right. Instead, it was included in the criminal legislation of *Sveriges Rikes Lag* (The Law of the Swedish Kingdom), where it served the purpose of discriminating between legal and illegal abortion.

The period of restricted abortion is characterized by extraordinary changes in the annual number of abortions. This is clearly shown in Figure 1 of Section 3. These changes depended on the ambiguity of the law. There are no absolute rules to decide if, for example, a pregnant sick woman is so ill that she could die if she gave birth to her child. There are, to my knowledge, no figures available of how sickness or weakness would lead to the death of the mother, either when she gave birth or later on. Therefore, one can expect that the doctors would arrive at different decisions on the same case of illness and also that their diagnoses, consciously or unconsciously, would depend on their private attitudes toward abortion. An example of differences in attitudes among the physicians is given by the 1952 Annual Meeting of the Swedish Medical Association, which among other things took up the abortion issue. The chairman ranked abortion in the same category as child murder. He and several physicians also wanted to exclude *expected weakness* from the law. Other doctors defended the law and found the chairman's argument absurd (Lennerhed 2008).

The vague conditions for granting or denying abortion are discussed in SOU² 1971:58 (Chapter 7). A table shows the number of abortions in 1963 to 1969 in sixteen Swedish cities. It shows that in 1966 in Linköping, 56% of the abortions were prescribed due to *sickness* and 15% due to *weakness*. In the city of Gävle, 5% of abortions were prescribed due to *sickness* and 70% due to *weakness*. The most reasonable explanation for this large difference is the diversity in the interpretation of the law.

² Statens Offentliga Utredningar (Swedish Government Official Reports).

The wide possibilities of interpretation had two effects. First, doctors with an established attitude either for or against abortion could manifest their attitudes by granting or rejecting abortion. Secondly, during the 36 years of the law, the attitudes toward abortion were certainly bound to develop, as attitudes usually are. In Section 3, it will be shown numerically how the vagueness of the law made it possible for the granting of abortions to increase to a higher level.

2. OPINIONS AND ACTIONS

The opinions and actions are studied during the periods when abortion was illegal (before 1939), during the period of restricted abortion (1939-1974), and during the period of abortion on demand (from 1975 and onward). We discuss both the role played by different organizations and by individual persons of which we highlight the following four:

- Hinke Bergegren (1861-1936), a socialist who in the 1910s argued for the legalization of contraception;
- Elise Ottesen-Jensen (1886-1973), who in 1933 set up RFSU, *Riksförbundet för Sexuell Upplysning* (The National Association for Sexual Information);
- Sherri Finkbine (1932-), an American actress who had taken Thalidomide (Swedish: Neurosedyn) and came to Sweden for abortion;
- Hans Nestius (1936-2005), a journalist fighting for abortion on demand.

Hinke Bergegren

Bergegren was, in the beginning of the 20th century, one of the leading Social Democrats in Sweden. He represented the left wing of the party, whereas the chairman Hjalmar Branting represented the right wing. Bergegren propagated for contraceptives. He based his arguments along neo-Malthusian lines as they were expressed in England at that time.

The English preacher and economist Thomas Robert Malthus (1766-1834) presented his ideas on population issues in the late eighteenth century. He argued that poverty in society was more dependent upon the increase in population, which lead to lack of food, than upon the organization of society. Malthus claimed that only causes like starvation, wars, and epidemics could check excessive population growth (Malthus 1798).

A solution to this problem could be derived by depressing childbearing, as formulated by neo-Malthusian doctrine some 150 years later. This was a set of doctrines derived from Malthus' theory, which recommends contraception to prevent undesirable population increase. This teaching was introduced in

Sweden during the beginning of the twentieth century by Anders Nyström (1842-1931), Knut Wicksell (1851-1926), and Hjalmar Öhrwall (1851-1929). Wicksell in particular gave a series of provocative lectures on the issue and recommended birth control as a remedy for over population.

Hinke Bergegren was highly impressed by the neo-Malthusian ideas. He sincerely sympathized with and wanted to help poor over worked women. The impulse to begin propagating for contraception arose during a visit to *Hagalund*, which is situated just north of Stockholm and then housed impoverished people, many of which had been evicted from apartments in Stockholm due to unpaid rents. The township was replete with dirty youngsters and children. Shaken by what he had seen, Bergegren made his lecture *Kärlek utan barn* (Love without children) shortly thereafter. The first time he held it was in Stockholm on April 7 1910. A summary of the principles he brought forward is as follows (translation by Vivian Cassel from Bernhard 1950):

... My wish is that all unmarried mothers have the same legal protection as other mothers, that the law against the removal of a fetus should be considerate and mild. But I stress, better than the removal of a fetus is to use contraceptives. The unmarried woman who does not have a home or bread for a child should be protected against the consequences of her actions. This is better than, through tears and regret, placing a child into a difficult, unmerciful life. We must speak loudly about the preventive methods that exist.

It is to the poor proletariat, the children of many siblings, that the words of warning must be screamed. At the same time, they should be given the comfort and assistance of available preventive measures.

Those who oppose the use of contraceptives claim that we only recommend them for nontraditional use, that we view women only as objects of pleasure. On the contrary, women are the goal of our love and desire, our comrades and equals, and we must therefore have a feeling of obligation for them and the consequences. Love without children is better than children without love.

