

revue française de sociologie

CALL FOR PAPERS

“Contemporary oppositions around abortion in France and elsewhere”

Scientific coordinators:

Mireille LE GUEN (Ined)

[French Institute for Demographic Studies] and Université Catholique de Louvain

Marie MATHIEU (CERMES3)

[Centre de Recherche Médecine, Sciences, Santé, Santé Mentale, Société]
and affiliated with CRESPPA-CSU [Centre de Recherches Sociologiques et Politiques de Paris-
Centre-Cultures et Sociétés Urbaines])

Raphaël PERRIN (CESSP)

[Centre Européen de Sociologie et de Science Politique]
at Université Paris 1

Forty years ago, the *Revue Française de Sociologie* published the first French-language social science special issue on abortion. France had just passed the Loi Veil of 1975 partially decriminalizing abortion—a major change to the legal framework for the practice. Renamed “pregnancy interruption,” abortion was now permitted under certain conditions; it could be performed solely by physicians (Ferrand-Picard 1982; Horellou-Lafarge 1982; Ferrand and Jaspard 1987). Four years later, this change to the legal texts was durably inscribed in the *Code de la Santé Publique* [public health code] by the Loi Pelletier. And in 1982 the Loi Roudy guaranteed partial reimbursement for what had come to be called “voluntary pregnancy interruption” or IVG.

That same year, 1982, the *Revue Française de Sociologie* published its historic special issue, edited by Paul Ladrière and entitled *La libéralisation de l'avortement*. It brought together contributions by eight female and two male researchers who had been working for several years on different aspects of abortion. Their contributions clarified the positions on abortion of the medical profession, magistrature, and Catholic Church, as well as those of couple counselors charge with conducting the “psycho-social interview,” mandatory at the time for both minors and adults; retraced the exact chronology of the events and parliamentary debates that preceded passage of the 1975 law; and analyzed discourses of women who had had an abortion either before or after the new legal text was implemented.

Although that issue of the *Revue Française de Sociologie* did not establish “a comprehensive sociology of abortion,” it not only offered a first “overview of the question” in France (Ladrière 1982: 357) but also conferred legitimacy on abortion as a sociology research subject. Together with Michèle Ferrand and Maryse Jaspard’s reference work on voluntary pregnancy interruption (1987), it opened the way for multidimensional analysis of the social fact of abortion in the French context and for dialogue with research being done in other societies. A recent review of the scientific literature (Mathieu 2016) highlights the wealth of sociological, socio-historical, and socio-demographic analyses made possible by those first studies, as well as the density of those analyses, especially from the 2000s on.

That more recent research has developed at disciplinary intersections and within a wide range of sociology fields (health, deviance, public policy, etc.). And it has developed concomitant with legislative changes over time, as reform after reform of a law initially understood as dissuasive (Devreux 1982), at least in metropolitan France, has worked to simplify and broaden access to pregnancy interruption and to redefine it as an ordinary healthcare practice (Marguet 2014; Mathieu 2022).

The contrast here with how abortion was presented in the 1982 special issue articles should not be overlooked. The historic issue described the subject as a “conflictual” one at the core of antagonistic social positions on and representations of life, morality, the law and rights, the status of women, medicine as an institution, and ethics in matters of sexuality and procreation (Ladrière 1982: 351). Today, the consecutive transformations of the legal framework for abortion in France may suggest that many of the obstacles and resistances to women’s right to choose what becomes of an existing pregnancy, and to both recourse to and realization of abortions, have disappeared. It might seem that the conflicts surrounding this practice are not as sharp in France as elsewhere, and that a relative consensus on women’s free choice in the matter of non-procreation has been achieved over the years, reducing opposition to abortion to a few marginal discourses, in France at least.

