

An Imperfect Contraceptive Society: Fertility and Contraception in Italy

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THE TITLE of this contribution recalls an expression by Edward 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. In terms of fertility control, Italy represents an unexpected and in some ways paradoxical outcome of this prediction. The country’s decline to one of the lowest fertility rates in the world was accomplished despite the persistent use of “non-technological” contraceptive methods.¹ Although the use of technological methods has recently started to rise within younger cohorts (especially single women), among Italian women in union there remains a clear delay compared to Northern Europe, and a reluctance to abandon non-technological methods such as withdrawal and natural methods.² In addition, births out-of-wedlock are relatively uncommon in Italy (in 2006 15 percent of births) compared to many other European countries (e.g., 47 percent in Denmark, 44 percent in Britain). We investigate this puzzle through an anthropological demographic lens, using data derived from a large ethnographic research project conducted in the cities of Bologna, Cagliari, Naples, and Padua in 2005–06.

In a country where out-of-wedlock births are uncommon and a significant proportion of women use non-technological methods, what factors drive women’s fertility intentions and the planning of births? In the Italian context, the planning of births seems to take on particular meanings associated not only with the importance of responsible choice and procrastination, but also with the morality of contraceptive behavior that leaves open the *possibility* of conception. Of no less importance to contraceptive choices is a way of thinking 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 perceived as 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.

We build on a growing literature that challenges the existence of a direct relationship between a decline in birth rates and a change in family values toward more modern and secular forms, calling into question a linear and consistent path from traditional to modern and Western values. Ethnographic investigations of reproduction in the Western world have shown how notions such as modernity take on specific meanings in different contexts and are often of an ambivalent nature (Strathern 1992, 2005; Edwards et al. 1993; Bledsoe 1996; Gribaldo 2005; Di Silvio 2008). Santow and Bracher (1999), for example, point to the diminution in family size among Southern Europeans living in Australia during the 1970s and 1980s, which occurred despite the persistence of traditional family values. “The demographer’s flow chart, with an arrow leading from a box called ‘values’ to a box called ‘fertility,’ is a gross over-simplification if not, in some cases, simply wrong,” wrote Santow and Bracher (1999: 70). An anthropological approach allows for a recomposition of the conceptual divide often created between purely cultural elements on the one hand, and actual reproductive behavior on the other.

The main theoretical argument advanced here is that in Italy, the use of non-technological methods among women in union is shaped 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 decisionmaking, Catholic culture, and links binding reproduction to conceptions of belonging to the modern middle class. If the informants interviewed refuse notions of planning and choice, preferring instead those of desire and destiny, then it is not surprising that non-technological methods make sense in a decisional context open to modernity. More broadly, the decisional context relative to fertility cannot be separated from larger socioeconomic questions, gender inequality, and policies that characterize Italy and the Italian family (Barbagli and Saraceno 1997; Bernardi 1999a and b; Saraceno 1994). Following the lead of Greenhalgh (1995: 13), our analysis is set within Italian “culture and the political economy of reproduction.” This approach allows us to reframe the problem of contraceptive choices in a way that does not define them as “irrational.” It also permits 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 sexuality, the body,...concepts of personhood,” and the “continuously changing process” of culture (Carter 1998: 262; Kertzer 1997: 152).

Theoretical background

Our examination is historically situated within the literature on the demographic transition and within the context of a dramatic fertility decline in

Europe over the course of the nineteenth and twentieth centuries, facilitated by a widespread reliance on withdrawal and, to a lesser extent, induced abortion (e.g. Santow 1993, 1995; Schneider and Schneider 1991, 1996; Dalla Zuanna et al. 2005). Yet when fertility began to fall even further beginning in the 1960s, the previously rather homogeneous pattern of contraceptive practice 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, IUD, and sterilization for contraceptive purposes (Schneider and Schneider 1996: 149; Dalla Zuanna et al. 2005: 21). 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 non-technological contraceptive methods in certain social settings. Rather, it is to shed light on the social and cultural processes that shape Italians' fertility choices. To achieve a better understanding of very low fertility despite the limited use of technological 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, argued 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 with "discipline" and "honor." As she wrote, "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 and respectability have been explored by other authors as well. Jane and Peter Schneider (1996) traced the significance of withdrawal as a distinctive element of self-discipline linked to social class in a Sicilian town over the period 1860–1980. Elizabeth Krause, in an ethnographic analysis carried out in contemporary Tuscany, examined the respectability of contraceptive choices in a context 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 our project. Conversely, they are characterized by notions of naturalness, spontaneity, and destiny, combined with marked signs of ambivalence.

Contrary to studies that place the use of non-technological methods in a rational-actor framework,³ we contextualize Italian contraceptive behavior in terms of culture, social organization, and political power structures. Davis and Blake's (1956) introduction of "intermediate fertility variables" to describe the biological and behavioral mechanisms through which social, economic, and cultural conditions can affect fertility and, later, Bongaarts's (1978, 1983) identification of "proximate determinants" have contributed to recognizing fertility as governed by both indirect and direct effects. Research that has built upon this approach has, for the most part, sought to identify more accurate ways to calculate fertility, rather than 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 relate to demographic processes. Yet just what is meant by culture is often unclear. "If economic models are strong on theory and weak on evidence," noted Kevin McQuillan (1989: 333), "approaches which emphasize the role of culture suffer the opposite problem." The economist Gregory Clark (1988: 161) commented 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" (cf. Kertzer 2005).

Rather than treat culture as a "laundry list of traits," we examine the multiple facets of culture as they pertain to contraceptive choices. We examine both a) the degree of autonomy or "agency" that "individuals have in manipulating culturally produced norms and beliefs for their own ends" (Kertzer 1997: 144) and b) 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 non-technological methods remain prevalent because "contraceptive practice often achieves social goals beyond avoiding pregnancy."

Demographic setting and social context

Contraception has traditionally been a taboo subject in Italy because of the strong influence of the Catholic Church, but political movements encouraging demographic growth have also inhibited its spread. Fascist leaders introduced legislation in 1930 to prohibit publications and propaganda in favor of birth control (Horn 1994). Opposition to this legislation did not begin to grow until after World War II, and the earlier prohibition remained in effect well 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 the AIED was supported by secular society, socialists, and communists, it was strongly opposed by Catholics, who upheld the existing leg-

isolation.⁴ In fact, in 1965 the Constitutional Court declared that information concerning contraceptive methods would remain illegal because it offended public morality (*ibid.*). 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). It is thus not surprising that until the 1970s withdrawal was the most common method of contraception employed (*ibid.*). With the emergence of the AIDS epidemic in the mid-1990s, publicity for contraceptives, especially the condom, began to appear in advertisements and mass media (*ibid.*: 34).