Bergegren finished his lecture with a discrete mention of the preventive methods that existed. It is incredible that this honorable, informative lecture could be met with hysteria by the conservative newspaper *Nya Dagligt Allehanda*, which printed a long article (16 April 1910) that described Bergegren's lecture as "... *nasty propaganda, with new scandals. In the lecture, details of a kind were spoken, so that it seemed incomprehensible that the police did not stop this mischief.*"

Bergegren gave the same lecture in Gothenburg and was then prosecuted for it and sentenced to prison for two months. A new law, in popular language called Lex Hinke, was taken by the *Riksdag* in 1911. The law came about as a panic reaction to the activities of Bergegren. Lex Hinke contained a prohibition from publicly encouraging and advertising the use of contraceptives. After his incarceration, Bergegren travelled around the country giving his lecture in which he, now in violation of the law, continued to propagate for the use of contraception. Bergegren's lecture was printed and sold in more than 50,000 copies. The contraceptive law was finally abolished in 1938, the same year as the new abortion law was established (Bernard 1950).

Elise Ottesen-Jensen (Ottar)

Ottesen-Jensen was born in 1866 in Norway. She was educated as a stenographer to the Norwegian Parliament. She was also a writer and worked as a journalist for Norwegian newspapers. At the time of World War I, she met Albert Jensen, a syndicalist and peace agitator. They became a couple and moved to Copenhagen and, in 1919, to Stockholm where she started to work for a syndicalist journal. She soon became well known in Sweden and asked to give lectures on different topics. She came in contact with a physician who educated her in sexual issues and taught her how to advice on diaphragms as a contraceptive means for women. After that, she went out for several country wide tours and during five years, thousands of women learned how to use diaphragms with her help. From the 1920s, she used all her time for sexual education and politics.

In 1933, she founded RFSU (The National Association for Sexual Information). She was its president between 1933 and 1939. In that position, she educated working class women in Sweden on how to protect themselves against pregnancy, agitated for abortion on demand, for the abolishment of the contraceptive law, and for the rights of homosexuals. According to Lex Hinke, her work was illegal and she risked severe consequences. On one occasion, she was close to being sent to prison. In connection with the founding of RFSU, several programs were adopted. Some of the demands were (Lennerhed 2002):

- inclusion of sexual education in all schools of the country,
- establishment of consultation bureaus to provide guidance in sexual matters,
- abolishment of the contraceptive law and free cost of contraceptives to people in great need,
- right to abortion and sterilization on eugenic, medical, and social conditions.

The period leading up to the 1938 law

In 1934, a Scandinavian law meeting was held in Oslo concerning the abortion legislation. The Swedish Minister of Justice Karl Schlyter presented suggestions for a new radical abortion law, which among other things contained the right to abortion on social conditions (SOU 1935:15). This fitted very well with the program of RFSU and was welcomed with enthusiasm by this organization. At about the same time, a committee was appointed by the Swedish government with the assignment to present a proposal for a new abortion law. After the proposal was worked out, it was sent around for evaluation. The various evaluators did not agree on the suggestion of abortion on social conditions. In this regard, there was total resistance. In several of the evaluations, there was also a resistance against abortion on medical conditions. At RFSU,

one was pessimistic about the outcome of the whole process, and the new legislation did eventually not comprise abortion on social conditions.

However, RFSU continued to pursue their views also after the introduction of the new law. They addressed their members and collected further support for the demand that abortion should be allowed on both medical and social conditions. They collected 1,494 statements that were delivered to Karl Schlyter in the form of a book (Lennerhed 2002).

Sherri Finkbine

Finkbine was from Arizona (born in 1933) and a television actress known as Miss Cherri. She came to Sweden in August 1962 to apply for an abortion. She was then pregnant with her fifth child and had taken the sedative Thalidomide. (In Sweden, Thalidomide was sold under the name *Neurosedyn*.) In 1960, Thalidomide had been introduced as a safe and effective sleeping pill. However, the pill showed to have serious effects on foetuses during the first months of pregnancy – often as early as when the woman was still unaware of her pregnancy. The injurious effects were first discovered in Germany in 1961. Sherri Finkbine had applied for an abortion in her home city, but was denied. The physicians recommended her to try either Japan or Sweden for abortion. She attempted to go to Japan, but was denied a visa by the Japanese consul. Then, she and her husband went to Sweden. She applied for an abortion at *Karolinska Hospital* in Stockholm where she received treatment.

Strictly following the 1938 law, injury of the foetus during pregnancy was no ground for abortion. Practically, however, the *eugenic* paragraph was interpreted as also to allow abortion in the case of fetal damage. In 1963, the *risk of fetal damage* was explicitly added to the law. This was very likely a result of Finkbine's visit to Sweden. The media exposure of Sherri Finkbine was enormous. An interview with the Finkbines at their departure from the USA was shown on Swedish television. When the plane landed at Arlanda airport close to Stockholm, the couple was received as celebrities. Leaving the plane, they were met by photo flashes and running journalists and it was all shown on Swedish TV. When Finkbine was granted an abortion, the news dominated the front pages of newspapers all over Europe. In the Swedish newspaper *Expressen* she was on the front page for six consecutive days from August 17 to August 22, 1962 (Lennerhed 2008).

Hans Nestius

In the beginning of the 1960s, it was still controversial to let a pregnant woman decide for herself on abortion. At that time, the journalist Hans Nestius was one of the most prominent figures pushing for women's right to abortion. In February 1964, a highly noticed conference, "Sex and Society", was held in

Stockholm. In front of a darkened room on an equally darkened scene, a young woman was interviewed who had been denied abortion in Sweden but got it in Poland instead. Nestius and other participants had given her the addresses to Polish gynecologists.