And yet, history (Joffe 1995; Pavard 2012) and international current events constantly remind us how this right is never obtained without a struggle and how, once acquired, it must be defended against renewed attacks. While certain battles for the “liberation” of abortion led to partial legalization, as in France (Zancarini-Fournel 2003; Desmoulins 2015; Ruault 2017a) and more recently in Ireland in 2018 (Sebbane 2018; Chaput 2020) and Argentina in 2020 (Montoya 2019; Lacombe 2020), we have also witnessed a considerable number of reconsiderations in recent years, some of which have gone so far as to revoke the right and re-criminalize the practice¹, as in Nicaragua in 2006 (Herrera & al. 2020), Spain in 2010 (Sanz-Gavillon 2018), Brazil in 2020 (Marques and Ugino 2015), and Poland in 2021 (Broniarczyk and Fuszara 2018).

¹ For an overview of laws, measures, trends, and consequences across the world see Guillaume and Rossier 2018.

Not to mention the United States Supreme Court's recent revocation (June 24, 2022) of the renowned *Roe vs. Wade* ruling of 1973 that guaranteed federal authorization of abortion for nearly fifty years. Immediately after the new ruling, a considerable number of US states moved to legislate on abortion rights, drastically restricting access to the practice across that vast country.

Hence the importance of probing anew the oppositions, legal and concrete restrictions, resistances, and reluctancies to recognize women's right to control their bodies in this matter, and to document the contemporary forms these oppositions take in the world's societies, together with negative representations of the act—including in France. The debates sparked by France's 2022 bill to reinforce the right to abortion by raising the gestational age limit from 12 to 14 weeks, the difficulties of implementing it, the very existence of a legally fixed threshold or a specific conscientious objection clause for health professionals called upon to interrupt or assist in pregnancy interruptions, just like the difficulties of granting midwives the right to perform abortions, are strongly heuristic. These distinct facts indicate that beneath the apparent agreement in France, conflicts continue to exist among professional bodies, along with oppositions, objections, and hesitation about recognizing women's right to freely control their bodies and considering abortion to be an ordinary form of birth control.

For as sociological analyses have clearly shown for France, once the moral burden associated with abortion has been cleared away, it does indeed become a means of regulating births (Mathieu 2016; Claro 2021), and a common episode in women's lives², especially since it now involves simple medical acts presenting little risk for women's health when performed in safe conditions (Pheterson 2003)—a description that applies to both uterine aspiration (Soulat and Gelly 2006) and medication abortion (Allen & al. 2001; Hamoda & al. 2003, 2005). When researchers brought to light the stability of IVG rates in France in the decade of the 2000s despite a rise in contraceptive coverage of the population at large and particularly women, this in turn enabled them to clarify that the procreative norm—what a society defines as the “right” conditions for having a child—had been reconfigured in France and that abortion had become a structural given in women's reproductive trajectories there (Bajos & al. 2014; Bajos and Ferrand 2006b). Nonetheless, according to common representations in France, abortion remains a deviant (Divay 2004) and stigmatizing (Mathieu 2016) act, the “wrong” practice compared to other modes of birth control, especially when used more than once in a lifetime or “late” in a pregnancy (Mathieu and Ruault 2014). It is tolerated only under certain conditions, such as when it may be thought of as a “failure” in what is now understood to be women's perfectly rationalized control of their procreative potential.

As the fiftieth anniversary of the *Loi Veil* approaches, we view our upcoming single-theme issue of the *Revue Française de Sociologie* as a response to Paul Ladrière's call of forty years ago for a “critical new discussion,” and as a means to put forward new avenues of reflection. The objective is to update and renew past sociological analyses of abortion “*ici et ailleurs*”, to cite the terms chosen by Nathalie Bajos and Michèle Ferrand (2006a)—particularly analyses of conflicts around abortion. Taking off from the observation that oppositions to abortion remain very real today but have been recomposed, reformulated, we are therefore interested for this issue in research studies that shed light on the contemporary forms of such opposition, and on objections to a possible “banalization” of the practice, be they explicit attacks on abortion regardless of motive, or more ambivalent discourses in France and other places in the world. Moreover, given current offensives against abortion and the official and/or concrete restrictions

² One in three women in France have had at least one abortion in their lifetimes (Mazuy & al. 2015: 3), though there the number of recorded IVGs in 2020 decreased slightly (Vilain & al. 2021).

that such stances give rise to or maintain, we also wish to inform on the experiences of women who have had abortions, and of those close to them (partner, family members, etc.), in order to shed light on the ways in which negative representations of and negative discourses on abortion, together with concrete restrictions on access to it, affect the decisions of women wishing to end their pregnancy, and how those representations and restrictions affected their experience of one or several abortions, as well as the strategies and concrete actions undertaken by associations and groups to enable women to get through the experience relatively well despite all. Last, given the renewal of discourses calling into question the right to abortion, it is important to probe how the people defending this right riposte and innovate when reacting and acting.

