Gender and contraception: what kind of (r)evolutions?

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How does matrilinearity shape clandestine use of a contraceptive method for non-married young women in Mayotte and Comoros? - Ahmed Zakia
This talk traces the shift in the conceptualization of the pill from life-changing to life-enhancing, from revolutionary to commonplace, and the implications for the trajectories of women, birth control, and pharmaceutical consumerism. In the 1960s, the birth control pill extended the reach of pharmacy beyond the treatment or prevention of disease or illness and effected a contraceptive revolution in the United States and in many other countries by changing the ways people thought about, discussed, and used birth control. Oral contraception changed the script of medical interactions inscribed in traditional doctor-patient relationship and contributed to shift the balance of power. Women who went to their physicians with specific requests for oral contraceptives no longer passively received medical care, but transformed into active participants. Although much ink was spilt either crediting or blaming the pill for fomenting sexual revolution, it is clear from the historical record that the pill played only a supporting role as one of many factors contributing to the liberalization and democratization of sexual behaviors and attitudes. It played a similarly auxiliary part in the revolutionary appeal of second wave feminist activism that swept the United States in the late 1960s and 1970s. In concert with a host of other social, cultural, and political forces, the pill helped to make women’s lives in the 1980s look very different from those of their mothers in the 1950s.

By the 1990s, the pill had become part of the birth control establishment, prescribed and used more often than any other method of reversible contraception in the US. In 1990s, 80 percent of all American women born after 1945 had used the pill at some time in their lives. Well past its revolutionary heyday and besides growing criticism for its negative side effects, it still served as the standard to which newer methods were based and judged. These methods were not radically inventive; they simply provided different delivery systems for synthetic hormones. The success of the pill did not lead to further truly innovative contraceptive development, and concerns over its safety progressively tempered initial enthusiasm about the method. Controversies on the pill safety, the growing influence of consumers movement and women’s movement but also the limited opportunities for industrial growth because of the saturation of the market with existing products contributed to change the position of the pill. Adverse health effects and the ensuing negative publicity toppled the pill from its vaunted status as a wonder drug. The pill had become so thoroughly incorporated into the fabric of American life after a few decades that it was no longer perceived as revolutionary in either a therapeutic or social sense. However, despite its decline in popularity and market share, it still remained the most popular temporary contraceptive among American women through the end of the 20th century and into the 21st.

Pharmaceutical companies feared that new contraceptives would not attract enough new users to be profitable or that they might eat into the profits of their products already on the market. One of the tactics used by manufacturers of oral contraceptives to promote their products was thus to rebrand oral contraceptives as drugs to remedy acne, to suppress monthly menstruation, or to treat a condition called premenstrual
dysphoric disorder. They shifted the focus of their marketing strategies away from the primary indication of family planning to emphasize instead the secondary effects of relieving discomforts. Also based on aggressive marketing campaigns, this transition overtaken by manufacturers suggest a shift in the pharmaceutical industry toward marketing birth control pills as lifestyle drugs.

The transition in the pill’s social status – from a radically innovative drug that upended therapeutic and social conventions to a time-honored member of the pharmacopeia, considered so basic that it is marketed for its secondary effects – offers an interesting perspective for delineating the contours of this particular therapeutic revolution.
In the twentieth century, most attention in reproductive medicine has been focused on women rather than men. Knowledge, diagnostics, and therapies concerning the female reproductive body have been made robust by alignments among laboratories, gynaecological clinics, pharmaceutical companies, family planning policies and clinics. Consequently, the female reproductive body has become firmly entrenched in the infrastructures of the medical world and the development of contraceptives has been almost exclusively focused on women. Since the Second World War, innovation in contraceptives has resulted in the introduction of 13 contraceptives for women and 0 for men!

Explanations for this gender gap usually rely on essentialist views of gender, technologies, and bodies. Biomedical scientists have encouraged us to assume that women's bodies are simply closer to nature and consequently easier to incorporate into biomedical practice. This lecture aims to go beyond these kind of explanations. Adopting a constructivist approach to technology and gender, I view the gender gap in contraceptive technologies as a reality created in practice, rather than a reality rooted in nature. The currently available contraceptive technologies exemplify the argument that 'technology is hardened history', hardened in a literal sense: the asymmetry in contraceptive discourse is materialized in institutions, medical professions, laboratory techniques, chemicals, and pharmaceuticals. Overcoming the gender gap in contraceptive technologies therefore requires hard work. The development of new contraceptives for men not only depends on the creation of new infrastructures, it also requires the mutual adjustment of technologies and gender identities.

In my lecture, I will discuss the social and cultural work involved in overcoming the infrastructural and cultural constraints of developing a technology that challenges dominant cultural narratives, particularly those of hegemonic masculinity. In the development of new contraceptives for men, the construction of masculinities is at the forefront of the design, at least in the Western world. Ever since the idea of a male contraceptive pill was first articulated, heterogeneous groups of actors, including scientists, clinicians, journalists, feminists, and pharmaceutical entrepreneurs, have questioned whether men or women would accept a new male contraceptive if it were available, relying on hegemonic views of masculinity.

The development of new contraceptives for men thus requires a destabilization of conventionalized performances of gender identities. The predominance of modern contraceptives for women has disciplined men and women to delegate responsibilities of contraception largely to women. In the second half of the 20th century, contraceptive use became excluded from hegemonic masculinity. The advocacy for new contraceptives for men severely challenged these stabilized conventions. Technological innovation in contraceptive technology thus became a quest for renegotiating male identities. In this lecture, I focus particularly on the clinical trials with hormonal contraceptives for men that took place in the past 3 decades. I will describe these trials...
as a cultural niche in which actors articulate and perform non-hegemonic male identities to create the cultural feasibility of the new technology. I will show how technologies that conflict with hegemonic masculinity have a hard time coming into existence.

Although the long and winding road of the development of hormonal contraceptives for men has not yet come to an end, the quest for new male contraceptives has had a definite impact. Activities in laboratories and clinics and the ongoing debates in the news media have transformed male reproductive bodies from invisible into public bodies, thus breaking with the practices and traditions that have long dominated medical and bodily discourses. Most importantly, technological innovation in male contraceptive technologies has also brought gendered routines and conventions concerning contraception into the limelight. Women and men are renegotiating gendered routines and conventions concerning contraception, a process in which hegemonic masculinities are destabilized and non-hegemonic male identities, most notably the image of the caring, responsible man, are articulated and gain momentum. Technological innovation in male contraceptive technologies can therefore best be described as a process of designing technology and masculinity.
Session 1  Governing birth control – Historical perspectives

Salle de conférence, 56 rue Jacob, ground floor
Simultaneous translation English/French
Chair: Mona Claro and Cyrille Jean

Monday December 18th 2017
14.00-16.15

1. Political, economic and health issues around condom in Japan (1930-1970)
   (in French)
   Isabelle Konuma (Inalco, France)

Keywords: Japan, male condom, birth control

After more than four decades of debates and repeated demands for approval, the low-dose contraceptive pill was authorized on June 17th, 1999 by the Ministry of Health, which made Japan the last country of the United Nations to lift the ban. This late approval was often seen as evidence for political “conservatism” in terms of contraception, as opposed to the “liberal” policies for abortion.

However, one should bear in mind that abortion was only partially decriminalized under the Eugenic Protection Law (1948), whereas contraception was legalized the same year with the Pharmaceutical Affairs Law, after natalist politics ended in 1945.

In order to better understand the contraceptive practices in a context that is a priori favorable to their expansion, we will analyze the methods used for family planning, especially the condom which was at the center of different issues at stake. The establishing in 1954 of Japan Family Planning Association marked a highlight in defining the politics of reproduction in postwar Japan. The mission of the Association was to restrain the very strong increase of abortion and to encourage contraception in exchange. The companies were particularly the place for testing the introduction of family planning by getting closer to the employees, and we will set forth the data available about Joban colliery in Fukushima and Ibaraki since the 1950s.

The preponderance of the condom and the little craze for the contraceptive pill are generally explained in connection to the feminist movements. But this explanation must be completed with economic causes, still little analyzed. First, we must take into account the weight of the condom industry, which has constituted, since 1930 with the rise of the military regime, the quasi-unique market to prevent venereal disease. The structural link with postwar family planning catches our attention. The creation of a new Asian market can be added as part of spreading family planning since the first half of the 1960s.
2. Evolution if birth control in USSR and Russia since 1920: Political, institutional and demographic aspects
(in French)
Irina Troiskaia (University of Moscow, Russia)
Alexandre Avdeev (University Paris 1, France)

Keywords: induced abortion, contraception, legislation, “abortion” culture, Russia

In 1920, the legalization of induced abortion by woman’s request marked the beginning of the formation of a particular culture of birth control in Russia.

The 1920 law had two objectives: 1) to minimize the negative effects of abortion on women’s health; and 2) to carry out the regular studies of the factors and prospects of this new social phenomenon. From an ideological point of view there is some ambivalence towards abortion and contraception. On the one hand, birth control is recognized as an inalienable right of the Soviet woman. On the other hand, the limitation of fertility is considered as a remnant of capitalism and a phenomenon induced by the difficulties of the transition period.

In the mid-1920s, a discussion on ways to fight abortion began in the Russian medical community. The advocates of one position believed that activities were aimed at widespread dissemination of contraceptive methods and the establishment of a system of medical facilities providing information and family planning services. Opponents of this "preventive" position not only questioned the moral acceptability of the legalization of abortion and the wide spread of contraception, but also considered birth control as a threat to population growth.

As a result, the induced abortion at woman’s request was prohibited in 1936. In 1937, this restriction had a short-term positive impact on the number of abortions followed by the increase in clandestine abortions, maternal mortality and infertility during the following period. These negative effects, which showed the failure of the prohibition measures, led to the new legalization of abortion in November 1955.

Liberalization of induced abortion did not go hand in hand with the providing of information on methods of birth control or the methods themselves; there was no specialized structure in the public health system dedicated to consulting and medical assistance for family planning. As a result, a particular "abortive" culture was forming in the USSR; in this culture, the interruption and not the prevention of an unplanned pregnancy is the main method of birth control.

Emilie Cloatre (Kent Law School, United Kingdom)
Mairead Enright (Birmingham Law School, United Kingdom)

Keywords: distribution networks, Irlande, illegality

Between 1935 and 1985, Irish law criminalised the sale and importation of condoms and other contraceptives. This prohibition was introduced by the 1935 Criminal Law Amendment Act and reflected an effort on the part of the fledgling Irish state to enforce Catholic social mores. In the 1970’s, activists began to attack the 1935 ban on sale and importation of contraception. From 1971, liberal lawmakers had been proposing law reform bills in Parliament with little success. In 1973, in McGee v. A. a married woman challenged the seizure of contraceptives which she had imported from England by post, in violation of the 1935 Act. The Supreme Court accepted that the prohibition on importation violated the constitutional right to marital privacy; in the process recognising
a limited constitutional right to access contraception, for married couples. However, conservative parliamentarians ensured that legislation to give effect to this right was slow in coming. This story of slow and difficult institutional law reform has been told before. However, in focusing on that story, others are often marginalized. At a time when formal mechanisms of law reform either had stalled, or were only accessible to conservative official actors, a network of activists organized to circumvent the law. Family Planning Services Ltd. (FPS), local family planning clinics, the Irish Family Planning Association (IFPA) and Well Woman established illegal markets to challenge the contraceptive ban and alleviate its social consequences. They imported condoms in bulk, initially distributing them through postal services and later through shops, stalls, clinics and machines. This paper tells stories about those networks, and their endurance in conditions of illegality. As well as contributing to existing scholarship on the history of contraceptive movements both within and beyond Ireland, this article draws on activists’ stories to provide a rich sense of how those working to resist a law they oppose may experience the ‘illegality’ of their cherished projects.

