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WOMEN WHO GIVE BIRTH “SECRETLY” IN FRANCE, 2007-2009

Catherine Villeneuve-Gokalp

Institut national d'études démographiques, Paris.

Correspondence: Catherine Villeneuve-Gokalp, Institut national d'études démographiques, 133 bd Davout, 75980 Paris Cedex 20, tel.: +33 (0)1 56 06 20 09

e-mail: gokalp.at.ined.fr

Translated by Amy Jacobs

France is one of the only European countries where women can give birth in a maternity unit without disclosing their identity and can withhold their name from the child's birth certificate, thereby depriving the child of any filiation at the time of birth. In a 2000 issue of Population, Francisco Munoz-Pérez published a study based on civil records that details the fall in the number of children born in France without filiation since 1960. In 2002, the Conseil national pour l'accès aux origines personnelles (national council for access to personal origins, CNAOP) was created to enable adult children to find their biological parents or recover whatever information their birthmother may have left at the time of birth. To find out more about the characteristics of women who give birth “secretly” in France, INED conducted a survey from July 2007 to July 2009 in which CNAOP correspondents at the département level filled out a questionnaire on birthmothers that included any information they may have left in the child's file, along with answers to specific questions on the birthmother's family and social situation and on constraints and choices made during pregnancy, at the time of delivery, and in the two months following the birth. Catherine VILLENEUVE-GOKALP presents the initial findings of this representative national survey.

Birth “in secret”, commonly called “*accouchement sous X*” (delivery under the name of X) in French because the woman's name is replaced in the child's file by an “X”, is a legal provision that enables women to give birth in a maternity unit free of charge and without disclosing their identity, or with the assurance that it will never be revealed to the child without their consent. The children of born to these women thus have no filiation at birth. The number of children of unknown descent born annually rose in France during the Second World War; it then fell considerably, reaching a low of 500 to 700 in the 1950s. From 1965 to 1970 it moved back up to 2,000, before falling once again (Munoz-Pérez, 2000). The number of such secret births was estimated at 1,000 in the mid-1990s, but ten years later it was below 600, representing fewer than one in a thousand deliveries. The recent fall can be attributed to increase in state aid for needy mothers, the relative destigmatization of “unmarried mother” and, more recently, “lone mother” status, the spread of medical contraception and the legalization of abortion. However, for as yet unknown reasons, the number of secret births has started rising again, reaching an estimated 680 in 2009.

Secret delivery and infant abandonment were legalized in France during the Revolution. [1] On the history of secret delivery in France, see Bonnet,... [1] All measures passed prior to that time condemned women for committing infanticide or abandoning children, and were designed to protect children's lives. By contrast, the Decree of 28 June 1793 was aimed not to punish women but to ensure that their delivery remained confidential. The state assumed the costs of childbirth and offered assistance to the mother if she agreed to keep the child; if she refused, the state then became guardian of the “foundling”, whose survival was deemed “useful” to the nation. *Tours* (“foundling wheels” or “baby hatches”), which had existed in France since the eighth century, became mandatory in 1811, not only to limit infanticide and the abandonment of infants on public thoroughfares, but also to save unwanted children conceived in adultery. Babies were placed anonymously in openings in hospital or hospice walls, then the attendant within, alerted by a bell, would rotate the *tour* and recover the child. One year later (1812) it became legal for the mother to withhold her name from the child's birth certificate, and in 1844, doctors and midwives were officially prohibited from revealing the name of a mother who wished to remain anonymous.

Tours were gradually abolished over the nineteenth century to curb the considerable rise in abandoned children and public expense: it was deemed preferable to provide a few months' welfare assistance to "prevent abandonment" than pay wet nurses for several years. In the last third of the nineteenth century, in response to concerns about the falling birth rate and following the French defeat in the 1870 Franco-Prussian War, legislators increased the level of assistance to both mother and child. *Tours* were totally abolished by the Act of 27 June 1904, and women could now "openly" abandon a child of up to seven months without disclosing their identity, while assistance was offered to those who agreed to keep their child.

CURRENT FRENCH LEGISLATION

Several legislative provisions are currently in place for women who request that their admission to the maternity hospital or that their identity remain secret (when this occurs the medical file is registered under a false name). All of these provisions have consequences for the children concerned, particularly in relation to filiation and subsequent access to information on their origins.

The option of giving birth free of charge in a public or private maternity unit without disclosing one's identity has been inscribed in French family law (*Code de la Famille*) since 1941 [2] Decree of 2 September 1941. The Code de la famille... [2] and in the French Civil Code since 1993. [3] "At the time of delivery, the mother may request that..." [3] The Civil Code was also changed in 1993 to prohibit any investigation into the identity of a birthmother who has requested that her name remain secret, but that clause was annulled by the Act of 16 January 2009 on the reform of filiation.

Giving birth secretly does not prevent the birthmother from establishing filiation when the child's birth is registered. Her name must simply be entered on the birth certificate in the three working days following delivery. [4] Prior to 1 July 2006, unmarried women were also required... [4] Several options are then open to women who give birth in secret:

- If the woman has requested that her identity remain secret and the birth has already been registered, she can change her mind within three working days; the initial birth certificate is then annulled and replaced with a new one bearing the mother's name.
- If filiation has been established, the mother can either keep the child or turn it over to the Aide sociale à l'enfance (child welfare authority, ASE), in which case it becomes a temporary ward of the state, or to a private certified adoption agency (organisme autorisé pour l'adoption, OAA), in which case it becomes a ward of the agency. A mother wishing to give the child up for adoption signs an adoption consent form. She has two months in which to finalize her decision, during which time she is free to change her mind and reclaim the child. Once the two months have elapsed, the child can be placed with a family for adoption and the mother can no longer take it back. However, as long as the child has not been placed with a family the birthmother can still change her mind, so the decision period may exceed two months.
- Conversely, a woman may give her name at the hospital but refuse to have it appear on the birth certificate. In this case, filiation has not been established and the child has no legal parentage. The birthmother is allowed to give the child as many as three first names, the third of which then becomes his or her family name. [5] Cf. adoption of the Act of 7 July 1996, known as the... [5] If she does not wish to name the child, it is named by the hospital personnel or by the civil registrar. Children without legal filiation are taken in charge at birth by either the ASE or an OAA. Again, the birthmother has the right to reclaim the child within the two-month period following delivery on condition that she first officially recognizes it.

The legislative texts never use the term "*né sous X*" (born to X). The woman is not requesting anonymity (though she is never required to reveal her name even to hospital officials) but that her identity remain secret. In the texts she is always designated as "birthmother", never as "mother" [6] However, to simplify we will occasionally use the expression... [6] because in requesting that her name be kept secret, she does not identify herself as the mother. The child's "mother" will be the woman who adopts it and gives it an identity.

The biological father may "recognize" the child before it is born or is placed with a family for adoption, but it is difficult to identify the father if the birthmother has given birth in secret. The biological father can petition the public prosecutor's office. If his paternity is recognized before the child is placed with a family for adoption, he – like the mother – can claim the child as his own.

FACILITATING ACCESS TO PERSONAL ORIGINS: THE CREATION OF THE CNAOP

Faced with the increasing numbers of persons born in secret who were claiming the right to know their origins (Delaisi and Verdier, 1994), the Conseil national pour l'accès aux origines personnelles (national council for access to personal origins, CNAOP) was created by the Act of 22 January 2002 to make it easier for individuals to find their biological parents, but exclusively at the child's instigation. ^[7] That is, at the request of a child who has come of...^[7]

Simultaneously, the law was changed to stipulate that any parturient woman who requests that her admission to the maternity unit and her identity be kept secret, must be informed of the legal consequences of that request and of the importance for the child of knowing about his or her origins and history. If the woman still does not wish to establish filiation, she is informed that she can leave her name in the child's file so that he or she can later exercise his legal right to this information; in this case the delivery remains secret but not the woman's identity. If the woman refuses again, she is invited to leave her name in a sealed envelope. In this case, the child can later ask the CNAOP – the only entity authorized to open the envelope – to contact the birthmother to ask her if she would now agree to disclose her identity. ^[8] There is, of course, no guarantee that the birthmother...^[8] Disclosing the birthmother's identity to the child creates no legal parental ties. Furthermore, all women requesting that their name remain secret are asked to leave some "non-identifying information" for the child, to which he or she will always have access. ^[9] This provision was already included in the Act of 7...^[9]

To apply the law, the CNAOP president appoints at least two staff members of the ASE or of the mother-and-child healthcare services (*protection maternelle et infantile*) in each *département*. ^[10] A French administrative division.^[10] Their task is to maintain relations with the CNAOP, to inform any woman requesting secrecy of the consequences of doing so, to receive any sealed envelopes containing identity-revealing documents or information relative to the child's origins. If no correspondent can be present in time to carry out these formalities following a secret birth, they can be undertaken by the maternity hospital personnel.

Some women leave neither their identity nor any non-identifying information, either because they left the maternity hospital before being informed that they could do so without divulging their identity, or because they are frightened of being identified. For M.-L. Brival, who conducted a survey in the Paris region for the Women's rights bureau of the Ministry of Employment and Solidarity (Kachoukh, 1999), "feelings of guilt, and fear of being judged and found out often cause women to flee and, in many cases, to opt for anonymity". A child born to a mother whose identity is unknown becomes a ward of the state.

The creation of the CNAOP is by no means enough to satisfy children in search of their origins. It was set up in response to Article 7 of the United Nations Convention on the Rights of the Child: "The child ... shall have the right ... as far as possible, to know and be cared for by his or her parents." Indeed, as the law stands, a child "*né sous X*" cannot learn its origins because the parturient is under no obligation to indicate her identity, and if she does leave it in a sealed envelope it can only be communicated to the child with her consent. France is the only western country aside from Luxembourg, Italy and the Czech Republic where the law allows the mother to omit her name from the birth certificate. However, several countries legally requiring the mother's name to appear on the birth certificate have had to set up baby hatches again in front of hospitals or in public places in order to protect the lives of newborns. ^[11] This is the case in Germany, Austria, Belgium, Hungary,...^[11] But these updated versions of the *tour* do not preserve the birthmother's health and in all cases they prevent the child from discovering his or her origins at a later date. To facilitate children's access to such information, two bills were recently tabled in France, one in the National Assembly in 2006, the other in the Senate in 2008. They proposed that the current system of "*accouchement sous X*" be replaced, while maintaining the birthmother's freedom to give birth "discreetly" or "confidentially." Anonymity would be abolished but secrecy maintained: the birthmother would have to indicate her name at the time of delivery but she could still request that it be withheld from the child until he or she came of age. At such time, the child would acquire the right to learn his or her birthmother's identity. In Germany and Belgium, where "baby boxes" are in use, a debate is also under way about whether to legalize confidential or discreet delivery.

