

AN "IMPERFECT CONTRACEPTIVE SOCIETY: FERTILITY AND CONTRACEPTIVE PRACTICES IN ITALY

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Abstract

Italy represents an unexpected and in some ways paradoxical outcome in terms of fertility control: one of the lowest birth rates in the world seems to have been accomplished through the preponderant use of "traditional" methods. Compared to other countries, there has been a reluctance to abandon *coitus interruptus*. In France in 1994, 84% of women used IUDs or the pill, compared to 42% in Italy in 1995; the proportion using withdrawal was respectively 3% and 25% (Castiglioni et al. 2001). Using data from 349 interviews conducted in 2005-2006 in four Italian cities, we argue that Italians using withdrawal often have 'unplanned' AND desired conceptions. Such results suggest the need to rethink theoretical understandings of low fertility. Individuals manipulate culturally produced norms and beliefs about the appropriate moment to have a child through use of *coitus interruptus*; simultaneously, their actions are embedded in cultural, economic, and political processes.

An “Imperfect” Contraceptive Society: Fertility and Contraceptive Practices in Italy

Introduction

The title of this contribution recalls an expression by Shorter (1975) who envisioned that a ‘perfect contraceptive society’ would be accomplished through means of a ‘second sexual revolution’ and the diffusion of effective contraceptive methods. Italy, however, represents an unexpected and in some ways paradoxical outcome in terms of fertility control: one of the lowest fertility rates in the world seems to have been accomplished through the preponderant use of “non-technological”¹ methods. If the use of technological methods has recently started to rise among the younger generations, there remains a clear ‘delay’ with respect to northern Europe and a reluctance to abandon *coitus interruptus*². We investigate this puzzle through an anthropological demographic lens, using data derived from a large ethnographic research project conducted in Bologna, Cagliari, Padua, and Naples.

We contend that the notion of planning births in the Italian context takes on particular meanings associated not only with the importance of responsible choice and procrastination, but also with the morality of a contraceptive behavior that leaves open the *possibility* of conception. Of no less importance to making contraceptive choices is a way of thinking particularly linked to social class, and to notions that women must protect and preserve their bodies and fertility from a multitude of risks. The use of “natural” contraceptive methods is one way to do this. Surprisingly, such methods are not defined as “traditional” by those who use them, but are instead perceived as markers of a “modern” and informed middle class.

This article is historically situated within the literature on the demographic transition and dramatic birth decline in Europe over the course of the 19th and 20th centuries, enabled by a widespread reliance on *coitus interruptus* and, to a lesser extent, abortion (Santow 1993, 1995; Schneider and Schneider 1991; 1996, Dalla Zuanna et al. 2005, among others). Yet when fertility began to fall even further beginning in the 1960s, the previously rather homogeneous pattern of contraception across countries began to diverge. Some countries, including Italy, Greece, Spain, Portugal, and Japan, stood out for their extremely low fertility rates combined with a limited diffusion of the pill, IUDs, and sterilization for contraceptive purposes (Dalla Zuanna et al. 2005:21; Schneider and Schneider 1996:149). Santow (1993:784) put it bluntly, suggesting that “Southern Europe’s extraordinary recent fertility decline has been greatly assisted, or even enabled, by withdrawal, despite the availability of modern methods. It would therefore seem premature to predict that the method will lose its importance in these countries [...] in the immediate future.”

Our aim is not to predict the future of withdrawal as a contraceptive method. Rather, it is to shed light on the social and cultural processes that shape Italians’ fertility choices. In order to achieve a better understanding of very low fertility in the (relative) absence of modern contraception, we build on the theoretical framework pioneered by Bledsoe (1996, 2002), Greenhalgh (1995), Micheli (1995), Kertzer, (1995, 1997), and Schneider and Schneider (1991, 1996), followed by Johnson-Hanks (2002), Krause (2005), Paxson (2004) and others regarding cultural understandings of contraception. Jennifer Johnson-Hanks, for example, in her ethno-demographic work in Cameroon, argues that the desirability of a contraceptive method does not lie in its effectiveness in avoiding pregnancy alone. Cameroonian women’s choice to use periodic abstinence is closely linked with notions of a ‘modern’ identity, as well as ‘discipline’ and ‘honor’. “By claiming that contraceptive practice is about achieving social goals, of which preventing pregnancy is only one, I am arguing that we need to know something about social

organization and the kinds of social goals that motivate action in order to understand patterns of contraceptive use” (Johnson-Hanks 2002:231).

The themes of honor, respectability, and the ability of contraceptive choices to represent elements of identity construction have been explored by other authors as well. Jane and Peter Schneider traced the significance of *coitus interruptus* as a distinctive element of self-discipline linked to social class in a Sicilian town over the period 1860-1980 (Schneider and Schneider 1996). Elizabeth Krause, in an ethnographic analysis carried out in contemporary Tuscany, underlines questions related to the respectability of contraceptive choices in which desire must be ‘domesticated’: “in contrast to peasant sexuality, a key symbol of modern sexual relation was control” (Krause 2005:121). Elements of respectability, discipline, and control are *not*, however, sufficient to explain the contradictory discourses with respect to contraceptive choices as expressed by informants in this project. Conversely, they are characterized by notions of ‘naturalness’, spontaneity, and destiny, combined with marked signs of ambivalence.

Contrary to studies that place *coitus interruptus* in a rational-actor framework³, here we contextualize Italian contraceptive behavior in terms of culture, social organization, and political power structures. Bongaarts’ framework for analyzing the proximate determinants of fertility (1978, 1983) has contributed to recognizing fertility as being governed by both indirect (socioeconomic, cultural, environmental factors) and direct or intermediate fertility variables (exposure factors, deliberate fertility control, natural fertility control). Research that has built upon this approach has, for the most part, sought to find more accurate ways to calculate fertility, rather than to explore the indirect determinants of fertility or the effect of individual actions on fertility and mortality. Anthropologists, on the other hand, have expressed decidedly more interest in indirect determinants, individual action, and the “culture concept” as these concern demographic processes. Yet just what is meant by culture is often unclear. “If economic models are strong on theory and weak on evidence” writes Kevin McQuillan (1989:333), “approaches which emphasize the role of culture suffer the opposite problem”. The economist Gregory Clark (1988:161) comments that the challenge is to find a way to treat culture as something “other than a residual to be resorted to when all other explanations fail” (cfr Kertzer 2005). While we do not discard an economic perspective, or the ways in which people’s fertility decisions reflect strategizing behavior which seeks to maximize resources, the focus of this paper is on culture.

Rather than treat culture as a ‘laundry list of traits’, we examine the multiple facets of this concept as they pertain to contraceptive choices. In other words, we examine both the degree of autonomy or ‘agency’ with which “individuals may manipulate culturally produced norms and beliefs for their own ends” (Kertzer 1997:144) and culture, which “does not dictate a particular code of conduct, but instead involves an endless process of negotiation” (Kreager 1985:136). Along with Johnson-Hanks (2002:231), we suggest that *coitus interruptus* remains prevalent because “contraceptive practice often achieves social goals beyond avoiding pregnancy”.

The main theoretical argument advanced in this article is that in the Italian case, *coitus interruptus* is affected by a variety of cultural forces such as individuals’ beliefs about health and sex, social models behind choices to have children, notions of ‘planning’, and ‘decision-making’, and links between reproduction, belonging to the ‘modern’ middle class, and Catholic culture. If the informants interviewed refuse notions of planning and choice, preferring instead those of desire (if ambiguous) and destiny (if procrastinated), then it is not surprising that *coitus interruptus* and ‘traditional’ methods make sense in a decisional space open to ‘modernity’. More broadly, the decisional space relative to fertility cannot be separated from larger socio-economic questions, gender inequality, and political policies which today characterize Italy and the Italian family (Barbagli and Saraceno 1997; Bernardi 1999; Saraceno 1994). Following the lead of Greenhalgh (1995:13) this analysis is therefore set within [Italian] “culture and the political economy of reproduction”. This approach allows us to reframe the problem of contraceptive choices so as to avoid defining them as ‘irrational’. It also embraces an

examination of contraceptive choices that is embedded in the interaction of political, economic, and cultural processes. The goal is to resist ‘the tendency of economic accounts to abstract decisions concerning fertility from issues of health, the body, concepts of personhood’, and the “continuously changing process of culture” (Carter 1998:262; Kertzner 1997:152).

