

Non Reversible Contraceptive Methods : A Comparative Study of Tubal Ligation and Vasectomy in Quebec and France.

During the early 1970's, contraceptive sterilization became very popular in Quebec, like in other North America regions. While most European countries were undergoing their "second contraceptive revolution" characterized by a generalized use of contraceptive pills (Leridon et al., 1987), Quebec entered simultaneously in a "third contraceptive revolution", women massively choosing tubal ligation to put a final term to their family size (Henripin et al., 1981). The number of sterilizations, including vasectomy, continued to grow until the mid 1990's, where it started to slightly decline (Marcil-Gratton et Lapierre-Adamcyk, 1989; and Marcil-Gratton, 2000).

In 1974, around 28 800 Quebec women had a tubal ligation compared to 5 705 in 1971, a rate of 14.3 per 1000 women aged 15-44 versus 4.7 per thousand, 4 years earlier. The number of men who chose vasectomy remained much lower during the earlier period: 6527 men, a rate of 3.8 per 1000 men in 1971, and 14161 vasectomies, a rate of 7.6 per 1000 in 1979; a substantial reduction of the gap between men and women was observed in the 1980's. Since 1988, the annual number of vasectomies is higher than the number of tubal ligations, and in 2002 it is almost twice as high (14966 versus 7997) (Duchesne, 2003). This fact points at a major change in men's involvement in birth control within a couple.

In France (and in Europe), contrary to Quebec (and to North America), contraceptive sterilization remains fairly rare. Around the mid-1990's, 4.1 percent of women and 0.2 percent of men aged 20 to 49 declared that they have been sterilized (Leridon, 2000). Contraceptive pills and IUD were then the most widely used methods. In 2000, nearly 46 percent of women aged 18-44 and 28 percent of those aged 40-44 were taking the pill in France (Enquête COCON, 2001) while in Quebec, 1998, these percentages were 25 % and 5% for the same age groups (Duchesne, 2004).

This difference in contraceptive behaviour between France and Quebec could be partly explained by the fact that in France sterilization has been for the longest time considered a mutilation by the medical profession regulating body. This contraceptive method has only been authorized in this country since July 4, 2001 (law no 2001-588).

One can also point at differences in the type of methods used in France and Quebec. Sterilization corresponds to a means that is "perfectly" reliable and irreversible. The pill and the IUD, almost as reliable, although associated with some "constraints" (daily intake, regular visits to the doctor, etc...), are reversible and allow for a quick fertility recovery.

This paper will examine reasons that lead Quebec men and women to a generalized recourse to contraceptive sterilization, and conversely, those reasons that underlie the choice of French men and women of a reversible method until the end of the reproductive age.

The striking differences between Quebec and France rates of sterilization lead the observer to think that contraceptive practices find their meaning in the social fabric. Therefore, the analysis of the contraceptive behaviour and its evolution can be approached as a way to reveal the value system of a society. A deeper knowledge of the meaning of the contraceptive practices could contribute not only to develop a prospective approach to understand current fertility levels, but also lead to a more meaningful understanding of the “negotiations” occurring between spouses around questions related to reproduction (number of children and contraceptive practice, for example).

Understanding logics and strategies related to contraceptive practices, more specifically those relative to tubal ligation and vasectomies, is to be considered as a relevant element by any observer who reflects on reproductive health and on sexual behaviour to prevent health problems. These are also very relevant questions for those who are concerned with generation replacement, and who are examining the relevance as well as the effectiveness of any public policy to stimulate couples to have more children (Marcil-Gratton, 1981). Finally, an improved knowledge of the characteristics of those persons who choose contraceptive sterilization as well as a better understanding of the limitations of these practices could lead to welcome modifications of the medical practice and then to avoid delicate and uncertain surgical interventions to reestablish fecundity (Marcil-Gratton et al., 1988).

Past studies have allowed, on top of showing the importance of sterilization in Quebec since the early 1970's (Lapierre-Adamcyk et Marcil-Gratton, 1981), to reveal a decade later the first signs of some negative and undesirable effects of these practices, like dissatisfaction and regret (Marcil-Gratton et al., 1985; Marcil-Gratton, 1988). However no recent study is available on the evolution of contraceptive practices in Quebec, in particular on the recent evolution of tubal ligation and vasectomy use. Moreover, no research seems to be undertaken on the dynamics of the partners' decision making, while data reveal important changes in the tubal ligation and vasectomy rates. Differences in the way women and men relate to contraception have to be considered important factors in reproductive health or social dynamics.

In this paper, we will draw on the differences between France and Quebec sterilization rates to try to understand what the logics and the strategies that underlie contraceptive practices and fertility behaviour.

Using data from Canada and France retrospective longitudinal surveys (General Social Survey, GSS-2001 for Canada; Étude de l'Histoire familiale – EHF-1999 for France), this paper will examine the relationships between conjugal and family trajectories of French and Quebec cohorts and the recourse to tubal ligation or vasectomy, taking into account various factors like age, education, family situation, number of children, etc.... On one hand, the analysis will allow to identify the role of the individual trajectories in the family behaviour, in particular in the choice of the moment to use contraceptive sterilization. On the other hand, it will allow to verify if contraceptive sterilization influences fertility decisions for a couple or an individual, and eventually fertility levels. Three types of

statistical methods will be used: descriptive statistics, logistic regressions and event history analysis.

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