4. Doctors and feminists, alliances and differences in the fight for family planning during late Francoism and the transition to democracy in Spain

Teresa Ortiz-Gómez (University of Grenade, Spain)

Keywords: associative coordination, Spain, struggles

Contraception was forbidden in Spain during the entire Franco dictatorship. Specific regulations dated from January 1941, when a law on “the protection of natality, against abortion and contraceptive propaganda” was established. Only in 1978, during the transition to democracy and three years after the dictator’s death, prohibition of sale and advertisement of contraception was revoked. Feminists and family planning activists, together with democratic parties and organizations, played a decisive role in this process.

This paper examines the setting-up and early development (1965-1979) of the Spanish family planning movement. This movement was composed of two branches: one medical, the other feminist. In spite of their different roots and complementary interests, during the years 1976-1979 they cooperated in the dissemination of contraception and sexual education, the establishment and consolidation of private and public family planning centers and the promotion of a new, more egalitarian (woman) patient-doctor relationship. The movement’s final achievement was the legalization of the sale and advertisement of contraception in 1978, followed by the incorporation of family planning in the Spanish public health care system. This research is based on oral history interviews with feminist activists and doctors involved in the movement, print media from the period, and archival material. This paper is a result of the research project ASYS [Contraception, sexuality and health] funded by the Spanish Ministry of Economy in 2012-2016.

More information available at historiadeanticoncepcion.ugr.es and http://wpd.ugr.es/~proyectopf/
5. State-directed family planning? Hormonal contraceptives in Eastern Germany

Christian König (University Martin-Luther Halle-Wittenberg, Germany)

Keywords: German Democratic Republic, family planning, hormonal contraceptives

The “revolution of the pill” is widely known as a western story. The impact of the “pill” in Eastern Europe is hardly known. Just a few years after the market launch of hormonal contraceptives in the United States and the Federal Republic of Germany the German Democratic Republic (GDR) as the first country of the Eastern Bloc launched its own “pill”. Introducing hormonal contraceptives in the GDR became part of a modernization campaign started in the early 1960s. There wasn’t a public discussion – the “pill” was part of state-socialist policy.

In contrast to western terms of contraception (“Antibabypille”) the “pill” in the GDR was promoted as family planning pill (“Wunschkindpille”). This term represents the essence of socialist population policy: women should plan and manage their reproductive and productive duties in the socialist society by the “pill”. However, the “Wunschkindpille” was a result of different internal and external factors. Officials as well as scientists, gynaecologists, chemists – and women – were in different manners protagonists in promoting hormonal contraception in the GDR. Like in other countries, in East Germany there was a close link of contraception and legislation of abortion. Firstly, in 1965 there was a slightly liberalization of abortion legislation, secondly, the hormonal contraception was approved, and thirdly, the social policy was redefined to stimulate childbearing as well as female qualification and employment.

The launch of the “Wunschkindpille” was promoted by articles in magazines and newspapers, by guidebooks, and radio or television reports. The “Wunschkindpille” was defined as a safe, reliable, and most suitable method of family planning to face the needs of modern (socialist) life. In 1972 the GDR legalized abortion and hormonal contraceptives became available free of charge. The number of women using hormonal contraceptives steadily increased over decades. At the end of the 1980s almost 90% of women in the GDR have had contact with hormonal contraceptives. But, the oral history approach demonstrated that the individual decision to use or to oppose hormonal contraception depended on stage of life and was linked to international debates especially in terms of risks and side effects. Nevertheless, the special setting of the “Wunschkindpille” in state socialist GDR had long lasting effects on sexuality, contraception, and women’s self-determination.
1. Behind prejudices… Representations of birth control means and contraceptive trajectories of women who resorted to abortion more than once in France and in Quebec

Marie Mathieu (Cresppa-CSU, IREF-UQAM, France)

Keywords: abortion, multi-aborted women, contraceptive practices

If abortion is now "legalized" in France and Quebec, it has been socially constructed as the bad practice of birth control in opposition to the different methods of contraception. The use of abortion must remain exceptional, as evidenced by the persistent use of the term "recidivists" to refer to women who have aborted several times during their lifetime. "This expression from the criminal lexical field [...] explicitly labels them as culprits, who would take a harmful habit". It is astonishing that this term "translates a consensus that unites defenders and opponents of abortion: it can not be tolerated if repeated". However, the "iterative" abortions are not well-known realities. Thus, they need to be analyzed so as to deconstruct prejudice about the "multi-aborted women" and more widely about women.

After a brief review of literature about the "iterative abortions", this paper will enable to test the preconceived ideas about "multi-aborted women" and to show the diversity of experiences concealed by these ideas. Based on the materials collected during a thesis about the social construction of contemporary abortion experience in France and Quebec, that is, thirteen interviews conducted with women who have aborted more than once, we will highlight the social impossibility – because moral – to admit the trivialization of abortion today for all women, from Paris to Montreal.

Finally, I will analyze the contraceptive trajectories of these respondents. Often labelled as irresponsible and therefore psychologized, the pluri-aborted women have contraceptive practices not so different from other women. Their experiences reflect the diversity of women's response to the available methods of contraception, but also the difficulties to ensure a full-time, lifelong work of rationalized birth control as the surveys about contraceptive adherence have already shown. These results will lead to question how relevant grouping "multi-aborted women" within a same category is.

2. Abortion, class, and ‘responsibility’ in neoliberal times: a life-history study with women who have had abortions in England

Gillian Love (University of Sussex, United Kingdom)

Keywords: abortion, responsibility, neoliberalism

Abortion is often positioned as way in which women can exercise reproductive freedom, and exercise choice. This paper questions this positioning, examining the intersection of gender, class, and responsibility in narrative interview data with women who have had abortions in England. The paper uses a Foucauldian framework, applying the concept of governmentality to make sense of how neoliberal individualisation of responsibility amongst this predominantly middle-class group of women produced internalisation of abortion stigma and the pressure to present an ‘acceptable’ abortion story. In addition, it uses feminist poststructural work on class to examine how women use classed figures to differentiate themselves from irresponsible ‘others.’

Many of the women in this study talked about presenting oneself to others as having made a rational, responsible, and compassionate decision to end a pregnancy, rather than having made a selfish or irresponsible one. There were various classed figures constructed in these narratives as a foil to the responsible self, like women who have multiple abortions and fail to ‘learn their lesson’, and women who fail to use contraception. Whilst there were few examples of explicit class ‘disgust’ in these women’s narratives, implicitly classed judgments and distinctions were made throughout, meaning failed neoliberal subjects were silently inferred in the production of the middle-class ‘norm’.

This paper examines how these figures were constructed, and argues that these constructions of the responsible self in abortion narratives is a response to two phenomena: the limited subject positions created by moral discourse surrounding abortion, and the limited subject positions articulated by neoliberal discourse about middle-class womanhood as controlled and restrained. Within this limited schema, avoiding stigma entails laying claim to a specific form of middle-class responsibility.

Ultimately, this paper argues that whilst the expectation that women exercise ‘responsibility’ to avoid unwanted pregnancy and abortion is not new, both these older, recurring discourses of womanhood and responsibility and historically-specific neoliberal discourses are found in contemporary abortion narratives. This work therefore sheds light on the operation of wider techniques of regulation produced by neoliberalism, which are gendered, classed, and pervasive.

3. Choosing the pill for occasional heterosexual intercourse. The case of young Latino-American migrants to Switzerland (in French)

Myrian Carbajal (HES-SO, Haute école de travail social Fribourg, Switzerland)

Keywords: responsibility, sexuality, migration

Despite the fact that gender equality is considered as a legitimate aspiration, there are still several differences in sexuality (for example the responsibility of contraception is not distributed in an equal way). This communication, taking into account migration path and gender perspectives, analyzes, through the example of Latin American young people in Switzerland (new arrivals, 2nd generation, children from mixed nationality couples), the manner in which these young people start their contraceptive life in heterosexual relationships judged by them and as “stable”. In particular, we will focus on the choice of the pill as a contraceptive method. How is this choice made? Who is
involved in this choice? How the migration path of these young women and men influence this choice?

If the choice of the pill is presented, in the discourses of the interviewed young people, as a woman's choice because of its action in the female body, the contraceptive responsibility (physical, financial, emotional, etc.) is not shared equitably between the two partners. Admittedly, in many cases the male partner is presented (or he presents himself) as having little formal weight in the decision; he is little or not consulted, rather informed. Nevertheless, he plays an important and symbolic role in the decision. Several young women, considering supposed male preferences, choose to take the pill instead of the use of condoms (thought to impede the male pleasure).

The analysis will highlight how sexuality, contraceptive responsibility and gender norms articulate themselves in such a way so as to reinforce feminine responsibility and male disengagement, which are, moreover, presented as “self-evident”.

Our communication is based on an analysis of 53 individual interviews conducted as part of an exploratory qualitative study entitled: Social Representations and Sexuality Practices of Young Latin America People in Switzerland, aged 16 to 25 (2012-2015). This study was funded by the Swiss National Science Foundation (SNSF) and the Strategic Fund of the University of Applied Sciences Western Switzerland (HES-SO).

4. Contraceptive practices of migrant women from sub-Saharan Africa countries in France
(in French)
Barbara Maraux (Cepad, EDSP, France)

Keywords: practices, prescription, migration

Objectives: Migrant women from sub-Saharan Africa arrive in France at the age of 26 as median and generally come from regions with high fertility rates and low use of contraception. How do they adapt, in contraceptive terms, to the French landscape where fertility is much lower and the use of contraception is one of the most important in the world? Our aim is to describe their contraceptive practices, taking into account elements linked to their migratory history but also to their (or not) reproductive experiences in France.

Methods: Data from the ANRS-Parcours quantitative biographical survey conducted in 2012-2013 among a representative sample of migrants from sub-Saharan Africa living in Ile de France. Our study focuses on women of childbearing age and describes the use of contraception at the time of the survey.

Results: Before their arrival in France, only one in ten women had ever used medical contraception (pill, injection, IUD, implant) and 30% of women said they had already used the condom as contraceptive. Of all women of childbearing age (N = 270), half (N = 135) said they did not want a pregnancy at the time of the survey. If, as in the general population, women widely use medical methods (75%), which is associated with being young (<30 years), having a length of stay greater than or equal to 7 years, and a self-health perceived as very good, the women surveyed are distinguished from French women by a marked use of the contraceptive implant and a low use of the intrauterine device. Indeed, among women under 30 years, 32% use the implant against 7% for the same age group in the general population. The use of the implant is significantly more pronounced for women in partnerships with a partner originally from sub-Saharan Africa, and among those who experienced a pregnancy in France (voluntarily terminated or delivery).

