The Birth of a Welfare State: Feminists, Midwives, Working Women and the Fight for Norwegian Maternity Leave, 1880-1940

DISSERTATION

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Abstract

This dissertation analyzes interactions between politicians, bureaucrats and diverse groups of women over the issue of maternity legislation in Norway between 1880 and 1940. It adds to a rich historiographic debate on welfare state development, women’s roles in the creation of welfare policies, the Scandinavian model of welfare and the institutionalization of women’s birth experiences.

During the sixty years that this study encompasses, Norwegian maternity legislation underwent drastic and dynamic changes. From their initial implementation in 1892, maternity policies expanded in coverage, application and protections. This dissertation traces the history of this development along several lines, including local and national political processes and women’s collective and individual influence. While women’s access to maternity provisions steadily increased during this period, these achievements were fraught with struggles. Historical context shaped the types of arguments women could use to advance political debates about maternity. In many cases, these hindrances led to the creation of policies that promoted maternity legislation at the expense of certain groups of women’s autonomy.
Women did not act as a monolithic group when it came to maternity policies. Feminists, midwives and working women actively participated in the creation of Norwegian maternity policies and adapted them to fit their particular needs and interests. These groups of women transformed maternity leave from a mandatory, restrictive form of state control over women’s reproduction to a benefit that all working women had a right to receive.

In order to achieve more beneficial maternity policies, these groups of women embraced arguments that resonated with contemporary concerns. Late-nineteenth factory legislation had established maternity as an area of state intervention mainly because it fell in line with what other more industrialized countries were doing at the time. These early maternity policies restricted mothers’ economic activities and women responded by demanding significant changes to maternity legislation.

During the early twentieth century feminists and midwives, in particular, used the political focus on infant mortality rates and public health to push for compensatory maternity benefits for women. This led to more comprehensive maternity policies for working-class women. In 1913 Norwegian women won the right to vote, and during the interwar period feminists used women’s new status as full citizens to frame maternity as an issue of women’s rights. These efforts led to the passage of comprehensive and generous policies in the 1930s. The rhetorical framework that women constructed in order to achieve these results had a lasting impact on the development of maternity policy in Norway long into the postwar period.
The structure of this dissertation follows these periods of maternity policy development. Chapter 1 examines the context that led to the passage of Norway’s first maternity leave law in 1892 and explains why feminists, midwives and working women were largely uninvolved in this development. Chapter 2 looks at women’s use of the rhetoric of state protection for women and children and how this affected the maternity provisions included in the passage of the Castberg Laws in 1915. The focus of Chapter 3 is on women’s attempts in the 1910s to tie public health initiatives to the struggle for greater maternity provisions under the Norwegian health insurance act. Chapter 4 investigates the rhetoric of rights feminists used to push for the expansion of maternity benefits in the interwar period.
For Dalton
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Introduction

Today Norway is considered to be the best country in the world in which to live.¹ It has an overall high standard of living and boasts high levels of social cohesion and gender equality. Norway is also home to one of the world’s most advanced and comprehensive welfare states. These achievements have caught the attention of politicians, activists, scholars and others who are interested in understanding how Norwegians have been able to attain these outcomes. Such was the case with New York Times journalist, Katrin Bennhold, who recently traveled to Norway in search of an answer. Expecting to find that Norway’s vast oil reserves were responsible, Bennhold was shocked when Mie Opjordsmoen, leader of the Norwegian National Trade Union, told her that the secret to Norway’s success was: “Women. Norwegian women work, pay taxes and have babies.”²

The Norwegian state has actively supported women’s combination of motherhood and waged labor since the turn of the twentieth century. These efforts seem to have paid

¹ The United Nations, for example, consistently ranks Norway highest on its Human Development Index.
off and Norway currently has one of the highest birth rates and percentage of women’s labor market participation in Europe. Many credit this to the comprehensive parental leave policies that are in place. Norwegian parents may take 46 weeks of parental leave at 100 per cent pay or 56 weeks at 80 per cent pay. 10 of these weeks are reserved for the father. These Norwegian policies are generally considered to be the most generous in the world.

Norway’s current parental leave policies originated in the late-nineteenth century, at a time when Western European countries were scrambling to pass legislation that would protect women’s and children’s health from the adverse affects of mass industrialization. Norwegian maternity legislation developed within, and was influenced by, this European-wide push for social reform, but even in the early-twentieth century, Norwegian maternity policy was more generous and comprehensive than its European counterparts. This was partly due to the particularities of the Norwegian historical context, which allowed groups of women, including feminists, midwives and working women, the ability to shape maternity policy to their particular needs and interests.

This dissertation analyzes interactions between politicians, bureaucrats and different groups of women over the issue of maternity legislation during the nascent

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3 In 2010, 73% of women of working age participated in the Norwegian labor market. Only Iceland had higher rates of women’s participation in the labor market with 77% of women of working age employed. Iceland and Norway also the two countries with the highest birth rates in Europe. Norway’s birth rate hovers around 1.9 and Iceland’s birth rate around 2.0. OECD Family Database, www.oecd.org, Accessed June 12, 2013.


period of Norwegian welfare state development and contributes to our understanding of
Norway’s current reputation as a model of parental leave policies. Between 1880 and
1940 the Norwegian state developed a comprehensive set of maternity policies that were
heavily influenced by women’s demands. Maternity policies -- including for example
maternity leave, free midwifery services and public assistance for mothers -- were some
of the first welfare state measures enacted. These pieces of legislation almost exclusively
targeted women, and feminists, midwives and working women negotiated the effects this
legislation had on their lives. They also actively lobbied the state for the revision of
maternity policies. These concerted efforts led to a significant alteration of the content
and scope of maternity leave during this period of time. Women transformed maternity
leave from a mandatory, restrictive form of state control over women’s reproduction to a
benefit that all working women had a right to receive.

Women did not act as a monolithic group when it came to maternity policies. A
diverse collection of women were involved in the creation and revision of maternity
legislation, and they wielded various types of influence. Feminists⁶ had the most direct
access to political power because of their class positions and personal connections to men
who sat in parliament. Feminist organizations, including the Norwegian Women’s Rights
Association, Norwegian National Council of Women, and the Labour Party’s women’s

⁶ In this dissertation, I employ a broad definition of the term “feminist” to identify women who subscribed
to a range of ideological perspectives, including “socialist feminism,” “equal rights feminism,” and
“maternalist or relational feminism.” All of the actors identified in this dissertation as “feminist” actively
worked for the achievement of legal, economic and political rights for women. For a discussion of the
different uses of the term feminism and efforts to clarify types of feminism see Karen Offen, “Defining
Feminism: A Comparative Historical Approach” Signs 14, no. 1 (Autumn 1988): 119-57; Karen Offen,
European Feminism, 1700-1950: A Political History (Stanford, CA: Stanford University Press, 2000);
Gisela Bock and Susan James, eds., Beyond Equality and Difference: Citizenship, Feminist Politics,
section, were mainly concerned with using maternity legislation to achieve greater economic rights for women. 7 Midwives were professionally invested in struggles over maternity legislation. They used their influence both through their national association and at the individual level to gain economic concessions from these policies.

As the main targets of maternity policies, working women – including, but not limited to members of the working class - also played a significant role in the development of maternity legislation. 8 Working women often responded to and negotiated the effects maternity legislation had on their lives at the individual level. Their interactions with local officials often caused bureaucrats to interpret laws in ways unintended by politicians and in some cases this led to policy revisions. Ultimately, feminists, midwives and working women influenced the development of Norwegian maternity policies by incorporating the needs and interests of a diverse set of women into early pieces of welfare legislation.

In order to achieve more beneficial maternity policies, women embraced arguments that resonated with contemporary concerns. Late-nineteenth factory legislation had established maternity as an area of state intervention mainly because it fell in line with what other more industrialized countries were doing at the time. These early maternity policies restricted mothers’ economic activities and women responded by demanding significant changes to maternity legislation. During the early twentieth

7 Unless otherwise noted, all translations in this dissertation are the author’s own.

8 The social background of the working women included in this dissertation changed from mainly poor, working-class women to include middle-class women as more types of occupations became covered by maternity protections over the course of the early-twentieth century.
century feminists and midwives, in particular, used the political focus on infant mortality rates and public health to push for compensatory maternity benefits for women. This led to more comprehensive maternity policies for working-class women. In 1913 Norwegian women won the right to vote, and during the interwar period feminists used women’s new status as full citizens to frame maternity as an issue of women’s rights. These efforts led to the passage of comprehensive and generous policies in the 1930s. The rhetorical framework that women constructed in order to achieve these results had a lasting impact on the development of maternity policy in Norway long into the postwar period.

This dissertation examines both national and local political processes to uncover the diverse impact women had on maternity policies. While the actions taken at the national level are necessary for understanding the major debates and actors involved in the creation of maternity legislation and comprise a significant portion of this study, they do not tell the whole story of policy development. A comprehensive look at legislative development must include an analysis of how policy was implemented and carried out at the local level. To understand the diverse impact women had on maternity legislation one must see how the law worked in practice. Everyday interactions between bureaucrats and women at local welfare offices reveal much about how maternity policies affected women’s lives and how women tried to use maternity laws to their advantage. The study of policy development at both the national and local level also contributes to a broader understanding of the state apparatus and how decisions made on the periphery impacted legislative initiatives. In order to uncover this history, I employ cultural and social history methodologies and utilize a broad range of archival sources including parliamentary
debates, feminist and midwives’ organizational records, the personal papers of prominent political actors, welfare case files and infanticide trials.

Norwegian Maternity Policies within the Greater Context of European Maternity Legislation

Maternity legislation became an important part of discussions about workers’ rights and women’s rights at the end of the nineteenth century in both Norway and Europe more generally. At the turn of the twentieth century men, and some women, from across the European continent congregated at international labor conferences in Berlin, Zurich, Brussels, Paris, Berne and Basel. These conferences sought to tackle some of the worst effects of industrialization and to set a European standard of industrial regulations and social reform. Whether it was through prohibitions on night work or limiting women’s working hours, labor activists and politicians often targeted women’s labor in their efforts to create “modern” labor policies. These areas of restrictive labor policies for women were often contentious and created rifts between political parties, and bourgeois and working-class women’s rights activists. In contrast, proposals concerning maternity leave often passed without debate in the nineteenth century. Even radical opponents of protective legislation conceded that women should receive special protection during the time surrounding childbirth.\(^9\)


\(^{10}\) Wikander, “Some Kept the Flags of Feminist Demands Waving,” 37.
The incorporation of maternity into labor policy involved defining the length of time a woman should abstain from work during pregnancy and childbirth. The 1890 International Labor Conference in Berlin found that a woman should refrain from work for four weeks following childbirth. The recommendations of these international bodies influenced the development of maternity legislation in many European states.

Some of the earliest efforts to restrict women’s labor in the weeks surrounding childbirth were introduced in Central Europe. Switzerland may have been the first country to legislate mandatory maternity leave in 1877, but German maternity policy became the model to follow in the nineteenth century. Similar to Bismarck’s other innovative social insurance schemes, maternity leave also became a tool of the German state in its efforts to quell social unrest. In general, these early policies limited women’s ability to work in the weeks following childbirth, but did not provide any type of compensation for lost wages. Philanthropic and women’s rights organizations, such as the German Bund for Muttershutz helped alleviate some of the problems associated with this. They helped mothers, particularly those unmarried, by providing financial support.¹¹ Other countries such as Belgium, Norway and Denmark passed similar maternity leave laws in 1889, 1892 and 1901.¹²


¹² Ann Taylor Allen, *Feminism and Motherhood in Western Europe*, 71.
Scholars have described the First World War as a watershed event in the development of publicly-funded maternity policies.\(^{13}\) Prior to the war, France passed a comprehensive set of maternity policies in 1913.\(^{14}\) This legislation aimed to keep new mothers at home during the time surrounding childbirth and provided these women with compensation for wages lost.\(^{15}\) French anxiety about depopulation and the *crise de natalité* helped fuel debates about these laws and ultimately framed maternity legislation in terms of mutual benefit to the child and the state.\(^{16}\) The 1913 law stipulated that a pregnant worker must take leave from work for four weeks following childbirth, but she could obtain a daily allowance for up to eight weeks before and after birth. This benefit hinged on the fulfillment of certain criteria, with breast-feeding being an elemental part of compliance, but in general women did not have to obtain medical certification of inability to work in order to receive postpartum allowances.\(^{17}\)

Increasingly in the interwar period, maternity policies began to provide a growing number of mothers with financial support through mother allowances, free childbirth


\(^{14}\) Allen, *Feminism and Motherhood*, 71.

\(^{15}\) Mary Lynn Stewart argues that the comparatively late legislation of maternity leave in France was due to the government’s reluctance to require women to miss work without pay, while simultaneously being unable to come to agreement over what compensation would entail. *Women, Work and the French State: Labour, Protection and Social Patriarchy, 1879 – 1919* (London: McGill-Queen’s University Press, 1989).


clinics and comprehensive maternity benefits. Typically, these benefits fell outside of private organizations or insurance schemes. Instead, the state became the ultimate provider of maternity insurance covered under the ever-expanding umbrella of social welfare. As women’s historians have argued, these reproductive policies became the backbone of the modern welfare state.\(^{18}\)

In many European countries, moral concerns limited the types of maternity legislation implemented prior to the Second World War. While unmarried mothers stood to benefit the most from the passage of comprehensive maternity benefits, they were often excluded from maternity policies. For example, in the Netherlands maternity leave was not compensated until 1929 and even then only married women workers were eligible to receive the benefit. This was due to the influence religious conflict had on politics.\(^{19}\) In the United States, the meager mothers’ pensions that were implemented in the 1920s applied to only “worthy” women such as widows.\(^{20}\) Efforts to discourage immorality, and sex outside of marriage, also prevented the creation of systems of


support for unmarried mothers, including child support from fathers of illegitimate children.

Norwegian maternity legislation developed along many of the same lines as policies in other countries, but they tended to be less restrictive. In 1892 Norway implemented a mandatory six-week leave following childbirth for women who worked in factories. The Norwegian government did not include any compensatory mechanism in this early factory legislation. Compensation for the leave came with the 1909 passage of Norwegian health insurance laws, but coverage was limited and not all women were eligible to receive the benefit.

Norway remained neutral throughout the First World War, but similar to that of warring nations, passed more comprehensive maternity legislation during the war. Norway’s concern for population growth rates was relatively weak, especially compared to countries ravaged by war, but it did not remain unaffected by the wartime climate. In 1915 the Norwegian state revised its health insurance laws and expanded women’s rights to payments two weeks prior to and six weeks following childbirth. It also included a clause that entitled married women the right to choose between free midwife assistance and a free stay at a maternity home.21

Norwegian women who did not qualify for benefits under the health insurance law, often sought public assistance based on another law passed in 1915. The Castberg Children’s Laws guaranteed certain rights of inheritance for illegitimate children, and granted single mothers access to financial assistance during confinement. While the laws

mainly targeted single mothers, widows and abandoned women could also qualify to receive benefits. The Castberg Laws were more comprehensive than the provisions outlined under the health insurance laws. Women could receive support from their local municipality for six weeks prior to and three months after giving birth if they nursed their child.

With the passage of the Castberg Laws, Norway went from being a country on the margins of European social policy development, to being a recognized leader in these reforms. The Castberg Laws and the implications they had for state-sponsored welfare became an international topic of conversation. In fact, Ministers of Social Affairs from around Europe asked for copies of the laws, and at the 1919 meeting of the International Congress of Working Women the representative from Norway, Betzy Kjelsberg, gave a presentation on the Castberg Laws and the benefits they provided to working women.

Laws concerning women’s ability to work during the time surrounding pregnancy and childbirth did not significantly change in Norway until 1936. The laws passed in the 1930s had a clearer connection to the benefits or social welfare aspect of maternity leave. They guaranteed payment to women six weeks prior to and six weeks following childbirth. Under these laws women also had the right to take breaks from work in order to breastfeed and they could not be fired as a result of taking the leave.\footnote{Ida Blom,“Barselkvinnen mellom befolkningspolitikk, sosialpolitikk og kvinnepolitikk fra 1880-årene til 1940” \textit{Historisk tidsskrift} 61 (1982): 153.}

Norway followed the general pattern of maternity policy development, but Norwegian maternity benefits tended to be more generous and comprehensive than other
European nations. Compensation for the mandated maternity leave came quite early compared to other European countries. Also, the benefits women could receive in conjunction with maternity were not confined to one law. Women could use a variety of different policies, including the health insurance law and the Castberg Laws, to ensure they received the compensation and birthing assistance they needed. In addition to this, unmarried women were always covered by maternity policies. Arguments about morality did not prevent the government from including unmarried women in their legislative initiatives. In fact, unmarried women were often the main beneficiaries of maternity policies until this was expanded to include married women. Norway’s relatively unique approach to maternity legislation can be explained by looking at the particulars of the social and political climate in Norway at the turn of the twentieth century. These conditions made it possible for different groups of women to shape Norwegian maternity policy to fit women’s various needs and interests.

Norwegian Historical Context

Scandinavian scholars have often credited Norway’s unique political and social conditions at the end of the nineteenth century as one of the main reasons behind Norway’s divergent model of welfare. Norwegian culture, geography and social make-up

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23 This is true even in relation to other Scandinavian countries. For example, Danish women did not receive compensation for mandatory maternity leave through the health insurance mechanism until 1915, and then for only 10 of the 48 days required. For a discussion of the Danish case see Anette Borchorst, *Køn, magt og beslutninger: Politiske forhandlinger om barselsorlov, 1901-2002* (Århus, Denmark: Magtutredningen, 2003). In Sweden, politicians could not argue as to what form paid maternity leave should take and this delayed its implementation until late into the interwar period. See: Anne Karine Sørskår, “Fra mors plikt til fars rettighet: Om betalt fødselspermisjon i Norge og Sverige, 1892-1987” (Master’s thesis, University of Bergen, 1988).
certainly differed from its Scandinavian neighbors and influenced the political climate that developed in Norway. This not only affected the types of policies pursued by the Norwegian government, but also the ability different groups had to shape the contours of these policies.

The political situation in Norway at the end of the nineteenth century was conducive to the growth of democratic, grass-roots initiatives. Since 1814 it had operated under a liberal constitution modeled after the one written in the United States following the Revolutionary War. The Norwegian constitution was based on a democratic structure of government with a one-chambered parliament, the Storting. Also in 1814, Norway entered into a union with Sweden as a part of the political fallout following the Napoleonic Wars. Prior to this, Norway had been under Danish rule. The new political union with Sweden entailed joint rule under one (Swedish) king and joint foreign policy. Norway controlled its own domestic policy which after 1884 was decided by a system of parliamentary democracy. This made Norway one of the first countries in Europe to have a parliamentary democracy.

Norwegian politics were never dominated by an autocratic class, but rather by coalitions of farmers and the urban middle classes. In 1900, Norway was a country of just over 2.2 million people, and the majority of Norwegians still lived in rural areas and free landholders were numerous. Industrialization came very late to Norway and small-scale, family-based industries remained prevalent long into the nineteenth century. This contributed to the lack of an aristocratic or strong bourgeois class in Norway. Instead, the

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political elite in Norway were largely made up of civil servants with academic training and liberal ideas.\textsuperscript{25} As a result, even the conservative party in Norway was much more liberal than conservative parties elsewhere.

When parliamentary democracy was adopted in 1884 it was an alliance of farmers and members of the urban lower middle classes who pushed through this reform and established the first political party, \textit{Venstre} (The Liberal Party). The opponents of parliamentary democracy, mainly the existing political elite and bourgeois class, formed \textit{Høyre} (The Conservative Party). These two parties would dominate parliamentary politics until the Labour Party gained power in the late 1920s.

In spite of the fact that Norway’s union with Sweden allowed Norwegians a great deal of autonomy, it inspired the growth of nationalistic feelings in Norway. A flourishing national movement developed in Norway over the course of the nineteenth century and focused on cultivating a distinct Norwegian culture and identity. The strength of this nationalist movement eventually led to the abolition of the Swedish-Norwegian union in 1905.

The development of a nationalist movement in Norway coincided with the creation of feminist movements across Scandinavia in the late-nineteenth century. While early Scandinavian feminist movements were quite small in scope and established later

than in other Western countries, they were able to achieve many of their goals.\textsuperscript{26} In fact, Richard Evans has referred to Scandinavian feminist movements as the “most successful in Europe before the First World War.”\textsuperscript{27} Evans’ claim is largely based on the fact that Scandinavian feminists succeeded in getting important legal and educational reforms for women, and perhaps most importantly, women’s suffrage, passed prior to most other European countries.

In Norway, women’s rights activists were able to use the political and social climate to win universal voting rights for women prior to any other sovereign nation. Certain groups of Norwegian men had received suffrage following the creation of the constitution in 1814 and again after the adoption of parliamentary democracy in 1884. Feminists worked to get equal voting privileges for women as well. In the lead up to Norwegian independence in 1905, women mobilized in support of Norwegian sovereignty. Their efforts bolstered their claims for citizenship in the new nation and helped push through suffrage rights for certain groups of women in 1907.\textsuperscript{28} Feminists were not satisfied with this victory and continued to press for universal voting rights for women. This was actualized in 1913 when all Norwegian women gained the right to vote.

\begin{flushleft}

\textsuperscript{27} Richard J. Evans, \textit{The Feminists: Women’s Emancipation Movements in Europe, America and Australasia, 1840-1920}, 69.

\textsuperscript{28} Only women who were at least 25 years old and met certain tax-paying thresholds had the right to vote. Ida Blom, “Structures and Agency: a transnational comparison of the struggle for women’s suffrage in the Nordic countries during the long 19\textsuperscript{th} century,” \textit{Scandinavian Journal of History} 37, no. 5 (2012): 608.
\end{flushleft}
Norwegian feminists were also able to achieve many other reforms in the early-twentieth century. They won not only voting rights, but they also saw to the liberalization of divorce laws, and gained access to civil service positions. Norwegian feminist organizations prevented restrictive legislation for women workers from being passed as well. Norway’s rejection of international conventions on the prohibition of women’s night work was a major triumph for middle-class feminists and demonstrated the influence and power they had over policy decisions. 29

Norway’s lack of aristocracy and reliance on a more democratic, unicameral system of parliament can partially explain Norway’s early implementation of women’s suffrage and the feminist achievement of other liberal reforms. 30 Not all politicians supported women’s rights and many fought to restrain feminist influence over politics. Yet feminists found allies for their causes from a diverse group of political actors, including many from the Liberal Party and even members of the rural opposition. 31 The lack of social and political tensions created political conditions that were more amenable to feminist demands.

Due to the small size of the Norwegian population and government many feminists also had personal connections to men who sat in parliament. In 1910 Kristiania, the capital (later renamed Oslo), was a city of just under 250,000 people. 32 The size of the

29 Gro Hagemann, “Maternalism and Gender Equality,” 78.

30 Norway was the first independent country to implement universal voting rights for women in 1913. See Karen Offen, European Feminisms, 1700 – 1950 (Stanford: Stanford University Press, 2000).

31 Gro Hagemann, “Maternalism and Gender Equality,” 76.

32 “Folketall – Oslo, 1910” Byarkivet.
Norwegian middle class at this time was also quite small. As a result, many bourgeois feminists had personal and/or family connections to men who sat in parliament. Katti Anker Møller, for example, was sister-in-law to Johan Castberg, an up-and-coming politician who would be appointed Minister of Social Affairs, Minister of Justice, and Supreme Court Justice during the same period of time that Møller worked to achieve greater rights for mothers. Møller’s uncle, Wollert Konow, was also a high-ranking politician who served as Minister of the Interior, Minister of Agriculture, President of the Storting, and Prime Minister during the course of his career. Møller was just one of many Norwegian feminists who had family connections to prominent politicians. These close relationships helped Norwegian feminists in their efforts to shape the political agenda.

Even women who did not belong to organized feminist movements were more easily able to have their voices and opinions heard in Norway. It had a democratic, cooperative system of government that relied on the input of interest groups as a part of the legislative process. For example, when a law on industry was to be debated, the government asked for pertinent organizations including employers’ associations, workers’ associations, and health councils, to provide an opinion on the proposed law. In many ways this allowed groups further removed from the center of political power to participate in legislative development. When it came to maternity legislation this often involved groups such as the Norwegian Association of Midwives and feminist
organizations getting the chance to formulate and articulate a stance on the issue. These opinions were then taken into account when parliament crafted and voted on the piece of legislation. In this political context, women were more readily able to access channels of political power even prior to their enfranchisement or election to political bodies.

**Historiography**

This dissertation adds to a rich body of scholarship on the history of welfare state creation and the role women had in their development. Starting in the 1990s an outpouring of scholarship on this topic has been written by historians, political scientists and sociologists. These scholars have been interested in explaining how welfare states were constructed, who was involved in this process, and why divergent models of welfare emerged over the course of the twentieth century. In 1990 Gøsta Esping-Andersen famously argued that “three worlds of welfare” existed. He categorized these welfare states as being either conservative, liberal or social democratic according to what extent workers’ living standards were independent of market forces.

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33 Housewives’ organizations were also perceived to be representative of women’s interests, but in contrast to feminist organizations, the government does not appear to have asked these groups for their opinions on maternity legislation. Housewives’ organizations were interested in the issue of maternity provisions and discussed it in their periodicals, but they did not offer unsolicited opinions to the government on the topic. As such, they were not directly involved in the development of maternity policies and are not included in the scope of this dissertation.

34 The origin of the term “welfare state” developed in the 1930s to distinguish liberal democratic countries from the “warfare state” of Nazi Germany. The term welfare state has become the way to designate states that secure social provisions for their citizens, but which states are characterized by this term, and to what extent, is under constant dispute. For the purpose of this dissertation, a “welfare state” describes a country where the state is the primary provider of social goods, including education, health care, social security, housing and social services. For some reflections on this subject see: Christopher Pierson and Francis G. Castles, eds., *The Welfare State: A Reader* (Cambridge, England: Polity Press, 2000).

that the Scandinavian states of Norway, Denmark and Sweden were the most “decommodified” and he credited this to the political power the Social Democratic Party had in that region. These claims set off a scholarly discussion of the Scandinavian model of welfare.

The debate about whether or not Scandinavia followed its own *sonderweg*\(^\text{36}\) in regards to the development of welfare policies has dominated much of the scholarship on this topic. Scholars have been interested in finding out whether a Scandinavian model of welfare even exists, and why welfare policies developed differently in this corner of Europe than, for instance, in England, France or Germany. Most scholars on both sides of the Atlantic agree that there is a distinct Scandinavian\(^\text{37}\) model of welfare, though there is more criticism of this within Scandinavian research.\(^\text{38}\)

One of the hallmarks of the Scandinavian model of welfare is its commitment to universal entitlements. Bismarck may have been behind the creation of the first modern welfare state when he enacted national social insurance policies in the 1880s but these provisions affected only a select group of urban workers and were meant as a means of

\(^{36}\) The term *sonderweg* was originally used to describe the “special path” of Germany history. For a recent reflection on this debate in German historiography see: Helmut Walser Smith, “When the Sonderweg Debate Left Us,” *German Studies Review* 31, no. 2 (May 2008): 225-40.

\(^{37}\) Some go even further and argue for a Nordic model of welfare, which includes Finland and Iceland.

social control. In comparison, Scandinavia instituted tax-based social policies that distributed the burden and risk across social classes. These policies helped fund egalitarian benefits and led to a universal model of welfare.

The premise of Scandinavian welfare may have rested on universal applicability and thus contributed to realizing greater equality, but historians have found Esping-Andersen’s claim that the universal nature of Scandinavia’s welfare policies was due to the power of the Social Democrats to be an anachronistic reading of the past. Universal welfare policies were present in Scandinavia in the nineteenth century, which preceded the political power of the Social Democrats by at least fifty years. Instead, Peter Baldwin has argued that the push for universal welfare policies was due in large part to the tension between rapid industrialization and the power of the Scandinavian farmers’ movement. Other scholars have focused on a different causal dynamic, arguing that another reason Scandinavia was the setting for progressive social reform and egalitarian welfare policies was due to the growth of secular rationalism at the turn of the twentieth century.

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41 David Bradley even suggests that the origins of these policies predated Bismarckian social policies, which dates them back to the late 1870s. See David Bradley, 'Family Laws and Welfare States' in *The Nordic Model of Marriage and the Welfare State* (Copenhagen: Nordic Council of Ministers, 2000), 37.

42 Baldwin credits this with farmers’ growing economic and political importance in Scandinavia, which allowed them to exert pressure on the government to enact universalist, tax-based policies that would benefit farmers as well as urban workers. See: *The Politics of Social Solidarity* (New York: Cambridge University Press, 1990).
century.\textsuperscript{43} According to these scholars, the presence of homogenous Lutheran state churches in Scandinavian countries led to the absence of substantial religious conflicts and this increased the ability state actors had to push through progressive social reforms.\textsuperscript{44}

One of the lauded characteristics of the Scandinavian welfare state model has been its ability to decrease gender inequalities. In the 1980s Helga Hernes argued that the Scandinavian model of welfare enabled the creation of “woman friendly” political climates.\textsuperscript{45} The idea that women have benefitted from welfare policies has been criticized for romanticizing women’s relationship to the state and ignoring the fact that the Scandinavian model of welfare reinforced women’s “client” status and men’s productive roles.\textsuperscript{46} Yet scholars generally agree that in Scandinavia, the welfare state has been beneficial to women and has helped them achieve greater economic and social rights.\textsuperscript{47}

The degree to which the creation of “woman friendly” welfare policies can be credited to women’s direct involvement in their creation is the focus of another important

\textsuperscript{43} See, for example: Kari Melby, Anu Pylkkanen, Bente Rosenbeck and Christina Carlsson Wetterberg, eds., \textit{The Nordic Model of Marriage and the Welfare State} (Copenhagen: Nordic Council of Ministers, 2000).

\textsuperscript{44} Kimberly Morgan has found that, among other things, this contributed to the creation of a universalized breadwinner model in Scandinavia in the postwar period. See: Kimberly Morgan, \textit{Working Mothers and the Welfare State: Religion and the Politics of Work, Family Policies in Western Europe and the United States} (Stanford: Stanford University Press, 2006).


\textsuperscript{47} Kari Melby, Christina Carlsson Wetterberg and Anna-Birte Ravn, eds., \textit{Gender Equality and Welfare Politics in Scandinavia: The Limits of Political Ambition?} (Bristol, UK: Policy, 2008).
historiographic debate. Historiographic debate. Maternity and Gender Policies: Women and the Rise of European Welfare States, an anthology edited by Gisela Bock and Pat Thane, initiated a larger discussion of this issue by comparing the historical relationship between women’s movements and maternity policies in seven different Western European countries, including Norway. Sonya Michel and Seth Koven also contributed to this debate with their introduction of the concept of “maternalism,” which they defined as “ideologies that exalted women’s capacity to mother and extended to society as a whole the values they attached to that role: care, nurturance and morality.” Both of these studies concluded that women’s rights activists influenced the shape of welfare states and incorporated women’s needs into early policymaking initiatives. These findings have inspired


numerous subsequent works to be published on the topic of women’s involvement in early welfare state development.  

The debate over women’s role in the creation of welfare states is essential to understanding the relationship between welfare policies and gender equality. This is particularly true when it comes to the issue of maternity and how the state either encourages or discourages the combination of women’s waged work with motherhood. Labor historians have often viewed much of this welfare state legislation as detrimental to women’s equality efforts because it restricted women’s right to participate in the workplace on an equal footing with men. Others have argued that welfare policies concerning mothers and children offered a way for women to solve the “maternal dilemma” of balancing motherhood with individualism. Scholars continue to engage in this discussion of whether women have benefitted from welfare state developments and why this might vary from one European state to another.


This dissertation engages in several of these historiographic debates and aims to contribute to our knowledge of women’s influence on the creation and outcomes of welfare policy. Much of this earlier work focused on examining the national cases of France, Germany, England and the United States. Comparatively little has been written in English about Scandinavia and then often only on the case of Sweden. Yet Scandinavian countries are now heralded as the best purveyors of welfare and boast high levels of social cohesion, gender equality, and birth rates. In order to better understand the factors that led to the creation of generous and universal pieces of welfare legislation and the actors involved in this process, this dissertation investigates the development of welfare state policies in Norway.

Within the literature on Scandinavian welfare states, Norway is often seen as the exception to the Scandinavian model especially in regards to family policies. Many Scandinavian scholars have identified this in their attempts to problematize the notion of a cohesive Scandinavian model of welfare. These scholars argue that Norwegian policies are more conservative and encouraging of a traditional family structure than Swedish or Danish policies. They base this argument on married women’s lower rates of full-time employment, benefit arrangements for single mothers, and the comparatively late passage

\[54\] Ida Blom has written one introductory article on feminist influence on Norwegian maternity policies. This article formed an important point of departure for my research on the topic. See: “Barselkvinnen mellom befolkningspolitikk, sosialpolitikk og kvinnepolitikk fra 1880-årene til 1940” Historisk tidsskrift, 61 (1982): 141-161.

of childcare policies in Norway.\textsuperscript{56} Yet in spite of Norway’s seemingly conservative approach to these issues, it has also been able to achieve high levels of gender equality.

Gro Hagemann and Inger Elisabeth Haavet have both found that Norway’s “conservative approach” to family policies and its simultaneous commitment to gender equality is in large part due to a tradition of radical maternalism that developed in the late-nineteenth century.\textsuperscript{57} The political efforts of radical liberal\textsuperscript{58} politician, Johan Castberg, and maternal feminist, Katti Anker Møller, firmly entrenched maternalist ideas in early Norwegian family policies and placed a clear emphasis on mothers and children. This differed from Sweden, which early on highlighted the importance of gender-neutral policies that focused on the family as a whole. Hagemann and Haavet argue that this difference had lasting impacts on the shape of the Norwegian and Swedish welfare states and accounts for their divergent models of family policies.

This dissertation contributes to the discussion of Norwegian exceptionalism and complicates the common portrayal of Norway’s “conservative” family policies. My research confirms that Castberg and Møller stood behind the development of radical


\textsuperscript{58} Radical liberalism refers to a political ideology that attempted to reconcile tenets of liberalism, ideas about individual rights, with leftist revolutionary thought. For more on this subject, see: Peter M. Lichenstein, “Some Theoretical Coordinates of Radical Liberalism,” \textit{The American Journal of Economics and Sociology}, 43, no. 3 (July 1984): 333-339.
maternalist\textsuperscript{59} policy ideas and successfully incorporated them into the Norwegian welfare state. The focus on mothers and children was very strong in Norway at the turn of the twentieth century, not least because feminists and other women used this strategically to gain concessions from the government. Yet radical maternalists were not the only actors involved in welfare policy development in Norway. Others, such as equal-rights feminists, also participated in the creation of maternity legislation and influenced the shape of nascent family policies.

Early Norwegian welfare policies contained dual approaches to motherhood and strengthened women’s economic positions both in the home and at work. During the formative period of policy development, a diverse group of feminists, midwives and working women concurrently articulated demands for women’s increased rights in the home and in the workforce. These demands led to the creation of policies that bolstered women’s ability to stay at home with their children, including public assistance for single mothers and municipal mothers’ pensions. During the same period of time, legislation was also passed to help strengthen women’s ability to combine motherhood and waged labor. This included worker protection acts and health insurance laws.

As a result, the Norwegian state promoted dual paths to economic support for motherhood early in its welfare state development. This complicates the idea that Norway was ambivalent towards mothers’ employment outside the home and pursued only

\textsuperscript{59} Here radical maternalism is used to refer to a variant of maternalism that called for the restructuring of both society and the family.
policies that supported traditional family structures.\textsuperscript{60} Norwegian politicians may have developed childcare policies later than its Scandinavian neighbors, but they also created more generous and comprehensive maternity leave policies for working women at an earlier period in time than in Denmark and Sweden. Instead of being hostile towards the gainful employment of mothers, early Norwegian welfare legislation incorporated the demands of feminists, midwives and working women, and ultimately supported women’s work both inside and outside the home.\textsuperscript{61}

The history of the development of maternity legislation includes the history of the professionalization of birthing assistance and the institutionalization of birth. The creation of maternity policies reflected the state’s increased interests in protecting the health of women and children. This went hand-in-hand with changes in the medical management of maternity. In many cases, medical developments shaped the creation of maternity policies. Practitioners of medicine, which included midwives, tried to use the state’s focus on maternal and infant health to bolster their efforts to professionalize. Both doctors and midwives wanted the state to recognize them as the experts on issues of


\textsuperscript{61} This continues to be one of the defining characteristics of the Norwegian welfare state. For example, Norwegian women have the highest rate of women’s part-time employment of all the Scandinavian countries, and Norway is also the only Scandinavian country to offer benefit arrangements for single mothers. For more information on women’s part-time employment, see: “Gender differences in employment outcomes,” OECD Family Database, www.oecd.org, Accessed June 12, 2013. Arnlaug Leira credits Norway’s reluctance to prioritize a universal breadwinner model with giving women more flexibility to fulfill their dual roles as earners and carers. See: Arnlaug Leira, \textit{Welfare States and Working Mothers: The Scandinavian Experience} (Cambridge: Cambridge University Press, 1992).
maternity and childbirth. They emphasized that their knowledge of modern hygienic medical practices would help the state in its efforts to increase the overall health and vitality of the nation. As a result, these medical practitioners encouraged the institutionalization of birth. At times, this professional jockeying for power led to struggles between doctors and midwives.\(^{62}\) This was certainly the case in Norway, though geography and social conditions necessitated the use of midwives and muted some of these tensions.

Feminist scholars have been interested in the topic of women’s experiences of pregnancy and birth since the 1970s. Much of this earlier work focused on how modern medical definitions of pregnancy and childbirth led to a reduction in women’s reproductive choices and agency.\(^{63}\) Barbara Duden has also argued that this changed women’s bodily experience of pregnancy and childbirth.\(^{64}\) Researchers found that in addition to the birthing woman herself, midwives also experienced a significant loss in power as a result of the medicalization of childbirth.\(^{65}\) More recently, scholars have aimed to discover the ways in which birthing women and midwives negotiated and

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\(^{62}\) This has been the topic of many previous studies conducted by women’s historians. For a classical discussion of this, see: Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women’s Rights* (London: Heinemann Educational, 1977).

\(^{63}\) An excellent example of this can be found in: Ann Oakley, *Women Confined: Towards a Sociology of Childbirth* (Oxford: Martin Robertson & Company, 1980)


perhaps even encouraged the increased medical management of childbirth. Similar scholarship has been done on this topic in Norway as well.

This dissertation builds on this previous scholarship and uncovers the relationship between public policy initiatives and the professionalization of birthing assistance and institutionalization of birth. Maternity legislation embraced medical ideas about maternity and encouraged the professionalization and institutionalization of childbirth. Consequently, the increased medicalization of childbirth led to important policy revisions during the early-twentieth century. My research finds that these developments were heavily influenced by the demands of feminists, midwives, and birthing women and incorporated the wants and needs of diverse groups of women.

From a Restriction to a Benefit

During the sixty years that this study encompasses, maternity legislation underwent drastic and dynamic changes. From their initial implementation in 1892, maternity policies expanded in coverage, application and protections. This dissertation traces the history of this development along several lines, including local and national political processes and women’s collective and individual influence. While women’s access to maternity provisions steadily increased during this period, these achievements

were fraught with struggles. Historical context shaped the types of arguments women could use to advance political debates about maternity. In many cases, these hindrances led to the creation of policies that promoted maternity legislation at the expense of certain groups of women’s autonomy.

Women’s early demands emphasized the impact maternity policy could have on public health and the health of women and children and maternity legislation took on coercive and restrictive characteristics; their later framing of maternity policies in terms of women’s rights led to legislation that was much more beneficial for a greater number of women. Making claims for public policy to be based on women’s rights was much more controversial than asking the state to protect vulnerable groups that were in the state’s interests to protect. Thus, while women’s increased economic and social rights were a continuous goal of feminists, in particular, they had to adapt their strategy to fit the needs and interests of the state dominant at that time. In the early decades of the twentieth century this involved tying maternity legislation to the protection of women and children, which often placed women under state supervision. Only after women’s enfranchisement in 1913, the economic crisis of the 1920s and the Labour Party’s ascendency in the 1930s were women able to successfully link maternity policies to women’s rights. This particular historical context strengthened the potency of women’s demands and ultimately led to the creation of comprehensive maternity benefits for a significant number of Norwegian women prior to the Second World War. Yet interwar discussions of maternity policies still bore the marks of women’s previous efforts to reform maternity policies. Their rhetorical framework concerning maternity and state
protection of the health of its citizens was, and continues to be, an important part of debates over maternity policies.

In the late-nineteenth century discussions of maternity entered the political arena as a part of larger debates about the state regulation of industry. The Norwegian government enacted maternity leave legislation at this time more as a response to international trends in factory legislation than as a reaction to conditions in Norway. Women were largely uninvolved in the initial framing of maternity leave and the factory act included a maternity clause that was both restrictive and punitive for working women.

Following the passage of this initial law, feminists, midwives and working women attempted to reform maternity legislation to adapt it to women’s various needs and interests. First, feminists used discussions about illegitimacy and infant mortality rates to argue for the state protection of women and infants. The context of the debate confined many of their initiatives to trying to develop policy that affected only unmarried mothers. By framing the issue as one of protection and not rights, the maternity legislation passed as a part of the Castberg Laws may have provided poor unmarried mothers with economic support, but at the cost of their autonomy.

During the 1910s feminists and midwives also tried to take advantage of discussions about public health to expand maternity leave compensation and coverage. This rhetorical framework was slightly broader than the one about protection of women and children as it focused on the protection of society as a whole. This allowed for the passage of legislation that encompassed both married and unmarried working-class women and included the provision of free midwifery. Yet, the nature of the debate made
it difficult to argue for universal policies for mothers and to maintain working-class
women’s privacy and freedom to give birth to and parent their children as they saw fit.

The economic, political and social climate of the interwar period made it much
easier for feminists to pursue maternity policies based on women’s rights as mothers.
They benefitted from the increased attention paid to the dual concerns of population
quality and quantity that followed the First World War. The increased power of the
Norwegian Labour Party during this period also made the political climate more
amenable to discussions of family-friendly politics. As a result, generous and
comprehensive maternity policies were crafted and implemented in the 1920s and 1930s.

Feminist organizations and individuals often had the most influence over these
debates, but midwives and working women also shaped discussions of maternity
legislation. The diversity of women involved in the development of maternity legislation
played a significant role in the development of Norwegian maternity policies. Feminist
groups often had the most direct access to politicians and were able to use their political
connections to present their ideas in political forums. At times, this ability to speak in the
political arena caused tensions between feminist organizations, especially socialist
feminists and bourgeois feminists. Midwives’ organizational power and their close
relationship to the state also allowed them to participate in discussions about maternity
policies in order to try and gain economic concessions from the legislation passed. Yet
midwives were ineffectively organized and lacked professional clout, and in many cases
feminists sought to speak on behalf of midwives. This caused some struggles between
midwives and feminists over issues of maternity legislation. Feminists also purported to
represent the interests of working women, who had the least amount of organizational and social and political power. In spite of this, the interactions working women had with bureaucrats at the local level also shaped debates over maternity policies. Working women could refuse to utilize the legislation passed or use it in ways unintended by both governmental officials and feminists and midwives, and this often served as a driving force behind legislative change.

The structure of this dissertation follows these periods of maternity policy development. Chapter 1 examines the context that led to the passage of Norway’s first maternity leave law in 1892 and explains why feminists, midwives and working women were largely uninvolved in this development. Chapter 2 looks at women’s use of the rhetoric of state protection for women and children and how this affected the maternity provisions included in the passage of the Castberg Laws in 1915. The focus of Chapter 3 is on women’s attempts in the 1910s to tie public health initiatives to the struggle for greater maternity provisions under the Norwegian health insurance act. Chapter 4 investigates the rhetoric of rights feminists used to push for the expansion of maternity benefits in the interwar period.
Chapter 1: “What Nature Itself Demands”\textsuperscript{67}: The Development of Maternity Legislation at the End of the Nineteenth Century

In his 1914 address to Norwegian parliament, Ludvig Larsen Kragtorp conjured up the image of a North American Indian corralling livestock on horseback minutes after giving birth. Kragtorp used this vivid example to argue that while primitive women might be able to “ride into the nearest bush, [give birth] alone and throw themselves upon the back of a horse … with their newborn baby in their arms” such could not be expected of “cultured peoples.”\textsuperscript{68} In doing so, Kragtorp referenced an idea that had been established in many European countries at the end of the nineteenth century; namely, that maternity leave was one of the markers of a modern, civilized society.

Over the course of the nineteenth century industrializing efforts spread across the European continent and the working class asserted itself as a political force. As a result, statesmen scrambled to pass laws that would regulate factory work. Norway participated in these discussions at both the national and international level and ultimately crafted legislation that established state control of modern industry. Norway was certainly not an industrial giant, however, and much of the factory legislation it passed at the turn of the twentieth century was done more for show than for anything else.

\textsuperscript{67} Stortingsforhandlinger, Forhandlinger i Odelstinget. nr. 66, “Ang. lov om tilsyn med arbeide i fabriker,” 7 juni, 1892.

\textsuperscript{68} Stortingsforhandlinger 1914, Odelstinget, Ot. prp 32, “Sykeforsikringsloven §16,” vol. 3, 250.
A central part of the European factory legislation passed at the end of the nineteenth century was a section that prohibited women who had recently given birth from working in factories. This early form of maternity leave reflected the state’s increased focus on poor women’s reproductive health and the health of their infants. Maternity had previously been relegated to the private realm of women, but now took on new meaning as a condition worthy of state attention.

In an age marked by democratization and modernization, Norwegian politicians, feminists, and medical authorities redefined maternity as a condition that required political attention. These actors argued that childbirth made women particularly vulnerable, both economically and physically. While all women could encounter difficulties after giving birth, activists highlighted unmarried parturient women as the group most in need of government protections. Reformers argued that being unmarried exposed new mothers and their babies to a larger amount of risk than other mothers, and that this inequality needed to be addressed. By doing so, the state could strengthen the health of mothers and children.