Particular attention should be paid to the diversity of actors and groups that express resistance to free and freely chosen abortion and total autonomy for women control their bodies, and to the contexts in which those resistances are expressed. Opposition to abortion is polymorphous; it takes specific forms as a function of the social position of the person(s) expressing it and the places or arenas in which oppositions are expressed. For example, the discourses of anti-choice activists are not the same as the discourse of a female French senator or the discourse(s) of doctors.

– *First*, we are interested in contributions that identify new abortion opponents—those seeking to restrict access, those seeking to (re)criminalize it—and that analyze their highly diverse productions. While the social characteristics of some abortion opponents and opponent groups have been identified and opponent discourses analyzed for a number of historical periods (see, for example, Erdenet 1992; Venner 1995a, 1995b; Cahen 2016), it is important to further develop this work by examining the groups, networks, and actors that intervene in different societies and diverse social arenas to limit and in some cases (re)criminalize or penalize abortion, to identify and analyze their action repertoires—actions that may be individual or collective: demonstrations, political lobbying, disinformation, refusal to provide care, direct action, etc.—and how they have changed and been renewed over time. What values are those stances and mobilizations based on today? How has “the institutionalization of the cause of women” (Blanchard & al. 2018) affected abortion opponent discourses? Have references to life, morality, religion, and the fetus been superseded by arguments that are more readily “audible” today, that give priority to women’s own interests, for example (Lowe and Page 2019)? Or have those references been adapted and reshaped to fit those new arguments? How have anti-choice actions and pleas in defense of anti-choice positions—whether or not they are designated “pro-life”—evolved? How have rhetorical strategies and interventional practices spread from one country to another? Have they been adapted to local contexts? What effect has anti-abortion activism had on concrete access to abortion?

Submissions in this first topic area may be national or international in scope; they may explore anti-choice actions in the media (on social media, in the press, in cultural productions such as television series and films, etc.) and analyze media content and discourses, or they may focus on law-producing arenas (national parliaments, the EU parliament), law-applying arenas (the Court of Justice of the European Union, national high courts, supreme courts), debates and stances at political rallies, in places of worship, medical training facilities, or in front of and inside places where women receive abortions.

Contributions may pursue, supplement, and/or update analyses of legislation that (re)criminalizes either abortion or certain types of it or restricts access to it; the social inequalities produced or exacerbated by such laws; and, more broadly, their effects on women’s health and lives. The legal texts in question may include clauses allowing health professionals

to refuse to perform abortions (De Zordo 2016; Heino & al. 2013; Chavkin & al. 2013; Mishtal 2009) or that limit abortion beyond a certain point in the pregnancy (De Zordo & al. 2021; Mathieu 2021). They may study long periods or more specific ones, such as the recent COVID-19 pandemic (De Zordo & al. 2020).

– *Second*, we are interested in proposals from sociologists studying resistances and reluctances to total abortion “liberation”—that is, unrestricted access to abortion as a birth control technique. For to understand the permanence of barriers and limits to free choice despite abortion legalization in some countries it is important to shift focus to the continuum that runs between the anti-choice/pro-choice poles: that is, to shed light on the complexity of intermediate positions. Today’s debates are not formulated in exactly the same terms as those of the past, and the coarse pro-choice/anti-abortion distinction—suggesting two homogeneous opposed camps whose arguments clash perfectly, as in a mirror—is not always accurate or effective. Analytic categories need to be refined—or new ones created—to account for the diversity of contemporary positions on the matter. Some positions may approve abortion for certain social groups and restrict it for others, thereby reintroducing social inequalities that run counter to an ideal of reproductive justice (Ross and Solinger 2019). In this second topic area, then, we welcome studies that focus attention on more latent, nuanced forms of resistance to total “liberation” of abortion, resistance that may be expressed as hesitation, for example, or ambivalence by the different actors involved in abortion work or in the society at large.