Demographic Setting and Social Context

Supporting the theory that *coitus interruptus* has played a significant role in both the first and second demographic transitions is evidence of the method’s effectiveness. Gigi Santow (1993, 1995), for example, has gathered data that suggest that “given a modicum of skill and commitment on the part of the practitioners, its first-year failure rate is barely above that of the condom (estimated at 8 percent). Less effective than the estrogen pill (at 2 percent) or the IUD (at 4 percent), it is more reliable than rhythm or the diaphragm (with rates of 18 and 21 percent, respectively)” (Schneider and Schneider 1996:148; Santow 1993:770-72). On the other hand, Santow has also pointed out that individuals with sufficient motivation will use contraceptive techniques even in the absence of technological instruments, while vice-versa, technologies that individuals find unacceptable - notwithstanding their ease of use and effectiveness - may ultimately have little success. The technical ‘effectiveness’ of a contraceptive instrument is thus not the only characteristic to evaluate (Santow 1993).

Contraception has traditionally been a taboo subject in Italy due to the strong influence of the Catholic Church (see below), but political movements encouraging demographic growth have also inhibited the spread of contraception. Fascist leaders introduced legislation in 1930 to prohibit publications and propaganda in favor of birth control (Horn 1994). Opposition to Fascist legislation regarding contraception did not begin to grow until after World War II, and the 1930’s prohibition remained in effect even after the fall of Benito Mussolini. In 1956, the Italian Association for Demographic Education (AIED) was founded with “the aim of defending the idea and the practice of a voluntary and conscious limitation of the number of children, and of combating the existing legislation against birth control” (Wanrooij 2001). While supported by the secular lay forces, socialists, and communists, Catholics, who upheld the existing legislation⁴, strongly opposed the AIED. In fact, in 1965 the Constitutional Court declared that information concerning contraceptive methods would remain illegal, in that it offended public morality (Idem). It was not until 1971 that the Constitutional Court decided that legislation forbidding propaganda in favor of birth control was unconstitutional (Dalla Zuanna et al. 2005). As a result, until the 1970s *coitus interruptus* was the most common method of contraceptive employed (Idem). It was not until the mid-1980s and the emergence of the AIDS epidemic that publicity for contraceptives – especially the condom – began to appear in advertisements and mass media (Idem: 34).

A shift in the use of different contraceptive methods also occurred with the women’s movement in Italy when withdrawal, characterized as a ‘male method’⁵, came under critique by feminists. *Coitus interruptus* came to be seen, in Aries’ (1980:648) words, as “the archaic tool of a macho, phallocratic, and non-permissive society”. “The availability of more reliable and cheaper condoms, prescription sales of the pill, and the IUD dramatically expanded the available options. These technological and market changes brought about an important transition that some authors describe as a ‘second contraceptive revolution’” (Dalla Zuanna et al. 2005:24; Léridon 1987). Yet compared to other European countries, the ‘contraceptive revolution’ was much slower in Italy. For example, in France in 1978, 60% of women in couples were using the pill or IUDs. In 1979 only 16% of women in couples were doing the same in Italy, and by 1996, this had risen to only 34% (de Guibert-Lantoine and Léridon 1998; Dalla Zuanna et al. 2005)⁶. Notwithstanding the relatively slow spread of technological methods of contraception, births fell dramatically in Italy during the 1980s and 90s. While the mean number of children per woman in 1970 was 2.43, this dropped to 1.64 in 1980, 1.33 in 1990, and 1.24 in

2000. The number of induced abortion also decreased, from 36 per hundred births in 1985 to 23 in 2002 (Dalla Zuanna et al. 2005:24; Sardon 2004).

An important contrast in contraceptive use in Italy has emerged between women not in couples and married women, with use of technological methods among the former increasing much more rapidly in the last 20 years. "Today the usual pattern for Italian young women is to spend their twenties sexually active, but without living with their partners. Most sexually active women born after 1960 use condoms or the pill. In the mid-1990s the contraceptive behavior of sexually active women not living with a partner was close to that of their peers in the Central and Northern European countries" (Dalla Zuanna et. al 2005:25-27). The contraceptive practice of women *living* with a partner, however, has seen a quite different trend over the last 30 years. For these women, *coitus interruptus* was still the main method used during the mid-1990s (Idem: 27). This pattern continued to be reflected in the interviews conducted in the four urban sites under analysis in 2005-6. Fertility control among women living with a partner was primarily obtained through the use of non-technological methods, and there was a tendency to refuse total coverage methods such as the pill or IUD. Sterilization was not even minimally taken into consideration. Contraceptive behavior among young women not living with a partner varied more noticeably across the cities, with young women in Naples preferring the condom, while their age-mates in the other three cities showed a preference for the pill⁷.

The Role of the Church

Before moving on to the implications of the ethnographic data, it is important to say a few words about the role of the Church in shaping demographic behavior in Italy. Indeed "Churches throughout modern (and pre-modern) European history played a major role in shaping people's reproductive behavior. They taught what was appropriate sexual activity, they specified which marriages could be contracted and with what timing, and they regulated the breaking off of marriages and the appropriateness of remarriage" (Kertzner 1997:46). The Church has regularly condemned contraception in general and *coitus interruptus* in particular. Santow (1995:32) points out that Church began to wrestle with *coitus interruptus* as early as the fourteenth century when "the unfortunate clergy faced the dilemma of leaving penitents in ignorance of their sins or informing potential sinners of ways to commit new sins".

The influence of the Church in Italy has been and remains strong. In the mid-1990s, almost all those 18 years of age or older had been baptized in the Catholic Church (Dalla Zuanna et al. 2005:36; Cesareo et al. 1995). The Church has also had a historically strong influence on Italian politics; the Catholic party *Democrazia Cristiana (DC)*⁸ largely controlled the national government from 1946 to 1989 (Idem.). On the other hand, since the 1971 law that permitted contraceptive advertising, Italian society has become much more secularized. A divorce law was approved in 1970, and abortion was made legal in 1978⁹. When corruption scandals led to the disintegration of the *Democrazia Cristiana* in the early 1990s the new Catholic parties which formed were much less powerful than the *DC*.

Despite these changes, the Church continues to have significant sway over Italian political and social life. For example, in 2003, influenced by a vigorous church campaign, the Parliament approved a conservative law on IVF, which allows for use of this technology only by couples, without recourse to sperm or ovule donors (Dalla Zuanna et al 2005:36). Cesareo et al. (1995:75) report that during the 1990s, 30% of women age 22-49 stated that they go regularly to Sunday Mass, while an additional 20% reported that they attended Mass at least once a month (Dalla Zuanna et al. 2005:37).

Scholars such as Dalla Zuanna, De Rose, and Racioppi (2005) have explored why, if the influence of the Catholic Church has been effective in slowing down the diffusion of technological methods of contraception, the same has not held true for *coitus interruptus*. They suggest that historically the Church may have been relatively quiet when it came to withdrawal.

Flandrin (1988; cfr Dalla Zuanna 2005:37) similarly contends that “priests did not ask about this method during confessions; following the position of St Alfonso de Liguori in the 17th century: “there is not sin without the knowledge of sin””. The ‘real’ message on *coitus interruptus* may therefore have been very different from that transmitted by doctrinal language. In addition, the same authors suggest that the spread of technological methods, unlike *coitus interruptus*, was not a ‘quiet revolution’, but “needed certain institutional conditions: a public and private health system oriented toward contraceptive devices” (Idem, 2005:37). They suggest that the Catholic Church has been able to influence medical and political institutions more readily than Italian’s personal lives.

Methods

The data used in this article were collected over a period of 12 months in 2005-2006 and consist of fieldnotes from participant observation and 349 in-depth interviews conducted in the cities of Bologna, Cagliari, Padua, and Naples. This research endeavor forms part of a larger project, “Explaining Low Fertility in Italy” (ELFI),¹⁰ aimed at achieving a more satisfactory understanding of the role played by the culture of reproduction and by kin and non-kin networks in determining fertility behavior. In addition to a far-reaching statistical analysis (see for example, Kertzer et al. 2008), the original study design included an intensive ethnographic research project in the four cities just mentioned. The latter were chosen in order to tease out the complex interactions between cultural processes as experienced by individuals and their families and the socio-economic forces in which they are embedded. The ethnographic portion of the ELFI project thus focuses on women who are in the process—passively or actively—of fertility decision-making. We define this as women aged 23 to 45, based on the actual fertility experience of Italian women (the proportion of all childbirth occurring before age 23 in Italy today is very low). The objective of the study is to capture not only the experiences of these women, but also the social network of which they are a part and the impact of the former on their fertility choices.

In the original design, four trained anthropologist were to select 50 women aged 23-45 in each city for special study through in-depth interviews. Half of these women were to be from the younger reproductive years (23-32) and half from the older (33-45). In addition, in each cohort, half of the women were to be from a working-class neighborhood and half from a middle-class neighborhood, of varying levels of education and parity. Interviews were also to be conducted (when possible), with the woman’s mother, as well as with the woman’s husband or cohabiting partner. The final sample of interviews (and that used in this analysis) consists of 233 women (age 23-45), 49 mothers, and 67 partners, for a total of 349 interviews (see table 1). Individuals were chosen via an indirect snowball sampling procedure, stratified by age, parity, and marital status of the woman in order to maximize variation in socio-demographic characteristics and to avoid a clustered sample (see table 2) Interviews were conducted in a private setting, and with the interviewees consent, recorded.