Conclusion: The widespread use of medical contraception reinforces the idea that when the supply of contraceptives is large, most women appropriate it. However, as
compared to injectable contraceptives, overuse of the implant in comparison with the general population questions the medical and couple practices differentiated according to their origin. Could this not be seen as a tendency for caregivers to want to "control" fertility thought to be "too important"? Or would it be a tool of circumvention of the couple’s imperatives of to enlarge the family?

5. **Collecting data on sexual and reproductive health with migrant women housed in social hotels: what is at stake?**

*(in French)*

Lorraine Poncet *(University Paris Sud, EDSP, Inserm-Cesp, France)*  
Armelle Andro *(University Paris 1, Ined, France)*

Keywords: sexual health, migration, survey methodology

The DSAFHIR survey (Rights and health of isolated and refugee women housed in social hotels) was conducted from April to June 2017 in Ile de France region. It was jointly conducted by the institute of demography of Paris 1 University Pantheon-Sorbonne and the Observatory of Samusocial de Paris. This survey aims to document the sexual health status of homeless migrant women housed in social hotels in Ile de France region, and to understand the barriers they experience in accessing health care and documentation. Newly arrived in France, they traveled alone or with their families, have experienced multiple forms of gender violence in their home countries, on the migration routes and continue to experience them in the host countries. These experiences, with heavy consequences on sexual health status and reproductive life, are rarely expressed and rarely addressed by the health care system. The survey attempts to shed light on sexual healthcare services access and utilization, current and past contraception utilization of the respondents, and on the interactions between the respondents and healthcare professionals.

Four hundred and eighty women took part in the survey: we met them in fifteen social hotels in three zones of Ile de France region. A survey questionnaire was administered to each by a team of multilingual female surveyors. We present here the ethical and methodological aspects of a sensitive survey, focusing specifically on women, and addressing often traumatising sexual and reproductive life paths, in the very constraint environment of the social hotel.

We will present the barriers to participating in the survey for the women we met and the measures put in place to reduce them: hotels selection, spoken languages, the importance of being alone with the respondents, conciling administering the questionnaire with the respondents’ domestic work and professional activity. We will also address the central question of consent for respondents in situations of vulnerability, and the question of how to support our team of surveyors throughout a very testing survey.
1. The social life of the pill in Brazil: the beginning
(in French)
Claudia Bonan (IFF, Fiocruz, Brazil)
Tania Dias (IFF, Fiocruz, Brazil)
Andreza Nakano (COC, Fiocruz, Brazil)
Luiz Teixeira (COC, Fiocruz, Brazil)

Keywords: contraceptive pill; history; Brazil

In Brazil, medical technologies for fertility control were introduced in the 1960s and spread rapidly. In early 1980, a high percentage of women of childbearing age used medical resources to control their fertility, including pills, which have since been the most prevalent reversible method in the country.

The socio-political context of the first two decades was marked by the deprivation of political freedom and civil and social rights, the absence of organized feminist movements, a very small public health system and the lack of access to health care for the most of the population. During these years, without any state regulation, the contraceptive pills were broadcast through two circuits. On the one hand, the circulation of pills has been led by private family planning associations, aimed at reducing population growth. On the other hand, pills have spread through private medical practices and pharmacies, which introduced women of different social classes in the era of pharmaceutical contraception.

The biography of the contraceptive pill in Brazil can be understood from different levels, with its own dynamics, actors and logics: a social life in the public and political spheres where this method has generated to many conflicts; a life in the professional and commercial interaction networks that connect physicians, pharmacists and laboratory representatives; a private life, sharing the intimacy of women and participating in their networks of interaction.

Hormonal contraceptives have played a central role in some processes that have had profound effects on the gender order, including the imposition of the rule of small offspring, as a moral responsibility of women; the idea of rational management of fertility with the use of medical technologies; “reproductive modernity” as a normative value, also meaning the allocation of new female roles; the extension and introduction of new medical control devices for the female body (“self-medicalization”, “medical education”); the renewal of sexual and reproductive hierarchies.
2. Contraception: why so much hatred?  
(in French)  
Janine Mossuz-Lavau (CEVIPOF, France)  

Keywords: pill, reserve, evolution  

Why does contraception frighten some girls who don't want by another way to become pregnant? I will examine this paradox with the help of two qualitative inquiries, realized by the method of life-stories, one in 2000-2001, the other in 2017. I have interviewed women and men, all ages and all social classes. So, I can present the obstacles who are in the field of the actual birth control and the evolution from an inquiry to another. For example, the argument about the hormonal and chemical aspect of the pill is becoming more and more important in a context of growth of ecology, natural wave, and distrust towards scientific progress. And some others remain too. These reasons are particularly assumed as to-morrow pill and abortion are now more easily obtained. These inquiries allow to see the mechanisms and the reasoning which regulate the actual practices.

3. Political stakes of contraception in Switzerland  
(in French)  
Mathilde Schnegg (University of Geneva, Switzerland)  

Keywords: reproductive freedom, citizenship, federalism  

A brief historic of the politics of contraception, broadly defined, in Switzerland gives us the insight that the right of reproductive self-determination has not yet been invested as a policy, which needs to be implemented. Its stakes show difficulties reaching the public space, like the one of contraception. It's highly possible that the right of reproductive self-determination and political stakes concerning gender questions are submitted to a gag rule. This could come partly from the Swiss Federal System, which is based on the principles of compromise and subsidiarity. As historical examples show, cantons used their capabilities mostly to restrict reproductive self-determination. Indeed, the Swiss Federal System has actually been a patriarchal one up to this day, like the current state of gender inequalities illustrates. In this light, the existence of a gag rule concerning stakes of reproductive freedom is morally problematic: it allows the persistence of a double standard of citizenship between women and men. This could be addressed with a vast feminist politic of reproduction, including stakes of contraception.

4. “Refund!” The illusory open access to contraceptive methods  
(in French)  
Lisa Carayon (University Paris 13, Iris, France)  

Keywords: French law, refund, women’s control  

In a critical perspective, this contribution will expose the way in which French law has historically opened access to contraception, by gradually allowing different contraception methods, from hormonal contraceptives to abortion and contraceptive sterilization. The way in which this facilitation of access to reproductive control is accompanied by significant limitations, such as the difficulty of repairing the consequences of failed abortions, will be described. We'll present a focus on the issue of refund, by the social security system, of different contraception methods. It will be
shown that the differences in refund clearly indicate contraceptive orientations that limit women's freedom of choice. We'll present then how the reimbursement of certain methods of contraception has sometimes been presented politically as an incentive for women, especially minors, to a sexuality without control. The question of future political claims will be explored: how to demand reimbursement of contraceptive methods while refusing any social control over the use of these methods?

5. **Contraceptive market in Ivory Coast: between formal and informal practices**
   (in French)
   *Kra Valérie Koffi (University Jean Lorougnon Guédé of Daloa, Ivory Coast)*
   *Sainte Sébastienne Aya Kouassi (Centre Ivoirien de Recherche Économique et Sociale, Ivory Coast)*

Keywords: contraceptive market, norms, Côte d'Ivoire

This paper is based on an empirical finding: the feminization of contraceptive supply in the contraceptive market in Côte d'Ivoire. While the use of contraceptives is linked to sexual act between men and women, contraceptive prescribers (medical staff, non-governmental organizations, street drug and Chinese producers and traditional healers) focus only on women in their supply of contraceptive products. In addition to this gendered marketing, official discourses on contraception promote a female-oriented contraceptive practice, while they condemn gender inequalities. In addition, despite this diversity of contraceptive products, the country still faces high fertility rates (more than 5 children per woman according to the National Institute of Statistics, 2014) and pregnancy at school (4471 cases of early pregnancy for the 2016-2017 school year).

From a qualitative perspective, this paper is a look at the specific case of the contraceptive market in Abidjan. It questions the social logic underlying this feminization of contraceptive supply. The objective is to grasp the logic (the ideological productions, the systems of relations, the social practices and the various issues) that structures the configuration of this market. The results reveal that women victimization in official discourses is mobilized by the (formal / informal) actors of the contraceptive supply as a source of gain. The analysis of speeches also reveals that men maintain contraceptive practices (calculation or abstinence) in phase with those recommended by public authorities to stand out from all that is assimilated to the feminine and affirm their masculinity. In turn, women take this offer according to the contraceptive standards in use in their social groups (family, religion, association, etc.), which often contrast with those advocated by formal contraceptive prescribers.
1. Gender and contraception as international political issues: the ebb and flow of women's rights in the complex setting of the United Nations (in French)
Marguerite Bannwarth (Équilibres & Populations, France)

Keywords: United Nations, conservatisms, women's rights

Recently, the mobilization in favor of women’s rights over their own bodies took multiple forms: large-scale demonstrations, collective initiatives of citizens, individual testimonies... However, mostly out of the public eye, there is another theater where women’s rights are fought over: the UN. Are gender and contraception rights reinforced by the UN negotiations or, are those rights hampered by the ever-growing conservatist force present within the organization?

One must not overlook the UN's influence on human rights regulations. First, UN negotiations reveal the balance of power between states when it comes to women’s rights. Second, resolutions and negotiations progressively shape core standards and therefore have direct consequences on the lives of people all over the globe.

On the subject of human and, most particularly, women’s rights, two groups have appeared: conservative or religious states form a more or less homogenous group, and together facilitate the entry of ultra-catholic US associations into negotiations. Those organizations are then able to broadcast their argumentary to countless delegates. African states tend to follow a conservative stance too since they vote as a group where progressive countries rarely adopt a proactive role. On the other side, Northern European countries, progressive civil society and social-liberal democracies rarely make this subject a priority.

Within the Commission on Population and Development (CPD) and the Commission on the Status of Women (CSW), the conservatives have reframed their set of arguments in the last years. Leaving behind all religious angles, they now use an ostensibly secular language and develop on the theory of cultural relativism: women’s rights, sexual rights included, gender identity and sexual orientation related rights are an “ideological colonization” (Pope Francis), that tramples the states’ sovereignty.

The method is fruitful since abortion, sexual orientation and gender identity related rights and comprehensive sexual education are still not recognized as human rights. All in all, it is the concept itself of controlling one’s own body that is still disputed.

Far from the well spread idea that the UN is home to meaningful yet fruitless debates, the more conservative resolutions are often used as a base to justify regressive actions in a lot of countries. It is worth keeping an eye on it.
2. Overshadowed by the Pill - The development of male contraceptive technologies from a gender and a post-colonial perspective

Miriam Klemm (Technische Universität Berlin, Germany)

Keywords: male contraception, contraceptive development, innovation

This paper investigates the development of two approaches to long-acting, reversible contraception directed at the sperm-producing body. The case of a non-hormonal contraceptive gel called RISUG developed in India is compared to the development of the so-called Male Pill, the hormonal approach to male contraception. Innovators behind the Male Pill often frame it as an explicit negotiation of gender relations. Here, the construction of a specific masculinity for future users is a crucial part of the innovation challenge. Strategies of legitimization are acceptability studies or an emphasis on caring as well as brave male trial participants. In contrary, for the development of RISUG, gender is one theme but not the central issue. The innovators of this contraceptive in India frame it as an indigenous innovation in a post-colonial context.