A prosecutor suspected that the woman had made herself guilty of a crime and that she should be prosecuted. Nestius too was prosecuted for complicity in the crime. On February 17, Nestius was called to interrogation by the police. The same day the police made a search in his home in order to find names of other women supposed to have had an abortion in Poland. While the police searched the rooms of his apartment, he called the newspapers from his kitchen and told about the ransacking³. This caused a full explosion of indignant newspaper articles. During a couple of weeks, the evening press had several big social reports where women of different social backgrounds told about arbitrary humiliation and undue interference in connection with applying for abortion. Within a few weeks, public opinion had changed strongly in favor of abortion. The government was made responsible for an inhumane law and was under hard pressure. Its dilemma was solved by giving abolition to Hans Nestius.

Debates during the period of abortion on demand

The controversies between groups for and against abortion continued after 1974. Political parties, physicians, non-governmental organizations, and churches were engaged. The period is characterized by continued changes in attitudes and opinions. The 1974 abortion law had been introduced by the Social Democrats under strong opposition from the non-Socialist parties. Shortly after its introduction, in 1976, the Social Democrats lost their parliamentary majority for the first time in 40 years. Interviews with members of the new government demonstrate the differences in attitudes.⁴ In 1976, the new Prime Minister Torbjörn Fälldin expressed his criticism of abortion as a case of murder of the foetus. The leaders of the other two governing non-Socialist parties also expressed their criticism, even if not as strongly as Fälldin did. In practice, these were empty words as no changes were made to the existing legislation. Today, the political parties have abandoned their engagement in the abortion issue. This even holds for the small Christian Democratic party of Sweden.

One organization for and one against abortion has been prominent during the period of abortion on demand. *RFSU* is as active in advocating the right to abortion as it has always been. On the opposite side is *Ja till livet* (Yes to Life), an anti-abortion organization which was founded in 1991. It promotes the foetus' right to live and has also taken up the problem of many women's suffering both before and after

³ The secretary of SOU 2005:90, Ulla Åhs, received this information in an interview with Hans Nestius.

⁴ This was sent in a program on Channel 2 of Swedish National TV on September 16, 2007, in a series named *Dokument inifrån* (Documents from within) and produced by Erik Sandberg. The program was titled *Jag ska göra abort* (I will have an abortion).

abortion. The members of *Ja till livet* are mostly younger people. Their arguments are based on ethical rather than religious grounds. Another anti-abortion organization, MRO – *Människors rätt för ofödda* (Human Right to Life for Unborn), was founded in 2004. Its participants and members mainly have a Christian background.

A change similar to the one that occurred among the political parties has taken place in the attitudes of the Swedish State Church. In the beginning of the period of abortion on demand, the Church of Sweden was critical to the new abortion law. Today, the Church accepts it. The various non-state churches, on the other hand, are still critical to abortion.

3. ABORTION TRENDS 1939-1974

In this section, I present the statistical analysis of induced legal abortion in Sweden in the manner of annual time series of abortion statistics covering 1939-1974. As already mentioned, we regard this period as a transition from illegal abortion to abortion on demand. Four time series, describing different aspects of abortion development, are presented and analyzed:

1. *number of abortions and abortion ratios;*
2. *number and percentages of abortions by decision makers;*
3. *number and percentages of abortions by medical conditions;*
4. *number and percentages of abortions by week of pregnancy.*

The number and ratios of annual abortions are calculated from registered births and abortions. The time series of decision makers consists of abortions made by MED/SOS and two physicians, respectively. The medical conditions covered are the six conditions allowed by the abortion law, as described in Section 1. The last series cover the number of abortions at different gestation weeks of pregnancy.

Numbers and ratios of abortion 1939-1984

Here, I present time series calculated for 1939-1984. This covers the development during the entire period of restricted abortion as well as the first ten years of abortion on demand. The extension to 1984 allows us to detect the development before and after the transition from one abortion regime to another. As we will see, this transition is rather smooth.

The abortion ratio can be defined in different ways. Let us first consider the case of abortion on demand. The ideal model is then given by the number of abortions divided by the number of conceptions. This function, where R stands for Ratio, C for Conception, A for Abortion, and B for Birth is:

$$R = A/C = A/(B + A)$$

The situation is different in the case of restricted abortion, because then illegal abortions will also occur. For obvious reasons, there are no statistics available on illegal abortions. The total number of abortions is thus unknown. Therefore, I have defined the abortion ratio as the number of abortions divided by the number of births. By multiplication with 100, we get

$$R = 100 * A/B$$

which gives the number of abortions per 100 births.

The annual relative change for a year i is given by

$$Y_i = (R_i - R_{i-1})/R_{i-1}$$

where the time-point Y_i represents the midst between two years i and $i-1$, i.e., is centered at the New Year. However, Y_i has to be adjusted, since we want our measurements to be timed at the middle of the year. The formula for this adjustment is:

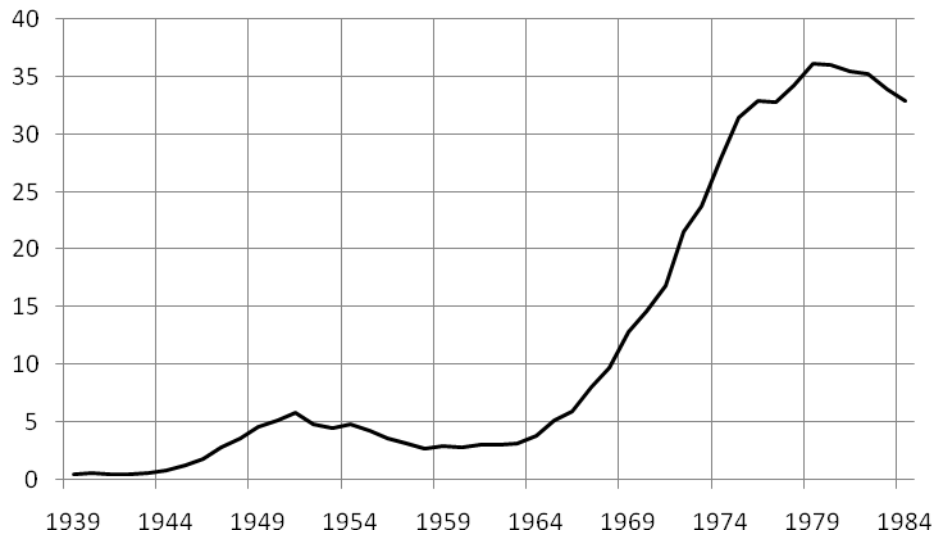
$$Z_i = ((Y_i - Y_{i-1})/Y_{i-1} + (Y_{i+1} - Y_i)/Y_i) / 2$$

A five-year moving average M_i of the Z_i series is calculated as:

$$M_i = ((Y_{i-2} + Y_{i-1} + Y_i + Y_{i+1} + Y_{i+2})/5)$$

To conclude, we provide the following abortion measures: the number of abortions, the abortion ratio, the relative change in abortion ratios, and the moving average of the relative changes. The number of abortions is important, because one can very well assume that this is the variable considered by the majority of decision-makers and that the number of abortions therefore is important in creating opinions. Objectively, the abortion ratio is preferable, since it relates to the number of births. The moving average of the relative changes is useful when showing long term developments. When, on the other hand, short term change is in focus, the information is better contained in the series of relative change. All time series are provided in Appendix 1. In Figure 1, we display the series of annual abortion ratios.

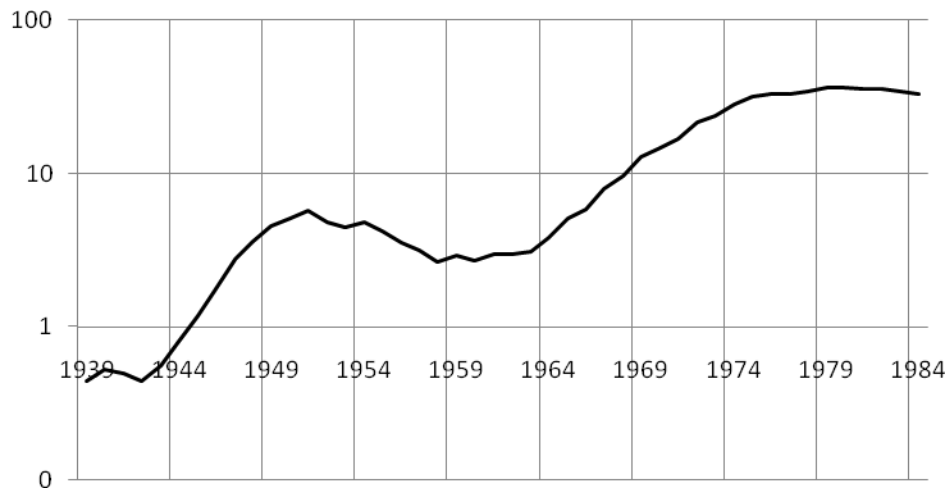
Figure 1. Ratios of abortions to 100 births, Sweden 1939-1984.



Source: *Allmän hälso- och sjukvård* (General Health and Medical Service), Socialstyrelsen

The reader may look at Figure 1 from the view-point of 1974, the end of the period of restrictive abortion, and conclude that not much happened during the first 25 years of the study period. The ratio series shows these years as being on a relatively low level. The highest value is 5.74 abortions to 100 births in 1951. After the first 25 years, we see 12 years with a rapidly increasing abortion ratio. However, from an abortion-policy perspective this perspective is misleading, since we can only judge the mind-sets of the decision-makers if we look at the statistics from their time point of view. Let us instead consider the situation in 1947. From the data on relative yearly changes of abortions in Appendix 1, we can see that during this period the number of abortions increased by about 50% annually. This indicates an extremely high increase and the decision-makers could have been worried and found that they were too permissive in allowing abortion. Shortly thereafter the number of abortions started to decline. The conclusion is that the scale in Figure 1 obscures these early developments. The solution is to complement Figure 1 with a corresponding logarithmic-scaled graph as shown in Figure 2. In this graph, the relative increase is visibly independent from the level of the abortion indicator.

Figure 2. Ratios of abortions to 100 births, Sweden 1939-1984. Logarithmic scale.



Source: Same as Figure 1

We proceed to inspect how the three different parts of the time series of the restricted period developed. Overall, there is an increase from 439 abortions in 1939 to 30,636 in 1974. The corresponding ratios of abortions to 100 births are 0.45 in 1939 and 27.88 in 1974. Figure 1 and Figure 2 show that there are two ascending intervals during the period with a descending interval in between. Thus, we can identify the three intervals: *acceleration*, *decrease*, and *recovery*. As can be seen in the series of relative changes (Appendix 1), the first interval goes from 1939 to 1951, the second interval from 1952 to 1960, and the third from 1961 to 1974. The three intervals are as follows:

- The *acceleration* period covers 13 years. The first three years are practically constant. After that follow five years, 1942 to 1946, with an accelerating relative increase in the abortion ratio. Then, the increase slows down between 1947 and 1951.
- The *decrease* interval starts in 1952 and covers nine years up to and including 1960 with a rather linear decline throughout the 1950s. The moving average series shows an increasing decline during the first part of the decade and decreasing decline thereafter.
- The *recovery* interval covers the remaining years throughout the 1960s to 1974. First, the increase in abortion ratios is accelerating. During the last years, the acceleration turns into deceleration.

