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CHAPTER 6

Doctors, Women and the Circulation of Knowledge of Oral Contraceptives in Spain

(1960s–1970s)

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Introduction

Doctor attacked for not prescribing contraceptives. Cardedeu (Barcelona). Local medical officer, Doctor José de Pelegrí Barberán, was attacked by a woman after he refused to give her a prescription for the contraceptive pill. The victim is suffering from a fractured rib, head injuries and general contusions, caused by a stone. The doctor asked the patient to leave his surgery, but she continued to hit Mr. Pelegrí Barberán until he lost consciousness. A passing policeman arrested the woman. Doctor Pelegrí was transferred to the nearby Granollers hospital, where he explained that the woman had been his patient for about ten years, but he had never believed she had symptoms [of illness] that required the use of anovulatory drugs. He also said he would file a claim [against the woman] in court. (*ABC Seville 1975, 70*)

This short story was published in *ABC*, one of the leading Spanish daily newspapers, in 1975, during the last months of the almost four decades of Franco's dictatorship. In November of that year, the leader's death triggered the beginning of the transition to democracy in Spain. The anonymous woman who violently confronted her doctor because he had refused her a prescription for oral contraception can hardly be considered representative of Spanish women of the time. However, the story raises several issues we will discuss in this chapter: namely women's demand for the pill and the reluctance of most medical professionals to prescribe it for contraceptive purposes prior to the mid 1970s, when it was still illegal to advertise or publicly display any contraceptive methods. A law prohibiting both abortion and contraception had been established in 1941 and remained valid, with only minor alterations, until 1978 (Ortiz-Gómez and Ignaciuk 2013).

In this chapter we focus on ideas held and practices carried out regarding the pill by male and female doctors, women users and campaigners, and on the ways the new drug acted upon and problematized established doctor-patient relationships. We address these questions through the analysis of medical publications (medical journals and textbooks), women's magazines and interviews with family planning activists. We examine the contexts within which information on the pill circulated, thereby revealing the roles played by doctors and health activists in these processes, and pay attention, not only to gender models and hierarchies contained within medical discourses on hormonal drugs, but also to ideas about femininity, maternity, fertility, women's health and social expectations of and for women. With this chapter, we complete our study of the circulation of knowledge on hormonal drugs and oral contraceptives in scientific publications (Rodríguez-Ocaña, Ignaciuk and Ortiz-Gómez 2012) and in the daily press during the Francoist regime (Ortiz-Gómez and Ignaciuk 2013).

Doctors and Anovulatory Drugs in Spain (1940s–1970s)

In Spain, as in other European countries, hormonal products became used extensively following the 'boom' in research on sex hormones and sex hormonal drugs that took place in Europe and the US during the 1920s (Oudshoorn 1994, 82–111; Gaudillière 2005). Through the 1940s and 1950s, information about new discoveries in the field kept pace with developments in major European countries, with local medical journals regularly reprinting articles on hormonal therapies published in the French, German, Italian, British and American press. Spanish authors also contributed to this knowledge with their own published research. Most authors were well aware of the contraceptive potential of the new synthetic hormonal drugs for women. However, as we have already suggested, given the legal and social Spanish context of the time, this crucial action was downplayed in favour of their therapeutic effect on some endocrinal and gynaecological diseases (Rodríguez-Ocaña, Ignaciuk and Ortiz-Gómez 2012).

The circulation of knowledge about newly introduced anovulatory drugs among Spanish medical professionals in the 1960s followed a similar pattern. When Schering launched *Anovial 21* onto the Spanish market in 1964, medical journals, especially those specialising in gynaecology and obstetrics, regularly published commercial advertisements for this and similar drugs, and the Spanish medical community began to debate whether these new pharmaceuticals should be called and considered anovulatories or contraceptives. 'Anovulatories' or 'anti-ovulatories' were the names commonly given to these drugs in medical publications, especially in the 1960s and early 1970s. At the end of the 1960s, there was still no

consensus on whether ‘anovulatory drug’ was an exact synonym for ‘contraceptive pill’, mainly due to the strong influence of the Catholic Church and its opposition to contraception, an opposition echoed by the Spanish scientific community. Towards the mid 1970s, however, and for some years before and after Franco’s death, public positions within the medical community diversified: many began to see contraception as a basic human and women’s right.