Many of the innovators around the Male Pill reflect on the constantly re-produced idea that men don’t want or would not use contraceptives. Thus, besides doing contraceptive research they counter these ideas by producing evidence of men who want to take contraceptive responsibility and who are even ready to take risks for that. They co-construct masculinities for future users. The innovators around RISUG in India, on the other hand, reflect on a Euro or West-centric historicism of science and technological development which makes claiming invention and innovation from the Global South difficult. Thus, they construct an Indian innovation.

3. Testing the IUD around the world: 10 years in the life of a Population Council consultant (1966-1976)

Nicole Bourbonnais (Graduate Institute of International and Development Studies, Switzerland)

Keywords: contraceptive development, medicalization, controversy

In the 1960s and 1970s, the newly-created Population Council sent consultants around the globe to advise state family planning programs and oversee research projects testing the acceptability of early Lippes Loop and Margulies Spiral IUDs. My presentation explores this international project through the lens of Dr. Adaline Pendleton Satterthwaite, an American OB/GYN who spent the decade from 1966 to 1976 in Thailand, Pakistan, Indonesia, Venezuela, and the Dominican Republic on behalf of the Council. Her experiences are captured in her correspondence and reports to the Council (held at the Rockefeller Archives) as well as her personal collection (recently donated to Smith College), including a work diary that stretches over 2000 pages and documents in detail the day-to-day operations of state family planning and IUD research trials.

Satterthwaite recognized the Council’s concerns surrounding over-population in the Global South, but also brought a medical perspective to her work and saw contraceptive research as part of a broader maternal health agenda. Her records suggest that many women were, indeed, eager for contraceptive information, flocking to the IUD projects as a result of word-of-mouth networks and the activism of local doctors, nurses, and midwives. But Satterthwaite and her colleagues were also appalled by some of the practices of these programs (including the mass insertion of IUDs without proper screening and the mismanagement of side effects), becoming increasingly critical over
time of the focus on one method, the use of targets and incentives, and the gendered double standards in birth control promotion.

Satterthwaite’s records thus provide us with a unique glimpse into the motives, alliances, and tensions that shaped global family planning and early IUD trials. I argue that in telling the history of these phenomenon, we must contend with both the very real enthusiasm of doctors and patients over new methods like the IUD and the very real problems posed by the medicalization and state promotion of birth control, rather than unequivocally praising efforts to spread new technology abroad or reducing the IUD trials solely to an exploitative program of population control. Only by understanding the much more complex dynamics of these early trials can we hope to contend with the continuing ethical dilemmas that shape contraceptive testing and international aid today.
Session 5  Activism for reproductive autonomy

Salle Jean Monnet, 56 rue Jacob, ground floor
Session in French (no translation)
Chair: Bibia Pavard

Monday December 18th 2017
16h45-18h30

1. Practicing contraceptive and abortive autonomy today? Unthinkable contemporary practices of ‘self-help’
   (in French)
   Lucile Quéré (University of Lausanne, Switzerland)

Keywords: self-help, abortion, autonomy

In France, the legalization of abortion led to its medicalization. In parallel, contraception and childbirth were medicalized since the 1960s. Nowadays, some voices criticize the medicalization of childbirth and advocate less medicalized practices of childbirth like home birth. Furthermore, controversies on the contraceptive pills led to a redefinition of contraceptive practices, and to the increased use of non-medicalized contraceptive methods. However, few critics emerge that question the medicalization of abortion. This paper questions this blind spot of contemporary discourses and practices of autonomy concerning sexual and reproductive health. The movements, coming from the feminist self-help movement, that develop practices of reappropriation of the body and health in France, problematize both the medicalization of childbirth and of contraception. But while the radical questioning of the medical practice of abortion was developed by some MLAC (Mouvement pour la Liberté de l’Avortement et de la Contraception) inspired by the self-help movement of the 1970s and 1980s, those who identify with this approach don’t develop a demedicalized collective practice of abortion. They do not problematize the contemporary medicalization of abortion neither. The issues that this blind spot raises will be questioned at the same time as the continuity between those practices and the self-help movement of the 1970-1980s, and the diversity of the meanings associated with the practices of autonomy will be highlighted.

   (in French)
   Lucile Ruault (Ceraps, University of Lille, France)

Keywords: utopias, feminisms, autonomy

By exploring, thanks to an enquiry through interviews and archives, utopian militant perspectives about abortion and contraception, this study contributes to explaining the weak feminist transgression of the model of “no procreation medically assisted”.

In the 1970s, while the principle of a technicized and anticipated control – by women – of fertility is endorsed, some dissonant discourses appear. Self-help groups come to deconstruct “the contraceptive ideology”. However, they fail to make the alternative really live: they apply the fist part of their model (the “soft” contraception), without seizing ex-post methods.
What about the “dissident MLACs”, that is to say women’s groups pursuing the practice of illegal abortions after the vote of the Veil law, until the beginning of the 1980s? They propose a revolutionary bodily program: a device of reproductive regulation, that women would collectively control. Nevertheless, dissident MLACs do not innovate radically regarding the other fractions of the political struggle for free birth control: the primacy given to contraception and the disqualification of repeated abortions prove that they have not come to the point of acknowledging it as an ordinary phenomenon of body regulation. The renewal of the contraceptive ethics shows less inclination for autonomy (of discourse and practice) compared to abortion.

It is only in their last years of existence, under the impact of surrounding criticism in feminist networks and the diffuse influence of self-help, that dissident MLACs are able to reconsider their position about chemical contraception. But the reflection remains partial, i.e. faithful to standards, consolidated by the action of the MFPF and MLAC, which govern women in the use of their procreative body.

The relationship that dissident MLACs and self-help groups respectively have with the continuum of fertility control creates a mismatch between them. When the former aim at a practical autonomy in abortion, the second ones expect to achieve this autonomy regarding contraception without medico-pharmaceutical mediation. The difficulty of combining these two logics of action makes the radical denaturalization of the dominant paradigm improbable.

3. Local activism for free contraception and abortion: the case of Toulousian fights during the 1970’s
(in French)
Justine Zeller (Framespa, University Toulouse Jean Jaurès, France)

Keywords: feminism, 1970s, Toulouse

Communication objective is to analyze local specificities and the centralist dynamics peculiar to the mobilizations of the 1970s for the free abortion and contraception and to apply the game of scales by making comparisons between different spaces of contesting (Revel 1996). Aim is to detect the impact of the geographical spaces on the militant mobilizations of the 1970s for the free contraception and abortion. By taking the example of Toulouse, it is necessary to put the local specificities of these fights in the spotlight compared to the Parisian situation; and to underline the links, the transfers of representations and values and then the logics of training and imitation of these mobilizations on a national scale.

If the Toulousian section of the Mouvement français pour le planning familial (MFPF) appears in the middle of 1960s, activists of the Groupe information santé (GIS), of the Mouvement de libération des femmes (MLF), of the Ligue communiste (LC) Toulousian participate from 1973 in the creation of a local section of the Mouvement pour la liberté de l’avortement et de la contraception (MLAC). Beyond the presence of a head office administering the national movement, Bibia Pavard underlines the “diversity of the local experiences” due to the contradictory wills of the latter: “to let a big autonomy with the local initiatives, […] but with the decision to standardize the actions”3. The abortion law is voted on November 29th 1974, decriminalizing the abortion in certain conditions for five years duration. MLAC activists blame it for not planning the repayment of abortion

by the Social Security and for not concerning the minors but the movement puts on stand-by. The re-examination of the law in 1979 gives rise to vast mobilizations in the local and national scales. They take diverse forms and adopt specific actions according to the geographical spaces where they develop.
Session 6 Providing access to male contraception in France: an issue for gender equality?

Salle H402, 28 rue des Saints Pères, 3rd floor
Session in French (no translation)
Chair: Cécile Ventola

Monday December 18th 2017
16.45-18.30

Round table
(in French)
Pierre Colin (Ardecom, France)
Daniel Aptekier (Ardecom, France)
Aurélien Legal (Ardecom, France)
Véronique Séhier (Le Planning Familial, France)
Lydie Porée (Le Planning Familial, France)
Camille Mallevial (Le Planning Familial, France)

Keywords: male contraception, mobilization, activism

Since 1970 in France, along with women's movement, a few men decided to create men talk groups in order to question together their social male roles, feelings and thinking about their bodies, sexualities, desires of transmission, fatherhood or no-desire of children. Very soon, they wanted to take charge of their contraception in practice, for better sharing responsibilities and risks with their female partners. They founded Ardecom⁴.

On their initiative, two male contraceptive methods were developed, one hormonal and one thermal in order to answer to men’s demand wanting to assume their fertility control (or women who could not or did not want to be contracepted). Nowadays, these two methods are little used as well as vasectomy, even if the hormonal method has been validated by a WHO protocol on 1000 couples.

The French Family Planning, member of International Planned Parenthood Federation advocates for access to a chosen contraception for everyone, through information campaigns and comprehensive sexuality education for boys and girls and all young people. Since 2012 (publication by Springer of « male contraception » by J.-C. Soufir and R. Mieusset and film release « vade retro spermato » by P. Lignières), Ardecom and the MFPF work together to promote male contraceptive methods to doctors and health professionals and diffuse information to medias that often show them as anecdotal. These two NGOs organize meetings to inform and involve health professionals. Ardecom organizes a « contraceptour » in several French cities to testify on these steps of empowering men.

A training for both Family Planning members and ARDECOM will take place: more than information on the techniques, it will be about a common work on gender and contraception, social roles and sharing of responsibilities, risks and constraints related to sexuality and parenting. Far from opposing male and female contraception, the challenge is to broaden the possibilities of choice for any person, single or couple. The

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⁴ Ardecom: NGO created in 1979 for men’s groups wanting to take their responsibilities for contraception
involvement of men in contraception is one of the factors making it possible to progress towards more equality between men and women and requires acting as soon as possible on mentalities and representations.
In 1971, two events have left their mark on women’s movement for reproductive rights. In February, a trial is held on the Reunion island, a French department since 1946 located in the Indian Ocean near Madagascar. White French doctors are accused of having aborted and sterilized thousands of Reunion women without their consent. Moreover, on the 5th of April 1971, a national newspaper published the "Manifesto of the 343" in which women publicly declared that they had aborted even though this practice is forbidden by law. If the trial of the Reunion events will disappear from memories and history, the "Manifesto of the 343" will remain part of the French feminist history.

How can abortion be practiced by doctors in an overseas department but criminalized in France? How can the French state encourage abortion and contraception in the overseas departments even though it prohibits and criminalizes them on the French metropolitan territory?

By 1945, opposing the argument of "overpopulation" in its former colonies, the French government advocated for birth control and the organization of emigration in the overseas territories; a policy that led France to repeatedly reconfigure the Republican space, leading the Hexagon to withdraw into itself to the detriment of overseas departments where abuses were increasing. The disparities observed between France and the overseas territories highlight the racial policy of reproductive health held by the French state: who has the right to give birth and who does not. Françoise Vergès thus retraces the public policies associated to the control of women’s womb, stigmatized because of the color of their skin.