A SURVEY TO LEARN ABOUT WOMEN WHO GIVE BIRTH SECRETLY

The main objective of this study, conducted by INED in partnership with the CNAOP, was to analyse the information left in the child's file in order to learn more about women who give birth in secret. Is secret delivery associated with particular demographic characteristics (age, marital and family situation, geographical and

cultural origin), with problematic social or economic situations, with the birthmother's or the child's health? The information that the birthmother makes directly available to the child is clearly not enough to enable us to grasp complex motivations that are also often deeply anchored in the individual woman's life history. However, it does inform us, at least partially, about the circumstances of conception or pregnancy, the relationship between the biological parents, the woman's material conditions, and a possible psychological inability to accept motherhood. Because secret delivery is always perceived as a painful and upsetting experience, many stereotypes circulate about women who choose this option; e.g. that they are extremely young, were raped or are victims of incest, are economically or socially deprived, or risk being rejected by their family and community.

Another aim of the study is to find out whether women who request that their delivery be kept secret yet give their name when registering the birth (and thereby establish filiation) or leave it in the child's file have different socio-demographic characteristics or motivations from those who wish to remain anonymous beyond the three-day period in which the birth certificate can legally be changed.

The same question applies to women who change their minds before the two-month legal period has elapsed. Do their characteristics differ from those of women who maintain their desire for secrecy? Some women who have already established filiation when registering the birth and have already signed the adoption consent form subsequently change their mind and reclaim the child. Others have not established filiation but then "recognize" the child before it can be placed with a family in view to adoption. In this case, the child has almost always been "recognized" precisely with a view to taking him or her back, though this does not always happen in practice.

I - A REVIEW OF EXISTING MONOGRAPHS AND STATISTICS

Several monographs and studies based on clinical interviews have sought to analyse the motivations of women who give birth secretly in France (Bonnet, 1996; Marinopoulos, 1997; Peltier, 1995), but they do not say who such women are, and they are not very recent. Some were conducted by the women's rights taskforce set up to prepare the Act of 2002. Its report, *Accouchement sous X et secret des origines: comprendre et accompagner les situations en présence* (Kachoukh 1999), comprises several contributions, ^[12] *Analysed and summarized by N. Lefaucheur, a taskforce...* ^[12] including two surveys undertaken by group members: that of M.-L. Brival, presenting detailed results on 247 secret deliveries in 22 public or private maternity hospitals in the Paris region from January 1994 to the end of March 1999, and that of N. Matet on 903 deliveries in 27 *départements* outside the Paris region from 1994 to 1998. Other studies performed by services or associations that assist or provide homes for women and for children awaiting adoption also provided material for this report. Lastly, older studies were used to supplement its findings or measure change, notably, *L'abandon d'enfants à Paris: Histoire des mères, histoire des enfants: Quels secrets?* by A-C. Dumaret and D-J. Rosset (1993), based on the files of 557 children handed over for adoption to the ASE or the Famille adoptive française from 1985 to 1989, 88 % of whom were delivered secretly. We, in turn, make use of these studies to observe possible changes or developments.

INED's survey on the outcomes of children born out of wedlock, conducted on the basis of civil records, made figures available on the number of children born without filiation from 1965 to 1994 and provided some information on mothers who recognized their children at a later date. On the basis of this data, F. Munoz-Pérez (2000) observed that these mothers were "increasingly marginalized" and that they were "younger than other mothers and now more frequently of foreign nationality or origin, and inactive or unemployed." The survey was not repeated, and the most recent available data are over 15 years old.

The Institut national de la statistique et des études économiques (National Institute of Statistics and Economic Studies, INSEE) has produced statistics on live non-marital births by type of recognition at birth, likewise using civil records. But following the 2006 filiation act which abolished the requirement for unmarried women to recognize their child in order for filiation to be established, distributions by type of recognition became unreliable and these statistics are no longer produced. According to INSEE, the number of "anonymous births and foundlings" fell by 24 % from 2001 to 2005 (Table 1).

Table 1 - Number of children "nés sous X" and number of wards of the state "nés sous X" since 2001

	Children "nés sous X" and foundlings ^(a,b)	Wards of the state either "nés sous X" or foundlings ^(c)		
		Total ^(d)	of which	
			Mother asked for her identity to remain secret	Foundlings
2001	769	719	691	28
2002	762	–	–	–
2003	684	599	582	17
2004	705	–	–	–
2005	588	540	532	8
2006		555	538	17
2007		584	581	3
2008		606	598	8
2009		667	664	3

^(a) The grouping of foundlings and children "nés sous X" is justified because in both cases filiation was not established or known.
^(b) Including children handed over to an OAA.
^(c) Only children accepted as wards of the state.
^(d) Two départements missing for 2001.
Sources: INSEE and civil records for (a, b); DGAS up to 2003; ONED since 2005 (c).

From 1987 to 2003, the Direction générale de l'action sociale or DGAS, the social welfare bureau of the Ministry of Employment and Solidarity, collected biennial statistics on children "nés sous X" and foundlings who had been accepted as wards of the state. Children handed over to the OAAs were not included, which partially explains why every year the number of children without filiation counted by the DGAS was below the INSEE number. ¹⁹ [13] According to CNAOP statistics (see below), the number... [13] Since 2005, the statistics formerly produced by the DGAS have been collected by the Office national de l'enfance en danger (national bureau for children in danger, ONED) and are now published annually. ONED uses a questionnaire filled out jointly by the Direction départementale des affaires sanitaires et sociales (département-level health and welfare offices, DDASS) and the conseils généraux (département councils). From 2001 to 2005, the number of children concerned fell by almost exactly the same percentage (25 %) as that observed by INSEE, but it has been rising again since 2005.

The CNAOP has produced its own statistics since it was first set up. Its ²⁰ département-level correspondents are required to provide it with a biannual count of secret deliveries, foundlings, and children put up for adoption at birth. [14] Article R147-24 of the Code de l'action sociale et... [14] CNAOP data are more complete than ONED data, as they indicate for all secret deliveries the number of children for whom filiation was established; whose birthmother's identity is known though filiation was not established; whose birthmother's identity is unknown; whose birthmother left a sealed envelope or non-identifying information with the ASE or an OAA; whose birthmother and/or biological father reclaimed the child; whose birthmother received medical care during pregnancy. Unfortunately, many départements do not report this information to the CNAOP. Only 25 did so in 2007, 50 in 2008 and 40 in 2009. Nonetheless, CNAOP statistics do confirm ONED statistics on state wards for 2008. For the 50 départements where the number of children "nés sous X" and handed over to the ASE was known to both the ONED and CNAOP, both sources give a practically identical figure.

After INSEE stopped using civil records to count secret births, it became impossible ²¹ to obtain figures for all départements. For 2009, ONED found that 664 children were taken in either temporarily or definitively by the ASE. If we raise this figure by 3 % to account for children taken in by an OAA (and subtracting twin births), we can estimate that approximately 680 women who gave birth in 2009 requested that their admission to the maternity unit and their identity remain secret.

II - AN INNOVATIVE SURVEY

A SPECIFIC QUESTIONNAIRE TO SUPPLEMENT EXISTING INFORMATION IN THE CNAOP FILE

Clearly, women undergoing a particularly painful moment in their lives cannot be ²² questioned directly. So we turned instead to the département-level CNAOP correspondents who collect information for the children born to these women. We asked them to fill out a questionnaire for each woman they met who had requested to give birth secretly. The correspondents were instructed to inform these women that a

study was being done and that, subject to their consent, any non-identifying information they provided would be used by researchers solely for statistical purposes. The women had the right to refuse. We were not able to meet with the correspondents, but the survey objectives and data collection instructions were sent to them in a letter from the CNAOP secretary general. Furthermore, they were strongly encouraged to contact INED for the slightest question or problem.

The number of women who give up their child after delivery each year while agreeing to leave information in the child's CNAOP file is too low to permit a statistical study covering only a few *départements*. We therefore asked all CNAOP correspondents to participate in a two-year study, from 1 July 2007 to 30 June 2009. Most of the data that we wished to obtain was identical to the information collected by correspondents when they meet with a birthmother and secure her consent to leave that information in the child's file. All correspondents received an identical questionnaire to record the information. It also provided guidance, if needed, in conducting the interview. ^[15] The document was designed in accordance with Article...^[15] The first section serves to collect the same administrative information that correspondents are required to transmit to the CNAOP for statistical purposes (corresponding to questions 1-7 on the INED questionnaire reproduced in the Appendix). This is followed by questions on the birthmother's and father's health, notably to pick up any genetic diseases for which the child may require treatment. Another section collects information on the child's origins: birthmother's age, nationality, country of origin and of residence, conjugal situation, children already born, existence of other close family members, her occupation or educational level, and "others". The same questions (excepting those on other children and close family) are asked about the father. The next section is a large space in which the correspondent or the birthmother herself may freely note the "reasons and circumstances leading to the decision to give up the child". Lastly, there are three questions on what the father knew: was he informed of the pregnancy? of the approximate delivery date? of the mother's decision at the time of the birth?

The questionnaire used in this study was constructed on the basis of the standard document filled out by CNAOP correspondents so as to minimize the amount of paperwork involved. We added questions on how the pregnancy had progressed (month it was "discovered"), the newborn's health, the woman's occupational status, her residential situation, any experience of violence, whether or not the father was party to the decision to give up the child (see the questionnaire in the Appendix). By adding further questions we ran the risk that the CNAOP correspondents would refuse to put them to the women because of their potentially negative impact on their interviews, given that the questionnaire covered points not expressly included in the information that birthmothers are asked to leave for the child. Indeed, it is likely that our additional questions were not always asked (the question on violence, for example), and that some answers may only have been provided when the woman herself spontaneously mentioned the point.

The CNAOP correspondent was required to fill out the administrative information in the first section of the questionnaire in all cases, even if the woman had not left any information for the child, had refused to allow such information be used for the survey or could not be interviewed.

