Birth Control and the Sixties: The Dialogue Surrounding the First Oral Contraceptive

Eden E. Baize
University of Louisville, eden.baize@louisville.edu

Follow this and additional works at: https://ir.library.louisville.edu/tce

Part of the American Popular Culture Commons, Cultural History Commons, History of Gender Commons, Other Feminist, Gender, and Sexuality Studies Commons, Public History Commons, Social History Commons, United States History Commons, Women's History Commons, and the Women's Studies Commons

Recommended Citation
Available at: https://ir.library.louisville.edu/tce/vol1/iss2/19

This Full-length Research Report is brought to you for free and open access by ThinkIR: The University of Louisville's Institutional Repository. It has been accepted for inclusion in The Cardinal Edge by an authorized editor of ThinkIR: The University of Louisville's Institutional Repository. For more information, please contact thinkir@louisville.edu.
Birth Control and the Sixties: The Dialogue Surrounding the First Oral Contraceptive

Cover Page Footnote
I would like to thank Dr. Tracy K'Meyer for her instruction and guidance through this paper. Additionally, I would like to thank Olivia Oestreich and Abigail Stanger for their edits.

This full-length research report is available in The Cardinal Edge: https://ir.library.louisville.edu/tce/vol1/iss2/19
Birth Control and the Sixties: The Dialogue Surrounding the First Oral Contraceptive

Eden E. Baize

1The University of Louisville, Louisville, KY, USA

Historians have perpetuated the idea that being sexually conservative characterized American society in the period before the 1960s, and to a certain degree, this was true. This apprehension towards sex became clear after the Food and Drug Administration (FDA) approved the first oral contraceptive in May, 1960.3 In the following five-year period, birth control pills became exceedingly popular, with 25.6 percent of married women using them at some point during their marriage.4 Today, 72.2 million women continue to reap the benefits of the reproductive movement of the 1960s, as the Center for Disease Control (CDC) released a study saying 64.9 percent of women in the United States between the ages of fifteen and forty-nine used at least one form of birth control between 2015 and 2017.1 The Pill’s prevalent usage sparked numerous debates around the health concerns, the questions of morality, and the liberation that came with using it. These arguments combined and played off each other to create the overall contentious atmosphere of the 1960s reproductive movement. This paper will examine the public debate around birth control between those who welcomed the innovation and those who rejected it on medical or moral grounds.

Historians and other scholars have documented the main arguments of both those who embraced birth control and those who opposed it. While these works provided critical insight into the individual players who shaped the reproductive movement, few authors combined the different sides of the debate—as this paper will do—to get a well-rounded view on the discussion of birth control as a whole. Much of the historical literature focused on the morality question, categorizing those involved in this debate as completely for or completely against the pill, however this was not the case. 5 Not only was the question of morality not the only angle in play here, but significantly more gray area existed in this debate than many would argue. In addition to the question of morality, there remained a major question of women’s health, as both men and women worried about possible negative side effects that would accompany this new, incredibly powerful pill.6 The impact that this oral birth control had on advancing the women’s rights movement played a major role in the discussion of The Pill, as women could participate in society in a more substantial way than before since they no longer worried as much about accidental pregnancies.7 These dialogues which surrounded the growing usage of birth control, as a result of the FDA’s approval of the first oral contraceptive, demonstrate the priorities of United States society at the time and highlight the advancements in women’s liberation by bringing discussions of women’s health and sexuality to the forefront. This paper aims to analyze the national discussion surrounding oral contraceptives to present a complete picture of the period, as it pertains to birth control, beginning first with a discussion of the health concerns, followed by the central questions of morality and liberation as White women experienced it, before concluding with an analysis of these factors as they pertained to Black women.

