

# Feminism and The Development of Contraception Use in France

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**Abstract.** Contraception in France has long been a symbol of women's emancipation as it reduces the sexual and reproductive activities of women. This study reported the finding that there is reciprocal and mutual relation between the contraceptive practices and feminist movement both negatively and positively. Furthermore, the relation lies on the role of feminism in paving the awareness of the womens' rights to control their own body comprising fertility control, transparency and sexual safety. However, the mutual relation between feminist movement and contraception potentially obstructed the emergence of a critical sociological perspective on contraception use.

**Keyword:** *Feminism, Contraception, France*

## 1 Introduction

Humans have long used contraception from prehistoric times, then developed into the modern contraceptive known today [18]. Generally, there are two modern contraceptive methods: hormonal and non-hormonal. Hormonal contraceptive methods use hormones to prevent pregnancy, containing estrogen and progesterone, or just progesterone. Hormonal methods generally have side effects such as weight gain, irregular menstruation, drastic emotional changes, decreased sexual desire, acne, and so on [24]. In contrast, non-hormonal contraceptive methods have no side effects, but they have the lowest effectiveness rate, such as the calendar method, withdrawal (*coitus interruptus*), and condoms [20]. The first and most commonly used method in France is oral contraceptives, pills, or tablets taken daily, divided into four generations, each with different contents. This contraceptive method has long been associated with an increased likelihood of blood clots and other side effects, but in recent years there have been cases showing that the newer form of the contraceptive pill (the combination pill) runs more risks of such health issues compared to the first and second generation pills [25]. Other types of hormonal contraception include hormonal IUDs, patches, rings, and injectable progestins. The hormonal IUD or Intrauterine Device is a hormonal contraceptive device placed in the uterus by a medical practitioner and is effective for 4 to 10 years [6]. The hormonal and non-hormonal IUD is considered by medical health professionals to be one of the safest and most effective methods because it removes the off chance that patients might forget to take it, a factor that applies to oral contraceptives. Mishaps during usage are also common in methods such as condoms [28]. There are also non-hormonal contraceptives such as female and male condoms, copper IUDs, spermicides, diaphragms & cervical caps [6], and calendar methods (estimated fecundability or chance of

getting pregnant within the range of the menstrual cycle) and withdrawal method (coitus interruptus) [2].

Contraception in France has long been a symbol of women's emancipation. This perception occurs due to the nature of contraception which removes most of the risks of sexual and reproductive activities and ensures that sexually active women are no longer constrained by restrictive social commitments that may prevent them from fully participating in society. This challenge faced by women has been one of the main objectives for feminism in France. The first wave of feminism took place in the late 19th and early 20th centuries, emerging from an environment of urban industrialization and liberal socialist politics. This wave focused on opening up more opportunities for women on women's right to vote. After that came the second wave of feminism which began in the 1960s and continued into the 90s. This wave occurred in the context of the anti-war and civil rights movements and the growing self-awareness of various minority groups worldwide. In this phase, sexuality and reproductive rights became dominant issues [14].

In May 1968, several large-scale demonstrations took place, now known as La Revolution Sexuelle, or the sexual revolution. May 68 marks the end of the conservative code in France, which has brought many changes, including the normalization of sex outside of marriage, the disappearance of strict censorship in films, the use of more liberal clothing, the right to have an abortion (legalized in *La Loi Veil* proposed by Simone Veil, the French Minister of Health at the time, in 1975 and ratified in 1979) and also the right to contraceptives. This right was made legal in *La Loi Neuwirth*, published in December 1967, and ratified in 1972 [19]. Since its legalization, the practice of contraception has gradually developed up until today, with the oral pill dominating the French market [15]. A few decades after the second wave, the third wave of feminism began in the mid-90s, inspired by post-colonial and post-modern principles. In this phase, many constructs of the second wave were deconstructed, including the notion of "universal womanhood," the body, gender, sexuality, and heteronormativity [19].

Modern-day technology has influenced human life from all aspects, mainly with the rise of social media, allowing the spread of information within seconds. Fourth-wave feminism has reflected this technological development with the use of social media as a platform for activism, where women dominate the demographic of social media, making it a part of the young generation's culture. Social media has boosted the interest in feminist issues in the public sphere and shifted methods and general themes mobilized by the feminist movement. The fourth wave of feminism is characterized by a few notable examples, such as call-out culture, confirmation bias tendencies on social media, and politicians' increasing interest in feminist issues to attract the masses. Key events such as the #metoo movement and the #Balancetonporc have revived discussions around gender in the French public sphere and sparked interest in the online feminist movement, primarily through social media. This new configuration of the feminist movement allows new ideas to be discussed utilizing a new form of democracy and political participation. Social media has become a fertile ground for women's emancipation, often coming from a much younger demographic (age 18-29) and women from working-class backgrounds who previously did not have access to or adequate means to voice their opinions [3].