As a result, the Norwegian government passed a series of laws at the turn of the twentieth century that sought to protect women’s maternal health and decrease infant mortality. Unmarried women were often the primary target of these laws, which included the creation of midwifery districts, paternal support, and factory legislation. These pieces of legislation asserted the state’s role as a regulator of industrial and personal relations and helped lay the groundwork for its future role as a provider of welfare services.
Maternity may have become an issue worthy of state attention and social sympathy at the end of the nineteenth century, but this did not translate into greater economic or political rights for mothers at that time. As we will see, it was mainly male politicians and medical doctors who pushed for maternity legislation, especially in relation to industrial work. Many other European countries, including Germany and England, had passed laws that restricted parturient women’s work at the end of the nineteenth century. Consequently, Norwegian reformers believed that maternity leave had become a symbol of the modern, “civilized” world and the passage of this legislation could help bolster Norway’s international reputation. Yet early maternity legislation provided very little economic assistance to the women who needed it, and instead prohibited their ability to earn an income for a significant period of time after giving birth.

Noticeably absent from late-nineteenth-century debates on maternity leave were the very groups of women who would be instrumental in later revisions of the law. Women’s rights activists, midwives, and working women paid little attention to the creation and passage of the first factory law and its maternity clause. These groups of women were more concerned with other issues. Middle-class women’s rights activists had only recently formed cohesive movements and were focused on the broader fight for women’s rights. As the law did not provide any compensation for medical services, midwives concentrated on their battle with the state over the details of a revision of the midwifery law. Working women were also unconcerned with the creation of maternity leave because the law had little chance of impacting their lives. Women industrial workers were largely unorganized at this time and would have met difficulty in trying to
assert any push for maternity compensation, and the relatively limited number of Norwegian women who would have been affected by the law easily avoided its restrictions.

**Norway at the Turn of the Twentieth Century**

Norway’s implementation of factory legislation at the end of the nineteenth century took place within the greater context of European initiatives, and was adapted to fit Norwegian circumstances. In the late-nineteenth century, Norway was a predominantly agrarian country on the geographical and political periphery of Europe. It was officially ruled through a joint union under the Swedish king, but had its own legislative body, constitution, and government administration. In 1884 the first political parties were formed over the issue of parliamentarianism. *Venstre* (Liberal Party) supported parliamentarianism while the opposition created *Høyre* (Conservative Party). Ultimately, *Venstre* was successful and Norway began to follow a parliamentary model in the *Storting* (parliament). At this time only property-holding men could vote in Norway, but *Venstre* saw political potential in the developing working class and strove to gain support amongst industrial workers.

Although Norway enjoyed a relatively large amount of freedom in deciding over its domestic affairs, people were dissatisfied with the union and nationalistic efforts had been underway since the adoption of the constitution in 1814. The nineteenth century was therefore marked by struggles within Norway to decide whether Norway could remain in this political union and if not, then whether dissolution of the union could be achieved peacefully. Central to these debates were discussions about Norwegian “identity”.

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During the second half of the 1800s, Norway underwent significant political and social upheavals due to the effects of industrialization, urbanization, and nationalist initiatives. Early industrialization took place in Norway during the 1850s, but the majority of people continued to earn a living from fishing, farming and forestry. Even though industrialization was relatively small and mainly confined to the cities of Kristiania\textsuperscript{69} and Bergen, it was instrumental in helping form new social classes, and with them new social tensions.

The first working-class movement hit Norway in the aftermath of the 1848 revolutions on the continent. Inspired by these events, Marcus Thrane led a group of workers in Norway to demand greater economic and social freedoms. This was one of the first political movements in Norway and at its height as many as 30,000 people – mainly small landholders and servants- had joined Thrane’s movement.\textsuperscript{70} The political elite did not respond favorably to these developments and imprisoned many members of the group, including Thrane himself. The Thrane movement was over within three years of its start, but it had lasting effects on political approaches to the “worker question” in Norway.\textsuperscript{71}

\textsuperscript{69} The capital of Norway – today Oslo- has undergone a number of name changes throughout history. After 1624 it was called “Christiania” in honor of the Danish King Christian IV. Following a spelling reform in 1877, this was revised to “Kristiania.” In 1925 a law reinstated the medieval name “Oslo.” This chronology will guide my references to the capital city throughout this dissertation: between 1877 and 1925 it will be referred to as “Kristiania.” After 1925, I will use the name “Oslo.”

\textsuperscript{70} Edvard Bull, \textit{Arbeiderklassen i Norsk historie} (Oslo: Tiden Norsk forlag, 1948), 60-82.

Industry had been steadily growing in Norway and the number of workers increased dramatically from 12,000 in 1850 to over 45,500 in 1875. Most of these people worked in paper mills, distilleries, stoneware, and textile factories. Some of the workers were loosely organized in philanthropic workers organizations led by Venstre-men. Over time these associations would become more radicalized and form the basis of the Labour Party, but up until the 1890s the working class remained economically, politically and organizationally weak.

The nascent Norwegian working class and its historical ties to the Thrane movement represented more of a symbolic threat to established order than a realistic one. As Norwegian historian Jens Arup Seip so aptly described, the Norwegian working class helped call attention to industrial working conditions “not because they could vote, but merely because they existed…” Norwegian fears of workers’ revolts and revolutions were also exacerbated by international developments. As Norway was an industrial late-comer it gathered information about the “social question” from other European countries that had industrialized much earlier, such as England.

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72 This is out of a population of around 1.5 million in 1855 and 1.8 million in 1875. Sentral statistisk byrå, Folketelling 1900. Also in Bernt Hertel-Aas, Den sosiale og politiske bakgrunn for Norges første fabriktilsynslov (Oslo: Nasjonal Samlings Rikstrykkeri, 1944),12.


75 The term “social question” was first introduced in Germany as “die soziale Frage” and was subsequently translated into many other languages in countries where industrial developments had – or had threatened to- take hold. In Norway it was referred to as “det sociale spørgsmålet” or “arbeidersagen” (the worker issue).

76 England was the first Western European country to industrialize and the first to enact restrictions on children’s work in the textile industry in 1802. This initial law was expanded to encompass more people and industries in 1833, 1844, 1867 and 1878.
learned that a disenfranchised working class could cause severe social unrest. They also saw that industrial work could cause worrisome health problems for women and children.

Due to Norway’s relatively low level of industrialization, it had still not enacted any comprehensive regulation of industry by the 1880s. It did, however, have laws that set restrictions for certain types of work, including in mines and bakeries. Politicians also passed a public health law in 1860 that aimed to ensure that businesses did not endanger the lives of their employees more than necessary. These laws did little to address the problems that other countries, such as England, had identified as the worst affects of industrialization. Many Norwegian statesmen and employers felt that such legislation was unnecessary in Norway because it was not as industrially developed as other European countries. Yet for a growing number of politicians, Norway’s delayed industrial growth meant that Norway could learn from the mistakes of other more industrialized nations. By enacting industrial regulations before Norway achieved full industrialization, these politicians thought that they could prevent some of the pitfalls of industrialization from ever occurring.

These beliefs resonated with the liberal Venstre party and when a Venstre-led government came to power with Johan Sverdrup as Prime Minister in 1884, Sverdrup quickly set up a Worker Commission in 1885. A similar committee had been formed in

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77 Norwegians were particularly interested in learning from England, Switzerland and Germany.

78 Lov angaaende Bergværksdriften, 14 juli 1842; Lov om Indskrænkning af Arbeidstiden i Bagerier, 17 juni 1885; Lov om Sundhedscommissioner og om Foranstaltninger i Anledning af epidemiske og smittsomme Sygdomme, 16 mai 1860.

Sweden in 1884 and the Swedish king supported a Norwegian worker commission, anticipating that factory legislation should be uniform between the two countries. The Norwegian commission consisted of 11 people, including factory owners, factory workers, a doctor, a demographer, a district governor, and a bureaucrat. Sverdrup expressed the hope that the commission would find “a solution to the worker question.” The stated mandate of the commission to “help the impoverished portion of the population in their struggles to secure their economic positions and improve their quality of life” also appealed to powerful agrarian interests that wanted to decrease the working-class reliance on poverty relief and ameliorate social tensions.

*The Worker Commission and Norway’s First Factory Law*

The Worker Commission’s findings were influenced by social and political developments in both Norway and Europe more generally. Charged with investigating the state of industrial relations in Norway, drafting restrictions for women’s and children’s

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82 St. prp. Nr. 82, 1885, 1.

83 The agrarian elite were interested in decreasing poverty relief because this was paid through local land taxes. When people migrated from rural areas to the city, many of those who endured economic hardship were still entitled to poverty relief from their home municipality. This meant that large landowners were significantly burdened economically by problems wrought by mass urbanization and industrialization. Agrarian interests were also involved in development of early Danish welfare policies for this same reason. See: Peter Baldwin, *The Politics of Social Solidarity: Class Bases of the European Welfare States, 1875-1975* (Cambridge, UK: Cambridge University Press, 1990).
work, discussing the limitation of work hours, and recommending how sanitary requirements could be enforced through the creation of a state-run factory inspection, the commission worked on these questions for several years. In the meantime, the Norwegian working class grew stronger and started to articulate more cohesive demands. This situation was not unique to Norway and other European countries began to grapple with these issues by passing legislation and assembling international congresses. The factory legislation drafted in Norway during this period reflected this general climate of concern about the effects of industrialization adapted to Norwegian conditions.

Norwegian workers’ associations radicalized at the end of the nineteenth century, and in 1887 they formed the Norwegian arbeiderparti or Labour Party. These socialist-oriented workers were especially concerned with reducing the length of the workday and started to agitate in favor of a 10-hour workday. They also wanted to restrict competition from women and children, because employers often preferred to hire the cheaper labor of women and children over the more expensive labor of adult men. While these men’s organizations wanted to set limitations for women’s and children’s work they also knew that the need to reduce competition had to be balanced with working-class families’ need for extra wages. In many cases they lobbied for a restriction of women’s and older children’s work, not its prohibition.

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84 Jacob Neumann Mohn had presented a draft of a law to restrict children and youth work outside of the home in 1878. The parliament kept delaying its introduction and it had still not been voted on by the time the Worker’s Commission was put together in 1885.

85 Edvard Bull, Arbeiderklassen i Norsk historie (Oslo: Tiden Norsk forlag, 1948), 127.

86 At this point maximum work days had already been implemented in Switzerland, Austria and France.

When the Worker Commission presented its findings to the government in December 1887 members of the working class were unhappy with its proposal and criticized its ability to speak on behalf of workers since only two of the eleven members were workers. The social democratic newspaper Social Demokraten bitterly noted that “the composition of the worker commission” meant that workers should not have “high expectations for the conclusions [the commission came to].”\(^{88}\) The newly created Labour Party thought that the Commission’s findings would have served the needs of workers better if more workers had actually been involved in the commission.

When 300 female matchstick workers went on strike in Kristiania over wage cuts and poor working conditions in October 1889, this brought even greater attention to the question of workers’ rights. The matchstick workers gained the support of noted Norwegian cultural elites, including Nobel Prize winner, Bjørnstjerne Bjørnson, who connected the matchstick strike to broader social issues. This discussion engaged the public and over 10,000 people marched on behalf of the matchstick workers.\(^{89}\) The government was eager to put down strikes like these and pacify workers’ demands. They built on the Commission’s recommendations and looked towards other, more industrialized European countries for ideas on how to solve these problems and craft an effective piece of factory legislation.

When German Kaiser Wilhelm II organized the first official international worker congress in Berlin in 1890, Norwegians eagerly took part. The Arbeiterschutzkonferenz in

\(^{88}\) “Arbeiderkommissionens Indstilling,” Social Demokraten, January 14, 1888.

\(^{89}\) Karsten Alnæs, Historien om Norge: mot moderne tider (Oslo: Gyldendal, 1996), 637.
Berlin aimed to tackle some of the worst affects of industrialization and set a European standard of labor policies. Reformers hoped this standardization would alleviate some of the fears of unfair hindrances in international trade and competition. Whether it was through prohibitions on night work or limiting women’s working hours, labor activists and politicians frequently targeted women’s labor in their efforts to create “modern” labor policies. These labor policies for women were often contentious and created rifts among political parties and bourgeois and working-class women’s rights activists because they inhibited women’s right to work. When asked to vote on a night work ban for women, Norwegian officials abstained. Proposals concerning maternity leave, on the other hand, usually passed without debate in the nineteenth century. Even radical opponents of protective legislation believed that women should receive special protection during the time surrounding childbirth.

Norwegian politicians’ interest in learning from other, more industrialized European countries on matters of industrial regulations and worker protections is particularly evident in the Worker Commission’s discussion of restrictions of pregnant women’s industrial work. The commission wanted to take the best parts of extant European leave laws and avoid what they perceived to be the downfalls of this type of

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legislation. For the commissioners, the most important reason for including a maternity clause in the government’s regulation of industry was out of consideration for the health of the mother and the child. They grounded these arguments in Dr. Fridolin Schuler’s claim that infant mortality rates amongst the working class in Switzerland were reduced by 6% after the implementation of the ban on parturient women’s industrial labor. The commissioners were impressed by this and wanted to achieve similar results in Norway, but they did not believe that Norwegian women should be kept from working for such a long period of time after giving birth.

The Worker Commission wanted to reduce infant mortality rates as the Swiss had done, but they thought this goal would be hindered if working-class women were subjected to prolonged unemployment. In their estimation, women would be unable to provide for their newborn babies if they were prevented from earning a living for more than three weeks. The commissioners thought that even the shorter period of three weeks leave would need to be compensated for. They suggested that a law on worker’s health insurance should provide necessary medical help to pregnant industrial workers and payment for the three weeks of leave.

A shorter maternity leave would also help with the enforcement problems this type of prohibition posed. The Commission knew from their European counterparts that women who needed to work to survive would not follow the ban on their post-partum employment and instead seek employment at a different factory as a way of getting around the law. Commissioners thought it would be especially difficult to police a prenatal ban on women’s work. In Switzerland women who were given the choice almost
never took any leave prior to giving birth unless they were forced to by a debilitating illness. These were some of the main reasons the Norwegian Worker Commission recommended a three week post-partum maternity leave for industrial workers that would be compensated through a national health insurance provision.

The Commission presented its report about maternity leave to parliament in December of 1887, but no law was passed until 1892. In the meantime, Norwegian parliamentarians made changes to the Worker Commission’s proposed law based on domestic and international developments. They gathered opinions from worker’s associations, and the Norwegian medical community. In addition to this they looked to the international community to help them decide which laws would work best to improve working conditions and prevent strikes and social unrest. They participated in the Berlin worker congress and they also sent an up-and-coming Venstre politician, Johan Castberg, to study the factory legislation in practice in Austria, Switzerland, and Germany. The information that parliament obtained from these sources influenced the factory law passed in 1892.

*Legally Restricting Parturient Women’s Work*

The Factory Protection Act that finally passed in 1892 significantly expanded the Worker Commission’s proposed maternity clause. Parliament first discussed a change to the Commission’s proposed three-week ban on parturient women’s industrial work in

92 Arbeiderkomissionens Indstilling I, 31-32.

93 Castberg had an active role in a radical wing of Venstre called Arbeidersamfund or Arbeiderdemokratene. While not socialist, Arbeiderdemokratene represented the interests of workers and small landholders.
1890. A member of the Commission, Dr. Sparre, tried to expand the three weeks to four weeks but parliament did not think this was necessary. Yet when parliament again debated the law in 1891 they decided that four weeks should be the minimum after all. This was in response to the Norwegian Medical Association’s insistence that women should preferably have six weeks free from work after giving birth and the Berlin conference’s recommendation that four weeks of maternity leave be the European standard.\textsuperscript{94} When the law once again came under parliamentary scrutiny in 1892, politicians decided to further expand the length of time a parturient woman would be forbidden to work.

European legislative developments and newly-articulated medical opinions were largely responsible for the inclusion of a six week prohibition of women’s postnatal factory work in Norway’s 1892 factory law. Legislators had already expanded the maternity prohibition to four weeks in 1891, but now decided that an additional two weeks might help them better achieve their goal of bolstering maternal health and decreasing infant mortality. Yet they did not want to prevent a woman from working any more than what was medically necessary, mainly because there was no financial compensation to offset the wages lost during the mandated leave. With this in mind, parliamentarians decided to model their decision after the 1891 passage of a German law that allowed a woman to return to industrial work after four weeks of leave if a doctor

\textsuperscript{94} Stortingsforhandlinger 1891, Odelstinget, ot. prp 24, ”Utfærdigelse af en lov om tilsyn med arbeide i fabriker §21,” vol. 3b, 3.
cleared her to do so. Women who did not receive this medical clearance would need to take the full six weeks of leave.\textsuperscript{95}

The new wording of the maternity clause instigated a debate in parliament over the power doctors should have in preventing women from working. When Dr. Josef Johnsen \textit{(Høyre)} argued with his fellow parliamentarians that women must not be allowed to work for a minimum of six weeks after giving birth, even if she could obtain a medical certificate that stated otherwise, he highlighted many of the issues at play in passing such legislation at the end of the nineteenth century. According to Johnsen working women “would very much like to begin to work again as soon as possible [after giving birth] so that they will not miss out on any profits” and thus they could not be trusted to judiciously evaluate their physical ability to return to work.\textsuperscript{96} This distrust of women extended to midwives as Johnsen also worried that midwives, and not doctors, might be the ones to furnish these medical certificates. His opponents countered that the proposed wording of the 1892 legislation fell in line with what factory-legislation forerunners Germany and Switzerland had already decided was an adequate amount of time to prohibit women’s post-partum work, especially considering that they would not be paid for this mandated time off. Parliamentarians also argued with Johnsen over how long a

\textsuperscript{95} Stortingsforhandlinger 1892, Odelstinget, ot. prp 26, ”Utfærdigelse af en lov om tilsyn med arbeide i fabriker §21,” vol. 3b, 6.

\textsuperscript{96} Stortingsforhandlinger 1892, Forhandlinger i Odelstinget, nr. 66, ”Ang. lov om tilsyn med arbeide i fabriker §21,” vol. 8, 549.
woman should be kept from working if she was capable of performing the requisite tasks.\textsuperscript{97}

These debates demonstrated some of the issues involved in passing legislation that infringed on a woman’s right to work because of the state’s growing interest in her reproductive health and the health of her infant. While politicians recognized that a maternity clause was an accepted, and perhaps even necessary, part of factory legislation they disagreed on how long women could be expected to refrain from participating in wage labor after giving birth. It was also up for debate as to who could be trusted to determine when a woman could safely return to working in a factory.

The debates over the factory law’s maternity clause reflected the fact that many of the issues under discussion were new and remained unsettled. Mass industrialization, and its effects on Norwegian society and politics, was still in its early phases. The Norwegian working class had only recently gained organizational cohesion capable of exerting political pressure. Even in the large industrialized countries of England and Germany, the rights of workers and the role of government were still under debate. International congresses had been created to try and reach some form of European consensus on these matters, but there were larger issues at hand than the mere regulation of industry.

Democratic and nationalistic forces led many statesmen to consider the implications such legislation had for modern conceptualizations of citizenship and individual rights.\textsuperscript{98} Workers and women had begun to mobilize around democratic

\textsuperscript{97} Stortingsforhandlinger 1892, Forhandlinger i Odelstinget, nr. 66, 549-550.

\textsuperscript{98} This also led many politicians to think strategically about future voting constituencies.
initiatives and while universal male suffrage would not be implemented in Norway until 1898, politicians were already concerned with creating the institutions necessary for a larger democratic society in 1892. During this period, people who received poverty relief lost their right to vote and enter into contracts. If the state wanted to have more people participate in political and civil society then it would have to establish some type of “worthy” aid that did not strip recipients of their citizenship rights. Worker protection laws were one way of ensuring that members of the working class were less likely to need poverty relief and thus eligible for the full benefits of citizenship.

These ideas about individual rights and citizenship became much stickier when it came to imposing restrictions on women’s ability to work. European states were interested in protecting the health of women because of women’s potential childbearing capabilities. Through this protection, the state hoped to increase the number of healthy citizens needed for a modern nation state. Yet ensuring the protection of women’s health often involved treating female workers differently than male workers. In the realm of factory legislation, this included bans on women’s night work, restricted access to “dangerous” industries like mining, and mandated maternity leaves. These types of protective, or limiting, legislation highlighted women’s exclusion from political and social rights and further reified their dependent status in society.

In 1892 Norwegian politicians were still unsure how to balance their desire for a healthier population with women’s prospective rights as independent individuals and

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This was at the core of the debate that occurred over the factory law’s maternity clause. Dr. Johnsen believed that six weeks was the minimum amount of time a woman should be required to take leave of industrial work because this would ensure the best possible health outcomes for the woman and her child. Parliamentarian Paul Koht was unconvinced that this length of time was acceptable, as women “might easily lose their jobs” because of it. Johnsen was not dissuaded by Koht’s point, however, and he tried to get the rest of the committee to recognize that his medical background gave him a superior perspective on the matter.

Johnsen was counting on recent developments in the medical field to help solidify his position as a scientific expert on maternity. In the late-nineteenth-century doctors in Norway and elsewhere were attempting to modernize and professionalize medical practice, especially in regards to obstetrics and gynecology. As the state become increasingly concerned with promoting maternal health, doctors began to devote more attention to pregnancy and childbirth. What had once been disregarded as uninteresting women’s work, took on new meaning and importance for doctors. They began to invest resources in the theoretical and empirical study of maternity and tried to cultivate new


103 This focus on maternal health was a part of a larger public health project that the state had been involved in since the 1860s. For a discussion of the development of a public health agenda see Anna Schiotz, *Folkets helse – landets styrke 1850-2003* (Oslo: Universitetsforlaget, 2003).
repute as experts on a matter of great state importance. This often led to conflicts between
doctors and midwives, something that Johnsen referenced when he voiced worry that
midwives might wantonly give clearance to women wanting to return to work. Ultimately
Johnsen’s arguments were not persuasive enough and the 1892 Factory Protection Act
included a section that allowed a woman to return to work after four weeks of mandatory
leave if a doctor certified that she was healthy enough to perform the work required.\textsuperscript{104}

When the Worker Commission furnished its report in 1887 it called for the creation
of a national health insurance scheme that would offset the loss of wages women would
incur from this mandated maternity leave. By the time the law passed in 1892 it had been
watered down to such an extent that there were no insurance-granting provisions. Instead
it regulated the working conditions under which industrial labor could be preformed,
limited the work of children and women, prohibited new mothers from working, and set
up a national factory inspectorate. The Commission’s larger goals of establishing a
maximum work day, accident insurance, old-age pensions, and health insurance would
have to wait for future parliamentary sessions.

In its completed state, the factory protection law was first-and-foremost a piece of
legislation officially designed to protect the health of the Norwegian working class. It
targeted the aspects of modern industrial labor that politicians around Europe found the
most threatening to a stable and prosperous state: child labor, women’s labor, and
deplorable working conditions. Norwegian politicians hoped that by following the
examples of larger, more industrialized countries Norway could industrialize rapidly

\textsuperscript{104} The final vote in parliament passed with 14 votes for the section as written.
without jeopardizing the lives of its current and future generations. As such, the maternity section of the law can be seen as a form of population policy.\textsuperscript{105} It aimed to ensure that industrialization would not adversely affect the reproductive health of Norway’s mothers or children, and it sought to do so through the restriction of women’s rights.

\textit{Feminists and the First Maternity Leave Law}

Perhaps one of the reasons Norway’s first maternity leave law was so restrictive was because women’s groups were largely uninvolved in its drafting and its passage. It is a customary practice in Norway to get the opinion of relevant organizations on proposed legislative drafts. In the case of the 1892 factory law, politicians asked groups like the Norwegian Medical Association, the Norwegian Crafts and Industrial Associations and the Polytechnic Association to comment on the proposal. Members of parliament then took these consultations into consideration when they crafted revisions of the legislative draft. Noticeably absent from the list of consulted groups was a women’s organization, especially since women’s associations would be very active in later expansions of the 1892 maternity leave clause.

Women’s rights associations had only recently been formed in Norway. The start of the women’s movement in Norway began with the creation of the \textit{Norsk}

kvinnesaksforening (Norwegian Women’s Rights Association) in 1884. 106 The establishment of this women’s organization can be seen as a part of the greater democratic developments that took place in 1884, including the formation of Norway’s first political parties and the implementation of parliamentarianism. 107

Women’s rights activists enjoyed fairly broad support from the political and cultural elite. Norwegian literary geniuses such as Henrik Ibsen and Camilla Collett had succeeded at making women’s emancipation a subject of intense public discussion in the late-nineteenth century. Reform-minded middle-class women were able to build on these debates and cultivate relationships with the Venstre party in the 1880s. In fact, the Women’s Rights Association was co-founded by Gina Krog and Venstre-politician Hagbart Berner.

The Women’s Rights Association followed a fairly moderate program meant to attract a wide membership. The founders, especially Hagbart Berner, did not want to jeopardize the association’s relationship with the Venstre party and did not propose any ideas that would be perceived as too radical for moderate liberals. The association stayed away from pushing for more political rights for women and instead focused on four main areas of reform: women’s education, fair wages and more working opportunities for women, women’s marital rights, and more opportunities for women to be consulted in

106 Prior to this date Norwegian women had been very active in philanthropic and temperance societies, but 1884 marked the creation of the first women’s organization devoted to achieving women’s economic, social and political rights. See Birgitta Jordansson and Tinne Vammen, eds., Charitable women: Philanthropic welfare 1780-1930: a Nordic and interdisciplinary anthology (Odense: Odense University Press, 1998).

important societal matters. Gina Krog was dissatisfied with the fact that the platform did not include a section on women’s suffrage and started a parallel organization to lobby for women’s right to vote in 1885.

The Norwegian government had not thought it necessary to consult any women’s organizations on the proposed 1892 factory law, and Norwegian women’s rights organizations were also largely uninterested in the legislation. Though the Women’s Rights Association had officially pledged to improve women’s working conditions, it was narrowly focused on jobs for middle-class women. The association discussed the need for equal pay for equal work as early as 1888, but this was mainly in conjunction with teachers. These types of debates were often instigated by Gina Krog who believed that women must demand full equality with men in all aspects of society.

Krog’s “equal rights feminism” did not lead the Women’s Rights Association to express any outrage at the Worker Commission’s suggested restrictions on women’s industrial work. The Women’s Rights Association would later join forces with other Scandinavian women’s rights groups to vehemently oppose any bans on women’s night

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109 Gina Krog remained an active member of the Women’s Rights Association even after she started the Norwegian Women’s Suffrage Association.

110 “Samme arbeide, samme lønn,” Nytende March 1, 1888.

111 In this case, “equal rights feminism” is meant to signify the belief that men and women should have equal rights. For a discussion of the different uses of the term feminism and efforts to clarify types of feminism, see Karen Offen, “Defining Feminism: A Comparative Historical Approach” Signs 14, no. 1 (Autumn 1988): 119-57; Karen Offen, European Feminism, 1700-1950: A Political History (Stanford, CA: Stanford University Press, 2000); Gisela Bock and Susan James, eds., Beyond Equality and Difference: Citizenship, Feminist Politics, Female Subjectivity (London: Routledge, 1992).
work, but in 1892 they were surprisingly silent on the issue. Krog, who was editor of the Women’s Rights Association’s periodical, *Nylænde*, published a short notice outlining the portions of the Commission’s proposal that affected women in January 1888. Yet she postponed a thorough discussion of the report. This discussion never came and after the factory protection act passed Krog lamented that “we Norwegian women have the shame to say that we did not open our mouths” in any connection with the law and the effects it could have on issues related to women’s work.

When Krog later devoted space in *Nylænde* to review the new factory law, she revealed some of the contradictions involved in an equal rights feminist’s approach to maternity leave. While Krog had always advocated that women should have nothing less than full equality with men, she made an exception for maternity leave. She even went so far as to say that no one could oppose the maternity clause because “nature has assigned mothers a special position which makes it humane to intervene in these circumstances, and when small children are involved society has a right and a duty to protect them. We do not want to completely deny that there are situations when grouping women and children together makes sense.” She then tied this special protection for mothers and the next generation to women’s need for complete equality. In her estimation, it was only after women had gained equal rights that children could be properly protected.

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112 Gro Hagemann, “Protection or Equality?,” 273.
It is interesting that Krog and other feminists were able to reconcile mandated maternity leaves with their equal rights philosophies. These activists believed that if the government granted special concessions for women in the workplace then this would impede feminist goals of winning equal political, economic and legal rights for women.\textsuperscript{116} When it came to the issue of maternity leave, however, few wanted to speak out against this special protection.

Maternity leave at this time was certainly a restriction on a woman’s right to work. The government dictated how long a woman must take leave of work after giving birth and did nothing to offset the financial losses associated with this. There was also no guarantee that a woman would have a job when she returned from maternity leave because an employer could fire her without suffering any legal ramifications.

For Gina Krog, these maternity restrictions were different from other kinds of limiting legislation. They did not regulate a woman’s right to work, they regulated a \textit{mother’s} right to work. This was an important distinction for Krog and other equal rights feminists. A woman should not have her individual rights infringed upon merely because she was a woman, but a mother was different. Mothers had a special role in society and the family. As Krog said, society needed mothers to care for children, especially newborns, and this need gave the state the “right and [the] duty to protect” small children even if this meant hindering a mother’s right to earn a living.\textsuperscript{117} From this perspective, a woman who became a mother had forfeited her right to autonomy, at least for a period of

\textsuperscript{116} “Særskilt arbeidslovgivning for kvinder,” \textit{Nylænde}, June 1, 1899.

\textsuperscript{117} “Børn og kvinder,” \textit{Nylænde}, 183.
time. This qualified her for special protections (or restrictions) under the law with which even equal rights feminists could not disagree.\textsuperscript{118}

Gina Krog and other Norwegian women’s rights activists may have agreed that the state had a right to stop new mothers from working, but they did not lobby the state in favor of this provision of the 1892 factory law. Instead, they remained silent on the issue of maternity leave—and factory legislation in general—until after the turn of the twentieth century. The Norwegian Women’s Rights Association and the Norwegian Women’s Suffrage Association focused on matters they considered to be of greater and more immediate importance, such as women’s political enfranchisement, access to university education and right to own property. While women’s rights activists were concerned with women’s economic circumstances, they were mainly interested in securing rights that middle-class women could benefit from like equal pay for equal work for teachers.

The 1892 factory protection act was a piece of legislation about which these women’s groups never expressed an official opinion.\textsuperscript{119} The government did not consult them when preparing the law and the women’s organizations did not offer any unsolicited advice. In the future, women’s rights associations would be very active in shaping debates about women’s industrial work and maternity benefits, but in the late-nineteenth-century they paid little attention to the law.

\textsuperscript{118} Equal rights feminists did not oppose maternity leave legislation, but over time they did start to advocate for its compensation. This is something we will come back to in later chapters.

\textsuperscript{119} Ida Blom also came to similar conclusions in her survey of women’s involvement in maternity legislation in “Barselkvinnen mellom befolkningspolitikk, sosialpolitikk og kvinnepolitikk,”153.
Midwives and Maternity Legislation

Midwives were also largely absent from discussions concerning the first piece of Norwegian maternity leave legislation. Midwives had long been a group with immense social importance in Norway, and they influenced the types of maternity benefits that were later introduced in the twentieth century. In the 1880s and 1890s, however, Norwegian midwives did not take advantage of the opportunities a maternity leave clause in the factory act may have presented for the improvement of midwives’ professional and economic status. They were more concerned with issues of undisputed relevance: the 1898 revision of the midwifery law and their struggles to professionalize.

The first Norwegian midwifery law was passed under the joint Dano-Norwegian union in 1810. This law created a framework that would aid in the professionalization of midwives. It outlined the requirements for a midwife’s education and defined her responsibilities and working conditions. In Norway the law led to the creation of midwifery districts. Each parish was supposed to appoint a publicly-employed midwife to serve the women who lived in that community. The midwife would be paid a small base salary according to a rate set by law and she would also receive free lodging. In exchange for these benefits, a midwife would have to give up her mobility. She was not allowed to travel outside of her district for more than 24 hours without permission, and then only to attend a birth. Midwives were also required to assist all birthing women, regardless of whether or not the woman could pay for midwifery services.120

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120 Reglement for Gjordemodervæsenet, Indretning og Bestyrelse i begge Riger, 1810.
The 1810 midwifery law established a new hierarchy of birthing help in Norway. By the early 1800s medical doctors had replaced church officials as the authorities on matters related to childbirth. Doctors were responsible for educating midwives and supervising their activities. After doctors, the state recognized formally trained midwives, or *jordmodre*, as qualified birthing attendants. The law made it illegal for an uneducated midwife, also called a “helping wife” or *hjelpekone*, to assist a woman in childbirth. Both the uneducated midwife who attended a birth and the birthing woman who sent for a helping wife could be fined. This legislation granted educated midwives a professional monopoly and temporarily resolved some of the challenges helping wives posed to midwives. Unfortunately for midwives, this portion of the law was overturned in 1839. The medical community may have considered helping wives to be backwards and superstitious, but the state no longer restricted their activities and birthing women often preferred to call helping wives to assist them in their time of need.

The unfettered competition between midwives and helping wives was one of the main reasons midwives worked to get a revised midwifery law in the late-nineteenth century. The midwives received a salary from the government that was intentionally too small to cover all of a person’s costs of living. In order to increase this paltry salary,

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121 Now the emphasis was on a woman and her child’s physical wellbeing instead of their spiritual health. See: Tora Korsvold, *Sykehusfødselen tar form: med en nærstudie av E.C. Dahls stiftelse* (Oslo: Abstrakt Forlag, 2001), 33.

122 It is not known exactly why this portion of the law was revised, but some scholars think it may have to do with liberalization of other laws that took place around the same time. Korsvold, *Sykehusfødselen tar form*, 36.

123 Part of the reasoning behind this was that midwives should be married women with a husband to support them. The reality was that many midwives were widows or unmarried women.
midwives needed to get payments from birthing women and their families. Midwives complained that they were unable to earn a decent living because too many women still relied on the services of helping wives.  

Women often preferred to have helping wives attend their births because most helping wives had deep ties to the local community. Midwives, on the other hand, were trained at midwifery schools in the city and were then hired by local districts. Even though most midwives were farmer’s daughters and came from rural areas, they did not have the same local legitimacy as helping wives. Childbirth at the time was an intimate affair filled with danger, and when it came time for birthing women to call someone for assistance they chose someone they knew, someone who had attended other births at their home or in their family. It did not yet matter to these women that the medical community and the state thought that helping wives were an inferior choice of birthing assistant. They were more concerned that they could trust the person who helped them during a time of great physical and emotional trial. Meanwhile, midwives felt that their professional expertise was not appreciated by pregnant women and that this was reflected in their poor pay and working conditions.

Midwives did have some of their demands for better pay and working conditions realized when the state revised the midwifery law in 1898. The first section of the law reinstated formally trained midwives’ monopoly over midwifery assistance. It clearly

125 Kristina Kjærheim, Mellom kloke koner og kvitklede menn, 33.
stated that only women who had received certification from a recognized midwifery school would be allowed to work as a midwife. Though this legislation should have secured educated midwives the economic and professional position they wanted, it still allowed helping wives to assist women if a midwife or a doctor could not attend the birth due to long distances.

In a country with a long coastline, treacherous mountain passes, and a largely rural population spread across vast distances, many midwives and doctors could not be reached in time to attend a childbirth. The creation of midwifery districts in 1810 was supposed to alleviate many of these issues, but many districts had delayed in hiring formally trained midwives. The 1898 law reiterated the need for midwifery districts, but left it up to the local authorities to divide their provinces into these districts. The establishment of midwifery districts and standing restrictions on publicly-employed midwives’ movements were supposed to ensure that most, if not all, births would be attended by a midwife. Yet even with these developments, midwives often had to travel extremely long distances with unreliable forms of transportation to serve the women of their district. Midwife Dorothea Efraimsen recalled nights where she had to ski 10 or 20 kilometers to reach a birthing woman, and a harrowing boat trip that threw her and the crew members into the icy waves. Often midwives would overcome these transportation difficulties only to

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127 Part of this was due to a dearth of educated midwives in the beginning, but economic concerns were also at play here. In 1898 the state only covered 2/5ths of the costs of publicly-employed midwives’ salary. The rest was left to local authorities. Of course, even if a district did try to hire a midwife many midwives did not want to move to remote areas. Northern Norway remained especially in need of educated midwives throughout the 1800s.

arrive at a home where the birth had already taken place, sometimes successfully and other times with more deadly results.

Midwives frequently recounted the difficulties they faced on an everyday basis to gain sympathy from governmental entities and achieve their wage demands. They referred to midwifery as a higher calling, a job that was both necessary and good. The work that they performed was of enormous social benefit, and they thought that this work deserved more recognition. Midwives like Mrs. Klavenes argued that midwives had some of the most demanding jobs, because “while others are resting in their warm homes” a midwife could be called out to work at any time of night, any day of the year “no matter if it was raining or snowing.” Yes, her job was not just any job – she brought life into the world. But Mrs. Klavenes, believed that if a midwife “were to be of any benefit for her fellow human beings, she must be lifted out of her current position.”¹²⁹ These appeals were often quite successful and helped midwives garner support from a variety of organizations, including middle-class women’s rights associations.

Throughout the end of the nineteenth century midwives fostered a connection with middle-class women’s organizations that built on the idea of helping poor, pregnant women. Midwives turned to the Norwegian Women’s Rights Association (NWRA) and asked them to assist them in their efforts to achieve more professional status. These appeals worked and the NWRA vowed to support midwives.¹³⁰ The NWRA tied their support for midwives to the need to better the living conditions for working-class


¹³⁰ “Atter om jordmødrenes kaar,” Nylænde, April 15, 1898, 120.
mothers. They claimed that “if we increase the quality of midwives’ lives then we will also improve the conditions pregnant women live under.”

According to articles written in *Nylænde*, the best way to improve midwives’ lives was to expand their professional arena and solidify their relationship to the state. They argued that midwives’ professional area should be expanded. First of all, midwives should be the ones to give out free medicine to ill pregnant women. Then their work should not only encompass the birthing woman, but also the postpartum household. Feminists put forth the idea that midwives should visit a postpartum woman several times after a birth to ensure her health and wellbeing. While midwives had traditionally cared for only the parturient woman, feminists also thought that midwives should provide care for the baby and the household after the birth. Of course, a midwife could not be expected to do this extra work without payment. The government should compensate midwives for this service because of the importance it had for working-class women’s health. These ideas did not make it into the 1898 midwifery law, but they did start a discussion about which tasks midwives should perform and the role midwives played in ensuring the health and vitality of poor mothers and children.

Doctors were the main ones who defined the professional duties of midwives and trained them in methods to successfully fulfill these duties. Often reserving more “prestigious” forms of gynecological and obstetrical knowledge for members of their

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131 “Et kvinde-og arbeiderspørsøml” *Nylænde*, March 1, 1897, 59.

132 “Et kvinde-og arbeiderspørsøml” *Nylænde*, March 1, 1897, 59.

own profession, doctors educated midwives in the childbirth-assistance procedures doctors preferred to avoid. Though midwives were to carry out procedures like the laborious undertaking of manually turning a breech fetus, their main role was to support a birthing woman. Doctors wanted to be the ones to perform any operative interventions, especially if it involved new technological tools or drugs. This created a tension between doctors and midwives as midwives struggled to professionalize and gain authority over helping wives.

Midwives had already been assigned the duty of protecting women from outbreaks of disease during confinement. From 1886 to 1890 Norway’s average maternal death rate was 5 for every 1,000 births.\(^{134}\) Maternal mortality was a problem that doctors and midwives had been diligently trying to solve for decades. Many of these deaths were attributed to outbreaks of puerperal fever, a condition that midwives and doctors had long been perplexed by. It was not until the 1880s that the majority of Norwegian doctors accepted the theory that the best way to prevent maternal mortality was through aseptic techniques.\(^{135}\) With this new knowledge, midwives took on the responsibility of making sure that everything that came in contact with a birthing woman was clean and disinfected. Many midwives complained that this was nearly impossible as they had to work in “dirty, cramped rooms” that were “extremely unappetizing.”\(^{136}\)

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\(^{134}\) This number steadily decreased and just after World War Two it was 1 for every 1,000 births. Blom, “Den haarde dyst,” 216.

\(^{135}\) Siv Frøydís Berg, Den unge Karl Evang og utvidelsen av helsebegrepet. En idehistorisk fortelling om sosialmedisinens fremvekst i nork mellomkrigstid (Oslo: Solum Forlag, 2002), 32.

adverse working conditions, midwives’ disinfection practices seemed to have helped reduce the rate of maternal mortality to 3 in 1,000 by 1896.  

Midwives argued that they could save even more lives if they had a broader education in operative procedures, especially the use of forceps. Doctors had withheld the right to be educated in the use of forceps from midwives. Instead a midwife was supposed to call for a doctor if a situation arose during a birth that required the use of forceps. Midwives contended that this was a problem because there were many places in Norway where it was difficult to obtain a doctor’s help in time. They recounted stories where waiting for a doctor had cost both the mother and her child their lives. Midwives also claimed that it was inhumane to expect a woman who had been in labor for several hours or even days to wait for a doctor to put an end to her pain. In 1829 Swedish midwives had won the right to use forceps, and Norwegian midwives protested against this incongruity because they thought it would disadvantage Norwegian midwives working along the Swedish/Norwegian border. Of course, midwives wanted to be able to use forceps out of more selfish reasons as well. The use of forceps could significantly reduce the amount of time a midwife had to attend a birthing woman. It


139 It is worth noting that Sweden had an even fewer number of doctors per inhabitant than Norway. In 1900 Sweden had half the ratio of doctors to inhabitants that Norway had. Ida Blom, “Den haarde dyst,” 68.

140 “Fra et grænsedistrikt,” Tidsskrift for jordmødre, May 1, 1899, 59.

141 In fact, a delivery by forceps was still a very risky procedure. From 1881 to 1890 the average mortality for mothers was 3 per 100 births with the use of forceps and 13 per 100 for babies. Blom, “Den haarde dyst,” 223.
would have also increased midwives’ professional status in relation to both helping wives and doctors.

The 1898 revision of the midwifery law did not solve the conflict between midwives and doctors over the use of forceps. Doctors could not agree amongst themselves over the issue of whether to educate midwives in the operative use of forceps. Instead individual doctors took it upon themselves to educate midwives on the use of forceps.\footnote{Bergen was one of the few places that doctors taught midwives how to deliver a baby through the use of forceps in the nineteenth century.} The debate over whether midwives should be allowed to use forceps would be a recurrent feature of midwife-doctor relations throughout the first half of the twentieth century.

In the late-nineteenth century Norwegian midwives lacked organizational clout and professional status as evidenced in their subordinate relationship to doctors. Though midwives were the ones who had the most direct experience with birthing mothers and physical recovery following childbirth, the government did not ask for their opinion on the proposed factory law.\footnote{In 1902 (the first year we have comprehensive data) midwives attended 78% of all births in Norway. P.M. Drejer, “Om dødeligheden paa barselseng i Norge,” \textit{Norsk Magasin for Lægevidenskaben} (1907), 600.} Instead parliament asked doctors at the Norwegian Medical Association to comment on the law, especially the section on maternity leave. Doctors were the consulted experts on maternal health and they intended to advance this position. When Dr. Josef Johnsen thought that parliament might give midwives the authority to clear women for work after four weeks, he impressed upon them that this was not
“reassuring.”\textsuperscript{144} He wanted to make sure that parliament recognized that a midwife’s knowledge of maternity was inferior to a doctor’s. Parliament did. They reworded the section to specify that a woman could return to work after only four weeks of leave if clearance \textit{from a doctor} was given.

Another reason parliament did not consult midwives in the drafting of the factory law may have been because midwives had not yet formed a national organization. Midwives were loosely organized in local associations during the 1800s, but it was not until 1908 that they established the Norwegian Association of Midwives. In the meantime, midwives had trouble exerting any type of formal pressure on the government as a cohesive body. Individual associations did write in to the government to demand higher wages for midwives, but these requests were often based on local conditions.\textsuperscript{145}

Since 1895 the journal \textit{Tidsskrift for jordmødre}, or \textit{Journal of Midwifery}, had kept midwives throughout the country notified of certain medical and professional issues. Nevertheless, there was no organization that could speak on behalf of all midwives’ interests or expertise in the late-nineteenth century.

The 1892 factory law also seemed to be of little interest to midwives. They were engaged in a number of issues that had undeniable relevance to their professional and economic lives, but the factory law was not amongst them. Part of the reason for this may have been because they were not aware of the existence of the proposed legislation. Women could not vote or sit in parliament so midwives would not have any direct

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\textsuperscript{144} Stortingsforhandlinger 1892, Forhandlinger i Odelstinget, nr. 66, “Ang. lov om tilsyn med arbeide i fabriker §21,” vol. 8, 549.

\textsuperscript{145} Kjærheim, \textit{Mellom kloke koner og kvitkedde menn}, 67-68.
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knowledge of the law or have been able to participate in the parliamentary debate like Dr. Johnsen. The fact that midwives had not formed a national organization which could identify relevant pieces of legislation up for review also would have made it more difficult for midwives to stay informed of these issues. They also likely had few high-profile parliamentary contacts at this time. Instead, midwives were most often farmers’ daughters, and they were strewn about the Norwegian countryside unable to leave their local districts. This made it difficult to exert any personal influence on legislators in Kristiania.

Midwives were most concerned with their economic livelihoods in the late nineteenth century and they did not seem to have any use for a law that regulated industry. The legislation had no compensation mechanism and this might have been another reason midwives paid it little attention. Had the factory law also included a section on health insurance or maternity support then midwives – albeit through local organizations - might have tried to shape the law to their benefit. As it was, there was no official correspondence between midwives and the government in connection with the proposed factory legislation and midwives did not mention it in their monthly periodical.

*Working Mothers and Maternity Laws*

Working mothers stood to be the most directly affected by the 1892 prohibition of postpartum work. In the 1880s women made up 15% of the Norwegian industrial
The majority of industrial women workers were unmarried adults over the age of 18. Most of these women worked in the textiles, but a significant portion of them also worked in the food and beverage industry.\textsuperscript{147} The women who worked in these factories were the targets of the first piece of maternity leave legislation, and they stood to lose six weeks of earnings, and potentially their positions, following the birth of a child. In spite of these restrictions on their work, working women would have had a difficult time lobbying against the early findings of the Worker Commission. Prior to the match worker strike in 1889, women workers were not organized in unions. Even after 1889, there were relatively few women’s unions and their membership numbers were quite low.\textsuperscript{148} The women workers who were organized mostly focused on getting a reduction in working hours passed.