In the early years of The Pill, the introduction of a new medicine raised one major question: was it safe? This question is common for any new pharmaceutical, as people are naturally skeptical, especially when it comes to preserving their health. This unease brought questions of testing to the forefront of people’s minds. Two articles from Louisville’s Courier Journal, written four years apart, highlight this concern. The first, published by Dr. Sophia Kleegman, expressed concern about testing in 1960, stating “Four years won’t tell the full story. We still would like to know what happens after 10 years.” 8 After statements such as this persisted, Dr. Douglas Haynes, a professor of gynecology at the University of Louisville, used his experience in the field to answer numerous questions about this form of birth control, specifically those pertaining to safety, in 1964. “[D]oes long-term medication cause any permanent effects on the functions of the ovaries or the general hormonal balance of the body? Since hormonal control of conception has been used for only a few years, the final answer to this question is not known.” 9 This quote demonstrates how medical professionals and women focused on the lack of information about long-term effects; inadequate knowledge unsettled many women who considered starting this contraceptive.

In addition to the lack of information on how this pill affected users over extended periods of time, other medical professionals prevailed with criticisms of how these studies were conducted. Dr. Howard Rusk published an article in 1966 in the New York Times which addressed a new report that the FDA released regarding a study of The Pill’s safety. In it, he explained why many people held
concerns about The Pill’s safety: "Never will so many people have taken such potent drugs voluntarily over such a long period for an objective other than the control of disease. This factor renders the usual standards for safety and surveillance inadequate." Because of apprehensions like this, many avoided The Pill in the early years of its popularity. This quote harkens back to the anxiety around long-term effects, while also conveying other anxieties about whether the data collected is relevant or applicable, making it extremely pertinent. Interestingly, each of these sources later goes on to assure the reader that The Pill is completely safe. A six-year span separated these articles' publication, however, indicating that many still had doubts despite constant reassurance from studies like those mentioned in these articles.

This fear resulted from medical researchers who purposefully misrepresented the effects of this contraceptive to dissuade its use. Many who opposed The Pill exaggerated or flat-out fabricated symptoms and side effects in an attempt to demonize it. In 1966, the Journal of the American Medical Association (JAMA) published an article, "Let's be Honest About the Pill," in which the author warped the data of a case study and sparked controversy that prompted other medical professionals to write to the editor with pointed remarks about the piece. Dr. Robert Greenblatt wrote one of these inflammatory letters in which he succinctly expressed the opinion of those doctors that supported The Pill: "Let's not becloud the great benefits to be derived from the judicious use of orally administered contraceptives by magnifying and distorting the minor complications of therapy." Studies like the one mentioned above were the bane of the pro-reproductive rights side of the movement because of their credibility. Though the information was provably false, the authority that the JAMA possessed gave credence to their opinions. Reporters and other researchers adopted a fitting name for these altered reports, like the one in question—"'scare' reports." This propaganda for the anti-birth control movement exacerbated fears of The Pill and prolonging the debate over its safety.

Malice and apathy did not drive every instance of doctors pushing their own agendas; some were based on concern for their patients. Many legitimate medical concerns came with using oral contraceptives, namely the side effects. The Pill worked by introducing high amounts of artificial hormones that blocked the production of eggs, but this process resulted in patients experiencing nausea, irritability, or depression, as well as a host of other symptoms. This steered many away from this form of birth control. In a New York Times article, Jane Brody reported that one-third of the women who started taking birth control when it was first released had stopped, and many cited these side effects as the reason. She also noted that some women stopped taking The Pill, not because they experienced these side effects, but rather they had fallen victim to those "'scare' reports." In an attempt to balance out the negative impact that these reports had, Brody sought to get the opinion of medical professionals. As the Times published this article in 1969, there was more data available than when The Pill was initially released to the public, however many remained wary to use definitive statements about this pill’s effects. In spite of that apprehension, most doctors agreed that The Pill was probably safe, with some counteracting these fears by pointing out that drugs and alcohol possessed much more dangerous effects, yet people still partook.