A shift in the use of different contraceptive methods also occurred with the women's movement in Italy when withdrawal came under criticism by feminists. Withdrawal came to be seen, in Ariès's (1980: 648) words, as "the archaic tool of a macho, phallocratic, and non-permissive society." According to Dalla Zuanna et al., "The availability of more reliable and cheaper condoms, prescription sales of the pill, and the IUD radically affected 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 percent of women in union were using the pill or IUD. In 1979 only 16 percent of such women in Italy were doing the same, and by 1996 this had risen to only 34 percent (de Guibert-Lantoine and Léridon 1998; Dalla Zuanna et al. 2005).⁵ Despite the relatively slow spread of technological methods of contraception, births fell sharply in Italy during the 1980s and 1990s. The mean number of children per woman as measured by the period total fertility rate declined from 2.4 in 1970 to 1.6 in 1980, 1.3 in 1990, and 1.2 in 2000 (Dalla Zuanna et al. 2005: 25).

A sharp contrast in contraceptive use in Italy has also emerged between women in union and single women, with use of technological methods among the latter increasing much more rapidly over the last 20 years. "Today, the typical pattern for Italian young women is to spend their twenties sexually active, but without cohabiting with their partners.... Most sexually active single women born after 1960 used condoms or the pill. In the mid-1990s the contraceptive behaviour 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: 26–27). The 1996 nationally representative survey Family and Social Subjects (FSS) reported that among Italian women born in 1971–75 (aged 20–24 at the time of interview), 78 percent used a form of technological contraception at first intercourse. In addition, FSS data revealed that 54 percent of Italian single women were using the pill or IUD in 1996, compared to 33 percent of Italian women in union.

The contraceptive practice of women in union has, on the other hand, seen a very different trend over the last 30 years. Although there has been a decline, the proportion of such women using non-technological methods

is still remarkably high. In 1979, 67 percent of such women used either withdrawal (58 percent) or natural methods (9 percent) as their main form of contraception. By 1996, the proportion remained at least 40 percent⁶ (34 percent using withdrawal and 6 percent natural methods; Dalla Zuanna et al. 2005). As women in Italy reached some of the lowest fertility rates ever recorded, they used modern methods at a far lower rate than in other European countries. According to the United Nations (2003), only 39 percent of Italian women in a union were using modern methods in 1996, compared to 69 percent in France in 1994, 72 percent in Germany in 1992, and 72 percent in Denmark in 1988. Women in these other countries were using withdrawal and rhythm much less than Italian women (e.g., France 5 percent, Germany 1 percent; UN data, 2003).

Simultaneously, induced abortions have declined and births out-of-wedlock remain low in Italy. Sardon (2004) reported that the number of abortions in Italy fell from 36 per 100 live births in 1985 to 23 per 100 in 2002. Given the relatively high use of withdrawal and natural methods among Italian women in union, combined with relatively few out-of-wedlock births, the achievement of very low fertility in Italy requires further investigation.

Such patterns of non-technological contraceptive behavior are reflected in the interviews in the ethnographic study described below, conducted in four Italian cities in 2005–06. Women in union primarily used non-technological methods to achieve fertility control, and there was a tendency to refuse modern methods such as the pill or IUD. Sterilization was not even considered.⁷ Among those using non-technological methods, most used withdrawal while a significant number also combined the latter with natural methods such as rhythm, ovulation, and temperature. Contraceptive behavior among young women not living with a partner, on the other hand, 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 pill.⁸ Our focus here is the contraceptive behavior and fertility intentions of women in union.

The role of the Church

Before turning to the ethnographic data, it is important to indicate the role of the Church in shaping demographic behavior in Italy. Indeed, “Churches throughout modern (and premodern) 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” (Kertzer 1995: 46). Needless to say, the Church has regularly condemned contraception.

The Church has also had a historically strong influence on Italian politics; the Catholic party *Democrazia Cristiana* (DC) largely controlled the national

government from 1946 to 1989 (*ibid.*). On the other hand, since passage of the 1971 law permitting contraceptive advertising, Italian society has become much more secularized. A divorce law was approved in 1970, and abortion was made legal in 1978. When corruption scandals led to the disintegration of the *Democrazia Cristiana* in the early 1990s, the new Catholic parties that 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 in vitro fertilization, which allows for use of this technology only by couples, without recourse to sperm or ovule donors (Dalla Zuanna et al. 2005: 36).

Scholars such as Dalla Zuanna, De Rose, and Racioppi (2005) have asked why, if the influence of the Catholic Church has been effective in slowing the diffusion of technological methods of contraception, the same has not held true for non-technological methods such as withdrawal. They suggest that historically the Church may have been relatively accepting of withdrawal. Flandrin (1988; cited in Dalla Zuanna et al. 2005: 37) similarly contended that “many priests did not ask” about this method during confessions; “following the position of St Alfonso de Liguori in the seventeenth century: ‘there is not sin without the knowledge of sin.’” The “real” message on withdrawal may therefore have been very different from the one transmitted by doctrinal language. In addition, Dalla Zuanna et al. suggest that the spread of technological methods, unlike withdrawal, was not a “quiet revolution,” but “needed certain institutional conditions: a public and private health system oriented toward contraceptive devices” (Dalla Zuanna et al. 2005: 37). They contend that the Catholic Church has been able to exert a stronger influence over medical and political institutions than over Italians’ personal lives.