The high accessibility to voice opinions via the internet allows fourth-wave feminism to become much more inclusive for marginalized minority women. This has resulted in the inception of intersectional feminism, often found in social media today, encouraging debate and critical discussion and mobilizing activism for social change in fields such as reproductive justice, which includes contraception use [29]. Intersectional feminism has become the dominant framework used by fourth-wave feminists most visible on social media, primarily on Twitter, aiming to identify the privilege, difference, representation, and racism in modern-day social issues [29].

The term "intersectional feminism," first coined by Kimberlé Williams Crenshaw, works to ensure that the feminist movement is not only exclusive to upper-class white women by making space for women of various races, skin colors, sexual orientations, educational backgrounds, religions, social classes, age, immigration status, physical ability, and other identity markers. Intersectional feminism dives deep into the dynamics and dimensions of inequality and social injustice by combining these various identity markers as a basis for analysis and linking them to each other to identify the marginalized layers of society [29]. Institutional forces result in social injustice for women in the field of reproduction, such as contraception use which affects each group of women in France in different ways and to different degrees [21]. This social injustice in contraceptive use has also been amplified since the *La Crise de la Pilule* phenomenon, first introduced by Nathalie Bajos in her research "2)". This phenomenon refers to the recent trend of women in France switching contraceptive methods from the oral contraceptive pill to other alternative methods (particularly for women under the age of 30). *La Crise de la Pilule* has amplified and led to the re-establishment of social inequalities in access to medical contraceptives in France, affecting women from every layer of society differently regarding race, education level, type of work, and socio-economic class [2].

Abigail S. Trombley examines the relationship between feminism and contraception in her article entitled *Empowerment, Resistance, and the Birth Control Pill: A Feminist Analysis of Contraception in the Developing World* [27]. This study uses the theory of critical discourse analysis by Norman Fairclough to analyze published material from eight NGOs (non-governmental organizations) and four IGOs (Intergovernmental Organizations) that provide contraception for women in developing countries. Through her analysis, Trombley confirmed capitalist liberal assumptions in the issues surrounding contraception in developing countries and concluded that the discourse used by these organizations viewed contraception as a socio-economic solution to assist development in the southern hemisphere. Women's bodies are victims of the neoliberal agenda and women's empowerment has often been misused as a guise for promoting women's labor participation. Trombley believes that this happens because the conversation around contraception focuses too much on the function of contraception as a tool for the country's socio-economic development rather than its potential to transform women as subjects of resistance and as a means to build women's socio-economic welfare [27]. *Feminism and the Moral Imperative for Contraception* [12], written by Eve Espey, also explores a similar topic. In this article, Espey discusses the history of the feminist movement, focusing on the link between feminism and contraception. Espey also concludes that contraception is the foundation for women's ability to achieve equality and unlock their full social, economic, and intellectual potential because it creates opportunities for women to take a break from fertility, thus removing the inherent tie between sex and

reproduction [12]. The similar topics raised in these two articles will provide additional points of view for this research.

Based on these studies, the author has found research gaps that can be completed in examining the role of the fourth-wave feminism movement in the development of contraception use in France, specifically regarding the *La Crise de la Pilule* phenomenon, which will then be studied using the intersectional feminism framework. The author believes that this research is essential to verify the role that the feminist movement has in the development of contraception use in France. This research is also considered vital to raise public awareness about gender inequality and the role of the patriarchal system in contraception use, a topic that does not receive much attention due to it being deemed taboo and due to the negative stigma attached to the topic. With that being said, this study seeks to confirm the relationship between the fourth-wave feminist movement and the development of contraception use in France, including the social injustices that occur in it.

## 2 Methodology

This research is conducted using the qualitative method, which according to Creswell [8], is a research approach carried out to explore and understand the meaning of individuals or groups that refer to particular social issues. This research applies a literature study by using several corpora. The first corpus is a research by Natalie Bajos, who first analyzed the *La Crise de la Pilule* phenomenon in her article *La Crise de la Pilule en France: Vers un Nouveau Modèle Contraceptif?* [2] (The Pill Crisis in France: Towards a New Contraceptive Model?). By compiling the data and information found in the corpora, this article examines the trend of switching contraceptive methods used by French women from oral contraceptive pills to other alternative methods and its relation to social injustices in this phenomenon from women of various levels of society in terms of race, education level, type of work, and socio-economic class.