Spanish Gynaecologists, Femininity and the Pill

Research in women’s history has demonstrated how, in industrial societies, women’s bodies have been configured as sites of political interest and intervention. National states under both democratic and non-democratic regimes have considered women responsible for physically and symbolically reproducing productive citizens and the nation itself. Legal methods of regulating reproduction, abortion and contraception have therefore been implemented (Mayer 1999; Osborne 1992; Bock and Thane 1996). Doctors and medical systems have contributed to these policies and ideas, not only by supporting or complying with them, but by developing new discourses and knowledge about women’s health. Although these discourses have changed over the nineteenth and twentieth centuries, they have essentially congregated along two lines: the tendency of the (middle class) female body to be sick, and motherhood as *the* female biological identity (Jago, Blanco and de Salamanca 1998; Ortiz-Gómez 1993; Sánchez 2002; Mitchell 2004).

During the twentieth century, Spanish gynaecologists, like their counterparts in other countries, came to be considered the most authoritative experts for defining the concept of ‘woman’, not only in medical terms, but also in relation to their social roles or position within the family (de Miguel and Domínguez-Alcón 1979, 9; Ortiz-Gómez 1993; Sánchez 1999). After 1939, in compliance with the ideological and political atmosphere of the time, many gynaecologists, defined woman in terms of her potential maternity, a potential understood to be her vital mission (Dexeus Font 1970, 121 quoted in de Miguel and Domínguez-Alcón 1979; Botella Llusía 1966a and other works). As well as academic publications, a number of noteworthy Spanish gynaecologists also published texts targeted at the general public, in which they preached about women and their roles in marriage, family and society. These included discussions about contraception, and always followed the official guidelines of the Catholic Church (Clavero Núñez, several editions since the 1940s, 14th edition: 1968; Botella Llusía 1966b; 1970; 1973; 1975a; 1975b; 1977). Professor José Botella Llusía, one of the most prolific of these authors and an avowed

Catholic, warned of the devastating effect that women's participation in paid employment could have on the family, perhaps even on the entire human species (Botella Llusia 1966b, 22; 1970, 16–17). A firm believer in the traditional division of roles, he anticipated serious psychological problems for any woman who rejected the established gender order and wished to participate, like men, in the world beyond the household (Botella Llusia 1975a, 26–8; 1970, 42–5). Regarding the education of women, he declared that:

[she should receive] education the aim of which is not to make her a good citizen, but rather, a good wife and mother of a family, and in case she stays single, a person useful to others. (Botella Llusia 1970, 30)

Sexuality was considered to be so closely related to procreation that Botella believed a childless woman could suffer from 'reproductive anxiety', the internal conflict being the inevitable result of denying her biological destiny (Botella Llusia 1970, 45; 1975b, 102–18). He was very careful, however, not to discuss these theories explicitly in his work targeted at the medical community where, in an attempt of scientific objectivity, Botella Llusia insisted anovulatory drugs were safe and their side effects transitory (Rodríguez-Ocaña, Ignaciuk and Ortiz-Gómez 2012).

These texts were being produced at a time when oral contraceptives were already available on the Spanish market. In Spain, as worldwide, the introduction of hormonal drugs presented doctors with both a challenge and an opportunity. In the broader context of the increasing medicalization of female reproductive health, these medicaments provided gynaecologists with a subtle, effective and relatively harmless tool, with which they could 'normalise' women's physiology (Marks 2001, 133). Anovulatory drugs could be used to treat infertility and other gynaecological problems and to prevent conception, enabling doctors to reinforce their status and increase the social and moral control they could exert over women and their families. Some doctors advocated that oral contraceptives should only be prescribed to married women (Silies 2010, 89). Others employed anovulatory drugs only as therapeutic pharmaceuticals, particularly for a variety of menstruation-related "problems" such as irregular or painful menstruation or pre-menstrual discomfort. This use was justified by the historical medical perception of the female body (especially that of a middle-class woman), whether menstruating or at other stages of the menstrual cycle, as something pathological which requires regulation and normalizing. In absence of such "symptoms of illness" they would refuse to prescribe the pill, as in our story from the daily *ABC*. Even when prescribed for a therapeutic purpose, gynaecologists did not necessarily inform their patients about the contraceptive 'side-effect'. In the 1960s, as in the US and the UK, most medical professionals found it difficult to accept the

purely contraceptive use of these pharmaceuticals, as contraception was not generally considered a part of medical competence. At the beginning of the 1960s, many Spanish doctors rejected the use of any contraceptive method. A small poll conducted in Barcelona in 1963 revealed that 24.9 per cent of doctors interviewed were not willing to accept birth control in any case, 64 per cent considered it unnecessary to provide patients with more information on contraceptive methods, and 81.1 per cent declared that their religious beliefs influenced their medical practice considerably (del Campo 1968, 231–8). In medical journals published in Spain between 1965 and 1979, contraception in general was not an issue of great interest, appearing mainly in the context of a technical and moral discussion about the pill (Rodríguez Ocaña, Ignaciuk and Ortiz-Gómez 2012).

