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‘CLUELESS ABOUT CONTRACEPTION’: THE
INTRODUCTION AND CIRCULATION OF THE
CONTRACEPTIVE PILL IN STATE-SOCIALIST POLAND
(1960S–1970S)

AGATA IGNACIUK

Department of the History of Science and
Institute for Women’s Studies, University of Granada, ES

SUMMARY

*THE INTRODUCTION AND CIRCULATION OF THE CONTRACEPTIVE PILL
IN STATE-SOCIALIST POLAND (1960S–1970S)*

This paper discusses the introduction of the pill into the state-socialist Polish market in the late 1960s and its circulation over the following decade. Abortion, legalised for socio-economic reasons in 1956, had been available practically on demand since 1959, and there were no legal obstacles to contraception. The pill first appeared in Poland in the early 1960s, but was not widely available in pharmacies until 1969, when the local pharmaceutical industry began production. Throughout the 1970s, only two brands were widely available: Femigen and Angravid. The pill played a marginal role in family planning during the 1960s and 1970s in Poland, with cycle-observation, backed by the possibility of a legal abortion, being the main resource for birth control. This was due to structural limits to the distribution of the pill on a centrally-planned market closed to Western pharmaceutical companies, cultural patterns of sexual behaviour, and the availability of abortion.

Key words: History of state-socialist Poland - History of contraception - Drug history - Oral contraceptives

Introduction

In December 1977, a popular Polish magazine for women, *Zwierciadło*, published an article entitled ‘Clueless about contraception’¹. The article discussed possible reasons why Polish women did not tend to use effective contraceptive methods, such as the contraceptive pill. Women, the article claimed, were more likely to abort an unwanted pregnancy than prevent it. The article’s author, Beata Dzięgielewska, interviewed a young Polish woman about to have her fourth medical abortion. The woman apparently chose to repeatedly abort pregnancies resulting from the failure of the contraception she used: withdrawal and the rhythm method. The only effective contraception this woman had tried was the pill – in this case the Polish brand, Femigen – but she had to stop taking it after a few years because of liver problems allegedly caused by the drug. Dzięgielewska also interviewed gynaecologists involved in family planning provision in state-socialist Poland. One of these was Regina Jędryka, a member of the board of the Polish Society for Family Planning, a state-sponsored organisation responsible for propaganda and provision of birth control. Jędryka, also in charge of the Society’s flagship clinic in Warsaw, commented on the situation:

If contraception is to be taken seriously, if it really should protect women from harmful abortions, we should have more contraceptive methods available. We cannot confine women and doctors to one or two brands per method, there should be more to choose from, because our bodies are different. Foreign countries produce large variety of brands, why don’t we import them? Why don’t we produce them ourselves? The main problem seems to be the lack of foreign currencies, but not that alone.

Dr Jędryka’s opinion neatly summarises the limitations to the circulation of contraception in general, and the pill in particular, in state-socialist Poland. In a country where cycle-observation-based

contraception, backed by the possibility of a legal abortion, was the main birth control resource, oral contraceptives had played only a marginal role in the regulation of family size.

The aim of this paper is to discuss the circumstances surrounding the introduction of the pill onto the state-socialist Polish market in the late 1960s and problems relating to its circulation over the following decade. A closer look at the distribution of the pill in the 1960s and 1970s exemplifies the complexities of the intertwined drug and reproductive policies of a non-democratic (in this case state-socialist) regime. My sources include institutional documents from the Polish national pharmaceutical industry, the Ministry of Health, and the Polish Supreme Chamber of Control; articles from specialised Polish journals for family planning, gynaecology, and pharmacotherapy; birth control manuals; magazines for women; and the daily press.

Since the end of the 1990s, there has been increasing academic interest in the history of oral contraception, mainly among British, US and German scholars². More recently, attention has been paid to historical developments related to the pill in non-democratic countries, where the circulation of this drug was considerably limited due to cultural and structural impediments³. This was the case for the majority of state-socialist countries of Central and Eastern Europe, including Poland. Almost no accounts exist from a perspective of the social and cultural history of medicine, of contraception in general, and oral contraceptives in particular, in state-socialist regimes. The only insights into the history of oral contraception in the region have been provided by demography-oriented scholarship from the 1970s and 1980s on reproduction and fertility⁴. In this sense, this article aims to contribute to a better understanding, not only of the social history of drugs and health in state-socialist Poland, but also of the history of drug policies in state-socialist countries in general.

