The History of the Birth Control Pill

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Abstract

From banned condoms and spermicide to today's pills everyone has a right to, birth control has faced ample criticism and politicization. The development of a pill was not any less criticized or politicized. Poor, uneducated women faced exploitation and disregard of their suffering throughout the development of a birth control pill. Having a pill also was not originally for the sexual and reproductive liberation of women, but scientist Gregory C. Pincus and a physician named John C. Rock were desperate to develop a pill that would temporarily stop women from ovulating, in the hopes of achieving population control and preventing poverty. Margaret Sanger advocated for a simpler birth control that could be as easy as taking a pill. She supported Pincus and Rock, whose work was almost completely funded by Katherine McCormick, a wealthy feminist. Following trials, it has continued to develop, and today the pill is on its way to providing people of all genders sexual and reproductive freedom. From testing in mental health hospitals in Boston to the slums of Puerto Rico, eugenics has lingered behind the motivation of this celebrated pill and its history is often brushed away with celebrations of the reproductive freedom it offers. While the pill has liberated women since the 1960s, thousands of women were stolen of their liberty during its development.

Keywords: Birth Control, Pill Trials, Eugenics, Contraception

Introduction

Single or married, younger or older, women can now enjoy the luxury to family plan and prevent unplanned pregnancy. Preventing pregnancy did not always come this easily and was not always an option. Birth control has completely revolutionized relationships, the workplace, education, the economy, and life overall within the past 60 years. Now, women can choose when to have children and plan their families, allowing women more control over their lives and motherhood. This luxury, however, encompasses a long, controversial history.

The Ban and Beginnings

In 1873, existing birth control methods, which included spermicide, pessaries, condoms, and vaginal suppositories, were banned. This was due to Anthony Comstock, the founder of the New York Society for the Suppression of Vice (NYSSV.) According to MacIvor, The NYSSV was an institution that aimed to monitor public morality by participating in politics and working with courts to make sure people were punished. They were against immoral concepts such as sexual freedom and sexuality in media such as advertisement, movies, or literature (Anthony Comstock's, n.d., MacIvor, 2017).

Comstock felt disgusted by the introduction of birth control devices and called upon congress to ban them. This became known as the Comstock Act (Thompson, 2013). The act, which passed, prohibited marketing and discussing birth control as well as transporting it across state lines. Twenty-four states took New York's laws further and made their own legislation to regulate the trade of those products, with Connecticut's Barnum Act being the strictest. The Barnum Act mandated even in the privacy of one's own bedroom, using birth control was illegal and could result in arrest and imprisonment. Luckily, Connecticut's law lacked effective enforcement and birth control methods remained largely but quietly in use (Anthony Comstock's "Chastity" Laws, n.d.).

Margaret Sanger, a strong advocate for birth control who also dreamed of a "magic pill" allowing women to more effectively plan their families, decided to challenge the Comstock Act. She opened the first birth control clinic, but authorities caught her quickly. They shut down the clinic and arrested Sanger in 1916 (Thompson, 2013). The next day, she was let free, and she re-opened the clinic a month later. She was arrested again. Sanger appealed her case and won

with the 1918 Crane Decision, allowing women to use birth control only for "therapeutic purposes," although women and their doctors both knew what women were actually using it for, as Thompson states.

The Idea

Gregory C. Pincus, an assistant professor from Harvard, studied conception and fertility. As stated in the article "Margaret Sanger and the Pill," knowing that when progesterone was released in the body during pregnancy, ovulation halted, Pincus decided to inject progesterone and estrogen into female rabbits and rats in order to examine the effects on their fertility.

Margaret Sanger was searching for a scientist to develop this "magic pill," as she called it, that would help women temporarily stop ovulating so they could plan families. Around 1951, she met Pincsu. She learned of Pincus' work on ovulation, foresaw its potential, and proposed the idea of the birth control pill to him. He agreed. However, rather than having an intention of sexual freedom, Pincus was against the sexual liberation of women and instead intended to address population growth with this pill (Margaret Sanger and the Pill, 2012).

The Development

To fund Pincus's research, Sanger introduced him to Katharine Dexter McCormick, a wealthy supporter of the idea of birth control. She donated nearly $2 million dollars to the research, funding what would alter the role of sex in our society and individuals' lives forever (Margaret Sanger and the Pill, 2012).