It is unknown exactly how many women workers would have fallen under the factory legislation’s maternity leave clause. Most of the industrial workers were unmarried, but this did not preclude the possibility that they would have children outside of marriage. In fact, in 1900 nearly 8.5% of all births were illegitimate, a number that was comparatively high amongst European nations.\textsuperscript{149} Statisticians and lawmakers were alarmed at this number, especially when they found that illegitimate births had increased dramatically in relation to the past.

\textsuperscript{146} The Worker Commission reported in 1888 that out of the 51,617 industrial workers 8,079 of them were women.

\textsuperscript{147} Arbeiderkommissionens Indstilling I,1888, Table II, 14.

\textsuperscript{148} By 1907 there were 14 women’s labor unions with 700 members. Kirsten Hofseth, “Fra stemmerettskrav til kvinneregjering: et historisk studiehefte,” (Oslo: Det norske arbeiderpartiet, 1988),5.

\textsuperscript{149} Det Statistiske Centralbureau, “Om uægte fødte børn,” Statistiske Meddelelser 1889, 199.
Statisticians and legislators credited the growth of industry with the high number of illegitimate births, but it is hard to know exactly how many factory workers gave birth to illegitimate children in the 1890s. Nicolai Rygg reported that over 74% of illegitimate births in 1897 were to women “workers.” Yet he did not separate factory workers from servants. It is very possible that a high number of these children were born to servants, not industrial workers, and servants were not covered under the 1892 law. A 1911 report from Kristiania’s Chief Medical Officer did separate housemaids from factory workers. He found that 40% of illegitimate children were born to maids, while 20% of these children had factory workers as mothers. 151 If we take this number as an indication of how many factory workers may have given birth in the 1890s, then around 1,000 women workers (or 12.5%) would have been affected by the law. It is difficult to say with certainty how many women industrial workers gave birth each year, but these numbers can give us some idea of how many women may have been affected by the first maternity leave law.

The working women affected by the maternity clause were largely successful at evading the restrictions. 152 To enforce the maternity policy, and all the other industrial regulations, the state set up a factory inspectorate. Determining if a woman had recently


151 Stortingsforhandlinger 1914, Ot prp. nr. 5, “Om utfærdigelse av lover om barn, født utenfor ekteskap,” Bilag, Forskjellige statistiske oplysninger om barn født utenfor ekteskap, 139.

152 There are no numbers for these early years but in 1910 and 1911 factory inspectors found 3 women in violation of the maternity prohibition. This represented 0.02% of all cited infractions. It is unlikely that this was because no women continued to work after giving birth. As we will see in later chapters, legislators and doctors continued to mourn the fact that so many women refused to follow the legal guidelines for postpartum work.
given birth, however, was not an easy task for a state inspector from Kristiania. They had little knowledge of local women’s personal lives and could rarely tell if a woman had given birth merely by looking at her.\textsuperscript{153} Factory inspectors also found it difficult to identify violations of the maternity clause, and other regulations, because there were only two factory inspectors who were responsible for assessing over 4,000 industrial enterprises.\textsuperscript{154}

Working women did not publicly protest against the prohibition of their postpartum work, but it is likely that they used one of the few resources an industrial worker had – they “voted with their feet.” Instead of quitting a job because of unsatisfactory wages or working conditions, pregnant industrial women workers often left a job in order to give birth. Then they would rest as long as they could afford to, perhaps only a few days, and find work at a new factory.

Quitting at one factory and beginning at another soon after giving birth is one of the ways industrial women workers avoided the monetary devastation that prohibitions of their postpartum work entailed. In more established industrial countries there had been reports of cases like these and this was one reason Norwegian legislators tried to reduce the amount of time a woman would not be allowed to work following childbirth.\textsuperscript{155} The medical community also discussed the difficult choices that a woman had to make when deciding when to return to work after having a child. The Norwegian Journal of

\textsuperscript{153} Enforcement difficulties had been acknowledged in the parliamentary discussion of the maternity clause. This is one of the reasons they voted for a reduction in the amount of time a woman should refrain from work as long as a doctor gave her medical clearance.

\textsuperscript{154} Arbeiderkommissionens Indstilling I, 1888, Table II, 14.

\textsuperscript{155} Stortingsforhandlinger 1892, Forhandlinger i Odelstinget, nr. 66, 549-550.
Midwifery included a report in 1896 from a Hungarian doctor who warned that even though many women resumed their industrial work one or two days after giving birth, that they did so only because they had to, not because they were physically ready to work.\textsuperscript{156}

The 1892 prohibition against postpartum factory work seems to have had little impact on working-class women’s lives. They did not officially protest against any of the proposed legislative drafts. Even after the law passed it is likely that they did not heed the restrictions. Women who needed to work to survive could not afford to go without any wages for six, or even four, weeks.\textsuperscript{157} It would have been especially difficult to not have any income at the exact time that they needed to pay for the extra expenses associated with a midwife.

Poor women often had to go to the poor relief board for financial help after giving birth. This included married, working-class mothers. As much as 80\% of people who received poor relief in the 1890s were women and children.\textsuperscript{158} Of those who applied for help for the first time, 60\% of them received assistance due to an illness.\textsuperscript{159} Women who needed assistance because of a pregnancy or childbirth would have had to apply for poverty relief at their local poverty board. These committees were made up of local

\textsuperscript{156} Dr. R. Temesvery, “Omsorg av fattige Barselkvinner,” \textit{Tidsskrift for jordmodre}, August 1, 1896, 96-97.

\textsuperscript{157} Unfortunately I have been unable to find statistics for this early time period of maternity legislation. Yet even after maternity leave was compensated through the national health insurance and other significant policies for poor mothers were implemented, many mothers returned to work soon after giving birth. In 1919 for example, nearly 40\% of unmarried mothers in Kristiania resumed waged labor within six weeks of giving birth. Oslo helseråd årsberetning 1919, Oslo byarkiv.


\textsuperscript{159} Although no more information is given, it is reasonable to assume that pregnancy and childbirth would have been included under the category of “illness;” Anne-Lise Seip, \textit{Sosialhjelpstaten blir til}, 142.
politicians and pastors. To receive assistance one had to be found deserving by this committee and many women encountered difficulties in qualifying for support.

Women could be denied poor relief for a variety of reasons, including not fulfilling the ideal image of a “worthy” recipient. The relief boards were holdovers from an earlier time when poor relief was administered by charitable, religious institutions. The boards continued in this tradition and a woman’s reputation could be a deciding factor in whether or not she received assistance. Even if a woman was considered worthy of help, she was eligible for poor relief only if she was an official resident of the community she lived in. Many women who moved to Kristiania to find work, were denied poverty relief because they had moved outside of their home municipality. Lina Larsen, for example, was desperate for child support from her illegitimate child’s father because she had recently moved to Oslo and she was not eligible for any poor relief. She was not even able to get the poverty board to pay for medicine for her child.

Municipal assistance may have allowed some women to help pay for the extra costs associated with childbirth and confinement, but recipients had to be prepared to sacrifice a lot in their dealings with the relief board. Recipients of poor relief lost their citizenship rights. They were no longer allowed to vote in local or national elections and they could not enter legal contracts. Beyond this loss of legal rights, women also experienced a loss of privacy. Poverty boards could investigate the intimate details of a woman’s life,

160 As poverty relief was now mainly paid for through taxes, municipalities wanted to avoid giving any support to non-residents. Seip, Sosialhjelpstaten blir til, 148-150.

161 Letter from Lina Larsen to Lensmann, July 25, 1900. Statsarkivet i Oslo, Underføgden i Christiania, dokumenter til saksjournalene nr 44 (510-661) 1900-1915.
including her sexual experiences, in order to evaluate her worthiness as a candidate for assistance. These investigations were often very personal and exposed women to ridicule and ostracization from members of her local community. Yet poor mothers did not have many other options. Many endured this scrutiny in the hope that they would receive the money they needed to survive.\textsuperscript{162}

The economic constraints that unmarried mothers lived under led many of them to place their children in rural homes soon after birth. Sometimes this involved sending their children to live with relatives, but working-class women also paid non-relatives to care for and raise their children so that they could continue to work. After the working woman married, or the child reached an age where he or she could attend school, the child would often move back in with his or her mother. Until then most working-class, unmarried mothers lived separately from their young children. This prevented unwed working-class women from breastfeeding their children for any substantial length of time. Many of the children who were placed in foster homes died because of inadequate access to safe nutrition and proper childcare. People began to refer to foster mothers as \textit{englemakere}, or angel-makers, because of the high number of children who died in their care.\textsuperscript{163}

\textsuperscript{162} Statsarkivet i Oslo, Underfogden i Christiania, dokumenter til saksjournalene nr 44 (510-661) 1900-1915.

Maternity as a Condition in Need of Protection

In the 1880s and 1890s cultural constructions of maternity informed the state’s growing interest in childbirth and the structure of the legislation passed. Medical authorities based their “modern” theories and practices regarding childbirth on established traditions of confinement and beliefs that the mother’s life was primary. Doctors as well as legislators often focused on a recently identified vulnerable member of society- the poor, unmarried woman. They singled out unmarried women for special protections because they perceived her social position to be particularly precarious. These ideas helped stimulate the passage of laws like the 1892 maternity leave clause, an 1892 revision of child support laws, and the 1898 revision of the midwifery law.

In the late-nineteenth century, doctors still viewed childbirth and childcare as largely natural processes that would occur without any major medical interventions. Norwegian mothers were largely left to decide how they wanted to care for and raise their children. The (healthy) newborn baby had not yet become an independent subject in need of medical intervention. Medical authorities entrusted the child’s mother to decide how often the baby should be fed, where it should sleep, and how it should be dressed. In fact, the little advice doctors had about newborn care barely changed during the entire course of the nineteenth century. The main focus remained on caring for the parturient woman and trying to decrease rates of maternal mortality. Midwifery textbooks emphasized that while midwives should try to ensure the health and survival of the child, the baby was always second to the mother. For example,

doctors educated midwives in how to support the birthing woman and assist her during labor and delivery, but little attention was paid to how to care for the child once it was born. An author of one of the classic midwifery textbooks, Dr. Edvard Schønberg, advised that after the child was born, it should be wrapped in warm clothes and laid in a suitable place so that the midwife could attend to the mother. When the mother had been tended to, then the child could be held or breastfed if it was hungry or restless. Otherwise, Schønberg’s textbook largely neglected the subject of postpartum care for a newborn baby. This medical focus on the mother also translated into other areas of social and legal life.

In later years, children’s health would be a major rhetorical factor in the development of maternity legislation, but in 1892 legislators were mainly concerned with the protection of maternal health. Of course, maternal and infant health were interrelated and politicians believed that ensuring a woman’s health could also positively affect her baby’s health. European countries had become increasingly interested in infant mortality rates since the 1700s, and Norway was no different. Norwegian statisticians and statesmen were certainly worried about increasing rates of infant mortality, especially amongst the working class, and they thought that this situation might be helped by the

165 Edvard Schønberg, Lærebog for jordmødre (Kristiania: Aschehoug, 1897).

implementation of a mandatory maternity leave. Yet in debates over the factory act’s maternity clause, legislators presented a parturient woman’s need for rest and recovery as the primary reason for the enactment of the proposed legislation. If this also helped reduce infant mortality rates, then this would be an additional benefit, not the primary purpose.

Parliamentarians rarely invoked the health of the child and the coming generations in the 1892 debate over maternity leave. Dr. Johnsen emphasized the health of the mother, not the infant, when he tried to convince parliament that maternity leave must be set at a minimum of six weeks. Johnsen insisted that a woman needed at least six weeks to “regain her health and return to normal conditions.” He warned that a woman would be at risk for contracting “a life-long illness” if she did not rest for a full six weeks. For Johnsen, this was not about protecting the life and health of the infant, but rather fulfilling the requirements that “nature itself demands,” namely, that a woman should not work for six weeks following childbirth.

When Dr. Johnsen claimed that women needed a minimum of six weeks of rest following childbirth, he built on a much older tradition of confinement. Six weeks had long been accepted as the amount of time a woman needed to recover from childbirth, at least spiritually. For much of history, religious teachings required women to retreat from church and community life for a period of six weeks after giving birth. Protestant

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167 Infant mortality rates did increase from 14.5% in rural areas and 24.3% in cities in 1876 to 16.1% and 28.3% respectively by 1900. See Nicolai Rygg, “Om born, fødte udenfor ægteskab,” Norges officielle statistik nr. 37 (Kristiania: Aschehoug, 1907), 41.

168 Stortingsforhandlinger 1892, Forhandlinger i Odelstinget, nr. 66, 549.

169 Stortingsforhandlinger 1892, Forhandlinger i Odelstinget, nr. 66, 550.
churches continued to respect this demarcation after the Reformation and often did not allow parturient women to attend church until six weeks had passed. After this period of confinement the new mother, her midwife, and women from the community would attend a church service where they would sing special hymns and receive blessings. This church service represented the woman’s resumed participation in community life after giving birth. In Norway, this practice continued long into the eighteenth century.

Doctors incorporated this tradition of confinement into modern medical practice. They asserted that women no longer needed to rest for six weeks following childbirth for spiritual or “superstitious” reasons, but rather because their physical recovery depended on it. As we saw with the 1892 law, this emphasis on six weeks of recovery would later form the basis for industrial maternity leave restrictions throughout Europe.

Johnsen’s fellow parliamentarians were not as sure about a six week minimum maternity leave. They did however think that the maternity leave could be reduced and the mother’s health still secured if the woman received medical clearance to return to work from a doctor. Again, the legislators acknowledged that maternal health was of utmost importance, but they believed that this was directly related to a working-class woman’s ability to earn a living.


Much of the maternity-related legislation passed during the late-nineteenth century targeted poor or working-class mothers who were often unmarried. The state did not yet believe that all mothers needed, or should receive, assistance. Instead, legislators focused on a particularly vulnerable group of women who they believed were subject to an abnormally high amount of risk, especially after having a baby. The state was not willing to assume financial responsibility for these women at that time, but it did want to provide a basic amount of protection to unmarried mothers, mostly in the form of legal regulations. By the end of the nineteenth century, the state regulated poor, working-class women’s access to paternal child support, essential midwifery care, and their postpartum industrial work.

The plight of unwed mothers had received significant attention in public debates about sexuality and morality at the end of the nineteenth century. Norwegian author, Bjørnstjerne Bjørnson, published En hanske (A Gauntlet) in 1883 and initiated a fierce discussion of whether men should be held to the same sexual standard as women. Hanskemoralen (the Gauntlet moral), also called sedelighetsdebatten (the morality debate), was a part of the larger debate about equal rights for women. Members of the Kristiania artist community, including writer Hans Jæger and painter Christian Krohg, contributed to this discussion with their works on prostitution.¹⁷²

The morality debate helped change perceptions of poor, unmarried women. Bjørnson and others advocated that these women should no longer be punished as immoral, promiscuous women. Instead, men should be held responsible for acting dishonorably and putting innocent women in difficult positions. In a time where the number of unmarried women and illegitimate births increased, these ideas became a matter of public attention.173

The Norwegian Women’s Rights Association supported Bjørnson and used the morality debate to turn the public’s attention to the plight of unmarried women who killed their newborn babies.174 According to the 1874 revision of the Norwegian penal code, a woman who killed her child within one day of birth (neonaticide) could be sentenced to anywhere from six years to a lifetime of hard labor.175 Feminists argued that in the context of equal standards for men and women, this law was unfair.

For these feminists, parturient women were especially vulnerable after giving birth and it was understandable that if they did not have any support from the child’s father or society that their suffering and despair could drive them to these commit such crimes. Their reasoning was that “it takes both a woman and a man to create a human life, but our society acts as if an unmarried woman is all alone in this after she gives birth to a

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174 Novelists also turned the public’s attention to the issue of women who committed neonaticide. Henrik Wergeland published Barnemordersken (The Child Murderess) in 1835, Ragnhild Jølsen wrote Rikka Gan in 1904 and Knut Hamsun’s Markens Grøde (The Growth of the Soil) won the Nobel Prize in Literature in 1920.

175 Den norske straffelov, 3. Juni 1874, kapittel 14, §16.
child.”176 The unmarried, pregnant mother should be met with sympathy for even though it must take “an inhuman cruelty to murder a child you yourself have given birth to,” despair could have driven a woman to think that she was doing the best for her child. 177

Feminists argued that unsupportive fathers must also be held accountable for neonaticides. The Norwegian Women’s Rights Association lobbied parliament to change the penal code so that in cases where a mother killed her child within one day of birth, the child’s father would also be punished if he did not offer her any support or assistance. They also wanted the government to strengthen a woman’s legal right to support from her child’s father during pregnancy.178 Perhaps ironically, the morality debate led to an alliance between the Norwegian Women’s Rights Association and pietists who wanted men to resist sexual temptations outside of marriage. 179

The increased public focus on the plight of unmarried mothers led to a series of legislative proposals designed to hold men more financially accountable to their illegitimate children. In 1892 parliament passed a law that strengthened an unmarried woman’s right to economic support for herself and her children.180 Men were required to pay a greater portion of their income to help support their illegitimate children.

Parliament also sustained recent assertions that childbirth left unmarried women

176 “Foredrag holdt i Kvindesagsforeningen i Trondhjem den 27de. Marts,” Nylænde, May 1, 1890, 134.
177 “Foredrag holdt i Kvindesagsforeningen i Trondhjem den 27de. Marts,” Nylænde, May 1, 1890, 135.
178 Nylænde, June 15, 1890, 186-87.
180 Norwegian fathers had been obliged to pay child support for their illegitimate children since 1763, but it was fairly easy for a man to avoid these regulations.
particularly vulnerable to economic stress and ordered fathers to pay for any expenses related to childbirth and confinement.\textsuperscript{181}

Though parliament had increased unmarried women’s legal access to maternity support, they did little to facilitate the process. It was up to the woman whether she wanted to name the father of her child or not, and if she wanted financial support she was required to initiate the proceedings. Some men escaped ever having to pay this support by moving to a different municipality or even emigrating to America. Unmarried women often had to push bureaucrats to continue trying to locate these men and make them pay child support.\textsuperscript{182} Many women never received any money to offset the costs of childbirth or raising their children. Karen Pederstuen, for example, tried desperately to get the state to make her child’s father pay her support in 1900. Thirteen years later the situation was still not resolved.\textsuperscript{183} Situations like these frustrated many unmarried women and led the Women’s Rights Association to renew their fight for unmarried mothers’ rights.

The Norwegian Women’s Rights Association continued to identify pregnancy as a debilitating time for an unmarried mother and called for the state’s help in further ensuring she and her child were protected from economic hardship. Five years after the 1892 child support and factory laws were passed, the NWRA voiced their discontent with the law. Feminists thought that the state had not done enough to help poor, pregnant

\textsuperscript{181} Anna Caspari Agerholt, \textit{Den norske kvinnebevegelsens historie} (Oslo: Gyldendal, 1973), 117-118.

\textsuperscript{182} Statsarkivet i Oslo, Underfogden i Christiania, dokumenter til saksjournalene nr 44 (510-661) 1900-1915.

\textsuperscript{183} Letter from Karen Pederstuen to Lensmann, September 25, 1900. Statsarkivet i Oslo, Underfogden i Christiania, dokumenter til saksjournalene nr 44 (510-661) 1900-1915.
women. Instead legislators had passed laws that forbid parturient women from working, which reduced women to begging their children’s fathers for money.

These women’s rights activists supported the idea that the state should facilitate compensation to unmarried women, not provide it. They believed that women who had recently given birth should be kept from performing strenuous work, but that the factory law had led many women to be fired and left without any chance of earning a living. If the state wanted to keep women from working then they needed to ensure that fathers offset the loss of wages a parturient woman experienced. For the NWRA, women had a “right not to suffer during pregnancy” and it was a father’s responsibility to help. The 1892 child support law was supposed to ensure this, but it had instead reduced women to have to beg her child’s father for money and threaten him with legal action. Gina Krog suggested that the state act as a mediator between unmarried mothers and fathers. The government should give an unmarried mother the money she was legally entitled to and seek reimbursement from the father. Until this occurred, unmarried mothers had to experience the “deep shame” of applying for poor relief.

Some feminists were worried that state protection of unmarried mothers would look like a reward for bad behavior. Thea Ebbell mentioned this in the article, “Unmarried Mothers,” she wrote for Nylænde in 1901. In this piece, Ebbell expressed shock over the fact that working-class wives and unmarried mothers were both covered by the 1892

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184 “Om underholdningsbidrag under svangerskabet,” Nylænde, October 1, 1897, 257.
186 “Om underholdningsbidrag under svangerskabet,” Nylænde, October 1, 1897, 257.
“protection” of women’s postpartum work. She believed that a better solution would be to force the illegitimate child’s father to support its mother and that factory managers would be required to fire any woman who had “gotten herself in such a condition.” While Ebbell stressed that she felt a good deal of sympathy for the unmarried mother, even one who killed her child shortly after its birth, she made clear that such compassion should not be confused with giving unmarried mothers an equal position in society. The idea of equal rights for unmarried women and their children would be a topic that continued to create debate amongst Norwegian feminists throughout the first decades of the twentieth century.

Conclusion

Norwegians had laid the groundwork for subsequent welfare policy development in the late-nineteenth century, but at this time they were still focused on getting individuals to help themselves. Only groups that had been identified as particularly vulnerable and susceptible to risk, such as unwed mothers, should receive assistance. In the name of protection, the government set up a legal framework to try to mitigate some of the worst effects a pregnancy could have on poor women’s lives. In 1892 industrial women workers (predominantly unmarried women) were prohibited from working six weeks after giving birth and fathers were held more financially accountable for their illegitimate children. Then in 1898 the state strengthened its regulation of midwifery, partially in order to make sure that they were providing help to women who could not afford to pay

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for their services.¹⁸⁸ The state did not yet want to get involved in providing services directly to unmarried mothers, especially those that might be considered benefits. Instead Norwegian politicians extended their regulatory arm into some of the more private aspects of people’s lives. Childbirth was no longer solely an intimate event experienced by an individual woman, but an act that warranted state protection.

At the end of the nineteenth century, maternity became a topic of discussion for Norwegian legislators, feminists, doctors, and midwives. Children were always an implicit component of these discussions, but they were rarely the main focus. In later years, children themselves would become more instrumental to rhetorical justifications for maternity legislation, but poor women’s maternal mortality rates and maternal health were at the heart of maternity legislation in the 1880s and 1890s. Norwegians had yet to systematically address infant mortality as a problem. As a result, there was scarce a mention of breastfeeding in discussions about the need for more protections for pregnant women. Instead, legislators, feminists, and midwives claimed that both mother and child would be helped if poor, pregnant women received more support during childbirth. They wanted to bolster poor women’s economic support during and after pregnancy, set up a midwifery system designed to provide childbirth assistance throughout the country, and enforce a period of postpartum rest.

¹⁸⁸ There continued to be fights between midwives and local poverty boards over this issue. When a woman couldn’t afford to pay for childbirth assistance then the poverty board was supposed to reimburse midwives for their services. Often midwives had trouble recovering the money. For example, in 1899 midwives in Oslo threatened to stop giving help to poor women unless the poverty board raised the rate of reimbursement.  *Tidsskrift for jordmodre*, June 14, 1899.
One of the most important developments in the history of Norwegian maternity legislation was the creation of the first maternity leave law in 1892. For this law, Norway followed the example of other European countries and passed a maternity leave clause as a part of its first factory law. Legislators prohibited women from partaking in industrial work for the first six weeks following childbirth, with exceptions for women who received a doctor’s permission to work after four weeks. Women were largely absent from the development of this factory legislation. Instead, feminists, midwives, and working women had only recently formed organizational groups and were focused on other issues.

Women did, however, take part in redefining maternity as a site of state intervention in the 1880s and 1890s. They fought to revise standing child support provisions and midwifery statutes. In many cases, unmarried working mothers became the image feminists and midwives used to illustrate the need for maternity protections. They painted a picture of a “slave” who worked 16 hour days, endured “unimaginable tribulations dealing with children, pregnancies, and births,” and tried to make the best out of a home that was “neither particularly healthy nor comfortable.”

Doctors and legislators also used this idea of the poor, pregnant woman when they emphasized women’s need for postpartum rest from industrial labor and support from their children’s fathers.

Poor women themselves seemed to have benefitted little from these new regulations. They tried to use the new child support law to access the economic support

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189 “Et kvinde-og arbeiderspørsmål,” Nylænde, February 1, 1897, 29.
that was rightfully theirs, but they most often failed in getting fathers to pay for their illegitimate children. The state was not of much help to them in these efforts either and left it up to the women to initiate and follow up the legal proceedings. When it came to the maternity leave clause, working women often avoided many of the prohibitions and returned to work when they needed to, not according to the state’s schedule. The revision of the midwifery law further solidified a poor woman’s right to receive birth assistance even if she could not pay. Yet many poor women still preferred to use helping wives instead of midwives.

In the decades to come, more Norwegian women would be covered under maternity legislation. Feminists, midwives and working women would work to expand the definition of maternity protections. Maternity would quickly become a condition that warranted not only regulation, but also compensation. As maternity legislation became increasingly tied to a rhetoric of benefits, more and more women would be incorporated under the umbrella of protection. The 1892 maternity leave clause would become a relic of the past – a marker of an antiquated way of thinking about maternity and social protections.
Figure 1. (ca.1915-1925) First female factory inspector, Betzy Kjelsberg poses in a worker's uniform. Source: Norsk teknisk museum.
Chapter 2: “Protecting Mothers and Children”\textsuperscript{190}: The Castberg Laws and Maternity Assistance for Single Mothers

On the night of October 9, 1912 Othilie Pettersen, a twenty-four-year-old servant girl, gave birth to a baby boy in her employers’ rural farmhouse near Lillestrøm. She lay with the baby in her bed for several hours before placing her hands around his neck and strangling him until he no longer struggled to breathe. At around four in the morning she ran his lifeless body outside and hid it near the outhouse. She did not, however, bother to try and rid the evidence of the birth from her sheets and it was this oversight that soon had the police knocking at the door.\textsuperscript{191}

Othilie Pettersen was arrested and stood trial for neonaticide, or the act of murdering her own child within the first twenty-four hours of the child’s life.\textsuperscript{192} She pled guilty to the crime and expert medical witnesses corroborated her story of how the birth and murder took place. The jury, however, found her innocent and she was set free.\textsuperscript{193}

\textsuperscript{190} Katti Anker Møller “Ugift Mødre,” MS 4 2416: I, Håndskriftsamlingen, Nasjonalbiblioteket.

\textsuperscript{191} Unfortunately, the court records that detail the statements of Othilie and other witnesses have been lost. This narrative has been pieced together using the following newspaper accounts written by members of the jury: Johan Evje, “Barnemordsaken,” \textit{Social Demokraten}, December 14, 1912; Johan Evje, “Barnedrapet,” \textit{Morgenbladet}, December 16, 1912; Mrs. Hagerup Bull, “Barnedrapet: Mands og Kvindes Ansvar,” \textit{Morgenbladet}, December 19, 1912.

\textsuperscript{192} If convicted, this crime carried with it a sentence of one to eight years in prison. Norwegian Criminal Law, 1902, 22\textsuperscript{nd} Chapter, §234, http://www.lovdata.no/all/tl-19020522-010-026.html, Accessed 4/30/2012.

\textsuperscript{193} Retsbok, Case nr. 4, 1912 Akershus court. Adjudicated December 10, 1912, Oslo Lagdømme, Rettergang, Statsarkivet i Oslo.
Following this court decision a storm of media attention focused on the case, not least from feminists who tried to use the case to argue for legislative reforms for unwed mothers. The newspaper articles largely expressed sympathy for Pettersen and her situation. Pettersen was portrayed as a victim of unfortunate circumstances and while a jury member argued that “everyone was in agreement that she was guilty of the crime [she was] not necessarily guilty [enough to receive] punishment.” Instead the authors of the newspaper articles defended Pettersen and shifted the blame to society at large for shaming unwed mothers and for not holding the biological father legally responsible for his child. Both the public and the jury believed that Pettersen was guilty of strangling her child, but they also believed that she should not serve jail time for this crime. The death of her child was punishment enough in their eyes. They agreed that society should take the responsibility for the circumstances that led Pettersen to kill her child and institute reforms to prevent neonaticides from occurring in the future.

The debate over the Othilie Pettersen case took place in the context of larger discussions about the needs of unwed mothers, the responsibilities of unwed fathers and

194 Between December 10, 1912 and February 1, 1913 no less than thirty separate “letters to the editor” were published in six different Norwegian national newspapers in response to Othilie’s case. The newspapers that printed these pieces ranged from the conservative Aftenposten to the socialist Social-Demokraten and the feminist Nylænde. The authors of these articles were also quite diverse - jury members, lawyers, the attorney general, feminists, and parliamentarians all felt the need to publicly voice their opinion on the case.

195 Only three of the thirty articles argued that Pettersen should have been found guilty because of what they perceived to be the horrible act she had carried out against her defenseless child. These include: Mrs. Hagerup Bull, “Barnedrapet: Mands og Kvindes Ansvar,” Morgenbladet, December 19, 1912; Johan Scharffenberg, “Barnedrapssaken,” Social-Demokraten, December 24, 1912; Johan Scharffenberg, “Barnedrapssaken,” Dagbladet, January 5, 1913.


the rights of children. Just three years later, in 1915, the Norwegian government passed a series of laws commonly referred to as the Castberg Children’s Laws which secured illegitimate children greater legal and economic rights. While the most radical and well-known aspects of the Castberg Laws were the passage of equal naming and inheritance rights for children, the focus of this chapter will be on the parts of the legislation that most directly impacted maternity. This includes the substantial maternity and postpartum support for single mothers that was introduced under the Castberg Laws.

Katti Anker Møller and Johan Castberg were the driving forces behind the passage of this legislation. In order to gain support for their ideas, Møller and Castberg were careful to frame maternity support for unwed mothers in terms of the state’s need to protect women and children. They connected their demands for increased assistance for poor mothers and children to nascent ideas about the state’s interests in creating and maintaining a healthy population. Infant mortality rates became important ammunition in

198 Not everyone was in agreement that mothers who murdered their newborn babies should be free from punishment. One of Norway’s literary elites, Knut Hamsun, vehemently opposed the expression of sympathy for these women and wanted the death penalty re instituted as punishment for these crimes. His position helped fuel a debate over infanticide that took place in the public arena between 1915 and 1916. Hamsun also used this debate as inspiration for his novel *Markens Grøde*. For more on Hamsun’s position see: Bjarne Markussen, “Markens døde – Forbrytelse og straff i Knut Hamsuns Markens Grøde,” *Edda: Nordisk tidsskrift for litteraturforskning* 111, no 2 (June 2011): 124-41.

199 For the sake of simplicity, I will use the word “illegitimate” throughout this dissertation to refer to children who were born to unmarried parents. Historical actors also struggled with what to call these children especially as the word “illegitimate” often carried negative connotations with it. In a conscious effort to avoid this the Castberg Laws were actually subtitled “laws concerning children born outside of marriage.”

200 There have been numerous dissertations written on Johan Castberg and his fight to get equal naming and inheritance rights for illegitimate children passed. For a look at how women’s groups reacted to this legislative struggle see: Lise Rosenberg, “Hagar og Ismael i Saras Telt? Holdninger til familie og ekteskap i debatten om de Castbergske barnelovene belyst gjennom studiet av sentrale kvinnenidsskrifter,”(Hovedfagsoppgave i historie, University of Bergen, 1981).
the fight for expanded provisions for unmarried mothers and their children. In addition, neonaticide cases like Othilie Pettersen’s served as illustrations and cautionary tales of what destitution and hopelessness could drive unmarried mothers to do.\textsuperscript{201} If the state wanted to prevent unmarried mothers from taking their newborn children’s lives then it needed to guarantee them access to financial support and lessen the legal, and economic consequences, as well as the social stigma an illegitimate pregnancy represented.

The passage of the Castberg Laws increased the number of poor women eligible to receive economic support for a period of time surrounding the birth of a child. The 1892 maternity leave section of the factory law had prohibited women from working for a period of six weeks after giving birth but had provided no compensation for lost wages. Even the maternity insurance later passed in 1909 and expanded in 1915 did not affect a significant number of women because most women were not able to fulfill the ten-month membership requirements. In comparison, the Castberg Laws stood to benefit any unmarried mother, regardless of whether or not she worked in targeted industries. One of the laws even provided public assistance to parturient women who were technically married, but whose husbands could not, or did not, support them. This can be seen as another effort on behalf of the state to create a new model of social welfare that broke from the old constraints of poverty relief.\textsuperscript{202}

\textsuperscript{201} According to national statistics, between 1901 and 1912, ninety-eight neonaticides took place. Nicolai Rygg, \textit{Nogen tal om fødsler og moderskab} (Kristiania, 1916), 8.

\textsuperscript{202} These laws also signaled a transitional moment in what Ann Taylor Allen refers to in \textit{Feminism and Motherhood} as the move “from patriarchy to partnership.” Between 1909 and 1915, Norway restructured men and women’s legal relationships. In 1909 Norway liberalized its divorce laws, women won the right vote in 1913 and the Castberg Laws sought to hold men legally responsible for their illegitimate offspring in 1915. Within this context, this legislation can be seen as another effort of the Norwegian state to encourage the creation of the modern, egalitarian couple.
The laws substantially increased poor women’s access to maternity support, but their provisions were often restrictive and means-tested. Katti Anker Møller and Johan Castberg may have wanted to achieve greater equality for women through this legislation, but in order to gain support they primarily framed the laws in terms of protecting women and children. In doing so, these legislative reforms often took on a restrictive character. The state characterized the women who received support under the Castberg Laws as dependent. This often prevented the greater promotion or enhancement of women’s rights.

As a result, women who received maternity support under the Castberg Laws were often supervised and expected to pass certain criteria in order to get governmental assistance. Midwives were intimately involved in the implementation of these aspects of the laws. As governmental representatives in working-class women’s homes, midwives oversaw new mothers to ensure they embraced the most recent medical guidelines for infant care. Poor women had to decide whether this was worth enduring in order to receive economic assistance. The women who did choose to apply for assistance under the Castberg Laws negotiated the effects the legislation had on their lives.

**Initiating the Castberg Laws**

The Norwegian Castberg Laws were the result of an enormous amount of effort put forth by Johan Castberg and Katti Anker Møller. Castberg was married to Møller’s

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sister and he and Møller developed a close personal and political relationship at the turn of the twentieth century.\textsuperscript{204} Together, Castberg and Møller would be responsible for passing the Castberg Laws on illegitimate children’s rights and a comprehensive maternity insurance in 1915.

Johan Castberg had important political connections and held a number of high ranking political positions in the course of his career. Educated as a lawyer, Castberg would come to serve the court as a barrister, district magistrate, and eventually Supreme Court Justice. He was also very active in politics and the leader of \textit{Arbeiderdemokratene} (The Radical People’s Party).\textsuperscript{205} In 1900 Castberg was elected to parliament as a representative for this party and spent the most of the rest of his life as an M.P. Castberg’s passion for social issues also led to his appointment as Norway’s first Minister of Social Affairs in 1913. In addition, he served as Minister of Justice from 1908 to 1910.\textsuperscript{206} Due to Castberg’s powerful political positions and connections, he was able to place many of the issues he cared about, such as illegitimate children’s rights, on the political agenda.

Castberg’s conceptualization of and approach to these issues were considerably influenced by Katti Anker Møller. Born in 1868 to parents who emphasized the importance of leading an open and active life, Møller grew up in an environment devoted

\textsuperscript{204} Tove Mohr, \textit{Katti Anker Møller, en banebryter} (Oslo: Tiden, 1968), 70-78.

\textsuperscript{205} The Radical People’s Party was not socialist, but a leftist party concerned with workers’ and small landholders’ rights.

to radical liberalism, women’s rights and public education. Møller showed an interest in the conditions of motherhood at an early age. Møller’s own mother birthed ten children and died at the age of fifty. This, along with traveling to France, deeply affected Møller. She would come to dedicate her life to the improvement of the lives of mothers and become intensely involved in many of the movements related to motherhood at the time, including hygienic initiatives and the women’s rights movement. Møller and Castberg’s shared interests and their close family connection brought the two of them together during the early twentieth century to push for greater rights for illegitimate children and mothers.

Castberg began working towards a law on illegitimate children in 1888 when he suggested that the norsk arbeidersamfund, or Norwegian Worker’s Society, in Hamar should develop a legislative proposal to secure illegitimate children inheritance rights. The Worker’s Society did not support this initiative at that time, but Castberg did not give up. In 1901 he proposed that children born in and outside of marriage should have legal equality, unmarried mothers should be compensated for pregnancy, childbirth, and

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207 In fact, Møller’s parents Herman Anker and Marie Elisabeth Bojsen ran Norway’s first folk high school at Sagatun near Hamar.


210 These worker societies were often founded by liberal-minded members of the bourgeoisie and were meant to function as an alternative to more radical working-class organizations.
childrearing, and that the state should be responsible for determining paternity.\textsuperscript{211} Castberg’s correspondence with Katti Anker Møller heavily influenced this proposal and she was responsible for many of its radical ideas about the compensation of motherhood. By 1901 the political left was more receptive to Castberg’s proposal, and it received unanimous support from the worker’s societies and the social democratic newspaper, \textit{Social Demokraten}.\textsuperscript{212}

Johan Castberg and Katti Anker Møller’s ideas for a law on support for illegitimate children and unwed mothers encountered a lot of resistance in parliament, mainly due to the inclusion of equal naming and inheritance rights for children born outside of marriage. Members of the bourgeoisie saw these ideas as threatening to both the institution of marriage and class structures. In late 1901 Castberg presented his proposal to a parliamentary committee. Likely due to strategic reasons, the recommendation did not include inheritance and naming rights at that time. The majority of the proposal focused on improving unmarried women’s economic circumstances by holding fathers responsible for childrearing costs. The proposal was sent on to the government for review, but nothing further happened. Castberg again put forth a more expansive proposal for a law on illegitimate children’s rights in 1904 and admonished parliament for letting “this issue lie in Ministry drawers.”\textsuperscript{213} Even though his proposal was accepted by a majority vote, the legislative process stalled in 1904 and again in 1909.

\textsuperscript{211} This was done at the national meeting for worker’s societies. Bjarne Markussen, \textit{Rettshistorier: Foreldre og barn i litterature, film og lovgivning}. (Oslo: Unipub, 2008), 126.

\textsuperscript{212} Bjarne Markussen, \textit{Rettshistorier}, 126; \textit{Socialdemokraten}, February 6, 1901.

\textsuperscript{213} Odelstingstidende 1904/1905, 350.

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due to the highly contested sections on naming and inheritance rights for illegitimate children.

In the meantime, Castberg took advantage of new statistical reports to rearticulate the need for a law that strengthened illegitimate children’s rights. Social reformers, such as Castberg, had long purported that an infant was adversely affected by her mother’s unmarried status, especially because many single mothers had to work outside the home. Until 1907, however, there was little statistical evidence available to support this belief. This changed when Director of the Central Bureau of Statistics, Nicolai Rygg, published a report on illegitimate children that found that they were twice as likely to die within the first year of life as children born in wedlock. Rygg attributed this comparatively high rate of mortality in large part to the fact that many unmarried mothers put their children in foster care soon after giving birth so that they could return to paid employment. This meant that most illegitimate children were not breastfed and instead received dangerous substitutes, including coffee and salted herring. Politicians and social activists were alarmed by these conclusions and became even more committed to finding ways to better the living conditions for children born outside of marriage and their mothers.

This concern for illegitimate children and their mothers grew out of a greater socio-political context that was present in Norway at the turn of the twentieth century. Immediately preceding and following Norwegian independence from Sweden in 1905, Norwegian statesmen were particularly interested in creating a “quality” population that

214 While illegitimate children may have had a higher rate of infant mortality than children born in wedlock, Norway’s combined infant mortality rate for illegitimate and legitimate children was significantly lower than most other European countries. See: Nicolai Rygg, “Om børn, fødte udenfor ægteskab,” Norges officielle statistik nr. 37 (Kristiania: Aschehoug, 1907), 32.
could participate in building the nation-state. While other European politicians, especially in France, were focused on increasing the birth rate, Norwegian reformers concentrated on improving the Norwegian population.\textsuperscript{215}

Norwegians had little need to pursue a “population policy” approach in the early 1900s. One reason for this is that until the 1920s there was no marked decrease in Norway’s birth rate and statesmen remained largely unconcerned with population numbers, even with the high rate of emigration that took place in the late-nineteenth century.\textsuperscript{216} Norwegians were also less anxious about having a robust enough population to fight large-scale wars than other European powers such as France, Germany and England were apt to be. That is not to say that Norway was completely removed from the types of population discussions that took place in Europe at the turn of the twentieth century. Rather, politicians aimed to meet the particular needs of Norway at the time. They wanted to ensure that Norway had a healthy population, one that could help build the country through democratic and economic participation. As an aspiring and a newly-independent country it was important that Norway utilized all of the resources it had to build a strong and stabile nation-state. This included trying to make sure that the children born to unwed mothers grew up to be healthy and productive citizens.

While many people may have been interested in reducing infant mortality rates, the issue of equal naming and inheritance rights were too radical for most middle and


\textsuperscript{216} Soltvedt “Dør vi ut?: Befolkningsspørsmålet i norsk politisk og intellektuell debatt, 1900-1940,” (Hovedoppgave, University of Oslo, 2000), 8-67.
upper-class Norwegians. Katti Anker Møller and Johan Castberg tried to convince people of their ideas by giving lectures and speeches on these issues. Møller even went on a lecturing tour in 1904 throughout Norway.\textsuperscript{217} To gain support Møller tried to reach out to women from a variety of ideological perspectives.

\textit{Women’s Organizations’ Skepticism toward the Castberg Laws}

Already in 1901 Katti Anker Møller presented Castberg’s proposal to women’s rights activists through two articles she wrote in \textit{Nylænde}, the periodical of the Norwegian Women’s Rights Association. In the two articles she wrote, Møller supported Castberg’s legislative proposal by framing it in terms of its benefits to society through the protection of children. She did not bring up the more controversial elements of inheritance and naming rights, and rather focused on the aspects of the proposal that affected unmarried mothers and their children.

Møller argued that maternity support for unwed mothers, both prior to and following delivery, would benefit women, children, and perhaps most importantly, society. To illustrate this point Møller emphasized the despair many unmarried mother felt towards the prospect of having a child outside of marriage and how this often led her to “make plans to kill her child.”\textsuperscript{218} Therefore Møller stated that “if society wants to protect the child, it must intervene with just laws … which can reassure the mother

\begin{footnotes}
\item[218] Katti Anker Møller, “Ugifte mødre,” \textit{Nylænde}, April 15, 1901, 116..\end{footnotes}
during the time which is as dangerous for her as it is threatening to the child’s life.”

Møller also believed that it was essential for the state to facilitate this support because fathers could not be counted on to voluntarily provide for their children.

Møller emphasized that this legislation would not only improve the child’s health and secure its life, but that it would decrease criminality. According to Møller, women needed to receive enough support to keep their children with them following the birth and breastfed them. This would help these women develop motherly bonds with their children and in turn lead to the creation of better citizens. Møller thought that this would reform unmarried mothers and also decrease the number of people in “jail, reform institutions, and rehabilitation homes who place a taxing burden on society.”

These arguments highlighted the various ways the economic protection of motherhood could benefit both children and society at large. She was able to gain support for many of the ideas she wrote about in these 1901 articles, but the more radical parts of the legislative proposal, namely inheritance and naming rights for children born outside of marriage, were more difficult for conservative and liberal women’s organizations to accept.

Conservative women’s groups, especially those involved in morality and temperance movements, were interested in a law that increased support for poor, unmarried women and efforts held men more accountable for illegitimate children. Katti Anker Møller had cultivated important connections to these women, especially when it concerned the issue of helping poor, unmarried mothers. In the late nineteenth-century

219 Katti Anker Møller, “Ugifte mødre,” Nylænde, April 15, 1901, 117.
many moral reform organizations had supported the creation of maternity homes for unwed mothers as a part of their criticism of the sexual double standard. These were some of the people Møller cooperated with when she helped establish *Den Hvide Baand* (The White Ribbon)\(^{221}\) maternity home in Kristiania for unwed mothers in 1902.

Women who wanted more maternity support for unwed mothers had to work hard to portray them as innocent and sympathetic and made sure to highlight the importance assistance had for the health of the child. As Didrik Konow wrote in *Nylænde* in 1897, people might argue that an unmarried mother “has to suffer her own consequences but … out of regard for the fetus” the unwed mother needed the right to financial assistance during pregnancy.\(^{222}\) This perspective gained credence among Norwegian medical experts who gave lectures at the behest of women’s organizations. In these public lectures, specialists in gynecology and pediatric medicine, Drs. Brandt and Johannessen, asserted that “depriving a child of natural nutrition… and care was a sin against the child.” They also claimed that children who lived with their mothers, as opposed to foster care, made better citizens.\(^{223}\) These types of arguments bolstered women’s efforts to achieve greater financial assistance for unmarried mothers. They stressed that if poor women received the necessary support during pregnancy and confinement, they would not resort to the common practice of placing their children in foster care, but care for their children themselves. In turn, this would be a benefit to the child and society.

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\(^{221}\) The White Ribbon was a symbol of the temperance movement and this maternity home was operated in cooperation with the Norwegian chapter of the Women’s Christian Temperance Union.

\(^{222}\) Didrik Konow, “Om underholdningsbidrag under svangerskabet,” *Nylænde*, October 1, 1897, 258.

\(^{223}\) “Hjemløse mødre og spædbarn,” *Nylænde*, February 1, 1908, 40.
Many of the conservative women’s groups involved in the maternity home movement supported Møller’s efforts to strengthen the economic protection of unmarried mothers and illegitimate children, but they did not agree with the more radical parts of the proposal. The women Møller had worked with in founding the Hvide Baand maternity home knew that providing assistance to unwed mothers was controversial enough and worried that inheritance rights for illegitimate children would put the “little sympathy [people] have for unmarried mothers” at risk. These women had encountered difficulties in garnering support for the creation of homes for unwed mothers from people who thought that unmarried women were “rough, animalistic, and immoral.” When it became clear that Møller wanted to go far beyond assisting wayward women and helping them reform their ways, many of Møller’s more conservative allies distanced themselves from her ideas.