While the scope of these interviews is wide-ranging, women, their partners, and women’s mothers were spoken with extensively about their fertility decisions and intentions. Further, because the issue of having very few children is so salient, informants were asked about the kinds of contraception they use, why they made the choice to use certain types over others, and the implications of the former for bearing children. Participant observation also provided a revealing window through which to understand the contraceptive behavior of Italian men and women. Anthropologists in each of the four cities attended social events where cultural norms about family and fertility were shared and discussed (e.g. prenatal courses, parks, childcare centers, pre-nuptial courses). Subjects were also accompanied throughout various moments of their daily lives, enabling an in-depth understanding of the beliefs and behaviors which in part produce demographic outcomes.

In order to facilitate analysis, each of the 349 interviews was transcribed and examined using the computer program NVivo. As a 'code-based theory builder', the program aids with coding¹¹ and analysis of qualitative data (Weitzman 1999) and offers the "tools to manage, store, extract, compare, explore, and reassemble meaningful pieces of the data flexibly and systematically' (Manning and Smock 2005:993). In what follows, we select examples from the interviews in order to illustrate common patterns. Given the vast amount of qualitative material, the descriptive quotes are representative of the sample as a whole, unless otherwise specified.

A brief note must also be dedicated to the sensitive nature of the topic of contraception, and the implications this has for scientific research. The large number of married women in our sample who declared that they do not use any fertility control likely includes many women who actually use natural methods or *coitus interruptus*. In other words, many women may not think of withdrawal as a contraceptive method and will therefore respond negatively when asked 'do you use a contraceptive?' (Bonarini 1991; Castiglioni, Dalla Zuanna and Loghi, 2001). Santow (1993:773) has pointed out that "some women may not wish to admit to themselves, let alone to an interviewer, that they have been party to the taking of precautions". Still others may consider withdrawal to be a method used by their husbands, rather than by themselves. These challenges have plagued statistical investigations of *coitus interruptus* for decades¹². More generally, family planning programs and contraceptive-promotion programs have a tendency to devalue 'traditional' methods, and respondents may therefore be reluctant to identify *coitus interruptus* as their preferred method. Women may also use more than one method, mixing and alternating them, even within short periods of time (Rogow and Horowitz 1995:141-2; Tsui et al. 1991). Given these challenges, the use of non-technological methods among the women interviewed may be underestimated. On the other hand, the use of qualitative methods such as participant observation and in-depth interviews (described above) are particularly effective for gaining deeper understandings of sensitive issues such as contraceptive choices.

***Coitus Interruptus*: a 'Natural' and 'Healthy' Method**

Increased attention has recently been paid to the body and its conceptualization and metaphoric use in symbolizing the social world (Carter 1995; Johnson 1987; Kertzer 2005:542). Along with other scholars, we argue that such considerations have implications for understanding demographic behavior. Caroline Bledsoe's (2002) work, for example, reports the surprising finding that women in The Gambia used contraceptive methods to increase rather than to limit the number of births. The author demonstrates the importance of gaining an understanding of how local people themselves conceptualize reproduction and relate it to understandings of the body, health, and social support. Bledsoe stresses the fact that western notions of linear time do not capture how the women under study think of their bodies and their reproductive lives. Understanding their reproductive behavior entails an understanding of Gambian ideas relating to the wearing out of the body occasioned by reproductive episodes. These include not only childbirth but also miscarriage and other events as well (idem; cfr Kertzer 2005:542).

In this article, we contend that many Italian women perceive 'technological' methods as unhealthy and 'unnatural'. More broadly, this ties into a larger category of forces that Italians view as potentially harmful to the body (e.g. genetically altered foods, and social illnesses such as 'mobbing', see Molé 2008). Women informants created a discourse of 'naturalism' around non-technological methods such as *coitus interruptus*, as opposed to technological methods or 'pharmaceutical' methods, viewed as potentially unhealthy for the body (see similar findings in the US by Bledsoe, 1996).

Interviewees consistently defined *coitus interruptus* as a 'home-made method' (*metodo fatto in casa*), having characteristics of 'domesticity' and 'authenticity', in addition to simplicity of use¹³. Other non-technological methods, such as the rhythm method and observations of cervical mucus, are similarly described. As one woman explains,

Let me be perfectly clear, the Billing method¹⁴, if done well, is a contraceptive method... Because whatever you use... even the pill might not be a contraceptive, because there are cases in which it hasn't worked. A condom can break... So contraception is really just in the mind of a person. Are you absolutely against the presence of a baby in your life, or not? This is what makes something a contraceptive. I like the Billing method, it is fun and I get to see my cycle go well and regularly, and I like to see that things are working properly... So it helps me in the management of my body, it's a relationship that I like to have... so in the fertile period one can have fun doing other things (laughs)... We are practicing Catholics, I'm not saying we're not... but... they (the Church) sometimes sell us a bunch of lies (*ci vendono anche un po' di balle*), saying that the Billing method or temperature... or leaving the door open to God... Nonsense! (*un cornio*) If you have sex in the infertile period, nothing is born, nothing comes. – *Female, age 35, two children*

While a number of women talked about the pleasure they derived from 'being in touch' with their bodies through use of non-technological methods, other women gave health-related reasons for not using technological methods. Bonarini (1999), using data from the Inf-2, similarly discovered that among Italian women who had stopped using a 'technological' contraceptive method, an overwhelming 43% gave health reasons, while 28% declared that they had done so because they desired a child and 7% claimed difficulty of use as their reason for stopping. Generally, women in this study found non-technological methods to be more 'natural' and thus less risky to their health. They frequently contrasted natural methods with the potentially harmful effects of technological methods, or what they termed 'pharmaceutical' methods.

This opposition between healthy 'natural' methods and a fear of 'unnatural' technological methods is conditioned by a Catholic culture which closely intertwines love, sexuality, and reproduction. Even women who declared they were secular made no distinction between 'reproductive' sex and 'non-reproductive' sex, mirroring the Church's view of intercourse.

Anthropologist: So... at the moment you're not trying to have a child, you're going to wait a bit.

Interviewee: Mm, yes, we're in a waiting phase (smiles)

A: But you're not using the pill... Have you ever thought about it? Are you at all interested?

I: No, I've never used the pill, and I don't have any intention of trying it.

A: Does it (the pill) worry you?

I: Well... I think it can have consequences, it's a pharmaceutical... it can have consequences for the female body. So...on the one hand natural methods convince me... as a philosophy, the thought that's behind it certainly... that is, apart from the fact that it doesn't damage me (smiles)

A: Ok, so you were saying that you like the philosophy behind natural methods, what do you mean by that?

I: In the sense, that you give importance to the act... I mean, the choice that two people make in order to have, or not have a maternity, a responsible paternity, in the eyes of the Christian family, you know... One consciously decides when the right moment is, the best time to have a child, and what that will mean... using the natural cycle of things (smiles). That's it.

- *Childless female, age 34, practicing Catholic, uses rhythm method, hopes to have a child within a year.*

Similar to Bledsoe's (1996:35) findings on women in the US, Italian women "voice strong preferences for the mildest possible birth control methods: those that are the least intrusive or have the least perceptible chemical effect (especially long term) on the body. Frequently, these are methods seen as closest to "nature". In part perhaps because of the perceived 'naturalness' of non-technological methods, the Italian women interviewed often considered certain contraceptive methods as 'non-methods'; or rather, had difficulty thinking of natural methods and *coitus interruptus* as a way to control fertility. *Coitus interruptus* was often described as a vehicle of love, and as exercising a 'natural' sexuality. When not using any mechanical or medical devices that prevent births, respondents often responded, "We don't use anything".

Withdrawal was often not represented as a contraceptive, which by definition seems to be something 'external' to the management of a couple's sexual relationship.

A: Do you use any kind of contraception?

I: No, never. We use natural methods... we know each other so well, that we're able to establish... I mean what we need to do...

A: Are you against using contraceptives?

