

National College of Art and Design

Department of Applied Materials, Textile Art and Artefact

School of Fine Art

“Easy for you to explain...for her to use”.

The Changing Perceptions of the Hormonal Pill 1960s – 1990s.

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I declare that this **Critical Cultures Research Project** is all my own work and that all sources have been fully acknowledged.

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“EASY FOR YOU TO EXPLAIN...FOR HER TO USE”. THE CHANGING PERCEPTIONS OF THE HORMONAL PILL 1960S – 1990S.

INTRODUCTION

“All reproductive experiences are part of a continuum. They are inextricably linked. Fertility and birth control, periods and menopause, pregnancy and postpartum, sex and pleasure.”

(Millar Fisher and Winick, cited Erica Chidi, 2021, p. 9)

Within my thesis I explore the origin of the hormonal contraceptive pill and its effect on society throughout history through the medium of its ever changing packaging and through media coverage. I will focus on the period from around 1960 to the late 1990s, with a special focus on the 1960s and 1970s as this was a pinnacle time for the drug’s development. My objective is to analyse the packaging and advertising of the hormonal pill in order to gain a greater understanding of this medicine and its effects on us as a society with a focus on the female body and mind. For example the quote in my title “Easy for you to explain...for her to use” is taken from a medical advert c. 1960 reflecting doctors concerns at the time that women were too forgetful to be able to use this medicine properly. (Mars, 2017)

I, myself have been interested in this topic for about seven years now since being prescribed the hormonal pill at fifteen to treat my bad skin at the time. As a young teenager I was completely naïve as to how this small seemingly innocent pill would have such a major effect on me and also how my female friends around me were having similar problems which we felt unable and unequipped to properly handle. In order to research this topic I have read books which have been incredibly informative and important to me such as *On The Pill* by Elizabeth Siegel Watkins (1998) and *Designing Motherhood* by Michelle Millar Fisher and Amber Winick (2021), watched documentaries, listened to podcasts such as *Repackaging the Pill, 99% invisible podcast* created by Roman Mars (2017) and read news articles. While

conducting research for my thesis a limitation that I encountered was the fact that a huge portion of the information I found was solely based in an American context as this is where the hormonal pill was first trialled, manufactured and distributed, therefore America was the epicentre of problems with side effects, production and societal acceptance first occurred.

“The united nations estimates that around 151 million women took the pill in 2019.” (Millar Fisher and Winick, 2021, p. 34)

“Few know how it affects their bodies’ biochemistry, let alone the forces that shaped its design and debut in the pharmaceutical market in the mid-twentieth century and that continue to shape how it is administered today.” (Millar Fisher and Winick, 2021, p. 33)

My first chapter will look at the first recorded instance of the use of hormonal contraceptives for women and its resurgence in the 1960s to become one of the most popular medical drugs to take in modern society. Secondly I will delve into how extreme side effects from taking hormonal contraception began being reported and how such problems were dealt with and documented by the media. I will also be shedding some light on how other countries felt about this medication around the time and going into further detail about the material culture of contraception at this time. For my final chapter I will discuss the development of the pill, other forms of hormonal contraception such as the Dalkon Shield and how it is clear to me from analysing the progression of hormonal contraception, from a brown bottle full of pills with extreme side effects to a user friendly dispenser paired with a full list of side effects that it has come a long way, but perhaps not far enough.

CHAPTER ONE: THE BEGINNING

In chapter one I will be tracing the origin of this new hormonal medication, how it came to production, the need for inventive packaging and how the medicine was then marketed towards doctors using creative easy-to-use packaging as many medical professionals were uncertain whether to prescribe the pill. When we think of hormonal birth control we tend to think of it as a relatively new medical revelation. However, it has in fact been around for centuries dating back to the ancient civilization of Kyrene, which was situated in modern day Libya. The silphium plant was extremely important to them acting as a modern day morning after pill. The seed was heart shaped and was even stamped onto the coins they used at the time, the seed of the plant itself is believed to be the original source of the heart shaped symbol now universally used to connote love because of the silphium's strong sexual connotations in ancient times. (Sex Explained, Birth Control, 2020)



Fig.1: Silver tetradrachm coin with the silphium plant (obverse) and a head (reverse), Cyrene, 435 – 375 BC (Krmnicek, 2021)

As mentioned in the 'Sex, Explained' documentary, 2020, historians believe the plant became extinct due to high demands for the product however there is clear evidence that it was believed to alter hormone levels thus preventing pregnancy. (Sex Explained, Birth Control, 2020) As Christianity rose to prominence across much of the Western world, women with knowledge of herbal contraceptives were increasingly accused of witchcraft. (Sex Explained, Birth Control, 2020) While women never stopped using plant-based birth control, knowledge and documentation of these techniques declined sharply. As women's methods were being suppressed, male managed birth control items came into popular use; namely, the condom, until the reacknowledgement for oral contraceptives in the 1950s which led to the first hormonal contraceptive being brought out in 1960. (Sex Explained, Birth Control, 2020)

In the 1950s, selling contraception was still officially illegal in many states in America. (Siegel Watkins, 1994, p.24) Although the pill was born out of a feminist ideal, unfortunately the history of the hormonal pill has ironically not always been kind to women. In Elizabeth Siegel Watkins book *On The Pill* (1998) she writes that there were four people involved with creating the hormonal pill, all from different backgrounds. (Siegel Watkins, 1998, pp. 20, 28) Margaret Sanger, a feminist who had been involved in the suffrage movement and who believed that women could not enjoy sex or freedom until they could control when and whether they got pregnant. A scientist Gregory Pincus, who was fired from Harvard for experimenting with in-vitro fertilization and bragging about it to the mainstream press. John Rock, who was a Catholic gynaecologist and worked with Pincus to conduct tests of the pill on women and Katharine McCormick, who funded much of the research after her wealthy husband died. (Siegel Watkins, 1998, pp. 20, 28) They went on to develop, test and create a product that was ready to be taken to the next phase of field trials in 1956. (Siegel Watkins, 1998, pp. 30)

