

Historical Influences on Contraception in the UK and Gendered Disparities in Development



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Introduction

The continued development of female contraception has provided varied methods for women and their specific needs. However, this lack of innovation is apparent in male contraception, with available methods limited to condoms and vasectomies. As a result, the burden of contraception is placed on women, along with the side effects of medical interventions. Our aim is to explore the historical influences on this disparity and the sociocultural factors which shape current attitudes.

Male Methods	Female Methods
Condoms Vasectomy	Diaphragm COCP Sterilisation Injection Implant Cervical cap Patch Ring IUD

Objectives

- To examine changing attitudes to birth control and contraception and their impact on medical, scientific, and social progression
- To explore the history and sociocultural factors which affected the development of male contraception
- To gain an understanding of gender disparities in social contraceptive responsibility and in scientific development of contraceptive methods

Research Methodology

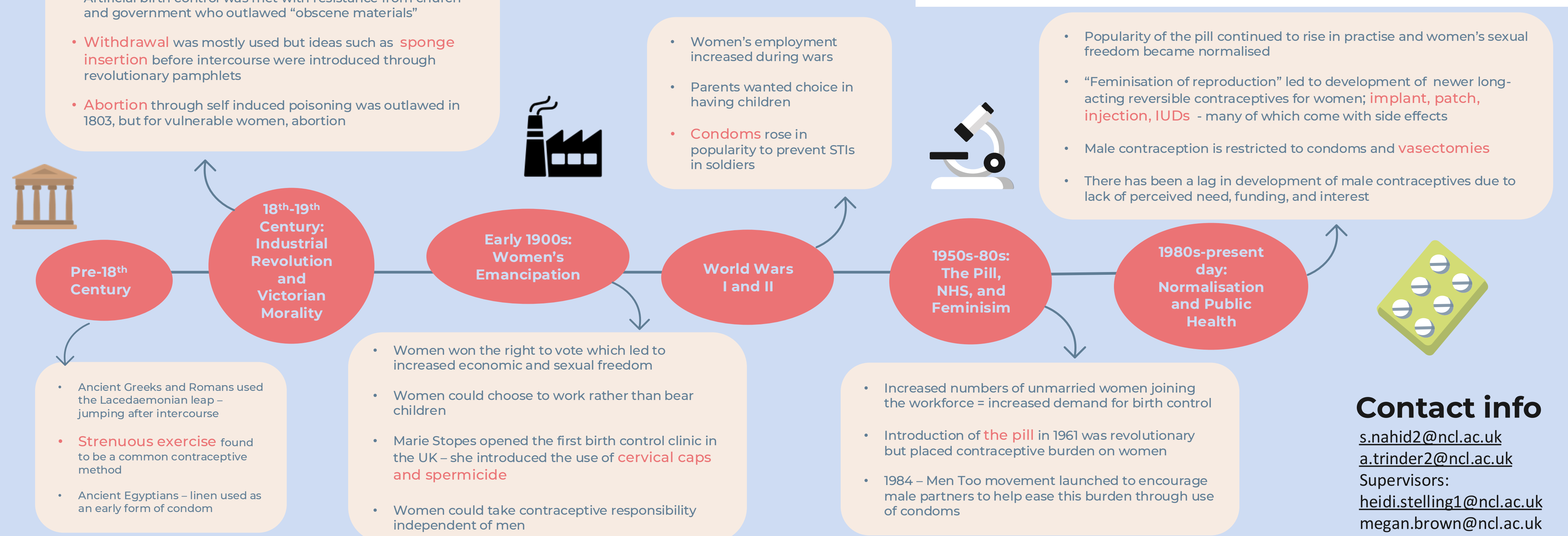
A meta-narrative review is a systematic review for topics which have been previously studied across different research traditions. This allowed us to map the evolution of distinct storylines in the field and situate them within wider social, political, and clinical contexts. These were our main focus points:

- Contraceptive technology development
- Public health policy
- Feminist theory

- Overcrowding and poverty
- Women entered workforce – led to an increased focus on their reproductive health
- Artificial birth control was met with resistance from church and government who outlawed “obscene materials”
- Withdrawal** was mostly used but ideas such as **sponge insertion** before intercourse were introduced through revolutionary pamphlets
- Abortion** through self induced poisoning was outlawed in 1803, but for vulnerable women, abortion

Results

Below is a timeline constructed through our research. We were able to map the changing attitudes regarding birth control, linking them with key historical events. For each period, we established the contraceptive methods used at the time and contextualised them within their sociocultural origins. This careful mapping has allowed us to collate arguments made by scholars as to why there are gender disparities in the development of contraception and how these may influence future developments and policies.



Conclusion

Where female contraception has undergone technological innovation, male contraception has lagged. This disparity is rooted in social, political, and medical traditions which deems reproduction a woman's responsibility. Whilst the introduction of LARCs, the pill, and IUDs allowed women their sexual autonomy, the burden of management and access is solely placed on women. The framing of male fertility as difficult to interfere with, is reflected in the low research investment, lack of public health messaging, and industrial interest. There has been discussion to equalise contraceptive burden between men and women and reverse the ‘feminisation of reproduction’ – however, there remains the argument that the cost of contraceptive failure is paid disproportionately by women and therefore sharing control over their reproductive position, may add to their burden.

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