Indeed, in some training and occupational spheres, in activist or political groups, and in legislative and judicial arenas, contestation of the principle of a right to abortion has given way to a struggle to define the practical modalities of the act. Where should abortions take place? At what point in a pregnancy and up until what point? How should they be done and by whom? What motives and circumstances justify them? Hidden behind the shared discourse on women’s right to choose promoting a set of “procreative rights” (Hertzog and Mathieu 2021), we find a number of subtle stumbling blocks. What do we learn from debates around ongoing liberalization of abortion? What is revealed by the content and types of objections made by parliamentarians, workers and activists involved in abortion work, or their representatives in the public sphere? How important are those critiques, for example, in political parties’ electoral strategies or those of well-known politicians?

Different notions of abortion clash, defining dividing lines between legitimate and illegitimate abortions by the context in which the pregnancy occurred, the justifications women present for having an abortion, and the emotions they may express by social characteristics and situations, by how far along they are in the pregnancy when they seek an abortion, by abortion procedure and the chosen or desired methods to control the pain associated with it, by how serious a fetal anomaly is or how high or low the life expectancy of the potential new human being, etc. Only fine-grained, detailed analyses can reveal the most discreet reservations about abortion and the preconceptions against which the idea and realization of free abortion accessible to all women collide. Dominant representations tend to essentialize the experience of abortion as a painful drama, a traumatizing event, overlooking its social and historical determinations (Mattalucci 2018). Those representations stand opposed to “banalization” of the practice. There are battles and debates around certain procedures: one abortion method may be prioritized to the detriment of others; a given treatment for abortion-related pain may be preferred (for example, local anesthesia for abortion by uterine aspiration). There is debate about restricting the choices of persons receiving abortions. But there are also conflicts around extending medication abortion or abortion through teleconsultation (Atay & al. 2021), around how to deal with trans- or non-binary persons seeking abortions, around the role and need for psychological assistance and/or

“time to think about it” between a request for an abortion and enactment, around medicalization of the act or whether it may be done by lay persons, as certain fractions of France’s Mouvement pour la Liberté de l’Avortement et de la Contraception (MLAC) once advocated (Ruault 2017b), etc.

Historically, the practice of abortion was a subject of disagreement between activists and doctors, and it is still a locus of rivalry between different health sector actors and segments (between different medical specialists, nurses and midwives, couple counselors and psychologists, etc.), leading in some cases to a redefinition of their respective responsibilities (for example, who can carry out particular abortion techniques or prescribe sick leave) and new ways of dividing the “dirty work” (Molinier & al. 2010; Perrin 2021).

– *Third*, we are interested in contributions that shed light on individual and collective practices for confronting these composite resistances to abortion: strategies for making abortion possible or simplifying women’s path to it despite legal and material obstacles (e.g., lack of “supply” at the local level, territorial disparities in abortion sites or professionals trained in uterine aspiration or the supervision of medication abortions, etc.), for overcoming social inequalities between abortion recipients (such as those indicated in Bajos & al. 2003), and for overcoming the prejudices of opponents to abortion and abortion liberalization. The objective here is to document the development of practices (for example, the collective care and hotline provided by French Family Planning) and alternative paths for accessing abortion (Women on Waves, Women on Web, etc.), support for women seeking cross-border abortions (for example, information sites, solidarity funds), the collecting and sharing of narratives on abortion experiences and “abortion violences” (Mathieu 2019) (on blogs or social media, for example), the practice of “safe” abortion outside legal frameworks (Pheterson and Azize 2006), attempts to legalize abortion (N’Diaye 2021), or arguments for extending current legal time limits or abolishing gestational age limits altogether.