Correspondents were free to fill out the questionnaire during the interview, but they are unlikely to have used this method since they were supposed to be informing the women, listening to them, and filling out papers for the child at the same time. This means that the vast majority, if not all, of the questionnaires were filled out after the correspondent had met with the birthmother. However, given the importance of the interviews and the fact that most of the information being collected had already been noted down, the risk of omissions was quite low. Blanks on the questionnaire are probably due to birthmother's refusal to answer or the correspondent's refusal to ask, rather than to a recall problem.

The questionnaires were, of course, anonymous and bore neither the interview date nor the *département* in which the woman gave birth, except for four *départements* where there were a sufficient number of secret deliveries to prevent any kind of identification. Comparisons between these four *départements*, which are quite distant from each other, or between this highly urban set of *départements* and all others taken together might have revealed differences in the women's profiles between regions. This idea had to be abandoned, however, since for three *départements* we did not receive enough questionnaires to be able to distinguish them in the analyses, and birthmother characteristics varied too widely to be able to consider these women as a group that could then be compared with the rest of France. The only questionnaires that could be analysed separately were those for Paris (86 deliveries).

PARTICIPATION IN THE SURVEY

During the two survey years, 83 of France's 100 *départements* (in 2009) ²⁹ participated in the study. The 83 *départements* are representative of the whole with regard to the annual number of secret deliveries: according to ONED, 81 % of wards of the state born secretly in 2008 were born in those *départements*. However, despite several reminders, not all the *départements* participated in the study for the entire two years; some quit before the end of the second year while others only began after half a year or more. ^[16] The *départements* were asked to transmit completed questionnaires...^[16] In all, the administrative section of the questionnaire was filled out for 835 births, i.e. 70 % of the approximately 1,200 secret deliveries in France over the two-year study period (of which approximately 970 were in participating *départements*). The section collecting information on women's characteristics was at least partially filled out for 739 women; it was blank for 51 women who had not met with a correspondent and for 45 women who did not give consent for the information to be used in the study. While un-interviewed women may have specific characteristics related to the fact that their desire for anonymity was stronger than for the others, this hypothesis is less probable for women who left information for the child while refusing to take part in the survey. This in turn means that not having a complete set of information on 96 birthmothers (11 %) is unlikely to have introduced significant bias. For all secret deliveries counted (N = 835), 10 % of mothers established filiation. That proportion does not change if we exclude the 96 women for whom no characteristics are known (N = 739).

For questionnaires whose second section was at least partially filled out, the ³⁰ information almost always included women's age and geographical origin, while conjugal situation and existence of other children are missing for 6 % of questionnaires, occupational status for 15 %, and residential situation for 19 %. One in four women absolutely refused to speak about the birthfather, and those who agreed to did not go beyond indicating his origin and age. For example, the birthfather's conjugal situation is unknown in 44 % of cases. A refusal to leave information on the birthfather is seldom neutral: only 4 % of women who were living with him and 8 % of women living alone but who had already had children with him said nothing about him, whereas the figure reached 40 % for women living with another man and 28 % for women living alone without another child fathered by him. The information on the biological father left by the birthmother depends on her relationship with him, so we cannot assume that what we know about some of those fathers applies to all such fathers.

Lastly, "reasons and circumstances leading to the decision to give up the child" are ³¹ not indicated in 28 % of the questionnaires. Either the mother refused to talk about them, to leave them for the child, or to present them for research purposes, or the correspondent did not wish to fill out this last section of the questionnaire. In a few *départements*, this section was always left blank.

All the results presented concern birthmothers but they would be nearly identical if ³² they concerned their children: seven women gave birth to twins and two children died at birth.

III - THE DIVERSITY OF WOMEN WHO DELIVER SECRETLY

While we cannot know the deep-seated motivations of women who request to give ³³ birth secretly, their demographic characteristics, residential situation, employment status, and the reasons they give for their decision all shed light on the context in which that decision is made.

RELATIVELY YOUNG WOMEN AND WOMEN WHO ARE SELDOM IN A COUPLE WITH THE BIRTHFATHER

The average age of women delivering secretly was 26, four years below the average ³⁴ age of all women who gave birth in metropolitan France (mainland France and Corsica) in 2008. ^[17] Number of children "nés sous X" in metropolitan France...^[17] The youngest birthmothers were 12 and 13. Slightly more than one in ten were minors, versus 0.5 % for all births in metropolitan France, and nearly half of the women were under 25, versus one in five for all births. However, contrary to a widespread notion, extremely young women are not the only ones to give birth secretly: one-third of the women who did so were over 30 and 16 % were at least 35, the latter figure being similar to that for the entire parturient population in 2008 (Table 2).

Table 2 - Numbers and distribution by age of birthmothers who gave

birth secretly and of all women who gave birth in 2008

Birthmother's age	Delivery in secret ^(a)		All deliveries in metropolitan France ^(b)
	Number	%	%
Under 18	85	11	0
18-20	130	18	3
21-24	143	19	16
25-29	130	18	33
30-34	116	16	30
35+	119	16	18
Unknown	16	2	-
Total	739	100	100
Mean age (years)		26	30

Sources: ^(a) CNAOP-INED survey, 2007-2009; ^(b) INSEE, civil records, 2008.

Given that the women are often young, it is hardly surprising that 49 % were primiparous, but there is little difference here with respect to the total parturient population in metropolitan France in 2008, among whom 42 % were having their first child. Among women giving birth secretly who were already mothers, 41 % had one child only; 28 % had two; 26 % had three or four and 5 % had five or more. One in ten had already given up at least one child to the ASE.

The women are distinguished above all – more sharply than by age or number of children – by the fact that they were not living with a partner: only 15 % were living with the biological father and 6 % with another man (Table 3), while 93 % of all women who gave birth in 2003 were living in a couple (Blondel et al., 2005). The most frequent family type is that of a single woman without children (43 %). Lone-parent families are also more frequent than in the general population: 28 % of the women were living alone with one or several minor children (versus 10 % in the general population) and of those, more than one in four had already had a child with the newborn's father.

Table 3 - Distribution of birthmothers by conjugal situation and existence of other children (for 100 women)

Previous births	Conjugal situation				Total	Number
	Partnerless*	In couple with birthfather	In couple with another man	Conjugal situation unknown		
No children	43	4	1	1	49	363
At least one child	28	11	4	3	46	337
Unknown	2	0	1	2	5	39
Total	73	15	6	6	100	739
Number	542	113	42	42	739	

* includes 8 women whose partner died during the pregnancy.
Interpretation: 49% of the women were childless, broken down as follows: 43% said they were partnerless, 4% were in a couple with the biological father and 1% with another man, while conjugal situation was unknown for 1%; 28% were partnerless with at least one child.
 Source: CNAOP-INED survey, 2007-2009.

A PROPORTION OF FOREIGN OR FOREIGN-ORIGIN BIRTHMOTHERS NO HIGHER THAN IN THE GENERAL POPULATION

Birthmother's geographical origin is the only information we have for determining (albeit imperfectly) these women's cultural and religious characteristics. The form used by CNAOP correspondents was deliberately brief on this matter, and we did not seek to be more precise. The only information obtained concerned country of origin, country where the woman usually resides and nationality.

Whereas nationality and country of residence were always indicated in exact terms, the foreign origins of birthmothers with French nationality were often indicated as a part of the world rather than a specific country: North Africa rather than Morocco or Algeria, for example. This seems to signal that although the woman did not spontaneously mention a foreign origin or indicate which one, the correspondent was able to ask the question in such a way that the interviewee had only to agree (asking for example, "Is your family from North Africa?"). The correspondent may also have entered an "approximate" answer to the question without even asking it.

Only 9 % of women whose child was born secretly were foreigners, a proportion below that of other parturients in metropolitan France (12 %). Moreover, three-

quarters of them are permanent French residents (Table 4). Professionals in some border *départements* tend to say that foreign women come to France to give birth because it is one of the few countries where they can do so without divulging their identity. This assertion is supported by the fact that six Belgian women figure among the 16 foreigners not residing permanently in France. But in the capital, Paris, where foreign women are over-represented (26 %), almost all had been living continuously in France; very few had come from abroad to give birth.

Table 4 - Distribution (%) of birthmothers by nationality and geographic origin

Geographic origin	Nationality			Total
	French	Foreign	Unknown	
France	75	0	0	75
Unknown	0	0	1	1
Abroad, of which:	13	9	2	24
Europe	2	3	0	5
North Africa	8	3	2	13
Other African country	1	1	0	2
America, Asia	1	1	0	2
Continent unknown	1	1	0	2
Total	88	9	3	100

Interpretation: 75% of the women are French nationals with no known foreign origins; 13% are French nationals of foreign origin; 9% are foreigners.
Source: CNAOP-INED survey, 2007-2009.

All birthmothers for whom a country of origin or a country of usual residence other than France is indicated were considered of foreign origin; moreover, all foreign women were considered by convention to be of foreign origin. This definition lacks precision, especially since we do not know whether the “origin” in question is the same for birthmother’s two parents. When this definition is used, 13 % of French women of foreign origin and 2 % of women of foreign origin but of unknown nationality must be added to the 9 % of foreign women. Altogether, women of foreign origin thus account for 24 % of women who deliver secretly in France.

As the number of questions on geographic origins was quite limited, it is difficult to compare these women with other women who gave birth in France. However, it does seem that the proportion of mothers of foreign origin is identical to that observed in the general female population aged 18-50. ^[18] *Lacking information on the family origins of all parturients...* [18] Women of North African origin are over-represented among women giving birth secretly, however. And the over-representation is higher for younger women: women of North African origin account for 14 % of women aged 18-25 who give birth secretly versus 10 % among all women of the same age, and for 12 % of the 26-35 age group versus 9 %. The difference does not hold for women aged 36 and over, with 7 % and 6 % respectively.

THREE BIRTHMOTHERS IN FOUR ARE NOT ECONOMICALLY INDEPENDENT

Only one in four of the women has stable employment or works at least part-time; one in ten has an insecure or less than half-time job. ^[19] *To simplify, we hereafter use the term “employment”...* [19] The others are not financially independent, being either secondary or higher education students (27 %), unemployed (10 %) or inactive (15 %). ^[20] *Women raising children prefer to describe themselves...* [20] For 15 %, occupational status is unknown (Table 5, last column). The question on educational level or occupation was rarely answered. We note (for information purposes only) that 9 % of the women had an educational level equal to or above two years in higher education; 25 women had occupied or currently occupied a job requiring this level of education, and 44 were students in higher education aged 21 or over who had already attained this level or were planning to do so. Calculated here solely for women whose educational level or occupation is known, the proportion with two years of higher education reaches 16 %.