Katti Anker Møller also struggled to get her ideas supported by many bourgeois feminists. Møller had been active in the Norwegian National Council of Women (NNCW) since its creation in 1903, but the types of proposals she brought forth, including illegitimate children’s rights and access to contraceptive knowledge were not accepted in this fairly conservative women’s organization. Due to the NNCW’s conservative position, Møller believed that it was actively blocking her from educating its members about the proposal for a law on illegitimate children’s rights. Gina Krog, who

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224 Letter to Katti Anker Møller from Hvidebaands Hjem, April 28, 1904, MS 2416:I, Håndskriftsamlingen, Nasjonalbiblioteket.

225 “Hjem for ugifte mødre,” Nylænde, March 1, 1903, 10.

226 Letter to Katti Anker Møller from Hvidebaands Hjem, April 28, 1904, MS 2416:I, Håndskriftsamlingen, Nasjonalbiblioteket.
was also involved in the NNCW, vehemently denied this and told Møller that she was more than welcome to present her side of the issue but that the NNCW would also allow the opposing opinion to be represented.\textsuperscript{227} Møller also tried to get support for her ideas from the women’s section of the Liberal Party\textsuperscript{228} without any luck.\textsuperscript{229} Even members of the Norwegian Women’s Rights Association were resistant to proposals for illegitimate children’s inheritance and naming rights.

Members of the Norwegian Women’s Rights Association (NWRA) worried that support for illegitimate children’s rights laws would weaken their ability to achieve greater rights for married women. In particular, the NWRA wanted marriage reform and women’s economic rights in marriage to be passed prior to rights for illegitimate children.\textsuperscript{230} Gina Krog did write a few articles in \textit{Nylænde} in support of the illegitimate children’s laws, and focused on aspects of the proposal that resonated with the goals of the NWRA, such as equal rights for all people.\textsuperscript{231} Krog also allowed Castberg and Møller to use \textit{Nylænde} and NWRA meetings as a platform for the issue. Castberg and Møller both gave lectures to the organization’s members to gain support.\textsuperscript{232} \textit{Nylænde} also

\begin{itemize}
\item \textsuperscript{227} Letter to Katti Anker Møller from Norske kvinners nasjonalråd, May 3, 1913, Gina Krog, Håndskriftsamlingen, Nasjonalbiblioteket..
\item \textsuperscript{228} The name of this organization was \textit{Venstrekvinnelag}.
\item \textsuperscript{229} Marit Tokheim, “Norske Kvinner Nasjonalråd,” in Ida Blom and Gro Hagemann, eds., \textit{Kvinner selv: sju bidrag til norsk kvinnehistorie} (Oslo, 1977), 122-150.
\item \textsuperscript{231} Gina Krog, “De ’uaegte’ barn og vor lovigning,” \textit{Nylænde}, May 1, 1902; Gina Krog, “De ’uaegte’ barn og vor lovigning,” \textit{Nylænde}, May 1, 1902.
\end{itemize}
included many articles on the topic written both in support of and opposition to Castberg’s legislative proposal. The majority of these articles voiced support for the sections of the law that provided maternity support to unwed mothers and increased fathers’ legal responsibility for their illegitimate children, but the issue of inheritance and naming rights was highly contested.\textsuperscript{233}

Katti Anker Møller was able to find support for her more radical ideas, including inheritance and naming rights for illegitimate children, from members of the Labour Party’s women’s section (LPWS). Martha Tynæs, one of the founders of the Labour Party’s women’s association, voiced her support of the law because “it [was] mostly working class women who suffer[ed] under the current circumstances.”\textsuperscript{234} In 1913, editor of the LPWS’s periodical, Fernanda Nissen, also tied the opposition to naming and inheritance rights to class. Nissen argued that the law would substantially benefit children and mothers and also remove a lot of the social stigma illegitimate children experienced. She then stated that the only reason people were opposed to these necessary changes was because “rich people [did] not want” to lose their status in society.\textsuperscript{235} Members of the Labour Party’s willingness to challenge aspects of bourgeois society and push for more


\textsuperscript{234} Martha Tynæs, “Nye forslag til barnelovene,” \textit{Kvinden}, February 1, 1914.

\textsuperscript{235} Fernanda Nissen, “Forslag til lov om forsorg for barn og om barn utenfor ekteskap,” \textit{Kvinden}, August 1, 1912, 6.
radical legislative reform formed the basis of lasting cooperation between the Labour Party women’s organization and Katti Anker Møller.²³⁶

*Crafting a Successful Legislative Proposal*

While Katti Anker Møller and Johan Castberg worked to garner support for their legislative proposal, an opposing proposal was put forth in 1912 by Minister of Justice Fredrik Stang (*Høyre*). Stang’s proposal was nearly identical to the one Castberg had encouraged parliament to pass in 1909 except it removed the controversial sections on equal naming and inheritance rights for illegitimate children. The fact that the Norwegian Conservative Party put forth a bill that would significantly strengthen public assistance for unmarried mothers and their children demonstrates the extent to which these initiatives were politically accepted by 1909.²³⁷ These ideas were no longer considered to be especially radical or controversial. Instead, they were perceived as being legitimate social welfare measures within the realm of state responsibility.

If parliament had passed Stang’s version of the law then it would have been a huge political victory for *Høyre*. The conservative party could demonstrate a commitment to social issues and most likely delay any subsequent liberal attempts to implement equal inheritance and naming rights for illegitimate children. To Castberg and Møller’s relief parliament did not have sufficient time to debate Stang’s proposal and in the fall of 1912

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²³⁷ This was also helped by the fact that the Norwegian Conservative Party did not have an aristocratic base, and instead was primarily made-up of government officials and high-ranking civil servants.
leftist parties won the elections by an overwhelming majority. Castberg and Møller worked to revise their proposal in time to present an updated version to parliament in 1914.

In spite of fact that Castberg’s and Stang’s proposals significantly diverged over the issue of naming and inheritance rights for illegitimate children, both included support for parturient women. When Castberg presented his new version of the legislative proposal in 1914 he highlighted the importance the laws would have for the wellbeing of mothers and children, and society more generally. He argued that the state had an interest in protecting its resources and children were an essential natural resource. The state could not solely rely on parents to care for their children. Instead, the government needed to pass legislation that would secure the state’s interests in the protection of children through reducing infant mortality rates. According to Castberg, this was the primary purpose of a law on illegitimate children’s rights.238

Castberg also wanted to use the laws to rectify the inequality that women had to suffer as mothers. Castberg said in his opening speech to parliament that a woman was unfairly burdened by pregnancy as it was a “disruption of her spiritual, physical, and economic life.”239 As Norwegian women had won the right to vote in 1913, Castberg also argued that women’s recently acquired citizenship rights demanded this unequal situation be remedied. Men needed to be held more responsible for their children. This is exactly what Castberg’s proposal aimed to accomplish. The passage of the proposed legislation

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238 Ot. Prp. Nr. 5 1914, “Om utfærdigelse av lover om barn født utenfor egteskap, egtebarn m.m.” 1.
would “right the wrongs [that had been committed] against the mother and child.”

For the child this included naming and inheritance rights equal to legitimate children. For the mother, this meant adequate economic support that would help offset the costs of pregnancy, childbirth, and childrearing. Above all, Castberg portrayed this parturient support as enabling the mother to keep her child living with her which would presumably strengthen the child’s health.

The maternity support proposed in Castberg’s legislative initiative was quite comprehensive. In the main law on illegitimate children an entire section was devoted to compensating unmarried women during pregnancy, confinement, and several months after the birth. Due to the gender norms prevalent at the time men were charged with the duty of providing for their wives and families. In accordance with this ideal, women were not supposed to work outside of the home. Many working-class families were not able to live up to this ideal, and unmarried women in particular had to work for wages regardless of the fact that they were mothers. The state saw this as undesirable especially because of the impact they thought women’s work could have on children’s health. Therefore the state wanted to hold men more financially accountable for illegitimate children and their mothers. This would allow women to refrain from waged labor, at least for a certain length of time prior to and following childbirth.

In order for this law to be of the most benefit to mothers and children the state aimed to make fathers compensate women for the wages they lost due to pregnancy or confinement. The proposed law included a clause that called for a father’s financial

support of a pregnant woman during the four months prior to the birth and the state’s responsibility to set a minimum rate for this support. The Ministry of Social Affairs emphasized that it was “exactly during this period of time that [a woman would] ordinarily feel especially unhappy and abandoned if the father of the child to whom she is going to give birth, does not give her financial support.”

After the birth, the Ministry proposed that the father should also provide the mother with financial support for nine months, but only if the child was born alive. Even in the case of a stillborn birth, a mother was to receive one month of financial support following the birth to allow for physical recovery. The Ministry thought that the maternity support a woman received while pregnant would mostly be to her benefit and not necessarily for the primary benefit of her child.

Some of these ideas would later inform feminist discussions of pregnancy and motherhood as a type of labor women preformed for the state.

The idea that women should be compensated for pregnancy was important for later developments in maternity legislation, but the main focus of the Castberg Laws was on the protection of infant health. Politicians and medical experts agreed that the best way to improve infant health and decrease the high rate of infant mortality amongst illegitimate children was to put mothers in a position where they could keep their children with them following the birth. Mainly, this was to facilitate breastfeeding. The Surgeon General Michael Holmboe, and Drs. Axel Johannessen and Kristian Brandt sent statements to the Ministry of Social Affairs attesting to the importance of breastfeeding.


242 Ot. Prp. Nr. 5 1914, “Om utfærdigelse av lover om barn født utenfor egteskap,” 64.
for infant health. In addition, these medical experts blamed the high infant mortality rate amongst illegitimate children on unmarried mothers being unable to breastfeed because of their need to return to work. Due to this, illegitimate children often ended up in foster care where they received inferior nutrition and died before the end of their first year of life. Based on these arguments, the Ministry of Social Affairs recommended that fathers pay financial support to the mother for a period of nine months after giving birth. This would enable a woman to keep the child in her care and provide it with what doctors at the time viewed as the only suitable nutrition for an infant: breast milk from its mother.

The Ministry of Social Affairs thought that breastfeeding was of such importance that the state should be more involved with ensuring its facilitation. As a result, the proposed law included a section on public assistance for mothers and children. In cases where fathers either could not afford or be made to pay support for the care of their illegitimate children the state would provide women with the money necessary to keep her infant child in her care. This included financial support for six weeks prior to the birth and three months afterwards.

Originally Castberg had wanted to make these benefits available to all poor women, but he was not able to gain political support for this. It was difficult to pass such comprehensive legislation in Norway at the time, especially given the fact that World War One had broken out on the continent and Norwegian politicians were concerned with how the war would affect Norway’s economy. As a result, Castberg was disappointed

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244 Ot. Prp. Nr. 5 1914, “Om utfærdigelse av lover om barn født utenfor egteskap,” 130.
that due to political negotiations the legislative proposal introduced to parliament in 1914 included only unmarried women and specific groups of married women, namely those whose husbands were dead, had abandoned them, or were separated for some special circumstances.245

Reformers may have believed that the state had a duty to step in and protect vulnerable groups, such as unmarried women or widows, but this did not extend to women already “covered” by the protection of her husband. The women included in the proposed legislation were all without a male breadwinner and it would have been easier to convince politicians that these women needed special protections. For married women, their husbands were supposed to ensure that they were provided for and secured a basic standard of living. This was the gender ideal at the time and even Katti Anker Møller agreed that “[It was] natural that women take care of the children and men support them.”246 Only in cases where women did not have men to support them, should the state step in and offer assistance. Similar beliefs were present in other countries, such as the United States, and in many countries it was more difficult to pass legislation that targeted unmarried mothers because of morality debates.247 Due to the strength of these moral arguments in certain political contexts, “worthy” widows were often the only women who were able to receive benefits such as these in places like the United States.

245 Letter from Johan Castberg to Katti Anker Møller, undated. MS 2416, Håndskriftsamlingen, Nasjonalbiblioteket.

246 MS 4 2416: I, Katti Anker Møller, “Ugift Mødre.”

Due to the unique political and cultural context present in Norway at the turn of the twentieth century, it was easier to pass legislation that targeted unmarried mothers in Norway than in other places, but in many cases this legislation could be restrictive and means-tested. The rhetoric that was used to justify the passage of the Castberg Laws emphasized protection and highlighted the benefits these policies would have on children. The state wanted to be sure that its interests in the protection of women and children, especially, were secured. As a result the Castberg Laws included some elements designed to legislate and supervise poor mothers.

In some cases, the proposal was less restrictive than in other European countries particularly when it came to breastfeeding. Politicians hoped that governmental assistance for mothers would encourage women to breastfeed their children, but they did not make the benefit contingent on breastfeeding. Other states - more concerned with population politics, most notably France - had maternity policies designed to promote breastfeeding and often withheld monetary benefits if a woman could not prove that she was breastfeeding her child. These ideas were less prevalent in Norway, where population concerns were less acute and reformers concentrated on improving the population rather than increasing it.

Norwegian politicians did not find it desirable, necessary, or feasible to make maternity benefits contingent on breastfeeding. In the 1914 legislative proposal, they noted different models of public assistance for mothers, including the French model, and decided that compulsory breastfeeding should not be a part of the Norwegian law.

Instead, the stipulation to receive support was that the mother and child lived together.\textsuperscript{249} They believed that in most cases this would be enough to encourage mothers to breastfeed. Even so, politicians noted that the findings from the Central Statistical Agency indicated around ten percent of women did not breastfeed even when given the opportunity to do so.\textsuperscript{250} When revisions of the health insurance were made in 1915 Othilie Tonning from the Salvation Army proposed that a breastfeeding requirement should be implemented for all women who received maternity leave compensation. Her position was not adopted at that time either. Even though the law itself did not make breastfeeding compulsory, as we will see, when the law was implemented at the local level some health councils required women to breastfeed for a certain length of time in order to receive public assistance.

While the proposed law did not require women to breastfeed, it did include a supervisory mechanism to ensure that women used maternity support in the way politicians intended. The law on public assistance for mothers and infants was set to be administered at the municipal level and local health councils oversaw the implementation of the law. The local health councils had the power to approve or reject women’s applications for support. They also had the task of making sure that the women who received public assistance used it in the best interest of the child.\textsuperscript{251} This meant that

\begin{itemize}
\item \textsuperscript{249} Ot. Prp. Nr. 5 1914, “Om utfærdigelse av lover om barn født utenfor egteskap,” 88-103.
\item \textsuperscript{250} Ot. Prp. Nr. 5 1914, “Om utfærdigelse av lover om barn født utenfor egteskap,” 94.
\item \textsuperscript{251} Ot. Prp. Nr. 5 1914, “Om utfærdigelse av lover om barn født utenfor egteskap,” 130.
\end{itemize}
women often had to meet rigid standards of childcare and hygiene in order to receive maternity support under the Castberg Laws.

In order to secure the state’s interests in protecting the health of children, this legislation sought to influence the way women mothered their children. Politicians were especially concerned that poor women practiced modern hygienic measures and strove to ensure that childbirth took place under hygienic conditions. They also wanted infant childcare to follow the most recent medical guidelines. They believed that this would help decrease rates of infant mortality. As a result, the law allowed the municipal health councils significant leeway in supervising poor women’s mothering. Under the proposed legislation, local health councils could, but did not necessarily have to, require women to embrace certain methods of childcare such as breastfeeding or having a separate bed for their children. They could also demand that women had to give birth in an institution in order to receive assistance.\(^{252}\) While these legislative provisions sought to guarantee that infants were born and brought up in the healthiest circumstances, they also restricted women’s decision-making abilities.

*The Laws under Debate*

When the proposed law on public assistance for mothers and children was debated in Odelstinget\(^ {253}\) in 1915, politicians were concerned with some of the restrictive aspects

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\(^{252}\) Ot. Prp. Nr. 5 1914, “Om utfærdigelse av lover om barn født utenfor egteskap,” 130.

\(^{253}\) At this time, the Norwegian parliament used a bicameral system to pass laws. Odelstinget was charged with holding the most comprehensive debates and producing a final legislative draft for Lagtinget to either approve or reject. This bicameral system was abandoned in 2009 in favor of a unicameral parliament.
of the law because of the effect it might have on the child. Of particular worry was a section of the law that would require a woman to report her illegitimate pregnancy to the authorities prior to giving birth in order to receive the financial support. Birger Stuevold-Hansen (Venstre) thought that this directly contradicted the entire point of the law, which was to “protect the continuation of the family.” 254 According to Stuevold-Hansen, a woman’s destitution and need was more important than whether or not she reported her pregnancy. Stuevold-Hansen believed that women would experience this compulsory statement as a “punishment” and this could negatively affect the fetus. Stuevold-Hansen also argued that it was a “woman’s right to keep [the name of her child’s father] a secret.” 255 Guttorm Fløistad (Arbeiderparti) agreed with Stuevold-Hansen and called the proposed requirement “barbaric.” 256 These arguments were persuasive and Odelstinget voted unanimously to remove this requirement from the law. 257

The portions of the legislation that required the woman to submit to the supervision of local health councils was not debated as unreasonable or “barbaric,” most likely because it bolstered the law’s main goal of protecting children’s health. When it came time to discuss the sections of the law that concerned its administration by local authorities, parliamentarians were more worried about the logistics of implementation rather than the restrictions it might place on women.

254 Here I have translated slegt, which can also mean generation or in some cases have a racial connotation, as “family.” Stortingsforhandlinger 1915, Forhandlinger i Odelstinget, “Lov om forsorg for barn,” 228.


Politicians acknowledged that the legislation granted health councils significant authority over women, but they did not try to limit this. Instead, parliamentarians feared that the proposed legislation would place too much of a burden on local authorities and be difficult to administer.258 Under the proposed law women would have to apply for assistance from the local law enforcement or child support enforcement officer. The case would then be sent to a committee made up of health council members, which included local medical doctors and civil servants. These two authorities not only approved and denied applications for support, but they could also determine the amount of money a woman received. In some cases, these local authorities could also decide to extend the length of time a woman could get assistance from three months following the birth to six months. The state gave the local authorities the power to determine which married women were eligible for assistance as well. In addition, the state charged local health councils with supervising the women who received public assistance and ensuring that they used the money in accordance with the standards the health council. This could potentially include requiring a woman to given birth in an institution instead of at home. This part of the legislation was one of the few that parliamentarians debated in terms of its effect on limiting women’s choices.

The section of the law that gave the health council power to require a woman to give birth in an institution caused a stir in parliament. Some parliamentarians from rural areas wanted to know if a woman could be made to give birth in any institution, including old-age homes and poor houses. Ivar Petterson Tveiten (Venstre) thought it was

particularly important to clarify this because in rural areas there were no maternity homes to be found and it might be advantageous to have poor women give birth in these other governmental facilities.\textsuperscript{259} In response to this, Castberg stated that his fellow parliamentarians had to be careful and remember that this was “in a way a type of coercion,” and they should not make this even more apparent by forcing women give birth in old-age homes or poor houses.\textsuperscript{260} Instead, the health councils should be able to require women to give birth in only “nice” places so that women did not consider the stipulation onerous and coercive, but enjoy their time at the institution. Other parliamentarians such as Otto Bahr Halvorsen (Høyre) thought that requiring women to give birth in poor houses would counteract the law’s main goals of preventing women from being tainted by the act of receiving poor relief.\textsuperscript{261} Ultimately, Odelstinget did not change the wording of this section of the law and left it open for health councils to be able to require women to give birth in any kind of governmental “care facility.”\textsuperscript{262}

The debates over what types of facilities the government could require women to give birth in reflected greater tensions within parliament over urban/rural divides. Ivar Petterson Tveiten’s concern over the lack of maternity homes in rural districts and his suggestions for suitable replacements demonstrated some of the problems inherent in creating national social policies built on the model of Kristiania. In contrast to Kristiania, many rural areas in Norway did not have modern medical facilities, including hospitals or

\textsuperscript{259} Stortingsforhandlinger 1915, Forhandlinger i Odelstinget, “Lov om forsorg for barn,” 239-240.


maternity homes, and it would have been impossible to require women who lived in these districts to give birth at such a place. Parliamentarians such as Tveiten brought this to the attention of other members of parliament in an effort to not only prevent unattainable requirements from being included in the law, but also to elicit a larger discussion about crafting legislation that could apply to both rural and urban areas. This was a common point of contention for parliamentarians who represented rural districts and ultimately their points were valid. It was important that policies were adaptable to the diverse conditions present in Norway in the early-twentieth century. This is likely the reason parliament decided to leave “government care facility” open to interpretation at the local level.

Johan Castberg and Katti Anker Møller’s initiative to ensure greater economic protections for illegitimate children and single mothers was finally achieved in 1915. The Castberg Laws was one of the most progressive pieces of social legislation passed in Europe during the early-twentieth century. Castberg and Møller had worked together to write the legislation and brought the issue to the public’s attention through their speeches, public lectures, and newspaper articles. It is difficult to say exactly how much credit should be given to Katti Anker Møller for the passage of the Castberg Laws, but Castberg himself acknowledged that Møller had “framed the content of the debate” and that he was “proud to be by [her] side” on this and other issues. When their proposal finally gained

263 Correspondence between Castberg and Møller, MS 4 2416:III Morstrygd 2, Håndskriftsamlingen, Nasjonalbiblioteket.

264 Letter from Johan Castberg to Katti Anker Møller, July 16, 1913, MS 4 2416:III Morstrygd 2, Håndskriftsamlingen, Nasjonalbiblioteket. There is also a copy of a draft of the law written in Møller’s handwriting with her comments in the margins.
the consent of parliament and was signed into law by the King, they rejoiced.\textsuperscript{265} Castberg and Møller had overcome significant obstacles and passed a series of laws that significantly changed the state’s relationship to the family.\textsuperscript{266}

\textit{Poor Mothers, Midwives, Feminists and the Castberg Laws in Practice}

The Castberg Children’s Laws were a series of six laws that guaranteed equal naming and inheritance rights to children, altered certain marriage and divorce regulations, defined parental responsibilities and provided public assistance for single mothers. The section of the law which regulated public assistance for mothers and infants represented a substantial increase in state involvement in maternity and will be the focus of the remainder of this chapter.

The passage of the Castberg Laws was a major triumph for Johan Castberg and Katti Anker Møller and represented a substantial increase in the economic protection of poor mothers and children, but the impact it had on women’s lives was quite mixed. We will see how this law was interpreted and implemented by bureaucrats and midwives at the local level and discover the multitude of ways Norwegian women negotiated the effects of this piece of legislation. Poor, single mothers stood to benefit economically from the law’s provisions, but in order to receive assistance they had to submit to state interference in their private lives. Midwives stood to gain professionally from the laws,

\textsuperscript{265} Correspondence between Castberg and Møller, MS 4 2416:III Morstrygd 2, Håndskriftsamlingen, Nasjonalbiblioteket.

\textsuperscript{266} Bjarne Markussen, \textit{Rettshistorier}, 115.

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and the increased state control of maternity significantly altered their relationships to the state and birthing women. While not directly affected by the laws, feminists like Katti Anker Møller would use the premises established in the law to widen the state support of motherhood in the 1920s and 1930s.

Poor Women and the Laws on Public Assistance for Mothers and Infants

A significant number of poor Norwegian mothers could have benefitted from the Castberg Laws. In this legislation, the state guaranteed unmarried women economic protections during the last weeks of pregnancy and in some cases the first few months following delivery. The government held men more accountable for supporting their illegitimate children and the mothers of these children. If the state was not able to make fathers pay this support, then the government would ensure that women received adequate economic support during and following pregnancy. Under the law on public assistance for mothers and infants, women could receive economic support for six weeks prior to giving birth and up to six months afterwards. Even some married women were eligible for this assistance. The amount of support varied in accordance with city/town divisions and the decisions of local authorities, but the minimum rate of support was
fairly substantial and may have allowed many women to refrain from waged work while receiving it.\textsuperscript{267}

Poor women who were required to take a leave of absence from work due to pregnancy, but not compensated, were able to apply for support through the Castberg Laws. Even after the health insurance law started covering this mandated maternity leave, many women were not eligible to receive it because of the stringent membership requirements (see Chapter 3).\textsuperscript{268} Those women would have also been able to use the Castberg Laws to cover the costs of the mandated maternity leave.

The funding for this assistance was split between the state and local governments, with the majority of financing coming from municipal sources. In theory, the municipal budgets would not have been significantly burdened by the implementation of this law, because they were already supporting poor mothers and children through poor relief initiatives. The laws merely funded this support through a different social program. While this change may not have had a significant impact on municipal budgets, it did contain important alterations to the legal status of poor women. The public assistance for mothers and infants helped keep poor mothers off poor relief rolls and allowed them to maintain

\textsuperscript{267} This would have varied widely according to an individual woman’s circumstances and whether or not she had to pay a midwife’s fees with this money. The average minimum rate of support for the first month after the birth was 35 kroner. The average daily wage for a woman working in industry at the time was just over 2 kroner. For a servant, the average monthly wage in 1914 for a woman aged 20-24 was 18 kroner plus room and board. Statistisk sentralbyrå, Historisk statistikk, “Daglønn, etter yrke, Bygder og byer, 1875-1920,” and “Månedslønn for hushjelp med kost og losji, etter alder, 1914-1948,” http://www.ssb.no/a/histstat/, February 24, 2013. See also Ida Blom, “‘Ingen mor maa til tidsfordriv sitte med sitt barn paa fanget’: Konflikten mellom forældrens og omsorgsansvar blant ugifte mødre i Bergen, 1916-1940,” in Historie Nedenfra, Per Fuglum og Jarle Simensen, eds., (Oslo:Universitetsforlaget, 1984), 31.

\textsuperscript{268} Women who received support under the maternity insurance provisions were also eligible for public assistance, but their insurance benefits would be deducted from their assistance payments. Norges lovtidene, “Lov om forsorg for barn,” 145, 1915.
their citizenship rights, something which held increased importance after the implementation of women’s suffrage in 1913.

While the law offered substantial economic support for poor mothers, many women never received help under the law on public assistance for mothers and infants. The government had expected a significant number of women to apply for support after the law was implemented, but this did not come to fruition. Politicians had predicted that 1,400 married women would benefit from the law per year but on average fewer than 60 married women received support in the years following the law’s passage. Even more surprising was the fact that even unmarried women did not receive support at the rate anticipated. The government had anticipated around 2,500 unmarried women receiving this assistance per year but on average fewer than 800 per year had done so by 1925. In Kristiania, only 90 unmarried women received help prior to giving birth and 143 after giving birth in 1920. These low numbers disappointed government officials, women’s rights advocates, and other social reformers and led them to work towards a revision of the law in the early 1920s.

Politicians and women’s rights activists argued that there were two main reasons women did not receive assistance: first, few women knew about the law and therefore did not apply and secondly, the bureaucratic administration of the law was ineffective and


270 Sosialdepartementet 2, Sosialkontor D, Barnevern, Forsorg og bidragssaker, 1919, Riksarkivet.

271 Ot. Prp. Nr. 18 1920 , Revision of child support law of 1915.
created obstacles for the women who did apply.\textsuperscript{272} Work was undertaken by female factory inspector, Betzy Kjelsberg, to help inform working women of the laws and the financial help they could receive.\textsuperscript{273} Proposed revisions to the laws in the early 1920s also sought to simplify the application process.\textsuperscript{274} Yet problems persisted and as late as twenty years later Katti Anker Møller’s daughter, Tove Mohr, characterized the lack of use of the laws as a “shame for us women.”\textsuperscript{275}

While it is difficult to know exactly why so few poor women received public assistance under the Castberg Laws, some preliminary explanations can be made. There is some evidence that women did in fact not know about the existence of the laws, even as late as 1936. That year, a woman wrote to Tove Mohr and thanked her for an article she had written on the laws, because it helped her “understand [her] rights as it ha[d] gone over one year and [she] had not received support.”\textsuperscript{276} Armed with the information, the woman reported that she went to the local support office and asked to be retroactively compensated. Her request was denied. Mohr claimed that she received many letters just like this one detailing the lack of knowledge poor women had of the Castberg Laws. For

\textsuperscript{272} Ot. Prp. Nr. 18 1920 , Revision of child support law of 1915.

\textsuperscript{273} Letter to Katti Anker Møller from Betzy Kjelsberg, April 15, 1915. MS 2416: I Uegte Barn, Håndskriftsamlingen, Nasjonalbiblioteket.

\textsuperscript{274} Ot. Prp. Nr. 18 1920 , Revision of child support law of 1915.

\textsuperscript{275} Tove Mohr, “Mødrenes kår,” \textit{Kvinden}, August 1, 1936, 20.

\textsuperscript{276} Tove Mohr, “Mødrenes kår,” \textit{Kvinden}, August 1, 1936, 20.
this reason, feminists tried to get information out to poor women on the maternity benefits for which they were eligible.\textsuperscript{277}

Even the women who knew about the assistance and applied for support faced difficulties meeting the scrutiny of local health councils. The law had granted local health councils significant power in deciding who was eligible for assistance and how much support a woman could receive. This local administration of the law meant that the members of the health councils often knew the women who applied for assistance and women’s standings in their communities could affect the status of their applications. This was the case when Hilda E.\textsuperscript{278} applied for support in May of 1924. Her local health council unanimously rejected her application because Hilda E. had a reputation in the community for being “immoral” and a “cheat.”\textsuperscript{279} In spite of the fact that the Ministry of Social Affairs found these reasons to be “untenable” the Ministry found it best not to intervene in the case. Hilda E. ended up having to apply for poor relief.\textsuperscript{280} Cases such as Hilda E.’s suggest that that the administration of the law at the local level could entail extra obstacles for women. They not only had to overcome “the shame of [having their circumstances] known in their home villages,” but also had to stand review from

\begin{footnotes}
\footnote{277} Betzy Kjelsberg tried to do this in her work as a factory inspector and the Norwegian National Council of Women also supported these initiatives. Norske kvinner nasjonalråd, Beretning 1907-1910, MS4 2912:7, Håndskriftsamlingen, Nasjonalbiblioteket.

\footnote{278} Due to Norwegian classification laws, I will not be using the last name of welfare recipients whose case files were active within the last hundred years.

\footnote{279} Case 5015/1924, Sosialdepartementet, 2. sosialkontor D, Lov nr. 2 av 10 april 1915, barneforsorg, Riksarkivet.

\footnote{280} Case 5015/1924, Sosialdepartementet, 2. sosialkontor D, Lov nr. 2 av 10 april 1915, barneforsorg, Riksarkivet.
\end{footnotes}
members of their own communities.\footnote{Letter from Kristiania Underfogdskontor, January 3, 1918, Barnevern: Forsorg for fattige mødre, Socialdepartementet, Lovkontoret S, Saksarkiv, Riksarkivet.} This local administration made it difficult for authorities to impartially judge an application and consequently more onerous for some of the women who sought support.

In order to receive extensions of their maternity support beyond the first three months, a woman also often had to prove to the local health council that she breastfed her child. A section of the law specifically mentioned that only mothers of infants in poor health could receive the extended assistance, which was supposed to help ensure prolonged breastfeeding.\footnote{Lov om forsorg for barn, 1915 §5.} Many local health councils interpreted this section of the law to mean that women had to breastfeed beyond three months in order to be eligible for extended support.\footnote{Revisjon av forsorgsloven, Barnevern: Forsorg for fattige mødre, Socialdepartementet, Lovkontoret S, Saksarkiv, Riksarkivet.} For some women this requirement was something they either could not or did not want to fulfill.

Though certain physical impediments certainly existed, most of these women likely did not breastfeed beyond three months because they had to return to work. When the Kristiania Health Commission conducted a survey of unmarried mothers in 1912, they found that less than one third of the women studied exclusively breastfed beyond three months.\footnote{Out of 881 women studied, 259 or 29% breastfed beyond three months. “Barn født utenfor egteskap I Kristiania I 1912 og deres forældre,” Oslo helsерåds årsberetning1913, Oslo byarkiv.} The remaining two thirds of unmarried women mainly fed their babies with cow’s milk from a bottle. For many women, feeding their children cow’s milk or
placing them in foster care was necessary so that they could resume their work outside the home. Between 1918 and 1920, nearly 75 percent of the women supervised by the Kristiania health council returned to work within four months of giving birth. This would have made it very difficult to continue to breastfeed and many women had to wean their infants between six weeks and two months after giving birth.

Local health councils did not have much sympathy for women who had to return to waged work and had stopped breastfeeding as a result. Many local health councils interpreted this practice as women wanting to be “done with it (breastfeeding) as soon as possible to start work again.” Others characterized this practice as women’s lack of caring for their children: “Some women care for their children very well but the majority want to wean the child and have someone else care for it so they can resume work.” Health officials did not perceive women who stopped breastfeeding as needing to do so in order to earn enough money to survive. For that reason, many women who could not continue to breastfeed their children past three months had to apply for poverty relief for financial support because health councils denied their applications for extended public assistance.

285 This data was collected by health council representatives who supervised these women. Oslo helseråd årsberetning 1919, 1920, 1921, Oslo byarkiv.

286 Revisjon av forsorgsloven, Barnevern: Forsorg for fattige mødre, Socialdepartementet, Lovkontoret S, Saksarkiv, Riksarkivet.

287 Reports from Bergen fylke, Revisjon av forsorgsloven, Barnevern: Forsorg for fattige mødre, Socialdepartementet, Lovkontoret S, Saksarkiv, Riksarkivet.

Many poor women might have never applied for support because of the restrictions local health councils could place on their ability to give birth and mother their children in the way they saw fit. The local health council could require that a woman give birth in an institution, such as a maternity home, in order to receive public assistance. Many health councils took advantage of the clause and “use[d] the law to place the mother and child in a maternity home, because [they knew] the child [would] receive the necessary care [there].”289 This was due to the fear that women who gave birth at home, away from supervision, would not use the assistance in the “correct” manner and that it would be “wasted.”290 By forcing women to give birth at a governmentally-controlled institution, health officials could better ensure that women gave birth in the type of environment congruent with their goals of protecting infant health.

Maternity homes could also be used to supervise the ways poor women mothered their children. Women’s rights activists like Agnes Martin Sparre implored the government to use the maternity home requirement as means of social control. She thought that all women who were forced to stay in a maternity home should be interrogated about the types of living conditions they had to offer their children, because the “state and municipality has a right to know if the child will be sufficiently provided


290 Sør Trøndelag County response to the petition from the Social Department July 6, 1921, Revisjon av forsorgsloven, Barnevern: Forsorg for fattige mødre, Socialdepartementet, Lovkontoret S, Saksarkiv, Riksarkivet.
for and that parental rights might have to come in second place in regards to this.”

Women may have resisted these methods of social control by not applying for public assistance.

In a maternity home, the government could also collect information on infants’ weight, measurements, and general condition that they could use for statistics as well as for ensuring that a mother was adequately caring for her child. All poor mothers who stayed at maternity homes were trained in “proper” childcare methods, but the mothers who had children whose statistics fell outside of the range of “normal” received extra instruction. These elements of control and supervision may have led poor women to avoid applying for public assistance under the Castberg Laws.

Poor women did not always want to stay in maternity homes and resisted this coercive aspect of the maternity support. At this time it was quite unusual for women to give birth in a place other than their own homes. Women, especially impoverished women who lived in rural areas, would not have been unaccustomed to the sterile nature of medical institutions. While their advocates upheld maternity facilities as “hygienic” and “modern,” many poor women were horrified by their “white coldness.”

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291 Letter to Castberg, February 1, 1917 from Agnes Martin Sparre, MS 2416: I Uegte Barn, Håndskriftdlingsen, Nasjonalbiblioteket.


294 Poor women who lived in Kristiania would have been more familiar with birthing institutions because impoverished women could give birth for free at the Women’s Clinic. This clinic was staffed by medical and midwifery students who used these poor women to practice their skills.

295 “Fødehjem,” Kvinden, April 1, 1917.
Giving birth in a familiar and comfortable environment was important to many women and some of them were not willing to sacrifice this feeling of safety in order to receive public assistance. One woman wrote to Tove Mohr in 1934 and complained that the local health council had denied her daughter maternity support because she refused to give birth in a maternity home. According to this woman, her daughter did not want to give birth in an unknown place when she had “it so good here at home.” This mother found it disheartening that a poor woman who had already endured enough hardship should also be “forced from her home” and “not get what belongs to them [sic].” The monetary assistance this woman’s daughter could have gained by submitting to the local health council’s requirement that she birth in a maternity home was not enough to convince her to give birth in an institution.

Women who did not give birth at maternity homes, but still received assistance met additional forms of supervision and control from local health councils. In Kristiania many unmarried mothers were required to submit their children to regular medical checks in order to receive their support payments. These medical checks took place at infant control stations, or spedbarnskontroll, which had been modeled after Pierre Budin’s practices at Charité Hospital in Paris. At these clinics, infants were weighed, measured,

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and checked for illness.\textsuperscript{298} Nurses and midwives also instructed women how to care for their infants and to follow a strict feeding regime. Breastfeeding was almost always stressed as the only acceptable way for women to feed their children.\textsuperscript{299}

Local health councils thought that infant control stations were a good way to ensure that poor women were mothering their children according to the most recent medical standards of care. The health councils thought that this was particularly important for the women who did not give birth at maternity homes. Women who gave birth at home often received advice on how to care for their infants from female relatives, not medical officials. In an effort to remedy this, the Kristiania health council required women who received public assistance to bring their children to control stations in the 1920s. The public assistance payments were in fact given out at these infant control stations so that more women would attend them and the council could have “more control over individuals who live at home and not in a maternity home.”\textsuperscript{300}

For the women who had refused to give birth at maternity homes, infant control stations would most likely also have been an unwelcome requirement. Many of the poor women who attended the control stations disliked them because they felt them an intrusion in their private lives. They also resented the condescension they felt from

\textsuperscript{298} Many of the control stations were partially funded by the municipality and run by voluntary organizations such as the Norwegian Women’s Sanitary Association who hoped to use them to prevent the spread of communicable disease like tuberculosis. Voluntary organizations continued to take primary responsibility for the running of these clinics until the Public Health Station law in 1972 transferred full financial and staffing responsibility to municipalities.

\textsuperscript{299} Women who could prove that they were physically unable to breastfeed could receive help from “Milk Drops” organized by voluntary organizations. Ida Blom, “‘How to have healthy children’: Responses to the falling birth rate in Norway, c. 1900-1940,” 159.

\textsuperscript{300} Oslo Helseråd årsberetning 1920, Oslo byarkivet.
doctors and nurses who characterized them in medical reports as lazy and ignorant.\textsuperscript{301} It is therefore possible that some women did not apply for public assistance or did not receive public assistance because they wanted to avoid having to bring their children to infant controls.

In spite of the fact that not as many women applied for, or received, public assistance under the Castberg Laws as politicians had hoped, a significant number of women did benefit from the legislation. Between 1915 and 1925, 600-800 poor Norwegian women on average were able to get maternity support from the government to help them offset the costs of giving birth to and raising children.\textsuperscript{302} Most of these women lived in Kristiania and were unmarried domestic servants.\textsuperscript{303} Many of them were unable to get support from their children’s fathers and were ineligible to receive maternity insurance benefits because they did not fulfill the membership requirements.\textsuperscript{304} For these women, the public assistance they were able to receive under the Castberg Laws would have been a superior, if not problematic, alternative to getting poverty relief.

Women could also use the laws to exercise agency and citizenship rights. Some women laid claim to public assistance benefits for mothers and infants as an entitlement. For example, when Martha S. was denied retroactive maternity support for the last six

\begin{footnotesize}
\textsuperscript{301} Ida Blom, “‘How to have healthy children’: Responses to the falling birth rate in Norway, c. 1900-1940,” 161.
\textsuperscript{303} Oslo Helseråd årsberetning 1916-1940, Oslo byarkivet.
\textsuperscript{304} Correspondence, Revisjon av forsorgsloven, Barnevern: Forsorg for fattige mødre, Socialdepartementet, Lovkontoret S, Saksarkiv, Riksarkivet.
\end{footnotesize}
weeks of her pregnancy she sued Aure municipality. This occurred just one year after the law had been implemented and in a rural area of the country, over 140 kilometers from the nearest city of Trondheim. The health council had approved Martha S.’s application for post-partum assistance in 1916, but because she had applied after the child was born they did not believe that they were legally obligated to pay her the pregnancy support as well. Martha S. and her lawyer argued that “the law afford[ed] her a right as an unmarried woman, a right that the municipality [was] required to pay.”\(^{305}\) The court ultimately sided with the Aure health council, but Martha S.’s case demonstrates that some women not only knew about the law, they also felt it was their right to receive assistance. When the government denied her claim she decided to use the court system to get what she believed was her entitlement as an unmarried woman.

Women also used the laws in ways that politicians and bureaucrats had never anticipated and in doing so, they challenged the legal definition of paternity. Most of the financial assistance women could receive under the Castberg Laws was tied to the fact that their children were born outside of marriage. Typically a child’s illegitimacy was traced to his mother’s unmarried status, and a married woman could not give birth to an illegitimate child because of the traditional Roman legal principle \textit{pater est quem nuptiae demonstrant}. This loosely translates to “the father is the one whom the marriage vows demonstrate” and meant that the legal father of a married woman’s child was her husband. Many European countries accepted this principle and used it when establishing paternity, yet as medical knowledge about conception and pregnancy advanced it became

\(^{305}\) Report from case nr. 71/1917Sosialdepartementet, 2. sosialkontor D, Lov nr. 2 av 10 april 1915, barneforsorg, Riksarkivet.
possible to determine paternity based on other factors. This opened up the possibility that married women could give birth to illegitimate children.

Married women applied for maternity support under the Castberg Laws for their illegitimate children and forced the government to question the legal basis for paternity. The first case of this occurred in 1922 when Marie L. named a man other than her husband as the father of her child. The local welfare office was unsure of how to proceed and asked the Ministry of Social Affairs for direction. The Ministry of Social Affairs was also perplexed and wrote to the Ministry of Justice for their opinion. The Ministry of Justice quoted *pater est quem nuptiae demonstrant*, but then stated that in special circumstances this principle should be abandoned if it could be proven that the woman and her husband had not engaged in sexual intercourse during the time of conception. Several other similar cases were brought forward throughout the 1920s and 1930s and each time the local health councils were referred to the 1922 statement from the Ministry of Justice and each time a paternity suit was carried out against the named father and not the woman’s husband. Even when Signe M. reported in 1936 that it was not her husband who was the father of her child, but rather her father-in-law, the Ministry of Justice authorized a paternity suit against Signe M.’s father-in-law Anders M. By naming men other than their husbands as their children’s fathers, women like Signe M. and Marie L. caused state actors to rethink established bureaucratic and legal definitions of paternity.

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306 Spørsmål om utføerdigelse av foreleg naar en gift kvinne oppgir en annen enn ektemannen som sitt – Sosialdepartementet, 2. sosialkontor D, Barnevern, Riksarkivet.

307 Spørsmål om utføerdigelse av foreleg naar en gift kvinne oppgir en annen enn ektemannen som sitt – Sosialdepartementet, 2. sosialkontor D, Barnevern, Riksarkivet.
and in many cases choose to disregard the principle of *pater est quem nuptiae demonstrant*.

Poor Norwegian women negotiated, embraced, and resisted the various effects the Castberg Laws had on their lives. Many women did not ever apply for the public assistance they were eligible for under the laws. The women who did apply and received support encountered restrictions on their freedom to choose where to give birth and how to mother their children. In order to escape the more coercive aspects of the law, many women sacrificed the support they could have received and refused to give birth in maternity homes, breastfeed past three months, and attend infant control stations. Other women like Martha S. saw the laws as an important right they had received and fought to claim their benefits. Women’s reactions to the laws were at times unanticipated by government officials and in the case of married women’s use of the laws, caused politicians and bureaucrats to reevaluate traditional legal principles. All of these various responses to the Castberg Laws on public assistance for mothers and infants challenged the legislative parameters set in 1915 and affected the way the law was interpreted and later revised.

*Midwives and the Castberg Laws*

The Castberg Laws also affected the practice of midwifery in significant ways. The legislation accelerated changes in the relationship between midwives and birthing women. It also created opportunities for midwives to use the parameters of the law to bolster their professional status. The laws encouraged more supervision of working-class
motherhood and midwives adapted their skills to the changing ideas about pregnancy and infant care. As a result, midwives became more involved in state supervision of poor mothers.

The government relied on midwives to help them execute the Castberg Laws and oversee working-class mothers. An unmarried woman who wanted maternity support from her child’s father or the municipality was required to have an examination conducted by a midwife. Here the midwife would verify the existence of pregnancy and determine the dates of possible conception and delivery. This information was then used to help establish paternity and to set the date when a woman was eligible to receive support payments.  

As one of the main medical authorities present at births, and one of the few governmental representatives in rural areas, the state needed midwives to help them with the bureaucratic logistics of the Castberg Laws. Many midwives were publicly employed and had important duties connected to their place in the state apparatus. Even private practicing midwives were required to perform important services for the state, including registering all live births. These duties were expanded under the Castberg Laws. Under this legislation, midwives were not only charged with establishing dates of conception and delivery, but they also were required to report any illegitimate birth to the authorities.  

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308 Women could only receive payment after a doctor or midwife attested to the fact that the birth would take place within six weeks from the date of the report. *Norsk lovtidende*, “Lov om forsørg for barn,” 1915, 146.

This took the power of and duty to report illegitimate births out of the hands of unmarried mothers and into the hands of a governmental official. Prior to the Castberg Laws, unmarried mothers were charged with reporting the births of their illegitimate children in order to initiate paternity suits. This meant that before 1915 most, if not all, paternity cases were pursued by women who actively sought child support from their children’s fathers. The passage of the Castberg Laws changed this. Unwed mothers were no longer faced with the difficulty and shame of registering the births of their illegitimate children, but this also meant that they could not choose whether or not to elicit support from their children’s fathers. Instead, the state wanted all illegitimate births registered and all fathers to be held financially accountable for their illegitimate children. Midwives were essential to realizing this goal.

Some midwives struggled with this new role and the implications it had for their relationships with birthing women. Since the early nineteenth-century midwives had fulfilled a bureaucratic role for the state by registering the live births they attended. The reporting of illegitimate births was an extension of this established role. The paperwork associated with an illegitimate birth, however, was more complicated than simply reporting the birth of a child. The midwife had to ask the birthing woman a series of questions about the pregnancy, possible dates of conception and the identity of the child’s father. Sometimes the midwife did not believe the statement a birthing woman gave her.