The first pill was marketed as “a treatment for irregular menses.” (Millar Fisher and Winick, 2021, p. 67) G.D Searle & Company was the first company to market a birth control pill and advertised its product “Enovid” for the treatment of gynecological disorders from 1957. (Siegel Watkins, 1998, p.36) They officially called it the “Oral Contraceptive Pill” in 1960 in the US and within 2 years 1.2 million women had begun taking it. This pill was a medication for fixing a problem rather than a traditional illness. However it was still sold in the typical brown glass jar in either a year or monthly supply, so it was easy to become confused regarding if one had missed one or not. “How the pill travelled from these nondescript bottles into some of the most heavily designed and recognizable pill packages in history, tells a story about the medical and cultural anxieties of the time.” (Mars, 2017)

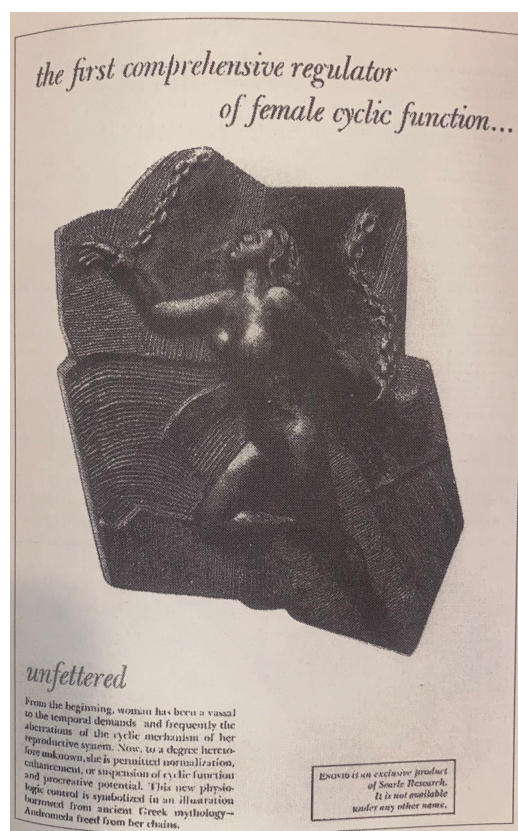


Fig.2

Fig.2: G.D. Searle & companies first advertisement to note the drugs contraceptive properties. (Siegel Watkins, 1998, pp.72-74, fig.1)

In 1961, David and Doris Wagner were a middle-aged couple who had four children in Illinois. When they learned about the Pill it sounded perfect for them as they didn't want any more children. David Wagner's wife, Doris Wagner was told by her doctor that if she thought she missed a pill she was to pour out the entire jar, count how many were left and then subtract that from the original number of pills. (Mars, 2017)



Fig.3 and Fig.4

Fig.3 (left): An early bottle for G.D Searle's Enovid which was approved in the US for contraceptive use in 1960. (Millar Fisher and Winick, 2021, p.33)

Fig.4 (right): Wagner family portrait from around the time David Wagner invented the dial packaging for his wife's oral contraceptive (Mars, 2017)

David Wagner was an engineer and decided to create user friendly packaging for his wife. He trialled a few different designs before coming up with his original prototype which was made out of two disks of clear plastic and a snap fastener he borrowed from his child's toy.

“The bottom disk held twenty pills. The top disk had one hole drilled through it, which could be rotated each day to expose the correct pill along with the corresponding day of the week.” (Mars, 2017) When he saw how well it worked Wagner applied for and received a patent for the design. He decided to try and convince pharmaceutical companies to use his packaging, but they were reluctant to adopt it. He was completely disheartened that none of them seemed to want to buy his design. Wagner was told that a special package just for birth control was not needed and seemed commercial and flashy. (Mars, 2017)

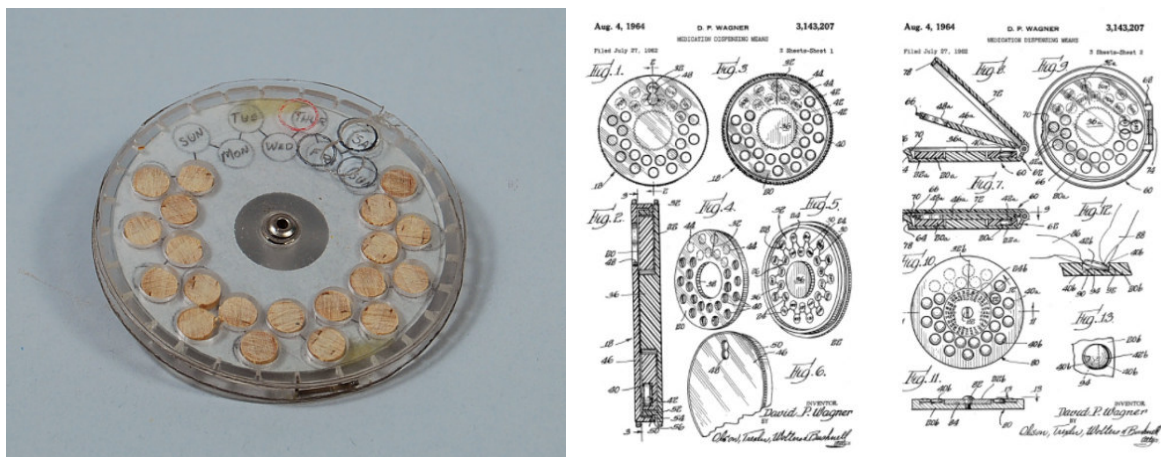


Fig.5 (left) and Fig.6 (right)

Fig.5 and 6 show Wagners original prototype and patent drawing for a more user friendly hormonal pill dispenser. (Mars, 2017)