I: Well, I am not... and my husband never has because he doesn't like the feel. I don't know, the idea of having the spiral, or taking the pill, I never have done that. I'm kind of against medicines in general, the idea have being bombarded by hormones...But, anyways, I repeat, since we know each other really well, we've played our cards well, we haven't had any difficulties, no abortions... and when we've wanted them, we've done it. – *Female, age 37, two children.*

Women's concern about (and even fear of) technological methods, coupled with their descriptions of *coitus interruptus* as the most 'natural' and healthy of contraceptive choices reflects historical changes in beliefs regarding this method. Until at least the early 1900s, "the medical profession tended to oppose birth control in general and *coitus interruptus* in particular"; an interesting contrast to contemporary women's favorable opinions (Santow 1995:34). In fact, some doctors viewed the deposition of the husband's semen as a *restorative* uterine tonic (Rogow and Horowitz 1995:149). "French, British, American, and Australian detractors tendered dramatic case studies as evidence of appalling physical and nervous complaints among both women and men caused by "conjugal onanism"; at the end of the century Freud¹⁵ added his voice to express concerns about the psyche" (Santow 1995:34-35). Even those in favor of birth control, such as the founders of the Malthusian League, described withdrawal as both physically harmful and a source of nervous disorder (Idem). Schneider and Schneider (1996) have documented the long list of medical admonitions against *coitus interruptus*, including potential impotence and sterility. "Doctors warned men of "nervous prostration, paralysis, premature debility and decay"; women against "cancer, insanity, ovaritis, and death by suicide. Deafness, blindness, and memory loss could befall either sex" (cfr Idem: 160; McLaren 1978: 119-36; see also Grossman 1984: 170, 182, 485; Santow 1995). As late as the 1970s, a textbook on contraception (Sjovall 1970) explained that withdrawal could potentially cause impotence, as well as female frigidity, and if *coitus interruptus* occurs before female orgasm, congestion of the blood in pelvic organs and inflammation (Rogow and Horowitz 1995).

Certainly, Italian women today do not think of withdrawal as harmful. Quite the opposite: women repeatedly expressed their worries about the potential ill-effects of technological methods, and espouse the *merits* of healthy, 'natural' methods such as *coitus interruptus*. In order to better understand this opposition, we now turn directly to ethnographic data on technological methods, in particular the pill.

Technological Methods: the Pill

We argue that technological methods of contraception, such as the pill, require a much higher 'decisional level' than is acceptable for many in the Italian context. In addition, refusal of the pill often has cultural connotations, and as such it is important to consider with what criteria different contraceptive methods are being judged. Those who use the pill often do so for motives not directly linked to its efficacy, but rather due to concerns about *infertility* and complaints related to health issues.

In a recent study on reproductive choices in the US, Bledsoe (1996) puts forward a number of important considerations for this analysis, and more generally how to interpret the discrepancy between social discourse and behavioral outcomes. According to Bledsoe, discourse linked to contraception in middle-class American popular culture is distinct from that concerning pregnancy, births, and even sometimes from sexuality itself. Instead, there emerges

significant attention paid towards health risks and the need for natural methods of contraception. Sexual spontaneity, health, and infertility are thus principal themes among the middle class with regard to fertility control.

From Bledsoe's (1996) research, as well as that of Hirsch and Nathanson (2001), we learn that contraceptive choices for some women are based more on the perceived effects on health than on the efficacy of the product; and that "we may well be entering an era when a woman's decision to use a certain contraceptive method may stem less from how effectively it prevents an unwanted pregnancy now, than from the risk that it will prevent a wanted pregnancy in the future" (Bledsoe 1996:x). The middle class takes for granted their ability to control the number of births, and given their confidence that they will not have an excess of children, the secondary effects become more important than the primary one. The paradox that emerges from interviews with Italian women living with a partner is that the only methods defined as truly effective – the pill and the IUD – are the only ones that are relatively little used.

Italian women's hesitancy to use technological methods such as the pill and IUD for health reasons is not entirely surprising, given the suspicion physicians in Italy have historically expressed toward the pill (Fabris and Davis 1978). Dalla Zuanna et al. (2005) report that during the 1970s and 1980s Italian gynecologists were quick to emphasize the pill's negative side-effects. While the level of hormones in the pill during this period was higher than in many of today's products, and concerns regarding weight gain or other health complications were in many cases legitimate, women in other countries adopted the same products much more rapidly, and did so with medical approval. Such patterns may in part be explained by the influence of the Catholic Church. Spinelli et al. (2000), for example, report that 63% of Italian gynecologists are conscientious objectors to abortion (cfr. Dalla Zuanna et al. 2005:40). As this paper is being written, there is an ongoing scandal concerning Italian pharmacies that do not carry condoms, citing religious reasons (*La Repubblica* 9/10/2008). This has been accompanied by similar articles revealing that in half of Rome's hospitals the 'day-after' pill was refused to an 'undercover' investigative couple, notwithstanding that by law and regardless of creed, doctors may not refuse this emergency prescription (Idem).

On the other hand, there is evidence that suspicions on the part of the medical community of the negative health effects of the pill have diminished. Dalla Zuanna et al. (2005) report that when an article was published in 2002 on the potential ill-health effects of the pill, and later echoed by magazines and several TV programs, the President of the Italian Congress of Gynecology spoke against such claims, and instead emphasized "the advantages and psychological merits of the pill for the health of women"¹⁶. Indeed, the pill has been shown to diminish the risk of osteoporosis, fibroid tumors, ectopic pregnancies, endometrial and ovarian cancers, and premenopausal hot flashes, and to be beneficial in many other health-related issues (Bledsoe 1996:313)¹⁷. Notwithstanding these improvements, married Italian women in our sample consistently gave health-related motives for avoiding technological contraceptive methods.

As we further discuss in the next section, this reasoning is in part due the specific nature of the Italian context where 'ambivalence of desire' plays an important role. A technological contraceptive's ability to almost *certainly* prevent pregnancy requires a much higher decisional level than is often acceptable. When Italian women give health-related reasons for preferring 'natural' methods, they reflect a context in which they feel they cannot plan the birth of a child, yet do not want to make it entirely certain that a pregnancy *doesn't* happen.

A: Do you use contraception?

I: No, no, we're just careful in the relationship... but no contraception

A: What is your opinion about contraception?

I: "Well, I knew that the pill was bad for you, so I didn't use it. They told me it makes you gain weight. Anyways, I generally don't like medicines, so I try to avoid them...The condom is

annoying, and other methods... anyways, it wasn't really a problem if I became pregnant, I mean it wasn't like it would have been a drama or anything, so why should I use anything? We were just careful and that's it. If something happened, maybe it was even welcome.

- *Female, age 39, two children*

A: So did this child just 'happen', or was it planned?

I: Well, honestly, it was 'almost wanted'. Because we were both 32 years old so... You know... it is like when you desire something and... it happened. Even if we didn't really think that way (smiles), I mean, that it wouldn't happen.

A: Were you using contraception at the time?

I: No, I did try, but I'm practically allergic, so I prefer not to.

A: Allergic to contraceptives...

I: Yes, both oral medication and condoms

- *Female, age 34, pregnant with second child.*

The specific health-related concerns cited by women with reference to the pill vary widely and ranged from blood circulatory issues, weakened eye-sight, to incompatibility with smoking. The most frequent motives given were, on the one hand, psychological health and on the other, reproductive health; these spheres were closely intertwined in the interviews. Depression, discomfort, and drop in libido were associated with a medically induced infertility caused by the pill. Women's health-related refusals of the pill are also in part a consequence of recent bio-medical models of health and well-being, situated both in daily life and in the realm of reproduction, where women are encouraged to 'take care of their bodies' and effuse 'natural beauty and well-being'.

I've never used the pill, except for a brief period, in which it made me feel really badly 'physically', well, more than physically, psychologically, in the sense that I felt a state of things that... I cried a lot, I was in a mood that wasn't optimal... After that I didn't want to try it again and my husband never pushed me to. He said do whatever you feel is best... he said, 'anyways, I prefer to have a person at my side who is normal rather than someone whose 'hormones' make them say or do strange things. - *Female, age 31, one child*

If women have difficulty delegating to technology the delicate and intimate issue of fertility, it should not be surprising that women do take up the pill in their later reproductive lives, around the age of 40, when they are sure they don't want any children, and when their fecund lives are ending. Generally, the idea that the pill creates problems of infertility was explicitly expressed by a number of women.

"I'm kind of against medicines, I always try to take the minimum possible, so I say, why go ahead and take the pill if you know that in the long run... you can't take it forever, and you have to take breaks, because otherwise you have problems later... It's something they don't always tell you. My friend right now has major problems, she wants a child, but it's been years and she can't... Anyways, a bit stupid on her part, but also her gynecologist evidently wasn't clear, because she used the pill for 5 years straight, so now it's clear that she can't... let's say she's infertile, well not really infertile because the eggs form as they should but she is have trouble....and they're looking for alternative ways now. - *Female, age 31, pregnant with second child.*

From the interviews it emerges that the pill is refused through a complicated series of symptoms with evident cultural connotations. Non-technological methods are judged as more advantageous because they are evaluated using parameters that go beyond efficacy. The social legitimacy and the presumed lesser degree of physical and psychological problems that characterize natural methods lead to a preference for them; interviewees favor the reproductive integrity of the female body, the legitimacy of natural methods over technological methods, and

perhaps most importantly, the flexibility of their use. For married women, technological methods such as the pill become acceptable when used for purposes *other than* preventing conception; for example, to regulate the menstrual cycle. In the few cases of infertility (linked directly to the procrastination of reproductive choices, which later turns into a desire to have children) the checking of fertile days, using the rhythm method, becomes a 'positive' control. While unmarried women may have a greater incentive to avoid pregnancy, which in turn could explain their greater likelihood to use technological methods such as the pill or IUD, the fact that married women seem to suffer more from the collateral effects of technological methods reveals deep cultural motives, and supports the notion that contraceptive practices can be employed to achieve goals that go beyond avoiding pregnancy.