This social injustice that occurs within the *La Crise de la Pilule* phenomenon can also be seen in the corpus written by Mireille Le Guen, The French pill scare and the reshaping of social inequalities in access to medical contraceptives [15]. This corpus examines how this phenomenon has led to the re-establishment of social inequalities, mainly around women's access to medical contraception, which affects women from each layer of society differently. The next corpus used in this study is a news article reporting on the *La Crise de la Pilule* phenomenon. The first news article is *Contraception: la Pilule Dure Avaler* (Contraception: the Hard Pill to Swallow), published by the news media FranceTv on July 5, 2019, by Charlotte Boniteau. This news article describes this phenomenon's origin and takes up medical practitioners' points of view [4]. The next news article is *Contraception: La Crise des Pilules a Changé les Habitudes* (Contraception: The Pill Crisis Has Changed Habits) published by Le Figaro and written by Pauline Freour on October 2, 2013, which reports important data obtained from the French Ministry of Health on contraceptive use in France after the *La Crise de la Pilule* phenomenon [13].

This research will focus on the scope of contraception use in France in the fourth-wave feminism era, starting in 2010 up until now, and will also examine the scope of the *La crise de la pilule* phenomenon, where there was a detected trend of French women switching from

the oral contraceptive pill to other alternative methods. This study uses the theory of intersectional feminism by Kimberlé Crenshaw [7]. Intersectional feminism is an interdisciplinary study that has become the primary way to conceptualize the link between the system of oppression that constructs one's identity and one's place in the social hierarchy of power and privilege [21]. Crenshaw argues that relying on one category of identity (such as gender) as a basis for analysis has ruled out how other identity markers (such as race) significantly impact women's experiences. She believes this has resulted in women being overlooked, especially those experiencing double oppression, a factor often neglected in public discourses. Crenshaw proposes the theory of intersectional feminism to explain the complexity of social issues by showing the interaction of identity markers at the intersection of race, gender, sex, social class, sexual orientation, or other characteristics [7].

This research applies the theory of intersectional feminism by examining the layers of society experiencing double oppression, which can be seen in the practice of using contraception in France. By using the intersectional feminism theory, this research is able to represent groups of women previously overlooked. The intersectional point of view can also provide a new perspective on the study of the development of contraception use in France, a social phenomenon in which women are still marginalized, particularly Sub-Saharan African immigrant women. The present work aims to voice marginalized women who are often silenced or underrepresented, especially in the reproductive justice field in France, where women are often at a disadvantage in the development of contraceptive use.

### **1. Feminism and the Use of Oral Contraception in France**

France has the highest use of oral contraceptives in the world, which is the most commonly used method in France, but now, contraceptive use appears to be much more diverse [2]. These changes occurred after December 14, 2012, when a French woman named Marion Larat filed a report against the Bayer pharmaceutical laboratory, the pill manufacturer, to the *l'Agence Nationale de la Sécurité du Médicament* (ANSM) or France's national drug safety agency on the charge of unintentional attacks on a person's integrity. The report also targeted the director general of ANSM [5]. She lost consciousness on June 13, 2006, and suffered a major stroke throughout 65% of her body, including her right hand. Marion is now unable to carry out certain daily activities due to her paralysis and epilepsy she currently suffers. She started this legal battle after recognizing that the 3rd generation oral contraceptive pill she took was the cause of her stroke. Now, sixteen years after the incident, she is still an advocate fighting for women's health in contraceptive use and transparency on the part of contraceptive industries. After the charges were filed, various types of media began to shed light on this case, and not long after that, roughly thirty other victims filed the same charges [4].

The media coverage of this case sparked a public discussion about the safety of oral contraceptive methods. This has resulted in many French women questioning their method of contraception, causing a trend of the decreasing use of oral contraceptives. Bajos noted in her article that methods used to avoid pregnancy have evolved, with nearly one in five women revealing they have changed methods since the media debate on the phenomenon. The usage of oral contraceptives dropped from 50% to 41% between 2010 and 2013 [2]. This data is also supported by Marisol Touraine, the minister of health at the time, who made the same statement on World Contraception Day 2014, where she also stated that the use of the IUD not containing progestin experienced the most significant increase, namely 45%. In general,

IUD usage also increased by 26%. This increase is seen primarily for women who have not had children, where previously, the use was low in the category. Now the total IUD use is 4% aged 20-24 years (2% in 2010) and 16% aged 25-29 years (8% in 2010) [13]. The use of oral contraceptives continued to decline until the percentage was down to 33% in 2017 compared to 40% in 2010 [4].