How have struggles to obtain an abortion or generally to improve access to the procedure for all women adapted to what we are calling today’s reconfigured offensives and hindrances? How have legal changes and the discourses that give rise to them been fueled by scientific research, particularly sociology studies? What kinds of attitudes do pro-choice activists have toward legality today? How do judicial systems in different countries handle contemporary forms of abortion-related illegal? How do parents, family, friends, partners of women seeking an abortion understand, interfere in, or facilitate those women’s decision and enactment of it (Cresson 2006; Strong 2022)? How has abortion stigma worked to isolate women wishing to abort, and does it lead them to conceal or limit divulgation of the experience (Norris & al. 2011; Thizy 2021)?

More broadly, contributions may document how opposition to the practice of abortion (on religious, political, or other grounds), reluctance to see it “liberated,” and diffusion of that reluctance in the public sphere contribute to the social construction of women’s decisions and how they affect their experiences of this episode (Mathieu 2016) as well as their sexuality, contraceptive practices, and how they think of motherhood after having an abortion.

Articles should draw on qualitative or quantitative empirical material. Long-range historical views and diachronic comparative analyses of societies or geographical areas are welcome. Contributions may also take the form of a critical review of a few recent and important works on the issue’s general theme.

Contribution proposals must be between 500 and 1,500 words and written in either French or English. They must specify or include the following: 1) the specific research topic and review of the relevant literature; 2) material and methods; 3) expected results; 4) a short bibliography (no more than 5 references). Proposals that do not comply with this format will be automatically rejected.

Proposals should be sent by **January 9, 2023**, to Christelle Germain, assistant editor of the *Revue Française de Sociologie*, and the three scientific coordinators at rfs.avortement@services.cnrs.fr. They will be examined jointly by the scientific coordinators. Acceptance notifications will be sent out by **February 6, 2023, at the latest**.

Authors of accepted proposals must submit their full texts by **July 3, 2023, at the latest**. Articles may not exceed 75,000 characters (including spaces, references, and tables). Each article will be evaluated anonymously by the *Revue* editorial committee.

REFERENCES

- ALLEN R. H., WESTHOFF C., DE NONNO L., FIELDING S. L., SCHAFF E. A., 2001, « Curettage After Mifepristone-Induced Abortion: Frequency, Timing, and Indications », *Journal of Obstetrics and Gynecology*, 98, 1: 101-106.
- ATAY H., PERIVIER H., GEMZELL-DANIELSON K., GUILLEMINOT J., HASSOUN D., HOTTOIS J., GOMPERS R., LEVRIER E., 2021, « Why Women Choose At-Home Abortion via Teleconsultation in France: A Mixed-Method Study on Drivers of Telemedicine Abortion », *BMJ Sexual & Reproductive Health* [online] DOI: [10.1136/bmjshr-2021-201176](https://doi.org/10.1136/bmjshr-2021-201176).
- BAJOS N., FERRAND M., 2006a, « L'avortement ici et ailleurs. Introduction », *Sociétés contemporaines*, 61: 5-18.
- BAJOS N., FERRAND M., 2006b, « L'interruption volontaire de grossesse et la recomposition de la norme procréative », *Sociétés contemporaines*, 61: 91-117.
- BAJOS N., LE GUEN M., BOHET A., PANJO H., MOREAU C., FECOND, 2014, « Effectiveness of Family Planning Policies: The Abortion Paradox », *Plos one*, 9, 3 [online] DOI: [10.1371/journal.pone.0091539](https://doi.org/10.1371/journal.pone.0091539).
- BAJOS N., MOREAU C., FERRAND M., BOUYER J., 2003, « Filières d'accès à l'interruption volontaire de grossesse en France: approches qualitative et quantitative », *Revue d'épidémiologie et de santé publique*, 51, 6: 561-654.
- BLANCHARD S., JACQUEMART A., PERRIN M., ROMERIO A., 2018, « La cause des femmes dans les institutions », *Actes de la recherche en sciences sociales*, 223: 4-11.
- BRONIARCZYK N., FUSZARA M., 2018, « L'Avortement en Pologne : vers une prise de conscience des femmes polonaises », in L. BRUNET, A. GUYARD-NEDELEC (eds.), « *Mon corps, mes droits* » *L'avortement menacé ? Panorama socio-juridique : France, Europe, États-Unis*, Le Kremlin-Bicêtre, Mare & Martin: 87-104.
- CAHEN F., 2016, *Gouverner les mœurs. La lutte contre l'avortement en France, 1890-1950*, Paris, Presses universitaires de France.
- CHAPUT J., 2020, *Raconter son avortement. Apports des récits de résidentes irlandaises publiés sur Facebook*, Master's thesis « Expertise en sciences des populations », Université Paris 1.
- CHAVKIN W., FIFIELD J., SWERDLOW L., 2017, « Regulation of Conscientious Objection to Abortion: An International Comparative Multiple-Case Study », *Health and Human Rights Journal*, 19: 55-68.
- CLARO M., 2021, « Contraception et avortement » in J. RENNES (ed.), *Encyclopédie critique du genre*, Paris, La Découverte: 159-72.