The Making of Reproductive Decisions: Responsibility and Spontaneity

This article challenges theories based purely on 'rational-strategic' uses of contraception. We advocate looking at cultural models behind choices to have children, and the ways that individuals interpret, use, and mold social expectations. Italian women often express the view that "it's never a good moment to have a child," so that if people desire a child, they should just "let it happen". Systematically, through informal conversations and in the in-depth interviews, there emerges the narration of a 'non-choice', notwithstanding the evident planning of the reproductive event. This behavior, especially around the age of 30, receives social approval. In a context in which everyone desires children, but no one chooses to have them, it is as if desire and choice travel on two different tracks. Excluding pregnancy a priori (through artificial means such as the pill) while one is only waiting for "the right moment" is seen as excessive. In the context of a strong sense of responsibility which inhibits spontaneity, or better the pull between the necessity to choose and the desire not to plan *too much*, the use of *coitus interruptus* and natural methods find specific meaning in which pregnancy is not a choice, but a possibility.

When examining 'choice', demographers often do not take into account the cultural *habitus* (Bourdieu 1980) in which complex reproductive behaviors are embedded. We take issue with Palomba and Sabbadini (1995), among others, who argue that changes in reproductive choices fit within a general process which sees the rationalization of choices and the availability of the means with which to realize them. They write, "a rational and responsible attitude towards parenthood thus implies an evaluation of the cost and benefits of having children, as well as one's own and family's material, affective and psychological resources, and is made possible by the availability of effective contraceptive methods or the existence of legal abortion, elements which accentuate the intentional character of maternity" (Idem:148). This theoretical orientation towards fertility choices has impeded problematizing the notion of 'choice' within reproductive behavior and the use of contraception.

As Micheli (1995:229) has argued, the a-priori assumption that declining fertility is based on the emergence of conscious rational behavior supported by technical instruments to reach objectives has acquired the power of a "self-fulfilling prophecy". In particular, the author criticizes the use of a 'rationalistic' model borrowed from neoclassic economics which is often employed in demographic investigations. This model portrays individuals who habitually use contraceptive methods deciding to have their first child at 24 months after marriage. From recent data from the World Fertility Survey, this portrait characterizes about two-thirds of Italians. Thus the survey results simultaneously depict fertility control through use of contraceptives and an unyielding fertility calendar. These are interpreted in terms of rational choice in desiring a first child, accompanied by the underlying notion that individuals must interrupt contraception in order to have children. In agreement with De Sandre and Boscarini (1993), Micheli argues against this interpretation of reproductive behavior. Such a high percentage is attributable more to the implementation of a cultural model which expects one to have children right after marriage, than to a programmed use of contraception. Within this

category, different if not divergent choices are made: “the same model of family dimensions is thus fulfilled both in situations declared to be one of strategic rationality, as well as those declared to be failures to strategically dominant one’s family building outcomes.”

Decisional choices in the Italian reproductive arena were illuminated by conversations with informants; allowing us insight into how Italians envision the step towards maternity. A large proportion of the interviewees state that “it is never a good time to have a child” and when one desires a child, it is best “to let it happen”. If a conception simply “happens” among very young individuals, however, the event is open to social sanctions. On the other hand, when one reaches an age considered to be socially appropriate to have children (i.e. around 30), a conception that ‘just happened’ is not only acceptable, but often seen in a positive light. A rational actor model is difficult to apply, in that while ‘responsible choice’ plays an essential part in taking on a parenting role, *spontaneity* appears to be the underlying message running throughout conversations with informants on the topic of conceiving a child.

Planning something like a birth ‘too much’, whose rightful place belongs in the ‘natural’ sphere of affection and sexuality, goes beyond the boundaries of making “responsible choices”. Too much planning implies an egoistical action, and has negative connotations. A “natural maternity” is a maternity that ‘happens’ and not something one chooses. Similarly, the idea of excluding completely the possibility of conception when a couple is only waiting for the ‘right moment’ is perceived of as socially excessive behavior. And it is here that we see emerge the possibility, as foreseen by some demographers, of a re-definition of planning a posteriori, as well as an ambivalent attitude with respect to contraception. From the excerpts of interviews below, we see how reproductive choices are therefore not only procrastinated, but represented as a “non-choice” or as an attitude maintained thanks to contraceptive methods such as *coitus interruptus*.

I: We talked about the possibility... before it happened. Like, in June... then I learned I was pregnant in August.

A: So you were trying to have a child at that moment

I: No, not trying, no. It’s clear that... well, we could have, if we hadn’t absolutely wanted it, it could have been avoided. Let’s just say that we didn’t do anything to avoid it, you know? Like taking contraceptives, or not really being careful. – *Female, age 31, one child*

A: Do you do anything to avoid pregnancy?

I: Well, she wasn’t taking the pill. The condom, sometimes... I don’t think, now, in this day and age, if one doesn’t want a pregnancy... there are a million ways to avoid it. The fact of not using anything, no? In some way, you’re saying... I mean, it’s true that we weren’t really trying, but neither did we do much to make sure it didn’t happen, so sort of like a middle ground.

– *Above cited woman’s husband*

Informants discourse about the inability to plan a birth, while simultaneously being open to the notion of it ‘just happening’, fits interestingly into the statistics on *unplanned* births in Italy. Indeed, the conceptions described above are technically ‘unplanned’, notwithstanding the openness of the informants to having a child, and as such further contribute to the grey area of reproductive decisions and the limits of surveys in capturing such fertility intentions. In fact, in the 1990s, 37% of conceptions were not planned; this rises to 45% among those under 20 and those over 35. Surprisingly, those who are most likely to plan – *young, educated women living in the north* – have the most unplanned births. Through use of our ethnographic data, we explore the grey area of ‘planning’, challenging the suggestion that there is still “much to be done to improve fertility control and reduce the number of unplanned conceptions and births” (Castiglioni et al. 2001:230).

The group of women just mentioned who experience the most ‘unplanned’ births is surprisingly constituted by those individuals who most tend to ‘*plan*’, or rather the group who

most manages their fertility, above all by delaying first births. The more that fertility is 'managed' the more, evidently, this brings about 'unplanned' births. For this class of women, the first child is *always* unplanned, almost by definition: for reasons linked to work, to finishing their education, to the desire to build a stable career, but also, seemingly, to culture and gender motives associated with their geographic area of residence and social extraction, where the concept of maternity is closely linked to notions of responsibility and 'capability' (Gribaldo 2007). What the interviews demonstrate is the existence of a link between 'not planning' and the use of non-technological methods such as *coitus interruptus* and rhythm. For example:

A: When did you decide for the first time that you want to become a mother?

I: Honestly? I'm not a person who had a great desire to have children, not because I didn't want them... they just happened. That is after a year with my partner I was pregnant...It's not that we went to live together, and then we decided to have a child... so this great maternal desire that I see on television, these great Stars that want a child... No, I never greatly desired... it just happened, and I decided to go through with it, but it wasn't like I was one of those women who say 'I absolutely don't want children'. No, both of the pregnancies just happened.

A: Can I ask you a personal question? What kind of contraception do you use?

I: None, never have used any. – *Female, age 29, two children*

Informants described conceptions as "not something one plans, it just happens". This pattern of behavior is reminiscent of Carter's (1995:65) work on 'decision-making', in which he comments that "we do not simply choose among alternative courses of action, which crops to plant or how many children to have, in order to best achieve our desires". We also evaluate the worth of various possible desires in order to evaluate their consistency with our larger visions of the world. More generally, human agency and the ability to make decisions should not be understood "as a sequence of discrete acts of choice and planning, but rather as the reflexive monitoring and rationalization of a continuous flow of conduct" (Carter,1998:262). Carter (*idem*) points out that "cultural principles and social institutions have a virtual rather than a substantial existence, taking shape as they enter into activity." In choosing to use *coitus interruptus*, and in refusing to 'plan' first births, Italians are not simply making 'passive-decisions' but rather evaluating the consistency of their desire to have children within larger understandings of what reproductive choices mean at the level of identity construction and social belonging. In the Italian context, reproductive choices are always delayed if not eluded through ambiguous discourse and practices: ambivalence, attribution of the choice *ex-post*, and the use of non-technological methods used in a 'flexible' way which do not harm the fecundity of the woman, are all parts of this puzzle. Through the use of *coitus interruptus* Italians enact particular notions of planning, which in turn shape and are shaped by larger social processes.