But concern about legitimate possible side effects led doctors to impose their own values on their patients. Looking back on the issue from 1969, Lucinda Cisler, a prominent women’s rights activist, wrote that “When contraceptive knowledge did become available, it was carefully placed in the hands of doctors—mostly males, one hardly need add—where it remains, by and large, today.” But even the rare female doctor, such as Dr. Kleegman, admitted that due to her concerns, “I’ll prescribe it to women over 35 who have already established their families.” While she shared the concerns of many medical professionals at the time that The Pill would cause permanent sterilization, cancer, or any other number of negative side effects, she also represented the bias that many doctors possessed for prescribing oral contraceptives to women who already have children, or who were on the tail end of their reproductive years. Many opted for this choice because, in the event that The Pill ended up having long lasting negative side effects, they would not rob a young woman of the potential to start a family later in life. While this decision was made with the best interests of the patients in mind, this preference for older women with children perfectly encapsulates the emphasis that United States society at the time placed on young women to become mothers, denying them the tool that would allow them another option. Outside of the medical profession, other scholars voiced concerns about the broader sociological or ethical impact of The Pill.

In response to the fears over what would happen to the birth rate in the United States if birth control continued to gain popularity, sociologists Norman Ryder and Charles Westoff studied how much The Pill affected the fertility rate in the United States. Reflecting the values of the time, their data was somewhat skewed because they focused primarily on the data collected as it pertained to married women using birth control. The pair found that, in the first five years since the FDA approved this contraceptive, the fertility rate in the United States dipped, but they explained that women typically replaced another form of birth control in favor of The Pill. Because of this, they hypothesized that the birth rate would slow regardless of whether people used The Pill or not. Their study widely circulated and appeared in multiple articles about The Pill in the New York Times, covering topics from how The Pill had been received by the public, to how many Catholic wives used birth control in defiance of the Church's decree against its use. The study's popularity demonstrated its
cruciality in assuaging many of the concerns of the day.

More skeptical people started to question what would happen if couples could control more than just when they had a child. Chemist Robert Kirk took to the pages of the American Association for the Advancement of Science to postulate this exact question. His tirade, while brief, outlined his two main arguments: people will be more accepting of using birth control if it means they can control the sex of their baby, and companies will develop this technology because it would prompt such a substantial response. This led him to further delve into the possible outcomes of this technology. He warned against the usage of this hypothetical product, pointing towards underdeveloped countries to demonstrate the danger of allowing parents preference over gender. He feared that, like what happened abroad, one gender would be preferred over another, resulting in a generation of mostly just that sex, prompting the entire institution of marriage to crumble with insufficient numbers of people to keep the tradition going.20

Not only medical professionals found themselves embroiled in debate over The Pill; this contraceptive found an audience for debate in the public as well, as many cited religious dogma to support their arguments. Though Catholics remained a minority in the United States, they argued most fervently against the use of birth control. As a result, most of the scholarship around The Pill and religion centers on the Catholic debate and will therefore be the focus for this paper's analysis of the moral question. For Catholics, the Church held the main authority on matters of sex. Because of this, their congregants' faith started to waver when the Church could not agree on an answer to the morality of using birth control.21 In a book which analyzed this exact question of Catholicism in the face of The Pill, Leslie Tentler explained the difficult position that the Church found itself in: "If Catholics had in practice rejected a procreative norm for sex, then who— in the context of a vitiated teaching authority— was to guide the faithful when it came to such contentious issues as premarital sex, divorce and remarriage, homosexuality, and even abortion?"22 Much of Tentler's book explored the impact that this indecision had on both the clergy and the laity, making it clear how many Catholic women experienced emotional distress as a result of the choice between using birth control and saving their immortal soul. As she demonstrated in the quote, Catholics almost had to oppose the use of birth control because their support would mean their stance on the rest of those facets of human relationships would also require defending, and they did not necessarily have the faculties to withstand such a line of questioning.