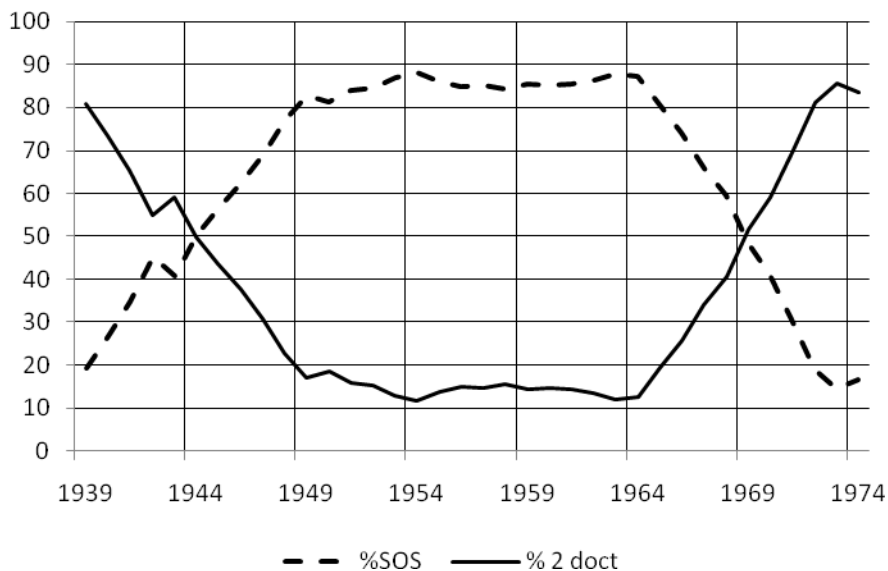
The explanation for the transition from *acceleration* during the 1940s to *decrease* during the 1950s may be found in the strong acceleration itself. Both laymen and physicians reacted to the increasing abortion levels, and the decision-making body at *Socialstyrelsen* decided to change their rules in 1951 to make it harder to grant abortion. The *decrease* in abortion begun in 1952 (Sjövall 1976) and continued for the rest of the decade.

The *recovery* that started in the early 1960s seems, to a high degree, to be influenced by the great publicity on abortion issues originated by the activities of Sherri Finkbine and Hans Nestius. The actions in 1962 by Finkbine and two years later by Nestius, could have had a mutual effect in stimulating the positive attitudes toward abortion, and thus could partly explain the consistent *recovery*.

Decision makers of abortion 1939-1974

As stated, abortions could be decided by MED/SOS or by two doctors. Figure 3 shows the fractions of abortions which were decided by these decision-makers during 1939-1974. Appendix 2 provides the data on which Figure 3 is based. We will discuss the development of these statistics together with the statistics on abortion by type of condition in the following sub-section.

Figure 3. Percentages of abortion decided by MED/SOS and two doctors. Sweden, 1939-1974.



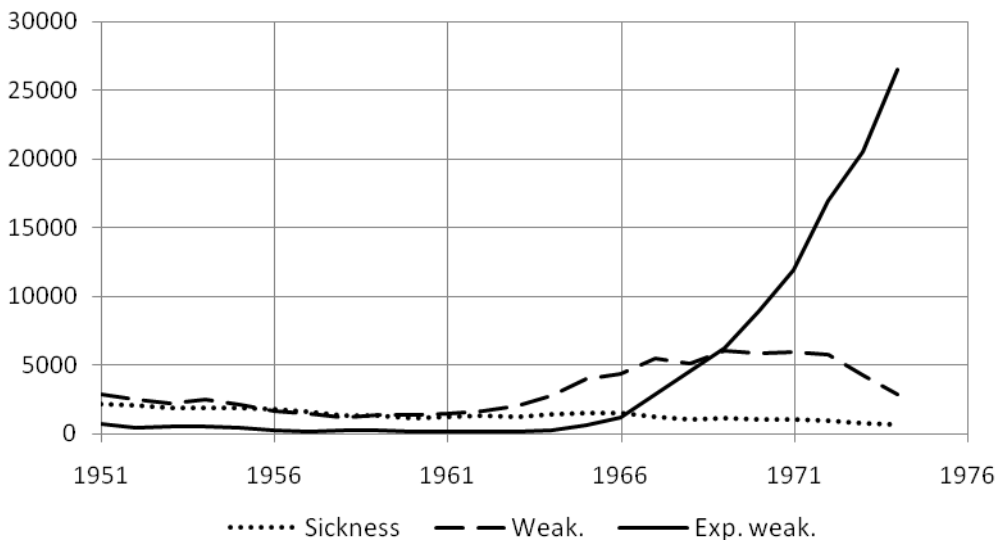
Source: *Statistisk årsbok* (Statistical Yearbook of Sweden), SCB

Abortions by condition 1951-1974

The three most common conditions for being granted abortion during the period of restricted abortion were *sickness*, *weakness*, and *expected weakness*. Figure 4 presents the developments for these conditions from 1951 and onwards. Data on all six possible conditions are provided in Appendix 3.