Towards the late 1960s, the pill as a prescription-only birth control method used under constant medical supervision, had helped to convince most British, American and German doctors that family planning was a legitimate medical activity (Marks 2001, 116–17; Watkins 1998, 34; Brockmann 2009, 104). However, Spanish doctors' acceptance of the contraceptive use of anovulatory drugs, and of birth control in general, took far longer. Open opposition was a regular feature of medical journals in the late 1960s, at a time when the General Council of the Spanish Medical Association pronounced itself against any measure of birth control (*ABC* Madrid 1967). The arguments put forward against using anovulatory drugs to control fertility in these professional medical journals, were similar to those expressed by doctors and moralists who opposed the pill in other countries: these drugs were unnatural, and harmful both to the female body, and the sexual act (de Soroa Pineda 1967; Nasio 1967). Some authors emphasised the negative 'physiological' influence of these drugs on the female body (Nasio 1967) while others employed 'psychological' arguments about 'defeminisation', ovulation being considered the basis of female identity (Nasio 1970, 210; Horno Liria 1972; Polaino Lorente 1972). As a solution to these problems, those authors who accepted the practice of some kind of birth control recommended 'natural' contraceptive methods based on observation of the menstrual cycle (Horno Liria 1972; Polaino Lorente 1972).

In all countries, the introduction of anovulatory drugs obliged Catholic doctors to take a clear moral or ideological stand (Watkins 1998, 46). However, it must be remembered that the Catholic hierarchy and community, especially prior to the 1968 publication of the Encyclical *Humanae Vitae*, was not unanimous on the subject of contraceptive use (Felitti 2007). Before the publication of the Encyclical, which considered the pill and all contraceptive methods except those based on cycle observation illegitimate for Catholic

married couples, a number of Spanish doctors took part in a moral discussion about possible cases in which the use of these drugs was appropriate (Abad Martínez 1964). They made a sharp distinction between acceptable ‘indirect sterilization’ caused by the drug when the main purpose was not contraception, and unacceptable ‘direct sterilization’, when contraception was the objective. Some cases, however, such as requests to guarantee adequate, ‘natural’ spacing between births, remained contentious. A number of authors, including both avowed Catholics (de Soroa Pineda 1967; Jiménez Vargas and López García 1973) and those who did not declare their ideological standpoint (Marqués Girault 1962) were opposed to any use of anovulatory drugs for contraceptive purposes. Others, wishing to appeal to international moralists, had difficulties in opting clearly for or against the pill (Abad Martínez 1964). At the same time, liberal gynaecologists, such as José María Dexeus, questioned the necessity for doctors to state their religious positions in publications on the medical aspects of anovulatories (*Dr. Doctor. Información Profesional y Administrativa* 1967, 55). After 1968, some doctors and moralists publically questioned the Encyclical *Humanae Vitae* (mentioned by Sánchez Carazo 1998, 478) or opposed the idea of doctors imposing their own religious beliefs on patients (Carrera 1970; Cónill Serra 1974). While extremely conservative positions identifying all contraceptive methods with abortion remained visible, particularly among doctors from the University of Navarra, for the female paediatrician, Ana María Álvarez Silván, the Encyclical *Humanae Vitae* was still a valid reference, enabling both the interpretation of the concept of ‘responsible parenthood’ within the spirit of Catholicism, and the formulation of ethical arguments against the pill (Álvarez Silván 1971).

Doctor Álvarez Silván’s discourse is a rare example of a female doctor’s opinion on oral contraceptives and birth control, at a time when most Spanish doctors and gynaecologists were male. In 1960, female doctors constituted only 1.5 per cent of all Spanish doctors, a figure that had risen to 10.1 per cent by 1975 (Ortiz-Gómez et. al. 2001, 128). A number of these belonged to the Spanish Medical Women’s Association, which edited the journal *Actividades de la Asociación Española de Mujeres Médico* (henceforth *Actividades AEMM*) from 1965 to 1971 (Ortiz-Gómez 2005, 89). Even though the association only managed to attract a small number of women doctors, most of whom were well established

practitioners, its journal is a valuable source of medical women's opinions on the pill in the late 1960s and early 1970s, absent as they were from mainstream Spanish medical journals.¹

In 1968, *Actividades AEMM* published extracts of conference papers presented by two Spanish representatives at the XI Congress of Medical Women's International Association, held in Vienna. Paediatrician, Lola Vilar, the association's founder and president, tackled the topic of the pill in relation to the leading congress issue: world famine. She acknowledged the great potential of the pill, which could be 'a redemption to the sexual slavery of women' (Vilar 1968, 53) and enable women to enjoy the same rights and opportunities as men. However, turning to Botella Llusía's concept of 'reproductive anxiety', Vilar supported the claim that women undertaking professional careers and using contraception would result in disaster.