To support their stance against birth control, Catholics relied heavily on the concept of natural law. Theologian Louis Dupré published an article in 1964 in CrossCurrents—a popular journal combining religion and academia. This piece explored the main arguments used by Catholics at the time, as well as why natural law was most often used. Many other Catholic rationalizations relied on the dogma of the religion, however Dupré states that the concept of natural rights were most easily understood by all.23 He summarized the Church's stance on the idea of natural law, saying that "it is evil to separate an act which pursues a good of vital importance from its natural end."24 As this quote described, the Catholic Church believed that stopping a natural good is inherently sinful: birth control would stop reproduction, therefore birth control is evil. It is from this central idea that all other lines of reasoning would stem.

The impact that birth control would have on marriage prevailed as a major question that revealed the priorities of United States society in the sixties. Those who agreed with Kirk worried how marriage units could possibly stay intact if there emerged a generation that favored one sex over another, given that they had a say on the sex of their baby.25 Those whose thinking fell more in line with the Catholics argued that a woman could not both use birth control and be a good wife simultaneously, because The Pill prevented her from giving herself completely to her husband.26 Dupré's article also addressed these concerns over the impact on marriage, stating plainly "it is dangerous to use the Old Testament as a criterion of Christian marital ethics, since the mores of the Patriarchs in this domain were so far removed from our present morality that even most non-Christians today follow stricter rules."27 Both arguments, while vastly different in their approaches, demonstrated how US society viewed the marriage unit, especially in regards to the woman's body, valuing the institution over the person.

While all the above arguments factored into the debate over morality, one trumped all others: would access to birth control lead to young women becoming promiscuous? Not only the Catholics expressed this concern, like many of the other arguments pertaining to the soul of a person explored above, but by people on all sides of the issue. Two schools of thought emerged within this discussion—those who believed that unmarried women would become more sexually active without the fear of pregnancy dampening their activities, and those that believed "the existence of the pill will force many persons to search for a higher standard of sexual morality."28 Dr. Roger Shinn proposed the latter argument, supporting his side by stating that ""There is no virtue in morality if we are pure only because we fear being caught."29 If single women no longer abstained from sex because they feared getting pregnant, Shinn posited that they would strive for a truer sense of morality. The other school of thought believed the exact opposite, and that abstinent women would abandon all other moral strongholds. The latter gained favor by Catholics during this period.30 As Dupré explained, some Catholics take it arguing that removing the procreation aspect of sex degraded both parties, stating that the woman is being treated as a prostitute, and the man has become a primal
animal. Regardless of the angle, it became evident the purity question inhabited everyone’s mind.

This question of purity remained a unique subsection of the debate because it focused on young women, instead of married women, statistically more prone to using The Pill. An article from political scientist Andrew Hacker examined this argument by analyzing a sample from a group that the opposition did not focus on college age females. Hacker explained the argument largely used to support this idea asserted that these young people no longer needed to put in the same amount of forethought, both to ensuring they used protection, and to who they were about to have sex with. He proceeded to succinctly explain what his data indicated: “It suggests that they would like to catch themselves a husband and simply desire to have both a sexual relationship and contraceptive protection during the period of engagement.” His research not only absolved these young women from the allegations that they slept with anyone who gave them the time of day, but rather pointed to this idea of birth control freeing these women. They were no longer prevented from developing a sexual relationship with the person they were in love with, merely because they feared jeopardizing various aspects of their life with an unplanned child. This is not to say that no women capitalized on The Pill to explore different levels of promiscuity, but it is important to realize that those women would have made up the minority.