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310 Paternity case records indicate that many women resisted this change because they did not want to name their children’s fathers and/or register their children as illegitimate.

311 Ida Blom, “Den haarde dyst,” 34.
Midwives could find themselves in difficult positions when their previous roles as birthing women’s confidants and supporters clashed with their new task of providing the state with information on illegitimate births. Sometimes a midwife’s medical knowledge could lead her to mistrust a birthing woman’s account of who her child’s father was. The midwife then faced a choice of whether to merely report what the woman told her or to give her own judgment on the matter.

In 1919 “a country midwife” wrote into the Journal of Midwifery to ask for advice in a case where she felt that the birthing woman lied in her statement about when she became pregnant and who the father of the child was.312 This midwife thought it very difficult to discern whether she had an obligation to respect the birthing woman’s statement or report her expert opinion to the state. Midwives could be called into testify in paternity cases, and this made it even more challenging for midwives who felt a duty to report the “truth” as they saw it, even if it meant discrediting a birthing woman. The editor of the midwifery journal told the “country midwife” that her thoughts on who the child’s father was were immaterial and that she should relay only the mother’s statement to the authorities. Further stressing this point, the editor stressed that even if the midwife was asked to testify in court that she should be careful in asserting her own opinion as to whom the father could be.313 The midwife was not satisfied by this answer and felt that

312 “Brevkasse,” Tidsskrift for jordmødre, April 1, 1919, 67.
313 “Brevkasse,” Tidsskrift for jordmødre, April 1, 1919, 68.
she needed to act “according to her conscience and convictions” and not be made a “mouthpiece for a loose girl’s coarse lies.”314

Balancing allegiances between the state and birthing women was not easy, especially when legislation like the Castberg Laws gave midwives increased power over poor mothers. Women now had to have midwives verify their pregnancies and were required to report intimate details of their lives, which often included their sexual histories, to midwives. The law also included a clause that allowed local authorities to entrust a woman’s public assistance payments to a midwife. In this way, the state gave midwives control over a poor mother’s money to ensure that the payment was “used according to the best interests of the mother and child.”315 These types of legislative decisions bolstered midwives’ professional status, at the same time that they created distance between midwives and the women they served. This may help explain why midwives still had so many difficulties getting birthing women to choose them over untrained helping wives.

The relationship also changed between parturient women and midwives when midwives tried to retool as experts on infant care. Major debates amongst midwives took place during the 1920s and 1930s over the issue of whether or not midwives should become consultants for infant care. Many midwives worried that with medical developments and professionalization, including the proliferation of nurses and creation

314 “Jormødrene og barnefarspørsølmål,” Tidsskrift for jordmødre, May 1, 1919, 90.

of hospitals, Norwegian midwives would become nothing more than a “saga.” Yet many midwives were not sure that rebranding as experts on infant care was the best solution to this problem.

Katti Anker Møller was one of the first people to suggest that midwives become infant care consultants in addition to their work as birthing assistants, and many midwives did not like her meddling in their professional business. Several midwives thought that advising women on childcare and breastfeeding techniques was not advisable nor perhaps even possible. For these midwives, becoming infant care consultants would only serve to unnecessarily increase a midwife’s work because “in most cases a mother will learn to care for her child herself.” Midwives lamented that even mothers who could benefit from a midwife’s advice on childcare and breastfeeding would probably ignore it in favor of listening to their grandmothers and aunts. Behind many of these thoughts was the worry that midwives’ professional status would be reduced by acting as childcare consultants.

Though some midwives resisted the idea that midwives should become involved in infant care work, it became increasingly clear that midwives could not maintain a decent standard of living if more and more women were going to give birth in

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316 “Er den norske jordmor snart en saga?,” Tidsskrift for jordmødre, June 1, 1933, 62.

317 Katti Anker Møller did this in conjunction with trying to get maternity insurance passed in 1915, which will be detailed in the following chapter.


319 Nikoline Falck Ellertsen, “Jordmoren på sin rette plass,” Tidsskrift for jordmødre, June 1, 1931, 72-75.

320 Nikoline Falck Ellertsen, “Jordmoren på sin rette plass,” Tidsskrift for jordmødre, April 1, 1931, 50.
institutions. Under the Castberg Laws and the health insurance law (to be discussed in Chapter 3) the government could require that a working-class woman give birth in a maternity home in order to receive maternity benefits. This led to a marked increase in institutional births, and consequently decreased the amount of work a district midwife had.\textsuperscript{321} Even in maternity homes primarily staffed by midwives, the institutional model of birth required only one midwife to attend several women simultaneously. Midwives identified this “genius idea of relocating births to clinics” as the reason there would “soon be no more midwives.”\textsuperscript{322} The government had aided the transition from home births to institutional births by tying benefits to institutional births and as a result midwives found it increasingly difficult to defend their existence.

Midwives responded to this threat by deciding to expand their professional domain to encompass infant care, a decision that further increased the medicalized distance between parturient women and midwives. By 1939 the Norwegian Association of Midwives was recommending that midwives “market” themselves as infant care specialists.\textsuperscript{323} This was in response to the amount of money the government had allocated to the running of infant control stations. Midwives had increasingly started staffing infant control stations during the 1930s, a development that the Norwegian Nurses’ Association

\textsuperscript{321} Ida Blom demonstrates in her book that tying benefits to stays at maternity homes is one of the reasons Norway slowly transitioned from home births to institutional births. “Den haarde dyst,”168-179. Midwives started articulating this as a problem early on. See “Diverse,” \textit{Tidsskrift for jordmødre}, January 1, 1921, 10-12.

\textsuperscript{322} “Er den norske jordmor snart en saga?,” \textit{Tidsskrift for jordmødre}, June 1, 1933, 63.

\textsuperscript{323} \textit{Tidsskrift for jordmødre}: “Jordmødre-deres kår, arbeidsfelt og utdannelse,” “Kontrollstasjoner-jordmødre-jordmor utdannelse,” “Jordmødre, har dere overveiet hvad det betyr?”, February 1, 1939, 17-29.

\textsuperscript{323} “Våkn op jordmødre,” \textit{Tidsskrift for jordmødre}, July 1, 1938, 109.
protested vehemently.\textsuperscript{324} At these infant care stations, midwives weighed and measured working-class women’s children and advised these women on how to best care for their infants. This work at the infant control stations further entrenched midwives’ role as supervisors of poor mothers. It also contributed to the professionalization of the relationship midwives had to parturient women. While this may have had negative consequences for parturient women, midwives were able to use the infant control stations to prove their continued relevance in a modern, medicalized system of birth.\textsuperscript{325}

Midwives also responded to the heightened economic pressures they felt by trying to use the Castberg Laws to gain greater rates of compensation from the government. The 1810 midwifery law required midwives to attend all birthing women regardless of whether these women could pay for midwifery services.\textsuperscript{326} In cases where a birthing woman could not afford to pay a midwife for her services, the midwife could apply to the local and state governments to have her transportation costs and a fraction of her service fee reimbursed. Midwives did not think that these provisions were enough to cover their services and often struggled with local authorities to get them to raise the rate they received when providing help to poor birthing women.\textsuperscript{327}

The Castberg Laws did not include free midwifery for unmarried women, but midwives still tried to claim the legislation entitled them to a higher rate of compensation

\textsuperscript{324}“Våkn op jordmødre,” \textit{Tidsskrift for jordmødre}, July 1, 1938, 109.

\textsuperscript{325} Midwives remain crucial to the running of infant control stations in Norway today, and it is considered the domain of midwives, not nurses or doctors.

\textsuperscript{326} Reglement for Gjordemodervæsenet, Indretning og Bestyrelse i begge Riger, 1810.

\textsuperscript{327} \textit{Tidsskrift for jordmødre}, June 14, 1899 and Sosialdepartementet, 2. medisinkontor L, jordmordvesenet, Riksarkivet.
when helping unwed mothers. The Castberg Laws did require an illegitimate child’s father to cover the cost of the child’s birth expenses. The midwife was supposed to receive compensation after the paternity case against the child’s father was finished, but this could often take several months and in some cases the money never materialized.\textsuperscript{328} Midwives wanted the government to take a more active role in ensuring that midwives were paid for their services.

The law on public assistance for mothers and infants did not include any mechanism for the coverage of birth expenses or midwifery fees. Instead, the parturient woman was supposed to use part of the maternity support she received to pay for a midwife. For many poor women paying a midwife out of an already small benefit was not feasible and they often refused to pay midwives for their services.\textsuperscript{329} Midwives who did not receive payment had to go to the local authorities and ask to be reimbursed according to the law that required a midwife to attend all birthing women regardless of whether these women could pay for her services. This request could often be denied.

In the 1920s and 1930s midwives tried to argue that the Castberg Laws had radically altered unmarried women’s status and thus midwives should not be required to serve them for less than their normal rate of pay. In 1929 the Norwegian Association of Midwives wrote to the Ministry of Social Affairs and demanded that midwives be compensated for the birthing assistance they provided to women covered under the Castberg Laws. In this letter, the midwives’ association maintained that the Castberg

\textsuperscript{328} Sosialdepartementet, 2. medisinalkontor L, jordmordvesenet, Riksarkivet.

\textsuperscript{329} Sosialdepartementet, 2. medisinalkontor L, jordmordvesenet, Riksarkivet.
Laws had established that the assistance poor women received in regards to maternity support was not to be considered poor relief. As the laws requiring a midwife to attend a birthing woman regardless of her ability to pay hinged on the woman’s destitution and relationship to the poor relief board, the midwives’ association argued that midwives were not obliged to assist women covered by the Castberg Laws.\footnote{Letter from the Norwegian Association of Midwives to the Ministry of Social Affairs, December 12, 1929, Fødselshjelp til ugifte mødre 1929-1939, Sosialdepartementet, 2. medisinalkontor L, jordmordvesenet, Riksarkivet.} The Ministry rejected this interpretation of the law, but the association continued to press this line of reasoning in the 1930s.\footnote{Fødselshjelp til ugifte mødre 1929-1939, Sosialdepartementet, 2. medisinalkontor L, jordmordvesenet, Riksarkivet.}

The Castberg Laws had significant effects on the practice of midwifery and midwives accepted, adapted and challenged the impact these laws had on their lives and livelihoods. Under the legislation, the state required midwives to take an active role in executing the laws and ensuring that recipients of benefits mothered their children in ways that complied with state interests and wishes. Midwives had to report illegitimate births to the local authorities and question the women they attended about who the fathers of their children were. They could also administer the maternity support women received. Additionally, as the government began to encourage, or at times coerce, working-class women to give birth in maternity homes midwives had to retool as experts on infant care. This led many midwives to begin working in the infant control stations that some local health councils required working-class women to attend in order to receive their support payment. These developments had some professional advantages for midwives as well as
negative consequences for the relationships midwives had with parturient women. Midwives also tried to use the Castberg Laws to increase the compensation they received for assisting destitute birthing women. While these efforts were not successful, they do illustrate some of the reactions and negotiations midwives had to the Castberg Laws.

**Conclusion**

At the end of the nineteenth century reformers and politicians solidified the idea that the Norwegian state had a duty to protect vulnerable groups in society. Of particular interest was the protection of unmarried women and children. The state passed legislation in the 1890s that targeted unmarried women’s maternity. This included a law on paternity support, midwifery, and mandated maternity leave.

None of these laws effectively increased unmarried mothers’ or their children’s standard of living. Social reformers and feminists like Katti Anker Møller and Johan Castberg sought to rectify this in the early twentieth century. They wanted the state to take more responsibility for securing unmarried mothers a minimum standard of living that would benefit both the woman and her child. Møller and Castberg started pushing for new legislation on illegitimate children that would not only hold fathers legally responsible for their illegitimate children, but also involve the state to a much greater degree than previously.

Møller and Castberg used arguments that fit well with some of the major concerns of the time to foster support their legislative proposal. They built on the established idea that the state had a duty to protect vulnerable groups and highlighted the effect more
compensatory legislation could have on children’s health. To do so, they utilized statistical reports collected in the early twentieth century to demonstrate that illegitimate children died at an alarmingly higher rate than legitimate children during their first year of life. Statisticians credited this high rate of infant mortality amongst illegitimate children to the lack of breastfeeding they received and to the fact that unmarried mothers often had to place their children in foster care so they could return to waged work. Møller and Castberg argued that if the state wanted to prevent these infant deaths, it needed to guarantee unmarried mothers a minimum standard of living around the time of birth so that they would be in a position to keep their children living with them and breastfeed them.

While Norwegian politicians were not as concerned with raising the birth rate as other European politicians, they did want a strong, healthy population to help them build the nascent Norwegian nation. The statistics on illegitimate children’s high rates of infant mortality worried politicians. The state was not necessarily interested in trying to get women to have more children, but they did want the children who were born to live and become productive citizens. Møller and Castberg’s arguments about the impact compensatory legislation for unmarried mothers would have on bolstering illegitimate children’s health appealed to these statesmen.

The rhetorical framework Møller and Castberg used to gain support for their legislative proposal ultimately led to the legislation including several regulatory and means-tested aspects for recipients. By emphasizing the effect the laws would have on children’s health, but not necessarily mothers’ health, the law required women to fulfill
certain criteria in order to receive economic assistance from the government. The law on public assistance for mothers and infants was especially restrictive and could force women to give birth in institutions and prove that she was breastfeeding in order to obtain extended assistance.

Women responded to the effects these laws had on their lives in a variety of ways. Many poor mothers never applied for public assistance even though they were eligible for governmental support. Those who did apply and experienced the supervisory and restrictive aspects of the law may have declined the assistance. Other poor women used the framework of the laws to claim maternity support as a right they were entitled to receive. For midwives the Castberg Laws further incorporated them into the state apparatus. Though this certainly allowed midwives to gain increased professional status, midwives also lost a lot of economic security from the state’s encouragement of institutional birth. As a result, midwives adapted their training to fit new ways of thinking about maternity and childbirth and expanded their domain to include infant care consultations. Feminists, including Katti Anker Møller, were not directly affected by the laws but they did, however, react to and negotiate the impact the legislation had on the political landscape. They built on many of the ideas established with the passage of the Castberg Laws –namely that the state had an interest in protecting poor women and children’s health - to push for greater rights for women. These developments will be further detailed in the next two chapters.
Figure 2. A midwife holding the newborn baby she just delivered while the baby’s mother looks on. This picture demonstrates what a home birth attended by a midwife looked like in early-twentieth century Norway. Source: “Jordmor med nyfødt baby,” 1920, Hedmarks museum.
Figure 3. The interior of a maternity home in Ålesund.
Figure 4. Two bureaucrats working at the welfare office in Hedmark county. This is the type of environment and people the women would have encountered when they applied for assistance under the Castberg Laws. Source: “Trygdekassekontoret,” 1923, Hedmarksmeut.
Figure 5. A portrait of Katti Anker Møller taken by Eivind Enger in 1916. Source: Norsk teknisk museum.
Figure 6. A portrait of Johan Castberg taken by Ernest Rude in 1921. Source: Oslo byarkiv.
Marie Nordstrøm devoured her dinner and hurried off to Bøndernes Hus to catch the last day of the maternity exhibition. When Nordstrøm rushed down the basement stairs at Bøndernes Hus she was confronted with what others would come to refer to as the “misery room” – a depiction of a working-class family’s home. Here an exhausted mother sat in front of a mattress full of holes and covered in dirty blankets while a baby pulled at her skirts and two other children sat on the floor. Nordstrøm was moved by this “most realistic picture of the twentieth century’s wretched homes” that displayed even the smallest details of working-class life, including half-eaten bread crusts lying on the table, worn-out boots strewn about, and a beer bottle that served as a candlestick holder.

The year was 1916 and parliament had recently passed a comprehensive piece of maternity legislation that provided compensation and free midwifery to members of the national health insurance, including members’ wives. Maternal feminist, Katti Anker

332 Stortingsforhandlinger, Ot. prp. 1, 1914, 12.
333 A meeting locale meaning the Farmers’ House.
Møller, had worked tirelessly to get this law passed and for the inclusion of a clause that could make compensation contingent on the woman giving birth at a maternity home. Yet few municipal or state-run maternity homes existed in Norway at the time and the private maternity homes run by the Salvation Army and temperance societies did not have the capacity to meet the potential need such legislation threatened to create. So Møller organized the maternity exhibition to try and push for the creation of state-funded maternity homes where working-class women could give birth.

The working-class home portrayed in the maternity exhibition served to “shake [people] up” by illustrating the poor conditions in which many Norwegian women lived and gave birth and implicitly linked these conditions to the high rate of infant mortality amongst working-class children. In doing so, the organizers tied the need for maternity benefits to the burgeoning public health movement.

In the previous chapter we saw how Møller and Castberg fought to get legislation on illegitimate children rights passed. During this same period of time they also worked on a law on maternity insurance. For this proposal they used a different tactic than they had for the Castberg Laws. Instead of the main focus being on the improvement of children’s health, Møller and Castberg utilized developments in the medical management of maternity and the public health movement to demand greater maternity benefits for insured women. They argued that maternity insurance would not only benefit children’s wellbeing, but also the physical condition of mothers and the health of the nation. By broadening the goals of the legislation, Castberg and Møller were able to characterize

maternity support as a benefit to which women were entitled. They also expanded the number of women covered by the legislation to encompass married working-class women. Due to the implications this legislation had for the improvement of women’s economic rights, Castberg and Møller were able to gain more support from women’s rights activists and midwives.

Feminists and midwives participated in efforts to classify pregnancy and childbirth as an illness and used concepts of medicine and public health to push for greater maternity benefits for women. As a result, feminists connected maternity to issues far beyond the scope of the original 1892 factory protection act. Maternity became essential to debates concerning the creation of the national health insurance scheme and even revisions in the penal code. Feminists and midwives also linked maternity to the need for more state-supported services, including maternity homes.

Public Health and the Medical Management of Maternity

The concept of public health, or folkehelse, had become increasingly important to doctors, statesmen and capitalists by the end of the nineteenth century. After the discovery of bacteria and the advent of germ theory started to take hold in Norway in the 1880s, doctors purported new ways to prevent illness and save lives.338 Their ideas influenced the development of nascent government health care programs and promised

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338 One of the ways they tried to achieve this was through encouraging women to implement hygienic measures in their homes. This was especially important to middle-class women and a clean and sterile home became a marker of social status. More information on the Norwegian case can be found in: Karin Ericson, ‘‘Renslig med sin Person og i sit Arbeide’: Hygenisering av kvinner 1888-1910 (Master’s thesis, NTNU, 2007).
that preventative measures could lead to a healthier population.\textsuperscript{339} This was welcome news to statesmen and capitalists who believed that increased sanitation and hygienic measures could aid their efforts to transform Norwegian society. Politicians at the time were concerned with creating a strong and healthy nation that could gain independence from Sweden and thrive. Industrial capitalists needed workers that could withstand the rigorous and often dangerous demands of factory work. As a result, the ability to decrease the presence and severity of disease, especially ones that affected large sections of the population such as tuberculosis or cholera, was looked upon with great interest.

The interest in public health measures was partly stimulated by the work of social scientists. Statisticians and demographers catalogued birth and death rates and detailed the prevalence of illnesses across different population groups. Often the statistics they presented instilled fear in prominent members of society. Reports warned that the working class was growing in number and that workers were more likely to be afflicted with disease and face higher rates of mortality than members of the middle class. This threatened to undermine politicians’ and capitalists’ needs for a healthy population of potential citizens and workers, and in cases of contagious diseases, placed members of the middle and upper classes in jeopardy of contamination.\textsuperscript{340}

A coalition of concerned members of the Norwegian middle class reacted to these developments by creating a public health movement. Civil servants, including doctors, Aina Schiøtz, \textit{Folkets helse – landets styrke: 1850-2003} (Oslo: Universitetsforlaget, 2003), 51.\textsuperscript{339}

often took the lead in these efforts. Already back in 1860 the government had set up municipal health committees in an effort to educate the masses about new hygienic measures. Doctors led these committees and used them to spread medical knowledge and prevent outbreaks of disease.\textsuperscript{341} By 1900 the state had become even more involved in these public health initiatives, but private charities were still essential providers of public health services until the 1930s.\textsuperscript{342} Women were often involved in running these volunteer-based organizations and this philanthropic work gave them experience and connections to other members of the public health movement.\textsuperscript{343}

Katti Anker Møller was one such woman. Møller had her political debut in 1901 when she wrote her first article in \textit{Nylænde} supporting Castberg’s legislative proposal for increased rights for unmarried mothers.\textsuperscript{344} The following year she achieved one of her first goals in creating a home for unwed mothers in Kristiania together with the Norwegian chapter of the Woman’s Christian Temperance Union, called \textit{Det Hvide Baand} (The White Ribbon). Her early focus on unmarried mothers fit well with the concerns of the public health movement, and she incorporated many of the core tenets of public health into her political activism.\textsuperscript{345}

\begin{itemize}
\item \textsuperscript{341} Schiotz, \textit{Folkets helse}, 44.
\item \textsuperscript{342} This is one of the main arguments in Anne-Lise Seip’s seminal works on the topic: \textit{Sosialhjelpstaten blir til: norsk sosialpolitikk, 1740-1920} (Oslo: Gyldendal, 1984); \textit{Veiene til velferdsstaten: norsk sosialpolitikk, 1920-1975} (Oslo: Gyldendal, 1994).
\item \textsuperscript{344} Katti Anker Møller, “Ugifte mødre,” \textit{Nylænde}, April 15, 1901.
\item \textsuperscript{345} Hanna Barth Hake, “Ikke bare en kvinnesakskvinne: Katti Anker Møllers arbeid sett i lys av det tidlige 1900-tallets hygieniske folkeopplysningsbevegelse,” (Master’s thesis, University of Oslo, 2004).
\end{itemize}
Unmarried mothers had already been identified at the end of the nineteenth century as particularly vulnerable and in need of state protection. When social scientist Nicolai Rygg published a report on illegitimate children that found that they were twice as likely to die within the first year of life as children born in wedlock, the concern for the unmarried woman’s child increased.\textsuperscript{346} Rygg argued that the disproportionately high rate of mortality for illegitimate children was due to the fact that many unmarried mothers placed their children in foster care soon after giving birth so that they could return to paid employment. According to Rygg, even the infants who did stay with their mothers after birth all too often lived in “unhygienic, poor living conditions” and were “treated with little care” by their mothers.\textsuperscript{347} This contributed to the overall rate of infant mortality in Norway, which while lower than many other European countries at the time, still alarmed politicians who were concerned with building a new nation state.\textsuperscript{348}

The focus on the high mortality rates of children born to unmarried mothers further strengthened the idea that parturient women’s health was of the utmost importance to the health of infants. Rygg emphasized in his report that if an unmarried woman lived in poor conditions while pregnant, she significantly increased the likelihood

\textsuperscript{346} While illegitimate children may have had a higher rate of infant mortality than children born in wedlock, Norway’s combined infant mortality rate for illegitimate and legitimate children was significantly lower than most other European countries. Nicolai Rygg, “Om børn, fødte udenfor ægteskab,” Norges officielle statistik nr. 37 (Kristiania: Aschehoug, 1907), 32.

\textsuperscript{347} Rygg, “Om børn, fødte udenfor ægteskab,” 34-35.

\textsuperscript{348} Norway’s combined infant mortality rate for illegitimate and legitimate children born between 1896 and 1900 was 266 for every 1,000 live births. In comparison, France had a rate of 404 out of 1,000 and Finland 325 out of 1,000 births. Nicolai Rygg, “Om børn, fødte udenfor ægteskab,” Norges officielle statistik nr. 37 (Kristiania: Aschehoug, 1907), 32.
that her child would die within the first year of life.\textsuperscript{349} This claim reflected the growing importance doctors, statisticians, and politicians had started placing on pregnant women’s bodies.

This heightened focus on pregnancy and childbirth also led to a dramatic increase in the medicalization of pregnancy and childbirth between 1880 and 1920. The idea that pregnancy was a pathological condition had been advanced by some Norwegian doctors at the end of the nineteenth century and would become largely accepted by medical practitioners by the 1910s. The establishment of medical specialties like gynecology and obstetrics augmented the study of pregnancy and what were often called “women’s illnesses”.\textsuperscript{350} This close study of women’s reproductive processes led medical men to conclude that pregnancy and childbirth were not natural, but rather medical conditions that warranted medical supervision. They also applied scientific management concepts and implemented hygienic approaches to pregnancy, childbirth and infant care.\textsuperscript{351} These often focused on maintaining rigorous cleanliness standards and routines that few working-class women would have been able to follow.\textsuperscript{352}

In the 1910s Norwegian doctors began to assert that parturient women should follow special rules and routines and that this would protect the health of the mother and child. Previously pregnant women had been told that they could live their lives as usual

\textsuperscript{349} Rygg, “Om børn født udenfor ægteskab,” 31.


\textsuperscript{352} Tora Korsvold, \textit{Sykehusfødselen tar form: med en nærstudie av E.C. Dahls stiftelse} (Oslo: Abstrakt Forlag, 2001), 98.
and that women knew best how to care for their children. This reflected the belief that pregnancy and childbirth were natural phenomenon that women themselves knew best how to handle.\textsuperscript{353} When the director of the maternity hospital, Dr. Professor Kristian Brandt, wrote his textbook on midwifery in 1913 these ideas had changed. While Brandt still asserted that pregnancy and childbirth were “natural” he warned that women who were pregnant or had recently given birth “hover[ed] between health and illness.”\textsuperscript{354} He also claimed that pregnancy put women at high risk for developing an illness that could affect them for the rest of their lives or even cause death.\textsuperscript{355} He went on to describe very strict diet and care regimens that parturient women should follow so that no illness occurred.

Of particular concern were medical findings that pregnancy and childbirth allegedly could alter a woman’s psychological state. In 1902 the Norwegian \textit{Journal of Midwifery} reported on the findings of an English doctor who discovered that 7.5\% of insane women had become that way because of pregnancy or breastfeeding. He advised that these women should be kept in asylums for six weeks, at which point the women would return to a normal state.\textsuperscript{356} Brandt also mentioned that parturient women were in danger of suffering from psychological effects after giving birth.

\textsuperscript{353} Blom, “\textit{Den haarde dyst},” 49.

\textsuperscript{354} Kristian Brandt, \textit{Lærebok for jordmødre} (Oslo: Aschehoug, 1913), 191.

\textsuperscript{355} Kristian Brandt, \textit{Lærebok for jordmødre} (Oslo: Aschehoug, 1913), 1.

\textsuperscript{356} “Sindssygdom under svangerskab, fødsel og barselseng,” \textit{Tidsskrift for jordmødre}, December 1, 1902, 144.
While doctors were mainly concerned with pregnancy’s effect on the mother’s health, they also started to pay more attention to infant care and health in the early-twentieth century. As a result, breastfeeding gained new importance during the first few decades of the twentieth century.\footnote{357}{Some of this is related to the statistics gathered by Nicolai Rygg.} Previously doctors had had a much more relaxed approach to breastfeeding that largely left it up to women to decide how to best feed their babies. Prior to 1900, Norwegian doctors had emphasized that breast milk was the best nutrition for infants, but had also provided instructions on safe alternatives.\footnote{358}{This often meant which women should be utilized as wet nurses, but could also include advice on how to boil cow’s milk and prepare bottles.} They had largely left the subject of how often or how much breast milk an infant should receive up to the mother. By 1913 this had changed. Brandt asserted that breast milk was a child’s right. He claimed that it was the only suitable form of nutrition for a child and that this breast milk should come from the child’s own mother. Brandt also recommended strict rules for breastfeeding, including feeding the child every three hours for a period of nine months.\footnote{359}{Blom, “Den haarde dyst,” 107.} This was to protect the health of the infant and make sure it did not develop bad habits.

The medicalization of maternity was partially fueled by the state’s growing interests in women’s reproductive health. As pregnant women and infants gained more political significance, doctors knowledge of pregnancy, childbirth and infant care became even more valuable. Doctors became the recognized experts on parturient women and were seen as allies in the fight to decrease infant mortality and improve the overall health.
of the population. Midwifery also became more politically significant during the first decades of the twentieth century. Even though midwives did not possess the same theoretical and clinical understanding of maternity, they were often the only trained medical representatives in isolated areas of the country, and were most often the ones who attended birthing women. The state needed midwives to embrace modern hygienic practices and ensure that the parturient women who “hover[ed] between health and illness” stayed on the side of health.

_Feminists and the Fight for Greater Maternity Provisions_

Many feminists viewed the heightened focus on women’s reproductive capabilities as an opportunity to increase women’s rights. The Norwegian National Council of Women (NNCW), the Norwegian Women’s Rights Association (NWRA) and the Norwegian Labour Party’s Women’s Section (LPWS) were all interested in strengthening women’s rights as mothers, as were many conservative women’s organizations.\(^360\) While these groups often had different philosophies and ultimate goals in terms of gender equality and women’s political rights, they did agree that all women would benefit from mothers receiving more recognition in society. For the NNCW, the NWRA, and the LPWS, this recognition should also include some kind of economic support for poor mothers.

Feminist organizations recognized the political utility of having maternity classified as an illness, especially when the government started drafting a national health

\(^{360}\) Non-feminist, conservative women’s organizations were concerned with the rights of mothers, but they were less politically involved with this issue than feminist organizations and will not be the focus here.
insurance law. Since the Worker’s Commission had published its recommendations in 1887, there had been initiatives to create a national health insurance scheme. Many of these proposals included the compensation of working women for mandated maternity leaves. The Labour Party had demanded in 1896 that parliament pass a law that would “protect every poor parturient woman and her child against need.”\(^{361}\) The parliamentary committee that was responsible for evaluating this demand noted that much of the distress a parturient faced would be relieved if a law on health insurance for workers was passed. Parliament continued to put the serious discussion of such a law on hold until 1907.

In the meantime women’s rights activists protested that the Factory Protection Act’s maternity clause infringed on a woman’s freedom to earn a living and pushed for a woman’s right to compensation during the six weeks she was prohibited from working.\(^{362}\) The Norwegian Women’s Rights Association argued in 1903 that the best way to solve the issue of compensation for parturient women workers was through the creation of obligatory health insurance funds. They stressed that maternity was an illness and as such should be covered under any such legislation.\(^{363}\) Feminists surely thought that linking maternity to illness would necessitate maternity’s inclusion in a national health insurance law. This would allow them to achieve their goal of compensating women for maternity leave.

\(^{361}\) Indstilling S. No. 171, (1896).

\(^{362}\) MS 4 2416:III Morstrygd 2, “Om sykeforsikringsloven” Norwegian National Library, Katti Anker Møller’s archive.

\(^{363}\) Norsk kvinnesaksforening, Aarsberetning, November 30, 1903; \textit{Nylænde}, February 1, 1909, 37.
One of Norway’s first women doctors, Dagny Bang, helped shape the feminist debate about special protections for motherhood in several articles she wrote for the NWRA’s publication, *Nylænde*. In 1908 Bang wrote a piece supporting mandated maternity leave as a “matter of course” even while vehemently opposing all other special protections for women. Bang alleged that the existing maternity prohibition for working women was largely not followed because these women could only receive economic support from poverty relief boards in conjunction with the leave. She believed that a health insurance law could help solve this problem.\(^{364}\) In fact, in a speech she gave at a subsequent NWRA meeting Dagny Bang found the maternity leave clause in the factory protection act was something she could “completely agree with” but that the entire paragraph might fit better as part of a health insurance law, reinforcing the association between maternity and sickness.\(^{365}\)

These feminists successfully helped make maternity leave a part of the debates about the national health insurance law. When parliament discussed a national health insurance proposal in 1907 Johan Castberg spoke in favor of the inclusion of parturient women in the proposed law. He argued that support for parturient working women was perhaps a small part of the entire legislative initiative, but it was nevertheless an important one. In his speech to parliament he stressed that it was imperative that health insurance cover maternity leave because “the law itself forbids mothers to work during

\(^{364}\) Dagny Bang, “Fabriktilsynsloven og kvinderne,” *Nylænde*, July 1, 1908, 199.

the time surrounding their confinements." This line of reasoning echoed much of what the NWRA had demanded in 1903. Though parliament did not pass a health insurance law in 1907, maternity leave had been incorporated and discussed as relevant to debates over the creation of health insurance.

It is difficult to know whether Johan Castberg supported the inclusion of maternity leave in the health insurance law because of his connections to the feminist movement. As we saw in Chapter 2, Castberg and Møller cooperated in getting many key pieces of maternity legislation passed, including the 1915 Castberg Children’s Laws. I have not been able to find any archival evidence that can attest to the fact that Møller and Castberg consciously followed a joint strategy when it came to the health insurance law, but the possibility remains. Castberg and Møller were working together on the children’s laws as early as 1901 and it would have been natural for them to have discussed the implications paid maternity leave could have on an unmarried mother’s economic situation.

Maternity and the National Health Insurance Law

Surprisingly, when the parliamentary committee on social affairs once again discussed a national health insurance proposal in 1909, they considered excluding unmarried women from receiving compensation for maternity leave. Though no one specifically stated the reasoning behind this, it is reasonable to assume that this was for

366 Stortingsforhandlinger 1907, Odelstingstinget, 6. mai 1907.
moral reasons. Many other countries, such as Netherlands, had difficulty passing legislation that could be seen as encouraging or even rewarding women who had sex outside of marriage.\(^{368}\) In Norway, however, society had begun to view unmarried mothers as victims in need of sympathy and governmental support in the late-nineteenth century. Castberg referenced this idea in 1907 when he when he said that the inclusion of maternity in the health insurance law was “a humanitarian demand.”\(^{369}\) Parliamentarians ultimately did decide that unmarried women should also be eligible for maternity benefits under the health insurance law, mainly for “the good of the child.”\(^{370}\)

Parliamentarians seemed to agree with the basic premise that maternity qualified as an illness. Besides the small debate about whether unmarried women should be eligible, the finer points of the maternity benefit went largely undebated. Rather, they referenced the recommendations they had received from Drs. Brandt and Johannessen and Surgeon General Holmboe as supporting the need for women to receive compensation for a six-week maternity leave.\(^{371}\) The only person who tried to alter the proposed contents of this portion of the law was Lars Olsen Sæbø (Arbeiderparti) who tried to reduce the amount of time a woman had to be a member to receive the benefit. Sæbø stated that the thought that women would abuse the law by getting pregnant in


\(^{369}\) Odelstingsdebatt, 6. mai 1907.


\(^{371}\) Ot. Prp. nr. 19, 1909, 27.
order to receive the maternity benefit was “ridiculous.” He proposed setting the membership requirement at six months, instead of ten, an idea that the rest of parliament voted down.  

No other changes were put forth, which suggests that the maternity benefit was not a controversial part of the health insurance law by 1909.

When parliament passed the first national health insurance law in 1909, provisions for women who were unable to work because of the mandated maternity leave were included. Every insured working women, regardless of whether she was married or unmarried, could receive six weeks of compensation at 60% of their average daily wage. The benefits were set at the same rate as other illnesses, which kept maternity compensation from being characterized as less important than other types of medical conditions. If complications arose because of the delivery, women could receive free assistance from a doctor and if illness occurred after the birth the maternity leave would be considered sick leave, and was eligible for all of the benefits associated with that. These benefits did not completely cover the loss of wages a woman suffered because of maternity leave, but, they did offset some of the economic burden of needing to take time off from work after giving birth. Perhaps more onerous was the stipulation that a woman had to have been a member of the health insurance for an uninterrupted period of ten months prior to having a child in order to receive the benefit. As we will see, many women were not able to fulfill this requirement and thus never able to receive the maternity benefit.

372 Forhandlinger i Odelstinget, August 20, 1909, 1365.

373 Lars Olsen Sæbø (Arbeiderparti) mentioned that he would also like midwives included but understood that this would be impossible to pass in 1909. Forhandlinger i Odelstinget, August 20, 1909, 1365.
Parliament also considered revisions to the 1892 factory act in 1909. One of the main proposed changes to the maternity clause was that any governmental assistance given to parturient women during the mandated maternity leave should not be considered poor relief. This would mean that women who received economic support from local poor relief boards would not be stripped of any of their right to vote or enter contracts. Parliament passed this portion of the law with little debate.374

The passage of the health insurance law allowed a woman to receive six weeks of maternity leave, something that was at odds with the length of maternity leave set in the factory act. When the law was up for revision in 1909, a minority group suggested that the part of the law that allowed women to return to work four weeks after giving birth with a doctor’s approval should be changed. These members referenced the medical community’s findings that parturient women needed a minimum of six weeks’ rest following birth. Surgeon General Michael Holmboe and specialists in gynecology and obstetrics, Dr. Kristian Brandt, and pediatrics, Dr. Axel Johannessen, submitted a statement attesting to this widespread medical opinion. According to representative Olav Andreas Eftestøl (Arbeiderdemokratene or Radical People’s Party), they needed to be sure that a woman did not cut her maternity leave too short because of the effect this would have foremost on her own health, but also the health of her infant. He emphasized that infant mortality rates were too high and that this might be mediated by ensuring that parturient women took the necessary amount of maternity leave.375

374 Stortingsforhandlinger 1909, Forhandlinger i Odelstinget, August 20, 1909, 1365.
Eftestøl and his supporters reasoned that the recently passed health insurance law would protect women from suffering any undue economic effects caused by a mandated six-week maternity leave. The only voice of dissent came from Venstre politician Andreas Hansson. In Hansson’s opinion women should not be forbidden from working any longer than an individual doctor determined, because of the fact that women who worked in factories needed to work to survive. The minority group was not swayed by these arguments and reiterated the positive effect a longer maternity leave could have on public health. In the words of Lars Kristian Abrahemsen, parliamentarians needed to establish a six-week minimum maternity leave because “of the significance it held for coming generations.”

Ultimately, the majority of the social committee was swayed by the minority group’s arguments and altered the factory protection law to include a mandated six week maternity leave, regardless of whether or not a doctor certified that a woman was physically able to return to work after only four weeks. This was partly due to the fact that the health insurance law removed much of the economic burden previously placed on women who followed the maternity prohibition. Of greater importance to these politicians was the effect a longer maternity leave could have on the health of the Norwegian people.

Foremost in their minds was the idea that maternity leave could decrease rates of infant mortality and strengthen the Norwegian population. As Ludvig Larsen Kragtorp (Venstre) concluded right before the proposal was put to a vote: “We are unfortunately

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plagued in this country with a disproportionately high infant mortality and one should participate in everything that can be done to change this, [especially] when this can occur with a measure that does not have harsher repercussions than this." Kragtorp was exaggerating. Norway’s combined infant mortality rate for illegitimate and legitimate children born was, in fact, significantly lower than most other European countries. The politicians had these statistics available, yet they did not use them to argue that Norway’s comparatively low rate of infant mortality meant that there was no need for this type of legislation. Instead, politicians argued that even if Norway had a lower rate of infant mortality than other countries, this rate was still too high. Even more, though the women who qualified for the health insurance maternity coverage would receive only 60% of their normal wages and could be fired during their absence, politicians believed that this cost was outweighed by the potential benefits such a law promised for the health of the nation.

When the health insurance law was implemented in 1911 it represented the first time parturient women would receive compensation for the mandated maternity leave that had been passed nearly twenty years earlier. As a result, maternity leave went from the restriction of a working woman’s ability to receive wages to paid time off from industrial labor and domestic service. This was a significant development in terms of how the legislation could have affected working-class women’s lives. The health

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379 At this time the national health insurance largely only affected women employed in factories and domestic service. Other industries would slowly be covered by this legislation during the 1930s.
insurance provisions meant that a woman could take six weeks off of work after giving birth without suffering dire economic consequences. This enabled women to rest and recover for a period of time after childbirth and allow them to keep their infants with them and breastfeed. As a result, the health insurance legislation may have been able to accomplish what parliamentarians had hoped, namely, to decrease rates of infant mortality and bolster parturient women’s health.

The health insurance law did not achieve the anticipated results. In 1913, the director of Kristiania’s health insurance fund, Marius Ormestad, reported that only 481 women had received maternity compensation.\(^{380}\) This represented little more than 1.5% of the Kristiania health insurance’s entire yearly budget.\(^{381}\) Ormestad credited this with the fact that most working women did not meet the 10-month membership requirements needed to receive the benefit. Many of the women covered by the health insurance worked in jobs that were seasonal, temporary or unstable. Plus, many women could not, or did not want to, continue to work up until the day of delivery and were either fired or had to quit a few weeks prior to giving birth. This meant that while the health insurance law had helped improve the parturient lives of some women, it did not have nearly the impact that legislators had hoped. Most working women continued to endure economic

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\(^{380}\) The vast majority of these women came from the two middle income classes covered through the obligatory insurance, making between 300 and 900 kroner a year. Marius Ormestad, “Kristiania Health Insurance Fund Report on ‘Mother Insurance,’” August 29, 1913, Forhandlinger med legene 1915/1916, Oslo Trygdekontor, Statsarkivet i Oslo.

\(^{381}\) “Utgifter per medlem og procentvis i 1916, 1915, 1914, 1913,” Oversikt over kassens stilling, Oslo Trygdekontor, Statsarkivet i Oslo.
hardships during their confinements and this often meant that they placed their children in foster care\textsuperscript{382} and returned to work earlier than the six week prohibition dictated.

\textit{Katti Anker Møller’s Efforts to Expand Maternity Leave}

Feminists were dissatisfied with the impact the health insurance law had and used that as an opportunity to try and significantly expand the health insurance and factory protection laws. Katti Anker Møller, in particular, had been interested for some time in improving the lives of working-class mothers and she worked to get feminist organizations like the Norwegian Women’s Rights Association and the Norwegian National Council of Women to adopt her ideas. Møller gave a series of speeches about the health insurance law to these women’s organizations and engaged the help of Johan Castberg to craft a proposal on maternity insurance for parliamentary review.

In her speeches, Møller highlighted the effect an expanded maternity insurance could have on the health of the Norwegian people. She related examples from her work at the White Ribbon maternity home to illustrate how poor women often had to resume working soon after giving birth and how their children were not able to receive “natural nutrition”. While she credited the six weeks of compensation allowed for under the 1909 health insurance law with helping to alleviate some of these issues, she stressed that the leave needed to be extended to two weeks prior to giving birth. She based this on a medical study that found that women who worked up until the day of delivery had babies

\textsuperscript{382} Sometimes women sent their children to live with relatives, while others placed their children in homes that took in children for pay.
who weighed less than women who rested for several weeks before giving birth. In addition, Møller emphasized that increasing the length of maternity leave would decrease infant mortality rates.

Midwives were an essential part of Katti Anker Møller’s plan for expanded maternity legislation. Møller thought that motherhood was a way for women to achieve greater social and economic rights (something that will be further discussed in Chapter 4) and that midwives should be rewarded for the essential role they played in childbirth. This is one of the reasons she tried to further incorporate midwives into maternity legislation. Møller believed that by emphasizing the need for birth to take place in hygienic conditions and under the supervision of a medical expert she could bolster midwives’ position in society.

According to Møller, midwives could ensure that working-class women gave birth under the best conditions possible. First of all, Møller highlighted the medical and social experience a midwife had with her “emphasis on cleanliness and disinfection and her serious attention to the social significance of her work.” She argued that midwives could use their training to assess and supervise the parturient woman’s home, as working-class households were largely ignorant of issues surrounding childbirth, care, cleanliness and hygiene. Midwives could help educate these households and ensure that they followed the latest sanitation standards. Møller did not believe that this would be easy because in her estimation more working-class women preferred untrained “helping wives” over midwives because these women resisted the latest teachings on public health. It was

exactly for this reason that Møller stressed that women must lobby to get free midwifery included in the health insurance, because this would put a stop to the use of helping wives.\footnote{Katti Anker Møller, “Om sykeforsikringsloven (Utvitet sykeforsikring, fri jordmorhjelp)” MS 4, 2416:III, Håndskriftsamlingen, Nasjonalbiblioteket.}

Katti Anker Møller also worked to include maternity homes in the legislative proposal. Again she tied the need for this to the concern for mothers’ and infants’ health. Møller claimed that even if midwives delivered working-class women’s babies, there would still be situations that not even a midwife’s training could solve. Homes where women gave birth in the same room as their other family members, and rural cottages were of particular concern to Møller. She asserted that in those cases the health insurance should cover a stay at a maternity home. Midwives could staff these maternity homes and guarantee that all working-class women gave birth in hygienic conditions. For as Møller so adamantly put it: “If even one woman has to give birth in unhygienic circumstances then this is a shame for us all.”\footnote{Katti Anker Møller, “Om sykeforsikringsloven,” MS 4 2416:III Morstrygd 2, Håndskriftsamlingen, Nasjonalbiblioteket.}

Katti Anker Møller had a lot of connections to the leaders of the Norwegian National Council of Women (NNCW), and after listening to her speeches the NNCW decided to have Møller craft a proposal for these legislative changes on their behalf.\footnote{Letter to Katti Anker Møller from Norske kvinners nasjonalråd, September 10, 1913, Katti Anker Møllers archive, MS 4, 2416: III, Mødeforsikring, Morstrygd 3, “Udkast til lovbestemmelser om m;deforsikring,” Håndskriftsamlingen, Nasjonalbiblioteket.} The Norwegian parliament was going to debate revisions to the health insurance law in 1912 and the NNCW hoped that they could send this recommendation in time for it to be
included in the proposal. Many members of the NNCW, which had branches throughout the country, did not agree with Møller’s ideas right away and this delayed the NNCW’s adoption of Møller’s text until 1913.

In the meantime, Møller turned to her brother-in-law, parliamentary representative, and soon-to-be Minister of Social Affairs, Johan Castberg. Møller was already working closely with Castberg on a law that would grant illegitimate children the same rights as legitimate children and she involved him in her work for expanded maternity provisions as well.387 Møller was able to use her close relationship with Castberg to gain a parliamentarian’s perspective and support on her maternity insurance proposal.

Johan Castberg took an active role in assisting Møller’s efforts to increase maternity leave provisions. His work ultimately led him to feel quite possessive of the proposal and at one point he stressed to Møller that she must not allow the leader of the Women’s Rights Association, Gina Krog, to commandeering the issue.388 As leader of the Arbeiderdemokratene, it is likely that Castberg was the one to include “expanded maternity insurance and protection of infants” on the 1912 party platform.389 He also tried to get Møller to include a section in her proposal that would reduce a woman’s reliance on the ten-month membership requirement to receive the insurance benefits. Castberg urged Møller to include a suggestion in her proposal that this requirement be changed to


388 Letter from Castberg to Møller, February 15, 1912.

ten months out of the last one and half years prior to giving birth.\textsuperscript{390} Another of Castberg’s main recommendations was for Møller to get the support of Drs. Brandt and Johannessen. He believed that their status as experts on maternity and childbirth could bolster Møller’s credibility and provide her with statistical evidence for her claims.\textsuperscript{391} This would also firmly ground the proposal for maternity insurance in the realm of medicine and public health, in addition to its social implications.