At the first and only national congress of the association in 1971, contraception and family planning was a key topic. Participants spoke openly about contraceptive methods, despite the presence of political authorities, such as the head officer of the National Public Health department (*Director General de Sanidad*, J. García Orcyoyen, professor of gynaecology at the University of Madrid) and the president of the Women's Section of the National Movement (*Sección Femenina de Falange*, Pilar Primo de Rivera). A speech on the contraceptive pill given by Professor Botella Llusía was later summarized and commented on in professional medical newspapers (*Tribuna Médica* and *Gaceta Médica Española*) and the women's magazine, *Ama*. Discussions took place about issues featured in medical journals and the daily press, such as the side effects of oral contraceptives (Álvarez Simó 1971; Álvarez Silván 1971; Gomis 1971), providing new, or at least uncommon, insights to the topic of the pill from women's perspectives. Although often referring to the Catholic Church's doctrine on family planning, these texts also echoed the arguments against the pill formulated by the feminist health movement in other countries. They criticised the commercial benefits pharmaceutical companies received from the pill (Álvarez Silván 1971, 33–4) and the coercive family planning programmes initiated in many developing countries (Meiggs 1971, 23). They also warned pill users against becoming mere sexual objects for their husbands (Álvarez Silván 1971, 33).

Prescribing the Pill: Ideal Women End Users

¹ Through our search in the Índice Médico Español database (which contains articles published in Spanish medical journals after 1964) the only article authored by a woman between 1964 and 1979 was by Christine Imle (1970), 'Motivaciones contra el Uso de los Anovulatorios', *Folia Clínica Internacional* 20, 251–71 and 318–32 and is a publication derived from her PhD thesis, in which she discusses contraceptive preferences of female patients at the University Gynaecological Clinic in Würzburg with special focus on the pill.

As with other medical drugs, prescription of the pill was at the doctor's discretion. To justify prescription, doctors could take both medical and social indications into consideration. In the 1960s and early 1970s there was a debate within medical literature on 'legitimate' indications for the prescription of anovulatory drugs. Opinions within this debate were heavily dependent on whether the author believed products such as *Anovial 21* should be used as 'anovulatory' or 'contraceptive' drugs (Rodríguez-Ocaña, Ignaciuk and Ortiz-Gómez 2012). Having reviewed medical articles and books published in Spain between 1965 and 1979, we have found that indications felt to justify the prescription of these drugs fell into three categories: those relating to the female reproductive system; those relating to general health; and those taking social or personal motivations into account.

Most doctors approved the use of anovulatory drugs to treat irregularities of the menstrual cycle and other problems relating to the female reproductive system, such as 'menstrual alterations, endometriosis, [or] dysmenorrhea' (Caballero Gordo 1970, 341; Rodríguez-Ocaña, Ignaciuk and Ortiz-Gómez 2012). The general health indicator implied a recognition of the contraceptive effect, as the drugs were often employed to prevent pregnancy 'after delivery, during breastfeeding or periodic irregularities when there is a high risk of pregnancy' (Novo 1969, 49) in women for whom a pre-existing illness or condition, such as varicose veins or heart disease (Morales Rodriguez and Trujillo Ramirez 1979) could be aggravated by a new pregnancy. These two indicator groups, the first in particular, could be accepted by doctors who, following the official position of the Catholic Church hierarchy on oral contraceptives, only approved of their employment if the main goal was not to impede conception or, in other words, if they produced 'indirect sterilization' (Abad Martínez 1964). As for 'general health', in some gynaecological circles it was a wide enough concept to always justify prescription of hormonal contraceptives, such as at the outpatient family planning clinics created in the first half of the 1970s in some public hospitals, in cities such as Bilbao (Usandizaga and López Valverde 1978), Barcelona (Cónill Serra 1974; González Merlo 1979), Madrid (Fernández Penela 2010), Santa Cruz de Tenerife (Morales Rodriguez and Trujillo Ramirez 1979), Granada (Salvatierra, et. al. 1978; Jiménez 2010) or Seville (de los Reyes 2009). As the gynaecologists at these clinics would admit following the legalisation of contraception, they included the third indication, the social and personal situation of the patient, within the general health label and therefore prescribed the pill to any healthy woman who requested it. These practices appear to have been at least partially clandestine before 1975, as so far we have only found one article openly recommending oral contraceptives for social reasons.

This article, published in 1974 in a medical journal based in Seville, was by Enrique Solano Berral, a public health paediatrician who defended pill prescription to young women, single women and those with many children and little spacing between them, and to those facing economic difficulties or whose husbands had abandoned them (Solano Berral 1974, 741).