Additionally, to examine another way in which birth control provided women with a level of freedom they had yet to experience, one only needs to look at the average number of years of schooling a woman on birth control has. In Brody’s article, she cited another study done by Ryder and Westoff in which they found a positive correlation between how much schooling a woman had and her likelihood to start birth control. Additionally, their study found that younger wives were more likely to be on birth control than those who had been married longer. This finding suggests that birth control enabled women to complete more schooling than previous generations because the pressure of having to raise a child was postponed, if not completely alleviated. Even married women could put off having a child until they achieved some goal or other and felt financially and emotionally ready to raise a child. This remarkable shift accompanied The Pill’s prevalence in society and allowed women a higher level of freedom.

Not only did the option of who to have sex with open up to women, but the act of sex saw a bit of a revolution itself. As we have previously seen, The Pill allowed a woman the freedom to have sex with whomever she wanted to, regardless of whether she was going to marry them or not. However, anthropologist Ashley Montagu explained in his article exploring the social impact that The Pill had on the United States that anxieties on the part of the female, disquieted by the idea of an accidental pregnancy, often plagued the act of sex: "With the freedom to enjoy sex for its own sake which the pill affords, women’s attitudes towards sex will change, becoming less anxiety-ridden, more relaxed." This quote highlighted exactly how The Pill influenced sexual relations, but Montagu did not stop there. He then continued to explain how the way women were viewed by men would change as a result. Montagu argued that the cautious and often deflective nature of women when it comes to propositions of sex leads to men feeling more aggressive and "predatory" when it comes to his pursuit of her. On this point, Hacker agreed. To many, sex in the United States was built on this ritual of men hungrily seeing out sex and women initially denying their request. Montagu hypothesized that the introduction of this oral contraceptive would "make way for a healthier view of sex and of the relations between the sexes." He was right, too. As a result of The Pill, a massive emotional weight lifted from these women, and relieved them of the pressure to say yes even though they were worried about getting pregnant, as a quote from one of these women on birth control says, "with the pill, we don’t have to worry anymore." Changing this view of sex took the first step towards bringing the question of consent into public conversation.

It is important to note that the public discussion around birth control focused on how it pertained to White women. Throughout this debate, there is one voice that is notably absent: the voice of Black women. Because of the high price of The Pill—about 10 dollars at the time of its release in 1959—as well as the bias towards married women in nuclear family units, this contraceptive was generally marketed to middle- or upper-class White women. This completely excluded Black women, who played crucial roles in the fight for reproductive rights. In an article analyzing the relationship that Black women had to birth control, lawyer and professor of ethics and gender studies, Dr. Dorothy Roberts, explained why Black women’s experience in the reproductive rights movement should be separated from the discussion of White women’s experience:

For centuries, Black women have found themselves at the center of controversies about birth control’s role in the struggle for racial and sexual equality. They have battled not only men—White and Black—who discounted the importance of women’s bodily autonomy, but also White women who discounted the significance of racism.

The multisided fight, described in the above quote, influenced how the reproductive rights movement changed as it pertained to Black women. Furthermore, author Jennifer Nelson wrote a book exploring the unique position of women of color in the birth control debate. She also illustrated how different the fight was for Black women and explained that the reproductive movement focused less about the right to safe and accessible birth control and abortions for Black women as it did for White women, but rather that Black women focused on bettering
their lives so that when they eventually had a child, the child would grow up safely.\footnote{42}

For these women, the question of whether to take birth control or not was much more complicated. The thought of artificially sterilizing themselves did not summon the same pictures of liberation as it did for their White counterparts. Dr. Roberts details this tumultuous relationship between Black women and birth control:

During the 1960s and 1970s, thousands of poor Black women were coercively sterilized under federally funded programs. Women were threatened with termination of welfare benefits or denial of medical care if they didn’t “consent” to the procedure. Southern Blacks claimed that Black women were routinely sterilized without their consent and for no valid medical reason.\footnote{43}

This negative perception of birth control led Black women to be rightfully skeptical. An internal dialogue within the Black community started to spread surrounding this issue of taking oral contraceptives—a conversation that kickstarted completely different gendered debate.