- CRESSON G., 2006, « Les hommes et l'IVG. Expérience et confiance », *Sociétés contemporaines*, 61: 65-89.
- DESMOULINS E., 2015, « L'anniversaire de la loi Veil, ou la commémoration d'une histoire sans lutte », *Nouvelles questions féministes*, 34, 2: 116-18.
- DE ZORDO S., 2016, « Lo Stigma Dell'Aborto E l'Obiezione di Coscienza: L'Esperienza e le Opinioni dei Ginecologi in Italia e in Catalogna (Spagna) [Abortion, Stigma and Conscientious Objection: Experiences and Opinions of Gynecologists in Italy and Catalonia] », *Med Secoli*, 28, 1: 195-247.
- DE ZORDO S., MISHTAL J., ZANINI G., GERDTS C., 2020, « Consequences of Gestational Age Limits for People Needing Abortion Care During the COVID-19 Pandemic », *Sexual and Reproductive Health Matters*, 28, 1 [online] DOI: [10.1080/26410397.2020.1818377](https://doi.org/10.1080/26410397.2020.1818377).
- DE ZORDO S., ZANINI G., MISHTAL J., GARNSEY C., ZIEGLER A. K., GERDTS C., 2021, « Gestational Age Limits for Abortion and Cross-border Reproductive Care in Europe: A Mixed-methods Study », *BJOG An International Journal of Obstetrics and Gynaecology*, 128, 5: 838-45.
- DIVAY S., 2004, « L'avortement : une déviance légale », *Déviance et société*, 28, 2: 195-209.
- ERDENET G., 1992, « RU 486, le chiffre de la Bête. Le mouvement contre le droit des femmes à l'avortement en France », *Nouvelles questions féministes*, 13, 3: 29-43.
- FERRAND M., JASPARD M., 1987, *L'interruption volontaire de grossesse*, Paris, Presses universitaires de France.
- FERRAND-PICARD M., 1982, « Médicalisation et contrôle social de l'avortement. Derrière la loi, les enjeux », *Revue française de sociologie*, 23, 3: 383-96.
- GUILLAUME A., ROSSIER C., 2018, « L'avortement dans le monde. État des lieux des législations, mesures, tendances et conséquences », *Population*, 73, 2: 225-322.
- HAMODA H., ASHOK P. W., FLETT G. M. M., TEMPLETON A., 2005, « Medical Abortion at 9-13 Weeks Gestation: A Review of 1076 Consecutive Cases », *Contraception*, 71: 327-32.
- HAMODA H., ASHOK P. W., FLETT G. M. M., TEMPLETON A., 2003, « Medical Abortion at 64 to 91 Days of Gestation: A Review of 483 Consecutive Cases », *American Journal of Obstetrics and Gynecology*, 188, 5: 1315-19.
- HEINO A., GISSLER M., APTER D., FIALA C., 2013, « Conscientious Objection and Induced Abortion in Europe », *The European Journal of Contraception and Reproductive Health Care*, 18: 231-33.
- HERRERA M., PIZARRO A. M., LACOMBE D., 2020, « Agir féministes en contextes d'interdiction totale de l'avortement », *Problèmes d'Amérique latine*, 118, 3: 25-44.
- HERTZOG I.-L., MATHIEU M., 2021, « Pour une analyse globale, internationale et interdisciplinaire du travail procréatif », *Enfances familles générations*, 38, [online] <http://journals.openedition.org/inshs.bib.cnrs.fr/efg/12179>
- HORELLOU-LAFARGE C., 1982, « Une mutation dans les dispositifs du contrôle social : le cas de l'avortement », *Revue française de sociologie*, 23, 3: 397-416.
- JOFFE C. E., 1995, *Doctors of Conscience: The Struggle to Provide Abortion Before and After Roe V. Wade*, Boston (MA), Beacon Press.
- LACOMBE D., 2020, « L'avortement en Amérique latine (II) : les femmes sous tutelle. Présentation », *Problèmes d'Amérique latine*, 118, 3: 5-10.
- LADRIÈRE P. (éd.), 1982, « Présentation », *Revue française de sociologie*, 23, 3: 351-57.
- LOWE P., PAGE S.-J., 2019, « Rights-based Claims Made by UK Anti-abortion Activists », *Health and Human Rights*, 21, 2: 133-44.
- MARGUET L., 2014, « Les lois sur l'avortement (1975-2013) : une autonomie procréative en trompe-l'œil ? », *La revue des droits de l'homme* [online] DOI : <https://doi-org.inshs.bib.cnrs.fr/10.4000/revdh.731>.