Although the Church’s influence in Italy remains strong,⁹ the relationship between Catholic creed and reproductive behavior is indirect. Catholicism determines reproductive choices and perceptions of the family through a widespread adaptation to a shared cultural milieu more than through religious institutions themselves. While “the proportion of self-declared religious young people is much higher than elsewhere in Western Europe” (Caltabiano et al. 2006: 457), choices about sexuality and family-building seem above all to be delineated by an attachment to tradition and by the desire to conform to parental wishes rather than by specific dictates of the Church. Moreover, the “elasticity” of conformity to the writs of the Church often translates into a “religious do-it-yourself” (Garelli et al. 2003) in which even those who ignore Catholic dictates “may continue to feel close to this religion, and to recognize themselves as in communion with it” (Caltabiano et al. 2006: 454). Our 2005–06 ethnographic study reveals that religious discourse provides symbols that allow individuals to express certain attitudes toward reproduction. These are never articulated as dogma, but rather as a reference point to which behavior is compared, negotiated, and rethought, and where much

ambivalence may rule. As we discuss below, in constructions of the middle-class family notions of nature, health, natural reproduction, and the relationship between femininity and maternity are closely intertwined with a Catholic cultural model of the natural family (Remotti 2008). Although the correlation between Catholicism and traditional contraceptive methods is neither direct nor obvious, in our secular urban settings the underlying reference point for private spheres such as the family and maternity remains profoundly embedded in Catholic culture.

Our ethnographic project

The data used in the rest of this article, collected over a period of 15 months in 2005–06, consist of fieldnotes from participant observation and 349 in-depth interviews conducted in Bologna, Cagliari, Naples, and Padua. This 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 (Kertzer et al. 2008), the original study design included intensive ethnographic research in the four cities with the goal of teasing out the interactions between cultural processes as experienced by individuals and their families and the socioeconomic forces in which they are embedded. The ethnographic portion of the ELFI project thus focuses on women who are passively or actively in the process of fertility decisionmaking. We define this as women aged 23 to 45 (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 its impact on their fertility choices.

In the original design, four anthropologists selected 50 women aged 23–45 in each city for study through in-depth interviews. Half of these women were of younger reproductive ages (23–32) and half from older ages (33–45). In addition, in each cohort, half of the women were from a working-class neighborhood and half from a middle-class neighborhood, of varying levels of education and parity. Interviews were also conducted (when possible) with

TABLE 1 Number of interviews of women and their mothers and partners by city and neighborhood

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

the woman's mother and with the woman's husband or cohabiting partner. The interviewees were selected through personal contacts identified through an indirect snowballing procedure with multiple entries (independently selected initial contacts) in order to avoid a clustered sample. The final sample of interviews (and the one used in this analysis) consists of 233 women (aged 23–45), 49 mothers, and 67 partners, for a total of 349 interviews (see Table 1). The indirect snowball sampling procedure allowed us to stratify the sample by age, parity, and marital status of the woman in order to maximize variation in socio-demographic characteristics (see Table 2).

While the scope of these interviews is wide-ranging, women, their partners, and women's mothers extensively discussed 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 their choices for bearing children. To facilitate analysis, each of the 349 interviews was recorded, transcribed, and examined using the computer program NVivo. As a "code-based theory builder," the program aids with coding 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

TABLE 2 Selected characteristics of women interviewed in four cities, age 23–45

	Number of women
Number of children	
None	101
One	75
Two	41
Three	11
Four or more	5
Education	
Low (8 years or less)	23
Medium (8–13 years)	102
High (14 years or more)	108
Civil status	
Married religious	109
Married civil	13
Cohabiting	34
Single	34
Engaged	34
Divorced	9

common patterns. The descriptive quotes are representative of the sample as a whole, unless otherwise specified.

Participant observation, a cornerstone of anthropological methodology, also provided a revealing window through which to understand the contraceptive behavior of Italian men and women. Informal interactions in a variety of public and private settings allowed the anthropologists to immerse themselves in people's daily lives, achieving an understanding of their worldviews and examining their social relations. A corollary of this was a focus on the difference between what people say they do and believe on the one hand, and what they actually do and (more problematically) what they actually believe on the other. More specifically, anthropologists in each of the four cities attended social events where cultural norms about family and fertility were shared and discussed (e.g., prenatal classes, parks, childcare centers, prenuptial classes).

Brief mention must be made of the sensitive nature of the topic of contraception and the implications this has for scientific research. The large number of women in union in our sample who declared that they do not use any fertility control likely includes many women who actually use natural methods and/or withdrawal. For example, as we noted earlier, many women may not think of withdrawal as a contraceptive method and would therefore have responded negatively when asked "do you use contraception?" (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 withdrawal for decades.¹¹ More generally, family planning programs and contraceptive-promotion programs have a tendency to devalue traditional methods, and respondents may therefore be reluctant to identify withdrawal 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: 141–142; Tsui et al. 1991). Given these challenges, the use of non-technological methods by the women interviewed may be underestimated. On the other hand, the use of qualitative research methods such as participant observation and in-depth interviews is particularly effective for gaining deeper understandings of sensitive issues such as contraceptive choices.

Non-technological methods: Natural and healthy

Increased attention has recently been paid to the body and its conceptualization and metaphoric use in symbolizing the social world (Johnson 1987; Carter

1995; 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, reported the surprising finding that women in the Gambia use contraceptive methods to increase rather than to limit the number of births. The author demonstrated the importance of understanding how local people conceptualize reproduction and relate it to their understanding of the body, health, and social support. Bledsoe stressed that Western notions of linear time do not capture how the women in her study think of their bodies and their reproductive lives. Understanding their reproductive behavior entails an understanding of Gambian ideas related to the wearing out of the body occasioned by reproductive episodes. These include not only childbirth but also miscarriage and other events (cf. Kertzer 2005: 542).

In this article, we contend that many Italian women perceive technological methods to be unhealthy and unnatural. More broadly, this feeling 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 as opposed to technological methods or pharmaceutical methods, viewed as potentially unhealthy for the body (see similar findings in the United States by Bledsoe 1996). Women interviewed within the four cities also used the term natural methods to refer interchangeably to withdrawal and to the more formally recognized natural methods such as rhythm, ovulation, and temperature. This was especially true when referring to the natural qualities of non-technological methods as they concern the body.