Abortion and contraception in state-socialist Poland: the legal and social context

While abortion was illegal in most Western countries during the second half of the 1950s, with many also having legal restrictions on the distribution of contraceptives⁵, state-socialist countries in Central and Eastern Europe started to legalise medical abortion for socio-economic reasons. It was first decriminalised by the Soviet Union, the leader of the bloc, in 1955, and other countries soon followed suit⁶.

Abortion for socio-economic concerns was first legalised in Poland in 1956. According to the Law on the Admissibility of Abortion, a woman could have her pregnancy interrupted for health reasons or because of 'difficult life circumstances'⁷. The abortion could be performed at a public hospital free of charge or in a private clinic for a fee. The law was implemented in May 1956⁸, and for the first few years posed interpretative difficulties for both doctors and the political authorities. According to the first Executive Order to the Law on the Admissibility of Abortion, a woman who wanted to have an abortion for socio-economic reasons had to defend her claim to the doctor, who was legally obliged to investigate whether such socio-economic indications actually existed. Only in 1958 did the Ministry of Health publish guidelines encouraging doctors to interpret the law liberally. The following year, the Ministry released a second Executive Order, whereby abortion for socio-economic reasons was to be performed following a woman's written declaration, without the need for a doctor's validation⁹.

While contraception was not mentioned in either the text of the 1956 law or its first Executive Order, the Polish Ministry of Health did make some efforts to promote contraception through legal means over the following years. In April 1957, the Ministry of Health released a Decree about the sale of contraceptives in public clinics and hospitals¹⁰. While no systematic action to promote birth control was

taken at state level, the Ministry of Health supported the creation of the Society for Conscious Motherhood (Towarzystwo Świadomego Macierzyństwa, henceforth SCM) in November 1957. The main aim of this organisation was to reduce the number of on-demand abortions through contraceptive propaganda¹¹. Established by a group of doctors, journalists and lawyers in Warsaw, the Society presented itself as successor to the interwar tradition of birth control propaganda and counselling in Poland¹². Immediately after its foundation, SCM began to open branches in most large Polish cities and run its own family planning clinics. It also provided contraception counselling and sold barrier methods via mail. By 1959, the Society for Conscious Motherhood had over eighteen branches throughout Poland. In the same year, a second Executive Order on abortion was issued, obliging any doctor authorising a woman's abortion to discuss contraceptives:

... teach the woman about available methods for avoiding an unwanted pregnancy and issue a prescription for an appropriate contraceptive method... to inform her about the necessity to visit a 'women's or conscious motherhood clinic', and also to give her informative booklets about birth control methods¹³.

In 1961, the Society set up Securitas, the first and only company that produced spermicides in state-socialist Poland. In the initial stages, the Society's birth control propaganda and counselling was partially sponsored by the state, and it was practically the country's only institution dealing with the issue of birth control throughout the following decade. Its propaganda activities consisted of publishing books and brochures, making films, sponsoring articles in women's magazines and even holding a regular radio programme about birth control¹⁴. However, in the 1970s the Society gradually started to lose public funding. The state's decreasing financial support of the society was probably due to the preoccupation of the Polish Worker's Party (the leading political party of state-socialist Poland) with popula-

tion growth. Following a baby boom immediately after the Second World War, the birth rate in Poland dropped considerably in the late 1950s and only began to increase again in the 1970s¹⁵. The Polish socialist state then decided to replace its hitherto pro-birth control policy with a moderate pro-natalist one¹⁶. This had serious consequences for the functioning and budget of the Society for Conscious Motherhood, its propaganda activity being particularly affected due to permanent shortages in its allocation of printing paper¹⁷. The SCM started to undergo changes in the 1970s, encompassing new fields of activity more in line with the new state policy. In 1965, the Society set up a Centre for Contemporary Family Studies (Ośrodek Badań nad Współczesną Rodziną) and in 1971, changed its name to Society for Family Planning (Towarzystwo Planowania Rodziny, henceforth SFP) and started to prioritise wide-ranging family counselling over family planning¹⁸. Consequently, in the 1970s, the Society's birth control propaganda and counselling activities decreased considerably, not without dissent from some of its members, such as Michalina Wisłocka, one of the country's most well-known gynaecologists and sexologists among the general public¹⁹.