Meanwhile, John Rock, a gynecologist, was also testing progesterone in addition to estrogen on infertile patients. Rock thought perhaps if a woman could stop her ovulation, it

would allow her body to recuperate and "rebound" to become more fertile once it begins ovulating again. "Margaret Sanger and the Pill" continues to say that at a scientific conference in 1952, the doctor and the scientist met and realized they were down the same path of using progesterone to halt ovulation. They wanted to test on humans, but a large-scale test of humans would be difficult.

Boston Pill Trials

Pincus and Rock knew they needed to begin testing on humans but doing so would be very controversial. In 1954 and 1955, using psychiatric patients at Worcester State Hospital with only consent from the patients' relatives and not the patients themselves, Pincus tested the oral pill on 12 female and 16 male patients. Meanwhile, Rock continued his focus on infertile women and tested on a group of 50 consenting patients at his gynecology practice (Pendergrass and Raji, 2017; The Boston Pill Trials, n.d.).

Pincus and Rock reached their goal of stopping ovulation. While taking the pill with the hormone progesterone, none of the women had ovulated, and whenever they did not take the pill, the effects were temporary, and they could ovulate again. While the *Boston Pill Trials* proved there may be a pill solution to preventing pregnancy, the two researchers needed large-scale human trials to gain FDA approval. Rock and Pincus moved their studies to Puerto Rico for further human trials (The Boston Pill Trials, n.d.)

Puerto Rican Pill Trials

Between 1954 and 1955, the island of Puerto Rico's slums served as a perfect location for Pincus. According to *The Puerto Rican Pill Trials*, Pincus viewed the impoverished population

as easy to manipulate since they lacked education, and justifiable to test on because impoverished populations needed birth control. Pincus also was concerned with eugenics. Additionally, Puerto Rico did not have any anti-birth control laws unlike in the States that would make the trials legally difficult to conduct. The scientist also hoped to demonstrate how easy the pill was to use. He believed that if a poor, uneducated woman could successfully use the pill, any woman could. Pincus took advantage of the population and failed to inform them of the pill's status-- that it was an experiment with potential, unknown side effects. He simply notified them it would prevent pregnancy, taking advantage of a less educated population desperate to prevent pregnancy (The Puerto Rican Pill Trials, n.d.).

The scientist chose El Fanguito, a slum of San Juan, Puerto Rico. There, the concept of having birth control was popular despite Catholic values. Dr. Endris Rice-Wray oversaw the trials and checked up on the women. When women reported negative side effects such as nausea, blood clots, vomiting, stomach pain, or headaches, Rice-Wray would notify Pincus of her safety concerns. However, Rock and Pincus were determined to release this pill and dismissed the dangers of the side effects. *The Puerto Rican Pill Trials* continues to mention how the two researchers believed the ability to prevent pregnancy outweighed the side effects. In addition, they took advantage of a less educated population who was desperate to prevent pregnancy. Additionally, Pincus and Rock also dismissed something else important. Three women died during the trial, and no autopsies were completed to determine if the pill played a role in the death. These women's deaths were left unjustified. By the end, 1,500 Puerto Rican women had taken the pill, and more than 22% had dropped out due to the unbearable side effects which Pincus disregarded. (The Puerto Rican Pill Trials, n.d.).

Birth Control is Approved

In May 9, 1960, the FDA approved Enovid, the first birth control pill, and the pill became legal (Thompson, 2013). In June of 1960, the pill hit the market with much lower doses of hormones. However, states still upheld their own laws regarding birth control. While people in the States could now access birth control, the poor women of Puerto Rico could not. They were not offered compensation for the side effects, nor could they afford the pill that they helped to create while other women were now able to enjoy it (Pendergrass, Raji, 2017; The Puerto Rican Pill Trials, n.d.).

Today's birth control pill contains much less estrogen, which can be contributed to Barbara Seaman. Horwitz discusses how she was an avid advocate for women's health care. She published *The Doctor's Case Against the Pill* in the late 1960s to contest the safety of such high doses of estrogen and to comment on the injustices done by scientists and doctors who had dismissed the risk of birth control pills (eg. stroke, blood clots). Seaman claimed while medical experts knew about the tie between estrogen and cancer in the uterus since the 1930s, they proceeded to prescribe such high doses of estrogen, putting women at risk, as women were often not educated on the pill's risks. Many pharmaceutical companies worked to prevent the publication of her book, yet she persisted. Horwitz continues to say that the publication led to the United States Senate holding hearings on the pill's safety. The combination of hearings, public outcry, and letters that women wrote to the senate eventually persuaded the FDA to require an insert describing the potential risks to be included in every package of pills. The American Medical Association pushed back, arguing an insert obstructed a doctor's authority with their patients. It was not until 1978 that the FDA officially required information to be included with the package of pills (The Birth Control Pill: A History, 2015; Horwitz, 2018). The

arguments presented in *The Doctor's Case Against the Pill* can be credited for why an informative insert can be found inside the packaging of birth control pills today.

