



The Public Debates Regarding the Use of the Contraceptive Pill and PrEP: What can the Arguments Used Tell Us About Attitudes Surrounding Sexual and Reproductive Rights in Norway?

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Abstract

The introduction of pre-exposure prophylaxis (PrEP) in 2012 in the US ushered in new technology for preventing HIV in people who are seen as at risk of contracting HIV. However, the rollout of PrEP has been filled with various debates and controversies ranging from concerns about effectiveness, adherence levels, cost-effectiveness, and moral responsibility for HIV prevention. In this context, some commentators have noted the uncanny similarities between this debate on PrEP and the debates that surrounded the launch of the oral contraceptive pill (the Pill) some 50 years ago. In this article, we provide the first to our knowledge analysis that compares how debates surrounding the launch of the Pill and debates which emerged concerning the launch of PrEP. Our analytical setting is the launch of the Pill in Norway in the 1960s and the launch of PrEP in 2016. Moreover, we wanted to focus on how both pharmaceuticals were framed in news media in Norway. We argue that such an analysis can tell us something about how the pharmaceuticalization of sex and sexuality often becomes dominated by discourses of morality and pivots around various issues of responsibility, in particular when it comes to female and gay sexualities.

Keywords PrEP · The pill · Pharmaceuticalization · Media discourses · Moral panic

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Introduction

The introduction of pre-exposure prophylaxis (PrEP) in 2012 in the US ushered in new technology for preventing HIV in people who are seen as at risk of contracting HIV. However, the rollout of PrEP has been filled with various debates and controversies ranging from concerns about effectiveness, adherence levels, cost-effectiveness, and moral responsibility for HIV prevention (Amico & Stirratt, 2014; Bruan, 2017; Calabrese & Underhill, 2015; M. Nagington & T. J. Sandset, 2020). This has spurred on a range of debates that have oftentimes become highly moralizing (Calabrese & Underhill, 2015). In this context, some commentators have noted the uncanny similarities between this debate on PrEP and the debates that surrounded the launch of the oral contraceptive pill (the Pill) some 50 years ago (Myers & Sepkowitz, 2013). In this article, we provide the first to our knowledge, analysis that compares how debates surrounding the launch of the Pill and debates which emerged concerning the launch of PrEP. Our analytical setting is the launch of the Pill in Norway in the 1960s and the launch of PrEP in 2016. Moreover, we wanted to focus on how both pharmaceuticals were framed in news media in Norway. We argue that such an analysis can tell us something about how the pharmaceuticalization of sex and sexuality often becomes dominated by discourses of morals and pivots around various issues of responsibility. Even though the Pill and PrEP are two very different technologies both in terms of their mode of prevention, their sphere of influence as well as their target population, we argue that by being attuned to how themes such as morality, responsibility, and risk are framed in media, we might be better equipped in understanding how stigma is perpetuated in such discourses which in turn might affect the implementation of new pharmaceuticals related to sexuality.

Background for the Pill and PrEP

The Pill in Norway

The social history of the Pill has been extensively documented in the literature outside of Norway by several authors (B. Bailey, 1997; M. J. Bailey, 2006; Watkins, 2001). Its social history has often been described as a history wherein women were given freedom and control over their sexuality and health, but that it also came with a medicalized price exemplified by the medicalization of female sexuality, reproduction, and the disciplining that comes with daily adherence to the Pill (Tone, 2012; Watkins, 1998). In the case of Norway, Anovlar was launched for contraceptive use in Norway in 1967, seven years after the first contraceptive pill (Enovid) was registered in the US. The popularity of the Pill in Norway can be seen in the steady increase in sales of the product, a trend attested to by data from the Drug Consumption reports produced by the National Institute of Public Health in Norway (Olsen et al., 2019). However, at its launch in 1967, and for the next 15 years or so, the pill sold poorly in Norway, a fact that some have attributed to the use of condoms, that the copper spiral was being promoted more aggressively, and that doctors showed general reservations for prescribing the Pill to unmarried women (Walløe & Bauck,

1978). In the mid-70s sales numbers for the Pill in Norway were still below figures from neighboring Sweden and Denmark, two comparable countries in both demography, culture, and health care settings. Indeed, only 8% of Norwegian women ages 18 to 44 were on the Pill compared to 35% in Denmark and around 20% in Sweden (Walløe & Bauck, 1978). However, in general, the status of the Pill in Norway has later come to be seen as a public good which has allowed women to gain control of their reproduction, and sexuality, as well as having contributed to women joining the workforce to a much larger degree as well as living more independently as one author has stated (Nesheim, 2017).