Media coverage on the possible health risks of oral contraceptives has also taken part in this phenomenon, though it is essential to note that the interaction between all parties involved in the contraception industry has a tremendous impact on the outcome [23]. For nearly 20 years, media coverage in France of the health risks associated with the new-generation pills has been very low. This happens due to the conflict of interests and agendas of the parties involved, ranging from the feminists, the contraceptive companies and pharmaceutical industries, medical professionals or practitioners, and politicians. These parties have either separately or simultaneously mobilized their agendas, contributing to the centrality of contraceptive pill use in France. This was done by medical practitioners in France who used the media to promote the pill from 1970-2010s to maintain their monopoly of expertise in contraceptives [23]. These interests are then met with the industry interests, working alongside pharmaceutical companies to discover and promote new methods to retain and increase users. The feminist interest has also been strongly linked with promoting fertility control through oral contraceptives, often associated with women's empowerment. This contributes to the low media coverage of the side effects of the oral contraceptive pill because of the image that the oral contraceptive has, especially the strong fight that women have to go through for the right to use it in the era of the 1968 sexual revolution [23].

The decline of oral contraceptives between 2000 and 2010 in France highlighted the reconfiguration of power in the contraception field that drove feminists and other parties to question the health risks associated with the new-generation pill [15]. The discussions between fourth-wave feminists on the negative health effects increased public awareness. Examples can be seen from feminist writers such as Sabrina Debusquat, voicing her opinion in her book *J'arrête la Pilule* [9] (I Quit the Pill) and her feminist manifesto, *Marre de Souffrir pour ma Contraception: Manifeste féministe pour une contraception pleinement épanouissante* [10], (Tired of Suffering for my Contraception: Feminist Manifesto for safe contraception use) demanding that women's access to eligible contraception. These two works reflect the fourth wave of feminist thinking, which puts forth transparency and information for the inclusion of women in the discussion about contraceptives.

The decreasing usage reflects French women's distrust of oral contraceptives, which are now often associated with health problems and are considered unsafe for women's health, with benefits not worth the possible side effects. Negative perspectives on oral contraceptives are undoubtedly a drastic transition from the era of the sexual revolution, where it became a symbol of women's emancipation in France. Feminists now also question the burden of contraception unfairly imposed on women. According to Thomé in her article *Comment ne pas faire d'enfants? La contraception, un travail féminin invisibilisé* [26], contraception, and fertility control have long been a symbol of women's emancipation in France that succeeded in overcoming patriarchal domination, especially during the era of the sexual revolution. She states that the approach linking medical contraception to women's emancipation has actually slowed the emergence of a critical sociological perspective on contraception use [26]. The discussion about contraception has only reached a turning point recently, which can be seen

from the many pieces of research questioning contraceptive methods that often limit women and the medical and social standards that govern their use.

It can be concluded that contraception use and the feminist movement have a reciprocal relationship that impacts one another, with the feminist movement affecting contraception use and vice versa, both in positive and negative ways. The early wave of feminism led to a sexual revolution, demanding the legalization of contraception so that women could access fertility control. They succeeded in achieving this, and France held the highest number of oral contraceptive users worldwide. However, the approach that links medical contraception and women's emancipation has slowed the emergence of a critical sociological perspective on contraception, resulting in low media coverage of the negative health effects of contraception on women's bodies, emotions, and sexuality. The low coverage began shifting in the era of fourth-wave feminism, which demanded that women be included in the conversation around contraception and started questioning the contraceptive methods that often limit women and the medical and social standards that govern their use. This accessibility, by using social media, to easily voice opinions allows fourth-wave feminism to become much more inclusive of marginalized minority women characterized by intersectional feminism.

## **2. Social Inequalities in Contraception Use in France**

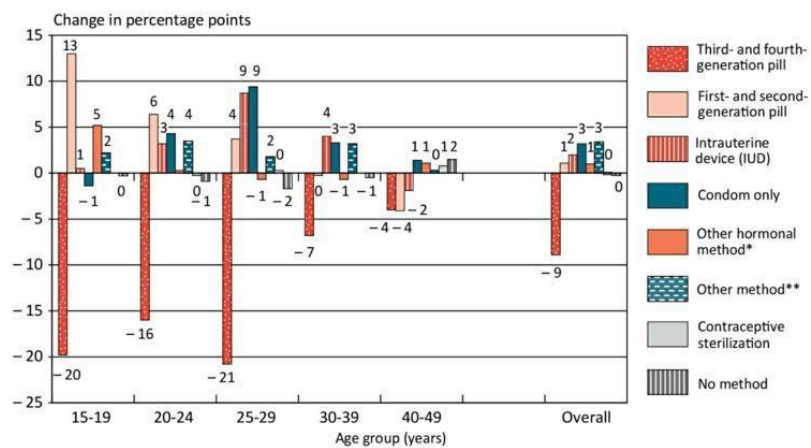
### **4.1. Contraception Feminisation in France**

Since its beginning, contraception use in France has gone through a process of feminization, meaning that there has been an elimination of men's roles and the burden that women bear in contraception use, especially the impact on the body, emotions, and sexuality. According to Thomé, this reinforces the definition of responsibility of contraception, which is primarily and often even exclusively put on the shoulders of women [26]. In France, it has become a standard for contraceptives to be prescribed according to their age and relationship status, limiting the standard of a woman's ability to choose the most suitable contraceptive [15]. The side effects of contraception, especially oral contraceptives, are often denied or minimized by medical practitioners who consider them normal or trivial because they perceive the benefits to outweigh the potential health and well-being risks [26].