- MARQUES R. M., UGINO C. K., 2015, « Le droit à l'avortement au Brésil », *La pensée*, 383, 3: 117-27.
- MATHIEU M., 2016, *Derrière l'avortement, les cadres sociaux de l'autonomie des femmes. Refus de maternité, sexualités et vies des femmes sous contrôle. Une comparaison France-Québec*, Doctoral thesis in sociology, Université Paris 8-UQÀM.
- MATHIEU M., 2019, « Une poignée de sel sur les braises de la lutte pour la libération de l'avortement et de la contraception. À propos du film "Quand je veux, si je veux" de Susana Arbizu, Henri Belin, Nicolas Drouet et Mickaël Foucault, France, 2018, 1h13 », *Mouvements*, 99, 3: 48-56.
- MATHIEU M., 2021, « Avortements transfrontaliers. Des inégalités sociales face au travail procréatif », Paper presented at the *Journées d'études du CSU*, Session « Genre et travail », Monampteuil, September 9.
- MATHIEU M., 2022, « L'avortement en France : du droit formel aux limites concrètes à l'autonomie des femmes/Abortion in France: From Formal Right to Concrete Limits to Women's Autonomy », Question en débat, *Droit et société. Théorie et sciences sociales du droit*, 111, 2: 335-55.
- MATHIEU M., RUAULT L., 2014, « Prise en charge et stigmatisation des avortantes dans l'institution médicale : la classe des femmes sous surveillance », *Politix*, 107, 3: 33-59.
- MATTALUCCI C., 2018, « Abortion and Women's Bodily and Mental Health: The Language of Trauma in the Public Debate on Abortion in Italy », *Antropologia*, 5, 2 [special issue]: 75-94.
- MAZUY M., TOULEMON L., BARIL É., 2015, « Un recours moindre à l'IVG, mais plus souvent répété », *Population et sociétés*, 518.
- MISHTAL J. Z., 2009, « Matters of "Conscience": The Politics of Reproductive Healthcare in Poland », *Med Anthropol Q*, 23, 2: 161-83.
- MOLINIER P., GAIGNARD L., DUJARIER M., JEANTET A., LÉNEL P., HAMRAOUI É., 2010, « Introduction au dossier : Sale boulot, boulot sale », *Travailler*, 24: 9-20.
- MONTOYA A., 2019, « L'avortement en Argentine : le refus de l'autonomie des femmes », *Problèmes d'Amérique latine*, 114, 3: 13-32.
- N'DIAYE M., 2021, « La lutte pour la légalisation de l'avortement au Sénégal. Redéfinition des discours et pratiques militantes », *Cahiers d'études africaines*, 242, 2: 307-29.
- NORRIS A., BESSETT D., STEINBERG J. R., KAVANAUGH M. L., DE ZORDO S., BECKER D., 2011, « Abortion Stigma: A Reconceptualization of Constituents, Causes, and Consequences », *Women's Health Issues*, 21, 3: 49-54.
- PARIS M., 2020, « La racialisation d'une politique publique : le contrôle de la natalité à La Réunion (années 1960-1970) », *Politix*, 131, 3: 29-52.
- PAVARD B., 2012, *Si je veux, quand je veux. Contraception et avortement dans la société française (1965-1979)*, Rennes, Presses universitaires de Rennes.
- PERRIN R., 2021, *La clause qui cache la forêt. Enquête sur les réticences des gynécologues face à l'avortement*, Master's thesis, Paris, ENS-EHESS.
- PHETERSON G., AZIZE Y., 2006, « Avortement sécurisé hors la loi dans le nord-est des Caraïbes », *Sociétés contemporaines*, 61: 19-40.
- PHETERSON G., 2003, « Grossesse et prostitution. Les femmes sous la tutelle de l'État », *Raisons politiques*, 11: 97-116.
- ROSS L., SOLINGER R., 2019, *Reproductive Justice: An Introduction*, Oakland (CA), University of California Press.
- RUAULT L., 2017a, « Une fête pour l'avortement libre. La mobilisation autour du procès des militantes du MLAC d'Aix (1976-1977) », *Genèses*, 107: 32-55.
- RUAULT L., 2017b, *Le spéculum, la canule et le miroir. Les MLAC et mobilisations de santé des femmes, entre appropriation féministe et propriété médicale de l'avortement (France 1972-1984)*, Doctoral thesis in political science, Université de Lille.