Residential situation corresponds to income: four in ten women (42 %) were living “independently” (i.e. in their own home), three in ten (31 %) with their parents, and 8 % in insecure or temporary housing (46 women), collective housing (17 women) or with a family member other than their parents (10 women).

IN ONE IN TEN CASES, HEALTH PROBLEMS MAY EXPLAIN WHY THE CHILD WAS GIVEN UP

One in ten women have physical or mental health problems that may explain why

they gave up the child for adoption, but the real figure may well be higher, since the survey question on specific health problems was only answered for 43 % of birthmothers and 71 % of birthfathers. The files show 17 “depressed” women, a term that covers conditions ranging from a temporary state to more serious disorders or other psychiatric problems, though it is not always possible to determine if they were the cause or the effect of giving birth and abandoning the child. Fifteen of the women were physically disabled or had a serious disease (hepatitis C, multiple sclerosis, epilepsy, etc.) and four had a genetic disease; nine were drug addicts and four alcoholics; only one woman was HIV-positive. Nine had an intellectual disability; the youngest of whom were being schooled in a specialized institution. Some of the women mentioned their partner’s serious health problems to explain why it was impossible for them to keep the child. Drug addiction (seven men) and alcoholism (five) were most frequently mentioned. Lastly, 23 children were born with a disorder or a disability. However, according to the information transmitted by the correspondents, in only five of those cases was there a clear relation between the pathology and the decision to give up the child.

MORE FOREIGN AND FOREIGN-ORIGIN WOMEN IN PARIS

Given the small number of women who gave birth secretly in the capital (86), the differences between Paris and the other *départements* are too slight to be significant. In Paris they were on average a year younger, and slightly more were in high school, in higher education and primiparous. The only major difference was in geographic origin: in Paris, 30 % of women of either French or foreign nationality were immigrants or daughters of immigrants from a North African country and 23 % from another country, versus 11 % and 10 %, respectively, in the other *départements*. Comparison with earlier studies indicates that the characteristics of women who give birth in Paris have been distinctive for many years, and the proportion of women of North African origin is not rising. In the survey by M.-L. Brival ten years earlier (1994-1999), the proportion was between 21 % and 27 % for the Paris region and in the still earlier study by A.-C. Dumaret and D.-J. Rosset (1985-1989) it was 34 % for Paris. The median age was already 24 years at the time of M.-L. Brival’s survey, a year lower than the age found by A.-C. Dumaret and D.-J. Rosset ten years earlier.

IV - WHAT CHARACTERIZES WOMEN WHO DELIVER IN SECRET?

DEFINING THE WOMEN’S PROFILES

One aim of this study was to determine whether one or several “profiles” of women who give birth in secret could be identified on the basis of demographic characteristics and living conditions. A typology of birthmothers was established using multiple correspondence analysis (MCA) followed by a hierarchical classification of the first ten factorial axes of the MCA (Ward’s criterion). The “active” variables used to construct the categories were “conjugal situation” (living with a partner/not), “previous births” (childless/with children); occupational status (student/in employment/unemployed/insecure or less-than-half-time job/inactive); housing situation (living with parents/ independently ^[21] Living “independently” means not living with parents... [21]/in a hostel or temporary accommodation). Age, too closely correlated with all the other variables, was only introduced as an “illustrative” variable. Eight categories were derived from the analysis. Women in the first three more frequently live with a partner, already have a child and live independently; they were also distinguished by occupational situation: women in category 1 are in employment, those in category 2 are unemployed, and those in category 3 are inactive. Women in categories 4 and 5 more frequently live alone; those in category 4 all have an insecure job; women in category 5 are not living with a partner and more frequently live in temporary accommodation. The youngest women, still in education, childless, without a partner and living with parents were grouped together in category 6. The last two categories comprise the 16 % of women for whom several characteristics are unknown. The dominant features of the classification are thus occupational status and residential situation, though family situation is also taken into account. However, the women’s reasons for giving birth in secret (see below) indicate that the family situation in which the decision was taken is at least as important as material circumstances. Therefore, to identify profiles of women deciding to give birth secretly, we moved away from the classification while making use of the associations among variables that it brought to light.

THREE BIRTHMOTHER “PROFILES”

Profiles that attribute greater importance to women’s family situation provide a more accurate picture than the classification of the circumstances in which the birthmothers made their decision. We constructed three profiles based on the available variables (Table 5).⁵⁰

Table 5 - Profiles of birthmothers who gave birth secretly (distribution in % for each modality)

		Young, dependent on parents	Independent	Living alone in precarious conditions	Other	Overall
Number		182	184	114	259	739
Distribution (%)		25	25	15	35	100
Age	Under 20	72	5	3	7	22
	20-24	28	19	20	34	27
	25-29	0	26	19	23	17
	30+	0	49	55	32	32
	Unknown	0	1	3	4	2
Conjugal situation and presence of other children	Alone, childless	93	11	20	40	43
	Alone with children	6	25	79	25	28
	Couple, childless	0	13	0	5	5
	Couple with children	0	49	0	8	15
	Unknown	1	2	1	22	9
Geographic origin	France, other Europe	77	92	88	71	80
	North Africa	15	5	10	18	13
	Other origin	6	1	1	6	4
	Unknown	2	2	1	5	3
Occupational status	In school	79	4	0	19	27
	In employment	0	60	0	25	24
	Less-than-half-time or insecure job	8	3	32	5	9
	Unemployed	6	8	33	4	10
	Inactive	6	20	35	9	15
	Unknown	1	5	0	38	15
Residential situation	With parents	96	0	0	21	31
	Independent	0	100	73	15	42
	Hostel or temporary	2	0	27	11	8
	Unknown	2	0	0	53	19

Note: Modalities in bold were used to construct the profiles.
Interpretation: 72% of young women dependent on their parents were under 20.
Source: CNAOP-INED survey, 2007-2009.

“Young, dependent on parents” (25 % of birthmothers) are, by definition, birthmothers under 25 years of age who are not living with a partner; they are not in employment, and not living in independent housing. A high proportion of them are in education (79 %); the others are unemployed (6 %), inactive (6 %) or have at best an insecure job (8 %). Nearly all live with their parents; a few minors live in collective housing (a hostel or boarding school) or temporary accommodation. They are more frequently of foreign origin (21 %), primarily North African (15 %) (Table 5). Though these young women are not living with a partner, they are not living alone but rather with their family. Faced with an unwanted pregnancy, the parents may be either supportive or hostile. A few of these birthmothers (6 %) live in their parents’ home with a previous child and without a partner.⁵¹

“Independent” birthmothers (25 %) are no longer dependent on their parents and live in their own home. They do not seem to be experiencing acute material difficulties: they are all in employment (60 %) or live with a partner (62 %). Around half are living with both a partner and children (49 %), and half are at least 30 years of age. Overall, these women are the most fully integrated into occupational and family life.⁵²

Women “living alone and in precarious conditions” (15 %) combine both financial difficulties and isolation: by definition they are living with neither a partner nor their parents. Their income is limited to what they earn in an insecure job plus welfare assistance in some cases. Their material insecurity is particularly acute given that many (eight in ten) already have children. They are not young women in search of their first stable job, more than half being aged at least 30.⁵³

The remaining 35 % cannot be classified at all or else several of their characteristics are unknown. These women were placed in the “other” category.⁵⁴

V - REASONS FOR DECIDING TO GIVE UP THE CHILD AND CONTEXT OF PREGNANCY

ABSENT FATHER AND MATERIAL DIFFICULTIES

The birthmothers' conjugal, family and economic situations suggest several possible motives for choosing to conceal the delivery and give up the child, such as being too young, family and cultural pressures, absence of a partner, or economic constraints. But some of these difficulties may be perceived as more insurmountable than others. The explanations left by these women for their child tell us which difficulties played a part in their decision, though not all reasons are mentioned for fear of being judged or considered guilty of a reprehensible act (see Brival's study cited by Kachoukh, 1999).

The presentation of "reasons and circumstances leading to the decision to give up the child" was based on 531 questionnaires that collected at least one relevant piece of information. In this section of the questionnaire, correspondents could answer freely and the information they provided was then coded by INED. Young women dependent on their parents slightly more frequently refused to say why they did not wish to keep the child (30 %) than women living in precarious conditions (21 %) and independent women (24 %), but a chi-squared test shows the differences to be insignificant.

The most frequently mentioned motives concern relationship with the biological father (43 %). Women mention being separated from the man (24 %), his refusal to become a father (7 %), or they describe him as a man whose behaviour frightens them: "disturbing," "violent," "delinquent," in prison, a drug addict or alcoholic (10 %) (Table 6). Being economically precarious or having social problems was mentioned by 28 %. In nearly half the answers, the latter arguments were compounded with having difficult relations with the biological father: not having a man with whom to raise a child has economic as well as affective consequences. Next came reasons related to the birthmother's inability to "invest in" or "take on" the child because she feels "too young" (19 %) or because she perceives it as an obstacle to pursuing her education or career (5 %). Fear of family or community rejection leads 11 % of women to keep the pregnancy and birth secret, especially if the family is not of European origin (35 %).

Table 6 - Reasons for giving up the child by birthmother "profile" (for 100 birthmothers giving at least one reason)

	Young, dependent on parents	Independent	Living alone in precarious conditions	Other	Overall
Relationship with birthfather, including:	34	48	49	43	43
Separation	20	21	34	24	24
Fear of his behaviour	10	7	16	9	10
His refusal to have a child	4	10	6	7	7
Birthmother living with another man	0	19	0	9	8
Social or economic problems	17	31	49	23	28
Feeling too young to "invest" in the child	38	13	8	17	19
Child perceived as an obstacle to the future	11	2	0	5	5
Fear of family	23	3	7	11	11
Number of observations	128	140	90	173	531

Note: Although a number of reasons do not appear in this table, they are multiple, so the total may exceed 100%. Likewise, several reasons may concern the relationship with the birthfather.
Interpretation: 34% of young women dependent on their parents who provided at least one reason for giving up the child cited relationship with birthfather, of whom 20% reported that they were separated from him; 17% cited economic or social problems.
Source: CNAOP-INED survey, 2007-2009.