PrEP in Norway: Some contextual information

In a global PrEP context, the U.S FDA approved Truvada, manufactured by Gilead Sciences, Inc., for prophylactic use against HIV in 2012, and generic PrEP options have since lowered the costs of such programs. As PrEP studies showed promising results and real-world pilots followed suit, more and more national health systems opened up PrEP programs. The WHO released guidelines for PrEP use in September 2015 wherein the recommendation from WHO was: “Oral PrEP containing TDF should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches (strong recommendation, high-quality evidence)” (WHO, 2015). In the case of Norway, PrEP has been available since 2016 (Løwer, 2016), and free since 2017 (Caugant, Kløvstad, Nilsen, & Whittaker, 2020), for people with an increased risk of contracting HIV. Free PrEP is mainly offered to MSM (men who have sex with men) (Norwegian Health Directorate, 2016). The medication is perceived by many as revolutionary, a breakthrough, and an important tool in ending the HIV epidemic in Norway. The HIV epidemic in Norway is concentrated mainly within communities of MSM and migrants who already are HIV positive before coming to Norway (Public Health Norway, 2021). The HIV incidences have been decreasing in Norway for some time, also amongst MSM, however, ethnic minority MSM has been identified as a group wherein HIV rates still are increasing even though the group itself is small (Public Health Norway, 2021).

As such, PrEP has been seen in Norway, as elsewhere, as a tool in reducing HIV incidences even further for those who need it the most. The fact that PrEP was made free of charge was, as we shall see later on, a point of contestation and one of the reasons why there have been several discussions around responsibility in terms of payment for PrEP. Current data suggest that there are around 2,000 people on PrEP in Norway today, most of these are MSM (Public Health Norway, 2021). While PrEP is free, the system has located PrEP screening within the specialty health clinics. This has led some regions of Norway to too long queues to get PrEP which has spurred on a debate on equitable access and equal health services.

Methods and materials

Since we wanted to compare how the Pill and PrEP were framed around their respective market launch in the popular press, we searched the Norwegian National Library (Nasjonalbiblioteket) and their archive to access old newspapers and magazines with articles about the contraceptive pill. Search word “Pillen” (the Pill in Norwegian) was used within the period 01.01.1958–31.12.1970. We searched the archives digital magazine holding wherein our search gave 205 results. After reviewing for relevance and duplication, we were left with 6 articles. The same search word and period were used in our search in newspapers. This gave us a total of 7758 results. Since this was too much for qualitative thematic analysis, we decided to narrow down the data. We did this by choosing the three largest newspapers in Norway by readership based on circulation. The three largest newspapers in Norway are *VG*, *Aftenposten*, and *Dagbladet*. In *VG*, there were 275 results with the search word and period mentioned above. After reading for relevance, 9 were used in this article. In *Aftenposten*, there were 259 results, and once again, after reading for relevance, 1 of them was used. In *Dagbladet*, there were 1 352 results, whereas 3 were used. This resulted in a total of 19 articles to code and analyze.

In terms of PrEP we conducted a similar search but not in the historical digital archives. For the debate on PrEP, we used the Atekst (Retriever) database. Our search words were: “Truvada OR Preeksponeringsprofylakse OR PrEP”, and the period was 01.01.2012–08.06.2021. The search gave 962 results. After removing duplicates and sorting for relevance, 10 were used in this article. As *Atekst* only included printed articles in its search, we also searched the newspapers *VG*, *Dagbladet*, and *Aftenposten* own archives for electronic articles. The same search words were used, however, the period was not possible to define. This yielded one additional article from *VG*, one from *Dagbladet*, and none from *Aftenposten*. To diversify this article further, we also searched for articles from the news agencies NRK and TV2 which are Norway’s two largest TV broadcasting networks, both of which also produce online content and articles as well as TV productions. At NRK the search word «PrEP» gave 27 results, «Truvada» 3 results, and «Preeksponeringsprofylakse» 0 results. 4 articles from NRK were used. At TV2 the search word «PrEP» gave 43 results, “Truvada” 4 results, and “Preeksponeringsprofylakse” 2 results. 1 article from TV2 was used.

In total, we ended up with 17 articles that focused on PrEP in Norway and the debate around it. As such, our total corpus, both on the Pill and PrEP, totaled 36 articles. Methodologically, we were interested in how the debates surrounding the Pill and PrEP were around their initial launch in Norway. We wanted to do this to both compare similarities between the two debates but also their differences. As such, we wanted to look at how each of these was framed within the news media. We followed a thematic analysis approach akin to Braun and Clarke (Braun & Clarke, 2012, 2021; Clarke, Braun, & Hayfield, 2015). We followed Braun and Clarke’s six-phase coding process which started with “1) data familiarization and writing familiarization notes; 2) systematic data coding; 3) generating initial themes from coded and collated data; 4) developing and reviewing themes; 5) refining, defining and naming themes; and 6) writing the report” (Braun & Clarke, 2020:331). In light of Braun and Clarke’s clarifications on the matter of what thematic analysis is, we followed their recent