However, this overlooking of potential risks is not seen in male patients. The risk of side effects outweighing the benefits ultimately justifies discontinuing the development of male contraceptives [26]. This is where the prevalence of sexism and androcentrism can be seen in the medical world, where women are often seen from an instrumental perspective, only in the context of their relation to other people and the functions they can serve. Women are often reduced to their reproductive function. This asymmetry and inequality in receiving health risks have caused the feminization of contraception use in France, further contributing to the normalization of gender roles of contraceptive responsibility. This feminization process shifts the burden of contraceptive responsibility solely to women, ultimately resulting in low interest and knowledge of male contraception and preventing men from taking part in contraceptive use [17]. It can be concluded that there is a very prominent issue of sexism in contraception use in France, which harms women's rights.

## 4.2. The *La Crise de la Pilule* Phenomenon

The discoveries of *La Crise de la Pilule* have also highlighted social inequalities in other aspects of contraception use in France. The shift in contraceptive method usage has affected women from every level of society differently in terms of race, education level, type of work, and socio-economic class. Although *La Crise de la Pilule* is reinforced by the feminist sentiment that encourages women to receive transparency in contraception, especially oral contraceptives, in reality, many layers of society do not benefit from this phenomenon [2].



**Fig. 1.** Changes in contraceptive methods used in France between 2010 and 2013 by women's age.

\* implant, patch, vaginal ring

\*\*Withdrawal, periodic abstinence, local method

Interpretation: the proportion of women aged 25-29 using a third- or fourth- generation pill fell by 21 points between 2010 and 2013 (28% in 2010 and 7% in 2013).

Coverage: Women aged 15-49 living in metropolitan France who are not sterile or pregnant, who have heterosexual sexual relations, and do not want to have a child.

(N. Bajos et al., Population & Societies, n° 511, INED, May 2014)

Source: Fecond survey (2013), INSERM-INED.



The table above describes changes in contraceptive methods used in France between 2010 and 2013, categorized by women's age. The decline in pill use applies to women of all ages but is particularly noticeable among those under 30. Among women aged 15-19, there was a 20-point decrease in the use of 3rd and 4th-generation pills. This decline is then matched by an increase in the use of 2nd-generation pills (+13 points). The switch is less common in women aged 25-29, who opted for the IUD instead, a method rarely offered to this age group prior to *La Crise de la Pilule*, and also the condom method. Women without diplomas tend to turn to the least effective alternative methods, namely the calendar and the withdrawal method. While those who have a CAP (*certificat d'aptitude professionnelle*) or BEP (*brevet d'études professionnelles*) diploma mostly turn to condoms, and those with the highest educational qualifications, which is the Baccalauréat or Bac +4 tend to switch to the IUD [2].

Women with executive class jobs who previously dominated the use of the 3rd and 4th generation pills have compensated for the decline in pill use by switching to the IUD and some turning to more natural methods such as the calendar and the withdrawal method, which is done on the basis of refusing any types of hormonal contraceptives. Meanwhile, women with intermediate or more technical professions have abandoned 3rd and 4th generation pills and switched to 2nd generation contraception and condoms. However, working-class women on the lower end of the social hierarchy, who previously preferred the new generation of oral contraceptives, did not change their contraceptive practices. It was also discovered that women not experiencing financial difficulties had made a partial switch from the new-generation pills to the older-generation pills. Meanwhile, those experiencing financial difficulties switched partially to the so-called natural method. This tendency is particularly seen in women born in Sub-Saharan African countries, which have significantly reduced pill use (-39%) to switch to natural methods (26% in 2013 compared to 5% in 2010) [2].

Though this trend of switching contraceptive methods is not only observed in France, the magnitude of this shift depends on how oral contraceptives are used and how access to it is controlled in a country. Several factors influence this. The first is that changes in contraceptive use depend on the contraceptive products and standards applied in a country. The higher the number of pill use among contraceptive users, the higher the fear of the pill will affect the switch to the contraceptive method. Second, how the controversy surrounding the pill is received in a country also plays a huge role. Each layer of society has a different type of media they consume, according to their social background [15]. In France, women from higher socio-economic backgrounds have more opportunities to access information about the risks posed by the new generation pills compared to women from lower socio-economic backgrounds [2]. Women from lower socio-economic backgrounds who were aware of the oral contraceptive debate were more likely to perceive the information presented during the controversy as worrisome. However, they are also more likely to experience errors in highlighting information provided by the media, researchers, and public institutions [2]. The third is the possibility of switching from the pill to other alternative contraceptive methods depending on access to these other methods of contraception [15].