This list of motives is not exhaustive; additional ones are adultery, disability affecting the woman or child, a genetic disease, death of a child or the birthfather during the pregnancy, health of one of the parents. Some motives are particularly difficult to mention, but they may also be less widespread than certain preconceived notions would suggest. For example, 14 cases of rape or forced sexual relations were reported, but none of incest. Only seven women mentioned their own family history: difficult relationship with their mother or having spent part of their own childhood in care.

Reasons for giving up the child are closely associated with woman’s characteristics:

- For young women dependent on their p arents, age is the main reason for giving up the child. Some feel they are too young to take on the task of raising it (38 %); others perceive the child as an obstacle to their future (11 %), while yet others fear being rejected by their family (23 %).
- For the other women, being unable or refusing to raise the child with the birthfather is the main reason (half), often reinforced by economic and social problems. For women living alone in precarious conditions, economic and social problems are cited as frequently as the relationship with the birthfather (49 %).

PREGNANCY DISCOVERED TOO LATE

To better understand why these women chose the option of giving birth secretly, 60 another point needs to be explored. Almost all of them made their decision before giving birth. Why didn’t they have an abortion?

The month of pregnancy in which they “discovered” their condition was given by 61 63 % of women. There was no particular reason for that question to be asked by anyone other than a doctor or midwife, and since it was probably not considered important for the child, the birthmothers did not give this information to CNAOP correspondents. However, we cannot exclude the possibility that some women knew they were pregnant early enough to have an abortion but did not wish to say so because they were afraid of being reproached for their behaviour. It is therefore possible that “answer unknown” introduced bias.

Table 7 shows the trimester in which pregnancy was discovered for all women, then 62 solely for those who provided this information. Only 16 % of women for whom the information is known discovered they were pregnant in the first trimester, 46 % in the second and 29 % in the last; 9 % of women were unaware on arriving at the hospital that they were about to give birth. In other words, over eight in ten women (84 %), only realized they were pregnant after the legal 12-week period (or 14 weeks of amenorrhoea) for having an abortion in France had elapsed. Predictably, very young women who had never had a child were the ones to discover their condition latest: for 93 % of young women dependent on their parents the pregnancy was discovered too late to have an abortion in France, and few were in a position to travel to a country where the deadline is longer. Moreover, denial of pregnancy is more common among these young women: 10 %, versus 6 % of independent women. [22] “Denial” is characterized by the absence of physical...[22]

Table 7 - Trimester in which the pregnancy was “discovered” by birthmother’s profile

	Young, dependent on parents	Independent	Living alone in precarious conditions	Other	Overall
All birthmothers					
1-3 months	5	15	16	7	10
4-6 months	38	32	32	19	29
7-9 months	33	26	17	20	24
of which denial up to delivery	8	4	4	5	5
Month unknown	24	27	35	54	37
Total	100	100	100	100	100
Number	182	184	114	259	739
If the month of “discovery” is known					
1-3 months	7	21	24	15	16
4-6 months	51	44	50	42	46
7-9 months	42	35	26	43	38
of which denial up to delivery	10	6	7	10	9
Total	100	100	100	100	100
Number of observations	139	135	74	118	466
<i>Source: CNAOP-INED survey, 2007-2009.</i>					

A few of the women who knew they were pregnant early enough to get an abortion 63 accepted the child and perhaps even wanted it, but their circumstances obliged them to give it up. Compared with women who learned they were pregnant after the third month, these women more frequently said that their decision to give up the child was due either to separation from the biological father after the legal abortion period had elapsed (30 % if they discovered they were pregnant in the first trimester, versus 24 % if they discovered it later), to an unforeseen event (death of their partner or a child), or to the birth of a child with a disability that was revealed only at the end of

the pregnancy or at birth (11 % for one of these three reasons if the pregnancy was discovered in the first trimester, versus 4 % if it was discovered later). The others kept silent and buried their head in the sand, hoping that “something would happen” to deliver them from their condition before it was discovered by their family or before the inevitable moment of childbirth arrived (Lefaucheur, 2001c), or simply let time slip by because they were afraid to reveal their condition by consulting a doctor or waited too long before doing so. According to the responses given, the pregnancy of at least one in four young women residing with their parents was not perceived by their family, especially if they were of North African origin (33 %, versus 21 % of women who did not mention being of foreign origin). But for S. Marinopoulos (1997) and N. Peltier (1995), becoming aware of pregnancy only after the legal abortion period has elapsed reflects a desire to be pregnant or to have a child.

Fear of revealing they were pregnant if they consulted a doctor, due in large part to ignorance of their right to receive free medical care in a maternity hospital without revealing their identity, explains why only half of the women who knew they were pregnant early enough to request an abortion in France arranged to have their pregnancy medically followed. If they had consulted, they could have received the psychological and social support to which they are entitled and would have been informed about the possibility of having an abortion.

A DECISION MADE BY THE BIRTHMOTHER ALONE

Whether they learned they were pregnant in the first trimester or later, almost all women requesting to deliver in secret made that decision before giving birth: nine in ten among those who knew they were pregnant before the eighth month, and more than half if the pregnancy was only discovered in the ninth month (except in cases of denial up to time of delivery).

Nearly half of the women (47 %) could not or did not wish to inform their partner that they were pregnant, while 11 % informed him without indicating any delivery date or letting him know they were planning to give up the child (Table 8). The reasons most often cited by women who did not disclose their pregnancy to the birthfather were that the relationship with him had been brief, that it had ended before she knew she was pregnant or at the moment she told him, that it was the consequence of non-consensual sexual intercourse, that the biological father would refuse to recognize the child, and that she refused to have a child with a man who was potentially dangerous either to the child or herself.

Table 8 - Information on the birthfather and decision to give up the child by birthmother’s conjugal situation

	Birthmother’s conjugal situation			
	Partnerless	In couple with birthfather	Other situation ^(a)	Overall
Birthmother had informed birthfather of:				
Approximate date of delivery and/or her decision	36	74	38	42
Her pregnancy only	13	4	6	11
Did not inform him of pregnancy	51	22	56	47
Total	100	100	100	100
The decision to give up the child was made by:				
The couple	13	47	3	17
The birthmother only	72	29	65	64
The father only	1	6	6	3
Unknown	14	18	26	16
Total	100	100	100	100
Number of observations	492	108	66	666
^(a) Living with another man or conjugal situation unknown. Population: Cases where we know that the birthfather was informed of the pregnancy. Source: CNAOP-INED survey, 2007-2009.				

In nearly three cases out of four, the decision to give up the child was made by the woman; in fewer than one in five was it made by the couple. ^[23] If births for which this information is unknown are... [23] Given that only the woman can request secrecy and give up the child to the ASE or an OAA, few dared say their partner had forced them to make that request (3 %). Naturally, when the biological father was living with the woman he was more frequently told of the decision than if he was not living with her (74 % versus 26 %). Among couples, the decision was made by both biological parents in nearly half of cases (47 %), solely by the mother in 29 % of cases, and solely by the

father in 6 % of cases.

VI - IDENTITY AND INFORMATION LEFT FOR THE CHILD, RECOGNIZING AND RECLAIMING THE CHILD

ESTABLISHING FILIATION AT BIRTH, LEAVING ONE'S IDENTITY IN THE FILE, RECOGNIZING AND RECLAIMING THE CHILD

When the child's birth is registered, 10 % of women who have given birth in secret 68 establish filiation. A slightly higher proportion (13 %) leave their name in the CNAOP file, thereby enabling the child to learn it later. With the same intention, but on condition that their consent is obtained when the time comes, 29 % leave a sealed envelope; the remainder leave no identifying information (25 %) or an empty file (22 %) (Table 9).

Table 9 - Identity and information left for the child by the birthmother, proportion of mothers who recognized the child within the two-month legal period

Identity and information left for the child	When registering the birth	Two months after the birth
Filiation on birth certificate	10	10
Recognition	0	13
Identity indicated in the file	13	10
Sealed envelope	29	25
Non-identifying information	25	23
Nothing	22	19
Unknown ^(a)	1	0
Total	100	100
Number of observations	835	835

^(a) Seven children were recognized and taken back but we do not know what information the mother left before recognizing them.
Interpretation: 13% of women left their name in the child's file at birth. Two months after the birth, the percentage had fallen to 10%, as some had recognized the child in the meantime (18% of the 13%).
Source: CNAOP-INED survey, 2007-2009.

The results presented below are for 835 deliveries. They are taken from the first 69 administrative section of the questionnaire, completed even if the women left the maternity unit without meeting with the correspondent or leaving any information (see above).

By the end of the two-month legal period, 13 % of parturients had recognized the 70 child, i.e. 14 % of the women who had not established filiation by indicating their name on the birth certificate. This figure has been stable for the last 20 years. INED's survey, based on civil records, on the outcomes of children born outside marriage had already shown that the proportion of recognized children was 14 % in 1985 and 1990 and 12 % in 1994 (Munoz-Pérez, 2000). The women who leave their name in the child's file at birth are those who most frequently recognize the child before it is put up for adoption: 18 % do so. ^[24] This proportion may be as high as 20 % given that 11 %... ^[24]

All mothers who established filiation at the time of birth had signed the adoption 71 consent form, but 34 % later changed their mind and took the child back. Women who had recognized the child very frequently took it back (84 %), which is hardly surprising since children are generally recognized for precisely this purpose ^[25] A child born without filiation has to be formally recognized... ^[25] (Table 10). Altogether, 14 % of children turned over to the ASE or an OAA ^[26] According to the survey, only 1.5 % of children were... ^[26] are taken back, three-quarters by the mother alone, the rest by both parents (except for two children taken back solely by fathers not living with the birthmothers).

Table 10 - Children born secretly and taken back by one or both biological parents

	Child taken back (%)				Number
	Yes	No	Unknown	Total	
All children with filiation at birth or recognized, of which:	63	35	2	100	189
Filiation established on birth certificate	34	62	4	100	80
Child recognized	84	16	0	100	109
Child without filiation and unrecognized	0	100	0	100	646
All children born secretly	14	79	7	100	835

Source: CNAOP-INED survey, 2007-2009.

We do not know if children who were recognized but not taken back were ultimately taken back. [27] Either the person who filled out the questionnaire... [27] Dumaret and Rosset (1993) report several cases of women recognizing the child with the intention of taking it back but deferring their decision; some came to see the child less and less frequently, until it was ultimately declared as legally abandoned.

Ultimately, 14 % of children born “*sous X*” are taken back by their mother and possibly their father; 19 % can learn their birth mother’s identity later if they wish; the others will either find an empty file (19 %) or one containing no identifying information (23 %); at best they will find a sealed envelope (25 %) but there is no guarantee that it will contain their birthmother’s identity or that she will agree for the child to be informed of it.