Just a few months after Wagner had approached a company called Ortho Pharmaceuticals, they released their first birth control pill. And these pills came in a circular plastic container, with a dial that moved each day to reveal the next pill. It was called *The Dialpak*. (Mars, 2017) It looked very similar to Wagner’s patented dispenser. It was obvious they had copied his design and he threatened a lawsuit. In December 1964, he signed an agreement with Ortho Pharmaceuticals, and later with other companies for royalty payments. After some time

Wagner grew tired of chasing royalty obligations and he sold the patent rights directly to Ortho Pharmaceuticals, but his design became his legacy and a national sensation. (Mars, 2017)



Fig.7: Ortho Pharmaceuticals *DialPak* released in 1963.
(Mars, 2017)

The pill was uncharted territory for the pharmaceutical companies, as for the first time they had to market a product to healthy people. Brightly colored, easy to use packaging was vital to the success of the product. “physicians also wondered if women were even capable of following the directions for taking the pill. Pharmaceutical companies responded with ads aimed at physicians, which declared their packaging as fool-proof.” (Mars, 2017)



Fig.8 (left) Fig.9 (right)

Fig. 8: An advert c. 1960 (left) which reads “Easy for you to explain...for her to use.” Pink is used as it is a typical feminine colour. (Mars, 2017)

Fig. 9: An advert (right) from Feb 16th 1963 reads “Dialpak helps her remember.” (Siegel Watkins, 1998, pp. 72-74 fig.3)

In February 1963, the Ortho Pharmaceutical Corporation advertised Ortho-Novum, its “new well-tolerated specifically designed oral contraceptive”. (Siegel Watkins, 1998, p. 38)

It was offered in a sleek package called the *Dialpak*. (Fig.7,8 above) (Siegel Watkins, 1998, p. 38) Somewhere along the lines Wagners user friendly design became a marketing strategy aimed at male doctors who believed their female patients wouldn’t be able to remember to take their pill due to their gender. Due to the interest in the new product a number of new companies had entered the hormonal contraceptive market. The result? Doctors now had a

multiple choice of company's products to offer their female patients.

As you can see from the following excerpt from an advert c.1964 manufacturers targeted doctors as if they were consumers themselves:

With the use of Norinyl not only can the physician offer a dependable and physiologic approach to fertility timing that is under his control, but the opportunity to further his patients' marital happiness and to promote family harmony is greatly increased. (Siegel Watkins, 1998, p. 38)



Fig.10

Fig. 10: Searle advert (August 12, 1965) showing their Compack tablet dispenser to compete with the Dialpak:

The feminine and fashionable Envoid-E Compack suits the fancy of your patient. She will appreciate the ease with which the tablet is removed – just a push of the finger. This is what she will like about it. For you, there is the added assurance that your patient will take the medication as directed. The Compack removes the guesswork...makes the dosage regimen “unforgettable”... “built in memory recording..plus the look and feel of a fashionable compact. (Siegel Watkins, 1998, p. 72 fig.3)

My opinion of these adverts is that they seem quite condescending which is a perfect reflection of the male dominated society even when it came to female products. This was taken a step further when a product involved male partners who might be concerned about their wife's ability to remember to take such medication by giving them a calendar watch to wear. (see Fig.11 below) (Mars,2017) While all this was happening most average American women first learned of the pill from the media. For example "*The New York Times* consistently reported news on the pill and birth control." (Siegel Watkins citing *New York Times*, 1998, p. 41) These articles were generally positive and combined with the previous mentioned favourable advice from doctors helped to increase the number of women choosing oral contraception. (Siegel Watkins, 1998, p. 41)

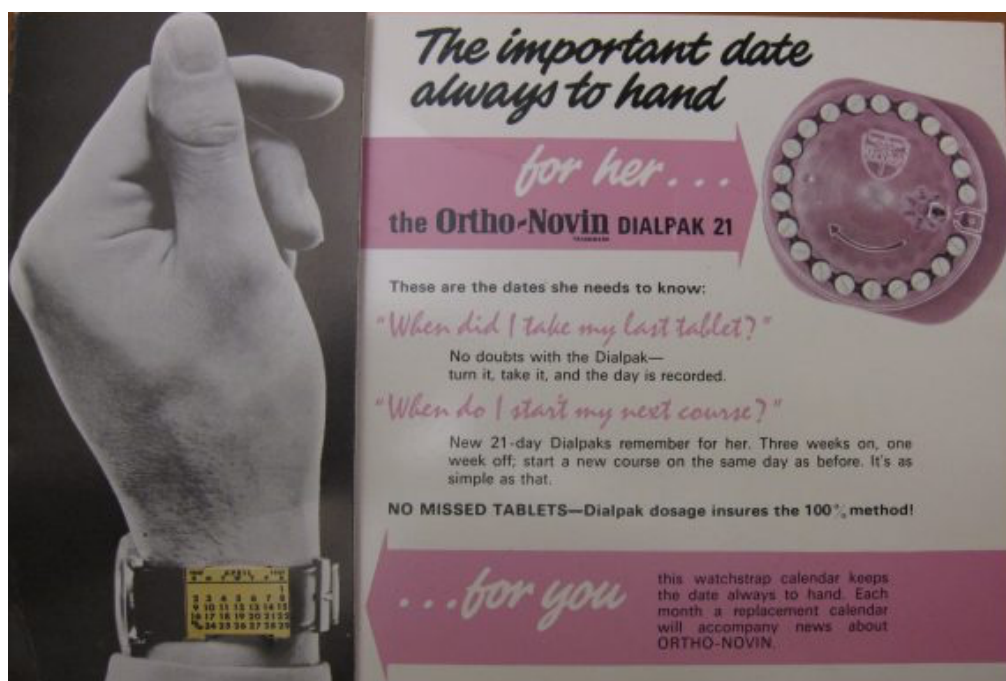


Fig.11

Fig.11: Ortho-Novin ad, c. 1960 (Mars,2017)

CHAPTER TWO: SIDE EFFECTS - CONTRACEPTION AT A COST

In this chapter I will show how side effects from taking the pill and general media coverage of this issue, began to change the world's previous positive reaction to the hormonal pill. I will also be looking at how the pill was perceived in other parts of the world as a limitation of my research has been the fact that a lot of the information I gathered while researching has been based in America as that is where it first began being produced and distributed.