Gynaecologists were well aware of women's interest in the pill, with patients openly requesting information on oral contraceptives. In a 1958-1959 academic course inaugural speech before the members of the Spanish Gynecological Society, Professor Botella Llusía officially introduced the ovulation-inhibiting potential of gestagens to Spanish scholars. Using a metaphor of a "contraceptive bomb", Botella claimed the pill potentially as dangerous to the human race as the atomic bomb, but also referred to its therapeutic properties, especially in treating infertility. He concluded the speech by recommending doctors to inform themselves well about anovulatory drugs, as they would no doubt be facing 'female patients' questions' on the matter (Botella Llusía 1959, 11; Rodríguez-Ocaña, Ignaciuk and Ortiz-Gómez 2012). This argument, extended to contraception in general, was also used by Professor Vicente Salvatierra in the 1973 edition of his textbook for medical students in Granada. In a chapter dedicated to 'Sexual problems and birth control,' he claimed that:

Knowledge about [contraceptive methods] is useful, because in this course [gynaecology] we study the facts. The fact is that part of the population uses different methods, although there is a law which prohibits talking about them. So it is absurd for a doctor not to know them, and what to do in case of having to deal with their side effects. (Salvatierra 1973, 307)

Many doctors, regardless of their ethical stance, reported being asked by their patients about the pill. Gynaecologist, José Carrera, in a chapter on contraception in the 1970 gynaecology textbook edited by Santiago Dexeus Font, declared that doctors were obliged to provide information about contraception whenever there was demand, regardless of their personal opinion on the issue. The same idea had been expressed by Doctor A. Novo the previous year:

The therapeutic aspect [on ovulation inhibitors] is beyond any doubt; however, the harsh problem still remains: which is its contraceptive use. We would like to escape from it, but we cannot avoid the fact that women ask for our advice, understanding, indulgence or complicity. Moral problems are individual, but

we need to have some general, but flexible norms that can be adopted in every case. (Novo 1969, 49)

On the other hand, the religious or conservative argument was that such demands should be resisted and rejected by physicians, as in advice given to Opus Dei (an ultra-conservative catholic organisation founded in Spain in 1928) gynaecologists and GPs:

For some years now, all doctors face the problem of contraceptives daily. They [women] blatantly ask for prescriptions as if it was something they had the right to claim. At times, they ask indirectly, with some kind of excuse or pretence. He [the doctor] has to know how to say no. (Jiménez Vargas and López García 1973, 503)

Rather than merely rhetorical justification for doctors to legitimize and provide contraceptive drugs, the fact that doctors from all ideological points of view reported patients' demand for oral contraceptives can be considered proof this demand existed. It also indicates a shift in the doctor-female patient relationship. The fact that women were explicitly requesting a particular drug from their doctors is unusual in the history of the patient-doctor relationship (Watkins 1998, 39, 50; Marks 2001, 123). As Elizabeth Watkins has pointed out, the pill not only empowered doctors, it also empowered women as patients (Watkins 1998, 52). In Spain, during the 1960s and early 1970s, circulation of the pill helped reinforce the doctor's technical and gender power position, within an openly asymmetrical doctor-women relationship. Women, as users of the pill and other contraceptive methods, began to challenge this relationship from the mid 1970s onwards. During the Spanish transition to democracy, social and political changes initiated new spaces and new working styles, including family planning clinics run by gynaecologists within the state health system and private feminist family planning centres. At the same time as these new situations eased encounters between doctors and women seeking oral contraceptives, other contraceptive methods were starting to become part of gynaecological and general practice.

Women and the Pill

Access to Oral Contraceptives and Their Users

In spite of legal and ideological difficulties, the pill was available and used by Spanish women almost fifteen years before its decriminalisation. Although use of the pill in Spain was considerably lower than in other European countries such as Britain, Germany or France, between 1964 and 1978 there was a steady rise in the sale of oral contraceptives (Ortiz-Gómez and Ignaciuk 2013). As in other European countries,

the main channel through which the pill circulated among Spanish women was likely to have been medical prescriptions by gynaecologists and GPs (Marks 2001, 122; Silies 2010, 197). As we have discussed, prescription of oral contraception was legal where there were therapeutic indications. There probably also existed a degree of illegal circulation, and some women, especially unmarried ones, would certainly obtain the pill from friends who had travelled abroad (de Miguel and Domínguez-Alcón 1979, 143; Hernández 2010). Eva-Marie Silies has confirmed illegal circulation of oral contraceptives in West Germany, despite a lack of legal obstacles to the prescription or sale of these drugs. This was instead the result of the relatively high price of the pill and, during its early days, difficulties some unmarried women found when attempting to gain access to prescriptions (Silies 2010, 89–90). As already discussed, after the mid 1970s in Spain, women could obtain contraceptives through the family planning clinics run by feminist activists and political parties. These received occasional support from the International Planned Parenthood Federation (Europe Region) and other foreign family planning groups, who provided sample boxes of oral contraceptives and other birth control methods, such as diaphragms, spermicides, condoms, cervical caps and IUDs (Jones 2010).