scholarship on thematic analysis and followed a ‘reflexive thematic analysis’ (Braun & Clarke, 2021). Rather than following a codebook approach with predetermined themes, we started with one author reading the data material and then conducting the coding as well as developing preliminary themes. The second author then read the data as well as the themes developed by the first author to code refining and defining themes. Since we were interested in seeing how media discourses around the Pill and PrEP were similar (or dissimilar), our coding and subsequent theme generation had a deductive orientation as we actively searched for similarities across the two datasets. Our theoretical inspirations came from prior research on the intersection of sexuality such as the work of Foucault (Foucault, 1990, 2012a, 2012b), but also more contemporary research on the intersection between sexuality and pharmaceuticals such as in the work of Race (Race, 2009, 2016, 2017) and Preciado (Preciado, 2013). Since our work focused on such scholarship, we were interested in uncovering themes across the two datasets which were both similar and focused on discourses of power, morals, and the intersection between biomedical knowledge and social norms. In the context of reflexive thematic analysis, this means using “existing research and theory provide the lens through which we analyze and interpret data” (Braun & Clarke, 2020:331). In our case it meant attending to broad perspectives found in the above theoretical strains of analysis, an approach Braun and Clarke state can inform the thematic analysis. Finally, we were interested in both the semantic (surface, obvious, overt) and the latent (implicit, hidden, underlying) meanings (Braun & Clarke, 2020:332) in the data material and in particular when these meanings were similar across the two datasets. Through this thematic coding, the following themes were generated in regards to the Pill: *Fear of side effects; sexual autonomy and freedom; fear of moral decay, and religious moral panic*. When it came to PrEP, the following themes were generated: *Treating people living with HIV versus treating healthy men who have sex with men; reducing stigma and fear; moral responsibility for health; and financial responsibility*.

Results

Framing the Pill: Side effects, societal effects, and other effects

A key feature of many new pharmaceuticals as they hit the market is the debate on consumer safety. The history of pharmaceuticals is a long history of debates of cost/benefit analysis with discussions on efficacy and side effects amongst the most virulent debates which emerge alongside the launch of new drugs. The pill in Norway was no exception to this history.

The discourse around safety and side effects was indeed one of the earliest frames in which the pill emerge in our material. The fear of unwanted side-effects seemed to be the main argument for keeping it unavailable, even though so many wanted it (VG, 1962). In 1962, one year before the pill came to Norway and five years before it was officially approved as a contraceptive, a news story broke in which the headline was that ‘Enavid is rarely used in Norway, despite a large interest from women’. Two years later, in 1964, Rigmor Abrahamsen wrote an article about the pill in the maga-

zine *Aktuell* (Abrahamsen, 1964). She questioned why the Norwegian health director would not approve the pill for contraceptive use in Norway, while our neighbors in Sweden were praising the “happiness pill” for its liberating potential. Abrahamsen argued that the health director at the time, Karl Evang was withholding approval for the pill for contraceptive use by claiming that as long as there is a possibility for serious side effects, the pill could not be approved. (Abrahamsen, 1964). This was later supported when Evang himself stated that the demand for a pill that was to be consumed by healthy women to avoid pregnancies would cause too many unwanted side effects in otherwise healthy women (Hammarström, 1965). An important contributing factor to the discourse around side effects and the refusal to approve the pill was that in the neighbouring country of Sweden, the pill had been available as a contraceptive technology since 1964 (Sjövall, 1972). As is the case in the Nordic countries, comparisons between the countries are often made within the countries which was also the case concerning the pill. Indeed the aforementioned Abrahamsen also talked to a Swedish doctor, Paula Brandström, who stated that the side effects from the pill were usually harmless and decreased after a short time. There were even some positive side effects, she claimed, like decreasing menstrual cramps and increasing sexual happiness by lowering the chances of pregnancy (Abrahamsen, 1964). The proponents of the pill in the mid-1960s saw the pill as a way of not only preventing pregnancies but indeed, that the hormonal augmentation which followed the pill would have added benefits. This can be exemplified by another doctor, Ragnvald Bredeland, who in 1966 argued that the pill could also be beneficial for women who had entered menopause by keeping the woman young and by reducing discomfort. This sort of framing portrayed the pill as a drug that altered the body of women down to its molecular level thus producing beneficial effects beyond preventing pregnancies. Yet, the fear of side effects levied the same argument but flipped it on its head and argued that this new ‘molecularization’ of the female body in the name of preventing pregnancies would hurt the body. The same year that the pill was approved in Norway, 1967, Merete Lie Hoel wrote an article warning women about the potential side effects. She states that a majority will have physical and mental discomfort when taking the pill. Side effects mentioned were constant nausea, depression, swollen legs, headache, bleeding and vertigo. She argued that being pregnant would often be preferred over the side effects of pills. While many have pointed to how the pill introduced a form of moral panic about sexual morals when the pill was launched (Girvin, 2008; Hanmer, 1987), this set of examples shows that this form of moral panic was also panic about how the pill would damage the physical body of women. This stands in connection to later arguments which we will see, where the pill was framed as damaging the social fabric of society and this hurting ‘the body politic’.