The woman can give the child three first names. Two in three choose at least one; most choose three. Women who reclaim the child are those who most frequently choose a name for their child at birth (eight in ten). Four out of ten women put a letter or an object (soft toy, piece of clothing, sometimes a photo) in the child’s file; this is most frequently the case among women who leave their name in the file or a sealed envelope but do not reclaim the child.

INDEPENDENT WOMEN LESS FREQUENTLY RECLAIM THE CHILD

One aim of the study was to find out if women wishing to keep their delivery a secret from their families while being willing to indicate their name on the birth certificate or in the child’s file have a profile that differs from that of women who do not want the child to know their identity. The same question arises for women who change their mind about giving up the child: is their profile different from that of women who do not?

To answer these questions, the variations in whether filiation was established, whether the birthmother’s name was left in the child’s file, whether or not the child was recognized, and whether or not it was taken back were observed for each of the three main profiles defined in Section IV.

Frequency of establishing filiation and leaving name in child’s file are independent of the woman’s profile. However, while the frequency of recognizing and reclaiming the child varies considerably between profiles, the relation is not what we might have expected. Young women dependent on their parents and women living alone in precarious conditions more frequently change their mind and decide to keep the child than independent women (Table 11). Two non-exclusive hypotheses may explain this paradox. The first is that women corresponding to one of these two profiles are motivated more frequently than independent women by material or family constraints, which weigh less heavily on the decision than other motives. The second is that there is a selection effect: economically and residentially independent women or women living with a partner less frequently give birth in secret, so those who do so may be more determined to give up the child and less frequently change their mind.

Table 11 - Secrecy of identity, recognition and reclaiming of child by birthmother profile

	Filiation established when birth registered	Name in the file before child recognized	Child recognized*	Child taken back*
Young, dependent on parents	14	15	15	19
Independent	10	10	8	9
Living alone in precarious conditions	7	16	19	18
Other birthmothers	7	12	13	12
All birthmothers	10	13	13	14

* Differences significant at 5% level (chi-squared test).
Interpretation: 14% of young women dependent on their parents, 10% of independent women, and 7% of women living alone in precarious conditions established filiation when registering the birth.
Source: CNAOP-INED survey, 2007-2009.

OVERVIEW AND CONCLUSION

This study of women who requested to give birth secretly was conducted in 83 ⁷⁸ *départements* with the participation of CNAOP correspondents who look after these women and who agreed to fill out a questionnaire for each secret delivery over a period of two years (in some instances less).

Among women who give birth secretly, 10 % establish filiation by allowing their name to appear on the birth certificate; 13 % leave their name in the child's file; 29 % in a sealed envelope; 47 % leave, at most, some non-identifying information. But in the two months following delivery, 14 % of birthmothers change their minds and take the child back. Among the children not taken back, 23 % will be able to learn their mother's name later; 31 % will find an envelope enabling the CNAOP to contact the mother, though this may not be possible, and 46 % will have no possibility of learning her identity. The Act of 2002 does enable biological parents to inform the CNAOP that they no longer wish their identity to remain secret; the CNAOP may then communicate the parents' name to the child if he or she so requests. Very few parents take this option, however.

We might have expected the continuous decline in secret births that began in the late 1960s to be associated with a selection of the women concerned, and that these women would come to resemble each other more closely. However, we observe instead that they do not share a specific profile. Three profiles were identified here on the basis of family situation (alone or living with a partner, with or without children) and living conditions (occupational status, residential situation). Those profiles are "young, dependent on parents" (25 % of birthmothers); "independent" (25 %), and "living alone in precarious conditions" (15 %). The remaining birthmothers either did not share enough characteristics to define any other profiles, or refused to provide any information on themselves. Hence, women "abandoned" by their partner and in a precarious situation are not the only ones to give birth secretly, though such women are much more strongly represented than in the general population. One conclusion of A.-C. Dumaret and D.-J. Rosset's report was that, contrary to their hopes, it was impossible to identify "a particular profile for these mothers and therefore to imagine a means of preventive support." Twenty years later, we can do no more than confirm the diversity of women who give birth in secret.

The combination of difficulties with intimate partner and family, economic and possibly psychological problems, plus discovering one's pregnancy too late either to get an abortion or to prepare oneself to accept the child are sufficient to explain why some women prefer to give birth secretly and hand over the child for adoption. The reasons most frequently cited concern the woman's relationship with the biological father: 43 % of women say they cannot keep the child for reasons related to the father: his absence, behaviour, or relational difficulties make it impossible to imagine raising the child together. Next, in decreasing order, come financial difficulties, being too young, and fear of being rejected by one's family. To these reasons should be added recent or early trauma of a sort seldom recorded in surveys but often observed by professionals. That such traumas occur seems to be confirmed by the fact that these women often "discover" their pregnancy very late (Riess, 2007): one-third do not become aware of their condition until the third trimester.

The material difficulties that lead some women to give up their child are both easier to mention than psychological ones and more readily surmounted. While young women dependent on their parents and women living alone in precarious conditions are over-represented, they also more frequently take back the child than women who are not exposed to such strong economic or family pressures. But there is also a

selection effect here: women who have acquired economic and family independence less frequently choose secret delivery, meaning that those who do are more determined to maintain that choice and less frequently change their mind.

INED-CNOAP SURVEY QUESTIONNAIRE (FOLLOWED BY ENGLISH TRANSLATION)

	
<p>Etude sur les mères de naissance qui demandent le secret de leur identité lors de leur accouchement</p>	
<p><i>Mettre une croix dans la case correspondante à la réponse ☒</i></p>	
<p>Département : 13 ☐ 59 ☐ 75 ☐ 93 ☐ autre département ☐</p>	
<p>Accouchement : avant le 01/07/2008 ☐ entre le 01/07/2008 et le 31/12/2008 ☐ entre le 01/01/2009 et le 30/06/2009 ☐</p>	
<p>1 La mère de naissance a-t-elle été rencontrée ? 1 Oui 2 Non</p> <p>2 A-t-elle demandé expressément le secret de son identité ? 1 Oui 2 Non</p> <p><i>Si oui :</i></p> <p>2a A-t-elle laissé : <i>(plusieurs réponses possibles)</i> 1 un pli fermé ? 2 son identité dans le dossier ? 3 des renseignements non identifiants ? 4 rien</p> <p>2b A-t-elle reconnu l'enfant ultérieurement ? 1 Oui 2 Non</p> <p>3 Le prénom de l'enfant a été donné par : 1 la mère de naissance ? 2 une autre personne ?</p> <p>4 Nombre de naissances : 1 un enfant ? 2 plusieurs ? <i>(jumeaux, triplés...)</i></p> <p>5 La mère de naissance a-t-elle laissé pour l'enfant : <i>(plusieurs réponses possibles)</i> 1 un courrier ? 2 des photos ? 3 un (des) objet(s) ? 4 rien</p> <p>6 L'enfant a-t-il été remis à ... 1 l'ASE ? 2 un OAA ? 3 l'enfant décédé juste après sa naissance</p> <p>7 L'enfant a-t-il été repris ? 1 Oui 2 Non</p> <p>7a <i>Si repris</i>, Nombre de jours ou semaines après la naissance ? _____ jours OU _____ semaines</p> <p>7b Enfant repris par : 1 la mère ? 2 le père ? 3 les deux parents ?</p>	<p>☐1 ☐2</p> <p>☐1 ☐2 ⇒ 3</p> <p>☐1 ☐2 ☐3 ☐4</p> <p>☐1 ☐2</p> <p>☐1 ☐2</p> <p>☐1 ☐2</p> <p>☐1 ☐2</p> <p>☐1 ☐2 ☐3 ☐4</p> <p>☐1 ☐2 ☐3</p> <p>☐1 ☐2 ⇒ 8</p> <p>☐1 ☐2 ☐3</p>

Grossesse, naissance et santé de l'enfant			<i>Si vous ne pouvez pas répondre à une question, cochez la case " 9 "</i>		
8	La grossesse a-t-elle été suivie ? 1 Oui 2 Non 9 Ne peut répondre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
9	A quel mois de grossesse la mère de naissance a-t-elle "découvert" sa grossesse ? 10 Au moment d'accoucher 99 Ne peut répondre	<input type="text" value=""/> <i>ème mois</i>		<input type="checkbox"/> 99	
10	Avait-elle déjà décidé de remettre l'enfant avant l'accouchement ? <i>(si elle a pris sa décision au moment de l'accouchement ou après, la réponse est 2)</i> 1 Oui 2 Non 9 Ne peut répondre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
11	L'enfant est-il prématuré ? <i>(moins de 37 semaines d'aménorrhée)</i> 1 Oui 2 Non 9 Ne peut répondre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
	11a <i>Si Oui</i> , Terme de la grossesse ? 1 Entre 32 et 36 semaines d'aménorrhée 2 Moins de 32 semaines d'aménorrhée 9 Ne peut répondre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
12	L'enfant est-il porteur de :				
	12a Trisomie 21 ? 1 Oui 2 Non 9 Ne peut répondre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
	12b Un autre handicap lourd ? 1 Oui 2 Non 9 Ne peut répondre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
	12c Une autre pathologie ? 1 Oui 2 Non 9 Ne peut répondre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
	<i>Si pathologie ou handicap :</i> 12d La pathologie ou le handicap est-elle/il la cause de la remise de l'enfant ? 1 Oui 2 Non 9 Ne peut répondre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
La mère et le père de naissance			<i>Si aucun renseignement sur le père de naissance, barrez la colonne le concernant.</i>		
		Mère de naissance		Père de naissance	
13	Age <i>(même approximatif)</i> 9 Ne peut répondre	<input type="text" value=""/> <i>ans</i> <input type="checkbox"/> 9	<input type="text" value=""/> <i>ans</i> <input type="checkbox"/> 9		
14	Pays d'origine : 1 France 2 étranger 9 Ne peut répondre	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		
	14a Si étranger : Pays <i>(si vous ne connaissez pas le pays, indiquez un groupe de pays ou un continent. Ex: Maghreb, Asie...)</i>				
15	Pays de résidence habituelle 9 Ne peut répondre	<input type="checkbox"/> 9	<input type="checkbox"/> 9		
16	Nationalité 9 Ne peut répondre	<input type="checkbox"/> 9	<input type="checkbox"/> 9		
17	Situation conjugale :				
	1 En couple 2 Ne vit pas en couple 9 Ne peut répondre	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		
	17a Si en couple : 1 avec le père/la mère de naissance 2 avec une autre personne 9 Ne peut répondre	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		
	17b Le couple est-il marié ? 1 Oui 2 Non 9 Ne peut répondre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	