During the late 1950s and 1960s, the main contraceptive methods available in Poland were spermicides, diaphragms and condoms. The first two were produced by SCM's associated company, Securitas, and were heavily recommended in the Society's clinics²⁰. Advertisements for spermicides, such as Globulki Z, also appeared frequently on the pages of women's magazines, especially the most popular one, *Przyjaciółka*. The local rubber industry also produced condoms. However, even though a variety of barrier methods and spermicides was available in pharmacies and condoms were also sold at kiosks, the quality of all these methods was criticised as disappointing throughout the following decades²¹. So unacceptable was this quality that in an article published in 1975 in the journal *Problemy Rodziny* (henceforth PR), edited by the SCM, it was stated

that Globulki Z and domestically-produced barrier methods should only be recommended for prescription by veterinarians²². In this context, oral contraceptives could offer an effective alternative birth control method. However, as proper drugs, their introduction and circulation was far more complex than that of barrier methods and spermicides.

The pharmaceutical industry and drug market in state-socialist Poland

The Polish pharmaceutical industry, along with other sectors of the economy, began to be nationalised and centrally managed after the Second World War. In particular, separate centralised entities were established to co-ordinate drug production, distribution and research. In regard to production, Polish drug factories had already begun to be centrally co-ordinated by 1946. The industry was nationalised in 1950 and in 1961, its central managing agency was restructured, unified and renamed the Pharmaceutical Union (Zjednoczenie Przemysłu Farmaceutycznego) 'Polfa'²³. As part of the five-year-plan between 1950 and 1955, drug factories were intended to specialise in the production of particular kinds of drugs. The most important factory for the purpose of this article was the Pharmaceutical Industrial Plant 'Polfa' in Jelenia Góra (Jeleniogórskie Zakłady Przemysłu Farmaceutycznego 'Polfa' henceforth PIPJG 'Polfa') located in the South-West of Poland, a part of the country that belonged to Germany during the interwar period. This factory was assigned production of vitamins, psychotropic drugs and hormones²⁴.

Having been manufactured in specialised factories controlled by Polfa, pharmaceutical products were then distributed by the National Drug Distributing Agency (Centrala Farmaceutyczna) CEFARM, first established in 1945²⁵. Polfa and CEFARM worked closely together and even published an official journal on drugs and drug therapies *Biuletyn Informacyjny Polfa i CEFARM* (renamed *Terapia i Leki* in 1973). However, this collaboration was not always suc-

cessful. Sources from the Polish Supreme Chamber of Control, an institution responsible for periodic visitation and control of state and state-sponsored institutions, indicate an important lack of co-ordination between the manufacturer and the distributing agency, which resulted in frequent drug shortages in pharmacies²⁶.

Pharmaceutical research was assigned to the state Institute of Drugs (Instytut Leków), established in 1951²⁷. This institution was responsible for quality control of drugs and drug trials at different stages of production, and the introduction of pharmaceutical products.

An important peculiarity of the Polish drug market – as was the case in other state-socialist countries – was that it relied principally on domestic drug production. This was due to Poland's drug policy, throughout the state-socialist period, being based on the principle of self-sufficiency²⁸. Economic self-sufficiency was forced upon the drug market, as well as many others, by the permanent shortage of foreign currencies in the Polish socialist state. In 1965, about ninety-five per cent of Polish drug demand was met by domestic production²⁹, and throughout the 1960s and 1970s, the local drug market was practically closed to foreign pharmaceutical companies³⁰. Official drug importation from Western countries was designed according to priorities set by the Ministry of Health, and confined to some drug groups, especially psychotropic³¹ and anti-tuberculosis³² drugs, the importation of which – almost always in small quantities – was determined by the availability of foreign currencies. Official importation did occur on a larger scale from other Eastern Bloc countries, such as the German Democratic Republic. Non-priority foreign drugs, imported in small quantities, were authorised for distribution by special foreign-drug pharmacies, where they were sold for US dollars, but were available to only select groups of consumers. In order to provide the market with alternatives to foreign drugs and avoid patent restrictions, the Institute of Drugs collaborated with Polfa in studying foreign-drug formulas to produce cheap local sub-

stitutes. In this sense, rather than elaborating new drug formulas, the Polish pharmaceutical industry concentrated on imitating and reproducing foreign (especially Western) pharmaceutical products³³. The production of drugs, however, was often hindered by the lack of raw materials, packaging and efficient production technology³⁴. The situation in the drug market was similar to that of other sectors in a centrally-planned economy, where shortages of basic consumer goods were common.