The arguments being made were in many ways in the name of saving women from harmful side effects, yet what we also need to keep in mind is that these, at time legitimate concerns about side effects also became entangled with moral panics and issues of control of female sexuality (Marks, 2001; Watkins, 2001). The very idea of healthy women starting on medication was seen as both a dangerous gamble with their health and also seen as needless consumption of medication. While moral discourses and issues of controlling female sexuality is an important analytical lens, it is also important to keep in mind that in its beginning, it was the combination of

rhetoric that focused on the health of women on the one hand, and on the other hand also focused on issues of morality and social norms which circulated.

Sexual and reproductive freedom: The Pill as pharmaceutical liberation?

Similar to other national contexts, discourses around the pill in Norway around its initial launch were themes focusing on how the pill could aid in sexual and reproductive freedom for women. This was first of all connected to reproductive freedom as can be attested to by the following article title from 1965, “With the pill you can have the children you want” (Hammarstrøm, 1965). Three women interviewed for the article were using the pill to prevent pregnancy, to decrease menstrual cramps, and to “preserve femininity”. One of the women stated that the benefits of the pill were greater than the disadvantages (Hammarstrøm, 1965). The theme of choosing when to have children was in the material mixed in with other forms of freedom. Another important aspect of this newfound focus on freedom and liberation was the connection made between the pill, choosing when to have children, and the labor market. An article in VG in 1966 noted that being able to choose to have children or not could make women more attractive on the job market. The article stated that American companies were hiring more young women after the pill came on the market, because they were less likely to quit their jobs because of pregnancy and birth (VG, 1966). This was a particularly alluring theme in the Norwegian setting wherein the labor model is deeply connected to the welfare state benefits which supports the Norwegian population (Haavio-Mannila & Kauppinen, 2019). More women into the labor market meant not only higher productivity and production, but also more in taxes back to the state which in turn secured that the Norwegian state could support its citizens with what has become one of the more robust welfare states in the world. This shows a connection between the sexual and reproductive sphere on the one hand and the other hand, the socio-economic sphere on the other. In many ways, this also shows how the pill becomes inscribed in the biopolitics of the welfare state in as far as the pill allowed for more human capital to be freed up and to enter the welfare state (Shammas & Sandset, 2020).

The theme of freedom was extended to also include educational issues as can be seen from an article published in 1968. A Swedish school doctor, Bengt Leyon, claimed that girls who were using contraceptive pills got better grades in school because the discomfort of menstrual periods was eliminated. He also pointed out the importance of the pill when it comes to decreasing the tragedies that often follow teen pregnancies. “Parents who are ingrained in conservative taboo patterns are one of the reasons 2000 schoolgirls are pregnant in Sweden at the moment.” Moreover, he claimed that “Stale moral concepts caused 2000 Swedish schoolgirls to get pregnant”. He concluded by stating that information about the pill is essential and that there should be no doubt that the pill should be offered to adolescents (Dagbladet, 1968). This example is interesting in as much as it shows how the pill was framed not only as a drug that would prevent pregnancies but also as a drug that would lead to better grades for girls in school due to the reduction of menstrual pain. The entanglement of pharmaceutical interventions and productivity seems in this framing of the pill to produce a form of freedom that will lead to increased productivity in school.

It is noteworthy that the Swedish doctor here both presents a case for giving the pill to adolescent girls while at the same time placing the onus of responsibility for unwanted teen pregnancies upon the parents as well as ‘stale moral concepts’. The freedom from unwanted teen pregnancies as well as the potential for an increase in school productivity is in turn predicated upon the consumption of the pill. We argue that such a discourse produces a pharmaceuticalized sense of freedom. The connection between discourses of freedom and pharmaceuticals have been made concerning other pharmaceuticals such as the representation of Viagra and Cialis when it comes to erectile dysfunction and pain medication which is marketed as providing a pain relief that secures freedom to be active.