Unfortunately as its popularity grew extreme side effects from taking the pill came to light at this time. While the hormonal pill lifted women out of poverty due to the fact that they were able to have less children and be more financially secure, this didn't come without a cost.

“The composition of the pill in the 1960s was very different to today's version as it contained about seven times more oestrogen. This high dose of oestrogen caused negative side effects like dizziness and nausea, blood clots and a higher risk of cancer.” (Mars, 2017) A number of these side effects had been reported by women in Puerto Rico who participated in early trials, some who were even unaware of the fact that they were test subjects. (Siegel Watkins, 1998, pp. 30- 32)



Fig. 12

Fig.12: The teaching of birth control methods in Puerto Rico, 1960.
(Blakemore, 2018)

Sadly the pharmaceutical companies mostly ignored the complaints made by the women in the trials and went ahead and introduced the hormonal pill in the US with not much information on its possible side effects shown on any of the packaging or adverts. “It was hard to fathom that the pill that came in pink plastic compacts — the pill that millions of women carried around in their purses — could be dangerous.” (Mars, 2017) Naturally women experiencing side effects turned to their doctors for advice however it soon became apparent that they couldn’t help them. It would take some time before women realised they could use the media to voice their concerns. Despite the initial critiques, the widespread use of the hormonal pill began to grow and its use became accepted as a relatively normal life choice. The topic appeared in magazines like *Newsweek* and *Playboy* in the form of cartoons praising the invention and incorporating its use into its promotion of a certain lifestyle. (Siegal Watkins, 1998 pp. 72-74)

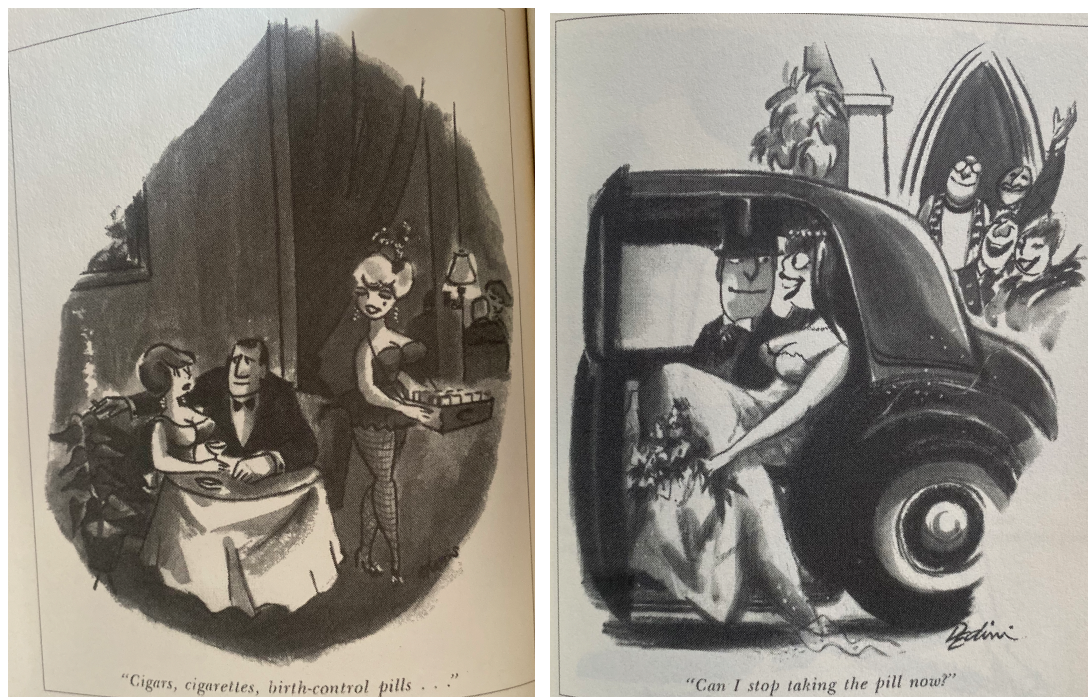


Fig.13 (left) and Fig.14 (right) (Siegal Watkins, 1998 pp. 72-74)

Fig. 13: *Playboy* promote casual acceptance of the pill as early as 1963.

Fig. 14: *Playboy* (and Newsweek in a repost) make it clear that the pill enabled people to engage in sex before marriage.

When it comes to the development of the hormonal pill it is clear that America really took the reins on producing and promoting it. But what was the reaction like in the rest of the world? The answer is not so straight forward as it was extremely varied from country to country. While some other countries followed in America's footsteps others were far more hesitant to regulate and advertise hormonal birth control. For example, in our own little country of Ireland it wasn't so well regarded due to our religious beliefs rooted deep in our society and government. In fact, all forms of contraception, be it hormonal or not were illegal from 1935 to 1979. (Kelly, 2020) In saying this, from the mid 1960's the contraceptive pill was officially marketed in Ireland as a 'cycle regulator' with an unpromoted and unspoken about side effect of this medication being its contraceptive effects. However, it was still largely taboo in most communities, as taking the medication was considered to be going against one's faith. The difficulty in even finding a doctor to prescribe such a medication shows there was a huge importance placed on medical authority in this era prior to legalisation. (Kelly, 2020)

In an interview with a young Irish woman, she admitted she'd "try for the pill, if not we'll just have to try something else, wont we? I would rather keep up my religion, but I'll have to do something this time". (Kelly, 2020) Her wording is very interesting to me and very telling of the time. "trying for the pill" again hits home the difficulty of finding a medical professional even willing to prescribe her the pill in such a religious climate. This fear is further backed up by insinuating that it is indeed sinful in the eyes of the catholic church to seek out such medication by her mentioning she'd "rather keep her religion" while knowing she would lose it somehow or at the very least lose respect from others in a religious sense.