Møller took Castberg’s ideas under consideration when she wrote the recommendation that the Norwegian National Council of Women (NNCW) would finally approve and send to parliament in February 1913. The NNCW recommendation included four main parts: maternity benefits for six weeks following and two weeks prior to a woman giving birth, free midwifery, the creation of maternity homes and the inclusion of male members’ wives in this portion of the health insurance law.\textsuperscript{392} Also mentioned was the need for midwives to examine pregnant women prior to labor and delivery and for working-class women to receive assistance in running their households during confinement. These recommendations were quite comprehensive and represented a substantial increase in the cost of maternity insurance.

In order to justify the amount of changes requested, Møller framed them in terms of the effect they would have on the health of women and children. She claimed that it did not do any good to compensate women for a six-week postpartum maternity leave if

\textsuperscript{390} Letter from Castberg to Møller, February ??, 1912 and February 15, 1912, “Om sykeforsikringsloven,” MS 4 2416:III Morstrygd 2, Håndskriftsamlingen, Nasjonalbiblioteket.

\textsuperscript{391} Letter from Castberg to Møller, February 15, 1912, June 13, 1913 “Om sykeforsikringsloven,” MS 4 2416:III Morstrygd 2, Håndskriftsamlingen, Nasjonalbiblioteket.

\textsuperscript{392} Ot. Prp. Nr 35 1913, additions to the health insurance law of 1909 with additional law of April 1911, 24.
they were had to work up until the very day they gave birth. This would result in working-class women’s children coming “into the world weakened and defenseless.” Instead, women who rested for two weeks prior to giving birth would deliver healthier children. Plus, if ensuring the birth of healthy children was the goal, then free midwifery and the creation of maternity homes were also needed. Møller argued that just as the “factory laws state that work has to be performed in adequate and hygienic conditions” so too should the health insurance laws make certain that labor also took place in the best conditions possible.\(^{393}\)

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**The Reception of Katti Anker Møller’s Ideas**

The Ministry of Social Affairs, which was run by Johan Castberg, reviewed the NNCW’s proposal in 1913. The Ministry had received the NNCW’s recommendation and supporting letters from nine other women’s organizations.\(^{394}\) The Ministry, along with the Ministry of Justice\(^{395}\), supported the NNCW’s recommendations on all counts.\(^{396}\) These governmental institutions were particularly interested in extending the maternity insurance to cover married women through their husbands’ health insurance membership (which will be discussed in more detail in Chapter 4). According to them, this part of the

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\(^{393}\) Katti Anker Møller, “Mødreforsikring,” MS 4, 2416:III, Mødreforsikring, Morstrygd 2, Håndskriftsamlingen, Nasjonalbiblioteket.

\(^{394}\) Forslag om Moderskapsforsikring 1913, Syketrygd: lover, Handels og industridepartement, Sosialkontoret D, Riksarkivet.

\(^{395}\) This may have been arranged by Dr. Axel Johannessen who spoke to the Minister of Justice, Fredrik Stang, about the maternity insurance on Møller’s behalf in 1912. Letter to Katti Anker Møller from Axel Johannessen, 1912, Ms 4, 2416: III, Mødreforsikring, Morstrygd 3,Håndskriftsamlingen, Nasjonalbiblioteket.

\(^{396}\) Ot. Prp. Nr 35 1913, additions to the health insurance law of 1909 with additional law of April 1911, 24.
proposal held the “greatest social significance, namely, that to give the family and
marriage the best possible economic foundations with an eye towards population growth
and public health.” 397 However, such legislation would precipitate an enormous
expansion of the health insurance funds, not least economically.

The directors of the national health insurance were quite skeptical of the type of
comprehensive maternity legislation the NNCW, Ministry of Social Affairs, and Ministry
of Justice proposed. National health insurance had only recently been implemented in
1911 and the leaders of the fund were worried that such legislation would cripple the
funds, both economically and in terms of extra bureaucratic work. They were also
concerned that this type of insurance would further anger workers who felt that the
obligatory nature of the health insurance, and the premiums it included, were unjust.

One of the first things the health insurance funds did was to try and determine
exactly how much extra the proposed expansion of maternity insurance would cost and
whether this would necessitate raising members’ premiums. Director of the Kristiania
fund, Marius Ormestad, took the lead in collecting this data and determined that certain
restrictions would have to be put in place so that the expanded benefits would not
represent a burden to the fund and its members. In his estimation, some of the more
costly services should be restricted to the directly insured members. For example,
Ormestad recommended that stays in maternity homes would cost more money than

paying out the maternity leave benefit and should accordingly be offered only to directly insured members, not members’ wives.\textsuperscript{398}

The cost of free midwifery was another of Ormestad’s main concerns. He was worried that midwives would attempt to use the free midwifery clause to make as much money as possible. Therefore, he initially thought it best that the funds set a rate for midwifery services that included attendance at the labor and delivery and a pre-determined amount of pre- and postpartum visits. This would prevent “misuse” and the “temptation to visit too many times” in order to increase the total midwifery payment.\textsuperscript{399}

In an effort to determine the economic impact of free midwifery, Ormestad tried to find out if the implementation of the health insurance had led to more doctor-attended births. Under the 1909 health insurance law, directly-insured women and members’ wives had the right to free doctor assistance at a birth if there was necessary medical cause. Ormestad asked four of the doctors in Kristiania who had provided the most birth assistance to insurance members a series of questions designed to assess whether birthing women had abused their right to medical care once it became free. The doctors’ overwhelming responses were that while the insurance had led more women and their families to utilize a doctor’s help during childbirth, that this was done only in cases where a doctor’s surgical training or expertise was needed.\textsuperscript{400} In other words, these doctors


\textsuperscript{399} Ormestad, “Moderforsikring,” September 11, 1913, Forhandlinger med legene 1915/1916, Oslo Tygdekontor, bidrag til mødrehygienekontorets drift 1931-1932, Statsarkivet i Oslo.

\textsuperscript{400} Letter to Medicinaldirektøren, October 2, 1913, Mødreforsikring 143, folder 4, 1913, Oslo Trygdekontor, S1913/143 Mødreforsikring, Statsarkivet i Oslo.
reported that the health insurance did exactly as it was meant to: it provided necessary medical assistance to people who might not otherwise have been able to afford it. This did not allay Ormestad’s fears, however, and he continued to investigate the effect maternity insurance would have on health insurance costs.

Ormestad and other fund managers were not only concerned with the economic costs of the proposed maternity expansions, but also the possible legitimacy issues such legislation could pose. To many of these men, maternity benefits had no place in the health insurance law because they defied the basic principles of insurance. The health insurance law had been passed as a way to mitigate the risks a certain group of people, mainly industrial workers, faced. Maternity was not a common risk that all working-class people faced. Only women risked becoming pregnant and the physical consequences of childbirth. Plus, to many people sickness was something erratic and unknown, whilst pregnancy was something that women planned. As someone quipped in the March 1914 issue of *Sykeforsikringsbladet* (The Health Insurance Magazine), motherhood insurance would be like having “theatre insurance to go to the theatre once a year.”⁴⁰¹ This had not been as much of an issue with the 1909 insurance law because so few women were eligible members of the health insurance. The proposed inclusion of members’ wives, however, threatened to expand maternity benefits exponentially and put the entire legitimacy of the fund in question.

*Mødreforsikring,* or the proposed mothers’ insurance, was much more redistributive than extant types of state-funded insurance schemes and consequently, the

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⁴⁰¹ “Om sykeforsikringsloven,” *Sykeforsikringsbladet,* March 1914, 38.
national association of health insurance funds thought it should be a separate law.\textsuperscript{402} To many leaders of the health insurance funds, “mother’s insurance was not insurance.”\textsuperscript{403} This was not “help to self help,” this was something different. In essence, working men’s premiums would benefit working-class women who became pregnant and gave birth. Working men who were either too young or too old to have wives had no chance of reaping any of the rewards of maternity insurance even if their premiums increased as a result. The national association of the health insurance funds therefore recommended that the government pass a separate law on mother’s insurance that was separate from the health insurance law.\textsuperscript{404}

The Labour Party’s women’s section (LPWS) agreed with this idea, but for a very different reason. These representatives of working-class women wanted a separate law for maternity benefits for all women, not only working-class women. In doing so, they argued against what midwives and feminists had so firmly asserted, namely, that parturiency was an illness. They wanted maternity to be seen as a natural condition that all women faced. Due to this fact, they argued that society as a whole should be responsible for the health of mothers and children. To them, maternity insurance was a class insurance that targeted working-class women and forced them to finance their own maternity benefits. The LPWS wanted the government to take over all of the costs of the


\textsuperscript{403} Morgenbladet nr 127 quote from Dr. Lund: “Mødreforsikring er ingen forsikringer” in “Om sykeforsikringsloven” Sykeforsikringsbladet, March 1914, 38.

\textsuperscript{404} At the national meeting this proposal was accepted with a vote of 37 to 3. “Beretning fra Kredssykekassernes landsforenings 2. landsmøte,” Statsarkivet i Oslo, 7.
maternity benefit and they believed this would be best accomplished outside the health insurance law.  

Katti Anker Møller did not want mothers’ insurance to face the difficulties of being put up as a separate law and fought hard to keep it within the confines of the health insurance law. It would have been much more radical to lobby for the passage of a piece of maternity legislation that could perhaps have been expanded to be a universal benefit that all mothers could receive. As much as this would have fit with Møller’s larger goals, she knew that it would be much easier to get parliament to expand the existing maternity clause in the health insurance law than for them to create a new legislation that would benefit only mothers.

With this in mind, Møller continued to cultivate support for her proposal from medical experts. She took Castberg’s advice and contacted Drs. Kristian Brandt and Axel Johannessen and asked for their endorsements. Instead, Brandt suggested changing the name of “mothers’ insurance” to “maternity welfare” (*barseltrygd*). He also warned Møller that she should “make sure [her efforts to improve the position of midwives did] not lead to midwives’ arrogance.” It ended up being Brandt’s overconfidence that caused Castberg to recommend to Møller that they stop working with Brandt.

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406 She noted that such was the case in other countries, such as Germany, that had already passed maternity legislation. Katti Anker Møller, undated speech, “Om sykeforsikringsloven.” MS 4 2416:III Morstrygd 2.


contrast to Brandt, Johannessen did not want to get publicly engaged in the issue, but he
did speak to the Minister of Justice, Fredrik Stang, about the maternity insurance
proposal on Møller’s behalf in 1912. He also promised to continue to quietly exert his
political influence in 1913.409

Møller also tried to involve the masses in her lobbying for an expanded maternity
insurance. She went on what might be called a lecture tour and presented the issue to
various women’s organizations throughout Norway. This work allowed her to reach
audiences that might not otherwise have heard of these legislative reform efforts,
including small groups of women workers. In addition to these public lectures, Møller
also wrote short editorials on the topic for several newspapers, including Dagbladet,
Aftenposten, Morgenbladet and Nylænde. By presenting the proposal to large groups of
people, Møller expanded the debate on maternity legislation beyond the walls of
parliament and solicited popular support for the bill.

\textit{Debating the Proposed Expansions to Maternity Leave}

When parliamentarians sat down in June 1914 to discuss revisions to the health
insurance law, they framed most of the debates about expanded maternity insurance in
terms of public health. Castberg opened the debate by stating that the issue of maternity
insurance was one of protecting mothers, children and the family, and as such was “one

409 Letter to Katti Anker Møller from Axel Johannessen, March 1, 1913, Ms 4, 2416: III, Mødeforsikring,
Morstrygd 3, Håndskriftsamlingen, Nasjonalbiblioteket.
of the largest tasks that lies before… all civilized nations now and in the future.”  
He characterized it in such strong terms because of the effect this legislation could have on a parturient woman’s health, and thus the impact it would have on the health of coming generations. Under the existing legislation, Castberg argued that “in many cases these women do not receive the nutrition, the care, [nor] the rest required. They do not receive the peace of mind [necessary to] stop working in time and avoid resuming their work too early, but instead they get worn out before their time and their children are weakened.”

In Castberg’s estimation, the expansion of maternity coverage and compensation and inclusion of free midwifery would lead to a “future with fewer worn out and crippled mothers in our country, fewer weak and marked-for-death children, a little more strength among women and children and therefore also better conditions for… coming generations.”

Castberg’s claims were supported by recommendations sent in by Brandt and the Ministry of Health. Dr. Brandt emphasized in his letter to parliament that the proposed legislation would have a significant impact on women’s and children’s health, and in turn the overall health of the Norwegian population. By ensuring that a woman rested prior to and immediately following childbirth, parliament would be able to guarantee the birth of a healthier child. Plus, Brandt asserted that over 70% of all illnesses women had in their

410 Forhandlinger i Odelstinget, nr. 28, “Sykeforsikringsloven §16,” 1914, 216.
412 Forhandlinger i Odelstinget, nr. 28, “Sykeforsikringsloven §16,” 1914, 220.
lives could be attributed to problems that occurred during pregnancy and childbirth.\textsuperscript{413} For that reason, he argued that if the state provided free midwifery and bolstered a parturient woman’s economic position, many of women’s health problems would be resolved. This would allow women to lead more productive lives. The Ministry of Health concurred with Dr. Brandt and supported the implementation of free midwifery because of the impact it would have on women’s health. In particular, the Ministry noted the potential it had to reduce maternal mortality rates.\textsuperscript{414} The fact that medical authorities voiced support for the bill helped strengthen Castberg’s seemingly dramatic assertions that if women’s ability to care for and feed their children was weakened then “the people are doomed.”\textsuperscript{415}

Nearly all of Castberg’s fellow parliamentarians agreed with his claims, even if they did not agree with the content of the bill. This may have been because the public, as reflected in newspaper articles, also supported the maternity insurance because of the “significance it has in terms of public health and future generations.\textsuperscript{416} Representatives like Kristian Friis Petersen (\textit{Venstre}) wanted to vote in support of the proposed maternity insurance because they were convinced by the recommendations from the Norwegian National Council of Women, the Surgeon General and Dr. Brandt.\textsuperscript{417} Others, such as Meyer Nilsen Foshaug (\textit{Arbeiderparti}), echoed Castberg’s opinion that “this is one of the

\begin{itemize}
\item[413] Ot. Prp. Nr. 1, changes to the health insurance law 1914, 12-13.
\item[414] Ot. Prp. Nr. 1, changes to the health insurance law 1914, 9.
\item[415] Forhandlinger i Odelstinget, nr. 28, “Sykeforsikringsloven §16,” 1914, 220.
\item[416] ”Mødeforsikringen,” \textit{Dagbladet}, October 16, 1913.
\item[417] Forhandlinger i Odelstinget, nr. 28, “Sykeforsikringsloven §16,” 1914, 236.
\end{itemize}
most important questions that is right now facing our society, [namely,] that of getting support and grants for birthing mothers” even though he wanted this objective to be achieved in a different way.\textsuperscript{418} Even the most vocal opponent of the legislation, Henrik Ameln (\textit{Høyre}), admitted that the issue was “worthy of discussion” because of the potential effects it could have on people’s health.\textsuperscript{419}

While population politics were largely absent from these discussions, parliamentarians did at times relate the belief that maternity insurance could improve the health of the Norwegian people to concerns about the falling birth rate. When the Ministry of Social Affairs proposed the bill and it was sent to the parliamentary committee on social affairs in 1914, they emphasized the effect the law could have on counteracting declining birth rates. First they argued that the law could strengthen the family, which “represents to the highest degree the next generation, on which the spiritual, moral and physical development of the country’s future rests.”\textsuperscript{420} The Ministry then included a list of European birth rates, on which Norway ranked second to last.\textsuperscript{421} They used this comparison to highlight the need to improve the conditions in which women gave birth. In their estimation, this would help regulate the decrease in births.

\textsuperscript{418} As a social democrat, Foshaug wanted maternity insurance to encompass all birthing women, not just those in the lowest social classes. Forhandlinger i Ødelstinget, nr. 28, “Sykeforsikringsloven §16,” 1914, 220.

\textsuperscript{419} Forhandlinger i Ødelstinget, nr. 28, “Sykeforsikringsloven §16,” 1914, 221.

\textsuperscript{420} Stortingsforhandlinger 1914, indstillinger og beslutninger B. Inst. O III, 42.

\textsuperscript{421} The list started was topped by Russia (45 births per 1,000 inhabitants), while Norway was listed as having just over 26 births per 1,000 inhabitants.
Norwegian parliamentarians did not, however, argue very strongly for the implementation of maternity insurance because it might lead to an increase in births. For some, like Ameln, this type of legislation was not means to increase birth rates. For others, such as Guttorm Fløistad (Arbeiderparti), the law should be careful not to encourage the horrifying “breeding habits of the working class.” Parliamentarians were wary of using the legislation to try and get women to have more children.

Even the ability the legislation might have to help lower infant mortality rates was met with some skepticism. Castberg met resistance when he tried to focus the discussion away from the idea of increasing births and on the impact it could have on lowering infant mortality rates, especially in cities where, “the cough of death [was] often twice as high among little children.” Nils Yngvar Ustvedt (Høyre) responded to this by accusing Castberg of over exaggerating and countered that both Norway as a whole and Kristiania as a city had one of the lowest rates of infant mortality. Othilie Tonning from the Salvation Army had sent a recommendation to parliament that the maternity insurance should be given only to women who lived with their children after the birth and did not place them in foster care. Otherwise Tonning worried that because “there is no guarantee that women will use the support for the good of the child” its impact on infant

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422 Forhandlinger i Odelstinget, nr. 28, “Sykeforsikringsloven §16,” 1914, 222, 244.


425 Forhandlinger i Odelstinget, , “Sykeforsikringsloven §16,” 1914, 255.
mortality rates would be severely curtailed. Yet parliament did not even discuss Tonning’s proposal, let alone incorporate it into the law.

Not even the outbreak of World War One caused parliamentarians to justify the passage of the maternity insurance with the need to increase the birth rate. Elsewhere in Europe, maternity provisions appear to have been bolstered by the war and the attention it brought to the need for a large population of men able to serve as soldiers. Kragtorp had presented the need for maternity insurance in June 1914 as being instrumental in “deciding how many men we have under the banners … as recruits.” Yet when debates about the law continued after fighting had begun on the continent, parliamentarians did not once mention a desire to use the insurance to help stimulate births because of the war. In fact, the war was only ever mentioned as a reason not to pass the proposed legislation. Norway was neutral during the war, but parliamentarians were concerned about the effects the war might have on the Norwegian economy though Castberg reminded them that the war had actually benefitted Norway economically. The idea that bolstering the health of mothers and children would ensure a better military defense of Norway was never brought up in parliament after the war had begun.

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428 Forhandlinger i Odelstinget, nr. 28, “Sykeforsikringsloven §16,” 1914, 249.

429 Forhandlinger i Odelstinget, nr. 166, “Sykeforsikringsloven §16,” 1915, 1319.
Midwives and the Push for Greater Maternity Leave Provisions

Parliamentarians’ concern about the cost of maternity leave was exacerbated by the scope of the provisions and the inclusion of free midwifery for insured members and members’ wives. The addition of free midwifery services promised to benefit midwives and birthing women and fulfill the state’s desire to increase the medical supervision of working-class mothers. Free midwifery for working-class, parturient women was, however, a major addition to the extant health insurance legislation and threatened to cost a great deal of money. Under the existing law, working-class women could receive medical attention during labor and delivery only if a medical complication occurred. The proposed bill would have allowed any working-class woman to be attended by a midwife for free as long as she fulfilled the insurance requirements. Due to this fact, the national health insurance administration had advised the government to give the health insurance a lot of leeway in negotiating contracts with local midwives.\(^{430}\)

Midwives were eager to have the law passed because it promised to bolster their professional status and incomes. The Norwegian *Journal of Midwifery* is full of articles and letters to the editor in 1913 and 1914 that discuss the proposed maternity insurance and how midwives should collectively respond. As one midwife wrote, mothers’ insurance and free midwifery would certain help women, particularly those living in cities, but midwives needed to determine how “midwives can benefit from it.”\(^{431}\)

\(^{430}\) Ot. Prp. Nr. 1 changes to the health insurance law 1914, “Skrivelse av 15de september 1913 fra Kredssykekassernes Landsforenings sture til departementet for sociale saker, handel, industri og fiskeri,” Appendix 6, 71.

\(^{431}\) “Romdals amts jordmorforening,” *Tidsskrift for jordmødre*, November 1, 1913, 132.
Midwives were particularly concerned how much money they would receive from the insurance funds, if the law would lead to more work for midwives, and how they could use the legislation to lessen the competition from helping wives. The Norwegian Association of Midwives ultimately sent a letter of support to parliament in which they emphasized the important impact free midwifery could have “during the critical period of time that childbirth represents, especially for families with few resources.”

The Norwegian Association of Midwives (NAM) did not present any specific demands about free midwifery in its recommendation to parliament, but it had been in correspondence with Katti Anker Møller and Johan Castberg. Through meetings with Castberg and Møller, the NAM attempted to shape the debates about the proposed midwifery services. The NAM pressed upon Castberg the importance of having the insurance funds hire midwives in permanent positions, instead of having privately-employed midwives negotiate terms with the health insurance. This would give them greater economic security. Of course, Castberg and Møller had their own goals in including midwives in their health insurance proposal. As a maternal feminist, Møller especially wanted to elevate midwives’ status and secure their positions as the sole providers of maternity services.

When it came to the health insurance law, Møller and Castberg were able to largely agree with midwives’ demands and incorporate them into the legislative proposals. As the Minister of Social Affairs, Johan Castberg had proposed that the each

432 Ot. Prp. Nr. 1, changes to the health insurance law 1914, 6.

433 Letter from Castberg to Møller, July 16, 1913 and August 28, 1913, Ms 4, 2416: III, Mødreforsikring, Morstrygd 3, “Udkast til lovbestemmelser om mødreforsikring.”
district health insurance fund should employ a set midwife to work with its members. He argued that this would help the midwife build relationships with the women in her district. It would also fulfill public health goals, because the midwife would live near insurance members and be able to visit their homes more frequently to ensure that the home met basic sanitation requirements. In this way, Castberg incorporated the NAM’s requests into the maternity insurance bill without having to specifically mention that it was the midwives’ association that wanted these changes. Ultimately, the parliamentary committee on social affairs did not agree with this part of the proposal and changed the bill so that a parturient woman could use the midwife of her choice.

In order to detail the need for free midwifery and elicit greater sympathy for midwifery, the Ministry also included a letter from a district midwife in its legislative proposal. In her letter, Nicoline Falck Ellertsen from Bergen, described the conditions in working-class homes and recommended changes to the law based on her twenty-three years of midwifery experience. Ellertsen painted a desperate picture of working-class life where not a crumb of bread could be found and women gave birth on the floor in the same room as their husbands, children, and dog. She stated that the need for adequate compensation was great during women’s confinements so that women could receive necessary rest and recovery time instead of having to get up the day after giving birth and take care of the household. To help solve this problem, Ellertsen thought that the maternity insurance should ensure expert and comprehensive help for fourteen days after

434 Ot. Prp. Nr. 1, changes to the health insurance law 1914, 25.
giving birth instead of six weeks. This would involve providing household help to the parturient woman and her family in addition to economic support and midwifery services. She also believed that the best way to prevent midwives from misusing the insurance would be to set a rate for midwifery services that included a certain number of visits prior to and following the birth. This, coupled with the additional money for household help, would stop midwives who were only interested in “getting the most amount of money possible out of poor wretches.”

Ellertsen and others argued that free midwifery would help many of the families who lived in poverty and did not have the ability to pay for medical services during their confinements. The Ministry of Health found that nearly 8,500 women gave birth in 1911 without the assistance of a midwife. This represented nearly 14 percent of all Norwegian births for that year. Many of those women were probably attended by untrained helping wives, a fact that alarmed medical experts and statesmen who had come to believe that professional medical experts were the only ones who could ensure a safe and hygienic birth.

Not all parliamentarians agreed that free midwifery should be included in the health insurance revisions. For many, free midwifery would be too costly and place a huge burden on the recently-created national health insurance. They were especially concerned about the transportation costs for midwives who lived in parts of the country where they had to travel long distances over land and sea to attend birthing women. Even

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437 Ot. Prp. Nr. 1, changes to the health insurance law 1914, 9.
when Castberg assured them that transportation costs were not included in the proposed legislation, many of his colleagues were not persuaded.\textsuperscript{438}

A faction of parliamentarians maintained that free midwifery was not necessary and merely included in the proposal as a way to increase midwives’ social positions. At the very beginning of the debates Henrik Ameln stated that he did not “think it [was] good politics to use the funds in this way. Even if midwives are in a bad situation then that should be solved by giving them a better wage not connecting them to health insurance.”\textsuperscript{439} Later in the debate, Ameln expanded on this claim when he said: “A mistake is being made here, that one wants to use health insurance as a universal medicine for all types of social evils.”\textsuperscript{440} In these statements, Ameln (quite accurately) implicitly accused Castberg of using the health insurance law to push through other social reforms.

Ameln and other representatives believed that local health insurance funds should be allowed to decide whether or not to offer their members free midwifery. According to Ameln, this was a matter of choice and when a family was faced with the question of: “Do you want to buy food or do you want to get yourselves a midwife?” the government should not decide for the family that, “No, you must first get yourselves a midwife.”\textsuperscript{441} Other representatives were also attracted to this idea because they did not want the central government to have too much power, especially considering the fact that Norway’s local

\textsuperscript{438} Forhandlinger i Odelstinget, nr. 28, “Sykeforsikringsloven §16,” 1914.

\textsuperscript{439} Forhandlinger i Odelstinget, nr. 28, “Sykeforsikringsloven §16,” 1914, 223.

\textsuperscript{440} Forhandlinger i Odelstinget 1914, 245.

\textsuperscript{441} Forhandlinger i Odelstinget 1914, 244.
conditions were quite varied. Lasse Torkelson Trædal, a *Venstre* representative from a small region on the west coast\(^{442}\), highlighted these differences when he argued that most rural places in Norway did not need free midwifery because they had their own birthing traditions. He claimed that these local traditions would go extinct if such legislation was put into place, but he recognized that industrialized regions might have more use for free midwifery and thus argued for local funds to have the power to decide whether or not to implement free midwifery.\(^ {443}\)

These arguments did not dissuade the majority of voting parliamentarians who believed that free midwifery of such importance that it must be nationally legislated. For many representatives, it was important to pass free midwifery for the “poor wretches.” As Ludvig Larsen Kragtorp (*Venstre*) so eloquently put it: “The process of birth itself … concerns that of life and death, success or doom for mother and child in a short period of time and expert help at this time can make it so that the family rises in power, economically and socially while the lack of [help] can destroy the family, tear it apart and often scatter the children to the winds.”\(^ {444}\) Arguments like these, along with the fact that they included a clause that explicitly left it up to the local funds to decide whether or not

\(^{442}\) He was a representative for Ytre Sogn, which is north of Bergen.

\(^{443}\) Forhandlinger i Odelstinget 1914, 227-228.

\(^{444}\) Forhandlinger i Odelstinget 1914, 249-250.
transportation would be included, led parliamentarians to vote in favor of free midwifery.\textsuperscript{445}

In July 1915 the maternity insurance gained legislative approval. The legislation that passed was shaped by Katti Anker Møller, and many of Møller and Castberg’s suggestions were incorporated into the law. Considering the fierce debates, free midwifery was perhaps one of their greatest triumphs. While transportation costs were not included and midwives would have to negotiate set rates with local health insurance funds, this portion of the law was thought to be the most costly of all the proposed changes.

The health insurance revisions also included a minimum rate of maternity compensation for both directly insured members and their wives that they were entitled to receive for the entire period of maternity leave, now determined to be a total of eight weeks, two prior to the birth and six after. To receive this benefit, members would still have to fulfill a ten-month membership requirement, but this could include shorter interruptions up to two weeks. While this was not exactly what Møller and Castberg had proposed, it did represent a loosening of the restrictions.

The law also included a clause on maternity homes. The local insurance fund could determine whether or not a woman had to give birth in a maternity home in order to receive the confinement benefits.\textsuperscript{446} All in all, the maternity insurance passed in 1915 was

\textsuperscript{445} The measure passed overwhelmingly in Odelstinget with 71 to 18 votes in June 1914, but only barely passed in July 1915 with 45 to 40 votes. This discrepancy was most likely caused because WWI broke out in between the voting and parliamentarians were concerned about the effects WWI might have on the Norwegian economy.

\textsuperscript{446} “Lov om sykeforsikring,” Norsk lovtidende 1915, 643-645.
quite comprehensive and represented a substantial increase in services and compensation for working-class parturient women.

**Maternity Insurance and the Maternity Home Movement**

Katti Anker Møller wanted to ensure that the law had the greatest impact possible and set about working for the creation and use of maternity homes for the women affected by maternity insurance. Møller thought that maternity homes were the safest places for working-class women to give birth and wanted the government to establish more municipal maternity homes to serve these women. For Møller these homes would be a good example of places where women could help other women. Midwives would run the homes and ensure that working-class women received the best care possible. Møller claimed that this was the only way to fulfill the maternity insurance’s goal of “every birth tak[ing] place in hygienic conditions and infants [receiving] good care during their first days of life.”

Møller tried to make the need for maternity homes an issue of public health. After germ theory became widely accepted amongst medical professionals in Norway, both midwives and doctors voiced their frustration with trying to achieve aseptic conditions in women’s homes. When Nicoline Falck Ellertsen testified in favor of the maternity insurance law in 1913 she emphasized the benefits poor women would receive from extra

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448 Midwives were especially concerned with how expensive aseptic practices were. As a result, they had been trying to get the municipality to cover the costs of antiseptics since the early 1900s. *Tidsskrift for jordmødre*, June and September 1910.
care during labor and confinement. Ellertsen claimed that she had seen many cases where “the child lies wet and soiled from one day to the next, which led to it losing its skin as a result… and a stench rose up from the mother’s bed which meant that she was in danger.”  

Katti Anker Møller used these stories to argue that even well-trained and skilled midwives struggled to attain the necessary level of hygiene in working-class homes. Møller emphasized the impact this could have on a woman’s health, as doctors had found that increased hygiene during birth corresponded to fewer illnesses occurring during confinement. Møller also related this to Dr. Brandt’s assertion that a hygienic birth significantly decreased a woman’s chances of contracting other illnesses throughout her life. This supported Møller’s claims that maternity homes would help “bring children into the world with experts and quality childcare.” As a result, both women and the nation would benefit.

Møller ended up gaining support for her cause from a broad range of actors and organizations, including Castberg, medical professionals, and the Norwegian National Council of Women (NNCW), Norwegian Women’s Rights Association (NWRA) and Labour Party’s women’s section (LPWS). She gave speeches to women’s organizations,
wrote articles on the subject for the newspapers and involved Castberg in her work.\textsuperscript{453} Sometimes she ran into difficulties, as when the NWRA was slow to warm to the idea of maternity homes as an issue they should support because they did not see how this would strengthen women’s rights.\textsuperscript{454} The NNCW, however, was supportive and asked Møller had spearheaded a committee on maternity homes under its auspices. This committee was able to successfully get parliament to provide a stipend to Dr. Marie Kjølseth in 1913 to study maternity homes in Denmark and Germany.\textsuperscript{455}

The LPWS also supported Møller’s work to create municipal maternity homes, because of the positive impact they could have on working-class women’s lives. In March 1914 the organization demanded that the Kristiania municipal council create maternity homes in working-class neighborhoods. These socialist women argued that their demands were based on their “intimate knowledge of the horrible conditions of working-class households.”\textsuperscript{456} The LPWS mentioned the overcrowding that took place in working-class urban homes as evidence of these “horrible conditions” but they did not otherwise emphasize public health and hygiene in their proposal.

The Labour Party’s women’s section (LPWS) instead stressed that working-class women \textit{deserved} to give birth in maternity homes. When factory inspector Betzy

\textsuperscript{453} Ida Blom, “\textit{Den haarde dyst},” 159. Castberg also gave lectures on the subject. See: “Kommunale fødselskjem i hver kommune,” \textit{Kvinden}, April 1, 1914, 27.

\textsuperscript{454} Letter to to Katti Anker Møller from Gina Krog, May 5, 1915, MS 2416: I Uegte Barn, Håndskriftsmulingen, Nasjonalbiblioteket.

\textsuperscript{455} “Kommunale barselhjem,” \textit{Nylænde}, November 15, 1915, 349; Stortingstidende forhandlinger i Odelstinget 1914, 218.

\textsuperscript{456} “Forslag om oprettelse av fødehjem indsendt,” \textit{Kvinden}, April 1, 1914, 26.
Kjelsberg visited a maternity home in Göteborg, Sweden she claimed that a woman there had characterized her stay at the home as “like being on vacation.” The idea that a stay at a maternity home could be a vacation for working-class women was a major reason the LPWS called for the creation of maternity homes. According to the LPWS every woman should be entitled to a quiet place to rest after giving birth and related this to the significance of a woman’s reproductive labor: “If there are days in a woman’s life when she should be mercifully protected and her mind should have permission to rest in peace and quiet, it must be when she has fulfilled her biggest duty: birthing a new human.”

The LPWS envisioned maternity homes as a place where women could come and give birth without the added distractions and responsibilities of everyday life. This is why home care was an essential part of the LPWS’s demands. They wanted the municipality to pay for home care so that while the mother stayed at the maternity home, another person would care for her other children and run her household.

The LPWS’s demands were not met, and Katti Anker Møller devised an innovative way to gain the attention and support of the Norwegian public: the maternity exhibition. For over a year Møller had been working with a coalition of doctors, midwives and cultural and medical institutions to create an exhibition that educated the public about the current state of maternity care in Norway. The exhibition touched on a wide range of maternity issues and even included a section that showcased pictures of powerful statesmen taken when they were babies. There were also exhibits on the historic

458 “Forslag om oprettelse av fødehjem indsendt,” Kvinden, April 1, 1914, 26.
development of birthing assistance and infant care and lectures given by doctors, midwives, and Katti Anker Møller herself.

The main purpose of the maternity exhibition was to get the public engaged in the issue of creating municipal maternity homes. Baby pictures of the Prime Minister and the Minister of War certainly served to entertain attendees, but Møller also wanted people to be shocked by the conditions in which working-class women gave birth. This was the intention behind the creation of what Møller called the “misery room.” Here the public could see for themselves how dirty and depressing working-class homes were, and how ill equipped they were to meet the criteria of a modern, hygienic birth. Møller further highlighted this point by juxtaposing the exhibit with one showcasing a birthing room at a maternity home, complete with all of the technological tools available to medical experts. This exhibit was bright, clean and airy and depicted the modern, scientific and hygienic birth that could take place in a maternity home.

All of the major national newspapers wrote pieces on the exhibit and recommended that people attend. Dagbladet emphasized the entertainment value of seeing powerful statesmen in cradles while simultaneously learning about the all-too-real circumstances most women gave birth in. Other newspapers such as Morgenbladet and Aftenposten informed their readers about the educational opportunities the exhibition presented and how interesting it was to see the historic development of birthing

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assistance and infant care. The socialist newspaper, *Social Demokraten*, devoted the most space to discussing the maternity exhibition and wrote several articles on the exhibits and the lectures given at the exhibition. In comparison to *Morgenbladet* and *Dagbladet*, *Social Demokraten* did not mention the more entertaining or humorous parts of the exhibition, but rather focused on the parts that had the most relevance to working-class life. It defended the portrayal of working-class homes as realistic and argued that it left onlookers with the overwhelming conviction that “municipal maternity homes must be created!” The newspaper did, however, include a critical approach to the new furniture one was expected to purchase for an infant. This broad newspaper coverage helped attract public attention to the exhibition.

People flocked to the exhibition to experience the stark contrasts presented there. Some people went, perhaps, to get a chance to look at baby pictures of noted statesmen. Others may have gone to learn more about scientific and technological advancements in the fields of obstetrics and pediatrics and see how these tools could be used in securing women access to safer births. The king and queen opened the exhibition and this certainly attracted an audience. A large segment of the middle and upper classes were likely also interested in viewing the recreation of a working-class home. For these and other reasons,

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the maternity exhibition was a success. The organizers even talked about extending the amount of days it was showcased at Bøndernes Hus and it eventually went on tour to select Norwegian cities. As a result, a considerable amount of money was raised to help create a start-up fund for the establishment of a municipal maternity home.

The maternity exhibition brought public awareness to the issue of maternity homes and the impact they could have on public health and ultimately led to the creation of Kristiania’s first municipal maternity home. In 1917 the maternity home opened its doors. This birthing institution helped meet Møller’s demands for hygienic birthing experiences for working-class women and the LPWS’s hopes that women could use the home as a type of vacation. The LPWS described the maternity home “very hygienic and modern,” but also as a place where mothers had no responsibilities, the nurses even placed the baby at its mother’s breast. Another municipal maternity home was in operation in Kristiania soon after in 1920. Møller’s goal had been for every Norwegian town to have a maternity home, and while she did not achieve this, several other places initiated plans to build maternity homes based on Kristiania’s model.

By 1920 women such as Katti Anker Møller had been quite successful in using debates about medicine and public health to expand maternity policies. Feminists adopted

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467 The money the exhibition raised also went into a fund to help needy parturient women. In 1952 the director of Kvinnekliniken (Women’s Clinic) distributed the interest from this money to women in need. See: “Katti Anker Møller fond for trengende barselkvinner,”MS 2416: V Kampen for kommunale fødehjem, Håndskriftsamlingen, Nasjonalbiblioteket.

468 “Fødehjem,” Kvinden, April 1, 1917.

469 By 1920, there were two municipal maternity homes in Kristiania and one in Sarpsborg. Bergen and Vestfold county had also started to make plans to build municipal maternity homes.
the medical idea that pregnancy and childbirth should be considered an illness and the state agreed by including maternity benefits in the newly created national health insurance law. Women were not satisfied with the results of this law, however, and argued that the health of women, children and the nation would not be secure until more mothers received adequate compensation and expert care during confinement. This rhetoric fit well with the goals of politicians and medical authorities at the time.

While the issue of maternity insurance did include intense debates and negotiations, feminists achieved the majority of the objectives they laid out in their proposals to parliament. The state legislated maternity provisions that enabled working-class women to receive payment and midwifery assistance during childbirth and confinement. They could also receive care at a recently-established municipal maternity home. In essence, the state recognized maternity as a medical condition in need of legislation, and women had been instrumental in this development.

*The Application of these Ideas to Other Areas of Norwegian Society*

Once maternity had been firmly established as a medical condition, feminists used this idea to gain further concessions for parturient women, even those accused of killing their own children. In 1921 members of the Norwegian Women’s Rights Association successfully lobbied parliament to change the penal code so that women who had recently given birth could not be arrested and placed in jail. Instead, these women received a type of “maternity leave” from serving time in jail. This was to prevent a
parturient woman from experiencing “psychological breakdowns” and “suffering physically.”

The precipitation of this legislative action occurred when Anne Marie Ellingsdatter Høidal, accused of killing her newborn baby, was jailed only two days after giving birth. The chaplain at the jail, Peder Christensen, sparked a national debate when he published a chronicle in the Bergen newspaper detailing this occurrence. He decried the fact that the law could allow a parturient woman to be placed in jail because as “everyone knows that a parturient women needs care, antiseptic, clean care, a midwife, rest, and good nutrition.” Christensen then called for women’s rights activists and Johan Castberg to do something about this.

Castberg and the Norwegian Women’s Rights Association (NWRA) built on Christensen’s reasoning that a parturient woman should not be jailed for out of concern for her health and began to work for a reform of the penal code. Only two days after

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470 Ministry of Justice Legal Section, January 27, 1921, Barnevern: Forsorg for fattige mødre, socialdepartement, Lovkontorets S, Saksarkiv, Riksarkivet.

471 Høidal was later convicted of the crime of clandestine birth and sentenced to 15 months of jail time. She served most of this time at the National Women’s Prison in Kristiania. Gulatings lagmannsrettets dombok, October 22, 1919, Statsarkivet i Bergen; Dom 8293, Fangeprotokoller, rekke 4 Dagbøker over innkomne fanger 1913-1923, Landsfengselet for kvinner, Riksarkivet.


Christensen wrote his exposé, Castberg published a response that equated the need for a maternity reprieve from jail with the already established maternity leave from industrial work. According to Castberg, the need was perhaps even greater in the case of prison because, “jail probably affects a person’s mind and body more than work does.”

Castberg then vowed that he would work to see the law changed. The next day the NWRA also responded to Christensen’s call and wrote a letter to the Ministry of Justice asking for a reform of the penal code to prevent parturient women from being jailed. The NWRA argued that parturient women should not be treated the same as any other prisoner because, “Each mother who has gone through one or more births needs physical and psychological peace and quiet.” This type of argumentation was strikingly similar to the arguments made in favor of the creation of municipal maternity homes: all women, even women who killed their children, needed to give birth in places where they would be assured adequate conditions necessary for rest and recovery.

In order to further demonstrate the medical necessity of their claim, the NWRA asked the Board of Forensic Medicine to review the issue and make a recommendation for how long the government should refrain from jailing a parturient woman. The board responded that, generally speaking, women were not allowed to get out of bed in hospitals until eleven to twelve days after giving birth. Yet the board was reluctant to

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476 Or Retsmedicinske kommission. This board was appointed by the Ministry of Justice and charged with evaluating matters related to forensic medicine and court cases.
offer any set recommendation that would apply to all women and instead said that each woman should be evaluated individually to determine how long she needed to recover from childbirth. They added that in many cases jail would be a preferable place for a working-class woman to recover from giving birth than her own home because she would receive “more rest and superior care” there.\textsuperscript{477} This statement from the Board of Forensic Medicine was not exactly what Castberg and the NWRA had been looking for, but they were not dissuaded by it.

When Castberg and other members of the parliamentary committee on justice proposed a revision to the penal code to preclude parturient women from being jailed, they brushed off the Board of Forensic Medicine’s recommendations. For Castberg and the others, parturient women should not be put in jail right after giving birth because of the negative effects this would have on their health and the health of their babies. They wrote that the board’s conclusions were “shocking and show[ed] little psychological understanding [of the issue].” Instead, they argued that the penal code must be revised in order to “protect pregnant, parturient, breastfeeding mothers as well as infants’ lives and health.”\textsuperscript{478} The importance of this had already been established with state-mandated maternity leaves from industrial work.


\textsuperscript{478} Indstillinger og beslutninger 1920 B. indstillinger til Odelstinget og beslutninger av Odelstinget og Lagtinget

Inst. O. Nr 63 – Indstilling fra justiskomiteen angaaende forslag fra representanterneCastberg, Klingenberg, Wollnick m.fl. om forandinger i straffeprosesloven (Dok nr. 9).
The proposed revisions to the penal code not only applied the concept of maternity leave to incarceration, they also expanded existing definitions of the leave. Castberg and other members of the parliamentary committee used this opportunity to attempt to revise the amount of time a woman needed rest after giving birth. This had previously been legislatively defined in the health insurance and worker protection laws as the two weeks prior to and six weeks following childbirth. In their proposal, Castberg and other members of the parliamentary committee recommended that the Norwegian penal code should alter this definition. They wanted the penal code to be in accordance with the maternity leave parameters that had been set at the International Labour Congress in 1919: six weeks prior to and six weeks following birth. They also wanted additional protections for breastfeeding mothers. In their proposal women who were breastfeeding should not have to serve their jail sentences until they either stopped breastfeeding or had been breastfeeding for one year.479

These demands were ultimately successful because they built on ideas that had been established in the national health insurance and worker protection laws, namely, that maternity was a medical condition that warranted state protection. When asked for his opinion on the matter, Surgeon General Harald Mathias Gram responded:

“Lately social legislation has been implemented in all civilized countries and has strongly advanced the opinion that the mother – both spiritually and physically – requires care and rest during the time immediately prior to giving birth, that the birth itself happens under the best possible circumstances and that the living

479 Indstillinger og beslutninger 1920 B. indstillinger til Odelstinget og beslutninger av Odelstinget og Lagtinget

Inst. O. Nr 63 – Indstilling fra justiskomiteen angaaende forslag fra representanterne Castberg, Klingenberg, Wollnick m.fl. om forandinger i straffeprosesloven (Dok nr. 9).
conditions for mother and child for the period of time immediately following the birth should be eased as much as possible.”

He went on to voice his support for the proposed changes to the penal code.

It was opinions like these that ultimately led the Norwegian parliament to revise the penal code in 1921 to fall in line with the parliamentary committee on justice’s recommendations. The changes precluded any woman who expected to give birth within six weeks or had given birth within the last 6 weeks, from being arrested and placed in jail. In addition to this, a woman who breastfed her child was not supposed to be arrested before nine months had passed since the child’s birth. This development represented a triumph for both Castberg and the Norwegian Rights Association who had started working on these changes only two short years before.

The revisions to the Norwegian penal code demonstrates the how politically effective it had become to draw connections between maternity and public health. It also shows that maternity leave had become accepted as an elemental part of “civilized” society, necessary to the health and vitality of a nation. Due to this, statesmen were willing to pass legislation that expanded the concept of maternity leave far beyond the boundaries of health insurance and factory laws. Now even women suspected of breaking the law benefitted from parturiency, not monetarily, but by being able to delay the start of

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480 Ministry of Justice Legal Section, January 27, 1921, Barnevern: Forsorg for fattige mødre, socialdepartement, Lovkontoret S, Saksarkiv, Riksarkivet.

their jail sentences. In some cases, a woman could avoid jail for up to nine months after committing a crime.

This legislative change also illustrates that protecting infant health was not the only objective of Norwegian maternity legislation. If that had been the case then the revision of the penal code would have been based on the need to allow a woman to breastfeed her child so that he was less likely to die of malnutrition. This was, of course, one of the goals of the law and the reason the exemption from jail could last up to nine months. Yet women who did not breastfeed were still eligible to postpone serving time in jail for three months. Even a woman who would never be able to breastfeed, such as the one who precipitated this entire legislative development, because her baby had died (perhaps even murdered by the woman herself) would receive this “maternity leave.” This was because Norwegian maternity leave was predicated on the belief that both women and children would benefit from these policies, not one at the exclusion of the other.