The introduction and production of the pill in Poland

Despite the possible obstacles to the dissemination of knowledge about the pill in a Cold War context, Polish gynaecologists interested in family planning were well aware of the introduction and expansion of this drug onto international markets, following its commercialisation in the United States in 1960. Jan Lesiński, director of the Clinic of Gynaecology and Obstetrics at the Mother and Child Institute in Warsaw and one of the founding members of SCM, had already started to experiment with combinations of oestrogen and progesterone following 'the American model' by 1959³⁵. In the early 1960s, this well-known gynaecologist conducted trials with a variety of foreign pill brands, including Enovid, Ortho-Novum, Etalontin, Anovlar and Lyndiol³⁶. Although initially sceptical about oral contraception, Lesiński was soon defending their safety and efficacy³⁷. Other Polish gynaecologists and endocrinologists followed and by 1969, at least 12 other trials of different Western contraceptive pills had been conducted in Poland³⁸. Some were designed to study the contraceptive properties of these drugs, while others were concerned with gynaecological therapy. The additional purpose of this testing was probably to determine which product should serve as a model for the preparation of a domestically-produced 'imitative' contraceptive pill, or to indicate to the Ministry of Health which brand was worthy of official importation. The distribution of these drugs, however, was

very limited at this stage, as they were only dispensed in selected out-patient gynaecological clinics in a few large Polish cities, particularly in Warsaw and Łódź. SCM family planning clinics probably continued to offer their clients the recommended diaphragm-and-spermicide combination, with the exception of the Regional Conscious Motherhood Clinic in Gdańsk, which offered its patients Anovlar 21, a pill manufactured by the pharmaceutical company Schering AG in Berlin, and a best-seller in Western Europe. The clinic is likely to have received its supply directly from the West German manufacturer as free samples³⁹. Irena Łukasik, responsible for these just under one-year trials, concluded that Anovlar 21 was 'one hundred per cent effective, totally innocuous, easy to use and suitable for generalised use under medical control and when side effects are treated individually'⁴⁰. In some cases, gynaecological and family planning clinics also received free samples of oral contraceptives through the Institute of Drugs, who received them directly from foreign pharmaceutical companies such as Schering or Dutch Organon for testing purposes⁴¹. Circulation of the pill in Poland increased in 1967, when the Ministry of Health started to import Lyndiol, a best-selling pill from the Dutch pharmaceutical company, Organon⁴². In 1967, about 32,500 boxes of this pill brand were reportedly delivered to foreign drug pharmacies, where the product could be obtained by payment in US dollars. While the importation of Lyndiol continued, and was occasionally supplemented with Stediril from the US company, Wyeth⁴³, at this stage the availability of this contraceptive method was still confined to women who could purchase it with US dollars in foreign drug pharmacies. This changed a year later, in spring 1968, when distribution to regular pharmacies of the East German pill Ovosiston⁴⁴ began. The initial supply of about half a million boxes of this pill⁴⁵ was most probably followed by purchase of the information required for PIPJG 'Polfa' to start local production. This can be inferred from the composition of the imitative drug. Polish Femigen Forte, the first locally produced