While there are few instances of direct reference to sexual freedom in the material we do find some direct framings of the pill and its connection to sex and sexuality. One such example comes from an article published in 1965. The article's title was “The contraceptive pill has helped thousands to a happy relationship”. In October 1965 a British doctor came to Norway to hold a lecture about the oral contraceptive pill in family planning at a convention for doctors. She argues that the pill was not made to kill women, and denied the dangers of using it. She argued that the pill is the subject of prejudice. She went on to claim that Norwegians were more conservative on the issue of the pill than others and that “This is not a question about the dangers of the pill, but rather about a happy marital relationship”. The pill can help women to experience sex as more than just a technical act, by removing the time-consuming preparations that are usually required before intercourse. The pill is, according to her, only for married women or women that are about to get married. “Women should be assured that they do not have to have more children than they can manage mentally, physically, and economically”. (VG, 1965). In this framing, we have several interesting points, one of which is the direct allusion to sexual pleasure for women. The pill seems to produce a form of sexual freedom which goes beyond sex being a ‘technical’ issue. Rather, the pill can contribute to a happy relationship by implicitly allowing for more spontaneous sex. However, it is interesting that the doctor states that the pill should be primarily consumed by women who are married and that the consumption of the pill should be done to avoid having too many children which will detrimentally affect the family and the woman specifically. Such discourses squarely place the pill within a heteronormative notion of monogamy as the only viable frame for sex. As such, while the pill seems to allow for newfound freedom, it is still inscribed within the dominant norms at the time for monogamy and the idea of the nuclear family.

Fear of moral decay and religious moral panic

One such framing was the sentiment that the pill violated in some way the ‘natural order of things, which can be seen in the following examples. An article from 1962 by Kjell Lynau stated that “A healthy human being should be able to live without pills” moreover, Lynau stated that he was expecting that many women would “feel uneasy with committing violence against the order of nature” (Lynau, 1962).

Women’s capability to remember to take the pill every day was also questioned. Taking the pill every day was understood to be very important to avoid “creating an imbalance in the body’s natural mechanism” (VG, 1962). Moreover, Professor Tallak

Sirnes argued that medication should only be used to diagnose, prevent, cure or alleviate disease. He stated that “one never get anything for free. Nature strikes back”, arguing that changing the hormonal system could be harmful (Bistrup, 1969). In the above, the invocation of ‘natural order’ or nature is interesting as it shows how the pharmaceuticalization of reproduction at the launch of the pill in Norway met counterarguments that focused on how the pill was seen as an object which would disrupt nature and what was considered ‘natural’. The natural order here seems to refer to biological issues such as hormonal balance, but we might also ask if there is not also an underlying moral order that is feared to be disturbed? The conflation between a form of bio-natural order which might be disturbed by the pill and moral order which will be disturbed becomes evident if we look at a few more examples that directly link moral issues to the consumption of the pill.

In an article from 1968, Bjørnar Hanlum, is asking “Does the pill create a new moral?” He stated, with no sources to his claims, that the “new moral” explains why 80% of all Swedish young married women are having affairs. The author of the article is afraid that this “new moral” also will spread to Norway, and he is blaming the pill. According to this article “society is infested by freedom”, and the pill is giving women the freedom to make new rules, and to be immoral. He is calling the pill “the atomic bomb of morality”. Hanlum is fearing for the mental health of men. “She (the woman) is safe in a sexual relationship. She can’t be fooled, but she can fool the man” (Hanlum, 1968). The above examples almost border on being a caricature of the moral panic argument in the debate around the pill, but it is important to show the link between the fear of a biological natural order being disturbed and a moral natural order being disturbed. The conflation between the biological ‘natural order’ and the moral ‘natural order’ is important to note as it shows how discourses become contingent upon each other and thus the pill becomes a signifier able to take on meaning within different yet related universes. Freedom is also interesting here. Those who argued for the pill and its potential to liberate women so that they could participate both in the labor force as well as enhance their potential in school meet here the counterargument on freedom, namely that society is too preoccupied with freedom. By taking away the fear of pregnancy, Bjørnar Halnum argued for instance, that women can be completely sure that infidelity will not result in unwanted children. The woman is free to make choices without facing consequences, which could cause her to be ruthless and hedonistic (Hanlum, 1968). The pharmaceuticalization of female reproduction in this frame becomes linked to misogynistic discourses wherein the pill is not seen as an object of sexual and social liberation, but rather as a threat to moral and implicitly in such a threat, a danger to the institution of marriage. Such discourses are well known from other research on the pill and have often been linked to the concept of moral panic (Altheide, 2009; Critcher, 2008; Garland, 2008). Moreover, the discourse at the time of the launch of the pill in Norway was highly influenced by the forces of religious doctrine, the rise of the pharmaceutical industry, and its growing influence upon human life, as well as the feminist movement. Caught in the middle of these different discourses, the pill became at once a potential liberator of female productivity, reproductive freedom, and sexual liberator. Conversely, it was also seen as a threat to an alleged biological natural order as well as the ‘natural moral order of society.