	Mère de naissance	Père de naissance
Autres enfants :		
18 La mère/le père de naissance a-t-elle/il d'autres enfants ?		
<i>(La réponse peut être 1 et 2)</i>		
1 Oui, avec le père/la mère de naissance du nouveau-né	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 Oui, avec son conjoint (qui n'est pas le père/mère)	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 Oui, avec une autre personne	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 Non	<input type="checkbox"/> 4 → 19	<input type="checkbox"/> 4 → 19
9 Ne peut répondre	<input type="checkbox"/> 5 → 19	<input type="checkbox"/> 5 → 19
Si oui :		
18a Nombre total d'enfants de chacun, sans compter l'enfant qui vient de naître ?	<input type="text"/> enfants	<input type="text"/> enfants
9 Ne peut répondre	<input type="checkbox"/> 9	<input type="checkbox"/> 9
18b Actuellement, les autres enfants sont élevés ?		
<i>(plusieurs réponses possibles)</i>		
1 Par leurs deux parents (qui vivent ensemble)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 Par leur mère	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 Par leur père	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 Par d'autres personnes de la famille	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 Confiés à l'ASE (famille d'accueil, institution...)	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6 Pupilles de l'Etat	<input type="checkbox"/> 6	<input type="checkbox"/> 6
9 Ne peut répondre	<input type="checkbox"/> 9	<input type="checkbox"/> 9
19 La mère/le père de naissance a-t-elle/il de la famille proche ?		
1 Oui 2 Non 9 Ne peut répondre	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
Si oui,		
19a Une personne de la famille était-elle informée de la grossesse ?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
1 Oui 2 Non 9 Ne peut répondre		
19b Si oui : précisez le lien de parenté		
20 La mère/le père de naissance réside :		
1 chez ses parents ?	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 dans un logement indépendant ?	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 en foyer ?	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 hébergé par d'autres personnes de la famille ou amis ?	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 autre hébergement précaire (squats...) ?	<input type="checkbox"/> 5	<input type="checkbox"/> 5
9 Ne peut répondre	<input type="checkbox"/> 9	<input type="checkbox"/> 9
21a Activité :		
1 études	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 chômage	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 emploi précaire ou petit temps partiel	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 emploi (autre que "3")	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 au foyer	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6 sans activité	<input type="checkbox"/> 6	<input type="checkbox"/> 6
9 Ne peut répondre	<input type="checkbox"/> 9	<input type="checkbox"/> 9
21b Profession ou niveau d'études :		
_____	_____	_____
Santé de la mère et du père de naissance		
22 Etat de santé général apparemment satisfaisant ?		
1 Oui 2 Non 9 Ne peut répondre	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
23 Problèmes particuliers concernant sa santé physique ou mentale		
<i>(par exemples : séropositivité VIH, hépatite C, toxicomanie, alcoolisme, hospitalisation psychiatrique récente...)</i>		
1 Oui 2 Non 9 Ne peut répondre	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
23a Si Oui : précisez lequel ou lesquels ?		
_____	_____	_____
_____	_____	_____
_____	_____	_____

<p>24. La mère de naissance a-t-elle été victime de violences ? 1 Oui 2 Non 9 Ne peut répondre</p> <p>24a Si Oui : (plusieurs réponses possibles) 1 De la part du père de naissance ? 2 De son compagnon (qui n'est pas le père) ? 3 De sa famille ? 4 D'autre(s) personne(s) ? 9 Ne peut répondre</p>	<table border="0"> <tr> <td><input type="checkbox"/>1</td> <td><input type="checkbox"/>2</td> </tr> <tr> <td><input type="checkbox"/>9</td> <td></td> </tr> <tr> <td><input type="checkbox"/>1</td> <td><input type="checkbox"/>2</td> </tr> <tr> <td><input type="checkbox"/>3</td> <td><input type="checkbox"/>4</td> </tr> <tr> <td><input type="checkbox"/>9</td> <td></td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9	
<input type="checkbox"/> 1	<input type="checkbox"/> 2										
<input type="checkbox"/> 9											
<input type="checkbox"/> 1	<input type="checkbox"/> 2										
<input type="checkbox"/> 3	<input type="checkbox"/> 4										
<input type="checkbox"/> 9											
<p>Le père de naissance était-il informé :</p>											
<p>25. de la grossesse ? 1 Oui 2 Non 3 La mère de naissance ne le sait pas 9 Ne peut répondre</p>	<table border="0"> <tr> <td><input type="checkbox"/>1</td> <td><input type="checkbox"/>2</td> </tr> <tr> <td><input type="checkbox"/>3</td> <td><input type="checkbox"/>9</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9						
<input type="checkbox"/> 1	<input type="checkbox"/> 2										
<input type="checkbox"/> 3	<input type="checkbox"/> 9										
<p>26. de la date présumée de l'accouchement ? 1 Oui 2 Non 3 La mère de naissance ne le sait pas 9 Ne peut répondre</p>	<table border="0"> <tr> <td><input type="checkbox"/>1</td> <td><input type="checkbox"/>2</td> </tr> <tr> <td><input type="checkbox"/>3</td> <td><input type="checkbox"/>9</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9						
<input type="checkbox"/> 1	<input type="checkbox"/> 2										
<input type="checkbox"/> 3	<input type="checkbox"/> 9										
<p>27. de la décision prise par la mère de naissance ? 1 Oui 2 Non 3 La mère de naissance ne le sait pas 9 Ne peut répondre</p>	<table border="0"> <tr> <td><input type="checkbox"/>1</td> <td><input type="checkbox"/>2</td> </tr> <tr> <td><input type="checkbox"/>3</td> <td><input type="checkbox"/>9</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9						
<input type="checkbox"/> 1	<input type="checkbox"/> 2										
<input type="checkbox"/> 3	<input type="checkbox"/> 9										
<p>28. Le père de naissance a-t-il accompagné la mère à la maternité ? 1 Oui 2 Non</p>	<table border="0"> <tr> <td><input type="checkbox"/>1</td> <td><input type="checkbox"/>2</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2								
<input type="checkbox"/> 1	<input type="checkbox"/> 2										
<p>29. Une autre personne a-t-elle accompagné la mère à la maternité ? 1 Oui, une personne de sa famille 2 Oui, un(e) ami(e) 3 Autre, préciser _____ 9 Ne peut répondre</p> <p><i>Si une personne de sa famille : préciser le lien de parenté</i></p>	<table border="0"> <tr> <td><input type="checkbox"/>1</td> <td><input type="checkbox"/>2</td> <td><input type="checkbox"/>3</td> </tr> <tr> <td><input type="checkbox"/>9</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9						
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3									
<input type="checkbox"/> 9											
<p>30. La remise de l'enfant est-elle une décision :</p> <p>1 des deux parents ?</p> <p>2 de la mère seule ?</p> <p>3 surtout de la mère, avec le consentement du père ?</p> <p>4 surtout du père ?</p> <p>5 autre : préciser (par exemple : forte pression de la famille...) ?</p> <p>9 Ne peut répondre</p>	<table border="0"> <tr> <td><input type="checkbox"/>1</td> </tr> <tr> <td><input type="checkbox"/>2</td> </tr> <tr> <td><input type="checkbox"/>3</td> </tr> <tr> <td><input type="checkbox"/>4</td> </tr> <tr> <td><input type="checkbox"/>5</td> </tr> <tr> <td><input type="checkbox"/>9</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9				
<input type="checkbox"/> 1											
<input type="checkbox"/> 2											
<input type="checkbox"/> 3											
<input type="checkbox"/> 4											
<input type="checkbox"/> 5											
<input type="checkbox"/> 9											
<p style="text-align: center;">Raisons et circonstances de la remise de l'enfant :</p> <p><i>Autres renseignements non identifiants (n'indiquer ni nom, ni date, ni lieu précis) permettant de comprendre les circonstances de la naissance, les raisons et les circonstances de la remise de l'enfant au service de l'aide sociale à l'enfance ou à l'OAA.</i></p> <p><i>Si nécessaire, joindre une feuille supplémentaire.</i></p>											

Study of birthmothers who request that their identity remain secret at the time of delivery

Place a cross in the relevant box
Département : 13 59 75 93 Other département

Delivery: Before 01/07/2008
Between 01/07/2008 and 31/12/2008
Between 01/01/2009 and 30/06/2009

1 Have you met the birthmother?
1 Yes 2 No

2 Did she expressly request that her identity remain secret?
1 Yes 2 No

If yes

2a Did she leave (several answers possible)
1 A sealed envelope? 2 Her identity in the file?
3 Non-identifying information? 4 Nothing?

2b Did she recognize the child later?
1 Yes 2 No

3 Was the child given its forenames by:
1 the birthmother? 2 someone else?

4 Number of births
1 One child 2 Several (twins, triplets...)

5 Did the birthmother leave for the child (several answers possible)
1 A letter? 2 Photos?
3 One or more objects? 4 Nothing?

6 Was the child given up to:
1 The ASE? 2 An OAA?
3 The child died soon after birth

7 Was the child reclaimed?
1 Yes 2 No

7a *If reclaimed*, how many days or weeks after birth? days *OR* weeks

7b reclaimed by:
1 Mother? 2 Father?
3 Both parents?