contraceptive pill in state-socialist Poland, was launched on the market in 1969⁴⁶, and had exactly the same composition as Ovosiston: 3mg chlormadinon and 0.1mg mestranol⁴⁷. A year later, PIPJG 'Polfa' released Femigen Mite, a variation of this produced with a reduced dose (2mg chlormadinon, 0.084mg mestranol)⁴⁸. According to an article published in *Życie i Nowoczesność*, a supplement to the important Warsaw daily newspaper, *Życie Warszawy*, this reduction was in response to an international trend of reducing the dosage of contraceptive pills in response to the increased body of knowledge about the association between taking the pill and possible thrombotic complications⁴⁹. The final composition of Femigen, launched by the end of 1970, was 2mg chlormadinon and 0.05mg mestranol. Higher dose Femigen Forte was then renamed Gestanon and only prescribed in gynaecological therapy⁵⁰. Femigen was the most widely used oral contraceptive in Poland during the 1970s⁵¹. A short run of Angraivid, the second Polish pill brand, was first produced in 1972. It was advertised as 'equivalent to Ovulen', a pill brand produced by the US pharmaceutical company Searle⁵², but the more likely source of the licence in this case was the Hungarian pharmaceutical company Richter, owner of Bisecurin, a brand with an identical composition to Ovulen and Angraivid (1mg ethynodiol diacetate and 0.05mg mestranol)⁵³. Angraivid only became available in larger quantities in 1974⁵⁴. Although 'Polfa' negotiated with foreign pharmaceutical companies such as Schering AG for the licensed knowledge required to manufacture new kinds of contraceptive pills⁵⁵, these remained unsuccessful, and Femigan and Angraivid were basically the only brands available on a large scale in state-socialist Poland. Only in the early 1980s were new pill brands introduced onto the Polish market: Gravistat (imported from the German Democratic Republic) and Rigevidon (produced in Hungary)⁵⁶. This lack of variety of products was criticised by the country's key family planning gynaecologists in 1973⁵⁷, who claimed it resulted in the pill being not well tolerated by users⁵⁸.

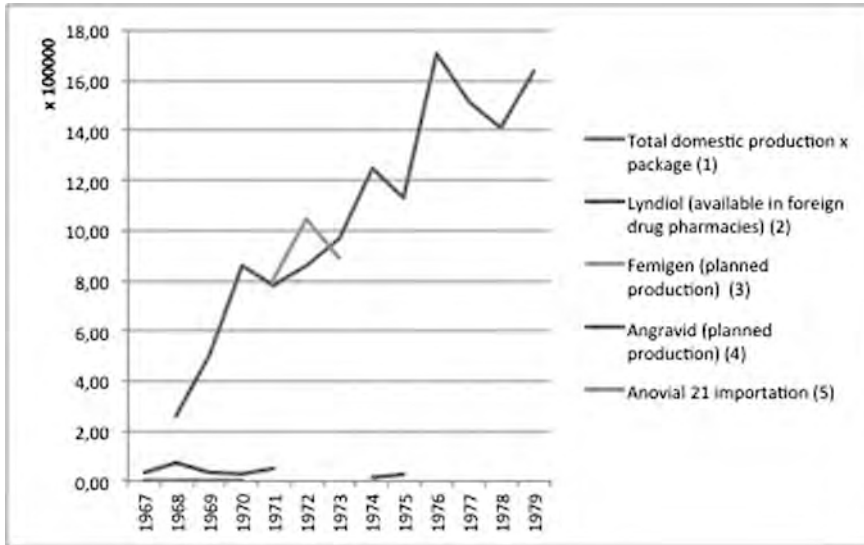


Table 1. Importation, production and planned production of most important brands of oral contraceptives in Poland (1967–1979)

Sources: OKÓLSKI, BAKALARZ, *Zjednoczenie Przemysłu Farmaceutycznego Polfa*. Wydział Ekonomiczny, *Plan techniczno-ekonomiczny na rok 1973 Jeleniogórskich Zakładów Farmaceutycznych Farmaceutycznych Polfa*, 1973. Available at: AAN/Zjednoczenie Przemysłu Farmaceutycznego Polfa/Wydział Ekonomiczny 963/16/60. (5) *Zjednoczenie Przemysłu Farmaceutycznego Polfa*. Wydział Ekonomiczny, *Plan techniczno-ekonomiczny na rok 1978 Jeleniogórskich Zakładów Farmaceutycznych Polfa*, 1978. Available at: AAN/Zjednoczenie Przemysłu Farmaceutycznego Polfa/Wydział Ekonomiczny 963/16/77. (6) Schering AG Berlin, *Ausland: Artikel Extraktische PR1. Artikel-Land* (1969), 1970; *Ausland: Land – Artikel*, 1970; *Jahr 1965. Ausland Land – Artikel*; *Jahr 1966. Ausland Land – Artikel*; *Jahr 1967. Ausland Land – Artikel*; *Jahr 1968. Ausland Land – Artikel*. Available at: Schering Archives, Bayer AG, SchA/B5/825, 827, 829, 831, 832.