Cost, Prevention and Moral: The launch of PrEP in Norway

As in many other countries (Collins, 2021; Jones & Collins, 2020; Mowlabocus, 2020; M. Nagington & T. Sandset, 2020; Young, Boydell, Patterson, Hilton, & McDaid, 2020), the introduction of PrEP in Norway triggered a debate surrounding PrEP which thematically is both similar to the debates in other countries, but also uncannily enough, similar to the debates surrounding the launch of the pill in Norway some 50 years earlier. The themes which emerge were *moral panic*, *personal responsibility*, *tools to end AIDS*, and *increased health and economic responsibility*. While there were no instances of discourses playing on notions of ‘natural order’ regarding PrEP nor productivity per se, we can start with the theme of moral panic, a theme we also saw in the material focusing on the pill.

Moral panic and the launch of PrEP in Norway

As with the pill, one of the initial debates which emerged focused not on health per se, but indeed on moral responsibility for health and how such moral norms also became entangled with economic responsibility. PrEP was launched in Norway under Bent Høie who was the Health Minister at the time. Indeed, the Health Minister was by some hailed as a pioneer for implementing free PrEP in Norway in 2017 (Hegseth & Agledahl, 2017). But not all the feedback was positive, indeed, Høie reported in 2019 an increase in critical comments regarding free PrEP in Norway. “Some claim that this is an encouragement for gays to have casual sex”, he stated. Some people even accuse Høie of spending the community funds enabling his gay friends to have sex with anyone at any time (Ertesvåg, 2019). Reidar Holtet claimed that implementing free PrEP was morally reprehensible, encouraging gay men to be irresponsible. He is surprised to hear the news about the state paying for people to avoid this “self-inflicted and completely unnecessary illness”. Holtet asks “what in the world is the government doing? Does the prime minister Erna Solberg, not to mention KrF (The Christian Democrats), agree with this?”. (Holtet, 2019). The quote above has strong similarities to similar arguments made both in the U.S and in England concerning PrEP being labeled a ‘promiscuity pill’ or a party pill (Jones & Collins, 2020; Young et al., 2020). Moreover, such arguments echo arguments made against the Pill in the 1960s and how the Pill was seen as a harbinger of moral decay. This form of framing can be seen in an article from 2017 wherein Sveinung Stensland argued that men who have sex with men (MSM) are “a group that has a lot of sex partners”, and in his opinion, the authorities should not finance such “risk behavior” (Bergersen, 2017). In 2018 he suggested that “maybe they [MSM] could do something about their behavior, use a condom or other aids to prevent infections” (Vold, 2018). Stensland also argued that “those incapable of using a condom, might not be able to follow a medication regime either” (Tollefsen, 2016). This form of rhetoric seems to build on a conflation between different modes of HIV prevention and how users engage with them. Interestingly, Tollefsen seems to worry that people who struggle with condom usage also would struggle with adherence to PrEP when one of the main selling points for PrEP has been that it allows users to ‘plan’ in moments of ‘cold calculation’ whereas condom usage often takes place in ‘hot moments’ where condom usage might be made

difficult by several factors (Grant & Koester, 2016; T. Sandset, Villadsen, Heggen, & Engebretsen, 2021). Moreover, such claims seem to be built upon a neoliberal notion of rational actor theory, which states that there is one underlying rational choice that seems to always be framed as the condom (T. J. Sandset, 2019). Yet PrEP might be rational for many different reasons, many of them connected precisely to factors inhibiting condom usage. Moreover, such discursive framings of PrEP fail to focus on the social aspects of HIV transmissions and the societal structures which contribute to maintaining HIV transmissions such as health disparities, stigma, homophobia, and transphobia. Indeed, the above framing squarely focuses on individual factors, producing an analysis conducted in a vacuum wherein social and economic drivers of HIV seem all but gone.

In this framing of PrEP, we argue that we can discern similar arguments made against the Pill some 50 years earlier. First of all, the invocation that PrEP signals irresponsibility is similar to the framings of the Pill as a drug which would cause irresponsibility amongst women and ultimately lead to the erosion of the institution of monogamy and marriage. Secondly, the focus on sex is framed in the negative wherein multiple sex partners are inherently a social evil. Moreover, such framings of PrEP and the Pill earlier only focus on the alleged dangers of 'promiscuity' rather than focusing on the unwanted effects both drugs prevent. Moreover, such arguments could be said to obscure the fact that PrEP allows for intimacy in relationships wherein one of the partners is living with HIV, thus reducing HIV stigma and at the same time opening up for what has been called 'sero neutrality' (Rangel & Crath, 2021). Finally, sexual autonomy and freedom are in this frame all but denied as a societal and personal benefit.