Individuals recognize the efficacy of the pill and spiral – in fact, the choice is not so much about the contraceptive *per se*, as it is about adopting *different attitudes* towards the possible birth of a child – requiring different contraceptive stances more or less linked to the method of choice. This model means that there are interviewees who use the pill in "unorthodox" ways, forgetting frequently to take it, and those who use *coitus interruptus* very carefully. In general, non-technological methods are more flexible, negotiable, and for this reason, more "usable" than the pill or IUD. In discussions relative to reproduction, notions of 'destiny' and 'chance' are not surprisingly quite present, even when the precise moment and number of children has been chosen. Couples who feel they can't make a decision to have a child often perceive of 'society' as hostile to the creation of a new family, which means making a choice that they perceive of as almost 'illogical'.

Indeed, for the middle class, discourse on having children centers around the impossibility of choosing an optimal moment to do so, in that the preconditions for having a child - a large enough house, stable employment, personal satisfaction at work, economic security,

couple stability, adequate maturity – are always too many and too difficult to obtain in the desired timeframe. More generally, the ‘right time’ has negative connotations.

“You can’t decide when to do it. If you wait for all of the conditions, you will never do it”
–*fieldnotes, female, two children*

A: Is there an ideal age or moment to have a child?

I: I think that, it seems like a very ideal, theoretical kind of reasoning, in the sense that you don’t have a child because the moment is ideal, but simply because it ‘happened’ or because before it couldn’t ‘happen’... the ideal would be to escape this mechanism, this economic system, in order to be able to freely decide when the right moment is... but anyways for me it’s not really a question of a priori reasoning.

- *Couple interviewed together, she is 34, he 39, no children, just moved in together.*

In a context where individuals feel constrained by economic and political factors which see the high cost of rented accommodation and housing, a precarious labor market, and a lack of available childcare, accompanied by a very specific and the socially approved (but difficult to achieve) ‘right’ moment to have children (i.e. education finished, stable employment, home owner), individuals use *coitus interruptus* to ‘let’ births happen. In other words, they use a contraceptive method in order to have children in a socially acceptable way, maneuvering their way through cultural models and economic constraints, which make it ‘never a good time to have a child’.

This pattern of behavior exemplifies Giddens’s theory of actors resorting to “nearly constant monitoring and self-reflexivity as they continually uncover new information against which to evaluate themselves” (Giddens 1992; cfr. Morgan and King 2001:13). This process is, however, inherently anxiety producing, in that actors must constantly calculate the risks involved in each alternative before choosing. Indeed, the anxiety inherent in deciding to have a child before having attained the nearly impossible socially accepted pre-conditions, means that births are not only procrastinated, but Italians often choose a strategy that allows them to have first births in socially acceptable ways. By employing *coitus interruptus*, actors can decide not to decide, and to have ‘unplanned’ first births, which are in many ways ‘planned’.

I: Let’s say that I’d prefer that it didn’t happen, but if it happens, well, I can be sure that I won’t find a job, I might as well just go directly into retirement...

A: What do you mean, ‘if it happens’? You’re not using contraception?

I: No

A: So it could happen?

I: Well, we try not to let it happen.... but if it happened... but I don’t think it will (laughs), well, then there is a minimal possibility... otherwise, if it was completely excluded, then I would be using contraceptives, but I’m not... - *Female, age 27, no children, plans to marry next year.*

***Coitus Interruptus*, the ‘Modern’ Middle Class, and Conjugal Intimacy**

In this vision of reproduction we can also trace questions linked to class belonging, characterized by a ‘modern’ logic which sees reproductive choices as mediating between a responsible decision and a ‘natural’ dimension. Both of these spheres are influenced by a Catholic culture and representations of belonging to the middle class. “To allow oneself” to have children is a condition attributed primarily to the wealthier classes, with whom the luxury of a more ‘relaxed’, less planned, lifestyle is associated. The rich are seen as having enough wealth to choose the path of ‘responsible’ maternity, while lower-class families with more children are placed within a model of irresponsible maternity and hardship, in direct opposition to the desired reproductive paths of the middle and upper classes. Within this model, the categories ‘modern’

and 'traditional' as they describe natural methods are negotiable (Paxson 2004). Notwithstanding the 'traditional' origin of *coitus interruptus* rooted in contexts of unequal gender relations, this method is represented, on the contrary, as a vehicle of trust and intimacy between a woman and man. As we demonstrate below, rhythm methods and withdrawal are seen as 'modern' precisely for these reasons.

Johnson-Hanks (2002:229) has similarly warned against unquestioningly using 'traditional' as a category for describing natural contraceptive methods. Withdrawal has commonly been placed within a patterned fertility transition model from non-technological methods to high-technology methods, accompanied by the "emergence of the calculus of conscious choice"¹⁸ and the centrality of parity-specific control. 'Traditional' contraception should thus give way to 'modern' family planning through processes of development, as the economic and social costs of effective birth control decline". Yet as Johnson-Hanks (2007:5) cautions,

"When we describe certain forms of contraception as "modern" and others as "traditional", we invoke a whole range of resonances beyond the technical typology that we are citing. These resonances lead a double life: on the one hand, they give structure to our native common sense about the things we study. On the other hand, they offer the illusion of transparency to what are—sometimes at least—very nuanced and difficult concepts".

An example of how withdrawal and its assigned 'characteristics' can easily become nuanced concepts can be seen in the work of Hirsch and Nathanson (2001) who look at the contraceptive practices of women in Mexico and Mexican migrants to the U.S. The authors contrast Mexican women's discourse concerning withdrawal and rhythm methods, arguing that the former 'means a woman never has to say no to her husband' while the latter allows 'those who use rhythm to organize their sexual intimacy around a shared ability to restrain desire' (idem p.422). Such restraint 'becomes a private performance of the shared goal of having a more 'modern' family' (idem). Hirsch and Nathanson argue that the relationship of couples using rhythm can be described as based on '*confianza*', similar to Giddens's model of 'couple intimacy' or 'companionate marriage' by which 'modern' relationships are based on internal understanding between two equal people – "a trusting bond based on emotional communication" (Morgan and King 2001:13). Those relationships in which couples used withdrawal, on the other hand, were based more on '*respecto*' and 'traditional' relationship of gender divisions and inequality. These findings do not, however, match the discourse surrounding 'traditional' and 'modern' methods found among Italian interviewees. Rather Italians use *coitus interruptus* in order to achieve a 'modern' middle class family.

Demographers working in Italy have also had the tendency to juxtapose 'tradition' and 'modernity' when investigating contraceptive behavior. In commenting on the results of a recent survey on contraceptive behavior, for example, Dalla Zuanna et al. (2005) write "for all intervals the pill was more widely used among more '*modern*' women, those living in the Northern and Central regions and with less '*traditional*' attitudes (emphasis added)." Again, this opposition seems rooted in a demographic transition, which sees 'progress' in the switch from traditional methods such as withdrawal to 'modern' methods such as the pill. We use our findings to challenge the use of such oppositions and to evaluate the ways in which individuals, through their contraceptive choices and desires to conceive, manipulate the categories of 'modern' and 'traditional' in reaction to larger social and economic constraints. Interviews reveal that *coitus interruptus* is expressed as 'trust' by the female partner in her companion. Yet, this trust is viewed in an egalitarian manner, rather than set in a patriarchal model which sees contraception as the husband's domain. While technological methods see a shift in responsibility and accountability to women, non-technological methods involve both partners to some extent. This involvement is seen by informants as 'modern' in that it presupposes the intimacy of the couple, their trust in one another, and general couple stability.

A full understanding of the ways *coitus interruptus* is manipulated by informants within the Italian context must include a gender perspective. Indeed, much of the 'traditional' versus 'modern' binary is based on notions of withdrawal as a 'male method' linked to 'traditional' marriage and gender inequality, as opposed to 'modern' methods which see women in control of their own fertility, set in gender equal companionate marriages. On the other hand, several scholars have suggested that women's control of contraception is not necessarily always positive. In an unequal gender system, where men do not share the daily burdens of domestic work, such responsibility simply adds to the unequal division of labor. As mentioned above, technological methods may also pose risks to women's health; indeed, the "medicalization of women's bodies has been criticized as the ultimate manifestation of patriarchal power" (Dalla Zuanna et al 2005:45; Martin 1987; Krause 2005).