More specifically, interviewees consistently described withdrawal, observations of cervical mucus, rhythm, and other non-technological methods as home-made methods (*metodi fatti in casa*), sharing characteristics of domesticity and authenticity as well as simplicity of use. As one woman explains,

Let me be perfectly clear, the Billings method,¹² 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 Billings 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.... We are practicing Catholics, I'm not saying we're not... but...they (the Church) sometimes sell us a bunch of baloney (*ci vendono anche un po' di balle*), saying that the Billings method or temperature...or leaving the door open to God.... Nonsense! (*un corno*). If you have sex in the infertile period, nothing is born, nothing comes.
—Woman, age 35, two children

While a number of women talked about the pleasure they derived from “being in touch” with their bodies through the use of non-technological methods, other women gave health-related reasons for not using technological methods. Bonarini (1999), using data from the Second National Investigation of Fertility, similarly discovered that among Italian women who had stopped using a technological contraceptive method, 43 percent gave health reasons, compared to 28 percent who declared that they had done so because they desired a child and 7 percent who claimed difficulty of use. Generally, women in our 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 non-technological methods and a fear of unnatural technological methods is also conditioned by a Catholic culture that closely intertwines love, sexuality, and reproduction. Even women who declared they were not practicing Catholics 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.

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

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

Anthropologist: Does it (the pill) worry you?

Interviewee: 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.

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

Interviewee: 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. That’s it. —*Childless woman, age 34, practicing Catholic, uses rhythm method, hopes to have a child within a year.*

Similar to Bledsoe’s (1996: 301) findings on women in the United States, Italian women “voice strong preferences for the mildest possible birth control methods: those that are the least intrusive or have the least perceptible chemi-

cal effect (especially long term) on the body. Often, 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 withdrawal as a way to control fertility. Withdrawal 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 answered, "We don't use anything." Non-technological methods were often not represented as a contraceptive, which by definition seems to be something external to the management of a couple's sexual relationship.

Anthropologist: Do you use any kind of contraception?

Interviewee: 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...

Anthropologist: Are you against using contraceptives?

Interviewee: 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 of being bombarded by hormones....But, anyway, 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. —*Woman, age 37, two children, uses both withdrawal and natural methods*

More broadly, Italian women in union repeatedly expressed their worries about the potential ill effects of technological methods while espousing the merits of healthy, non-technological methods such as withdrawal, rhythm, ovulation, and temperature. To better understand this opposition, we now turn 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 Italians. 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. Women who use the pill often do so for motives not directly linked to its efficacy, but rather to concerns about *infertility* and complaints related to health issues.

In a study of reproductive choices in the United States, Bledsoe (1996) proposed a number of considerations relevant for our analysis, and more generally for interpreting the discrepancy between social discourse and behavioral outcomes. According to Bledsoe, discourse linked to contraception in

middle-class American popular culture is distinct from discourse concerning pregnancy and births, and even sometimes from sexuality itself. Instead, there emerges significant attention paid to 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 research, echoed by Hirsch and Nathanson (2001), we learn that "[w]e 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: 317). 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 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) reported 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 (ibid.). Such patterns may in part be explained by the influence of the Catholic Church. Spinelli et al. (2000), for example, reported that 63 percent of Italian gynecologists are conscientious objectors to abortion (cf. Dalla Zuanna et al. 2005: 40). As this article is being written, there is an ongoing scandal concerning Italian pharmacies that do not carry condoms, citing religious reasons (*La Repubblica* 10 September 2008). This has been accompanied by similar reports revealing that in half of Rome's hospitals the "morning-after" pill was refused to an "undercover" investigative couple, even though by law doctors may not refuse this emergency prescription (ibid.).

On the other hand, there is evidence that suspicions within the medical community of the negative health effects of the pill have diminished. Dalla Zuanna et al. (2005: 40) noted that when an article was published in 2002 on the potential side effects of the pill, and later echoed by magazines and several television programs, the President of the Italian Congress of Gynecology publicly repudiated such claims, emphasizing instead "the advantages and psychological merits of the pill for women's health." Indeed, the pill has been shown to diminish the risk of osteoporosis, fibroid tumors, ectopic pregnancy, endometrial and ovarian cancers, and premenopausal hot flashes, and to have many other health benefits (Bledsoe 1996: 313). Notwithstanding

these improvements, married Italian women in our sample consistently gave health-related motives for avoiding technological contraceptive methods.

We hence observe neither a limited availability of technological contraception (the pill is readily available and in some cases free through the national public healthcare system), nor misinformation concerning the side effects on the part of religious or medical institutions. Rather, attitudes of refusal seem to be produced “from the bottom up,” and are spread through communication among women of reproductive age. A closer look at an initial impression of misinformation reveals what is in reality a culturally shared product, forged within the context of Catholic ideology: namely, a culture that closely links feminine identity with maternity, a socioeconomic context that encourages a delay in family-building, and a setting in which the desire to control one’s reproduction and sexual activity must be renegotiated.

As we discuss further in the next section, this reasoning is in part due to 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 does not happen.

Anthropologist: Do you use contraception?

Interviewee: No, no, we’re just careful in the relationship... but no contraception.

Anthropologist: What is your opinion about contraception?

Interviewee: Well, I knew that the pill was bad for you, so I didn’t use it. They told me it makes you gain weight. I generally don’t like medicines, so I try to avoid them....The condom is annoying, and other methods... anyway, 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. —*Woman, age 39, two children*

Anthropologist: So did this child just “happen,” or was it planned?

Interviewee: Well, honestly, it was “almost wanted.” Because we were both 32 years old....You know... it is like when you desire something and... it happened.

Anthropologist: Were you using contraception at the time?

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

Anthropologist: Allergic to contraceptives...

Interviewee: Yes, both oral medication and condoms. —*Woman, 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 problems to weakened eyesight. The most frequent motives concerned both psychological health and 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 rejection of the pill also stems in part from recent biomedical models of health and well-being, in which 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, "I prefer to have a person at my side who is normal rather than someone whose hormones make them say or do strange things." —*Woman, age 31, one child*

If women have difficulty delegating to technology the delicate and intimate issue of fertility control, it should not be surprising that they do take up the pill in their later reproductive lives, around the age of 40, when they are sure they do not want to become pregnant and when their fecund lives are ending. The idea that the pill creates problems of infertility was 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.... Anyway, a bit stupid on her part, but also her gynecologist evidently wasn't clear, because she used the pill for five 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 having trouble...and they're looking for alternative ways now. —*Woman, age 31, pregnant with second child*

From the interviews it emerges that women refuse the pill in order to avoid a complicated series of potential symptoms with evident cultural connotations. Non-technological methods are judged more advantageous because they are evaluated using criteria that go beyond efficacy. The social legitimacy and the presumed lesser degree of physical and psychological problems that characterize natural methods lead women to prefer them. Interviewees are concerned about the reproductive integrity of the female body, see natural methods as more legitimate than technological methods, and, perhaps most importantly, praise the flexibility of the use of natural methods. 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 could explain their greater likelihood of using technological methods such as the pill or IUD, the fact that married women seem to suffer more from the associated effects of technological methods reveals how closely somatic complaints are linked to cultural constructions, and supports the notion that contraceptive practices can be employed to achieve goals that go beyond avoiding pregnancy.