Challenging Connecticut's Ban

The Barnum Act in Connecticut meant using birth control at all was illegal and could result in arrest and imprisonment (Anthony Comstock's "Chastity" Laws, n.d.). According to Finlay and Thompson, Elizabeth Griswold, the president of Planned Parenthood League of Connecticut, and C. Lee Buxton, Chair of the Yale Medical School's Department of Obstetrics and Gynecology teamed up to challenge birth control laws in an act of civil disobedience. The duo opened a birth control clinic in 1961, which they knew would be illegal due to strict Connecticut laws prohibiting the use of birth control. The clinic's immediate and large popularity hinted at the need for birth control education and distribution, but authorities quickly took action to shut it down. Days after opening, the state arrested Griswold and Buxton, but the duo appealed to the Connecticut Supreme Court in *Griswold vs. Connecticut.* They lost the case. The two appealed again to the United States Supreme Court. Using the right to privacy in the First Amendment, the Supreme Court ruled in favor of Griswold and Buxton. In 1965, Griswold won the Supreme Court case for the right to use birth control, but only to an extent. The right to privacy to use birth control was only given to married couples (Finlay, 2016; Thompson, 2013). While this was a step toward increasing accessibility of birth control, it was still not enough.

Everyone Has the Right to Use Birth Control

There was still more work to do to ensure *everyone* had the right to use birth control. The 1972 Supreme Court case *Eisenstadt vs. Baird* was the next step in the legal fight. According to

Thompson, William Baird was an instructor for a course on birth control and contraceptives at Boston University. He gave away Emko Vaginal Foam to a student of his at the end of class, but Massachusetts charged Baird with a felony for violating two circumstances: 1) only a doctor or pharmacist could provide birth control, and 2) birth control could only be provided to married men or women. Baird appealed his case and won. The right to use birth control was now extended to everyone (Thompson, 2013). Reflecting off the 14th amendment's "rational basis test," which says laws must apply to everyone equally, the court decided anyone should be able to use contraceptives, regardless of if they were married or not (Eisenstadt v. Baird, n.d.).

The Birth Control Pill Evolves More

The risks and side effects of high doses of estrogen were widely known by now, and in 1988, birth control pills with lower estrogen doses hit the market. The new pill became a more comfortable option for women since lower doses meant decreased side effects of nausea and headaches, less risk of pelvic inflammatory disease and ovarian cancer, and more effective pregnancy prevention. In fact, *The Economist* named birth control one of The Seven Wonders of the Modern World in 1993 (The Birth Control Pill: A History, 2015).

Further evolved, the birth control pill became even more of a wonder. Why have periods if women do not need them? If a period is part of the ovulation cycle and women do not need to ovulate, can they be eliminated? Seasonale, approved by the FDA in 2003, gave women only four periods a year. Women had their first chance to opt out of periods. Four years later, Lybrel allowed women to completely skip their period. While the name-brand has been discontinued for financial reasons, generic versions remain on the market (Davis, n.d.).

Future Advancements

Male contraceptives, such as RISUG and Adjudin, are currently in development and testing with a promising future on the market. RISUG injects into the testicles and partially blocks the vas deferens so any sperm that gets past it are damaged and cannot fertilize an egg. It lasts for up to 13 years. RISUG has completed clinical trials in India and has been submitted for legal approval. A chemical developed in the 1990s, Adjudin is another male contraceptive that prevents sperm from maturing and would likely take the form of a patch or implant. It is currently being tested in rats (Rettner, 2019; Cheng et al., 2015).

With the advancement of sexual and reproductive freedom granted to women, attention is now being turned to granting males more control over their own reproduction, which will further strengthen society's ability to family plan and grant individuals of all genders the autonomy to control their own reproduction and have a say in family planning.

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