This debate resulted in Black men equating the use of birth control to a contribution to their own genocide, urging Black women not to use The Pill. In an inflammatory article published in the \textit{Soul City Times}, titled “Confrontation,” author Wangari Komae illustrated the opinion of these men: ”The brothers are calling on the sisters to not take the pill. It is this system’s method of exterminating Black people here and abroad. To take the pill means that we are contributing to our own GENOCIDE.”\footnote{44} By specifically saying “this system’s method,” this quote relies on the same evidence presented by Dr. Roberts to harken back to the forcible sterilization of Black women, weaving history into their argument to give it credence. In an attempt to further persuade Black women, these men characterized every new child as a new member in the fight against oppression. To these men, depriving them of children was depriving them of soldiers in their struggle against persecution. Not only did this fail to take into account the life and wellbeing of the mother, it placed the responsibility to fight against tyranny on the shoulders of an infant. This militant attitude turned many women away from this cause, though it did not relieve the moral pressure that these groups enforced.

The Black Women’s Liberation Group released an equally inflammatory article in response to that manifesto, specifically attacking the offensive line of reasoning. The statement pointed out the sexist nature of the argument and presented their own thoughts about this issue: “It takes two to practice genocide and Black women are able to decide for themselves, like poor people all over the world, whether they will submit to genocide. For us, birth control is the freedom to \textit{fight} genocide of Black women and children.”\footnote{45} This quote accentuated how the insistence of Black men to prevent Black women from taking birth control stripped these women of their own choice. It also expounded on birth control as the very thing that will allow them to continue to fight against oppression. This ability to fight embodied what Nelson meant when she said birth control was freedom for Black women.\footnote{46} It allowed them to have a child when they were ready for one; financial and emotional preparedness allowed these mothers to raise healthy children, which, for many, was the most rebellious thing they could do.

Given that the discussion around oral contraceptives involved many aspects of daily life, it is not hard to see how the arguments employed by both sides of the debate reflected the differing values of the United States society in the sixties. With the bias towards married women, as well as the apprehension towards the destigmatization of sex, it is clear how conversations like these revealed key aspects of this society. The emphasis on preserving the family unit, paired with the reliance on religious justifications, continues to reveal how important these values were during this period. Additionally, the experience of Black women in this debate highlights the injustices that this community faced, further demonstrating how these values have been held up through centuries. This circumstance is not specific to the events surrounding The Pill, but rather applies to the reproductive movement as a whole, contributing heavily to debates around other forms of sterilization and abortion. Even broader than that, these fights for reproductive rights played a significant role in the larger women’s rights movement that occurred throughout the 1960s. More research could show just how big a role the reproductive rights movement had in influencing how the women’s rights movement progressed. Regardless of that, it is clear to see how crucial The Pill was in shaping the landscape of the 1960s.

\section*{ENDNOTES}

\footnote{1}{Daniels, Kimberly, Ph.D, et. al. ”Current Contraceptive Status Among Women Aged 15–49: United States, 2015–2017.” Distributed by the Center for Disease Control. December 2018. 1.}

\footnote{2}{Ibid., 1.}


\footnote{6}{Reef, Betty, ”Birth-Control Pill’s Approval Causes Little Flurry,” \textit{Courier Journal}, May 29, 1960. 1.}

\footnote{7}{Brody, “The Pill”, 34.}

\footnote{8}{Reef, ”Birth-Control Pill’s Approval,” 1.}


13 Ibid., 1.

14 Ibid., 1.

15 Ibid., 1.


17 Reef, "Birth-Control Pill’s Approval," 1.

18 Ryder, "Birth Rate," 4.

19 Brody, "A Balance Sheet”; Janson, "catholic wives"


21 Tentler, Catholics and Contraception, 3.

22 Ibid., 4.


24 Ibid., 67.


26 Dupré, “Towards a Re-examination,” 79.

27 Ibid., 68.

28 Brody, "The Pill," 34.

29 Ibid., 34.