Although available data on the production and importation of oral contraceptives are partial and discontinuous, they still demonstrate a fluctuant, but systematic growth in the number of pill boxes produced in Poland. Importation, as Table 1 shows, played only a marginal role. Although limited, data regarding the planned production

of Femigen illustrate the mechanisms of a centrally planned economy, where discrepancies between planned and actual production of goods was the norm rather than an exception. Despite this tendency towards growth, the production of the pill in Poland was small in relative terms. In 1976, when the largest number of boxes – about 1,700,000 – was produced, these could only be delivered to around 140,000 women per year, in a country whose population at the time of a little over thirty-four million⁵⁹.

The circulation of information about the pill and its use in Poland

As has already been mentioned, the pill was well received by most of the country's key gynaecologists. Warsaw-based Janusz Okła, author of the first monograph on the therapeutic and contraceptive use of progesterone (1969)⁶⁰, was responsible for introducing oral contraceptives to the Polish medical community through editorial comments' sections of the official Polish journals of gynaecology (*Ginekologia Polska*)⁶¹ and pharmacotherapy (*Biuletyn Informacyjny Polfa/Cefarm; Terapia i Leki*)⁶². Moreover, Okła defended the safety of the pill, against the 'resistance of some doctors' and unbalanced press coverage about the pill's side effects, in an article published in *Polski Tygodnik Lekarski*, the country's most important journal for general practitioners⁶³. He also appealed to the authorities for an urgent improvement in the supply of oral contraceptives to the Polish market⁶⁴. While Okła's campaign in favour of the pill concentrated on the medical community and state institutions, others wrote extensively on the pill for the general public. Okła's colleague, Zbigniew Sternadel, head of the I Clinic of Obstetrics and Gynaecology of the University of Warsaw since 1973⁶⁵, defended oral contraceptives in both scientific and non-scientific forums. Apart from conducting clinical trials with the different pill brands available, Sternadel recommended the pill in his manual for couples, 'ABC of Married Life' ('ABC Życia

Małżeńskiego’)⁶⁶, and defended the method in the daily press⁶⁷ and a series of articles about female reproductive health in Poland’s most popular women’s magazine, *Przyjaciółka*⁶⁸. In the articles of the series dedicated to the pill, Sternadel discussed its properties and mechanisms of action in a balanced way, deeming the pill a good contraceptive method if used under medical control. Other prolific authors of books and articles on the pill for the general public who put forward a similar vision of oral contraceptives include the gynaecologists, Krystyna Jordan⁶⁹, and Janina Krocink-Karasek⁷⁰. All of these claimed the possible side effects of oral contraceptives were far less serious than those caused by repetitive abortions or the abortion of a first pregnancy. However, some influential doctors preached publically against oral contraception, such as the previously mentioned gynaecologist, Michalina Wisłocka, author of a best-selling self-help book about sexuality, ‘The Art of Love’ (*Sztuka Kochania*). First published in 1978, the book is said to have sold a total of around seven million copies⁷¹, and was considered to be on a bookshelf in every Polish household. In a chapter dedicated to contraception, while condemning abortion as a birth control resource, Wisłocka strongly promoted the combination of diaphragm and spermicide as a far better contraceptive method than the pill, because, as this gynaecologist emphasised, it acted locally while oral contraceptives altered the entire body’s hormonal balance⁷².

Official figures of the number of abortions in Poland (Table 2) suggest the efforts of pro-birth control gynaecologists promoting family planning methods over abortion were far from successful.