Making reproductive decisions: Responsibility and spontaneity

Women in Italy 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.” Through our informal conversations and in-depth interviews, there emerged the narration of a “non-choice,” despite 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 few choose to have them, desire and choice appear to travel on two different tracks. To exclude pregnancy a priori (through artificial means such as the pill) while one is waiting for “the right moment” is seen as excessive. In the context of a strong sense of responsibility that inhibits spontaneity, the use of withdrawal and natural methods finds specific meaning in which pregnancy is not a choice, but a possibility.

Although this attitude toward contraception is comparable to that of low-fertility but pre-pill Western populations (see, among others, Fisher 2000, 2006), what is most striking is the ambivalence of desire with regard to reproductive choices. Among the urban middle class, non-technological contraceptive behavior regains modernity at the intersection of socioeconomic and cultural contingencies. We are not suggesting that Italian women behave fundamentally differently from their counterparts in other Western countries. Rather, our analysis of the Italian case illuminates a way of perceiving contraception that avoids dichotomies such as technological/non-technological and modern/pre-modern. Ethnographic data reveal that non-technological methods are reconceived as representing a modern, conscious choice, while technological methods, typically considered modern, innovative, and emancipative, are instead associated with social and physical harm.

When examining choice, demographers rarely take into account the cultural *habitus* (Bourdieu 1980) in which reproductive behaviors are embedded

and in which assumptions are generally made on the basis of a “rational-actor model.” In a simple rational-choice model, the individual, confronted by various choices, selects the behavior that will maximize his or her well-being. Within this model, culture represents one of many characteristics that influence behavior. Demographers have tended to treat cultural factors as “discrete rules or beliefs: ‘irrational’ norms, tastes, and taboos on the one hand, and ‘rational’ perceptions of local cost–benefit contingencies on the other” (quoted in Carter 1998: 251). Rather than see reproductive behaviors as the outcome of rational responses to a given set of factors, we examine the ways that individuals manipulate—and are shaped by—the moral symbols and societal arrangements that surround them. Culture, in this view, is a “continuously changing process, one intimately interwoven with the changing institutional structure and field of political power” (Kertzer 1997: 152). In reframing the problem of rationality to avoid a rational/irrational dichotomy, we problematize the notion of “choice” as it concerns reproductive behavior and the use of contraception.

Micheli (1995: 229) has argued that the assumption that declining fertility is the result of conscious rational behavior supported by practical instruments used to reach objectives has acquired the power of a self-fulfilling prophecy. The author critiques demographers who employ a “rationalistic” model to portray individuals as habitually using contraceptive methods until they decide to have their first child two years after marriage. Similarly, he disapproves of surveys that simultaneously depict fertility control through use of contraceptives and an unyielding fertility calendar. He points out that both approaches assume the existence of rational choice in desiring a first child, accompanied by the underlying notion that individuals must interrupt contraception in order to have children (De Sandre and Boscarini 1993; Micheli 1995). Micheli (1995: 231) further suggests that fertility outcomes might be more appropriately attributable to a cultural model that 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 size is thus fulfilled both in situations declared to reflect rational strategizing, and in those declared to be failures in strategically controlling one’s family building outcomes.” We similarly challenge theories based purely on “rational-strategic” uses of contraception. We advocate looking at cultural models behind choices to have children, and the ways in which individuals interpret, use, and mold social expectations.

Decisionmaking processes in the Italian reproductive context were illuminated by conversations with informants, allowing us insight into how Italians envision the step toward maternity. If a conception simply “happens” to very young individuals, the event is subject to social sanctions. On the other hand, when one reaches an age considered to be socially appropriate to have children, a conception that “just happened” is not only acceptable, but often

seen in a positive light. A rational-actor model is difficult to apply, because while “responsible choice” plays an essential part in assuming a parenting role, spontaneity appears to be the underlying message throughout conversations with informants on the topic of conceiving a child.

Planning “too much” for a birth, whose rightful place belongs in the natural sphere of affection and sexuality, exceeds 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,” 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 not socially acceptable. It is here that we see the possibility, as foreseen by some demographers, of a redefinition of planning a posteriori, as well as an ambivalent attitude toward contraception. From the excerpts of interviews below, we see how reproductive choices are not only postponed, but are represented as a “non-choice” or as an attitude maintained thanks to contraceptive methods such as withdrawal.

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

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

Interviewee: 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. —*Woman, age 31, one child*

Anthropologist: Do you do anything to avoid pregnancy?

Interviewee: 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. —*Husband of woman just cited*

Informants' discourse about the inability to plan a birth, while simultaneously being open to the notion that a birth “just happens,” fits interestingly into the statistics on unplanned births in Italy. Indeed, the conceptions described above are technically “unplanned,” despite 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 the 1990s, 37 percent of conceptions in Italy were said to be not planned; this rises to 45 percent among women under age 20 and over 35 (Castiglioni et al. 2001). Surprisingly, those who might be expected to be the most likely to plan—namely, young, educated women living in the north—have the most unplanned births.