Pregnancy, birth and health of newborn
If you cannot answer a question tick the box "□9"

8 Did the mother receive medical care during pregnancy?
1 Yes 2 No 9 Cannot answer

9 In what month did the birthmother "discover" her pregnancy? month

10 At the moment of delivery 99 Cannot answer

10 Had she already decided to give up the child before giving birth?
 1 Yes 2 No 9 Cannot answer

11 Was the child born preterm? (less than 37 weeks amenorrhea)
 1 Yes 2 No 9 Cannot answer

11a If yes, duration of pregnancy
 1 32-36 weeks amenorrhea 2 Less than 32 weeks amenorrhea
 9 Cannot answer

12 Does the child have:

12a Down's syndrome?
 1 Yes 2 No 9 Cannot answer

12b Another severe disability?
 1 Yes 2 No 9 Cannot answer

12c Another disease?
 1 Yes 2 No 9 Cannot answer

If disease or disability:

12d Is the disease or disability the reason for giving up the child?
 1 Yes 2 No 9 Cannot answer

Birthmother and birthfather *If no information on birthfather, cross out relevant column*

	Birthmother	Birthfather
13 Age (even approximate) 9 Cannot answer		
14 Country of origin 1. France 2. Abroad 9 Cannot answer 14a If abroad: Country (if you do not know the country, give group of countries or continent, e.g. North Africa, Asia, etc.)		
15 Country of usual residence 9 Cannot answer		
16 Nationality 9 Cannot answer		
17 Conjugal situation 1 In a couple 2 Not in a couple 9 Cannot answer 17a If in a couple 1 With biological mother/father 2 With another person 9 Cannot answer 17b Is the couple married? 1 Yes 2 No 9 Cannot answer		

Other children

18 Does the birthmother / birthfather have any other children?

(The answer can be 1 and 2)

- 1 Yes, with the birthmother / birthfather of the newborn
- 2 Yes, with his/her partner (*who is not the father/mother*)
- 3 Yes, with another person
- 4 No
- 9 Cannot answer

If yes

18a Total number of children of each, excluding newborn?
9 Cannot answer

18b At present, the other children are being raised by:
(several answers possible)

- 1 Their two parents (*who live together*)
- 2 Their mother
- 3 Their father
- 4 Other family members
- 5 In care (*foster family, institution*)
- 6 Wards of the state
- 9 Cannot answer

19 Does the birthmother / birthfather have close relatives

- 1 Yes
- 2 No
- 9 Cannot answer

If yes

19a Was a family member informed of the pregnancy?

- 1 Yes
- 2 No
- 9 Cannot answer

19b *If yes specify kin relationship*

20 Does the birthmother/birthfather live:

- 1 With her parents?
- 2 In an independent home?
- 3 In a hostel?
- 4 With other family members or friends?
- 5 Other insecure accommodation (*squat, etc.*)?
- 9 Cannot answer

21a Activity

- 1 Student
- 2 Unemployed
- 3 Insecure or less than half-time job
- 4 Employment (other than 3)
- 5 Homemaker
- 6 Inactive
- 9 Cannot answer

21b Occupation or educational level:

Health of birthmother and birthfather

22 Apparently satisfactory state of health?

- 1 Yes
- 2 No
- 9 Cannot answer

23 Particular physical or mental health problems?
(e.g.: HIV-positive, hepatitis C, drug addiction, alcohol addiction, recent stay in psychiatric hospital, etc.)
1 Yes 2 No 9 Cannot answer
23a If yes: please specify

24 Has the birthmother been exposed to violence?
1 Yes 2 No 9 Cannot answer

24a If yes: (Several answers possible)
1 By the birthfather? 2 By her partner (who is not the father)?
3 By her family? 4 By other persons?
9 Cannot answer

Was the birthfather informed?

25 Of the pregnancy?
1 Yes 2 No 9 Cannot answer

26 Of the expected delivery date?
1 Yes 2 No 9 Cannot answer

27 Of the birthmother's decision?
1 Yes 2 No
3 The birthmother does not know 9 Cannot answer

28 Did the birthfather accompany the mother to the maternity unit?
1 Yes 2 No

29 Did another family member accompany the mother to the maternity unit?
1 Yes, a family member 2 Yes, a friend 3 Other specify _____
9 Cannot answer

If a family member: specify kin relationship

30 Was the decision to give up the child taken by:

1 Both parents?
2 The mother alone?
3 Mainly the mother, with the father's consent?
4 Mainly the father?
5 Other: specify (e.g., strong family pressure)?
9 Cannot answer

Reasons and circumstances leading to the decision to give up the child

*Other non-identifying information (do not give any name, date or specific place) that sheds light on the circumstances of the birth, the reasons and circumstances leading to the decision to give up the child to the welfare services (ASE) or a private adoption agency (OAA).
Use an additional sheet if necessary.*

Acknowledgments

Warm thanks to Dr Dominique-Jeanne Rosset and Annick Cesetti- Mado of the Espace Paris-Adoption for their assistance in Paris; to the *département*-level CNAOP correspondents who agreed to complete the questionnaires for the two years of the study, and to Nadine Dupuy, assistant to the CNAOP secretary general, who liaised between CNAOP and INED during those two years. Thanks also to Bénédicte Garnier and Anne Stehlin for their assistance with the statistics.

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- [1] On the history of secret delivery in France, see Bonnet, 1996; Ensellem, 2004; Lefaucheur, 1999, 2001a, 2001b, 2008; Trillat, 1993.
- [2] Decree of 2 September 1941. The Code de la famille et de l'aide sociale has been replaced by the Code de l'action sociale et des familles.
- [3] "At the time of delivery, the mother may request that her admission be kept secret and that her identity remain undisclosed" (Article 341-1 of Act 93-22 of 8 January 1993).
- [4] Prior to 1 July 2006, unmarried women were also required to legally "recognize" the child.
- [5] Cf. adoption of the Act of 7 July 1996, known as the "Loi Mattei."
- [6] However, to simplify we will occasionally use the expression "né sous X" and the words "woman" or "mother" rather than "birthmother."
- [7] That is, at the request of a child who has come of age or of a minor who has "attained the age of discernment" and has the consent of his or her legal guardians (Article L147-2 of the Code de l'action sociale et des familles). The request cannot come from the birthmother.
- [8] There is, of course, no guarantee that the birthmother has actually left her name in the envelope. But if she has, the CNAOP then consults civil records, maternity hospital files, the ASE files or those of any OAA's involved, and any existing social welfare files in order to find her. If, upon this first contact from the CNAOP, the birthmother refuses to disclose her identity to the child, she will not be recontacted. If she has died without expressly forbidding that her name be disclosed, it will be communicated to the child.
- [9] This provision was already included in the Act of 7 July 1996.
- [10] A French administrative division.
- [11] This is the case in Germany, Austria, Belgium, Hungary, Italy, Slovakia, and Switzerland; also in Japan and most US states.
- [12] Analysed and summarized by N. Lefaucheur, a taskforce member (2001a).
- [13] According to CNAOP statistics (see below), the number of children handed over annually to an OAA does not exceed 20 (approximately 3 % of secret births), but the difference between INSEE and DGAS (later ONED) is still greater than 3 %.
- [14] Article R147-24 of the Code de l'action sociale et des familles (social welfare and family code).
- [15] The document was designed in accordance with Article 23 of Decree 2002-781 of 3 May 2002, relative to the Conseil national pour l'accès aux origines personnelles (national council for access to personal origins) and the provision of support and information to women giving birth secretly. It may be filled out by the birthmother herself if she so wishes.
- [16] The *départements* were asked to transmit completed questionnaires twice a year to the CNAOP, which then sent them to INED after checking that they contained no identifying information. Meanwhile, the CNAOP listed the *départements* that sent in the questionnaires and noted the dates when they were received. The list made clear which *départements* had omitted to transmit the questionnaires on one or more occasions over the two years.
- [17] Number of children "nés sous X" in metropolitan France and overseas *départements* were compared to total births in metropolitan France alone; however, only 2 % of children "nés sous X" in 2007 and 2008 were born in overseas *départements* (ONED).

- [18] Lacking information on the family origins of all parturients in France, we compared the proportion of women delivering in secret for whom a foreign origin was recorded with the proportion of French or foreign female immigrants or daughters of immigrants in the general population of metropolitan France given in the INED-INSEE's Trajectories and Origins survey (2008). The Haut conseil à l'intégration defines an immigrant as a foreign person born abroad and residing in France.
- [19] To simplify, we hereafter use the term "employment" (without any further specification) for any working activity that is neither an insecure nor a less-than-half-time job. We combined "lessthan-half-time jobs" and "insecure jobs", as was the case in the questionnaire.
- [20] Women raising children prefer to describe themselves as "homemakers" rather than "inactive." We followed this preference in formulating survey questions, but the two categories were combined for analytic purposes.
- [21] Living "independently" means not living with parents or in collective housing (hostel, university residence) or in temporary accommodation.
- [22] "Denial" is characterized by the absence of physical symptoms of pregnancy. In some cases, the woman is incapable of recognizing that she is pregnant and attributes the changes in her body to other causes.
- [23] If births for which this information is unknown are excluded, the decision to put the child up for adoption was made by the woman alone eight times out of ten.
- [24] This proportion may be as high as 20 % given that 11 % of the questionnaires on women who left their name in the child's file contained no information on possible later recognition (versus 5-7 % of questionnaires for women who had not left their name or had left it in a sealed envelope).
- [25] A child born without filiation has to be formally recognized before it can be taken back.
- [26] According to the survey, only 1.5 % of children were transferred to an OAA whereas CNAOP statistics report nearly 3 %. OAAs do not disclose information on the children they take in, which explains why survey participation is lower in these cases. In our study, 13 children were transferred to an OAA, filiation having been established for 2, mother's name in child's file for 3, mother's name in sealed envelope for 2, non-identifying information for 5 and empty file for 1.
- [27] Either the person who filled out the questionnaire had not been informed or the questionnaire was completed before the deadline for reclaiming the child had expired.

English Every year in France, between 600 and 700 women ask to give birth "secretly" in a maternity unit. This study, conducted in 83 of the country's 100 *départements*, collected administrative information on 835 such deliveries from July 2007 to July 2009, along with the socio-demographic characteristics of 739 of the women concerned and information on the context of their pregnancies. At the time of birth, 10 % of women requesting a secret delivery indicate their name on the child's birth certificate, thereby establishing filiation, 13 % record it in the child's hospital file, while 29 % leave it in a sealed envelope so that, if several other conditions are met, the child will later be able to learn his/her birthmother's identity. Three main birthmother "profiles" were identified: "young women dependent on their parents" (25 % of the women), "independent women" (25 %) and "women living alone in precarious conditions" (15 %). Very young women "abandoned" by their partner and in a precarious situation are thus not the only ones to give birth in secret, though such women are over-represented. In the two-month period following delivery, during which birthmothers have the legal right to reclaim the child, 14 % choose to do so. The women who most frequently change their minds are those who were obliged to abandon it under family pressure or due to economic constraints. Women who have acquired economic independence or are living with a partner less frequently give birth in secret; birthmothers in this category appear more determined and less frequently change their mind.

Keywords

CNAOP (Conseil national pour l'accès aux origines personnelles) filiation France secret delivery

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