Until the mid-1960s, *sickness* and *weakness* were the two dominating conditions for granting abortion. In 1962, *weakness* started to increase as a condition and became the leading factor for a few years. Furthermore, 1964 marks the onset of a pronounced and long-term increase in the fraction of *expected weakness* as condition for abortion. The increase continues all the way up to 1974 when it dominates entirely. From Figure 3 above, we could also note that 1964 was a turning point when the percentage of two doctors granting abortion started to increase relative to the MED/SOS granting. The evidence is that the choice of expected weakness together with the increasing role of the doctors set the background to the increase in abortion during the last decade of restricted abortion in Sweden.

Figure 4. Number of abortions by condition, Sweden 1951-1974.



Source: *Allmän hälso- och månadsstatistik* (General Health and Monthly Statistics), Socialstyrelsen

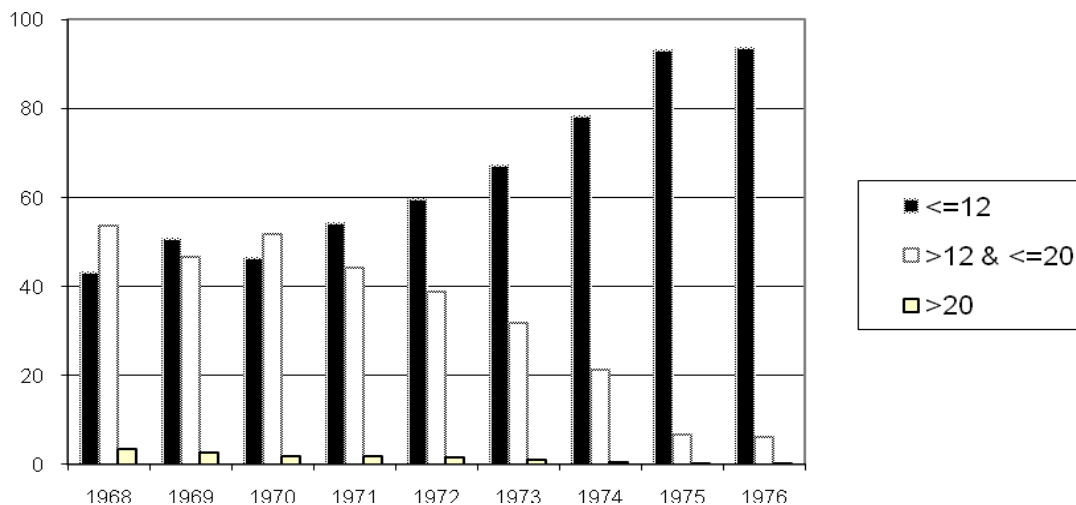
In sum, Figures 3 and 4 show that during the end of our study period, the two-doctor certificates took over in allowing abortion, and that from the mid-1960s, the doctors predominantly came to use the prescription *expected weakness*. One possible interpretation of this development is that the doctors, on more or less subjective grounds, first decided if they wanted to grant an abortion and in that case chose a suitable condition, which in most cases happened to be the more vaguely defined *expected weakness*. In particular, if opinions among the doctors and the public had become more accepting of abortions, then the doctors

could rely on this less draconic definition to grant an abortion. Another interpretation is that the majority of women seeking abortion found this condition the most promising in order to get a positive decision.

Abortions by week of pregnancy 1968-1976

The timing of abortion can be measured in completed gestation weeks counted from the first day of the last menstruation. Appendix 4 contains data on the timing of granted abortions during 1968 to 1974/1976. It contains three sub-tables. Table A shows statistics on abortions granted by the *Socialstyrelsen* during 1968 to 1974, Table B shows statistics on abortions granted by two doctors during the same years, and Table C is the sum of Tables A and B. In addition, Table C contains data for 1975 and 1976, i.e., for the first two years of abortion on demand. Abortion on demand is allowed up to the 18th week of gestation. A few cases are recorded also at longer durations, granted in case of fetal damage, woman's sickness, or psycho-social reason. Each table in Appendix 4 shows the number and percentages of abortions done before the end of the 12th week of gestation, after the 12th but before the end of the 20th week, and after the 20th week, respectively. Figure 5 displays the percentages of Table C.

Figure 5. Percentages of abortion by week of pregnancy, Sweden 1968-1976.



Source: Statistics Sweden. *Statistiska meddelanden*. HS 1978:2, Table D on page 9.

For both abortions granted by the *Socialstyrelsen* and the two doctors, there is an overall movement during the last phase of the period of restricted abortion towards abortions at earlier gestation weeks. Furthermore, the data reveal that abortions authorized by two physicians are done at earlier gestation weeks than the ones granted by the *Socialstyrelsen*. The difference is explained by a more time consuming

bureaucracy in a government office than in a clinic. In addition, Figure 5 shows how the fraction of early abortions leaps substantially at the introduction of abortion on demand, adding justification to the new legislation.

Since the system of abortion on demand entails the advantage of more early abortion, it is of interest to look at these developments also after 1974. To this end, I have calculated the average timing of abortion in 1975 and 2000, respectively. This shows that the average gestation time decreased from around 9½ weeks in 1975 to close to 8 weeks in 2000. The gain in timing from 1968 and onwards thus remains intact.