Conclusion

Between 1900 and 1920 women worked to expand the maternity leave first legislated in the 1892 factory act. Against the backdrop of a strong public health movement and increased medicalization of maternity, feminists like Katti Anker Møller used these ideas to push for greater maternity benefits for women. Katti Anker Møller drew upon her connections to parliamentarians such as Johan Castberg and recognized medical experts, Drs. Brandt and Johannessen, to gain support for her ideas. She, and other feminists, also engaged the general public in innovative ways, like with the
maternity exhibition, to involve them in their efforts to achieve expanded maternity provisions.

Midwives were also interested in allying themselves with these feminist initiatives because of the potential they held to advance midwives’ professional and economic positions. They met with Castberg and Møller and tried to shape the content of the proposed maternity legislation to fit their needs and were active participants in the maternity exhibition. Midwives also engaged in debates on the subject of maternity insurance the potential of working with the health insurance funds in the national association of midwifery’s monthly journal. Other midwives, such as Nicoline Falck Ellertsen, became directly involved in the parliamentary debates about maternity by detailing the work of midwives and recommending which actions should be taken to help working-class mothers. Many of these recommendations were based on the premise that hygiene was paramount to the health of mothers, infants and children. In all of these cases, midwives hoped that any expansion of maternity provisions would also benefit them.

The strategies that feminists and midwives employed, especially in relation to public health, were largely successful because they resonated with the concerns of the time. During the 1910s Norway witnessed its largest expansion of maternity legislation to date and ranged from the creation of maternity insurance to the protection of parturient women from serving jail time. The inclusion of maternity in the 1909 health insurance law represented the first time working-class women would receive financial assistance during the maternity leave they were required to take. This was an important step in
thinking about maternity leave in terms of a benefit as opposed to a restriction. Perhaps even more impressively, women were some of the primary actors involved in getting parliament to pass a massive expansion of this initial insurance law. In 1915 parliament not only extended the length of time of maternity leave, but also increased the number of benefits women could receive and the number of beneficiaries eligible to receive them. Both directly insured women and the wives of insured men were entitled to maternity compensation and the assistance of a midwife during and after the birth.

Feminists also succeeded in getting the government to create municipal maternity homes where women could give birth. This achievement really demonstrates how effectively feminists and midwives were able to tie the ideas behind the public health movement to realize their own goals. They wanted women to have greater rights and benefits as mothers, and worked to accomplish this in terms of bettering the conditions a woman gave birth in. In order to achieve this objective feminists connected women’s childbirth experiences to burgeoning ideas in public health and medicine. They also rallied the public around this cause with the maternity exhibition. Ultimately, the government recognized the need to better the conditions surrounding a woman’s birth because of the significance this held for the health of its citizens, particularly mothers and children. The state helped financially support municipal maternity homes and they also included a section in the health insurance law that could make a woman’s maternity benefit contingent on a stay at a maternity home.

The women’s section of the Norwegian Labour Party had supported these efforts, especially the fight for municipal maternity homes. These socialist women did not,
however, believe that the maternity insurance that was passed in 1915 was comprehensive enough and thought that it placed too much of a burden on working-class women. Instead, socialist women wanted maternity policies that applied to all women, not only poor, working women. Though representatives for the Norwegian Labour Party and the Radical People’s Party supported these ideas, parliament was not ready to introduce a universal maternity policy. As a result, working-class women, midwives, and feminists would continue to work to expand maternity benefits to encompass a greater number of women throughout the interwar period.
Figure 7. The “Misery” Room from the maternity exhibition in 1916. Source: Norwegian teknisk museum.
Figure 8. Sterilization equipment that was on display at the maternity exhibition in 1916. Source: Norsk teknisk museum.
Figure 9. “Follow These Rules Carefully!” Rules for infant care, shown at the maternity exhibition in 1916. Source: Norsk teknisk museum.
Figure 10. This photograph of the maternity ward at Ullevål Hospital illustrates what institutional births looked like at the turn of the twentieth century in Norway, and the ideal, aseptic conditions medical experts lauded. Source: A.B. Wilse, “Fra barsel/fødselsavdelingen Ullevål Sykehus,” 1887-1911, Oslo byarkiv.
Chapter 4: “Paid Motherhood”\textsuperscript{482}: The Rhetoric of Rights and Expansion of Maternity Legislation

In February 1939 over 200 women who worked at the Oslo\textsuperscript{483} Welfare Office received an internal memo unlike any they had received before. It was a poem that informed them that they were now eligible for twelve weeks of paid maternity leave:

\begin{quote}
It is \textit{leave} that she needs \\
From her career and her husband \\
At least 8 weeks before and 4 after should be the length \\
And \textit{with pay} of course \\
It is not an \textit{exorbitant} use of resources \\
To create a child – it takes a lot of strength \\
\ldots
\end{quote}

\begin{quote}
\textit{Hundreds of career women are employed here} \\
Who can have tons of children without any fear \\
If that is what they desire the office will provide the funds \\
The board did what was necessary \\
As it decided yesterday \\
To provide pay for a total of 12 weeks, when all is said and done…\textsuperscript{484}
\end{quote}

All of these women, regardless of whether they were members of the health insurance and the fact that public servants were not usually covered by the Worker Protection Law, could receive this benefit.

\textsuperscript{482} Katti Anker Møller, Om mødreforsikring, MS 4 2416:III, Håndskriftsamlingen, Nasjonalbiblioteket.

\textsuperscript{483} A 1924 law officially restored the medieval name of “Oslo” to the city, effective January 1, 1925. I follow this chronology and refer to the city as “Oslo” after January 1, 1925 and “Kristiania” prior to this date.

\textsuperscript{484} Underlined in original: S1939/27 Permisjon under nedkomst, Oslo Trygdekontor, Sakserie Personal og ansettelsessaker 1939-1943, Statsarkivet i Oslo.
The creative way that the Oslo Welfare Office had informed its workers of its decision to implement paid maternity leave caught the attention of the press.⁴⁸⁵ Dagny Bjørnaraa, editor of the feminist periodical, Norges Kvinder, was particularly impressed. She congratulated Director Ormestad with helping his female employees successfully become a “combination [of] career woman/wife/mother.”⁴⁸⁶

The decision to provide all of the women employees at the Oslo Welfare Office with twelve weeks of paid maternity leave reflected a new way of thinking about maternity support that had gained strength in the 1920s and 1930s, and was heavily influenced by feminist demands. Throughout the course of the early-twentieth century women’s rights activists had worked to get motherhood recognized as a service women preformed for the state, a service that deserved recognition and compensation. They built on the Castberg Laws and the maternity insurance laws, which had established the state’s interests in women’s reproductive labors. These earlier pieces of legislation, however, focused on protecting vulnerable social groups and targeted mainly poor, working-class mothers, many of whom were unmarried. Feminists wanted to expand these laws to include more women, especially middle-class, married women. In doing so, they also wanted to transform maternity support from a form of economic protection, one that in many cases was tainted by a rhetoric of dependence and included means-testing, to an


⁴⁸⁶ Letter from Dagny Bjørnaraa til Director Ormestad, February 20, 1939, S1939/27 Permisjon under nedkomst, Oslo Trygdekontor, Sakserie Personal og ansettelsessaker 1939-1943, Statsarkivet i Oslo.
economic right. Midwives were largely uninvolved in these discussions as they continued to focus on their fight to professionalize and receive better wages.

These initiatives took place within a larger context of the feminist struggle for women’s increased economic independence which was not unique to Norway. Feminists in Norway and elsewhere in the world generally tried to achieve this goal in one of two different ways. One involved treating motherhood as a profession that should be paid for by the state. Most of the women who supported this tactic were maternal feminists. A second strategy was taken by feminists who thought that women’s ability to combine motherhood with paid employment outside the home was the path to women’s economic independence. In order for women to be able to do this, feminists lobbied the state to assume some of the responsibilities of motherhood, including childcare. They also continued to push for better and more comprehensive forms of maternity leave that could enable all mothers to work outside the home without suffering economic discrimination. Typically, equal rights feminists were behind many of these initiatives, but maternal feminists also supported efforts to increase women’s rights in the workplace, especially those related to maternity.

During the interwar period, Norwegian maternal feminists like Katti Anker Møller tried to gain support for paid motherhood by framing motherhood as an occupation. They argued that pregnancy, childbirth, and childcare were reproductive labors that women preformed for the benefit of the state and society. As such, they thought mothers should be entitled to compensation. This had little to do with protecting

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487 Ann Taylor Allen, *Feminism and Motherhood*, 64.
impoverished parturient women and their children from the consequences of industrialization and social conditions. Instead, this was about economic rights for which every mother should be entitled. These types of arguments stimulated discussions of mothers’ pensions, mother wages and family wages during the interwar period and led to their eventual implementation.

Feminists also tried to strengthen women’s ability to combine motherhood with work outside the home in the interwar period. Most important to our discussion here is how feminists wanted to strengthen women’s position in the workplace through a revision of Norwegian maternity leave legislation. Feminists lobbied the state to make maternity leave a right that all women who worked for wages could choose to receive. If women decided to take the leave, feminists demanded that they be protected from being fired. Organizations like the Norwegian Women’s Rights Association and the Labour Party’s women’s section worked for these changes. Their efforts resulted in the passage of generous and comprehensive maternity leave legislation in 1936 and also inspired initiatives like those taken by the Oslo Welfare Office.

Feminists often used a rhetoric of rights in their calls for more generous maternity legislation during the 1920s and 1930s. This rhetorical strategy was bolstered by the fact that Norwegian women had won the vote in 1913. After universal suffrage was implemented, women entered into a relationship with the state based on the rights and duties of citizenship. As such, women’s rights activists could argue that Norwegian laws should not place women in a state of dependency. Legislation that targeted women because they were women should not be restrictive and punitive. Instead, the few
instances where women had special legal protections, such as the maternity leave clause in the factory act, should benefit women and be characterized as a right. This argumentation was influential in the 1936 revision of the maternity leave clause and debates about a mother’s wage.

These rhetorical and legislative developments affected a wide variety of women’s lives. Many women found it easier to combine motherhood with work outside of the home if they were covered by maternity policies. The 1936 law especially guaranteed women certain rights as workers and mothers. For many women, working outside of the home was necessary to the survival of their families and this legislation gave them more economic security. Other women, who were in better economic straits, also benefitted from more generous maternity leave policies because they could continue their careers even after marriage and motherhood. This strengthened women’s position in the labor market. Even women who remained at home and did not work for wages benefitted economically from this maternity legislation. These women were able to receive compensation from the government in the form of mothers’ pensions and child allowances.

_The Economic, Political and Social Climate in Interwar Norway_

Norwegian feminists had been trying to achieve economic emancipation for women since the nineteenth century, but their greatest breakthroughs did not occur until the 1930s. Their successes in the 1930s were largely due to the political climate that developed in Norway during the interwar period. In spite of remaining neutral throughout
World War One, the war indirectly affected Norway economically, politically and socially. This had a significant effect on Norwegian social policy in the 1920s and 1930s. Some developments - such as the economic crisis - stalled women's efforts, while others - such as the ascent of the Labour Party and focus on family politics - created a climate amenable to feminist demands for greater economic rights for women.

Economic catastrophe prevented many social reforms from being realized during the interwar period in Norway. Increased demands for shipping during the war had brought economic prosperity to Norway, and at the war’s end in 1918 the Norwegian state had a substantial amount of money that could be used for public expenditures.\(^{488}\) Two years later, in 1920 the economic bubble burst. Prices began to fall and unemployment rose. At the economic depression’s height in the early 1930s, around 30 percent of Norwegians were without work. As a result, hundreds of thousands of people lived in poverty. Many had to turn to poverty relief and other forms of public assistance in order to survive. This situation affected the development of social policies, including maternity legislation. Norway was in a severe economic depression and the government was reluctant to pass any social policies that could cost the state money it did not have. On the other hand, the scope of the crisis also increased politicians’ willingness to support reforms after the depression had ended in the 1930s.\(^{489}\)

The economic situation in the 1920s affected feminists’ ability to achieve their goals of expanded rights and benefits for mothers. The crisis had dire consequences for


married women’s employment. Political parties and employers actively tried to discourage married women from working in order to protect men’s jobs. This contributed to a marked decrease in married women’s employment during the interwar period. As a result, the antagonism towards married women’s work, and the general economic climate, made it very difficult for feminists to argue for the expansion of maternity leave protections and rights for women. Efforts to strengthen women’s economic position in the home also met limited success due to the state’s reluctance to spend money. Instead, feminists focused on trying to achieve things at the municipal level. They also worked to gather political support for expanded rights and benefits for mothers that would be realized in the 1930s after the economy had recovered.

The political climate during the interwar period was also marked by the growth of the Norwegian Labour Party. The Norwegian Labour Party gained a larger percentage of the vote and influence in parliament in the 1920s and 1930s, and this affected feminist organizations’ abilities to achieve their objectives. By 1927 the Labour Party had become the largest party in Norway and exercised considerable political power. In many cases, the Party supported feminist objectives, especially the goals of social democratic women.

Social democratic feminists operated within the Labour Party, and the Party often took up their concerns on its party platforms. The Labour Party had been receptive to women’s issues since its inception and was the first political party to create its own

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490 The number of married women who worked in the 1920s was half of the levels in the 1910s. See: Med kjønnsperspektiv på norsk historie, 345.

women’s section in 1895. The Labour Party also likely had the largest number of women members of all Norwegian political parties in the interwar period. This helped social democratic women achieve many of their objectives to help improve the condition of motherhood at both the municipal and national level in the interwar period. Social democratic women may have enjoyed an advantaged relationship within the Labour Party, but all political parties began to pay more attention to women’s demands in the interwar period because of women’s recent enfranchisement.

The real and imagined power of women’s voting rights influenced the passage of maternity legislation in the early-twentieth century. For the most part Norway was spared the gender conflicts that took place in other parts of Europe during the interwar period because of its neutrality. This allowed women’s organizations to more easily create political alliances than in other places in Europe. During the interwar period these organizations were able to use women’s political mobilization to their advantage. Following Norwegian women’s enfranchisement in 1913, it became clear that women used their vote in large numbers and as such were a constituency all political parties needed to take into consideration when designing their platforms.

The vote strengthened women’s individual and collective ability to shape policy decisions. Women rapidly mobilized and participated in parliamentary elections at a high

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492 There are not completely accurate for this period, but Kari Melby has argued this based on what evidence is available in Med kjønnsperspektiv på norsk historie, 248.

rate. Just two years after universal suffrage passed in 1915, women cast over 45 percent of all votes. They continued to turn out at the polls in large numbers throughout the 1920s and 1930s. The large numbers of women who voted in Norwegian elections caught the attention of political parties. While parliamentary politics were still dominated by men, the realities of women’s enfranchisement influenced party politics. In order to successfully win parliamentary elections, political parties recognized that they needed to appeal to women voters. Feminist organizations saw this as an opportunity to bolster their claims that women’s interests had political significance.

Feminists and their allies in parliament used women’s enfranchisement to try and push through maternity initiatives. Already in 1914, when Odelstinget debated maternity insurance Castberg argued that politicians had to take women’s preferences into consideration because “the majority of the Norwegian people and the majority of the


496 The percentage of women voters did not slip below 45 percent throughout the 1920s and 1930s and in 1936 over 50 percent of voters were women. Statistisk sentralbyrå, "Stortingsvalg, Personer med stemmerett, avgitte stemmer og valgte representanter," http://www.ssb.no/a/histstat/tabeller/25-2.html, Accessed April 17, 2013.

497 There were also small numbers of women representatives in parliament. In 1921, Karen Platou was the first elected to parliament and by 1933 there were three women representatives in parliament. Statistisk sentralbyrå, "Stortingsvalg, Personer med stemmerett, avgitte stemmer og valgte representanter," http://www.ssb.no/a/histstat/tabeller/25-2.html, Accessed April 17, 2013.

Norwegian voters are women” and women had “already risen up and will continue to raise up with steadily more strength to demand that more is done for the families, the mothers and the young children in [Norway].”\textsuperscript{499} Later on in the debate Castberg and Henrik Ameln argued over whether or not Germany was a good model to follow in regards to the implementation of maternity insurance. Castberg again used Norwegian women’s superior voting rights to argue that women should be able to expect that their “interests will be better protected [in Norway] than in a country where not a single woman has the right to vote.”\textsuperscript{500}

In Castberg’s opinion, women’s rights organizations represented voting women’s interests and therefore parliament should take their opinions on the issue seriously. Ameln countered that the women who had pushed for enfranchisement “reminded him of English suffragettes” and that the men who sat in parliament represented their wives’ interests. To Ameln, this meant that parliamentarians did not have to “listen to the hysterical portion of women in Norway” in order to take women’s political positions into account.\textsuperscript{501} Women’s rights organizations disagreed with Ameln and asserted that they were in fact the representatives of women.\textsuperscript{502} These women’s organizations concentrated on using women’s newly-won voting rights to achieve their objectives.

\textsuperscript{499} Stortingsforhandlinger, forhandlinger i Odelstinget, June 5, 1914, 219.

\textsuperscript{500} Stortingsforhandlinger, forhandlinger i Odelstinget, June 5, 1914, 270.

\textsuperscript{501} Stortingsforhandlinger, forhandlinger i Odelstinget, June 5, 1914, 270.

\textsuperscript{502} Norwegian National Council of Women, beretning 1910-1913, 5. MS 4 2912:7, Håndskriftsamlingen, Nasjonalbiblioteket.
Many feminists emphasized that enfranchisement had granted women political power and that this power made their demands more politically salient. In her speeches, Katti Anker Møller claimed that women “wish[ed] to use [their] voting power to make mother work more prominent in society.” Feminists attempted to further cultivate the idea of women’s political power by attributing legislative victories to the political influence women now wielded. For example, when maternity insurance and the Castberg Laws passed in 1915 feminists credited this as being the “first ripe fruit of women’s vote.” In the 1930s the leader of the Norwegian Women’s Rights Association, Margarete Bonnevie, asserted that the right to vote allowed women to achieve their political demands without the help of men. According to Bonnevie, women no longer needed men’s assistance in getting legislation passed, they only needed to use their vote. By connecting women’s increased political rights to their ability to push through significant pieces of legislation, feminists argued that politicians had no choice but to pay attention to their demands. A large portion of these demands centered on increasing rights and benefits for mothers.

In order for the characterization of women’s voting power to be more than just a rhetorical illusion, feminists needed to get women to vote in a way that supported their goals. Soon after the vote was won, Kvinden published a Swedish article that argued that Norwegian working-class women had a responsibility to use their vote to support issues

503 Katti Anker Møller, ”Mødrehjælp,” Kvindernes Enhetsfront Oplysningsarbeide, June 7, 1925, MS 4 2416:VI, Håndskriftsamlingen, Nasjonalbiblioteket.

504 “Mødreforsikringen,” Nylænde, August 1, 1915, 229.

like maternity insurance. Katti Anker Møller also encouraged women to use their voting power to achieve more rights and benefits for mothers. In the early 1920s, she called on women to use “[their] power to push for an expansion” of maternity benefits. Sometimes feminists directly mentioned which parties women should vote for. By the 1930s the Labour Party had gained more power in parliament and included many feminist demands on their party platform. As a result, Møller’s sister, Ella Anker, called on women to “vote for the Labour Party which supports” mother and child welfare. It is difficult to know to what extent these pleas led women to vote in favor of certain political parties, but one thing is certain: the threat that women might vote for particular issues, and therefore specific political parties, influenced Norwegian party politics during the 1920s and 1930s.

_The Population Question_

Norwegian politicians also became more focused on women’s rights because of domestic and international population anxieties. The human devastation of the war exacerbated European politicians’ about population quantity and quality. By the 1930s Norwegian politicians had become increasingly alarmed about falling fertility rates as well, and this bolstered the strength of women’s demands for better policies for mothers and children. While other European countries had taken note of this marked decrease in

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506 “Rostratt – ansvar,” _Kvinden_, February 1, 1912.
508 Ella Anker, “Barnetrygd,” _Kvinden_, February 1, 1930.
births much earlier, the Norwegian birth rate did not start to drastically decline until later in the 1920s. As a result, it was not until the 1930s that more people began talking about underpopulation rather than overpopulation. These statistical findings helped give credence to women who demanded more “family friendly” politics.

The idea of familievennlig, or “family friendly,” politics did not take hold in Norway until the late 1920s. During the 1910s neither Castberg nor Møller used this term in their efforts to realize greater social support for children and mothers. By the 1930s the word familievennlig had become ubiquitous in political discussions. This occurrence was influenced by international developments, including the 1934 publication of Alva and Gunnar Myrdal’s Kris i Befolkningsfrågan (Crisis in the Population Question). The Myrdals’ work reflected some of the acute pronatalist attitudes present in Sweden in the interwar period which did not have nearly the same resonance in Norway. Their work did, however, instigate discussions about population politics and whether such things were necessary in Norway. Many Norwegian politicians agreed with the following assessment of the Myrdals’ work written in Kvinden: “It doesn’t matter how many people live in Norway but rather how they live and if they have a good life.” This was about

510 There was a marked decrease in the birth rate from 26 per 1,000 births in 1920 to 19 in 1925 and 17 in 1930. Statistics Norway, ssb.no/histstat, Accessed June 9, 2013.


512 For an example of this, survey the headlines of Kvinden in the late 1920s and 1930s.

513 Gro Hagemann, “Maternalism and Gender Equality,” 80.

514 Kvinden, August 1, 1936, 17.
quality of life, not quantity of population. Now the thinking was that governmental planning was required in order for the population have a certain quality of life ensured. Women were able to use this focus on population concerns to lobby for increased economic rights for mothers.

*Katti Anker Møller and the Concept of Mother Work*

One of the rhetorical strategies feminists employed to get the state to financially support mothers was to argue that motherhood was work and like any other occupation deserved payment. Women’s rights activists claimed that the reproductive labor women preformed benefitted society and the state and therefore the state should bear the responsibility of ensuring payment to mothers for their services. These claims challenged the patriarchal family system which made a woman dependent on her husband or father for financial support. The conventional gendered system of wages allocated a family or breadwinner wage to men to help them fulfill their duties as providers for their families. By arguing that motherhood was also a form of productive labor that deserved payment, feminists tried to undermine patriarchal structures and give women financial independence from men. Their efforts sought to free women from their husbands’ or

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515 This also included discussions of eugenics. Most of the feminists studied here carefully separated eugenics from their demands for maternity benefits for women. For a good overview of the relationship between eugenicism and social policies in Scandinavia see Gunnar Broberg and Nils Roll-Hansen, eds., *Eugenics and the Welfare State: Sterilization Policy in Denmark, Sweden, Norway, and Finland* (East Lansing, MI: Michigan State University, 1996).

516 This was inspired by the Myrdals’ ideas about social engineering and applied to the family, social, and economy. Inger Elisabeth Haavet, “Milk, Mothers and Marriage: Family Policy Formation in Norway and its Neighboring Countries in the Twentieth Century,” in Niels Finn Christiansen, Klaus Petersen, Nils Edling, and Per Haave, eds., *The Nordic Model of Marriage: A Historical Reappraisal* (Copenhagen: Museum Tusculanum Press, 2006), 205.
fathers’ control, and their solution involved transferring this power to the bureaucratic state.\textsuperscript{517} In doing so, feminists encouraged the state to intervene in the private life of the family.

Katti Anker Møller was perhaps the most vocal Norwegian proponent of what the English termed the “national endowment of motherhood.”\textsuperscript{518} She had begun rhetorically to frame motherhood as work in the early-twentieth century and this informed the legislative initiatives she spearheaded. Møller believed that motherhood was not just a duty that could be required of women, but rather an occupation that women could choose to undertake.\textsuperscript{519} She argued that women would perform this work only if it received the recognition and remuneration it deserved. Møller did not believe that mothers should have unfettered access to these benefits, however. As an occupation, Møller thought that women needed to receive training and education in modern childcare methods in order to properly execute their work as mothers.\textsuperscript{520} In addition to this, Møller thought that


\textsuperscript{518} Ann Taylor Allen, \textit{Feminism and Motherhood}, 64. Katti Anker Møller’s papers also contain a pamphlet detailing the English version of these demands. MS 4 2416: VI National Endowment of Motherhood, Håndskriftsamlingen, Nasjonalbiblioteket.

\textsuperscript{519} Katti Anker Møller was a proponent of “voluntary motherhood” and led the birth control movement in Norway. She opened a Mother Hygiene Office in Oslo in 1924 that dispersed contraceptive information and birth control devices. Møller also supported the revision of the abortion law and wanted women to have the legal option of terminating their pregnancies.

\textsuperscript{520} Møller worked to get housewife schools set up in Norway and believed that all women would benefit from a rigorous training in modern childcare methods. This work fit well with her connections to the public health movement and was also instrumental in helping to construct the “modern housewife” who was responsible for implementing hygienic initiatives in the home. Lars-Henrik Schmidt og Jens Erik Kristensen, \textit{Lys, luft og renlighet – den moderne socialhygiejnes fødsel} (Akademisk forlag, København, 1986), 115; Gro Hagemann, “Kjøkkenet som samfunnsprosjekt,” \textit{Tidskrift for kjønnsforskning} 4 (2010): 291-292.
women who received support should be supervised by the state to ensure that their
cchildrearing practices conformed to medical standards. Yet above all, Møller believed
that in order for mothers to achieve the status they deserved that motherhood had to be
truly voluntary – there should be open access to birth control information for married
women and abortion should be legal.\footnote{To this end, Møller opened the Mother Hygiene Office in Oslo. Katti Anker Møller, “Moderskapets frigjørelse, foredrag holdt 1. gang i Kristiania 1915,” in Katti Anker Møller: Modrenes forkjemper 125 år (Bergen: Senter for humanistisk kvinneforskning, 1994), 91.}

During the 1910s and 1920s, Møller gave a series of lectures introducing her
thoughts on motherhood as an occupation. These speeches had titles such as “The
Emancipation of Motherhood,” “Women’s Reproductive Politics” and “Wages for
Mothers.”\footnote{Inger Elisabeth Haavet, “Hvor mye er en mor verd? – Mødrenes forkjemper 125 år,” in Katti Anker Møller: Modrenes forkjemper 125 år (Bergen: Senter for humanistisk kvinneforskning, 1994), 9.} In these public lectures, Møller argued that paid motherhood was essential
to both the emancipation of women and the continuation of society. Many of the ideas
Møller presented were quite radical and created tensions within and amongst women’s
rights organizations.

The basis of Møller’s argument for paid motherhood rested on her construction of
motherhood as an occupation. Møller very clearly argued in a piece she wrote for the
Liberal Women’s Association that “Mother work is the only work that is not paid.”\footnote{This was part of a speech she gave on “Kvindernes frigjørelse” in 1919. Katti Anker Møller, “Om mødreforsikring.” MS 4 2416:III mødreforsikring – morstrygd, Håndskriftsamlingen, Nasjonalbiblioteket.}

According to Møller, women’s reproductive labor was not ordinary work, but grueling,
dangerous and taxing work for, “If we are talking about difficulty of work then what is
the long and arduous period we call pregnancy?! – not to mention labor and delivery and

\footnote{To this end, Møller opened the Mother Hygiene Office in Oslo. Katti Anker Møller, “Moderskapets frigjørelse, foredrag holdt 1. gang i Kristiania 1915,” in Katti Anker Møller: Modrenes forkjemper 125 år (Bergen: Senter for humanistisk kvinneforskning, 1994), 91.}

\footnote{Inger Elisabeth Haavet, “Hvor mye er en mor verd? – Mødrenes forkjemper 125 år,” in Katti Anker Møller: Modrenes forkjemper 125 år (Bergen: Senter for humanistisk kvinneforskning, 1994), 9.}

\footnote{This was part of a speech she gave on “Kvindernes frigjørelse” in 1919. Katti Anker Møller, “Om mødreforsikring.” MS 4 2416:III mødreforsikring – morstrygd, Håndskriftsamlingen, Nasjonalbiblioteket.}
confinement and breastfeeding and then comes the raising of this child.” 524 On other occasions Møller referred to pregnancy as a “nine-month-long work day.” 525 To help quantify the rest of women’s domestic labor, including childcare and housework, Møller estimated that “a mother’s work in the home is work [and] often [lasts] up to 10 hours a day.” 526 Møller framed women’s reproductive and domestic labors as on par with other forms of waged work, and this allowed her to call for the similar compensation and protection of mother work.

In the early 1910s Møller used the concept of mother work to demand that married women’s maternity be protected under the factory law and incorporated into the health insurance law. While Møller wanted all of women’s reproductive labors to eventually be supported by the state, she started with maternity because it was that “which fe[lt] the most annoying and frustrating [to the most women] and which ruin[ed] them] as competitors on the conventional labor market.” 527 This is one of the reasons Møller argued that the same principles of worker protection outlined in Norwegian factory legislation should apply to women’s reproductive work. The Norwegian factory laws secured safe and clean working conditions for industrial workers. As a form of labor, Møller asserted that women’s “important work of birth and pregnancy [should

524 Katti Anker Møller, “Om mødreforsikring,” MS 4 2416:III.


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also] occur in safe and hygienic circumstances.”\textsuperscript{528} This was part of her argument for the creation of maternity homes.

Møller also fought to get married women covered under the maternity insurance proposed in 1915. In order to justify this, Møller claimed that the premium paid by male members of the health insurance should also cover their wives because these men could afford to pay this premium only because of the work women preformed in the home. Møller then argued that this domestic work made “a wife just as entitled, if not more [than a directly insured working woman], to this maternity leave benefit.”\textsuperscript{529} As we saw in Chapter 3, these demands were largely met.

After maternity insurance passed in 1915 and municipalities started creating maternity homes, Møller built on these successes and started to push for greater compensation for women’s mother work more broadly. Møller argued that married women’s incorporation into the maternity insurance section of the health insurance law established that mothers should be paid for their reproductive work.\textsuperscript{530} Now Møller wanted the state to take the next step and pay women during their pregnancies and to then stay home with their children until their children reached working age, because until then they were “only a burden on their parents.”\textsuperscript{531} This characterization of children as financial burdens served to distance motherhood from unquantifiable emotion work and

\textsuperscript{528} Katti Anker Møller, “Krav om fødehjem og mødrehjem,” MS 4 2416: I, Håndskriftsamlingen, Nasjonalbiblioteket.

\textsuperscript{529} “Mødreforsikring” MS 4, 2416:III, Håndskriftsamlingen, Nasjonalbiblioteket.

\textsuperscript{530} Katti Anker Møller, “Om mødreforsikring,” MS 4 2416:III mødreforsikring – morstrygd, Håndskriftsamlingen, Nasjonalbiblioteket.

\textsuperscript{531} Katti Anker Møller, “Om mødreforsikring,” MS 4 2416:III mødreforsikring – morstrygd.
instead tie it to something monetarily quantifiable. It also reflected new ways of thinking about children as an economic burden not an economic asset.\footnote{For a classic discussion of this, see: Viviana Rotman Zelizer, \textit{Pricing the Priceless Child: The Changing Social Value of Children} (New York: Basic Books, 1985).}

Møller used the maternity benefit women received under the insurance to calculate how much money women should receive for their mother work. She found that 100 kroner a month was a fair price to pay, at least to begin with, and asserted that “1200 kroner a year is not so much [to pay] for this valuable work of creating a person.”\footnote{Underline in the original. Katti Anker Møller, “Om mødreforsikring,” MS 4 2416:III mødreforsikring – morstrygd.} After awhile, Møller believed that the price would increase because “once we put a price on this work women in the future will not carry a pregnancy for such a cheap price. [Mother work] will become one of the most expensive types of work.”\footnote{Katti Anker Møller, “Om mødreforsikring,” MS 4 2416:III mødreforsikring – morstrygd.} Møller wanted all mothers to be compensated for this work and demanded that the state assume the costs.

Møller argued that these mother wages should be funded through national taxes because of the enormous importance women’s reproductive labors had for the vitality and viability of the Norwegian state. Møller stressed that motherhood was of importance to not only individual women’s lives, but to the collective because women’s “work giving birth to and caring for small child has great significance in [women’s] lives and the nation’s.”\footnote{Katti Anker Møller, “Krav om fødehjem og mødrehjem,” MS 4 2416: I Håndskriftsamlingen, Nasjonalbiblioteket.} In fact, Møller asserted that women’s reproductive work was responsible for

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“the very existence of society.”536 Due to the significance of mother work women “[did] not need to be shy of our demands … a mother is the most important person in a society … and we need to dedicate a sum to the people who grow the Norwegian populace.”537 According to Møller it was only fair that the state compensate women for their mother work because they housewives did twice the work of a normal worker - “housework and the work of providing the state with physical citizens.”538 Without women’s reproductive labor Møller argued that the state would not be able to function.

In fact, Møller caused a stir in 1919 when she called on Norwegian women to start a birth strike. She argued this in a speech called Kvindernes fødselspolitik, or Women’s Reproductive Politics, that she gave at both the liberal party’s and the labor party’s women’s associations’ meetings. In this lecture, Møller went far beyond characterizing women’s reproductive labor as work that deserved compensation. She discussed reproduction as a political and social act that had economic consequences. Møller described children as “products” and used the economic principle of supply and demand to reason that if women wanted to receive a decent wage for their work as mothers then they needed to have fewer children. By doing so, the “products,” or children, women produced would increase in worth. Møller claimed that only by getting

536 Katti Anker Møller, “Mødreforsikring” MS 4, 2416:III Håndskriftsamlingen, Nasjonalbiblioteket.
537 Katti Anker Møller, “Krav om fødehjem og mødrehjem,” MS 4 2416: I.
538 Katti Anker Møller, “Mødreforsikring” MS 4, 2416:III Håndskriftsamlingen, Nasjonalbiblioteket.
the fertility rate below 10 per 1,000 inhabitants (it was 25 at the time) would the
government heed women’s demands about mother work.539

Møller must have realized that calling for a birth strike would cause controversy,
and she dismissed women’s rights activists’ alternative plans of action as ineffectual and
naïve. Feminists had hoped that the vote would bolster women’s ability to gain greater
rights for mothers, but according to Møller: “Getting the right to vote did not help us. We
are still perceived as and treated as less important people than men.”540 Møller went even
further and said that women should not delude themselves into thinking that “pretty
platitudes about the sacred call of motherhood” would be enough to convince people that
women’s reproductive work had economic worth. Instead, Møller clearly stated that “all
sentimentality must be put to an end” and that “there have been enough words.” Now,
Møller argued that it was time for “mothers to stop providing work without pay” because
“when someone can get labor for free, who would be so stupid to start paying for it?”541
This is why Møller called for women to reduce the number of children they bore. For
Møller, this marked the beginning of the struggle for mothers’ wages.”542

While many of Møller’s ideas about mother work had resonated with the goals of
women’s organizations, her speech on reproductive politics incited a public debate about
motherhood. Perhaps the most well-known debate took place between Katti Anker Møller

539 Katti Anker Møller, “Kvindernes fødselspolitik, Venstrekvinnelaget, Kristiania, 1919” in
Katti Anker Møller: Moderskapets frigjørelse. To foredrag, (Oslo, 1974), 40.

540 Katti Anker Møller, “”Kvindernes fødselspolitik.”

541 Katti Anker Møller, “’Kvindernes fødselspolitik.”

542 Katti Anker Møller, “’Kvindernes fødselspolitik.”
and one of Norway’s most famous female authors, Sigrid Undset.\footnote{Sigrid Undset was one of the most well-known Norwegian authors of the twentieth century. She won the Nobel prize for literature in 1928.} In response to “Women’s Reproductive Politics” Undset published an essay entitled “Begrepsforvirring,” or “Conceptual Confusion” where she criticized Møller for her economic characterization of motherhood. To Undset, “Being a mother [was] not work… motherhood [was] life.”\footnote{Sigrid Undset, “Begrepsforvirring” (1919) reprinted in Liv Bliksrud, ed., Essays og artikler 1910-1919 (Oslo, 2004), 329-46.} Undset also wanted to protect the home from state control and supervision. Not only Sigrid Undset was skeptical of Møller’s ideas about reproductive politics, but Marie Michelet from Hjemmenes Vel, a conservative women’s organization, also spoke out against Møller’s proposals for state-provided wages for mothers. Michelet believed that this was a call for state-supported matriarchy and an effort to exile fathers from their own families.\footnote{Letter to Mrs. Michelet from Katti Anker Møller, MS 4, 2416:VI Kvinnenes fødselspolitiikk, Håndskriftsamlingen, Nasjonalbiblioteket.} The radical nature of Møller’s call for the politicization of motherhood also caused an uproar in the liberal party’s women’s association where Møller first presented these ideas, and the Norwegian National Council of Women refused to allow Møller to speak on the topic at their national meeting.\footnote{“Venstrekvinnelaget,” Nylende, 1919, 126. Møller later felt vindicated when she was able to present her speech on mother’s wages at the International Women’s Conference held in Oslo in 1920.}

Møller’s call for a birth strike and her characterization of reproduction as an economic act was more welcome in social democratic women’s organizations. As we saw in Chapter 2, the Norwegian Labour Party’s women’s section was more open to Møller’s radical ideas. In 1919 the Labour Party published Møller’s speech on Women’s
Reproductive Politics as a pamphlet. Their support of Møller’s conceptualization of paid motherhood was not absolute, however. Augusta Aasen was one of the driving forces behind the women’s section’s periodical, Kvinden in the late 1910s and her Marxist beliefs shone through in this role. Yet even Aasen had reservations about Møller’s materialization of motherhood because she found it “un appetizing to think of motherhood as a site of production.” In spite of that, Aasen did agree with many of Møller’s other points and encouraged Kvinden’s readers to read the pamphlet the Labour Party had printed of Møller’s speech on women’s reproductive politics.

The social democratic women were also supportive of Møller’s other ideas about increased economic rights for housewives and mothers. Starting in 1905 the Norwegian Confederation of Trade Unions (Landsorganisasjonen) focused on incorporating women’s trade unions into its umbrella organization and these initiatives were largely successful. More and more women’s trade union activists left the Labour Party’s women’s section and joined that national confederation of trade unions instead. As a result married, working-class housewives came to dominate the Labour Party’s women’s section by 1907. These married, working-class housewives were particularly interested in strengthening women’s position in the family.

547 The periodical even changed its name from Kvinden, or The Woman, to Arbeiderkvinnen, or The Working Woman, during her reign.

548 Augusta Aasen, “Kvindernes Fødselspolitik,” Kvinden, June 1, 1919, 42.

549 Augusta Aasen, “Kvindernes Fødselspolitik,” Kvinden, June 1, 1919, 42.

After 1907, the Labour Party’s women’s section (LPWS) increasingly focused its political work on the improvement of motherhood. *Kvinden*, which the LPWS started in 1909, bears the marks of this. In *Kvinden*’s first issue, editor Fernanda Nissen listed the purpose of the periodical as convincing married, working-class housewives “that in order to protect their homes their thoughts have to extend beyond the living room and into politics.”\(^{551}\) As a result, many of the articles written for *Kvinden* politicized women’s work in the home as housewives and mothers. In this way, the LPWS had maternalist-feminist tendencies that fit well with Katti Anker Møller’s ideas and initiatives. The organization wanted women’s particular needs as women to be recognized and met. Included in these demands, was the state support of motherhood because as the LPWS argued throughout the 1910s and 1920s, “raising a child [was] not a private matter but a social matter.”\(^{552}\)

*A Different Approach: Working Mothers*

Feminists wanted to strengthen women’s economic position and one of the ways they tried to accomplish this was through the economic valuation of women’s work as mothers in the home. Another approach was to bolster women’s ability to combine motherhood with paid work outside of the home. Both of these alternatives challenged the male breadwinner model, but for many people encouraging women’s work outside of the home was even more radical. This was due to the fact that if a woman worked for wages then she was financially independent of both the patriarchal family and the

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\(^{551}\) *Kvinden*, September 1, 1909.

\(^{552}\) “Like lønnsystemet supplert med barnetillegg,” *Kvinden*, March 1, 1928.
patriarchal state. In addition, working mothers were not able to care for their children full time which further threatened the complementary gender order.\textsuperscript{553}

Many equal-rights based feminist groups, including the Norwegian Women’s Rights Association (NWRA), saw women’s economic participation as key to women’s emancipation. They worked to improve women’s position in the workplace and achieve greater economic rights for women workers.\textsuperscript{554} In many cases, feminists believed that these goals could be realized only if women were able to combine paid work with motherhood. Consequently, the NWRA worked to implement paid maternity leave for women workers. Throughout the early-twentieth century, these feminists would try to expand this maternity leave into a right that more women could benefit from.

The issue of women’s work outside the home polarized working-class and middle-class feminists. Throughout the early-twentieth century the Labour Party’s women’s section competed with bourgeois feminist organizations, including the Norwegian Women’s Rights Association, to speak on behalf of women workers. Prior to the rise of the Labour Party, bourgeois organizations like the NWRA had greater access to political powerbrokers and received many more opportunities to advise not only the Norwegian government, but also international women’s organizations on the status of working-class women’s wants and needs. This upset leaders of the LPWS, especially


\textsuperscript{554} This included work for “equal pay for equal work.” Most often their efforts focused on middle-class women’s occupations such as teachers, but the NWRA was also concerned with workplace regulations for industrial women workers.
because the NWRA’s equality-based feminism stood in opposition to many of the rights and protections the LPWS wanted implemented for working-class women.

The Norwegian Women’s Rights Association and Labour Party’s women’s section divergent perspectives on women’s rights were glaringly evident in debates over special protections for women workers in the 1910s and 1920s. The NWRA and the LPWS agreed women should receive maternity leave as long as it was compensated, but they disagreed over whether the state should restrict women’s working hours and the types of occupations they held. The LPWS believed that women’s reproductive capabilities entitled them to certain workplace protections. The social democratic women wanted the government to protect women workers because they believed that women’s “constitution” demanded it. 555 They wanted the law to “recognize [that] women are created to be mothers!” 556 and that their “physical weak[ness]” 557 necessitated special protections. The NWRA, on the other hand, fought to keep any special protections, or what they termed restrictions, for women workers out of the factory act. NWRA leaders thought that such restrictions would infringe on a women’s right to earn a living and compromise her equal treatment in the workplace because: “What employer will employ a woman if he has to take into account special laws?” 558 These different approaches to the issue of the protection of women workers reflected the LPWS’ greater adherence to a difference-based feminism and the NWRA’s commitment to equality-based feminism.

555 “Kvindens retslige stilling,” Kvinden, April 1, 1910.
556 “1ste Mai,” Kvinden, May 1, 1910.
557 “Saerbeskyttelse for kvinder,” Kvinden, August 1, 1914.
558 “Nogle ord om arbeiderbeskyttelse og særlov for kvinder,” Nylænde, June 1, 1908.
Ultimately, in spite of the LPWS’ resistance, the NWRA was quite successful at keeping special protections for women beyond maternity leave out of the Norwegian factory act.\(^{559}\)

The LPWS also tried to discredit bourgeois women’s ability to voice an opinion on the matter of protections for working-class women. For LPWS leaders, middle-class women had no right to speak on working-class issues because they did not understand the realities of working-class life. When Dr. Dagny Bang spoke on behalf of the Norwegian Women’s Rights Association in front of parliament in regards to work protections for women, the Labour Party’s women’s section responded by saying: “Can you think of anything more ridiculous than an upper-class woman – who has never in her whole life worked in a factory – standing up and involving herself in an issue that she does not have the slightest clue about – it is unbelievable how far these women go in their eagerness.”\(^{560}\) This opposition to bourgeois women’s representation of working-class women’s interests also extended to Norwegian factory inspector Betzy Kjelsberg. When Kjelsberg attended the International Women’s Labour Organization’s meeting in 1920 the LPWS recommended that Kjelsberg “have a meeting with [them] before the next conference” so that they could inform her as to what working women’s real interests and needs were.\(^{561}\)


\(^{560}\) “Saerbeskyttelse for kvinder,” *Kvinden*, August 1, 1914.

The Norwegian Women’s Rights Association did try to initiate some meetings with working-class women and listen to their demands, which they often described as being concerned with women’s role in the home. Yet it is unclear to what extent the NWRA incorporated the perspectives of working-class women in their work, especially when it came to contested issues like special protections for women workers. These antagonisms, however, did not necessarily prevent working-class and middle-class women’s rights associations from working together on other issues related to women’s work, particularly where motherhood was involved.

It was important to the Norwegian Women’s Rights Association to improve women’s economic rights more broadly. While this included efforts to improve women’s rights in the workplace, members of the NWRA also expressed sympathy for the work women performed in the home. In 1897 Gina Krog published two letters to the editor in Nylande that characterized women’s domestic labor as “work” and initiated a conversation about the entitlements women should receive because of this work. Many members of the NWRA were also concerned that women should have more economic rights in marriage. After the Castberg Laws passed and unmarried mothers were eligible to receive more financial assistance from the government than married women, some NWRA members worried that this disadvantaged married women. They wanted married women to have a just as much “economic independence” as an unmarried woman. For


563 Nylande: February 1, 1897 and March 1, 1897.

564 “I anledning av Kvindernes fødseslovgivning,” Nylande, May 15, 1919, 150.
the NWRA, one of the ways to achieve more financial independence was to not only improve married women’s rights in marriage and at home, but to also ensure their equal treatment in the workplace. This is one of the reasons they opposed special protections for women workers and lobbied for compensation of state-mandated maternity leave.

The different strategies and goals of women’s rights organizations influenced their approach to the issue of greater economic rights for mothers in the interwar period. During the 1920s and 1930s there were three major legislative initiatives born out of feminists’ desire to decrease women’s economic dependence within the patriarchal family: mothers’ pensions, mother’s wages and expanded maternity leave provisions. The social democratic women’s organization and the middle- and upper-class women’s associations had divergent opinions on these issues. At times, these perspectives came in conflict with one another and led these groups to pursue alternate visions of mothers’ pensions and expanded maternity leave policies.