There is a norm in France that determines the use of contraception in the temporality of relationship maturity, i.e., male condoms for occasional intercourse or intercourse at early stages of a relationship, the pill when the relationship stabilizes, the IUD when the desired number of children has been reached [26]. This norm reflects the reality of social control over women in reproductive issues. A lot of contraceptive methods are subject to a prescription

given by a medical practitioner. If sorted according to authority, it would consecutively be gynecologists, general practitioners, and midwives. Access to these different medical practitioners depends on a woman's social background [2]. While women from higher-ranking backgrounds consult an obstetrician or gynecologist more frequently than those from working-class backgrounds, the latter have a higher tendency to see a general practitioner instead. In addition, due to the different training backgrounds of each type of medical practitioner, particularly concerning the use of IUDs, gynecologists are more likely to recommend and prescribe IUDs to their patients, rather than general practitioners would [22].

The explanation above concludes that a woman chooses a certain contraceptive method based on various factors such as effectiveness, tolerable and unwanted side effects, and cost that reflects their social background. It has been observed that women with the highest form of education are more concerned with a method's effectiveness and safety, while those with lower levels of education choose their contraceptive method based on the more practical arguments of cost and free access [23]. This unequal knowledge and access to contraception throughout the layers of society have revealed the issue of social injustice in France within the field of reproduction.

#### **4.3. Racism in Contraception Use**

In the intersectional feminism theory, Kimberlé Crenshaw discusses the double oppression experienced by women by combining various identity markers. The research conducted by Natalie Bajos uses five types of identity markers separately and not linked to each other, such as age, education level, occupation class, financial condition, and a woman's country of birth. In order to explore the complexity of reproductive injustice in contraception use, the interaction of these identity markers at the intersection of it will be analyzed.

As explained in the previous sub-chapter, women in certain layers of society are disadvantaged by the *La Crise de la Pilule* phenomenon in France. French immigrant women from Sub-Saharan Africa are generally classified to be within the low socio-economic class. This socio-economic class affects their level of education, which in turn also affects their occupation class. Their poverty rate is also close to 31% compared to 13% for people born in France. Immigrants have an average monthly standard of living of 1,358 euros (after taxes and social benefits), compared to 1,812 euros for non-immigrants, which is 25% lower, according to 2018 data from INSEE (*Institut National de la Statistique et des Études Économiques*). This gap also varies according to country of origin, as immigrants born in Africa have an average monthly standard of living of 1,199 euros, compared to 1,622 euros for immigrants from European countries [16].

Several factors explain this low standard of living. Immigrant households are, on average, younger and often live in larger families, which inevitably impacts the standard of living per person. They earn lower wages than non-immigrants because they have jobs that are often irregular and of less quality, in particular, because of lower diploma levels on average than other workers and because of the difficulties that some have in speaking French. The discrimination caused by harmful stereotypes still held by employers is also a contributing factor, with racism still prominent in France. A person's immigration status also plays a part, for example, not having French citizenship, especially if they are not from an EU country, which may result in them being barred from working throughout civil employee jobs. Their

standard of living, which tends to be lower, impacts their access to contraception and the information they receive concerning it [16]

It can be concluded that from various types of identity markers, women originating from Sub-Saharan African countries are affected in all other aspects, such as age, education level, occupational class, financial conditions, and immigration status. This results in immigrant women from Sub-Saharan Africa reducing the use of pills in the most significant amount (-39%) to switch to more natural methods (26% in 2013 compared to 5% in 2010). The methods considered more natural are the calendar method, withdrawal, and condoms, but these methods are proven to be the least effective method for preventing pregnancy. Sub-Saharan African women are negatively affected by the *La Crise de la Pilule* phenomenon because of their position at the intersection of identity markers, making them the most disadvantaged layer of society [2].

The problem of sexism is intertwined with the problem of racism toward Sub-Saharan African immigrant women. They experience systematic discrimination in multiple aspects, which ultimately affects their reproductive health, especially in contraception. Immigrant women from Sub-Saharan Africa are at a crossroads of identity markers meaning that they experience discrimination from many aspects, resulting in a higher tendency to turn to the least effective methods of preventing pregnancy in the *La Crise de la Pilule* phenomenon.