- SANZ-GAVILLON A.-C., 2018, « Le Droit à l'avortement en Espagne : une conquête féministe au cœur d'un conflit sociétal (1975-2017) » in L. BRUNET, A. GUYARD-NEDELEC (eds.), *“Mon corps, mes droits”. L'avortement menacé ? Panorama socio-juridique : France, Europe, États-Unis*, Le Kremlin-Bicêtre, Mare & Martin: 45-67.
- SEBBANE N., 2018, « La Législation irlandaise en matière d'avortement : “An Irish Solution to an Irish Problem” ? » in L. BRUNET, A. GUYARD-NEDELEC (eds.), *“Mon corps, mes droits”. L'avortement menacé ? Panorama socio-juridique : France, Europe, États-Unis*, Le Kremlin-Bicêtre, Mare & Martin: 105-18.
- SOULAT C., GELLY M., 2006, « Complications immédiates de l'IVG chirurgicale », *Journal de gynécologie obstétrique et biologie de la reproduction*, 65, 2: 157-62.
- STRONG J., 2022, « Men's Involvement in Women's Abortion-related Care: A Scoping Review of Evidence from Low- and Middle-income countries », *Sexual and Reproductive Health Matters*, 30, 1 [online] DOI:10.1080/26410397.2022.2040774.
- THIZY L., 2021, « Esquiver le stigmatisme lié à l'avortement : le “travail d'invisibilisation” comme renforcement du travail procréatif », *Enfances familles générations*, 38 [online] <http://journals.openedition.org.inshs.bib.cnrs.fr/efg/11732>.
- VENNER F., 1995a, *L'opposition à l'avortement : du lobby au commando*, Paris, Berg International Éditeurs.
- VENNER F., 1995b, « “Hitler a tué seulement six millions de juifs”. Sur le discours des adversaires de l'avortement », *Mots*, 44: 57-71.
- VILAIN A., FRESSON J., REY S., 2021, « Interruptions volontaires de grossesse : une légère baisse du taux de recours en 2020 », *Études et résultats*, 1207.
- ZANCARINI-FOURNEL M., 2003, « Histoire(s) du MLAC (1973-1975) », *Clio. Histoire, femmes et sociétés*, 18: 241-52.