

## **Male versus Female Sterilization : a Comparative Study of this Decision in Québec and France**

Laurence Charton  
Université Marc Bloch  
Strasbourg, France  
[LCharton@aol.com](mailto:LCharton@aol.com)

Evelyne Lapierre-Adamcyk  
Université de Montréal  
Montréal, Québec-Canada  
evelyne.lapierre-adamcyk@umontreal.ca

### **Introduction**

During the early 1970's, contraceptive sterilization became very popular in Quebec, like in other North America regions. 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) (Marcil-Gratton, 1981; Marcil-Gratton et Lapierre-Adamcyk, 1989; Duchesne, 2003). This fact points at a major change in men's involvement in birth control within a couple. In France, 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). This difference in contraceptive behavior 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).

This paper will examine reasons that lead Quebec men and women to a generalized recourse to contraceptive sterilization, and show the first results of level of sterilization in France since the legalization of this procedure.

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 behavior 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 to a more meaningful understanding of the "negotiations" occurring between partners 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 ligations and vasectomies, are to be considered as a relevant element by any observer who reflects on reproductive health, and on sexual behavior to prevent health problems. For both theoretical and policy-related reasons, an improved knowledge of the characteristics of those persons who choose contraceptive sterilization could lead to welcome modifications of the medical practice and then to avoid delicate and uncertain surgical interventions to reestablish fecundity (Marcil-Gratton, 1988; 2000).

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 put the emphasis on (1) factors that may be important to recourse to tubal ligation or vasectomy in Québec and in France, (2) differences between Québec and France sterilization rates to try to understand what are the logics and the strategies that underlie contraceptive practices and (3) we will examine the choice between male or female sterilization in these two societies.

### **Sources of Data and Methodology**

Firstly, using data from Québec and France retrospective longitudinal surveys (General Social Survey, GSS-2001 for Québec (Canada); Generations and Gender Survey GGS- 2005 for France), this paper will examine the relationships between individual, conjugal and family trajectories of French and Quebecker cohorts and the recourse to tubal ligation or vasectomy. In particular, the analysis allows identifying the impact of various factors like age, education, family situation, number of children, in the choice of the moment to use contraceptive sterilization. Three types of statistical methods will be used: descriptive statistics, logistic regressions and event history analysis.

Then, using qualitative data collected in Québec in 2005 and in France in 2006 from men and women having voluntary sterilization; this paper will examine the influence on the choice of a sterilization procedure. In particular, we will focus on the reasons people give for seeking sterilization, their sources of information about sterilization, the persons (including physicians, family and friends) who have most influenced their sterilization decisions, and the kind of relationships sterilized persons have with her/his partner.

### **Références**

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