The notion that many births are both unplanned and desired is not unique in the literature on unintended pregnancies, fertility patterns, and pregnancy decisionmaking. A 2002 US survey found that while 35 percent of pregnancies are unintended, only 14 percent were deemed as unwanted (Chandra et al. 2005). Santelli et al. (2009: 6), building on the work of scholars such as Trussell and Vaughan (1999) and Trussell et al. (1999), point out that “planning or intending a pregnancy may be distinct from wanting to be pregnant; the concept of planning a pregnancy may not be meaningful to some women; and ambivalence about avoiding pregnancy may be expressed in imperfect use of contraception.” A number of scholars have sought to distinguish different factors involved in pregnancy intentions, planning, and choices (Miller et al. 1999; Bachrach and Newcomer 1999; Stanford et al. 2000; Santelli et al. 2004; Speizer et al. 2004). Ethnographic studies have pointed to the importance of understanding social context in analyses of pregnancy intentions, suggesting that intentions are “the product of multiple, complexly interwoven social and economic forces” (Santelli et al. 2009: 7; Moos et al. 1997; Petersen and Moos 1997; Santelli et al. 2003; Kendall et al. 2005). Italy does, however, show some particular patterns here, as seen in a comparison with the United States. The proportion of American women who report having an unintended pregnancy decreases sharply with age (44 percent among those aged 20–24, declining to 22 percent among women 30–44) and education (61 percent among those with less than high school/GED compared to 18 percent with a B.A. or higher; Chandra et al. 2005). In Italy, by contrast, unplanned pregnancies not only occur frequently among women over age 35 (45 percent, see above), but married Italian women with higher levels of education have proportionately more unplanned first births (12 percent) than women with low levels of education (6 percent) (Castiglioni et al. 2001: Table 8, using data from the FSS survey).

More generally, a number of studies in the United States and in developing countries (see Speizer 2006 for a review) have led to debate on whether “some women who experience contraceptive failure are ambivalent about avoiding pregnancy, and therefore use contraceptives inconsistently” (ibid.: 186). Unfortunately, data from the Italian FSS survey do not allow for a clear distinction between unwanted (absolutely undesired) and mistimed pregnancies.¹³ Furthermore, although the FSS survey asks whether the woman was using contraception at conception, an affirmative reply automatically classifies the birth as unplanned. Only women not using birth control at conception were asked whether their pregnancy was planned.¹⁴ Hence we do not know how many women, among those using contraception, had pregnancies that were actually wanted. On the other hand, our ethnographic data allow us to explore the grey area of “planning” and to challenge 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).

Our interviews reveal that the women who experience the most unplanned births are surprisingly those who most tend to manage their fertility, above all by delaying first births. The more that fertility is managed, the more likely that women will eventually have an unplanned birth. For these women, the first child is always unplanned, for reasons linked to work, to finishing their education, to the desire to build a stable career, and also, seemingly, to culture and gender motives associated with their geographic area of residence and social background, where the concept of maternity is closely linked to notions of responsibility and “capability” (Gribaldo 2007). The interviews demonstrate a link between “not planning” and the use of non-technological methods. For example:

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

Interviewee: 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.

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

Interviewee: None, never have used any. —*Woman, 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 decisionmaking, in which he comments that “[w]e 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.” People also evaluate the worth of various possible desires in order to evaluate their consistency with their wider view 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 points out that “cultural principles and social institutions have a virtual rather than a substantial existence, taking shape as they enter into activity” (ibid.). In choosing to use non-technological methods and in refusing to plan first births, Italian women are not simply making passive decisions but rather evaluating the consistency of their desire to have children within larger considerations of what reproductive choices mean at the level of identity construction and social belonging. In the Italian context, reproductive choices are always de-

layed (if not altogether avoided) through ambiguous discourse and practices. Ambivalence, attribution of the choice post facto, and the use of non-technological methods in a “flexible” way that does not harm the fecundity of the woman are all parts of this puzzle. Through the use of withdrawal and natural methods, 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 IUD. In fact, the choice is not so much about the contraceptive per se as it is about adopting different attitudes toward the possible birth of a child—requiring different contraceptive stances more or less linked to the method of choice. This interpretation suggests that there are some interviewees who use the pill in unorthodox ways, frequently forgetting to take it, and others who use withdrawal and natural methods very carefully. In general, non-technological methods are more flexible, negotiable, and, for this reason, more “usable” than the pill or IUD. In discussions of reproduction, notions of “destiny” and “chance,” not surprisingly, are quite common, even when the precise moment and number of children have been chosen. Couples who feel they cannot make a decision to have a child often perceive society as hostile to the creation of a new family, which means making a choice that they perceive as almost illogical.

Indeed, for the middle class, discourse on having a child 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. As a woman with two children said in an interview, “You can’t decide when to do it. If you wait for all of the conditions, you will never do it.” Or, as expressed in another interview:

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

Interviewee: 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 anyway for me it’s not really a question of a priori reasoning. —*Couple interviewed together, woman is 34, man is 39, no children, just moved in together*

In a context where individuals feel constrained by economic and political factors, including the high cost of housing, a precarious labor market, and a lack of available childcare, as well as by the socially approved (but difficult to achieve) right moment to have children, individuals use non-technological methods to let births happen.

This pattern of behavior exemplifies Giddens's (1991) theory that actors resort to what Morgan and King (2001: 13) have aptly described as a "nearly constant monitoring and self-reflexivity as they continually uncover new information against which to evaluate themselves." 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 socially accepted preconditions means that births are not only delayed, but often the result of a strategy that allows them to have first births in socially acceptable ways. By employing withdrawal and natural methods, actors can decide not to decide, and to have unplanned first births, which are in many ways planned.

Interviewee: 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....

Anthropologist: What do you mean, "if it happens"? You're not using contraception?

Interviewee: No.

Anthropologist: So it could happen?

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

Non-technological methods, the modern middle class, and conjugal intimacy

In the view of reproduction discussed above, we can also trace questions linked to a sense of class identity, characterized by a modern logic that 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. Attitudes toward the family and reproduction in Italy are formed by the relationships between modernity, tradition, and Catholic discourse on nature, emerging as an authentic and intimate dimension.¹⁵ "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 seen in a context of irresponsible maternity and hardship. Within this view, the categories of modern and traditional as they describe non-technological methods are negotiable (Paxson 2004).

The use and significance of non-technological methods can assume different forms according to context, and similar practices do not necessarily

have analogous meanings. Santow and Bracher (1999), for example, demonstrated that low fertility among Australians of Southern European origin was achieved through use of withdrawal in a context dominated by male control. They linked declining fertility to a man's desire to improve his life conditions and that of his children. Schneider and Schneider (1996) argued that the use of withdrawal in Sicily at the beginning of the twentieth century took hold first among the artisanal classes, among whom the management of reproductive sexuality was possible as the result of conjugal intimacy.