There is no data available for the period under study on exactly who pill users in Spain were. We suspect that, as in the West German case (Silies 2010, 113) young, urban, educated and probably also married women had easier access to oral contraceptives, having more opportunities to find a doctor willing to prescribe them (Jones and Toss 1987, 40). According to the sociologist, Amando de Miguel, these women could not only access prescriptions more easily, but also arrange an abortion abroad in cases of contraceptive failure. By contrast, lower class women were forced to use ‘more primitive’ and less secure methods (de Miguel 1973, 43). Literacy was also a key issue: information on the pill was circulated in the daily press and women’s magazines but, in the 1960s especially, many rural women were illiterate and had no access to printed information. However, according to interviews we have conducted with feminist family activists and women doctors involved in the first family planning clinics, women from working-class neighbourhoods of large Spanish cities began to seek information on contraceptive methods and family planning services more actively during the second half of the 1970s (Jaime 2009; Galindo 2010).

Discourses on the Pill in Women’s and Feminist Publications

Despite the difficulties discussed above, we can assume that, in general, women were aware of the existence of the pill. In Germany, where contraception was legal without restriction in 1965, four years after the

introduction of *Anovlar*, 80 per cent of women knew of its existence. By the following year, almost all German women and men had some knowledge about oral contraceptives (Silies 2010, 94). In Spain, opinion polls conducted in the years 1970 and 1972 found the pill to be the best known contraceptive method among Spanish women and young people (Díez Nicolás 1973; Sánchez Carazo 1998, 251). In spite of its legal prohibition, and the apparent reluctance of many gynaecologists to share their knowledge with patients, there was a definite circulation of information about the pill among Spanish women, which potentially constituted the site of a clash between state-proposed models of femininity and women's individual interests in controlling their own fertility.

As has been suggested for other countries, Spanish women learnt about the pill from friends and trusted doctors, as well as from the mass media, (Sieg 1996, 139; Silies 2010, 99; Watkins 1998, 50). In the 1970s especially, there was considerable coverage in daily newspapers such as *ABC* and *La Vanguardia*, focusing mainly on the side effects of the drugs (Ortiz-Gómez and Ignaciuk 2013). Nevertheless, the information published was rather scattered and inconclusive, and Spanish doctors, like their German counterparts (Silies 2010, 208), often complained in professional journals about the low quality of information published in the daily press, and the fact that many news articles were overly sensational and unbalanced. During the 1960s and up until the mid 1970s, the last period of dictatorship, women's magazines played an important role in promoting the regime-supported ideal of femininity to Spanish women. The 1960s are considered a decade of successful development for these kinds of magazine, such as *Ama* or the Opus-Dei managed *Telva* (Sánchez Hernández 2009, 221). Following Franco's death in 1975, a new kind of women's magazine began to be published, such as *Dunia* which, although being a mainstream magazine, included frequent feminist approaches and proposals. The first exclusively feminist magazines were also founded at this time, the longest-published being *Vindicación Feminista*, established by the feminist activist and lawyer, Lidia Falcón, and printed in Barcelona between 1976 and 1979 (Larumbe 2009).

On the pages of the regime-oriented magazine *Ama*, the subtitle of which was 'a magazine for Spanish housewives', the pill became an explicit issue around 1968, with expectations and comments about the publication of the Encyclical *Humanae Vitae* (*Ama. Revista de las Amas de Casa Españolas* [henceforth *Ama*] 1968, 24–6). The first opinions about oral contraceptives had been published two years earlier, in the regular section of alleged readers' correspondence, with answers and comments by a member of *Ama*'s

editorial board, Carmen del Cid. Both the letters' authors and the journalist responsible for replying were opposed to the pill and all other forms of contraception, which were presented as immoral tools used to prevent the large families glorified by *Ama* (del Cid 1966a, 159; del Cid 1966b, 163; del Cid 1966c, 163). Even though the few publications on oral contraceptives published in this magazine before 1970 were highly critical of any contraceptive method, the presence of the pill in the section of readers' letters indicates social awareness of the existence of the drug and its contraceptive properties.