### **3 Conclusion**

This study finds that the practice of using contraceptives and the feminist movement have a reciprocal and mutually influencing relationship. The feminist movement affects the development of contraception use and vice versa, both positively and negatively. Feminism encourages and paves the way for women's rights to fertility control, transparency, and safety in contraception use. However, the feminist approach that links medical contraception to women's emancipation has also hindered the emergence of a critical sociological perspective on contraception use. This hindrance has resulted in low media coverage of the negative effects of contraception on women's bodies, emotions, and sexuality that began to shift in the fourth-wave feminism era, with social media as a means of activism demanding that women be included in conversations concerning contraception. This has become one of the leading factors of the *La Crise de la Pilule* phenomenon. While the aim is to give women control over the contraceptive methods used, The *La Crise de la Pilule* phenomenon has amplified and led to the re-establishment of social inequalities in access to medical contraceptives in France. Through research, it is found that women are disadvantaged in French culture which unfairly transfers the burden of contraception responsibility solely to them. Using the theory of intersectional feminism by Kimberlé Crenshaw [7], this study also finds that immigrant women from Sub-Saharan Africa have been the most disadvantaged strata of society in this phenomenon because they tend to turn to the least effective methods of preventing pregnancy. This tendency is because they are at the crossroads of identity markers, causing them to be disadvantaged in many aspects, such as race, economic class, education level, immigration status, and job class. These findings reveal discrimination, such as racism, sexism, and classism in France's contraceptive use issue. This signifies that social inequality in the field of contraception in France is an omnipresent and significant issue, as it can prevent women from fully participating in society. Though, on different scales, these inequalities in contraceptive use occur all over the world, caused by similar factors [27], proving that this is

not just an isolated problem but rather a worldwide issue regarding sexism, racism, and classism. With that in mind, it is important to note the crucial role of governments and their healthcare system to take on the intersectional feminism lens in order to make sure that all women are given the same access surrounding contraceptive use.

## References

- [1] Bajos, Nathalie. "Contraception in France: new context, new practices?" *Population & Societies*, vol. 492, no. 8, 2012, pp. 1-4. *Cairn*, <https://www.cairn-int.info/journal-population-and-societies-2012-8-page-1.htm?WT.tsrc=pdf>.
- [2] Bajos, Nathalie. "La crise de la pilule en France : vers un nouveau modèle contraceptif ?" *Population & Sociétés*, vol. 511, no. 5, 2014, pp. 1-4. *Cairn*, <https://www.cairn.info/revue-population-et-societes-2014-5-page-1.htm#:~:text=Le%20recours%20%C3%A0%20la%20pilule.de%2014%20points%20en%20France>.
- [3] Bertrand, David. "L'essor du féminisme en ligne Symptôme de l'émergence d'une quatrième vague féministe?" *Réseaux*, vol. 2-3, no. 208-209, 2018, pp. 232-257. *Cairn*, <https://www.cairn.info/revue-reseaux-2018-2-page-232.htm?contenu=article&lang=fr>.
- [4] Boniteau, Charlotte. "Contraception : la pilule dure à avaler." *france3-regions*, 5 July 2019, <https://france3-regions.francetvinfo.fr/nouvelle-aquitaine/gironde/bordeaux/contraception-pilule-dure-avalier-1695432.html>. Accessed 25 October 2022.
- [5] Cabut, Sandrine, et al. "Alerte sur la pilule de 3e et 4e génération." *Le Monde*, 14 December 2012, [https://www.lemonde.fr/sante/article/2012/12/14/alerte-sur-la-pilule-de-3e-et-4e-generation\\_1806520\\_1651302.html](https://www.lemonde.fr/sante/article/2012/12/14/alerte-sur-la-pilule-de-3e-et-4e-generation_1806520_1651302.html). Accessed 25 October 2022.
- [6] "Contraception." *Service-public.fr*, <https://www.service-public.fr/particuliers/vosdroits/F707>. Accessed 25 October 2022.
- [7] Crenshaw, Kimberlé. "Intersectionality and identity politics: Learning from violence against women of color." *Reconstructing Political Theory: Feminist Perspectives*, 1997, pp. 178-193. *Philpapers.org*, <https://philpapers.org/rec/CREIAI-2>.
- [8] Creswell, John W., and J. David Creswell. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. SAGE Publications, 2018.
- [9] Debusquat, Sabrina. *J'arrête la pilule*. Éditions les Liens qui libèrent, 2017. Accessed 25 October 2022.
- [10] Debusquat, Sabrina. *Marre de souffrir pour ma contraception: manifeste féministe pour une contraception pleinement épanouissante*. Éditions Les Liens qui Libèrent., 2019. Accessed 26 October 2022.
- [11] "Definition of hormonal contraception - NCI Dictionary of Cancer Terms - NCI." *National Cancer Institute*, <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/hormonal-contraception>. Accessed 25 October 2022.
- [12] Espey, Eve. "Feminism and the Moral Imperative for Contraception." *Obstet Gynecol*, vol. 126, no. 2, 2015, pp. 396-400. *National Library of Medicine*, <https://pubmed.ncbi.nlm.nih.gov/26241431/>.