Another critic, Nils-Petter Enstad, argued that PrEP is "a medication that allows healthy men to have unprotected sex with unknown, HIV-infected people without becoming infected" (Enstad, 2019). Finally, Jan Skogheim even argue that Høie should resign from his position as health minister. He claimed that Høie "must be complete without empathy for anyone other than the richest of us, as well as those with the same sexual orientation as himself" (Skogheim, 2019). The above arguments focus to a large degree upon Høie himself and the decision to fund PrEP through the national health care scheme for free to those deemed at high risk of HIV. This becomes even more evident as Høie, himself an openly gay man, becomes targeted by accusations of being partisan towards PrEP due to his sexuality. Such claims seem to fit within discourses of policing gay sexuality, a phenomenon that has been studied across multiple disciplines (Kagan, 2015; Møller & Hakim, 2021). Moreover, such discourses also point out how gay male sexuality becomes the subject of intense moral argumentation which focuses not so much on health per se, but more on sexuality even though PrEP is intended to prevent infectious disease, HIV. The moral discourse around PrEP is thus similar to many of the arguments made against the Pill in the 1960s in Norway. However, similarly, as with the Pill, PrEP use has also been framed as *the responsible thing to do* for people at risk of HIV.

A case in point would be the leader of HIV Norway, an NGO working for PLHIV in Norway. According to the leader of HivNorge in 2020, there's been an increase in people wanting to take responsibility for others and their sexual health, by using PrEP. He says it's important to avoid moralizing and stigmatizing to fight epidemics

like the HIV/ AIDS epidemic (Eliassen, 2020). In this frame, PrEP becomes associated with sexual responsibility and taking responsibility for one's health as well as the health of others. PrEP consumption is seen as the responsible thing to do for people who are at risk of HIV. Such framings of PrEP were also followed by more positive discourses of the benefits of PrEP. One obvious benefit was the projected averted new HIV cases. According to a report from Olafiaklinikken (the Olafia Clinic) which is the Norwegian national competency institute on HIV and STIs, approximately 80 new HIV cases were prevented in 2017 and 2018 after the implementation of PrEP (Hanlon et al., 2019). This is also interesting in that it evokes the performative nature of models and projections, a theme is taken up in recent research literature on disease elimination strategies (Lancaster & Rhodes, 2020; Rhodes & Lancaster, 2020). By highlighting the projected HIV cases averted, PrEP is in this frame being represented as a public health good. And as with the Pill some 50 years earlier, other positive framings of PrEP can be seen. Ingvild Endestad, then leader of the organization *Fri* (Free), a Norwegian NGO dedicated to working for rights for LGBTIQ+ communities, stated that PrEP was reducing both HIV infections and shame in high-risk groups (Endestad, 2018). Such arguments have been made by others in the UK and in the U.S showing how the pharmaceuticalization of sexuality through PrEP could open up spaces that are liberating for many in terms of reducing shame associated with sex, as well as reducing fear of sex in light of potential HIV risks. This was highlighted as well as we can see from arguments made by some who stated that PrEP should be seen as a public good as it reduced the fear of getting HIV and as such sexual pleasure would increase (Mikalsen, 2015). To be able to have sex with a reduced risk of contracting HIV takes away a lot of fear. A PrEP user reported that after gaining access to PrEP, he had better sex, better self-esteem, and less negative prejudices about HIV-positive people (Hagen, 2018). Another PrEP user stated that his sex life got better and safer (Tomter & Holm-Nilsen, 2019). Uncannily, these arguments seem to echo the arguments made by proponents of the Pill in the 1960s who focused on the liberating potential in the Pill.

Financing PrEP: The question of financial responsibility and access

While responsibility for sexual health and subsequent moral outrage against PrEP users was one dominant framing and site of contestation in the material, another important point of contestation was the framing of responsibility for funding and payment of PrEP implementation. In 2019, Helle Stensbak, argued that by making PrEP free in the context of the Norwegian health care scheme, other medications would have to be left out due to cost. She argued that choosing PrEP over certain migraine medication had a lesser socio-economic gain (Stensbak, 2019). Indeed the debate on PrEP versus migraine medications become a highly contested topic in Norway as PrEP funding was pitted against funding for migraine medications. Furthermore, this leads to the rhetorical argument that migraine cost the Norwegian society more in DALYs since migraine patients often are part of the workforce in Norway and due to migraine attacks the labor force loses thousands of hours due to sick leave. This form of the rhetoric of pitting patient groups against each other has been seen in England wherein the debate has focused on the potential priorities that the NHS must do to

commission PrEP (M. Nagington & T. J. Sandset, 2020; T. J. Sandset & Wieringa, 2019). Such framings of PrEP were also made evident by the politician Sveinung Stensland, who was also under the impression that the state of Norway should not finance PrEP. He argued that it's wrong to use resources on healthy people, while not all sick people receive free treatment: "PrEP takes up too much space and resources" (Tomter & Holm-Nilsen, 2019) was his argument. The question of cost-effectiveness and PrEP has been an ongoing debate not only in Norway but globally. As such our main point is not so much that such discourses came up around the launch of PrEP, nor that such discussions should be had. Rather, our argument has been to show how different forms of responsibility emerged around PrEP just as in the case of the Pill. Different framings of responsibility, moral, economic, personal, are all part of both the history of the Pill and now also PrEP. We might then pause and ask some final reflections on why there are so many commonalities between these two pharmaceuticals.