CONCLUSIONS

A remarkable change has taken place over time in Sweden in the attitudes to and practice of abortion. For a long time, society, and in particular the church, condemned abortion, and harsh punishments were placed upon those caught performing or getting abortion. Swedish abortion law goes back as far as to the old *Västgöta* (a Swedish province) law. This law, starting in the 13th century, condemned all forms of fetus-removal. The death penalty was legally in effect for all of Sweden from 1734, where the law stated that those who removed their fetus or who advised or assisted with it were to be punished by death. A little more than 100 years later, the punishment was lessened to six years of imprisonment (Odlind 1994).

The history of abortion in Sweden consists of three sub-periods, namely of *illegal abortion* (1734-1938), *restricted abortion* (1939-1974), and *abortion on demand* (1975 and onwards). The period of restricted abortion functioned as a connecting link between illegal abortion and abortion on demand. The 1938 abortion law contained some more or less vaguely formulated paragraphs. This gave the decision-makers substantial freedom in deciding whether or not to allow an abortion and contributes to the understanding of how the transition from restricted abortion to abortion on demand could become so smooth.

The changing outcome in terms of granted abortions during the period of restricted abortion can be seen in the light of the conflicting interests of abortion advocates and abortion opponents. After the introduction of abortion on demand, these controversies declined. Today, the Swedish parliament and the political parties are no longer engaged in the abortion question. Some organizations still pursue this issue, though. In particular, abortion opponents point out that Sweden is the only country in the EU that admits abortion as late as the 18th week of gestation.

In our study, we regarded 1939-1974 as a transition period and discussed the various factors which could facilitate the transition from illegal abortion to abortion on demand. We discussed the roles of Sherri Finkbine and Hans Nestius in triggering the mental climate which led the way to liberalization of the granting of abortions. We note that the changing abortion developments during the 1960s and early

1970s went in tandem with demographic changes that are usually labeled the Second Demographic Transition (Lesthaeghe 1995). In Northern Europe, this change started in the 1960s and Sweden is often considered a forerunner. The family-demographic change was evident in declining fertility rates, increasing ages at marriage, increased premarital and post-marital cohabitation, and higher union dissolution and divorce rates. Lesthaeghe and his colleagues do not pay very much attention to abortions. However, it is reasonable to link the development of abortions during 1961 to 1974 to these other demographic trends, where increasingly liberal attitudes towards different aspects of family behavior resulted in an increasing acceptance of abortion, too.

With this in mind, we can now conclude that there seems to be three factors that supported the strong increase in abortion numbers during 1961-1974. The first factor is the formulation of the 1938 abortion law. The number of granted abortions varied markedly over the entire period of restricted abortion -- changes which were made possible by the ambiguous formulation of the law paragraphs. The second factor is the great stimulating effect from a few individual actors during the early 1960s. The third factor is that attitudes toward abortion and other family related issues had become increasingly tolerant during the 1960s. The overall result is that the new law could be introduced as a simple adjustment of legal text to a fait accompli in terms of a situation where abortion was accepted both by the public and the medical profession.

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Appendix 1: Abortions and abortion ratios, Sweden 1939-1984

Year	Abortions	Births	Abortion Ratios	Relative Change	Moving Average
1939	439	97380	0.45		
1940	506	95778	0.53	0.057	
1941	496	99727	0.50	-0.028	
1942	568	113961	0.50	0.063	0.167
1943	703	125392	0.56	0.281	0.254
1944	1088	134991	0.81	0.463	0.362
1945	1623	135373	1.20	0.492	0.435
1946	2378	132597	1.79	0.513	0.436
1947	3534	128779	2.74	0.425	0.381
1948	4585	126683	3.62	0.286	0.308
1949	5503	121272	4.54	0.189	0.202
1950	5889	115414	5.10	0.125	0.093
1951	6328	110168	5.74	-0.017	0.037
1952	5322	110192	4.83	-0.118	-0.005
1953	4915	110144	4.46	0.005	-0.058
1954	5089	105096	4.84	-0.018	-0.082
1955	4562	107305	4.25	-0.141	-0.085
1956	3851	107960	3.57	-0.138	-0.092
1957	3386	107168	3.16	-0.134	-0.086
1958	2823	105502	2.68	-0.029	-0.062
1959	3071	104743	2.93	0.014	-0.025
1960	2792	102219	2.73	-0.025	0.013
1961	2909	104501	2.78	0.046	0.045
1962	3205	107284	2.99	0.060	0.106
1963	3528	112903	3.12	0.132	0.161
1964	4671	122664	3.81	0.315	0.197
1965	6600	122806	5.37	0.253	0.242
1966	7254	123354	5.88	0.227	0.269
1967	9703	121360	8.00	0.285	0.252
1968	10940	113087	9.67	0.265	0.231
1969	13735	107622	12.76	0.233	0.229
1970	16100	110050	14.63	0.148	0.210
1971	19250	114484	16.81	0.215	0.185
1972	24170	112273	21.53	0.191	0.169
1973	25990	109663	23.70	0.139	0.156
1974	30636	109874	27.88	0.151	0.118
1975	32526	103632	31.39	0.087	0.084
1976	32351	98345	32.90	0.022	0.066
1977	31462	96057	32.75	0.020	0.041
1978	31918	93248	34.23	0.049	0.021
1979	34709	96255	36.06	0.025	0.015
1980	34887	97064	35.94	-0.009	0.006
1981	33294	94065	35.39	-0.011	-0.011
1982	32604	92748	35.15	-0.023	
1983	31014	91780	33.79	-0.035	
1984	30755	93889	32.76		

Appendix 2: Abortions granted by Medicinalstyrelsen/Socialstyrelsen and two-doctor authorizations, Sweden 1939-1974