- [13] Fréour, Pauline. "Contraception : la crise des pilules a changé les habitudes." *Le Figaro Santé*, 2 October 2013, <https://sante.lefigaro.fr/actualite/2013/10/02/21328-contraception-crise-pilules-change-habitudes>. Accessed 25 October 2022.
- [14] Jarry, Charlotte. "Féminisme : mouvements féministes et combats dans l'Histoire." *Oxfam France*, 3 September 2021, <https://www.oxfamfrance.org/inegalites-femmes-hommes/le-feminisme-a-travers-ses-mouvements-et-combats-dans-lhistoire/>. Accessed 25 October 2022.
- [15] Le Guen, Mireille. "The French pill scare and the reshaping of social inequalities in access to medical contraceptives." *SSM - Population Health*, vol. 12, 2020. *ScienceDirect*, <https://www.sciencedirect.com/science/article/pii/S2352827320302433#:~:text=Introduction,revealed%20on%20the%20public%20space>.
- [16] "Les immigrés frappés par la pauvreté et les bas revenus." *Observatoire des inégalités*, 19 April 2022, [https://www.inegalites.fr/Les-immigres-frappes-par-la-pauvrete-et-les-bas-revenus?id\\_theme=24](https://www.inegalites.fr/Les-immigres-frappes-par-la-pauvrete-et-les-bas-revenus?id_theme=24). Accessed 25 October 2022.
- [17] Obasogie, Osagie K., and Marcy Darnovsky, editors. *Beyond Bioethics: Toward a New Biopolitics*. University of California Press, 2018.
- [18] Quarini, Carol A. "History of contraception." *Women's Health Medicine*, vol. 2, no. 5, 2005, pp. 28-30. *ScienceDirect*, <https://www.sciencedirect.com/science/article/abs/pii/S1744187006000874>.
- [19] Rampton, Martha. "Four Waves of Feminism." *Pacific University*, 25 October 2015, <https://www.pacificu.edu/magazine/four-waves-feminism>. Accessed 25 October 2022.
- [20] Robin, Geoffroy, and Brigitte Letombe. "Contraceptions non hormonales." *La Revue du Praticien*, vol. 15;58, no. 1, 2008, pp. 29-40. *PubMed.gov*, <https://pubmed.ncbi.nlm.nih.gov/18326359/>.
- [21] Ross, Loretta J. "Reproductive Justice as Intersectional Feminist Activism." *Souls*, vol. 19, no. 3, 2018, pp. 289-314. *Taylor & Francis Online*, <https://www.tandfonline.com/doi/full/10.1080/10999949.2017.1389634?scroll=top&n>.
- [22] Roux, Alexandra. "Des experts aux logiques profanes : les prescripteurs de contraception en France." *Sciences sociales et santé*, vol. 35, no. 3, 2017, pp. 41-70. *Cairn*, <https://www.cairn.info/revue-sciences-sociales-et-sante-2017-3-page-41.htm>.
- [23] Rouzaud-Cornabas, Mylène. "Alerte à la pilule. Politiques contraceptives et régulation du risque au prisme du genre." *Thèse de doctorat en Santé publique*, 2019. *Theses.fr*, <https://www.theses.fr/2019SACL5532>.
- [24] Sabatini, R. "Adverse Effects of Hormonal Contraception." *Journal of Reproductive Medicine and Endocrinology*, vol. 8, no. 1, 2011, pp. 130-156. *Krause & Pachernegg*, <https://www.kup.at/kup/pdf/10167.pdf>.
- [25] Stacey, Dawn. "8 Types of Progestin in Combination Birth Control Pills." *Verywell Health*, 10 April 2022, <https://www.verywellhealth.com/different-progestin-types-906936>. Accessed 25 October 2022.
- [26] Thomé, Cécile, and Mylène Rouzaud-Cornabas. "Comment ne pas faire d'enfants ? La contraception, un travail féminin invisibilisé." *Le travail procréatif*, vol. 48, no. 2, 2017, pp. 117-137. *OpenEditions Journal*, <https://journals.openedition.org/rsa/2083>.
- [27] Trombley, Abigail. "Empowerment, Resistance and the Birth Control Pill: A Feminist Analysis of Contraception in the Developing World." *Dartmouth Student Journals*, vol. 1, no. 2, 2022. *Dartmouth.edu*, <https://digitalcommons.dartmouth.edu/dujpew/vol1/iss2/11/>.

- [28] “What is the Effectiveness of the IUD?” *Planned Parenthood*, <https://www.plannedparenthood.org/learn/birth-control/iud/how-effective-are-iuds>. Accessed 25 October 2022.
- [29] Zimmerman, Tegan. “#Intersectionality: The Fourth Wave Feminist Twitter Community.” *Atlantis*, vol. 38, no. 1, 2017, pp. 54-70. *MSVU Library & Archives*, <https://journals.msvu.ca/index.php/atlantis/article/view/4304>.