Therefore promotion of the product remained unspoken about and unadvertised which made it difficult for me to find information or imagery from this time while researching this topic. It is important to note that the hormonal pill wasn't legalised until 1979 in Ireland for bona fide family planning purposes only (married couples), almost twenty years after it was first legally introduced in the US. (Kelly, 2020)

Elsewhere around the globe some governments were far more accepting, with some even promoting the use of this new medication due to population problems they were facing. For example, in China this Chinese propaganda poster (see below fig. 12) c. 1974. "It illustrates a birth control campaign with scenes of happy family life. It reads "Jihua shengyu haochu duo" (Family planning has many advantages). (Millar Fisher and Winick, 2021, p. 67)



Fig.15 (left) and Fig.16 (right)

Fig. 15: Chinese propaganda poster c. 1974 (Millar Fisher and Winick, 2021, p. 67)

Fig. 16: This Chinese paper pill, acquired by the Smithsonian in 1988, measures 4.0 cm x 5.8 cm. (The Pill: Gallery, American Experience, PBS, n.d.)

They produced a paper pill specifically designed to be cheaply manufactured and easily mass distributed, unlike the colourful feminine packaging in the US the paper pill was plain yellow and white (Fig.16 above) “designed to be torn off, chewed and swallowed.” (The Pill: Gallery, American Experience, PBS, n.d.)

Back in America there was a growing number of media articles documenting the range of side effects stemming from the pill, that women had been experiencing. “By the late 1960s, the press had moved away from its prior fascination with the pill as a technological solution to the social problems of family planning and population control.” (Siegel Watkins, 1998, pp.92) Morton Mintz, the *Washington Post* reporter, wrote that a “public predisposed to believe almost blindly in scientific technology, are deeply troubled by the scepticism.” (Siegel Watkins citing Mintz, 1998, p. 92) He argued that the public had been seduced by a range of authorities – medical researchers, physicians, manufacturers, and the press – into believing that the pill was the ideal “technofix” to solve both individual and societal problems of fertility control, without being alerted to potential health hazards accompanying the use of the drug. Mintz also charged that both medical and popular reports on the risk - benefit analysis of the safety of oral contraceptives were disingenuous and therefore misleading. (Siegel Watkins citing Mintz, 1998, pp. 92) Newspaper cartoons below illustrate the moment that eyebrows began to be raised about the effects of the hormonal pill on one’s body. (Fig. 16 & 17 below)

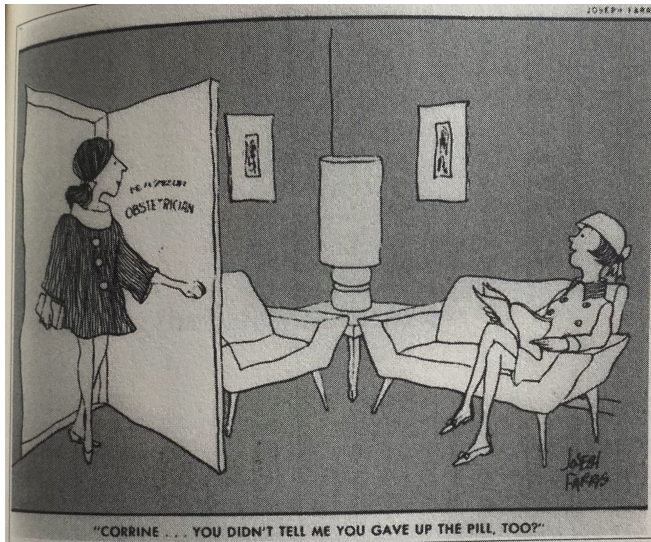


Fig. 17 (left) and Fig. 18 (right) (Siegel Watkins, 1998, pp. 72-74 Fig. 6 and 7)

Fig 17: American's worry about the abandonment of the pill in the wake of the Senate (March 1970) (Siegel Watkins, 1998 pp. 72-74 Fig. 6 and 7)

Fig. 18: 'To take or Not to Take' January 1970 (Siegal Watkins, 1998, pp. 72-74 Fig.6 and 7)

The *Ladies Home journal*, 1967 reported many women experiencing dangerous side effects, and as this media was citing real women's experiences, it helped other women form an opinion of the pill on their own accord. "For what it's worth, if you keep track of such things, I'm off the pill because of your article in the July issue. The convenience just wasn't worth the risk." (Siegel Watkins citing *Ladies Home journal*, 1998, p.100) This quote shows that women were now questioning the safety of the pill. (Siegel Watkins, 1998, p.102) Journalist Barbara Seaman published a ground breaking book called *The Doctor's Case Against The Pill*, (1969 exposing these issues. "Her book inspired Congress to hold hearings to investigate their safety." (Mars, 2017)

Shockingly no women were invited to testify at the hearing and so women invited themselves, demanding that their views be heard. These hearings exposed the fact that

some doctors had long been aware of the negative side effects of the pill, and many had failed to adequately alert their female patients. (Mars, 2017)

“The importance of the media and publicizing the controversy over the safety of the pill cannot be overestimated.” (Siegel Watkins, 1998, p.102) A major win for women was that the FDA (Food and Drug Administration) changed their policy and now required doctors to provide their female patients with information on the potential health hazards associated with oral contraception. Manufacturers were ordered to include an informal pamphlet on the health risks of oral contraceptives in every package of birth control pills. The lengthy inserts in tiny type found in all prescription drug packages that we purchase today, are the direct legacy of the feminist health activists at these hearings. (Siegel Watkins, 1998, pp. 120) Along with the new information leaflet the hormonal dosage of the pill was gradually lowered, and it became much safer for women. (Mars, 2017)