Limitations of the study

While this study is to our knowledge the first to provide a historical comparison of the discursive framing of both the pill and PrEP in Norway, our study have a set of limitations which should be noted to the reader. First, methodologically, we could have used a different set of keywords in our searches. This might have given different results in terms of what kind of articles we would have retrieved. Key words that could have been used might include brand name of each of the pharmaceuticals in question which might have yielded other results for our search. Secondly, and related to the first limitation is the databases used for the search. While we specifically focused on Norway and used key databases found in the Norwegian context, we could have focused on other sources. For instance, we could have extended our search to include medical journals in Norway in an effort to map the debates as they formed within medical communities. While our focus was on news media, it is clear that we could also have included other magazines as well such as various lifestyle magazines in the Norwegian context. Such an expansion of our field of investigation might have given us a broader sense of the discourses we wanted to look at. Our third limitation lies within a more epistemological domain. By comparing the pill and PrEP we do acknowledge that we *a priori* have created a comparative analysis which might not be common prior to our research. As we have noted however, there are scholarship which have pointed out the similarities between PrEP and the pill (Delany-Moretlwe, et al., 2016; Myers and Sepkowitz, 2013). We should of course also note that our historical comparison is limited in its geographical scope of Norway and might not be generalizable to other contexts, even though similarities have been noted by for instance Delany-Moretlwe et al. and Myers and Sepkowitz in the scholarship cited above. With these limitations in mind, we still argue that our article demonstrates important insights into the discursive articulations of the Pill and PrEP and how such framings of each pharmaceutical can tell us something important about the various moralistic and normative debates that emerge in connection to the pharmaceuticalization of sexuality in Norway.

Conclusions

As we have shown in this article, the public debates on the Pill and PrEP have had many similarities, even though there are several years between the two and a completely different area of use. Both pharmaceuticals have created a great deal of public debate, unlike most drugs that are approved for use every year. The findings in this article suggest that drugs targeted at women's and gay men's sex life create a great deal of engagement. The public seems to have a greater need for control, and this limits the autonomy of the users thereby also limiting their sexual and reproductive rights.

The proponents of both the Pill and PrEP have highlighted the socio-economic benefits following the implementation of the two drugs. For the Pill, the benefits of avoiding teen pregnancies, keeping girls in school, and making women more attractive on the job market were highlighted. For PrEP, avoiding new cases of HIV and avoiding the societal costs following HIV cases, were considered a highly positive consequence. A feeling of freedom and control over one's own sex life was common for the users of the two different pills, as the pills allowed the users to be responsible and protect themselves against unwanted consequences of sex (respectively pregnancy and HIV).

Conversely, the critics of the Pill in the 1960 and 1970 s and the critics of PrEP in the 2010s have used many of the same arguments, saying the pill was "the atomic bomb of morality" and that implementing free PrEP was "morally reprehensible". Controversially, some believe taking the Pill or PrEP is the opposite of being responsible. There were arguments that the drugs would make the users reckless and encourage promiscuity. These viewpoints not only echo across both discourses but indeed find resonance in other countries wherein debates about PrEP and the pill have followed the same form of argumentation. It is thus interesting to see that in the social science literature, there is a common theme both in regards to the Pill and PrEP where there has been a fierce debate that often pivots around issues of morality and sexual promiscuity. This finding in and of itself might say something about a broader cultural trend within at least the global north where sexuality still seems to be highly policed even within discourses that emerge from within the domain of health.

In conclusion, our study has shown that while there are differences in terms of how the Pill and PrEP were framed in news media around their respective launch in Norway, some important commonalities can be seen. We argue that the continual moralizing discourses which surrounded both the Pill and PrEP in their initial release show a deeper cultural issue that focuses on the control and policing of women and gay men's sexuality. It is important to be attentive to such issues of stigma and moralization as this can affect the uptake of pharmaceuticals in the groups under discussion. We have seen how this has played out in regards to PrEP stigma in the U.S and UK through such framings (Calabrese & Underhill, 2015). By attending to such framings of morals and stigma, we can better understand the relationship between clinical uptake of pharmaceuticals, media representations of sexuality and pharmaceuticals, and finally, how such discourses can negatively impact the rollout of such pharmaceuticals.

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