The Compensation of Mother Work: Three Initiatives

Inspired by Katti Anker Møller’s concept of mother work, Norwegian feminist associations, such as the Labour Party’s women’s section, the Norwegian Women’s Rights Association and the Norwegian National Council of Women, lobbied for the greater compensation of motherhood in the 1920s and 1930s. The majority of these feminists wanted to achieve this same goal, but they disagreed on what form this should take. Social democratic women, with their desire to increase support for working-class

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565 Of course, there were also conflicting opinions within these feminist groups, but the focus here will be on the official stance of the organizations.
mothers in the home, focused on crafting a policy that rewarded women for their domestic labors. They adopted Katti Anker Møller’s ideas and articulated demands for mothers’ pensions and a mother’s wage. In contrast, bourgeois women’s rights organizations argued for the creation of a family wage for breadwinners. Conservative feminist associations, such as the Norwegian National Council of Women, supported this initiative because they thought it rewarded mothers’ contributions in the home and fathers’ contributions in the workplace. Equal rights organizations, like the Norwegian Women’s Rights Association, agitated for the family wage for a different reason. These feminists believed that a gender-neutral family wage would strengthen women’s opportunities to work outside the home. In spite of these differing opinions, all of these groups of feminists wanted women of all classes to benefit from reform.

*Mothers’ Pensions*

The Norwegian Labour Party’s women’s organization was responsible for one of the first initiatives that sought to remunerate women for the work they performed as mothers. This was in large part achieved because of social democratic feminists’ position within the Labour Party. These social democratic feminists wanted to build on the support for single women created in the law on public assistance for mothers and children in 1915. The 1915 law gave financial assistance to women only for a short period prior to and following childbirth. Women in the Labour Party wanted to significantly expand this legislation to include single mothers who had children under the age of fifteen. This support was referred to as *morstrygd*, or mother’s security or mother’s pension.
The social democratic women wanted mothers’ pensions implemented to help secure a woman’s right to remain in the home and care for her children. They argued that a woman could not “abandon her small children to work outside the home.” The Labour Party’s women’s section’s periodical, *Kvinden*, also blamed the women who left their children in other people’s care to go out and work as “ripping apart” the working-class family. Yet, single mothers did not have a breadwinner and they either had to work or rely on poor relief, which resulted in the loss of their citizenship rights. Members of the Labour Party’s women’s section thought the solution to this problem was for the government to give all single mothers a stipend to enable them to stay at home with their children. Initially, however, they presented a modified claim for widows to receive mothers’ pensions because they believed that this was more politically feasible.

The social democratic women’s demands led the Oslo City Council to establish a committee to investigate the question of mothers’ pensions. The committee, which was dominated by Labour Party representatives, went even further than the feminists’ initial requests for pensions for widows and suggested that all single mothers receive support. This included unmarried mothers and divorced women. This proposal met resistance from non-social democratic municipal representatives who thought that it would be better to give the support to only “deserving” mothers such as widows. They also objected to the notion that the state should not replace the father and assume his responsibility to

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566 *Kvinden*, October 1, 1924, 2.


provide for his children. Ultimately, the social democratic proposal won out, not least because it would decrease single mothers’ dependence on municipal poor relief and protect their citizenship rights.569

In 1919 Oslo municipality implemented mothers’ pensions for all single mothers under a certain income with children under the age of fifteen. This social policy was to be paid out of municipal taxes.570 Mothers’ pensions were a radical initiative, but the impact they had on women’s lives is debatable. First of all, the labor women’s goal of allowing women to refrain from waged work was not realized with this policy. The amount of support was to be only a supplement to a woman’s income and relied on a mother earning additional income. Secondly, many women were not eligible for a mother’s pension because they had not lived in Oslo for fifteen years prior to applying for support. Lastly, the assistance came with municipal supervision. All women who received a pension were to be monitored by women inspectors. Women who failed these inspections risked not only losing their support, but also their children.571

Social democratic women were also disappointed that mothers’ pensions were implemented only at the municipal level, likely because policies implemented at the local level tended to be more conservative. The Labour Party’s women’s section lobbied the state to implement mothers’ pensions at the national level and called it the “most

570 Haavet, “Befolkningspolitikk og familiepolitikk,” in Langsamt ble landet, 120.
571 Seip, Veiene til velferdsstaten, 177.
important of all social reforms” in the 1930s.\textsuperscript{572} While the Labour Party did include mothers’ pensions on their party platform in 1927, a national law on support for single heads of household was not realized until the 1970s.\textsuperscript{573} Instead, different cities and towns adopted mothers’ pensions throughout the 1920s and 1930s. This started with Oslo but soon spread to over twenty-eight municipalities by 1935.\textsuperscript{574}

The adoption of mothers’ pensions at the municipal level meant that significantly fewer women were helped by the policies than the Labour Party’s women’s section had intended. The number of women who received support was quite small and most of them lived in Oslo. In 1935, 1,637 women received a mother’s pension and over 80 percent of those women lived in Oslo. Additionally, many municipalities did not follow Oslo’s example and grant mothers’ pensions to all single mothers. The vast majority made support only available to widows.\textsuperscript{575} Even in Oslo, over 46 percent of mothers’ pensions went to widows.\textsuperscript{576} The LPWS did not like this bourgeois discrimination against unmarried mothers. They argued that supporting these supposedly “immoral” women would “keep them away from that which is referred to as “street traffic” or living off of

\textsuperscript{572} “De fraskilte kvinners kår,” \textit{Kviden}, nr. 7, 1937, 2.


\textsuperscript{574} \textit{Statistiske Meddelelser} (Oslo: Det statistiske centralbyrå, 1936), 142.

\textsuperscript{575} 24 out of the 28 municipalities gave mothers’ pensions to widows only. \textit{Statistiske Meddelelser} (Oslo: Det statistiske centralbyrå, 1936), 142.

\textsuperscript{576} \textit{Statistiske Meddelelser} (Oslo: Det statistiske centralbyrå, 1936), 142.
that type [of occupation].” These arguments were not successful and municipalities continued to prioritize the support of widows over other single mothers.

While the results of the mothers’ pensions may have been negligible, on the immediate level they established a precedent that women should receive support for their mother work beyond the time surrounding childbirth. Social democratic women were able to use their connections to male labor politicians in municipal government and pass policies that would come to benefit thousands of single mothers. The support these single mothers received allowed them to work less outside the home and was a form for public compensation of women’s work in the home. Feminists would try and build on this support for mothers when they started to push for a mother’s wage in the 1920s and 1930s.

*A Mother’s Wage*

Women active in the Labour Party supported Katti Anker Møller’s ideas about mother work and worked to have mother’s wages realized. They aimed to build on and expand the mothers’ pensions that had been implemented in Kristiania in 1919 and broaden this assistance to cover married women. By doing so, they believed working-class women’s position in the home would be secured and their work as mothers finally recognized.

In the 1920s social democratic women were still uncertain how best to support women’s work in the home. Many women believed that mother’s wages were the best

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577 “Omsorgen for de enslige mødre,” *Kvinden*, June 1, 1926, 42.
option as it would decrease women’s economic dependence on their husbands. Mother’s wages would also be protected from instabilities in the labor market, including unemployment, strikes and wage cuts. This would be a service to the working-class and as Sigrid Syvertsen said, “aid the class struggle.” Yet not all social democratic women believed that mother’s wages were the only way to compensate women for mother work. Katti Anker Møller’s sister, Ella Anker, became one of the most vocal proponents of the combination of a family wage and a mother wage in the social democratic movement. Anker argued that wages needed to compensate fathers at a higher rate than single workers because of the important work mothers did in the home. Only then would a “child’s right to his mother and the mother’s right to her child” be secured.

Many working-class activists found the issue of a family wage problematic and in conflict with socialist goals. The trade unions, for example, were against the idea of a family wage because they thought it would lead to an overall decrease in wages. Others argued that a family wage would not protect mothers and children in instances of

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578 Den norske arbeiderpartiets protokoll, 1935, 35-36.

579 In fact, many social democratic women supported initiatives to grant family wages to civil servants even though this did not affect members of their own social class. Anne-Lise Seip and Hilde Ibsen, “Family Welfare, Which Policy,” 46.

580 Ella Anker, “Frem med kvinnesakene!” Kvinden, July 1, 1929, 100.

581 This is because many people argued that the current wage was already a family wage, and if the family wage system was implemented single workers would see their wages reduced. See: Anne-Lise Seip, Veiene til velferdsstaten, 183.
strikes or lock-outs. Many members of the labor movement were also concerned that a family wage would destroy the principle of equal pay for equal work.\textsuperscript{582}

At the behest of women in their party, the Norwegian Labour Party created a committee to discuss the subject of mother’s wages in 1923. Many high-ranking members of the Labour Party, including Inge Debes, Sigrid Syvertsen and Ella Anker, participated on this committee. While the committee never reached total agreement on all aspects of the issue, they did determine that the best way to solve the issue of compensation for mothers was through a mother’s wage and not a family wage. They did not figure out, however, how this should be financed or how many women should be eligible to receive the benefit. Some advocated a finance system partially based on the health insurance model, which would include contributions from the state, county and employer but not the individual. Others believed that it should be tax financed. By 1930 this issue had been worked out and the Labour Party recommended that a mother’s wage should involve cash allowances paid for out of national taxes. They had still not decided if all mothers should receive a mother’s wage or if only poor mothers should benefit.\textsuperscript{583}

Included in the vision of a tax-financed allowance was the possibility that all mothers could be would be eligible for a mother’s wage.

In trying to gain support for their initiative, women active in the Labour Party stressed the importance of mother’s wages for child welfare. Ella Anker wrote a series of articles for \textit{Kviden} that reflected this belief. Anker argued that each child represented a


\textsuperscript{583} Anne-Lise Seip and Hilde Ibsen, “Family Welfare, Which Policy,” 45-47.
financial burden for a woman for which she was not compensated, and if the state wanted women to give birth to strong and healthy children, it needed to recognized that the raising of children was a social concern, not a private one. She claimed that women either, “do not want to or cannot give birth to children under [current] circumstances” and linked this to a decrease in birth rates. If the state really valued children and wanted to strengthen the family then it needed to subsidize women’s mother work. Anker called for the state to support “the replenishment of the people, [its] nourishment and care” and argued that the best way to do that was to recognize motherhood as having the “greatest national economic value.” These arguments fit well with contemporary political concerns about falling birth rates and the economic health of the family.

By 1930 the strategy of highlighting the impact a mother’s wage would have on birth rates and the well-being of children led the Labour Party to rename its proposal for a mother’s wage to a child welfare allowance. In 1930 the Labour Party placed child allowances on its party platform. The Party knew that it wanted mothers to receive recognition and compensation of the work they performed in the home, but there were still a number of uncertainties about how exactly this would work.

586 Ella Anker, “Mødrenes arbeidsforhold,” Kvinden, July 1, 1927, 83.
While social democratic women worked to get their version of compensation for mothers passed, bourgeois women’s organizations also lobbied the state. Instead of an allowance that was paid directly to the mother for her work in the home, bourgeois feminists wanted the state to create a family wage system. The family wage would result in greater pay for heads of households. For conservative feminist organizations like the Norwegian National Council of Women this meant recognition and remuneration of women’s work in the home. In contrast, the Norwegian Women’s Rights Association embraced the family wage as a way to increase women’s abilities to combine motherhood with waged labor outside the home.

In 1925 the Norwegian National Council of Women (NNCW) set up a committee to discuss wage reform. The committee was primarily focused on figuring out how to best achieve a family wage for those involved in the public sector, but they also considered how this could be implemented for those employed in private industry as well. There were disagreements amongst members of the committee, but the majority of them believed that a family wage would rectify the injustice of single workers receiving the same pay as the fathers of families. For the NNCW, a family wage was one of the basic foundations of “family friendly politics.” Yet due to internal disagreements on

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589 In 1913 parliament created a committee on family subsidies for civil servant wages. This was put into practice during the First World War to help compensate for price increases. The economic crisis during the 1920s led to discussions of abandoning this practice. See: Anne-Lise Seip, Veiene til velferdstaten, 181.


the committee, the NNCW never passed a resolution on the subject of family wage reform.592

The Norwegian Women’s Rights Association (NWRA) also supported the implementation of a family wage, but for a very different reason. The leader of the NWRA, Margarete Bonnevie, thought that a family wage was a means to increase women’s rights in the labor market. This was mainly due to the fact that employers often paid men more than women for the same work because they perceived men to be the ones who had families to support. With the implementation of a family wage only supporters of families would receive this higher wage, and it would be easier to achieve equal pay for all single workers regardless of their sex. Bonnevie also pushed for the wage to be gender-neutral and apply to all parents, both fathers and mothers. In this way women could “work outside the home and maintain their mother work in a way that does not hurt home life or their wages and working conditions.”593 Under a family wage system a mother would receive extra pay which would allow her to join the workforce and pay for someone else to take care of her domestic duties. According to Bonnevie the Labour Party’s suggestion of a mother’s wage was “fascist” because it tied women to the home instead of encouraging women to choose where they wanted to work.594 In comparison, Bonnevie argued that the family wage would enhance women’s ability to choose their occupation.

593 Margarete Bonnevie, “‘Hva kan gjøres for å sikre kvinners lønn, arbeidsvilkår og avansement,’” NKN Foredrag ved 11 landsmøte Oslo September 1938. MS4 2912:7, Håndskriftsamlingen, Nasjonalbiblioteket.
The varying perspectives on a mother’s wage or a family wage made it difficult for any one feminist group to reach internal consensus and they asked parliament to set up a governmental commission on the issue. Their requests eventually led to the creation of the Commission on Child Allowances in 1934. Many of the feminists who had pushed for the compensation of mother work sat on this commission, including Syvertsen and Bonnevie.

In 1937 the Commission on Child Allowances concluded that the best way to strengthen the family was to grant an allowance to all families with more than one child. This was to be financed out of national taxes and paid directly to mothers. In many ways this reflected the proposal developed by the Labour Party Committee back in the 1920s. Margarete Bonnevie had tried to push for her vision of the family wage, but this remained the minority opinion.

The Commission’s proposal was not particularly pronatalist. Instead, it followed Ella Anker’s advice that the best way to secure the nation’s progress was “not to increase the birth rate at the expense of mothers’ health, but rather prevent morality and sickness by strengthening the resources of the family.”[^595] Neither the minority nor the majority position wanted to encourage women to have as many children as possible by restricting the allowance to families over a certain size. In fact, several members of the commission even suggested decreasing the amount of support for large families.^[^596]


Due to complicated discussions that took place after the report’s release, parliament did not discuss the proposal for a mother’s wage, or child allowance as it was then called, prior to the outbreak of World War Two. Germany’s occupation of Norway from 1940 to 1945 stalled any further discussion of the initiative until after liberation. Yet the very first social reform passed in the postwar period was the law on child allowances.597

When the law on child allowances passed in 1946 it introduced universalism to Norwegian social policy. All mothers were to receive support from the government to help them raise their children. It is not surprising that Norway’s first universal welfare measure targeted mothers and children. Since the late nineteenth-century feminists, and their allies in parliament and the social reform movement, had worked to get motherhood recognized as a legitimate area for state policy. They started by pushing for greater maternity benefits for women workers and were able to successfully place maternity and mother’s rights on the public agenda. As a result, women incorporated maternalism into social policy.598

Katti Anker Møller was one of the main actors involved this political development. It was her conceptualization of mother work that inspired women in the Labour Party to take up the fight for a mother’s wage during the 1920s. These feminists were able to gain support for their ideas from members of the Labour Party and successfully placed compensation for motherhood on the public agenda. Unfortunately,

598 Gro Hagemann, “Maternalism and Gender Equality,” 77.
Møller died in 1945 and was not alive to see the law pass. Bourgeois women’s organizations, on the other hand, did not achieve their goal of realizing family wages for breadwinners. Margarete Bonnevie and the Norwegian Women’s Rights Association tried to obtain better working conditions for mothers in another way. During the same period of time that feminists debated mother wages, the Norwegian Women’s Rights Association and other feminist organizations worked to expand maternity leave provisions for women.

*The Combination of Wage Work and Motherhood: Maternity Leave*

During the 1920s and 1930s feminist organizations, such as the Norwegian Women’s Rights Association, wanted to increase women’s ability to combine motherhood with waged labor. They tried to strengthen women’s maternity protections at work. After maternity insurance passed in 1915 Norwegian women could receive eight weeks of compensation for maternity leave and free midwifery if they were members of the health insurance. The wives of male members were also eligible to receive a maternity benefit and free midwifery services. Yet many women were not included in the class of workers covered by worker protection or health insurance laws. This included female civil servants, teachers, and women who worked in retail. Even for the women eligible for maternity insurance, the law did not protect them from being fired for taking this leave. Worker protection laws also continued to characterize maternity leave as a state-mandated requirement rather than a woman’s right.
Women’s rights activists wanted to change this legislation to make it more beneficial to a greater number of women, but this was not an easy task during the 1920s and early 1930s. The economic crisis made it difficult to push for greater benefits for married women workers. Due to high rates of unemployment and general economic uncertainty, labor unions and major political parties, including the Labour Party, spoke out against married women’s employment. In 1925 the National Labour Union voted to restrict married women’s access to waged labor. Three years later the Labour Party in Oslo also decided to limit married women’s employment in municipal positions. In both cases, the Labour Party and the unions did not want married women to participate in waged work because they felt that the high rates of unemployment dictated that only one member of the family should be secured employment and that person should be the husband. Few married women worked at the time and this was mostly a symbolic gesture that reflected the dominance of the concept of the male breadwinner wage.

The early onset of economic crisis in Norway during the interwar period can help explain why Norway did not follow international standards set for maternity leave during this period. Following the First World War, international labor congresses took place in Washington, D.C. The 1919 international labor congress included a special convention on maternity leave for women workers. At this Maternity Protection Convention members recommended that maternity leave should include the following: 1) prohibition of women’s work for six weeks after giving birth 2) right to maternity leave for six weeks prior to giving birth 3) right to monetary support during the maternity leave and right to

The Norwegian parliament discussed implementation of these guidelines in 1921 and 1927, and the Norwegian National Council of Women and Katti Anker Møller worked together to get parliament to follow the convention’s recommendations for maternity leave policies. These initiatives were largely unsuccessful during the 1920s because the government did not believe that it was economically feasible to pass any legislation that required a significant amount of state funding.

In fact, politicians were so concerned about the economic crisis that they contemplated reducing the amount of money spent on maternity benefits. In 1928 the Social Committee put forth a legislative proposal to decrease spending on maternity insurance and health insurance more generally. The National Health Insurance Office reported that the most expensive portion of the maternity insurance at that time was the benefit members’ wives received. The insurance office therefore recommended completely doing away with the benefit for members’ wives, but conceded that alternatively the government could reduce the amount of support from 30 kroner to 20

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601 St. prp. nr. 27 (1921) and St. prp. nr. 70 (1927); Norske kvinners nasjonalråd, årberetning 1922. MS4 2912:65 Arbeidervernloven, Håndskriftsamlingen, Nasjonalbiblioteket.


603 Or Rikstrygdeverket.
kroner. While the Committee did not find this necessary and chose to keep the support at 30 kroner, these discussions illustrate the economic conservatism present in the 1920s. The government was interested in reducing economic expenditures, and this would have made it very difficult for women’s rights activists to try and push for any expansions of maternity policies, especially those administered at the state level.

The 1930s signaled a shift in these attitudes towards married women’s employment and maternity policies. During this time Norway regained economic strength and employment rates began to reach pre-depression levels. The improved economic climate, along with a renewed focus on population politics, helped Norwegian feminists realize some of their goals for women’s economic rights.

Discussions about population and family politics helped ameliorate the political situation and bolster feminists’ demands for the expansion of maternity leave during the 1930s. Feminists, including members of the Labour Party women’s section, wanted maternity leave to be a right for women. They also wanted women to be protected from being fired from their jobs for exercising this right. The Norwegian Women’s Rights Association was particularly concerned that maternity leave coverage be expanded to include larger groups of women, including members of the middle class and married women. These initiatives would allow more women to combine motherhood with waged labor and achieve a feminist goal of realizing greater economic independence for women.

605 “Kvinners og barns erhvervsmessige arbeide: svangre kvinners fabrikkarbeide,” Kvinden, July 1, 1927, 50.
606 Norsk Kvinnesaksforening II, Korrespondanse og henvendelse, Ms fol. 3868:6, Håndskriftsamlingen, Nasjonalbiblioteket.
By changing maternity leave from a mandated requirement to a woman’s right, feminists highlighted the importance of women’s freedom of choice in matters of social policy. Previously, the maternity clause of the factory legislation emphasized that women were prohibited from working during the time surrounding childbirth. Feminists, including members of the Norwegian National Council of Women (NNCW), thought that this wording was discriminatory. According to the NNCW, women should not be “prohibited” from working but rather should have the opportunity to take advantage of their “right” to maternity leave should they so choose. Only by presenting maternity leave as a right would women be able to compete equally in the labor market and be free from workplace discrimination.  

The prevention of women’s potential discrimination in the workplace was of utmost importance to feminists. If a woman was to successfully combine work and motherhood, she needed to be protected from unequal treatment in the workplace. This is one of the reasons female factory inspector, Betzy Kjelsberg, did not recommend that Norway implement the section of the Maternity Protection Convention that allowed women breastfeeding breaks at work. She thought that this would be too difficult for women to do without losing their jobs.

Protecting women from losing their jobs due to the demands of motherhood was a major concern of feminists. As early as 1897 *Nylænde* reported that women might be

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607 Letter from NNCW to Kommunal og Arbeidsdepartement, undated, MS 4 2912: 65 Arbeidvervnloven, Håndskriftsamlingen, Nasjonalbiblioteket. An article printed in *Kvinden* on July 1, 1927 also supported this argumentation.

608 St. prp. Nr. 70 (1927), “Om vedtakene,” 11.
fired from their positions for taking the mandated maternity leave. This continued to be a worry for feminists as neither the factory legislation nor the Worker Protection Law prevented an employer from firing a woman who took maternity leave. The Norwegian Women’s Rights Association opposed this oversight and tried to get parliament to add a sentence in the law that would make it illegal for an employer to terminate a woman who took maternity leave.

The Norwegian Women’s Rights Association (NWRA) wanted married women and women who worked in middle-class occupations to benefit from maternity legislation as well. These feminists not only wanted maternity leave to be a right that a woman could take without fear of being fired, they also wanted more women to be eligible for these rights. The leader of the NWRA, Margarete Bonnevie, argued in a letter to the Ministry of Social Affairs that this was a matter of fairness: “It must be seen as harmful to society that a woman who does something as natural as gets married and has a child should lose her job. Just like a man every woman should be able to trust that even if she is married or not, and even if she has a child or not, as long as she performs her work in a satisfactory way she should keep her job.”

To Bonnevie and others, married women had just as much of a right to expect fair treatment in the workplace as unmarried women and men. They claimed that all women had the right to choose to combine motherhood with work and if an employer discriminated against women for this choice, then society could not count on women to continue to have children. This argumentation fit well with politicians’ and reformers’ population concerns in the 1930s.

Parliament took up feminist demands for greater maternity benefits for working women in the mid-1930s. By this time Norway had regained some economic stability. The Norwegian Labour Party had also experienced a major upswing of electoral approval in the late 1920s and came to dominate parliamentary politics in the 1930s. Ideas about population policy and family politics circulated around Europe and influenced many political initiatives in Norway as well. The Labour Party was especially supportive of these types of policies. Norway was also in the embarrassing position of being a member of the International Labor Organization without having ratified the guidelines set out in the international statues. The coalescence of these factors, combined with pressures from women’s rights organization, led to important changes in Norwegian maternity leave legislation in the late 1930s.

*Maternity Leave Becomes a “Right”*

In the mid-1930s parliament considered revising the worker protection laws which included significant changes to the maternity leave clause first passed in 1892. The parliamentary election of 1934 had granted a majority of seats to the Norwegian Labour Party. An expansion of the worker protection laws was a part of the Labour Party’s

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It is not surprising, then, that soon after the Party took over governance parliament discussed considerable expansions to the Worker Protection Law. The maternity leave clause was one of the areas that parliamentarians proposed to revise substantially.

Parliament wanted to revise the maternity leave clause of the Worker Protection Law to fall in line with feminist demands and international standards. When the government first introduced the proposed revisions in parliament in 1935, they emphasized that the suggested changes to the maternity clause would allow them to present the law to the International Labor Organization (ILO) for approval. The government was interested in finally fulfilling the requirements for maternity leave legislation set by the ILO back in 1919. Katti Anker Møller and the Norwegian National Council of Women had lobbied for this in the 1920s and were unsuccessful because of parliament’s reluctance to pass any legislation that might cost the struggling state money. By the 1930s the economic and political climate had changed. The government now proposed that maternity leave be extended in length, women receive breastfeeding breaks at work, and not least, women could not be fired because of taking maternity leave.

The parliamentary Social Committee largely supported the proposed changes to the maternity clause, with some important exceptions out of concern for the rights of employers. The Committee wanted women to have to provide their employers with at

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614 Stortingsforhandlinger 1935, Ot. prp. Nr. 31, 38.

least three days notice before they had the right to take six weeks of leave prior to giving birth. This was to give employers a chance to find replacement labor. Concerns about how the legislative changes would affect employers also led to the inclusion of a clause that would allow women’s temporary employment to be terminated if the work was completed prior to her return from maternity leave. These changes were meant to balance the rights and protections women gained with the new maternity leave clause with the needs and wants of employers.

Women did gain a significant amount of rights and protections with the new maternity leave clause. In 1935 the proposed legislation still characterized maternity leave as mandatory for women workers and parliament decided that this should be done away with in 1936. The Social Committee suggested that the wording be changed from “must” take leave to “should” take leave. This would allow women to decide for themselves whether or not they wanted to take maternity leave and was a triumph for feminist demands. Karl Frimann Dahl (Arbeiderparti) protested this change as he argued that mandatory maternity leave was necessary to protect both the health of the mother and child. His point of view did not win out as he was the only one to vote against

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617 Stortingsforhandlinger 1936, Forhandlinger i Odelstinget, 266.
618 This did conflict with the ILO maternity convention, however, and was eventually changed back to “must” in the 1950s to coincide with international requirements. See: Øyvind Bjørnson and Inger Elisabeth Haavet, eds., Langsomt ble landet et velferdssamfunn: Trygdens historie, 1894-1994 (Oslo: Gyldendal, 1994), 127.
619 Karl Frimann Dahl was not an elected member of parliament. He was a Supreme Court Justice who starting filling in for Alfred Martin Madsen (Arbeiderparti) on the Social Committee in 1935. Norsk samfunnsvitenskapelig datatjeneste, www.nsd.uib.no, Accessed April 14, 2013.
this change. Instead, the law “left it up to the woman herself to determine to what extent she wanted to use the leave the law secured her.” It appeared that by 1936 parliamentarians believed that maternity leave should not be a mandate, but rather a benefit that women could choose to receive.

When the Worker Protection Law passed in 1936 it included a maternity section that guaranteed women workers more rights and protections than ever before in Norwegian history. After leaving the Social Committee, the maternity leave clause passed through Odelstinget without any debate. Parliamentarians accepted the wording set by the Social Committee without making any changes.

According to the law, a woman could with at least three days warning have a right to be free from work for the six weeks prior to giving birth. Following the birth, a woman was recommended to take leave from work for six weeks, which could be extended an additional six weeks if her health required it. The law secured the woman a right to her job even if she took this leave unless the work was temporary. In addition, a woman who breastfed could “demand the freedom that she needs” to facilitate this, and the law guaranteed her at least two half-hour breaks from work. Compensation for the leave was to be administered under the health insurance and supported by the 1915 law on

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621 Ferdinand Rømcke, Lov om Arbeidervern av 19. juni 1936 (Oslo: Olaf Norlis Forlag, 1936), 81.
622 For some parliamentarians this may have been for no other reason than that it would be difficult to police such a prohibition of parturient women’s work. Stortingsforhandlinger 1936, Instillinger til Odelstinger, Inst. O. VI, 20-21.
623 These breaks were to be in addition to other legally-mandated breaks but it was left up to the employer to decide whether breastfeeding breaks were to be paid.

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public assistance for mothers and children. The Worker Protection Law solidified the fact that any public support a woman received in conjunction with maternity leave would not be considered poverty relief. Nearly all occupations were covered by the law and it represented a significant step away from a social policy that targeted only “dangerous” groups such as unmarried, impoverished women to a more universalist policy that encompassed all working women.

Maternity Leave for Whom?

The law was comprehensive and covered nearly all types of work, but women who worked in the public service sector were not included. Due to this and interpretations of the health insurance law most of the women who worked in public administrative positions did not receive paid maternity leave. This included teachers, telephone operators and the women who worked in the Oslo Welfare Office.

There were discussions at the municipal level in Oslo during the late 1920s about whether women public servants should receive paid maternity leave. Many public administrators were confused as to what the Worker Protection Law, Health Insurance Law, and Law on Public Servants dictated in regards to maternity leave for public servants. At that time it was determined that maternity leave for public servants was not

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624 Ferdinand Rømcke, Lov om Arbeidervern av 19. juni 1936 (Oslo: Olaf Norlis Forlag, 1936), 80.

625 Almost all occupations were covered by the law except for the fishing industry, the airline industry, certain types of agriculture, and public administration.
covered under any of those laws, mainly because “childbirth was not an illness.” This directly contradicted what had been established in the 1909 health insurance act and the inclusion of maternity in that piece of legislation.

Public service was quite different from other types of work in that it employed the upper echelon of Norwegian society, and many male bureaucrats did not want pregnant women or young mothers to work in governmental positions. This was especially true of teachers who were encouraged to take leave at least three months before giving birth, seemingly to keep women’s pregnant bodies out of the classroom. The Director of the Oslo Welfare Office, Marius Ormestad, reported that the women who worked for him normally took leave for six months, but without pay “of course.” Ormestad lamented the short length of this leave, however, because he did not think that young mothers should return to work so soon after giving birth. In his opinion, having an infant at home “distracted [a woman] in her work and she could not be considered fully capable of work.” Between 1927 and 1939, Ormestad must have had a change of heart because he

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626 Correspondence, November 14, 1927, Oslo trygdekontor, Personalet, Spørsmål om lønn under nedkomst, Statsarkivet i Oslo.

627 Civil servants have typically been the most powerful people in Norway, because the royal family and aristocracy were quite weak.

628 Some of these teachers received salary for this leave, but were expected to pay for their substitutes out of this salary.

629 The welfare office or trygdekontoret was part of the national welfare system which administered the health insurance, among other things.

630 Correspondence, October 24, 1927, Oslo trygdekontor, Personalet, Spørsmål om lønn under nedkomst, Statsarkivet i Oslo.

631 Correspondence, October 24, 1927, Oslo trygdekontor, Personalet, Spørsmål om lønn under nedkomst, Statsarkivet i Oslo.
decided to do away with this extended unpaid leave and implement a shorter, paid version for his female employees.

Ornestad’s change in opinion may have been due to pressure from women’s rights organizations. In the late 1930s the Norwegian Women’s Rights Association (NWRA) demanded of both parliament and Oslo municipality that women public servants receive paid maternity leave.\(^{632}\) The NWRA wanted the state and municipality to offer their employees three months of maternity leave at full salary, which was much more generous than other women workers received at the time. They argued that the health insurance law had already established that maternity was an illness and that this applied to public service as well. In the NWRA’s opinion, “it was directly hostile to the family to take women’s resources from them during the time that they fulfill the socially beneficial and necessary task of birthing children.”\(^{633}\) The state agreed with this and met the NWRA’s demands in June 1937. Oslo municipality, however, continued to grant maternity leave without pay and on an individual basis for its workers.

When the Oslo Welfare Office granted twelve weeks of paid maternity leave to its female employees in 1939 it did so without the consent of the National Welfare Office or municipal authorities. Instead, these bodies found out about this decision from the extensive press coverage that ensued.\(^{634}\) They demanded that the Oslo Welfare Office

\(^{632}\) Norsk Kvinnesaksforening II. Korrespondanse og henvendelse, Ms fol. 3868:6, Håndskriftsamlingen, Nasjonalbiblioteket.

\(^{633}\) Letter from NWRA to Oslo Municipal Chairman, January 29, 1938, Norsk Kvinnesaksforening II. Korrespondanse og henvendelser, Ms fol. 3868:6, Håndskriftsamlingen, Nasjonalbiblioteket.

\(^{634}\) Letter from Oslo Municipality to Oslo Welfare Office, March 1, 1939, Permisjon under nedkomst, Oslo Trygdekontor, Sakserie Personal og ansettelssaker 1939-1943, Statsarkivet i Oslo.
present the policy to the municipality and National Welfare Office for approval and admonished the Oslo office for implementing a policy that conflicted with the national health insurance law.

The Oslo Welfare Office acted as it had to ensure that all of its women workers received equal maternity leaves. It did not meet the Norwegian Women’s Rights Association’s demands for three-month long maternity leave, but consciously followed the length of time established in the 1936 Worker Protection Law. Ormestad responded to the municipal authorities by stating that if he and the office board had followed the guidelines set in the health insurance that only 68 out of the 211 women who worked for him would receive paid leave. These women worked in the office’s administration and were covered by the law. The remaining women, many of whom worked as secretaries, nurses and cleaning ladies, would not have been covered by this law.

The Oslo Welfare Office decision to have a maternity policy apply to all their workers reflected a new way of thinking about welfare policies. Ormestad told the municipality that he did not believe that having different policies for different groups of workers to be wise. As Director of one of the largest employers of female public servants, Ormestad did not think his workers should experience differential treatment when it came to maternity leave. Cleaning ladies as well as nurses and office secretaries should receive the same amount of maternity leave.

635 The extensive press coverage may have been the reason that the Oslo Welfare Office was not forced to reverse this policy decision. See: Oslo Welfare Office board meeting, February 15, 1939, Permisjon under nedkomst, Oslo Trygdekontor, Sakserie Personal og ansettelssaker 1939-1943, Statsarkivet i Oslo.

In addition to the petitions of feminist organizations, the Oslo Welfare Office’s implementation of maternity leave for all of its women workers was also likely influenced by the demands of the women who worked there. Prior to 1939, when confronted with women’s requests for maternity leave, the law and municipal policy was quite ambiguous. It would have been much easier for the office to have a concrete policy to follow in all cases of petitions for maternity leave. Ormestad used the example of Mrs. Signe Berg, a cleaning lady who worked for the welfare office, when he explained how difficult it was to determine what policy applied to her case.\footnote{Oslo Welfare Office board meeting, February 15, 1939, Permisjon under nedkomst, Oslo Trygdekontor, Sakserie Personal og ansettelsessaker 1939-1943, Statsarkivet i Oslo.}

The welfare office may have also encountered personnel difficulties from having a lack of maternity leave policies. Many women chose to quit their jobs at the welfare office prior to 1939 when they received notice that their petitions for pay during maternity leave would not be granted. Other women tried to extend the length of their unpaid maternity leave and when this was denied they resigned from their positions.\footnote{Oslo trygdekontor, Personalet, Spørsmål om lønn under nedkomst, Statsarkivet i Oslo.} It is possible that these women’s reactions to the lack of adequate and paid maternity leave influenced the Oslo Welfare Office’s decision to grant its workers twelve weeks of paid maternity leave.

The Oslo Welfare Office’s implementation of twelve weeks of maternity leave for all of its women workers represents the change in attitudes towards maternity policies that took place during the 1930s. Parliament passed legislation that made it much easier and less shameful for women to take maternity leave from work. Women received the
right to twelve weeks of maternity leave and were protected from being fired for choosing to take this leave. This legislation covered nearly all occupations and would have applied to women working outside of the classical “vulnerable” jobs of domestic service and industrial work. Women who worked in retail and private offices would have also had a right to maternity leave. This encompassed a whole new group of women workers, namely, those from the educated middle classes. Public servants were not included in this legislation, however, and this led to difficulties for women teachers, nurses, and public administrators.

The Oslo Welfare Office saw this lack of maternity leave as a problem and took the initiative to heed the demands of feminists and working women themselves and implement maternity leave for its workers. They helped these women successfully combine being a “career woman/wife/mother” and secured the welfare office the labor of a new type of women worker. Yet the office did not only offer this leave to “pink collar” workers, but also cleaning ladies. This contained seeds of thinking about worker protections and benefits as something all women workers should receive.

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639 The Oslo Welfare Office continued to be an anomaly in regards to granting this paid leave to its female public servants until long after World War Two. “Barselkvinnen 1937-1957,” Arbeidstilsynet, juridisk avdeling, Riksarkivet.

640 Letter from Dagny Bjørnaraa til Director Ormestad February 20, 1939, S1939/27 Permision under nedkomst, Oslo Trygdekontor, Sakserie Personal og ansettelsessaker 1939-1943, Statsarkivet i Oslo.
Conclusion

By 1940 more women than ever before were able to benefit from Norwegian maternity policies. Both married and unmarried women had access to maternity support from the government during their confinements. More middle-class women also started to receive maternity provisions. The state also recognized the mother work women preformed as something of economic value. In addition, women gained more rights in the workplace. Maternity leave became a right that women were entitled to, instead of a mandated requirement, and even some women not covered in the health insurance law were able to receive compensation for this leave. Such was the case with the women who worked at the Oslo Welfare Office.

In order to achieve these results, feminists had to cultivate support for this new way of thinking about motherhood and employment. They built on previous maternity legislation that had established motherhood as a public concern and expanded these policies both in content and in scope. In Norway, this followed two paths. One, supported by Katti Anker Møller, social democratic feminists, and other maternal feminists, advocated increased economic rights and benefits for the work mothers performed in the home. These ideas formed the foundation of the implementation of municipal mothers’ pensions in 1919. They also shaped the content of what is considered Norway’s first welfare state measure: the child allowance policy that parliament passed in 1946. Other feminists, most notably Margaret Bonnevie and members of the Norwegian Women’s Rights Association and Norwegian National Council of Women, tried to strengthen
women’s ability to combine motherhood with waged labor. Their efforts resulted in substantial revisions of maternity leave legislation and policies in the late 1930s.

In both cases, feminists capitalized on the economic, political and social situation that developed in Norway during the interwar period. When the economic crisis of the 1920s stagnated discussions concerning national social policies, social democratic feminists worked to get mothers’ pensions passed at the municipal level. Then during the 1930s, feminists from the National Women’s Rights Association, Norwegian National Council of Women and the Labour Party’s women’s section used population concerns to push for family-friendly welfare policies more broadly. With the Labour Party’s increased power in parliament social democratic feminists in particular were able to use political connections to help them achieve their objectives. Feminist organizations also benefitted from the political situation that resulted from women’s enfranchisement. All political parties, not just Labour, were interested in appealing to women voters and feminists used this situation to push for greater economic rights for mothers.

Women’s efforts to gain state support for all mothers are an essential part of the history of the development of the Norwegian welfare state. In many ways these discussions were a part of larger debates about universal rights and entitlements. Feminists wanted the state to pay all mothers, regardless of their economic conditions, for the work that they did as mothers. By arguing for women’s rights as mothers, regardless of their economic standing, women helped shape debates about the state’s duty to ensure its citizens a certain standard of living. This was no longer about protecting vulnerable groups in society or promoting “help to self-help” but rather the beginnings of a
universalist welfare state. These discussions would continue after the Nazi occupation of Norway ended in 1945 and throughout the postwar period.
Figure 11. A 1959 photograph of Margarete Bonnevie, leader of the Norwegian Women’s Rights Association. Source: Norsk folkemuseum.
Figure 12.
(ca. 1935-1945)
Director of the
Oslo Welfare
Office, Marius
Ormestad. Source:
Oslo Museum.
Figure 13. (ca. 1937-1940) The interior of the Oslo Welfare Office. Source: Oslo Museum.
Conclusion

This dissertation has traced the development of maternity legislation in Norway from its origins in the nineteenth century to its state at the outbreak of the Second World War. It has shown how maternity policies slowly expanded to cover more women and transitioned from a restriction on women’s working lives to a benefit that increased women’s abilities to combine motherhood with economic independence. Women were intimately involved in this process, and shaped maternity legislation to fit women’s wants and needs. Yet women did not operate as a singular collective in order to realize their demands. Feminists, midwives, and working women often approached maternity policies from divergent perspectives and wielded varying levels of political influence. This led to the incorporation of a diverse set of interests into early welfare policies that targeted women and the family.

Women pursued different types of policy initiatives and outcomes based on their ideological, professional and class backgrounds and the effect maternity legislation might have on their lives. Depending on their ideological and class backgrounds, feminist organizations and individuals had differing goals for maternity policies. Bourgeois feminist organizations, such as the Norwegian Women’s Rights Association and Norwegian National Council of Women, often pursued versions of maternity policies designed to strengthen women’s economic rights in the workplace. Social democratic
feminist organizations, such as the Labour Party’s women’s section, mainly focused their efforts on obtaining state support for the work mothers preformed in the home. The degree to which feminists were able to achieve these goals often depended on their political connections, which party had power in parliament, and the level of popular support they were able to cultivate for their ideas.

Of the groups of women studied in this dissertation, feminists were best able to access channels of political power. Sometimes this was through personal connections. Many bourgeois feminists were related to or had close relationships with men who sat in parliament, including, for example, Katti Anker Møller, Gina Krog, Fernanda Nissen and Margarete Bonnevie. Feminist associations also had the advantage of being recognized as legitimate organizations that represented the interests of Norwegian women. This meant that the government often relied on them to give opinions on legislative issues that affected women, such as maternity leave. Due to this, feminists had the greatest ability to shape maternity policies to fit their particular goals. The feminist organization that had the greatest ability to shape the content of debates about maternity leave often depended on which political party was in power in parliament. This shifted with time and as the power of the Labour Party increased over the course of the early-twentieth century, so too did the influence of the Labour Party’s women’s section.

Midwives also had a keen interest in the content and form of maternity policies, because they stood to gain economically and professionally from their implementation. In contrast to feminists, midwives did not have as much access to the locus of political power. Midwives were spread across the Norwegian countryside and did not organize
into a national body until the early-twentieth century. Even after they formed the Norwegian Association of Midwives, midwives’ direct political influence remained marginal. Politicians perceived doctors as possessing superior medical knowledge and expertise and often sought out the opinion of doctors as opposed to midwives on issues related to maternity. In spite of this, midwives did help shape maternity policies, particularly in the way they were implemented at the local level.

Working women were often the main targets and beneficiaries of maternity policies, and their negotiations of the law altered the content and scope of maternity legislation. In contrast to midwives and feminists, working women did not have the same ability to directly influence policy. Women’s labor unions do not appear to have engaged in the issue of maternity legislation, and the Labour Party’s women’s section was dominated by women with middle-class backgrounds and working-class housewives. As such, working women were further removed from people in positions of political power at the national level and not collectively represented in political debates about maternity. Instead, working women wielded the greatest amount of influence at the individual level.

The greatest influence working women had on maternity policies occurred through the interactions they had with state authorities at the local level. In their interactions with bureaucrats and midwives, working women adapted maternity policies

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641 Two of the most influential members of the Labour Party’s women’s section in the early-twentieth century came from prominent Norwegian families. Fernanda Nissen, for example, came from a family of diplomats, she was married to a newspaper editor, and the sister-in-law of cultural elite, Erik Werenskiold. Ella Anker, sister of Katti Anker Møller and sister-in-law with Johan Castberg, also came from a prominent family and was a well-published journalist.
to fit their individual needs and interests. This often caused midwives and bureaucrats to interpret policy in ways unintended by legislators. Working women also had a type of collective influence that occurred when enough individual women made the same decision, such as not taking advantage of a benefit available. Through these actions, working women framed debates about maternity legislation at the national level and influenced the types of policy revisions that took place.

Feminists, midwives and working women were able to exert influence over maternity policymaking because they promoted ideas about maternity that resonated with the major concerns of the time. At the turn of the twentieth century, this involved debates about infant mortality rates and public health. Women used the focus on these issues to push for compensatory maternity benefits for women. This led to more comprehensive maternity policies for working-class women under the national health insurance act and Castberg Laws.

In the interwar period feminists from the National Women’s Rights Association, Norwegian National Council of Women and Labour Party’s women’s section framed maternity benefits as an issue of women’s rights. They tied women’s recently won citizenship rights to the need for women’s increased economic and social rights. They also drew up the idea that motherhood was a service women preformed for the state and likened motherhood to an occupation deserving of pay and workplace protections. These ideas fit well with the concerns of a newly-independent nation state and the interwar focus on birth rates and the family. The growth of the Labour Party in the interwar period also bolstered the political saliency of many of these claims. Consequently, feminists
succeeded in getting the government to pass comprehensive maternity policies in the 1930s that strengthened women’s economic position at work and in the home.

The types of rhetoric women used to advance maternity politics affected policy outcomes. When focusing on the effect increased maternity provisions could have on infant health, the results were policies that were more restrictive for women. Such was the case with the Castberg Laws where women were required to fulfill certain requirements as a mother in order to receive public assistance. By broadening this focus to encompass public health more generally, women succeeded in expanding the number of women covered by maternity policies and increasing the amount of benefits they received. Yet tying maternity benefits to discussions of public health also contributed to the institutionalization of women’s birth experiences, an element of maternity policy that many women resisted. In the interwar period, women’s articulation of maternity benefits as a right to which all women were entitled stimulated the creation of the most generous maternity policies to date. The rhetorical devices women used to advance their particular visions of maternity legislation formed a complicated framework that reformers had to operate within after the Second World War.

Women’s influence on the development of maternity legislation in Norway has had lasting effects on the Norwegian welfare state. Feminists, midwives and working women effectively made maternity a political issue, one that warranted state protection and support. By doing so, they made mothers and children a primary focus of early welfare policies. It is therefore not surprising that the first universal policy passed in Norway was the child welfare allowance act that gave support to all mothers with young
children. Though this law was passed after the war, it built on ideas that had been developed by women during the early-twentieth century.

Feminists, midwives and working women had successfully incorporated the needs and interests of a variety of women in Norwegian maternity policies and their achievements would continue to frame discussions of maternity long into the postwar period. While bolstering mothers’ rights in the home may have been the main focus of these initiatives, women also made considerable efforts to increase mothers’ rights in the workplace. This led to the creation of policies that strengthened women’s ability to choose where they wanted to work. Women could stay at home with their young children and receive assistance from the state, or they could combine motherhood with work outside of the home and benefit from the protections and support provided for working mothers. In 1940 this choice would still not have been without its limitations. Important measures for working women, such as childcare, remained largely unavailable and impeded women’s choices to work outside the home. Yet women had made significant advances in the case of state-supported maternity. They contributed to the crafting of a Norwegian welfare state that contained dual paths to economic support for mothers, which continues to characterize the maternity policies in place in Norway today.
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