In 1970, *Ama* asked its young male and female readers to send the editors their opinions on various issues, such as love, friendship, freedom, divorce, homosexuality, God, and the role of priests. One of these issues was 'contraceptive procedures'. Opinions were published in several later issues of the magazine, and over half of those quoted were, surprisingly, in favour of contraceptives, with comments such as 'the best method to avoid [having] children, not a crime' (*Ama* 1970a, 38–9), or 'necessary' (*Ama* 1970b, 86–7) and something that 'should be authorized as they help to solve many poor families' problems' (*Ama* 1970c, 93). In the second half of the 1970s, during the democratic transition, *Ama* became more explicitly involved in the social debate around the legalization of contraceptives. In 1977 it published the president of the Spanish Women Lawyers' Association (*Asociación Española de Mujeres Juristas*) María Telo's, opinion on abortion and contraception. Telo considered the legalization of contraception and the provision of family planning services by the state necessary to reduce the number of insecure clandestine abortions performed in Spain (Telo Núñez 1977). The magazine stated clearly that this was a personal opinion not shared by the editorial board. However, the fact that it was printed culminated this transition of the discourse on contraception and the pill in *Ama*. In 1978, the magazine reported the imminent legalization of contraception (Calderón 1978) and printed an article on contraception in which a doctor endorses the pill as a safe contraceptive method if used under medical supervision (Monedero 1978)

During the democratic transition women's magazines such as *Dunia* and the feminist newspaper *Vindicación Feminista* discussed the pill to varying degrees. However, contrary to medical journals, where the pill was clearly the protagonist, in these magazines the oral contraceptive issue was raised within a broader context of the ongoing fight for women's rights, the legalisation of abortion and discussions surrounding new models of female sexuality.

Launched in 1976, shortly after Franco's death, *Dunia* was subtitled 'an intelligent magazine for a woman'. Before their official decriminalization, *Dunia* published several articles and reports on

contraceptive methods and the history, use and effects of the pill (*Dunia. Revista Inteligente para la Mujer* [henceforth *Dunia*] 1978a; 1978b; 1978c; 1978d; 1978e; 1978f). All of the mentioned articles plus others published in 1979, assigned sections of the magazine to medicine and health, in which oral contraceptives were discussed in a pragmatic way, with the side effects mentioned but not exaggerated. Doctors, especially gynaecologists, were quoted and portrayed as the main experts on the subject. The pill was depicted as a well-known and well-used drug, and the publications aimed to correct mistaken beliefs and stereotypes related to it, instead of advocating for the legalization and increased availability of oral contraceptives. It could be assumed that the use of contraceptive drugs was so extensive, that the magazine preferred to focus on more urgent issues and claim reforms on abortion or family law (*Dunia* 1977, 76–7) rather than debate the legal status of contraceptives.

While in the general press and women's magazines the role of doctors remained indisputable, the longest published feminist magazine during the Spanish democratic transition, *Vindicación Feminista*, provided during three intense years (1976–1979) an alternative source of information produced by women and for women (Larumbe 2009).

Vindicación Feminista dedicated little space to oral contraceptives as an autonomous topic. As in *Dunia*, the feminist battle to legalize abortion seems to have been far more important to editors and contributors than the decriminalization of contraceptives. Similarly to *Dunia*, oral contraceptives were discussed in *Vindicación Feminista*, only in the broader context of family planning in Spain. Journalist, Soledad Balaguer, in a report published in 1977, argued that the pill was used extensively in Spain despite negative media coverage of its side effects. She also emphasised that women were more likely to obtain prescriptions for the pill in private surgeries, where doctors were less opposed to the idea than those employed in the state health service (Balaguer 1977, 41). Women, especially unmarried ones, would visit pill-prescribing doctors whose names they had obtained through informal networks (Hernández, 2010). These doctors' motivations to prescribe the pill probably combined a commercial orientation with a practice less subject to external control and personal convictions in favor of women's and couple's right to family planning.

The idea that contraceptives, including the pill, could enable women to take control of their reproduction was described in the same issue of *Vindicación Feminista*, a concept championed by Spanish family planning activists (Jaime 2009), and raised in other countries, such as Germany (Sichtermann 1996).

The magazine also pointed out that women's choice of contraception was limited to the pill, due to the unavailability of other contraceptives in Spain, even if counter indications or side effects meant it was not the most suitable method (Oranich 1977, 45).

Other *Vindicación Feminista* articles published in 1977 focused on class and geographical inequalities in access to contraception in general, and for the pill in particular, with rural working class women reportedly being under the greatest influence of the Catholic Church, further complicating their access (Fagoaga, Vigil and Saavedra 1977, 36; Begoña 1977, 66). While in Spain the main axes that differentiated women's access to prescription of the pill were class and urban or rural residence, in West German feminist discourse on the issue of class inequalities in access to oral contraceptives, the focus was the high price of the pill and the benefits this generated for Schering AG and other pharmaceutical companies (Silies 2010, 385–9). In Spain during the second half of the 1970s, however, pharmaceutical companies often collaborated with young doctors in the early family planning clinics, sponsoring their participation in family planning meetings and conferences (Jiménez 2010; Villatoro 2010; Jaime 2009) and even providing oral contraceptive samples. While their goal was indisputably to increase the sales and circulation of their products, pharmaceutical companies played an important role in the proliferation of oral contraceptive knowledge throughout Spain (Sánchez Carazo 1998, 479–80).