Françoise Vergès returns to the oblivion of the Reunion abortions scandal in the texts of the Movement for the Liberation of Women (MLF) although it has been widely relayed by French newspapers including the one that has published the "Manifesto of the 343". She also analyzes the notions of "choice" and "property" used in the expression "my body belongs to me" which tends to ignore the history of these two notions in slavery and colonization.

She also explores the shift from the term "Women's Liberation Movement" to "Women's rights" as a sign of the nationalization of women's struggles, towards a white feminism and femonationalism analyzed by Sara Farris.

Françoise Vergès highlights the links between the reconfiguration of French and global capitalism, the reorganization of the underpaid female workforce, the development of the care industry, the choice of abandoning the development of the overseas territories as an obstacle to decolonization and the public policies aiming at controlling women's womb. She concludes on the need to repoliticize the issue of reproduction, to denationalize feminism and to affirm a decolonial, anti-racist, anti-imperialist and anti-capitalist feminism.
There are two distinct models of approaching sexual and reproductive healthcare. One is a trust your doctor model. This has been the dominant model for recent history, since the medicalization of childbirth, contraception and abortion. This frame can be necessary to legitimate or legalize care that women need. We see this trust your doctor framework in statements from professional organizations which declare certain contraceptive methods best for all women. It is the basis for policy-making about who gets to decide about whether a woman should be able to get an abortion. An over-reliance on this model patronizes women and also produces bad outcomes. There is an alternative model that could be called trust women. This talk will demonstrate the empirical support for centering women in sexual and reproductive healthcare, illustrating that we—researchers, clinicians, and the general public—can trust women’s decision making around sex, contraception, and pregnancy.

I want to start by talking about a puzzle many researchers and public health advocates have grappled with: many couples have unprotected sex when they do not wish to conceive. Why don’t they use contraception each and every time? On the face, this sounds like an irrational decision. However, my research has shown that it is not. In one study I conducted, half the women and men who were actively trying to prevent pregnancy said that they would still have sex even if they didn’t have birth control. So unintended pregnancies can’t be attributed entirely to heat of the moment lapses in judgement. Clearly, couples make a calculation that the benefits of sex can outweigh the hassles of using contraception including trouble getting a contraceptive method, side effects of contraception, difficulty negotiating contraceptive use with each other, and difficulty using the method. Mostly couples do it because they don’t think they will become pregnant. And they aren’t wrong, usually. An act of sex occurring randomly in the menstrual cycle has about a 3% chance of leading to conception, so a 97% chance of bringing all the pleasure of intercourse without the negative, but sometimes positive, consequences of an unintended pregnancy. This is rational decision-making. Sex without contraception does not invariably—or even frequently—mean pregnancy—and women know this.

If available methods were good, women might want to use them consistently, with every act of sex, even if their chance of pregnancy is low. But available contraceptive methods are not good for many women. In the US, almost all unintended pregnancies (95%) occur to women who don’t consistently use a contraceptive method. So there is no question that contraceptives work. Even using condoms or withdrawal is a significant improvement in one’s chances of avoiding pregnancy over using no method at all. Doesn’t that mean that available methods are good? Perhaps from a perspective that exclusively privileges preventing pregnancy over other aspects of contraceptive methods and use. But when I conducted a study that asked women what features of a contraceptive method are extremely important to them, few existing contraceptive methods have the features that women want. Many women want a method that is easy to get, that they have control over whether and when to use, that doesn’t detract...
from their sexual enjoyment. Of course, no one technology will meet all women’s needs, but it is startling that existing methods do not have a majority of the features most commonly ranked as extremely important to women. I assert that we find ourselves in this position because we did not start from a women-centered approach. Contraceptive development has not been driven by women’s preferences. The science has started with what is physiologically feasible, what is effective and, finally, whether the resulting method is tolerated by women in clinical trials. It should come as no surprise, then, after millions of dollars have been spent developing new delivery mechanisms for contraceptive drugs that don’t take into account women’s preferences, that we see no sizable increase in women’s desire to use contraceptives.

The final body of work I will discuss in this talk is on abortion rights and access. In the United States, the rationale for many abortion restrictions is that women cannot be trusted to make a decision and would come to feel regret. Under this rationale, laws have been passed that require women be given misinformation about the risks of abortion and be required to wait days to receive a procedure. So the question is, can we trust women? Why do women terminate pregnancies? What happens if they do get an abortion and what happens if they cannot get an abortion and carry the pregnancy to term? These are the questions addressed by my study, the Turnaway Study, which interviewed almost 1000 women who sought abortions from clinics across the United States and followed women for five years with semiannual phone interviews.

First, let me report what having an abortion does not mean for women’s lives. It does not mean regret or mental health harm. Very few women who have an abortion regret their decision; over 95% of women report that the abortion was the right decision for them five years after the procedure. We also find no mental health illness arising after abortion.

To examine the consequences of being denied a wanted abortion, let’s review the reasons women say they want to end a pregnancy. Here are the top five reasons women give for wanting to have an abortion: not financially prepared to raise a child or another child, this is not the right time for a baby, the man involved is not the right partner at the right time, need to focus on other children and a baby would interfere with future opportunities. Do women correctly judge the impact of an unwanted pregnancy carried to term? In this talk I will examine each reason in turn to compare the experiences of women who receive and women who were denied wanted abortions.

This talk uses empirical data to argue for centering women in sexual and reproductive healthcare. We find that women make decisions about sex, contraception and pregnancy that lead to the best outcomes for themselves and their families.
1. **Fertility tracking mobilized digitally**  
*Ellen Algera (University of Amsterdam, The Netherlands)*

Keywords: fertility, tracking technologies, non-hormonal methods

In this paper I will present my work on newly emerging fertility tracking technologies (apps such as Lily, Kindara, myNFP, Groove, Ovagraph) and the social media interactions of users of these technologies and other actors involved. Fertility tracking technologies support different kind of Symptothermal Methods or other types of fertility tracking methods to effectively manage fertility by their users. When used for pregnancy avoidance, these technologies replace older (hormonal and non-hormonal) contraceptive methods. As such, these technologies disrupt the already existing order of women’s health and fertility care. These technologies thus reshape the relation of the user to their health care providers, as well as to their sexual partner(s), to their own bodies, their devices, each other and the knowledge / data they have of their bodies.

One of the most interesting aspects of the social media interactions of users of these technologies is the way in which both scientific and market influences on contraceptive methods surface. In this paper I have chosen some examples of digitally shared material, such as a petition addressed at the U.S. Department of Health & Human Services Centers for Disease Control and Prevention to adjust the effectiveness rates of these non-hormonal contraceptive methods. This petition shows both the political and power dimensions as well as the scientific dimensions that are at play in the recognition of the effectiveness of these non-hormonal methods. The way lay(wo)men today are able to gain expertise through these new tracking technologies and social media exchanges, collides here with the nature of medical expertise and recognition in the medical sciences. The new players in the field such as apps, wearable technologies, social media platforms, virtual networks of users, (feminist) activists, tech-savvy naturopathic healers and the classical (religious) family planning organisations come together to slowly shift the perspectives on non-hormonal birth control.

2. **From the pill to charts: reconfiguring and producing a new relation to oneself. Reifications and resistances**  
*(in French)*
*Alessandra Afsary (University of Lausanne, Switzerland)*

Keywords: « natural » birth control, body, neoliberalism

The spread of medical contraceptives, particularly the pill, which began in the 1960’s in Switzerland, has been widely apprehended as a revolution in terms of women's emancipation, physical, and sexual empowerment through the individual control of their reproductive capacity. In contemporary neoliberal societies, people are increasingly expected to take care of themselves, to be responsible for their health, to control the
unpredictability of their body and to make it ever more efficient. Hormonal contraception and the discourses surrounding its use are emblematic as well as paradoxical examples of the technologies of body production and the subjectivities of our contemporaneity. But then, how can we understand those women who choose to stop this type of contraception in favor of an alternative one they call "natural" in opposition to "chemical"?

One of the central claims supporting the shift from hormonal contraception, most often the pill, to a so-called "natural" contraception is to free the body from hormones and to (re)discover "real" sensations. By articulating the mechanism of these two devices - hormonal and "natural" - and the narratives of women who have made this change, I will question how their way of acting and being in relation to their body and their sexuality is specified and transformed. First, I will show how taking the pill is part of the establishment of a discipline to contracept the body through the control of its unpredictability. Second, I will address how the alternative device is supported by technologies of the self that rehabilitate the unpredictability of the body and identify when sexual intercourse is to be contracepted. I will highlight the emergence of a form of self-care which reinforces the connection to oneself and changes the body into a territory of knowledge that guides actions. More broadly, I will propose to think of this new connection to oneself as participating in the production of both a subject more in tune with the social expectations of our neoliberal context and resistances that are capable of challenging our understanding of the economy of responsibilities in matters of contraception.

3. Social norms of fertility and regulation of the access to female voluntary sterilization
(in French)

Emma Tillich (EHESS, France)

Keywords: childless women, sterilization, body government

We present a survey on childless women's sterilization in France, which was realized for my M1 master dissertation, under the direction of Dominique Memmi. This work is mainly ethnographic (5 interviews of gynecologists, 11 of childless women who were or were going to be sterilized, and two observations of consultations for sterilization). It is also based on archives and on the study of medical literature about sterilization. Sterilization remains relatively rare in France. However, sterilization is the « Third contraceptive revolution » in some parts of the world: 20% of world's « in childbearing age » population has already chosen this contraceptive method. We aim at explaining this paradox: why not in France, and why are childless women who want to be sterilized so stigmatized?

First, sterilization has been lately legalized, in contrast with other reproductive rights like pill or abortion, but also in contrast with other countries like Denmark or Belgium. We will try to explain why.

Secondly, the access to sterilization is also highly regulated. French gynecologist are sometimes very authoritarian, by refusing categorically to sterilize women. But they mostly perform a «government by the speech » and a «government by the psyche »: the idea is to verify that a woman is psychically apt to sterilization based on various selection criteria (mainly age, number of children) which make childless women sterilization unthinkable.

Thirdly, the principal explanation is that sterilization is a deviance regarding fertility norms. For medical universe, the aim is now more to preserve fertility than to urge women to have children. A new type of justification is emerging, in which sterilization is...
not only a mutilation but presents a risk in terms of mental health. Though it is unthinkable for many gynecologists, this practice plays a very important role in the «childfree» culture: childfree women often refer themselves to this practice. Sterilization plays the role of a corporal refusal of maternity and embodies the strength of the choice. We can even say that this is an extreme form of «self-management» of reproductive urge, which is part, in a radical manner, of the Civilizing Process.