CHAPTER 3: FEARS BECOME REALITY AND HOW PACKAGING AND ADVERTISING IS USED TO REFLECT THE PILL'S NEW FOUND SAFER FORMULA

In order to continue my analysis of the hormonal pill, I will first discuss an alternative contraceptive product, to highlight the point that taking hormonal birth control always has an element of risk, a risk that has historically been ignored by manufactures and advertisers. The book *Voices of the Women's Health movement*, edited by Barbara Seaman discusses “the potential problems that are created when product makers get too close to doctors and healthcare professionals and when those making science, making headlines, and making money get to be the same folks.” (Seaman and Eldridge, 2012, p.247) This IUD (intrauterine device) was called the Dalkon Shield and was produced by A.H Robins and brought to market in 1970. (Sex Explained, Birth Control, 2020). When this new product came on the market assuring its users of better tolerance, it was a no brainer for women who were still worried about the side effects of the hormonal pill that were brought up during the hearings. Little did they know that for many of them their fears were about to become a reality, as the shield would have far more devastating legacy.

In response to the backlash against the side effects, corporations and doctors (comprised nearly exclusively of cis men) capitalized on the need for contraceptive alternatives. The Dalkon Shield was unlike other available contraceptives because it acknowledged the pain associated with its competitors and offered a solution. (W, 2019)

I will then be investigating how the rebranding of the new and improved hormonal pill through advertising and packaging coinciding with the Dalkon shield disaster, meant that society moved back towards viewing the pill as the safest form of hormonal contraception on the market.

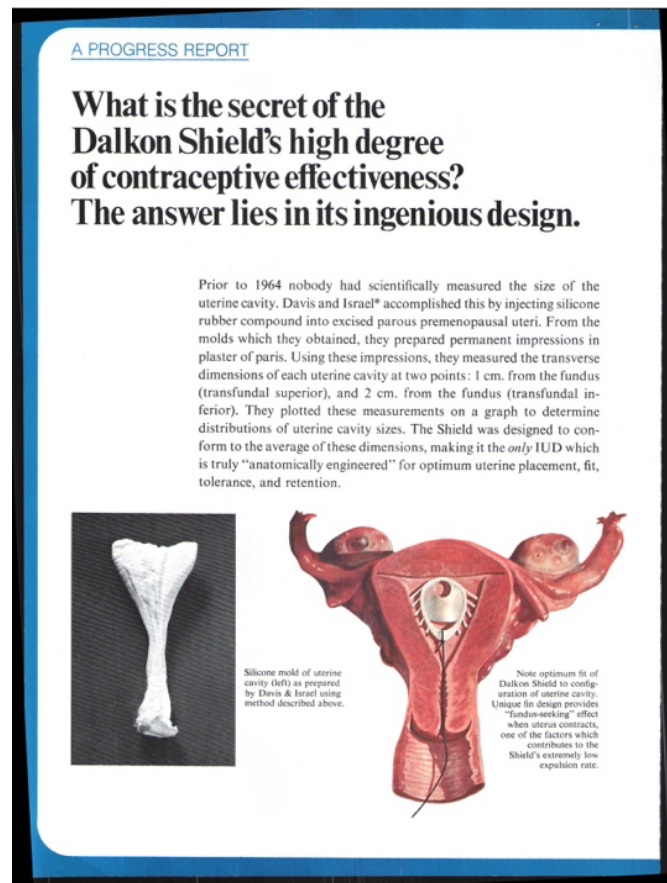


Fig. 19

Fig. 19: Page from Dalkon Shield progress report promoting its effectiveness due to "ingenious design" November 1972 (Dalkon Shield Ad, 2016 cited in Flowers, 2018)

The advert above is from a progress report that was printed in the early 1970s and boasts of the Dalkon Shield's 'ingenious design and retention' due to the scientists who created it taking a silicone mould (the first of its kind according to them) of the female uterus. The image of the cross-section uterus shows a move towards more medical and scientific imagery which manufacturers used to help sell their product. Which clearly worked by the sheer number of women who had the device inserted, which isn't too surprising given that the wording in these posters make the device sound like it was the contraceptive option that they had been waiting for. (Sex Explained, Birth Control, 2020)

Though the company seemed to present as all-knowing and ahead of their competitors in the field of contraceptive manufacturing, they were hiding a dark secret. When trialling the prototypes of the device, concerns around the string attached to the shield arose, however the concerns were ignored, and no changes were made. Mass production and distribution of their IUD went ahead throughout America. (Sex Explained, Birth Control, 2020)

Candidates for the shield included the large segment of women who could not tolerate oral contraceptives, especially on a long-term basis because of the troublesome side effects. The Shield was therefore presented as the perfect effective and stress-free option. It wasn't long before many women began experiencing extreme health problems, including Ms Loretta Ross, who is nowadays a well renowned tutor and activist. Below is an abridged excerpt of an interview between Ms. Ross (LR) and the authors of *Designing motherhood* (DM) explaining her experience first-hand, a full copy of the interview can be found in my appendix (Millar Fisher and Winick, 2021, p. 44):

DM- Small and variously shaped, and usually made of polyethylene or copper, intrauterine devices (or IUDs) come in hormonal and nonhormonal forms. Their design is highly regulated because of one device in particular, the Dalkon shield. It was administered to around 2.5 million women in the United States and Puerto Rico in the early 1970s - including you, Professor Ross. However it caused you to develop pelvic inflammatory disease and become infertile?