In 1978, Leonor Taboada, an Argentinean feminist health activist who had resided in Spain since the mid 1970s, published a self-help health manual for women (Taboada 1978a), ideologically close to the American *Our Bodies, Ourselves* and the West German *Frauenbuch*. In this book, and an article in *Vindicación Feminista*, Taboada echoed the feminist critiques of the pill that originated in the women's health movements of other countries. Both US feminists such as Barbara Seaman and German groups such as *Brot und Rosen* focused on the pill's side-effects and criticised doctors for not providing enough information on the potential risks and counter indications for women taking these drugs (Seaman 1995[1969]; Silies 2010, 385–9). In *Vindicación Feminista*, Leonor Taboada condemned the fact that 'women are made to swallow contraceptives with dangerous side effects', citing this as one of numerous demonstrations of the excessive medicalisation of the female body (Taboada 1978b, 38).

During the second half of the 1970s there was a considerable increase in the number of female students entering medicine and gynaecology in Spain. Some of these would later become involved in the new field of family planning and collaborate in the already mentioned outpatient clinics in some hospitals

(de los Reyes 2009; Villatoro 2010; Jiménez 2010), or in the feminist family planning movement. The feminist family planning clinics were sites where doctors collaborated with health activists, formulating new ideas about the doctor-patient relationship which echoed those of the international women's health movement. They called for better communication between doctors and patients in a dynamic based on equality, in which women were considered not sick and passive patients but active participants, executing their newly recognized right to information about contraception and sexuality (Arnedo 1978; Ortiz-Gómez, et. al. 2011). This attitude became a model for medical practice in all Spanish family planning clinics developed in the 1980s, as well as the new primary health care model that was beginning to be implemented (Fajardo 2007).

Conclusions

During the 1960s and 1970s, Spanish doctors and their female patients shared a substantial interest in oral contraceptives. Their motivations, however, were quite different. While doctors focused on technical aspects of the pill, such as physiological mechanisms, therapeutic indications and side effects, women approached it as the most readily available method of avoiding an unwanted pregnancy.

The prohibition of the sale, advertisement and public exposition of contraceptive methods in Spain that lasted until 1978, accompanied by pro-natalist policies and the strong support of the Catholic Church, did not entirely prevent the circulation of knowledge about the pill among experts and the public. Discussions in the pages of medical journals reflect a broad range of positions regarding the pill, from complete opposition, through limited acceptance, to total approval. Although legal, social, political and religious factors contributed to the privileged position of conservative discourses, the political change triggered by the democratic transition following Franco's death in 1975, together with the increased presence of women within medicine and gynaecology, and the establishment and expansion of family planning clinics, all contributed to making favourable opinions of the pill visible. The introduction and prescription of anovulatory and contraceptive drugs was probably a source of internal conflict for many Spanish practitioners who, in order to decide whether and to whom to prescribe the pill, had to balance their religious beliefs and personal convictions, and the legal prohibition of providing oral contraceptives, against increasing patient demand.

Before the mid 1970s, women's access to the pill in Spain was considerably more difficult than in many other countries, but not impossible. While few women would be as determined to obtain a prescription

as the patient of Dr Pelegrí Barberán described at the beginning of this chapter, their demand for the drug was an example of their increasing empowerment within society, and a doctor-patient relationship which was beginning to be challenged.

Access to the pill and to information about it initially varied considerably between urban and rural women. Married, urban, young and educated women certainly had much easier access to the pill in the late 1960s, but in the following decade, especially after Franco's death, knowledge of contraceptives in general, and the pill in particular, circulated freely among rural and working class women. As well as receiving information directly from sympathetic doctors, women could learn about the pill from the popular press and, in the 1970s, from family planning services. While knowledge of the pill circulated in a similar way as it did in the US and in other European countries, a particularity of the Spanish situation was the lack of a strong feminist opposition to the pill and the pharmaceutical industry. Despite feminists criticising doctors' control of access to oral contraceptives, they did not elaborate as harsh a critique of the medical profession as their late 1960s American and German counterparts. This lack of explicit criticism of pharmaceutical companies, which was viewed as crucial by US and German feminists, only appeared in the discourse of Catholic women doctors, to a limited extent, in the early 1970s.

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