



Call for papers

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

December 18th-19th, 2017, Paris, France

Organized by the Contraception & Genre junior lab (Cité du Genre, USPC),
Sponsors: Cité du genre (USPC), Ined, Inserm-Cesp (U1018, équipe 7), IRIS, SciencesPo,
Cermes3 (EHES), Presage, Université Paris I - Panthéon-Sorbonne, IPOPs.

Fifty years ago, on December 19th, 1967, the French parliament adopted the Neuwirth Law legalizing contraception. During the same decade in France and in many other parts of the world, the use of new medical methods of birth control – such as the pill or intra-uterine devices – gradually increased. Usually perceived as a revolution, specifically regarding women’s self-determination of their bodies, this shift opened the path for major changes in how sexuality and its procreative consequences are dealt with. It produced major changes in norms of sexuality, fertility and gender. However, these evolutions have not always resulted in liberation, as some fertility control technologies have been used by governments in coercive ways to act upon population growth not only in so-called “developing countries”, but also in marginal fringes of the population in so-called “developed countries”.

The aim of the conference on “Gender and contraception” is to question those “(r)evolutions”, by synthesizing existing research and offering new leads on birth control practices (including contraception and abortion) from a gender studies perspective, with special attention to other power relations (class, race, age, disability). We seek a discussion between different fields dealing with contraception (demography, sociology, history, anthropology, political sciences, epidemiology, etc.)

Birth control, defined as a set of contraceptive and abortive practices oriented towards the restriction of the number of births, is a field legally and materially defined by governments. Their role impacts the social meaning given to these practices. Public policies result from compromises and negotiations between different kinds of actors (such as government and representatives, experts, activists) and shape the possible ways in which sexuality and procreation may be dissociated. Material and legal access to fertility control methods has direct consequences on social trajectories – especially for women – and evolves in connection with political representations of procreative autonomy and equality between the sexes.

In the 1960s, a new actor emerged in the field of birth control: the medical profession, entitled as a gate-keeper after a long period of non-intervention in this field, began controlling access to contraceptive methods and defining new forms of expertise on the subject. The medicalization of contraception, stemming from the emergence of new medical technologies and shifts in national regulations, profoundly redefined practices of birth control. No longer relegated to the private sphere of couples’ intimacy, they became a decision to be discussed with health professionals. In that light, contraceptive and procreative decisions have to be understood in relation to medical contexts: prescribers’ representations and practices, fed by their professional culture and training, contribute to the definition of what is possible and desirable as a choice of contraceptives.

“What is the most suitable method?”, “How legitimate is abortion?”, “What is the best procreative timing?”, “Which gender should bear the weight of contraceptive responsibility?”... Those queries address social norms informed by doctors and governments, which people deal with throughout their lives. Individuals sometimes try to resist these norms, or to divert contraceptive methods from their



original use – for instance by using oestrogenestagens to treat acne or period pains, and hormonal intra-uterine devices or the pill to suppress menses. Public policies, mobilizations from activists, medicalization, and gender and social norms are the keys to understanding contraceptive practices. The accessibility of contraception and the social norms governing individual practices have a major impact on women's and men's sexualities, by allowing them to keep their procreative consequences under control.

1st axis: The politics of contraception

Contraception and abortion have historically been relegated to the private sphere, particularly in France where they remained illegal and illegitimate for decades, sometimes even for centuries (Cahen, 2016 ; Flandrin, 1970 ; McLaren, 1990). In Britain or in the U.S.A., the activism of birth control pioneers led to the first wave of diffusion of knowledge and techniques of birth control from the 1930s onwards. In France, as a result of large protests sustained by the French Family Planning Association and by feminist movements afterwards, the prohibition of contraception was replaced by a legal frame which gave control to the medical profession (Ferrand-Picard, 1982 ; Pavard, 2012). Each national context led to the emergence of specific contraceptive cultures, born in the negotiations and struggles between political and institutional actors on the one hand and activists on the other. The legal context, public policies, but also medical representations and practices (Bretin, 1992 ; Conrad, 1992 ; Guibert-Lantoine (de) et Leridon, 1998) constitute the normative frame of fertility regulation. The first axis focuses on the politicization of contraceptive and abortive issues by activism, regulations, or public policies (including from the theoretical point of view of “global health”). The papers should include a gender studies perspective, mobilizing the notion of “political” from the point of view of power relations in the field of contraception.