We would do well to heed Johnson-Hanks's (2002: 229) warning against unquestioningly using traditional as a category for describing non-technological contraceptive methods. Withdrawal, for example, has commonly been placed within a fertility transition model that traces a path from non-technological methods to high-technology methods, accompanied by the emergence of the calculus of conscious choice (see also Schneider and Schneider 1996: 141). Traditional contraception should thus give way to modern family planning as the economic and social costs of effective birth control decline (*ibid.*). Yet as Johnson-Hanks (2007: 5) cautioned, "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." A more nuanced look at the use of non-technological methods in the Italian case reveals that many Italians use them in order to achieve modern middle-class families.

Demographers in Italy have also tended to juxtapose tradition and modernity when investigating contraceptive behavior. In commenting on a recent survey of contraceptive behavior, for example, Dalla Zuanna et al. (2005: 41) wrote, "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." We use our findings to challenge such juxtapositions 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 non-technological methods like withdrawal and rhythm are seen as indicative of the trust that partners place in each other. While technological methods result in a shift in responsibility and accountability to women, non-technological methods involve both partners. This involvement is seen by informants as presupposing the harmony and intimacy of the couple, their trust in each other, and generally, couple stability. In turn, these characteristics were described by the middle-class respondents as prerequisites for having children and as optimal conditions for building a modern family. As a result, non-technological methods were similarly described as modern.

A full understanding of the ways withdrawal and natural methods are manipulated by informants within the Italian context must include a gender perspective. Indeed, much of the traditional versus modern dichotomy is based on notions of withdrawal as a male method linked to traditional marriage and gender inequality, as opposed to modern methods that see women in control of their own fertility, in the context of gender-equal companionate marriages. On the other hand, several scholars have suggested that women's control of contraception is not 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 inequitable. In a comparative study of 36 wealthy countries, Italy has been characterized as having a highly "traditional gender system" (Di Giulio and Pinnelli 2003). Di Giulio and Pinnelli pointed out that the gap with other Western countries in terms of gender equality has narrowed only slowly over the 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" (ibid.: 35). The authors concluded, "It is not by chance that the countries characterized by a 'traditional' gender system also exhibited lowest-low fertility and 'backward' contraceptive patterns" (cited by 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 withdrawal and the limited diffusion of the pill, IUD, and sterilization. Hindering a clearer understanding of the effect of gender relations on contraceptive behavior, however, is the scarcity of studies of men's attitudes toward contraceptive methods.

Some evidence suggests that the necessity for male restraint required by withdrawal is often experienced positively by men. Schneider and Schneider, in their historical study in Sicily, found that men perceived withdrawal 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 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) wrote 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" (cf. Rogow and Horowitz 1995: 145). Evidence from our interviews and from related fieldwork in Padua reveals 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” and “I know how to control 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 in Italy today couples do not especially think of withdrawal in terms of its dependence on the male partner, his self-control, and his priorities. Rather they see it as a product of a deep partnership between the man and the woman, accompanied by profound trust by the woman in her male partner. Furthermore, the interviewees tended not to represent withdrawal as a method of contraception, but rather as an expression of intimacy.

Anthropologist: So, between the first and the second child, you didn’t use contraceptives...

Interviewee: 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... anyway, there are tons of children born using the rhythm method, you know.—*Woman, age 40, two children*

Rarely did women praise male capability as they had done in the historical study in Sicily. While studies on withdrawal cite a host of expressions used to define this method¹⁶ (e.g., the retreat, the backwards march, being vigilant, making sacrifices, etc.), by far the most common phrase among the Italian couples interviewed was “being careful,” a “watchfulness” that applied to both partners.

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

Interviewee: A couple of times we used them, but they [condoms] irritated him, he didn’t like them.... Anyway 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.... My husband had said at the time, “I already don’t like these things, forget about it now!”

Anthropologist: Have you ever used contraception?

Interviewee: No, never, I don’t know, always an excuse or another, and anyway 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."
—*Woman, age 33, two children*

These narratives also raise questions regarding 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 how Italian couples link withdrawal to intimacy. A 1986 study conducted in the Italian region of Emilia-Romagna by Giacobazzi et al. (1989) and described by Dalla Zuanna et al. (2005: 33–34) reported that "[o]nly 25 percent of women declared that physical pleasure was one of the most important aims of sexual intercourse; 78 percent mentioned 'to enhance communication within the couple,' 61 percent 'to exchange love and affection,' 15 percent 'to have children,' 9 percent 'to follow a natural instinct.'" Further investigation into the importance of the sexual relationship is needed. While couples in our study spoke of withdrawal as a method symbolic of their companionate and intimate relationship, 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 contraception remains limited; and if sexual fulfillment is of secondary importance and withdrawal is employed effectively, then it is not surprising that withdrawal remains widespread among certain groups (see also Santow 1993: 782).

Conclusions

The puzzle of a drop to very low fertility in Southern European countries coupled with the widespread use of non-technological contraceptive methods has received much attention in the demographic literature, especially with regard to why such supposedly irrational contraceptive behavior remains so widespread (Dalla Zuanna et al. 2005; Castiglioni et al. 2001). The issue of contraceptive choices has remained infrequently addressed, however, outside of a rational-strategic framework. This has led to a false dichotomy that equates modern technological methods with rational choice while non-technological contraceptive methods—despite their widespread use, for example, among Italian women in union—continue to be described as traditional. Our findings tell a different story. Ethnographic evidence from four Italian cities suggests that men and women use non-technological methods as tools to maneuver their way through the challenges of family building. Rather than understand their choices as rational versus irrational, or modern versus traditional *tout court*, we endeavor to understand how their decisions both shape and are shaped by larger socioeconomic and cultural processes.

We argue that Italians' contraceptive practices achieve social goals beyond avoiding pregnancy (Johnson-Hanks 2002: 231). The widespread use of non-technological methods (especially withdrawal) in Italy is not a mystery if we think of them as instruments individuals use to shape identities and plan births in socially acceptable ways. Women's health-related refusal to use the pill and their choice of non-technological methods can thus be seen as a way for women to plan births in a context where there is "never a good time" to have a child, while simultaneously adhering to broader cultural models of health and well-being. Similarly, in deciding to use withdrawal and natural methods, Italians are not passive actors making irrational decisions; rather they are evaluating the consistency of their desire for children in the context of what reproductive choices mean at the level of identity construction and social belonging. Individuals use withdrawal and natural methods to plan births in a setting where planning "too much" is unacceptable, and where the optimal conditions for childbearing (education, stable employment, couple stability, home ownership) are 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 so doing transform withdrawal and natural methods into an expression of the modern middle class. Their choices, however, are also molded by the larger constraints of a gender system characterized by gender inequality.