LR- Yes, it was offered to me as a problem-free method. Three years later, in 1976, I developed acute pelvic inflammatory disease. The design flaw was the wick, the string the doctor was supposed to use to remove it. It had no other medical purpose than to serve the doctor's convenience, and it introduced bacteria into the womb through the cervix. That caused an infection that then caused me to lapse into a coma, and I underwent a total hysterectomy at the age of twenty-three. It ended my fertility prematurely. By age twenty-five I was experiencing menopausal symptoms. The doctor who performed the surgery was same doctor who for six months had been misdiagnosing my symptoms. I kept coming back to him with this growing infection that he kept misdiagnosing as a venereal disease, or what we call an STD (sexually transmitted disease) today.
(Millar Fisher and Winick, 2021, p.45)

Soon she was to find out that this was happening to women all over the country and that the company who invented the product knew about its fault before production. However they still approved its distribution to the public none the less. The company was sued for millions by countless women whose lives were deeply affected and in some cases women actually died due to complications from use of this product. Despite the demise of the company itself there were still thousands of unused Dalkon Shield IUDs (intrauterine device) sitting in warehouses. Instead of destroying them the US government shipped them over to underdeveloped countries, in particular African countries, to be distributed amongst the women there for free. Women like Loretta Ross flew over to protest and educate the local women of the risk they were taking. However, their actions were often ignored, as the local women saw the shield as the only way to lift them out of extreme poverty. (Sex Explained, Birth Control, 2020)

“After the dangers of the Dalkon Shield were publicized, rates of IUDs use decreased in the US, as women began distrusting the safety of all IUDs.” (Horwitz, 2018)

Meanwhile the manufacturers of the hormonal pill had incorporated some of the findings of the Congress state hearings. As mentioned before, packaging now included warnings and the ratio of hormones had been improved to help decrease side effects. This along with the Dalkon Shield disaster, led to a shift back towards the hormonal pill as an option, it was considered and perceived to be much less invasive. By the early 1980s the FDA (Food and Drug Administration) reported that “10.7 million American women were now on the hormonal contraceptive pill” (A Timeline of Contraception, American Experience, PBS, n.d.) so it was clear public confidence in the pill had risen since the pill hearings of the late 1960s. New versions of low-dosage oral contraceptives were introduced. In order for their product to regain mainstream use and popularity as societies trust in such medical products had

declined, design and promotion became an integral part in the continuation of the pill. From my observation it seems that a focus on the packaging being easy to use, girly and innocent became apparent to push the message of harmlessness on the consumer. “Pill manufacturers developed unique packaging in order to distinguish their product from those of their competitors and build brand loyalty.” (Zorane Oral Contraceptives, National Museum of American History, 2020) Figure 20 below is an example of feminine related imagery on packaging – pale blue colouring, butterflies and flower motifs as shown on the Zorane oral contraceptive pill packet manufactured from 1974 onwards.



Fig. 20

Fig. 20: Zorane 1.530 Oral Contraceptive. (Zorane Oral Contraceptives, National Museum of American History, 2020)

Interestingly the manufacturers of Zorane were involved in a seizure of a large number of their products due to the fact their advertising was considered misleading

by the FDA officials as documented in *The New York Times* in the mid 1970s. (Schmeck, 1975) This shows to me that the FDA were taking information distributed on advertisements and packaging more seriously.



Fig.21 and Fig.22

Fig. 21 and 22: Examples of floral imagery used on packaging outside of America (England and Asia) (Muvs - Pille und Co, 2020)

This is just a small sample of how packaging from this era was dominated by floral pastel colours however there are hundreds of different examples in the collections curated by museums such as the *Smithsonian Museum of American History* and the *Museum of Contraception and Abortion* in America. Interestingly something that stood out to me was that some of the names of the products were not medical terms at all but actual female names such as *Jennifer 35*, *Juliette* and *Lila*. I have never noticed any other prescription drugs using such targeted language. (Muvs - Pille und Co, 2020) The idea of hyper feminine packaging continued into the 1990s before it was scaled back to be the packaging we know and use today.

In 1999, designer Martha Davis and her team at Ortho-McNeil developed a reusable exterior case called the Personal Pak. “It still had the original circular shape that Wagner created, but looked even more inconspicuous and reduced waste.” (Johnson, 2020)



Fig.23 (left) and Fig.24 (right) (Wendt and Warner, 2015)

They were designed to pass for a makeup compact as you can see from the image above (Fig. 23 and Fig.24) and were shown beside other makeup products in an advert which read “It’s discreet, it’s elegant, it’s not what you think it is.” (Johnson, 2020) Even though the hormonal pill and its packaging had come a long way, it’s interesting to me that the manufacturers were still focused on keeping the product as discreet as possible. In a perfect world there shouldn’t be a need to keep reproductive matters secret. However perhaps this design was a reflection of what was demanded at the time as women went from passive consumers of hormonal contraception in the 1960s to shaping the market in later decades.

CONCLUSION

In the book *Designing Motherhood*, Erica Chidi is quoted as saying “Design is integral to the arc of human reproduction because design can enhance, simplify, soften, and excite whatever it touches.” (Millar Fisher and Winick, citing Erica Chidi, 2021, p. 9)

Through exploring the origin of the Hormonal Pill and its packaging and promotion it is clear to me that the material culture of the pill very much reflected the non-material culture of the time. At the beginning of the hormonal pill’s commercial production its packaging and advertising had a tendency to be aimed at the wrong gender, for example the male calendar watch I mentioned in chapter one, Fig. 11. When hormonal contraception finally began being marketed for its female users, the products and imagery often appeared condescending, assuming women would care more about the pretty floral pastel packaging than the medical contents inside. I found that although the pill was born out of a feminist ideal and necessity, it has not always protected its female subjects and had their best interests at heart despite presenting that way at times through advertising. The very positive changes in the medications formula and regulation can be largely attributed to the women who demanded their rights to full disclosure from manufacturers, advertisers and medical professionals alike. All of these changes had a visible, tangible effect on the design of the product that we know today. “The packaging for the pill changed women’s lives just as much as the pill itself.” (Johnson, 2020)