Italian contraceptive practices are complicated by a gender system that remains imbalanced. In a comparative study across 36 wealthy countries, Italy has been characterized as having a very 'traditional gender system' (Di Giulio and Pinnelli 2003). Di Giulio and Pinnelli point out that the gap with other Western countries in terms of gender equality has narrowed only slowly over last 40 years. "Both the political visibility - at national and local level - and the labor force participation of women were limited Data on time-use confirm this traditional position; women usually spend less time in paid jobs and more time as housewives" (Di Giulio and Pinnelli 2003:35). The authors concluded that "It is not by chance that the countries characterized by a 'traditional' gender system also exhibited lowest-low fertility and 'backward' contraceptive patterns" (cfr. Dalla Zuanna et al. 2005:38). Demographers such as Dalla Zuanna, Castiglioni and Racciopi have suggested that the 'traditional' gender system in Italy may help explain the high use of *coitus interruptus* and limited diffusion of the pill, IUD, and sterilization. Hindering a better understanding of the effect of gender relations on contraceptive behavior, however, is lack of thorough studies on men's attitudes towards contraceptives.

Some evidence does exist that the necessity for male restraint required by withdrawal is sometimes experienced positively by men. Schneider and Schneider in their historical study in Sicily found that men perceive *coitus interruptus* as "a learned skill ... and a source of pride to those who did it successfully." Users boasted that "the train can go forward, the train can go backward" and all of the social classes associated withdrawal with some sacrifice, but also with a "respectable way of life" (Schneider and Schneider 1991:889). Ramaswamy and Smith (1976:76) note that "for some couples this method is very successful. In these cases, the man has great control over his functions, a protective attitude, and is happy to be in command of the situation" (cfr Rogow and Horowitz 1991:145). Evidence from our interviews and related fieldwork in Padua reveal that for many men, withdrawal is preferable to condoms. In some cases, condoms raise anxiety related to sexual performance, such as fear of losing an erection. Other men expressed pride in their ability to withdraw 'in time'. Women (not living with a partner), on the other hand, often spoke with frustration of trying to convince their sexual partners to wear a condom. They reported male partners frequently said such things as 'stay calm, stay calm', 'I didn't 'come', I know how to control myself', and 'Don't worry, I know myself'.

In the Sicilian study mentioned above, "wives viewed the practice of withdrawal in a positive light, expressing gratitude to husbands who "had this much respect," and praising husbands for being *cosciente* (conscious, aware), for withdrawing "beautifully, precisely, exactly", for having *tanta volontà* (so much will-power) (Schneider and Schneider 1991:894). Our findings reveal that although *coitus interruptus* is notable for depending heavily on the male partner, his self-control, and priorities, this method was predominantly described as a product of a deep partnership between the man and the woman (couples living together), accompanied by profound trust by the female in her male partner. Furthermore, the interviewees tend not to represent *coitus interruptus* as a type of contraception, but rather as conveying the intimacy of the couple.

A: So, between the first and the second child, you didn't use contraceptives...

I: No, I always thought that the pill, etc. were in the long run bad for your health... and male methods (the condom) kind of take the poetry out of the relationship. The relationship between a couple is solid when there is involvement, complicity... So we've always continued with the old-fashioned way of doing things, beyond maybe what they used to mean... anyways, there are tons of children born using the rhythm method, you know. – *Female, age 40, two children*

Rarely did women praise male capability as seen in the Sicilian study. While literature on *coitus interruptus* cites a plethora of expressions used to define this method¹⁹ (e.g. the 'retreat', the 'backwards march', being 'vigilant', 'discrete', 'making sacrifices', etc.) among the Italian couples interviewed by far the most common phrase employed was "being careful"; a "watchfulness" which applied to *both* members of the couple. *Coitus interruptus* and the rhythm method were also described as very 'modern' methods: they represent harmony and intimacy in the couple, characteristics indicated by the middle class as prerequisites for having children and as the optimal conditions for building a 'modern' family.

A: When you were engaged to your husband did you use contraceptives?

I: A couple of times we used them, but they (condoms) irritated him, he didn't like them... Anyways we used them occasionally, when we were young, to try it, and maybe to make me feel more safe. But it didn't go very well, because it broke (laughs)... My husband had said at the time, 'I already don't like these things, forget about it now!'

A: Have you ever used contraception?

I: No, never, I don't know, always an excuse or another, and anyways I've always trusted him. Nothing ever happened, in the sense that we have this really strong relationship, very profound, very deep feelings. In fact, even now, he says, "it's incredible, we just have to look at each other and we understand"... - *Female, age 33, two children*

A related issue which these narratives raise is that of informants' views of sexuality. The extent to which women regard sexual activity as functional to their relationship with their partner, and physical pleasure as of secondary importance, may play a role in the ways that Italians link *coitus interruptus* to 'couple intimacy'. A study conducted in Emilia-Romagna by Giacobazzi et al. (1989) in 1986 and described by Dalla Zuanna et al. (2005:29), reports that "only 25% of women declared that physical pleasure was among the most important aims of sexual intercourse; 78% answered 'to enhance communication within the couple', 61% 'to exchange love and affection', 15% 'to have children', 9% 'to follow a natural instinct'". Further investigation into the importance of the sexual relationship is needed. While couples in this study spoke of *coitus interruptus* as a method symbolic of their companionate and intimate relationships, withdrawal itself may affect the pleasure of both partners. More broadly, the use of withdrawal could reflect broader gender inequality in Italy. If reproductive decisions continue to be a matter for men, even if expressed in terms of a *more* equitable relationship, if the movement for women's control of contraceptives remains limited, if sexual fulfillment is of secondary importance, and withdrawal is employed effectively, it is perhaps not surprising that *coitus interruptus* continues to be so widespread among certain groups (see also Santow 1993: 782).

Summary and Discussion

The puzzle of a drop to lowest low fertility in Southern European countries coupled with the widespread use of *coitus interruptus* has received much attention in the demographic literature, especially with regard to why the use of such a 'backward' and 'irrational' contraceptive behavior remains so widespread (Dalla Zuanna et al. 2005; Castiglioni et al. 2001). The issue of contraceptive choices has remained relatively little addressed, however, outside of a rational-strategic framework. This has led to a static approach which equates 'modern' technological

methods with rational choice, while contraceptive methods such as *coitus interruptus*, notwithstanding their widespread use among Italian women living in couples, continues to be described as 'traditional' and 'irrational'. These findings tell a different story. Ethnographic evidence from four cities in Italy suggests that individuals use withdrawal as a tool to maneuver their way through the challenges of family building. Rather than understand their choices as 'rational' or 'irrational', we endeavor to understand the ways their decisions both shape and are shaped by larger socio-economic and cultural processes.

We argue that Italians' contraceptive practices achieve social goals beyond avoiding pregnancy (Johnson-Hanks 2002:231). The widespread use of *coitus interruptus* in Italy is not a mystery if we think of withdrawal as an instrument which individuals use to create their identities and plan births in socially acceptable ways. Women's health-related refusals of the pill and their choice to use *coitus interruptus* can thus be seen as way for women to both 'plan' in a context where there is 'never a good time' to have a child, as well as simultaneously adhere to larger cultural models of health and well-being. Similarly, in deciding to use withdrawal, Italians are not simply passive actors making 'irrational' decisions; rather they are evaluating the consistency of their desire for children in the context of larger understandings of what reproductive choices mean at the level of identity construction and social belonging. Individuals use *coitus interruptus* as an instrument with which to 'plan' births in a setting where planning 'too much' is unacceptable, and the optimal conditions for childbearing (education, stable employment, couple stability, home-owner) are impossibly hard to obtain within the desired timeframe. In a similar manner, through their contraceptive choices, individuals manipulate categories such as 'modern' and 'traditional', and in doing so transform withdrawal into an expression of the 'modern' middle class. Their choices, however, are also molded by the larger constraints of a gender system which continues to see much inequality between the sexes.

Although our aim has not been to offer predictions about the pace of the spread of technological methods such as the pill and IUD, nor the future of non-technological methods such as *coitus interruptus*, ethnographic data suggest that withdrawal will continue to be a method commonly used in the future, if not to prevent pregnancies, then to allow them to happen in socially acceptable ways. More generally, the implications of our ethnographic evidence suggest that working outside of a framework that sees rationality as the basis for social action may reveal the deeper meanings individuals associate with certain contraceptive methods. Culture, in this case, "may be seen as offering a stock of symbols that are invested with moral weight, but which people are able to manipulate for their own ends. Through this continuous process of manipulation culture itself changes" (Hammel 1990, cfr. Kertzer 2005:529).

Notes

¹ Like Hirsch and Nathanson (2001:241) we refer to rhythm and withdrawal as non-technological, in contrast to 'technological methods' which include what are usually called 'modern methods'. Like these authors, we endeavor to 'avoid the usual modern/traditional terminology because methods that are usually lumped together as 'traditional' differ in important ways in terms of how women and men use them".