Although our aim has not been to predict the pace of the spread of technological methods such as the pill and IUD, nor the future of non-technological methods such as withdrawal and natural methods, ethnographic data suggest that non-technological methods will continue to be commonly used in the future—if not to prevent pregnancies, then to allow them to occur in socially acceptable ways. As scholars such as Fisher (2000, 2006) and Szreter and Garrett (2000) have pointed out, a host of explanations concerning fertility change become plausible once crude dichotomies such as traditional/modern, irrational/rational, and passive attitude/active choice are put aside. For example, through the use of oral histories, Kate Fisher (2006) has presented a convincing social and cultural rearticulation of the notion of reproductive choice in early-twentieth-century Britain. We similarly problematize this theme in present-day Italy through the use of ethnographic method and anthropological theory—too often ignored or underused in demography. These approaches have the potential to contribute significantly to debate over issues that have important implications for population programs in the developing world. A renewed look at Western contraceptive practices provides a critical contribution to a growing interest in questions concerning the social and cultural acceptability of reproductive technologies in wider contexts (Jones et al. 2009) and the efficacy of non-technological contraceptive methods in reducing fertility rates (without, however, underestimating the importance of effectively protecting against sexually transmitted diseases using the most

suitable methods). Our ethnographic evidence suggests that working outside a framework that sees rationality as the sole basis for social action may reveal the broader meanings that individuals associate with particular contraceptive methods.

Notes

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1 To avoid a modern/traditional dichotomy that ignores the different ways women and men may use contraception, we employ the term non-technological to refer to withdrawal and natural methods, as opposed to "technological methods" such as the pill, IUD, and condoms (see also Hirsch and Nathanson 2001).

2 In France in 1994, 84 percent of women used IUDs or the pill, compared to only 42 percent of women in Italy in 1995. The proportions using withdrawal in France and Italy were 3 percent and 25 percent (Castiglioni et al. 2001). Among Italian women in union, withdrawal was the main method used during the mid-1990s (Dalla Zuanna et al. 2005: 27), when Italy became the country with the lowest TFR in the world.

3 According to Dalla Zuanna et al. (2005: 34), "there seemed to be a resistance to adopting those habits that would appear to be most rational, that is, the most oriented to avoiding unwanted conceptions, although the relatively low rate of unwanted pregnancies suggests that Italian contraceptive behaviour may be less irrational than it appears." 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).

4 Dalla Zuanna et al. (2005: 38) noted, "up to the end of the 1970s, Italian state tele-

vision 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 Dalla Zuanna et al. (2005: 25) further pointed 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. Finally, sterilization operations for contraceptive purposes were rare in Italy, owing partly to ambiguous legislation, and limited exclusively to the female partner."

6 Results from Dalla Zuanna et al. (2005) differ noticeably from those published by the United Nations on world contraceptive use (2003). Although both groups of researchers use the same data (UN-ECE Fertility and Family Survey, 1995/6), Dalla Zuanna et al. find that 40 percent of women in union use non-technological methods compared to the UN finding of 21.4 percent. The discrepancy derives from a difference in denominators. While the UN considers all women in union, Dalla Zuanna et al. consider only those women who use contraception. In fact, dividing the UN data by 60.2 percent (or the proportion of users) results in approximately the same percentages published by Dalla Zuanna et al. Furthermore, the phrasing of the UN-ECE survey question ("what method of contraception do you use?") likely leads to an underestimation of the number of women using withdrawal or natural methods because many women may not consider these to be forms of contraception (hence replying "none"). This may help explain the considerable fraction of "non-users" (about 40 percent), incompatible with the low rates of fertility and abortion in Italy in the mid-1990s. The 1979 data, on the other hand, seem more reliable, given the different wording of the question on contraception: "Did you use anything to avoid disease or undesired

pregnancy?" (personal communication with Gianpiero Dalla Zuanna, June 2009).

7 The most recent survey data, collected in 2006 and reported by Castiglioni and Dalla Zuanna (forthcoming, 2009), confirm not only the remarkably high proportion of couples using withdrawal, but also the limited use of sterilization in Italy. The data do, however, show some movement from withdrawal to the use of condoms.

8 Italy is characterized by significant regional differences, analysis of which is beyond the scope of this article. However, a survey conducted in 2006 showed that Sardinia has the largest percentage of women who use hormonal contraceptives (28.6 percent) followed by Val d'Aosta (22.9 percent) and Liguria (19.9 percent) (data from the Italian Society of Gynecology and Obstetrics and the Italian Society of General Medicine).

9 In the mid-1990s, almost all Italians aged 18 years or older had been baptized in the Catholic Church (Dalla Zuanna et al. 2005: 36; Cesareo et al. 1995). Cesareo et al. (1995: 75) reported that during the 1990s, 30 percent of women aged 22–49 stated that they regularly attend Sunday Mass, while an additional 20 percent reported that they attend Mass at least once a month (Dalla Zuanna et al. 2005: 37).

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 For example, Florence (1930: 20) 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.'"

12 The Billings ovulation method relies on monitoring vaginal discharge in order to identify the fertile and 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.

13 This uncertainty is in contrast to surveys such as the National Survey of Family Growth (NSFG) conducted in the United States, which in 2002 included questions about happiness related to being pregnant, wanting to become pregnant, trying to become pregnant, wanting a pregnancy with a specific partner, and the woman's perception of her male partner's intentions. For a discussion of the Italian dataset (FSS), see Castiglioni et al. 2001.

14 Available responses to this question were: yes, absolutely not, not then, indifferent. Castiglioni et al. (2001) treated the responses "yes" and "indifferent" as planned, "absolutely not" as unwanted, and "not then" as mistimed.

15 The Catholic demonstration "Family Day," which took place on 12 May 2007, brought more than 500,000 people to Rome, and the city was covered with posters proclaiming "The family only according to nature" (*La famiglia solo secondo natura*) (see Remotti 2008: 73).

16 An excellent study of the most common euphemisms and metaphors for the practice of withdrawal across geographical space and time has been carried out by Santow (1993, 1995). See also van de Walle (1980), McLaren (1978, 1983), and Schneider and Schneider (1996).

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