Year	Total	SoS	2-doctor	% SoS	% 2 doc
1939	439	84	355	19.1	80.9
1940	506	135	371	26.7	73.3
1941	496	172	324	34.7	65.3
1942	568	256	312	45.1	54.9
1943	703	287	416	40.8	59.2
1944	1088	546	542	50.2	49.8
1945	1623	917	706	56.5	43.5
1946	2378	1479	899	62.2	37.8
1947	3534	2442	1092	69.1	30.9
1948	4585	3540	1045	77.2	22.8
1949	5503	4555	948	82.8	17.2
1950	5889	4786	1103	81.3	18.7
1951	6328	5324	1004	84.1	15.9
1952	5322	4509	813	84.7	15.3
1953	4915	4275	640	87.0	13.0
1954	5089	4488	601	88.2	11.8
1955	4562	3922	640	86.0	14.0
1956	3851	3265	586	84.8	15.2
1957	3386	2882	504	85.1	14.9
1958	2823	2376	447	84.2	15.8
1959	3071	2628	443	85.6	14.4
1960	2792	2377	415	85.1	14.9
1961	2909	2490	419	85.6	14.4
1962	3205	2772	433	86.5	13.5
1963	3528	3100	428	87.9	12.1
1964	4671	4073	598	87.2	12.8
1965	6600	5320	1280	80.6	19.4
1966	7254	5375	1879	74.1	25.9
1967	9703	6388	3315	65.8	34.2
1968	10940	6499	4441	59.4	40.6
1969	13735	6642	7093	48.4	51.6
1970	16100	6604	9496	41.0	59.0
1971	19250	5887	13363	30.6	69.4
1972	24170	4584	19586	19.0	81.0
1973	25990	3738	22252	14.4	85.6
1974	30636	5044	25592	16.5	83.5

Appendix 3: Frequency of legal conditions of abortion, Sweden 1951-1974

Year	Sickness	Weakness	Exp. weakn.	Human.	Eugenic	Fetal damage	Total
1951	2164	2913	736	29	486	....	6328
1952	2089	2503	373	28	329	....	5322
1953	1852	2280	522	26	235	....	4915
1954	1857	2533	542	47	110	....	5089
1955	1921	2147	376	44	74	....	4562
1956	1758	1690	268	39	96	....	3851
1957	1593	1498	169	54	72	....	3386
1958	1076	1432	188	60	67	....	2823
1959	1237	1507	182	87	58	....	3071
1960	1142	1425	138	68	19	....	2792
1961	1172	1482	175	64	16	....	2909
1962	1267	1675	162	89	12	....	3205
1963	1199	2060	133	83	17	36	3528
1964	1395	2840	207	99	14	116	4671
1965	1463	4379	597	98	6	57	6600
1966	1470	4433	1205	78	9	59	7254
1967	1208	5498	2854	78	6	59	9703
1968	1027	5184	4521	128	4	76	10940
1969	1087	6083	6186	154	8	217	13735
1970	1005	5883	8909	228	5	70	16100
1971	986	5979	11962	274	1	48	19250
1972	952	5788	17041	329	5	55	24170
1973	707	4303	20512	292	7	169	25990
1974	636	2863	26552	346	7	232	30636

Appendix 4: Frequencies and percentages of abortion by week of gestation, Sweden 1968-1976

Table A. Granted by *Socialstyrelsen*

	Frequency by week of gestation				Percentage by week of gestation			
	<=12	>12 & <=20	>20	Total	<=12	>12 & <=20	>20	Total
1968	1963	4217	319	6499	30.2	64.9	4.9	100
1969	2411	3951	280	6642	36.3	59.5	4.2	100
1970	1970	4404	230	6604	29.8	66.7	3.5	100
1971	2211	3433	243	5887	37.6	58.3	4.1	100
1972	1871	2482	231	4584	40.8	54.1	5.0	100
1973	1854	1682	202	3738	49.6	45.0	5.4	100
1974	1551	1080	159	2790	55.6	38.7	5.7	100

Table B. Two-doctor authorization

	Frequency by week of gestation				Percentage by week of gestation			
	<=12	>12 & <=20	>20	Total	<=12	>12 & <=20	>20	Total
1968	2739	1635	67	4441	61.7	36.8	1.5	100
1969	4552	2454	87	7093	64.2	34.6	1.2	100
1970	5487	3915	94	9496	57.8	41.2	1.0	100
1971	8219	5044	100	13363	61.5	37.7	0.7	100
1972	12517	6909	160	19586	63.9	35.3	0.8	100
1973	15605	6560	87	22252	70.1	29.5	0.4	100
1974	22409	5390	47	27846	80.5	19.4	0.2	100

Table C. Sum of Tables A and B with 1975 and 1976 appended

	Frequency by week of gestation				Percentage by week of gestation			
	<=12	>12 & <=20	>20	Total	<=12	>12 & <=20	>20	Total
1968	4702	5852	386	10940	43.0	53.5	3.5	100
1969	6963	6405	367	13735	50.7	46.6	2.7	100
1970	7457	8319	324	16100	46.3	51.7	2.0	100
1971	10430	8477	343	19250	54.2	44.0	1.8	100
1972	14388	9391	391	24170	59.5	38.8	1.6	100
1973	17459	8242	289	25990	67.2	31.7	1.1	100
1974	23960	6470	206	30636	78.2	21.1	0.7	100
1975	30250	2159	117	32526	93.0	6.6	0.4	100
1976	30274	1965	112	32351	93.6	6.1	0.3	100