4. **The contraceptive use of the male condom: default choice or real male involvement?**

*(in French)*

Laetitia Brescazzin (University Jean Monnet Saint-Etienne, France)

**Keywords:** condom, responsibility, relationship

The contraceptive practice in the couple tends to be considered exclusively under the feminine prism which contributes to making male uses invisible while reinforcing the assignment of the questions of reproduction to the only women. Wanting to question the use of the male condom as a contraception method is an attempt to understand the ins and outs of this contraceptive practice from a male point of view and to understand the dynamics of the couple around the prevention of unwanted pregnancies. This communication is based on a Master 2 qualitative research for which interviews were conducted in 2016 with thirteen male volunteers aged 20 to 28, having done or being in higher education, in couple and without parental project in the immediate future. The first sexual experiences of the men interviewed testify their incorporation into French contraceptive and reproductive norms. In most cases it was after a discussion in the couple that they take the contraceptive relay from their partner, but the use of the male condom for contraceptive purposes can also be a purely individual decision. The majority of respondents spontaneously admit that no method is 100% reliable and that contraception is a matter of trust and love in the couple and acceptance of a risk that will exist regardless of the method. All respondents unanimously say that they support abortion and that they do not have to judge what a woman should or should not do for contraception and abortion. These claims lead some men to express the wish to have access to other reversible male alternatives, and others to regret that their partner does not choose a female alternative, perceived as less restrictive than the male condom. On the other hand, that some couples are taking risks and exposing themselves to unwanted pregnancies by using the so-called "natural" methods. The variability of contraceptive practices can be explained by the a priori acceptability of the method, the characteristics inherent to the use of contraception linked to the act and the perceived quality of the relationship.
1. To inform and to prescribe: the role of midwives in the diffusion of contraception in France (1950-2010)

(in French)

Nathalie Sage Pranchère (Roland-Mousnier Center-UMR 8596, France)

Keywords: midwives, information, field of expertise

The aim of this paper is to examine the place of a specific profession (midwives) in the struggles to gain access to contraception and in the spread of the various means of contraception. How and when do the midwives take hold of the specific field of action, linked to women’s reproductive life but opposed at first sight to their traditional role of looking after pregnancy and childbirth.

Though the first law giving access to contraception was voted in 1967, the limited authorization of prescribing contraceptive devices was given to midwives only in 1982. Sadly, this first legal window only opened a twenty-years stagnation period before many progress were done between 2004 and 2011 when midwives were allowed to prescribe all kinds of contraception for women who gave birth. In 2009, these professionals are even allowed to take charge of preventive gynaecological care and prescription of contraception for all women.

The main goal of this paper is to establish the chronology of midwives’ prescription right but also to go further and to enlighten the specificity of their professional commitment in the spread of contraception. If prescription is at stake for MDs, before the law of 1967 when some activists chose to prescribe pills under fake motives, or even after the law when MDs decided or not to use this new right of prescription; for midwives, prescription comes only as a complement of their real role, which is essentially giving information to women about contraception. I would like to show the building of an expertise in knowledge and pedagogy, from the After-war till nowadays. Although in 1962, the National Order of French Midwives stated that midwives ‘hadn’t any role to play in contraception’, knowing how to help women and couples control their fertility became an ordinary stake for many of them as soon as the 1950s.
2. Psychiatrists and gynecologists in the contraceptive cause. Revisiting the professional logics of an engagement at the turn of the 1960's
   (in French)
   Francis Sanseigne (Lyon 2 University, France)

   Keywords: medicalization of contraception, professional conflicts, specialties

   This communication proposes to reassess the conditions of appropriation of the contraceptive cause by a small group of medical doctors in France at the start of the 60s. Indeed, the relationship between medical science and contraception is all but evident. It is well known that a large part of the medical universe’s officials at the time was opposed to this equivalence. However, a less studied aspect of this opposition is the fact that, at least to some extent, it was a consequence of a professional conflict, in which what was at stake was the very definition of medical activity, its signification and its jurisdictional boundaries. This communication will thus endeavour to demonstrate that the structuration of a medical stronghold in the space of the contraceptive cause is the work of a specific class of agents principally linked originating from neuro-psychiatry and gynaecology, two medical specialties striving to improve their status and credit in the medical universe at the time.

3. Male experts and female activists? Gender in the field of contraceptive expertise in France (1960-2000)
   (in French)
   Alexandra Roux (Cermes3, Inserm-Cesp, France)

   Keywords: field of expertise, activism, gender effects

   Contraceptive practices experience a shift in France in the 1950s and 1960s, as new modes of biomedical technologies appear (hormonal contraception, among others). The provision of contraceptive techniques, forbidden in France until 1967, is the work of the French movement for family planning (MFPF). The doctors pertaining to the MFPF’s medical council are the main knowledge-holders on those techniques, and their work consists in giving birth control its “respectability” in the public eye. The gradual medicalization of contraception in the 70s and 80s strengthens the position of physicians as the main experts on those technologies, being the only ones to prescribe and to relay innovations in this field.

   The field of contraceptive expertise, while being gradually professionalized and more legitimate within the medical profession, is more and more technicized on hormones and focused on endocrinology. This professionalizing of an illegitimate field is similar to what Adele Clarke described in her work on the “reproductive arena” and the coalescence of reproductive sciences in the U.S.A. in the beginning of the 20th century. More recently contraception undergoes a process of “biomedicalization” – an increased resort to new biomedical technologies in the field of birth control.

   Therefore, between the 70s and 90s, the profiles of those experts tend to evolve. They are more and more endowed with hospital titles, and enjoy a greater prestige for their expertise in contraception within the medical profession. Their activity being more and more legitimate within the profession, they claim less and less for their activism. Meanwhile, the gender of expertise evolves. More female or mixt in the 1960s, the expertise gets more and more masculine in the 1970s and 1980s.

   This paper aims at questioning the way in which these masculinization and professionalization of the expertise on contraception lead to a certain relegation of activists – more often women than men – in the margins of the field. Based on interviews
with different generations of experts and archives of the medical press, this paper analyzes the tensions within the field of contraceptive expertise between different kinds of generations and various types of experts, and the gender effects that shape the boundaries of the expertise.

4. Voluntary abortion and sex power relations: midwives as the new prescribers of sexual and reproductive health
(in French)
Myriam Borel (Georges Chevrier Center, University of Bourgogne-Franche-Comté, CESAER, Inra Dijon, France)

Keywords: abortion, midwives, heteronormativity

This research analyzes the representations, knowledge, skills and practices of midwives regarding the medical procedure of voluntary interruption of pregnancy in France, in order to get a better understanding of these professionals’ normative landscape. The scope of their professional expertise having been expanded, in terms of gynecological monitoring, contraception and prevention, after the promulgation of the law N°2009-879 on hospital reform but also following the promulgation of the law of modernization and renewal of our health-care system of January 2016, the midwives have seen their authority reaffirmed, in the field of reproductive care. We formulate the hypothesis that, even with the extension of their prescriptive authority, this professional group cannot contribute to the evolution of the birth control paradigm prevailing since the 1960’s in France. They cannot allow for the supply of health care regarding abortion (although supported by different laws and incrementally improved by better arrangements) to really ensure women the full exercise of their right to self-determination and control over their body. Specifically, we assert that the transformations in the profession have reinforced the heteronormative dimension in its representation of couple and gender relations. It seems that, caught in the middle of a struggle to define their jurisdiction of practice, confronted to GPs, gynecologists and obstetricians who intend to maintain their monopoly on prescription, the midwives reproduce gender asymmetries while ensuring care for women seeking abortion. We will try to understand to which extent the gender category may be heuristically useful to explain our hypothesis. We will then discuss different approaches borrowed from sociology of professions and public policies analysis in order to point out that the gender category, on its own, is not sufficient to get a full understanding of that care work paradoxes. The representations and practices of the professionals in the field of reproductive care depend, as a matter of fact, on the practice settings, but also on the form of perinatal networks within the healthcare organization in the different French territories, the latter being also defined by very different demographic contexts.
1. “I will not be home to make her take her contraceptive pill!” – Healthcare providers’ maternalism as a way of governing procreative behavior in an abortion center  
(in French)  
Laurine Thizy (University Paris 8- Cresppa-CSU, France)  

Keywords: Maternalism, abortion, contraceptive norm

This communication considers how female healthcare providers take care of women who have an abortion in a specialized abortion center. It aims to show that we can call this care « maternalism », which is a feminin alternative to medical paternalism. This paternalism works as a benevolent government of the bodies and the behaviours, by guiding women’s choices about contraception and, to a lesser extend, abortion. This way of influencing women’s choices is all the more effective that it is based on a self proclaimed « empathic and neutral attention ». Indeed, as paternalism, this maternalism is supported by medical knowledges and technical abilities. But it also deals with gender: healthcare providers base their advice on a common « feminin » expertise and a common belonging, by insisting on some specific feminin care, and by promoting some representations about a universal and shared feminity and motherhood.

At first, I will define this « maternalism » of healthcare providers; then, I will discuss its genesis and its consequences for users of the health system. In fact, the personal and professional socialization of healthcare providers has contributed to making them internalize gender norms and medical legitimacy to speak about woman body: it is because they are women, dedicated mothers, and healthcare providers that they express some norms and values about contraception, ideal motherhood and abortion. This normalization of procreative behaviour turns the moment of abortion into a reaffirmation of contraceptive and procreative norms. We will see that this way of governing procreative behaviour operates in a different way depending on social origin, and gender (because men, as women’s partners, are not exempt from a specific normalization).
2. The service papered over the cracks: abortion in Istanbul through the lenses of healthcare professionals  
Ceren Topgul (Population Association, Turkey)  
Alanur Cavlin (University Hacettepe, Institute of Population Studies, Turkey)  
Tugba Adali (University Hacettepe, Institute of Population Studies, Turkey)  
Cansu Dayan (University Hacettepe, Institute of Population Studies, Turkey)  

Keywords: Turkey’s abortion service, health service providers, anti-abortion stance

The termination of pregnancies up to ten completed weeks of pregnancy was legalized in Turkey in 1983. However, a draft law to restrict abortion was prepared in 2012, preceded by the pronatalist and anti-abortion stance of the government, including the right to conscientious objection for doctors; but the draft was neither public nor passed. Surveys have shown a steady decrease in the level of abortions since mid-1980s, with an accelerated decrease in the last decade. The reason is argued to be the physical unavailability of abortion services especially in public health institutions under the influence of the current political anti-abortion discourse rather than a decrease in demand.

Our qualitative research included in-depth interviews with obstetrics and gynecology specialists, family physicians, midwives and nurses working at public hospitals/primary healthcare facilities in Istanbul in 2016 to see the mechanisms of the decrease through their lenses.

Findings show that doctors agree on the existence of a problem in abortion service availability, and it is vague among them where abortion service is available. However, there is a perception that demand for abortion is decreasing related to rising conservatism, not due to lingering supply of services. The right to conscientious objection was also brought up by some, although no regulations exist for this. Arbitrary practices, like terminating pregnancies at a maximum of 8 weeks, and performing abortions only due to medical causes were also revealed. A striking finding was doctors’ mention of a perception that abortion was banned, both among service providers and receivers.

Our research suggests that abortion services have been negatively affected by the Transformation of Health Program, a system initiated in 2007. Abortions in primary health care facilities became rare, and its coverage through social security was interrupted between 2007 and 2014. The neoliberalization of health services has also been at work; performance points to doctors are given for medical operations with the new system and those for abortion are not appealing. Also, the issue of medical malpractice lawsuits highly concerns obstetrics and gynecology specialists. Thus for a doctor performing abortion becomes an issue of avoiding it, not to lose many performance points due to this and not to take any risks of malpractice, and being concordant with the political atmosphere vs. the exact opposite, essentially a safe vs. non-safe decision.