2nd axis: contraception, markets, industries, techniques

Birth control techniques and technologies can be seen as products or services designed, made and sold on a market in response to actual or expected demand. In this respect, former or new methods may be analyzed regardless of their efficiency. The second axis tackles how these technologies are conceived and produced, and which actors have a hand in their diffusion (Gaudillière et Thoms, 2013). How do scientific, legislative, social, moral or marketing backgrounds influence the making and marketing of those products? How is a scientific invention reconfigured as a marketable good, and how is the market reconfigured in the same time? This axis also focuses on networks or institutions responsible for the promotion of those products, their diffusion, in connection with legal frameworks and the logic of a competitive market. How are they promoted in scientific and commercial terms, and what is the content of their advertisement (Ignaciuk, 2016) ? How do customers themselves shape these markets? How autonomous from this market can individuals be? Lastly, this axis questions the ways in which producers and prescribers shape gender norms regarding contraceptives, through the products they promote or the ways they promote them – thus shaping representations associated with products and users.

3rd axis: Medicalization, professions, institutions

With new contraceptive technologies, birth control migrated from the private sphere to the medical field in various countries. Doctors tend to be perceived as experts of fertility regulation (Aïach et Delanoë, 1998 ; Leridon et al., 2002). The medicalization of birth control is furthered by regulations legalizing abortion, giving health professionals a large control on these techniques and their access. Feminists movements worldwide have, on occasion, questioned medical control over methods on which the procreative autonomy of women heavily depends (Leathard, 1980). What role did the medical

profession play in the legalization of contraception and abortion? How did health professionals approach a new field formerly beyond their area of expertise? How is the ability to prescribe defined and negotiated between different bodies of health professionals (general practitioners, gynecologists, midwives) and non-professionals? How are prescribers trained, and how does training impact on their practices and representations (Gelly, 2006)? This axis also focuses on the normative attitude of health professionals in regards to contraception. How do professionals define what users should or can do? What are the various roles offered to women and men in contraceptive decisions (Ventola, 2016), and which choice is actually offered to them? More generally, how does medical care impact the norms imposed on women's bodies (Ruault, 2015), on reproductive choices and on contraceptive trajectories (Bajos et Ferrand, 2004)?

4th axis: Trajectories and contraceptive practices

Contraceptive practices in different parts of the world appear, in varying proportion, to be influenced by individual trajectories as well as by social norms, as shown by the 2012 “pill scare” that occurred in France (Bajos et al., 2014), echoing the 1995 ones in Great Britain or in the U.S.A. Studying contraceptive trajectories – difficulties of use and solutions chosen by individuals - leads to a better understanding of what facilitates or hinders birth control. This axis tackles the complexity of contraceptive trajectories and practices by focusing on how methods are actually used – in a medical, nonmedical, reversible, or other ways – so as to better understand the social determinants of such uses. Papers could address economic, geographic, and cultural specificities that influence access to fertility regulation methods (including emergency contraception), or access to prescribers. They could also focus on the relationship between users, institutions and health. Finally, they could question the matching of users' needs – with regards to their living conditions – and what is actually offered to them (Hirsch et Nathanson, 2001): in that respect, the notion of “choice” and its meaning for individuals may be discussed.

5th axis: Sexuality, responsibility, gender norms

Supply of medical contraceptive methods independent from sexual intercourse is said to have opened the path for a separation between (hetero)sexuality and procreation. These contraceptives function without interruption of the sexual act (unlike, for example, cervical caps, condoms or withdrawal). Furthermore, their supposed greater efficiency is said to have given women the opportunity to be sexually active without the fear of conceiving. This has supposedly led to a sexual liberation for women, without men's sexuality ever coming into play. But is it really possible to dissociate sexuality from contraception and conception? Whether those methods directly impact the sexual act (condoms, withdrawal) or not (pill, IUD, implant), contraceptive decisions are the result of a negotiation between the aforementioned three concepts (Higgins et Smith, 2016). We encourage papers submitted for this axis to take into account the relation between gender, class, race and disability. For instance, how do representations of gender, class and race representations impact the choice of one method or another, or the very use of a method? How does one choose a method with regard to one's sexuality, whether it takes place in marital, multipartenarial, or casual relationships? Ultimately, we would like the proposals to question the naturalization of contraceptive responsibility as a feminine skill (Andro et Desgrées du Loû, 2009 ; Greene et Biddlecom, 2000 ; Le Guen et al., 2015 ; Ventola, 2017).

Conditions/Terms of participation

The “Gender and contraception” conference aims at gathering many disciplines in order to produce state of the art research on birth control issues (contraception and abortion) and their political,

social, sanitary and sexual stakes, in France and in other geographical contexts. Comparative or transnational approaches will be appreciated.

This call for papers encourages proposals in English or French from academic institutions, as well as research from non-academic entities – professionals, activists, or members of associations relating to this area of research. Proposals by young researchers (graduates) are more than welcome.

Deadline for proposals: June 30th, 2017.

Proposals should be sent at contraception.genre@gmail.com. They should consist of an abstract of 3000 to 5000 characters maximum (including spaces). They should include the paper title and the name, e-mail address, position, discipline and institutional affiliation of all author(s). Paper proposals will be anonymously evaluated by members of the scientific committee.

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