² In France in 1994, 84% of women used IUDs or the pill, while in Italy in 1995 on 42% did the same. Those using *coitus interruptus* in France and Italy was respectively 3% and 25% (Castiglioni et al. 2001)

³ "While not all mainstream demographers embrace a rational choice model, something quite similar to an assumption of economic rationality is widely found (e.g. Sigle-Rushton and McLanahan 2002; Oppenheimer 2003) and conflicts with most anthropologists understanding of how culture works" (Kertzer 2005:529). For example, as one demographer writes, "there seems to be a resistance to adopting those behaviors that would seem most rational, in other words those most oriented toward avoiding unwanted

conceptions, even if the relatively low rate of undesired pregnancies suggests that Italian contraceptive behavior may be less irrational than it seems" (Dalla Zuanna et al. 2005:34).

⁴ Dalla Zuanna et al. (2005: 38) write: "Up to the end of the 1970s, Italian state televisions and most of the press were controlled by the Catholic Party, and consequently advertising, and TV programs and articles featuring contraception were absent, or were strongly ideologically biased."

⁵ Schneider and Schneider (1996:150) point out that glossing the technique of *coitus interruptus* as a 'male contraception' may not be quite accurate. The authors point to both Flandrin's research which argues that withdrawal spread as a method in France thanks to women's persuasion (Idem; Flandrin 1979: 221-39; McLaren 1983) and Seccombe's work on the working-class women of nineteenth-century England, "who recounted the pain and exhaustion of their frequent childbearing to advocates of birth control ... [and] urged men to "be careful", if at first to little avail". Seccombe comments, "even if men's determination was not as intense as their spouses', all that was necessary to avoid numerous conceptions was that husbands be willing to accede to their wives' wishes" (1992:81-82; Schneider and Schneider 1996: 150; see also Ross 1992).

⁶ Dalla Zuanna et al (2005:25) further point out: "The slow diffusion of the pill in Italy, in Southern Europe in general and in Japan between the 1960s and 1990s is also highlighted by statistics on sales (*Population Reports* 1988, 2000). Finally, sterilization operations for contraceptive purposes were rare in Italy, owing partly to ambiguous legislation, and limited exclusively to the female partner".

⁷ Italy is characterized by significant regional differences, a comparison of which is beyond the scope of this paper. However, a survey conducted in 2006 showed that Sardinia has the largest percentage of women who use hormonal contraceptives (28.6%) followed by Val D'Aosta (22.9%) and Liguria (19.9%). (Research for this survey was directed by the Italian Society of Gynecology and Obstetrics (Sigo) and the Italian Society of General Medicine (Simg). Results were presented at the tenth European Society Congress on contraception, Prague, May 2008). The use of the pill among Sardinia women may be linked to the extensive periods of 'engagement', often lasting many years. Such engagements often see the couple treated as if they were almost married, and kinship terminology such as husband, wife, mother-in-law, etc, are frequently employed. The use of the pill may also be connected to the particular form of procrastination found among Sardinian couples for whom having children seems to need to occur within a very limited time range.

⁸ Historian of Italy, Paul Ginsborg also points out that the Communist Party also never seriously questioned the Catholic ethical viewpoint on family and sex, at least up to the end of the 1960s (Ginsborg 1989: 264-266, 472; Dalla Zuanna et al. 2005).

⁹ The law on divorce was confirmed by a referendum in 1974 by 59% of the vote, and a similar referendum for abortion was approved by 67% of voters in 1981.

¹⁰ The ELFI project, headed by David Kertzer, Michael White (Brown University), Laura Bernardi (Max Planck Institute for Demographic Research, Germany), and Marzio Barbagli (Istituto Cattaneo, Italy) and supported by grants from the National Institute of Child Health and Human Development (R01 HD048715) and the National Science Foundation (BCS 0418443) investigates numerous issues concerning low-fertility in Italy. Interviews and ethnographic work were conducted in Bologna by Alessandra Gribaldo (University of Modena and Reggio Emilia), in Cagliari by Rosa Parisi, (University of Bari and University of Cagliari), in Naples by Fulvia D'Aloisio (University of Caserta), and in Padua by Stefania Pontrandolfo (University of Verona).

¹¹ As Manning and Smock (2005:994) explain, "Essentially, coding applies a meaning or interpretation to a segment of data, in our case, textual data from the interviews. Coding consists of creating categories (i.e., groups of concepts/ categories that represent phenomena) and identifying the range along which properties of categories vary. Segments of the data are marked with codes; a single paragraph or sentence may have one code or several codes, and these may be overlapping with other text segments".

¹² As early as 1930, Florence is cited by Santow (1993:773) as saying "...when women are asked about the contraceptive measures they have tried they invariably think only of mechanical or chemical appliances, and never include *coitus interruptus*... But when we specifically referred to withdrawal, we almost invariably got the reply, "Oh, yes, he's always been careful." (Florence, 1930: 20)

¹³ Giacobazzi et al. (1989) have an interesting contribution on the motives behind contraceptive choices, with regard to a sample in the Emilia-Romagna region.

¹⁴ The Billing ovulation method (BOM) is employed by monitoring the vaginal discharge and by identifying the fertile or infertile periods during the menstrual cycle. John Billings, with whom the method is associated, was a staunch Catholic and intended his observations to be used as a form of family planning.

¹⁵ Citing Gay (1984:264-65), Schneider and Schneider (1996:160) write, 'Freud, who connected certain hysterias and neuroses to the incomplete gratification of desire, condemned withdrawal as pernicious – a problem for the women if the man were inattentive to her course of excitement, and for the man who, in waiting for her, might 'fall ill with an anxiety neurosis'. Women required seminal fluid to restore her nervous system and help prevent hysteria" (idem: 887).

¹⁶ Dalla Zuanna et al. (2005:40) point out that "This was the same physician who had expressed doubts about the pill 20 years earlier as an invited speaker at another National Gynecological Congress".

¹⁷ Bledsoe (1996:313) writes that use of the pill "may alleviate hirsutism, pelvic inflammatory disease, endometrial pain, cardiovascular disfunctions, ovarian cysts, headaches, depression and acne. Because it affects menstrual function, it is prescribed to alleviate severe cramps, irregular periods, and anemia and to facilitate the hygienic care of retarded women by confining menstrual bleeding to one period every three months (for extended discussion of these uses of oral contraceptives, see Asnes, 1994; Hatcher et al., 1994 and Zonis, 1994)".

¹⁸ Schneider and Schneider (1996:141) similarly comment that an evolutionary position continues to carry influence in the literature, or that of the notion, "associated both with nineteenth-century evolutionists and twentieth-century modernization theorists, that pre-modern societies were ruled by custom and tradition, while the hallmark of modern society is the rise of the principle of individual rationality as the basis for social action".

¹⁹ An excellent study of the most common euphemism and metaphors for the practice of withdrawal across space and time has been carried out by Santow (1993; 1995). Among these include the French peasants described by Emile Zola as "plowing but not sowing" or "threshing in the barn and winnowing at the door". Other expressions recorded in the French context include "To leave the dance before it's over"; "to water the lawn without wetting the earth"; and "to leave the tools in the attic" (va de Walle 1980: 172-73; McLaren 1983:21). According to McLaren (cited here, but also by Santow as well as Schneider and Schneider 1996:148), "indirect language was especially common, such as "la chamade" (retreat), "la prudence" or "La discretion" (1978:119). Schneider and Schneider (1996:148), summarizing the work of Santow, and commenting on their own work in Sicily, write: "Working-class German likened withdrawal to "not paying the rent"; Hungarian peasants would rather "wash bed linen than babies' diapers," while in Scotland, taking the train to Glasgow but "getting off at Paisley" was a favored euphemism for interrupting coitus (Santow n.d.) References to trains, train stations, and buses characterized England and Australia, with vague appeals to "being careful" as well. In France the railroad variant was "jumping off the train while it is still running"; in Sicily it was "going in reverse gear" (*Marcia indietro*). In Sicily, however we found a gender difference, men being more likely to use the words "marica indietro" and women the words fare sacrifice (making sacrifices) or simply the noun sacrifice".

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Cities	Middle-class	Working-class	Total
Bologna	41	45	86
Padua	35	47	82
Cagliari	48	46	94
Naples	41	46	87
Total	165	184	349

Table 2. Selected characteristics of focal women, age 23-45	
Parity	Number of Women
Childless	101
One child	75
Two children	41
Three children	11
Four or more	5
Education	
Low education	23
Medium education	102
High education	108
Civil status	
Married religious	109
Married civil	13
Cohabiting	34
Single	34
Engaged	34
Divorced	9