3. Questioning the contraceptive ‘choices’ of, and for, women with intellectual disabilities: No kind of (r)evolution  
Sarah Earle (The Open University, United Kingdom)

Keywords: Contraception; Intellectual Disabilities; Inclusive methodologies

Most idealistically, contraception enables women to achieve greater control over their reproductive lives, and thus, their lives in general, by choosing to remain childfree, or by choosing the timing, number and spacing of their pregnancies. It enables women
to express themselves sexually while protecting themselves from unwanted pregnancies, if that is what they choose. However, the history of contraception and of women’s reproductive choices have often neglected to include the voices of those women that have been, arguably, subjected most to reproductive control and who have been, historically and contemporarily, least able to exercise any reproductive agency. Notwithstanding the reality that reproductive ‘choices’ are always constrained for all women, women with intellectual disabilities have rarely been able to choose whether or not to bear children, and when they have, have rarely been permitted to mother.

In an attempt to bring the experiences of women with intellectual disabilities ‘in’ to social science debates on gender, power, ‘choice’ and ‘control’, this paper draws on a qualitative study of the contraceptive choices of women with intellectual disabilities living in the UK. This project, which was developed by an inclusive and collaborative all-female research team, set out to explore what women with learning disabilities know about contraception and to understand how, when and if, women make reproductive choices. A qualitative research design was chosen because the aim of the project was to hear directly from women with learning disabilities about their reproductive decision-making. Women from across the UK were invited to take part in the study if they had a label of intellectual disability; were able to consent to take part; and, were using, were planning to use, or had used, contraception in the past.

In this paper I argue that, as people with little power, women with intellectual disabilities have experienced no (r)evolution in their reproductive lives or contraceptive use.

4. **Medicalized contraception in an Ivorian rural context: power relations and negotiating spaces with couples**
   (in French)
   *Mariame Tata Fofana (University Jean Lorougnon Guédé de Daloa, Ivory Coast)*

Keywords: modern contraceptives- power of wills- negotiating field

The socio-demographic context until the end of the 1970-1980 decade has long been marked in Côte d’Ivoire by the affirmation of a pro-natalist policy. From 1991, the population policy of Côte d’Ivoire has evolved considerably. The conjunction of internal difficulties, raised from the great crisis of the 1980s, and external constraints, linked to the various international recommendations, finally led to a new orientation to the Ivorian population policy. Today, the need for strong action in favor of family planning and in particular the promotion of contraception are the central points of a completely revised population policy.

In the Ivorian context, two opposing powers are exercised to control the woman's body. This is part of the power of health policies: through family planning campaigns that aim to curb population growth in the country. On the other hand, it is about the power of the men who control a community valuing fertility. In fact, concerning the subject of family planning, we see that sexuality remains the object of mythical, religious, and ideological constructions, and that it is conceived in essentially male norms that give it a strict reproductive function. It is in this complex context that it will be necessary to understand how women use contraceptives as tools against male power and unequal power relations. This work comes from a survey conducted between 2016 and 2017 in four peri-urban villages (Akouedo, M’Pouto, Anono and Blockauss).

Therefore, this text questions the dynamics of the fertility negotiation in rural environment of Côte d’Ivoire, more specifically in the relic villages of the city of Abidjan. It thus highlights the way in which medical contraception and the ideological underpinnings which founds it in official discourses are reappropriated by the various
actors, who give them a content of variable meaning and make a different use of it, according to their status and of their position. These processes of reappropriation and reinterpretation of medical contraception give rise to the following results: (i) male domination leads to an inequality of gender relations with regard to fertility and the sexuality of women; (ii) the availability of contraceptives is a negotiating space for the couple; (iii) the limits of the negotiations contribute to the clandestinity of some modern contraceptives.
“The imperfect nature of contraception”: Contraceptive failure and abortion referral in Canada (1960s-1970s)

Christabelle Sethna (Institut d’études féministes et de genre, University of Ottawa, Canada)

Keywords: Canadian Criminal Code; abortion referral; contraceptive failure

Although contraception was technically illegal in Canada, loopholes in the law allowed doctors to prescribe oral contraception to married women to space the births of their children. In this same decade, pressure came to bear on the Canadian federal government to reform the Criminal Code to reflect the growing secularization of society, changing sexual mores, and demands for personal freedom of choice. One of the most contentious issues at play was abortion. In August 1969, the long-awaited Criminal Code reforms went into effect in the form of an Omnibus Bill. The Liberal Government under Prime Minister Pierre Trudeau decriminalized contraception and liberalized abortion laws. However, the new abortion law made it more difficult for women to obtain legal abortions in practice. Legal abortion now required permission from a Therapeutic Abortion Committee (TAC) in an accredited hospital, which decided on a case-by-case basis whether or not continuation of the pregnancy threatened the pregnant woman’s life or health. Yet health was never defined and no hospital was obligated to establish a TAC, leading to long delays and arbitrary decision making.

This presentation focuses on the role of one organization, the Ottawa-based Association for the Repeal of Canadian Abortion Laws (ARCAL). Dissatisfied with the Criminal Code reforms, ARCAL lobbied the government to repeal its abortion laws. It wrote briefs, circulated petitions, and met with politicians to achieve this goal. Yet it was also a service organization made up of volunteers, promoting sex education in schools, providing information on contraceptive methods and counselling women about “problem pregnancies.” The latter involved abortion referrals to abortion providers outside the country. ARCAL’s involvement in abortion referral was sparked by two main factors. First, both married and single women had difficulty accessing legal abortions in Canada in a timely fashion due to the legal restrictions imposed upon the procedure. The second factor involved the failure to use contraception, or the failure of a contraceptive method when used. To ARCAL, the umbrella category of contraceptive failure called into question the government’s reluctance to commit to improving women’s reproductive health needs and to the lack of available, effective, safe, and user-friendly contraception for both men and women. However, it also raised uncomfortable questions about the ongoing need for accessible abortion services in Canada despite the decriminalization of contraception, and the complex decision-making process of Canadian women in regard to (hetero)sexual relations.

Agata Ignaciuk (University of Warsaw, Poland)

Keywords: State-socialist Poland, marriage manuals, contraceptive propaganda

Summary: Abortion was legalized in state-socialist Poland on April 27, 1956 with the introduction of a law which authorized terminations “upon medical indication” and for women facing “difficult living circumstances”. Parallel to the adoption of the new abortion policy, the Ministry of Health supported the foundation of the Society for Conscious Motherhood (Towarzystwo Świadomego Macierzyństwa, henceforth TŚM), an organization which gathered journalists, doctors and social activists – many of them active in the Polish interwar birth control movement. The aim of this organization, who became a member of the IPPF-Europe Region as early as in 1959, was, as one of the Society’s early publications stated, “to prevent abortion from becoming a contraceptive method”. This goal was to be achieved through manufacturing and distribution of a selection of contraceptive methods, namely female barrier methods and spermicides, paired with family planning counselling and contraceptive propaganda. My paper examines birth control literature produced by the TŚM and its successor organizations between 1957 and 1989 and aimed at the general public. It analyses the gendered representations of different contraceptive methods and abortion as imprints of complex and contradictory state-socialist gender models and changing population policies. It concludes that the TŚM literature on birth control put forward ideas about motherhood as women’s natural destiny, wrapped in a “soft” eugenic discourse to plan a family according to one’s health and economic possibilities. Language of rights was largely absent from the TŚM birth control manuals. When discussing contraception, the manuals analysed here rarely emphasized women’s sexual pleasure. Contraception, rather than a tool for self-development and the realization of personal goals, was conceptualized in the framework of the material and emotional well-being of their family as a whole. At times, the use of contraception, especially female barrier methods, was recommended as a possible defence by woman against the somehow savage, uncontrollable male sexuality.

3. “A curse upon our country”: The campaign against contraception in Ireland (1970s-1980s)

Laura Kelly (University of Strathclyde, United Kingdom)

Keywords: Ireland; Catholic church; activism

Contraception was made illegal by the Irish government in 1935 with the introduction of the Criminal Law Amendment Act which forbade the import, sale and advertisement of contraceptives. From the early 1970s, members of the Irish feminist groups the Irish Women’s Liberation Movement, and Irishwomen United, as well as the Irish Family Planning Association, and politicians such as Senator Mary Robinson, lobbied for changes in the law, while the Catholic Church hierarchy, and Catholic groups such as the Irish Family League, campaigned against proposed changes. The issue was a divisive one and these opposing groups often came head to head in bitter debates on the issue. While some members of the population supported its legalisation on feminist grounds, others believed it would have negative moral repercussions. For example, one woman writing to Woman's Way magazine (1971) suggested that the legalisation would be 'an open invitation for young couples who have become tired of drink, smoking and everything else'. The same year, in response to increasing public discussion of the issue
of contraception in Ireland, the Archbishop of Dublin, McQuaid had a pastoral read at every Sunday mass in the Dublin diocese. The pastoral, which was also published in Irish newspapers, declared that if legislation was passed allowing contraception, it would be ‘an insult to our Faith; it would, without question, prove to be gravely damaging to morality, private and public; it would be and would remain a curse upon our country’.

While there has been some historical attention given to the role of feminist groups in debates around access to contraception in Ireland, less work has been done on groups that campaigned against these societal and legal changes. This paper will explore the role of anti-contraception groups and the Catholic hierarchy in the campaign against the legalisation of contraception in 1970s Ireland.

Drawing on oral history interviews, letters to newspapers, and the publications of anti-contraception groups, I will illustrate how campaigners’ concerns usually revolved around a number of key issues. Firstly, the legalisation of contraception would lead to an increase in promiscuity in Ireland, especially among teenagers. Nationalist rhetoric was also sometimes employed, and England was depicted as a permissive society because contraception and abortion were legal there and there were high rates of teenage pregnancy. Additionally, contraception and abortion were often conflated. Anti-contraception activists claimed that if contraception was legalised, abortion would soon be too, and they also argued that methods of birth control such as the IUD and contraceptive pill were abortifacients. In common with feminist campaigners, anti-contraception campaigners also drew attention to the health risks of contraceptives such as the contraceptive pill. Ultimately, I aim to show here that the issue of abortion was a central concern of anti-contraception campaigners, while feminist campaigners of Irishwomen United were in favour of abortion access, they decided to focus on the contraception issue, fearing that discussion of abortion would hinder their campaign.

Following the legalisation of contraception in 1979, many members of anti-contraception groups mobilised to form pro-life groups which campaigned for the eighth amendment of the Irish constitution, which was passed by referendum in 1983.

Anne-Sophie Crosetti and Valérie Piette (Université libre de Bruxelles, Belgium)

Keywords: Planification – Pillarisation – Responsible parenthood

The Belgian law of 1923 forbade the advertising of contraception in order to stabilise the number of births, which had started to decline in the late XIXth century. Yet the development and marketing of the contraceptive pill in Europe from the 1960’s onwards accelerated and maintained the process. Despite many legal and moral obstacles, birth regulation started to gain visibility. The institutional specificity of Belgium –its pillarisation-, had an impact on the establishment of Planned Parenthood in Belgium and requires analysing: how do Catholics, on one hand, and the soon to be “organised laicity” on the other hand, deal with the question of contraception?