From my research I feel it is very much fair to say that hormonal contraception has a history of not being properly tested, manufactured or advertised. “In a way, we do have women being treated like lab animals so that we may find a form of birth control that frees them.” said Jonathan Eig, author of *The Birth of the Pill*, in 2015. “There’s a great irony there.” (Jonathan Eig, 2015 cited in Blakemore, 2018)

While my interest in this topic stemmed from a negative personal experience my research has made me appreciate some of the positive effects hormonal contraception has had on society and more importantly women. It has had an undeniable effect on us as a species as globally it has allowed us women to have a better choice when it comes to family planning revolving around career and personal goals. While it is clear that there have been many improvements with the pill in the decades since its introduction, for example the side effects my friends and I experience as mentioned in my introduction, are far less severe than the women who took the pill of the 1960s. I still feel it is an area that demands more investigation and research in order to improve women's reproductive experience. I am hopeful for the future as ironically;

The pill has made it possible for a record number of women to go into the sciences and we are now in a better position than ever before to understand its reach and although we have only barely nicked the surface in terms of understanding the ways that the pill has changed the world one thing is clear it will never be the same for better and for worse.” (Chapman Hill, 2019, p.213)

APPENDICES

Designing motherhood interview with Loretta Ross:

Small and variously shaped, and usually made of polyethylene or copper, intrauterine devices (or IUDs) come in hormonal and nonhormonal forms. Once inserted in the uterus by a medical professional, they disrupt the process of insemination and implantation of an egg, offering a reliable and usually safe method of contraception. Their design is highly regulated because of one device in particular, the Dalkon shield.

DM- It was administered to around 2.5 million women in the United States and Puerto Rico in the early 1970s - including you, Professor Ross, and precipitated your life's work in the field of reproductive justice. It caused widespread pelvic inflammatory disease and infertility. How did the Dalkon Shield alter the course of your life?

LR- I had a Dalkon Shield implanted at Howard University Health Services (in Washington in DC) in 1973. I had unsuccessfully tried to use other contraceptives, and this was offered to me as a problem-free method. My body adapted to it very well until three years later, in 1976, when I developed acute pelvic inflammatory disease. The design flaw was the wick, the string the doctor was supposed to use to remove it. It had no other medical purpose than to serve the doctor's convenience, and it introduced bacteria into the womb through the cervix. That caused an infection that then caused me to lapse into a coma, and I underwent a total hysterectomy at the age of twenty-three. It ended my fertility prematurely. By age twenty-five I was experiencing menopausal symptoms because my ovaries had been removed in the hysterectomy. The doctor tried to persuade me to take hormone replacement therapy until my natural menopause would have occurred. I remember telling him that I wouldn't even take aspirin for forty years without fear of consequences, much less Premarin.

DM- And can I clarify – because you were in a coma when you reached the hospital you...

LR- I couldn't give permission. I wasn't able to give permission for the hysterectomy; there was no informed consent. My boyfriend at the time was in medical school, and when I passed out he called the ambulance. I did not wake up until the doctor who had performed my hysterectomy – who was the head of OB-GYN services at the George Washington University Hospital – was standing by my bedside. I remember that he and four or five other doctors standing there were congratulating themselves on the surgery they had done on me. He said 'well, it's a good thing you already had a baby, because I think I did a good job saving your life.' He was the same doctor who for six months had been misdiagnosing my symptoms. I kept coming back to him with this growing infection that he kept misdiagnosing as a venereal disease, or what we call an STD today. He didn't remove the Dalkon Shield until my fallopian tubes erupted. It was a teaching hospital, so I'm persuaded that part of the motivation for doing the hysterectomy was to do it as a demonstration for the medical students he was training.

Dm- were any of the doctors women?

LR- No.

Dm- What was your experience after that?

LR- I ended up enduring forty years of menopausal symptoms: hot flashes, weight gain. All the symptoms that women in their sixties get, I got in my twenties. It also made me a reproductive justice activist, because I had already had a full-term pregnancy due to incest, an abortion, a miscarriage, and now sterilization. So in a short, seven year period I felt like I had been through the reproductive mill. I hadn't planned on being a reproductive justice activist. The doctors sense of self-satisfaction is what caused me to launch the lawsuit against him and A.H Robins (Dalkon Shield manufacturer). I just thought that this was an injustice that was unsupportable. So those are the ways it changed my life. (Millar Fisher and Winick, 2021)

TIMELINE OF IMPORTANT EVENTS MENTIONED THROUGHOUT THESIS:

- 435 – 375 BC: First documentation of altering hormones for contraceptive purposes.
- 1950s: - Contraception still illegal in many states in America.
 - Sanger, Pincus, Rock and McCormick begin efforts to develop the first official hormonal contraceptive pill.
- 1957: G.D Searle & Co manufactory product *Envoid* “for disturbances of menstruation and pregnancy.”
- 1960: Puerto Rico trials.
 - *Envoid* officially marketed as oral contraception.
- 1961: David Wagner designs user friendly packaging but Pharmaceutical companies are reluctant to adopt it.
- 1962: at least 1.2 million women in America use hormonal birth control.
- 1963: Ortho Pharmaceuticals introduce *Dialpak* circular packaging.
 - Oral contraceptive pill mentioned in *Playboy*.
- 1964: Wagner threatens law suit.
- 1969: “The Doctors case against the pill” written by Barbara Seaman.
- 1970: Media documents Americas concerns about side effects from the pill.
 - The Dalkon Shield appears on the contraceptive market.
- 1974: China promotes use of hormonal contraceptives through propaganda.
- Late 70s – 90s: pill design and advertisement continues to be market as a feminine product and not a medical prescription drug.

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