In the 1950’s and 1960’s, Belgian Catholics and “laïcs” founded centres for men and women seeking help regarding issues on sexuality and conjugality. In response, Catholics mainly develop the psychological aspect of these issues while laïcs create “planned parenthood” centres in order to support couples with issues surrounding contraception and eventually abortion. The reference framework of these two federations differ: the Catholic federation follows the Catholic notion of social action defended by the movements that created corresponding consultation centres, whereas
the laic federation rejects the deeply rooted Catholic moral in Belgium at a time when the Belgian Catholic hierarchy reasserts the unlawfulness of the contraceptive pill.

Two dates mark the history of family planning in Belgium. For many Catholics, 1968 stands for the rejection of the Catholic’s dogma on the issue, which allowed them to openly take a stand for abortion. 1973 was the year of the Dr Peers’ arrest for practicing then illegal abortions. Public reaction following this case relaunched the debate on “responsible parenthood” and saw the abolishment of the 1923 law. The access to modern contraceptives for all blurs the philosophical boarders in Belgium and paradoxically shatters many walls since different social actors of family planning gather around the notion of responsible parenthood.
1. Knowledge about and perceptions of contraception by men: major differences between generations
   (in French)
   Delphine Rahib et Nathalie Lydié (Santé publique France, France)

   Keywords: men, knowledge, perceptions

   There is only a few male birth control methods and contraception strategies are primarily based on women. However, men are allies in the choice of contraception and facilitators of good utilisation and long-term use of contraceptive. Information and involvement of men in contraception are part of responsibility of male sexual behaviours and improvement of communication between partners. To adapt information to men’s need, we analysed their knowledge of and their perception of efficacy and risk for seven birth control methods.

   Pills, condom and withdrawal were known by 96% of men. While the under 25 were less often aware of IUD than the over 45 (83% vs 87%), they were more aware of the ring (53% vs 43%) and the implant (63% vs 55%), even if those methods are not notorious.

   Men perceived condoms to be the most often effective contraceptive, followed by the pill, the IUD and the implant. Compared to the over 45, men under 25 had a higher trust in the ring, and a lower trust in withdrawal and emergency contraception.

   In terms of health safety, the pill was considered as the most risky method, followed by the implant and the IUD. This risk was perceived in higher proportion by the over 45 for the pill and by the under 25 for IUD. Condoms were perceived as the most trustable contraception tool: only 5% declared that using it was risky for health.

   Those data shows that ring and implant need to be advertised in men. In addition, with the increase of IUD and implant use after the French pill scare in 2012, address specific risks of those contraceptive especially in young people could be useful. It could ease their choice and use of those methods with high efficacy score.

2. Individual logics and attitudes of women regarding the implication of men in the use of emergency contraception in Yaounde
   (in French)
   Josiane Ngo Mayack (Université Catholique de Louvain, Belgium)

   Keywords: contraceptive responsibility, social norms, perceptions

   Men’s opinions and attitudes towards family planning are an important determinant of women’s contraceptive use in Cameroon. Spousal or partner communication influences fertility behavior. The values and norms about sexuality and reproduction, the social perceptions of these values and norms help to understand logics of contraceptive responsibility in the couple. Drawing on in-depth interviews among
women in Yaounde, Cameroon, this communication highlights some of socio-individual logics through the use of emergency contraception. The data collected show varied and gendered perceptions about pregnancies prevention responsibility in relationships. Respondents' perceptions on male participation in contraception vary according to their relationship to traditional feminine and masculine roles regarding sexuality and reproduction, their marital status, men’s opinions towards contraception and couple’s fertility intentions. A key output from our contextualization of the use of emergency contraception is a typology of male partners’ involvement in contraceptive decision-making.

3. Contraceptive decision making-Where are the voices of young men?
Hanna Esmée (Centre for Health Promotion Research, University Leeds Beckett, United Kingdom)

Communication cancelled.

4. Men’s facilitators and barriers to acceptance of vasectomy in low-and middle-income countries: a systematic review
Cecilie Kieldsberg (London School of Hygiene and Tropical Medicine, United Kingdom)
Joelle Mak (London School of Hygiene and Tropical Medicine, United Kingdom)
Emily Sullivan (London School of Hygiene and Tropical Medicine, United Kingdom)

Keywords: vasectomy, male contraceptive, low- and middle-income countries

Background: Vasectomy is the least commonly practiced form of modern contraception, despite it being safer and more cost-effective than female sterilisation procedures. There are very few countries where vasectomy is more commonly practiced than the similarly irreversible procedure of tubal legation for women. However, in low- and middle-income countries (LMICs) both procedures are exceedingly uncommon with vasectomy in particular, having a prevalence that rarely exceeds 1%.

Aim: The aim of this study is to explore the facilitators and barriers to men’s perceptions on vasectomy in LMICs. This analysis will contribute to the literature around the effectiveness of vasectomies, but resolves to understand the influencing factors before targeting advocacy to men and couples.

Methods: To address this gap, we searched eleven academic/empirical evidence databases in addition to locating grey literature. Articles were included if they were published in English; published in or after 1980; set in a LMIC; included sexually active men. This approach allowed inclusion of 18 papers from 21 different countries in which eleven were qualitative papers, one was a mixed-method study and six were quantitative papers. As a result, meta-analysis could not be applied but the diverse data availability led us to use an integrated narrative analysis approach. All included studies were appraised for quality using an adapted Quality Assessment tool by Harden et al.

Findings: This study will discuss how stigma and fear of side effects was, and still is, a cross-cutting issue in many LMIC. And considering wives commonly took part in the decision to undergo the procedure, their perception played a key role. We will further showcase men’s contrasting perspectives towards masculinity, religion and extramarital affairs depending on if they were vasectomised or not. Lastly, we will highlight how economic benefit, encouragement from wives and knowing other men who have successfully undergone vasectomy was an important factor to change men’s perspectives.

Implications: Publications to date illustrate that awareness campaigns which explains the procedure may be helpful to tackle misconceptions about vasectomy.
Future programmes should target individuals, couples as well as the community to succeed. A bigger focus is needed for family planning programmes to target men for increased dedication to take responsibility of contraceptive use.
1. Premarital sexual experiences in the 1960’s and 1970’s and the role of contraceptive methods narrated in Finnish sexual autobiographies
Matleena Frisk (University of Helsinki, Finland)

Keywords: youth, unwanted pregnancy, liberalization

The aim of my analysis is to examine how the availability of contraceptives is reflected in the personal narratives of Finns who had premarital heterosexual sexual experiences in the 1960’s and 1970’s. I analyze anonymized Finnish sexual autobiographies written by authors born in 1940–1963, altogether 45 texts written by women and 22 by men, collected in 1992.

Contraceptives, or lack of them, and fear of conceiving are an essential topic in the narratives when women born before 1952 discuss their premarital sexual experiences. Some of these women explain that they refrained from intercourse in fear of pregnancy. Women born in 1957 or later rarely even mention the topic. Worrying about contraception and unwanted pregnancy seems to diminish rapidly in the early 1970’s. Was it the access to reliable contraception, mainly availability of the contraceptive pill, that was reflected in the narratives? As doctors did not necessarily prescribe the pill to young unmarried women, I suggest other explanations to this change.

Obtaining an abortion became significantly easier when a new abortion law including a social indication came into effect in 1970. The cultural meaning of premarital sex changed as well: Many of the couples married because of pregnancy, but instead of trying to cover it with a shotgun wedding, as was the case in many of the older authors’ narratives, the couples married only a few months before the child was born. These authors preferred the child not being born out of wedlock, but they did not consider it necessary to hide having had premarital sex.

Although only a few of the authors mention having abortion, based on this collection of autobiographies it seems reasonable to suggest that is was more due to the moral change as well as having a safe and legal back-up in the form of abortion that changed these women’s narratives concerning fear of conceiving when experiencing their first sexual intercourses.
2. Entering fertile life and contraceptive practices among women in unions: a comparative study of Burkina Faso and Cameroun

(in French)
Linda Mingue (IFORD, University of Yaounde 2, Cameroon)
Caurice Yopa, (IFORD, University of Yaounde 2, Cameroon)
Hervé Bassinga (National Institut of Statistics and Demography, Burkina Faso)

Keywords: Path of entry in reproductive life, modern contraceptive practices

Objective and Context: Today, family planning is an object of public health’s interest in Cameroon as well as in Burkina Faso. Despite the progress obtained in these countries to facilitate and promote family planning, a great number of women do not have access to these facilities. The objective of this paper is to determine the factors related to the use of family planning facilities to the women form Burkina Faso and Cameroon living in marital situation through the intermediary of the way of entry in the reproductive life used by these women.

Methods: The data used in this study came from Demographic and Health Survey (DHS) from Burkina Faso (2010) and Cameroon (2011). In this study, two methods of data analysis were used. These were the Factorial Analysis of Multiples Components (FAMC) for the categorization of women in marital situation, and logistic regression which permitted to identify the determinants and action mechanisms in the use of modern contraception.

Results: The determinants of the use of modern contraception in Burkina Faso are type of paths of entry into reproductive life. The woman’s level of education, her exposure to media and decision taking on contraceptive pills. While in Cameroon, contraceptive use depend on the type of path of entry in the reproductive life, the woman’s ethnic group, her religion and the number of survival children. As a matter of fact, women from Burkina Faso having gone through a path of type: Sexual intercourse-Birth-Marriage (S-B-M) and a path of type Sexual intercourse-Marriage-Birth (S-M-B) have respectively 1.99 [1.38; 2.89] and 1.49 [1.29; 1.73] more chances to use the nuptial type. In Cameroon, theses chances are two times more for the same categories of women that is 2.17 and 2.34 respectively.

Conclusion: The results obtained corroborate the idea according to which the use of family planning in marital situation in Cameroon and Burkina Faso is largely influenced by the type of path of entry in reproductive life that the use.

3. How does matrilinearity ideology delegitimizes the use of a contraceptive method for young single women in Mayotte and Comoros?

(in French)
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Keywords: representations, negotiation, unmarried women

This communication aims to explore representations of contraceptive methods and how a « contraceptive agreement » may be negotiate in Comorian and Mahorais’s relationship. Indeed, in this group giving birth is at the same time a women’s power and a social injunction.

In most cases, unmarried women conceal their sex lives from their families. Having sex outside of wedlock for a woman is a taboo whatever how old is she. She risks social exclusion and stigmatization. Having a child outside of wedlock throws the stigma on
her person and her family. The use of contraception outside of wedlock then presents a risk of rejection.

Mayotte is a matrilinearity system where material goods are transmitted by women. Women virginity until marriage is highly valued. Furthermore, in this matrilinearity ideology, women should not access to sexuality before their wedding.

Wedding is the most important event in the community. It allows goods trade between two lineages as well as a transition to higher status for the mother of the bride. For men, wedding is the opportunity to prove its manhood by starting a family. The old women called here « grand-mothers » teach to new bride that she should have at least two children before starting a contraceptive method. Negotiation on this subject rely to the community and the group, not on the couple. In this context, the « grand-mothers » have an important power on contraception.