The statistics available on medical and socio-economic (but in fact on-demand) abortion in state-socialist Poland enable us to discern that the number of abortions performed in Polish public hospital remained more or less stable throughout the 1960s and 1970s, constituting roughly 150,000 interventions per year. However, some de-

Clueless about contraception

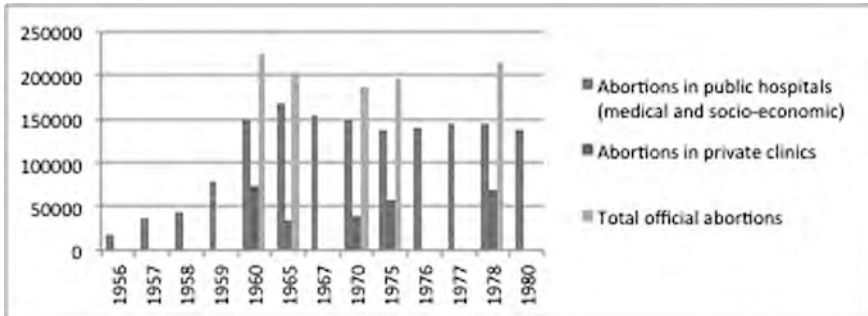


Table 2. Abortion in state-socialist Poland (1956–1980)

Sources: Own elaboration of data quoted by Nowicka W., (ed.) *The anti-abortion law in Poland. The report on its functioning, social effects, attitudes and behaviours*. Warsaw, Polish Federation for Women and Family Planning, 2000.

Available at: http://www.federa.org.pl/dokumenty_pdf/publikacje/antiabortion-law-poland-report.pdf; OKÓLSKI, *op. cit.* (note 4); Titkow, *op. cit.* (note 4).

mographers claim this number could be as high as 300,000 a year throughout this period, as abortions performed in private clinics were largely underreported⁷³, and possibly constituted the majority of abortions on demand performed in state-socialist Poland. Many women did choose to pay to have their abortions on demand in private, where they could avoid waiting lists and enjoy better treatment. This number is not at all surprising if considered in the context of Polish women's contraceptive preferences. In the 1970s, two surveys on family and fertility conducted among Polish women of reproductive age revealed that the most popular birth control techniques they employed were non-medicalised and relatively insecure methods, such as coitus interruptus and different forms of cycle observation. Between the first and second survey (1972–1977), the increase in use of condoms and oral contraceptives was marginal, and withdrawal, rhythm and temperature-based methods continued to be mentioned by roughly three quarters of the women surveyed.

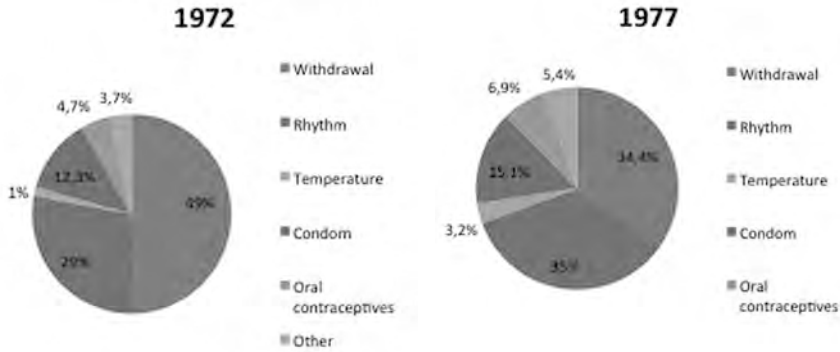


Figure 1. Polish women's contraceptive preferences in 1972

Source: SMOLIŃSKI, *op. cit.* (note 4).

Figure 2. Polish women's contraceptive preferences in 1977

Source: SMOLIŃSKI, *op. cit.* (note 4).

There have been many reasons given for Polish women's general preference for non-medicalised methods. By the 1960s, SCM had already started to analyse causes of such a phenomenon in its journal, *Problemy Rodziny*. Leokadia Grabowiecka, member of SCM and author of several books on pregnancy and baby care, published two articles on this issue. She cited a number of possible reasons for the constant high rate of abortion: male resistance to using contraception⁷⁴, the ineffectiveness of propaganda on contraceptive methods, and, above all, the low quality of domestically-produced barrier methods and spermicides⁷⁵; an argument, as I have already mentioned, that was repeated by many doctors and journalists in the 1970s and 1980s. The pill, as an effective contraceptive method, could have been a remedy for this situation; however, it had not been so. Contemporary Polish authors cited limited availability, propaganda against contraception by the Catholic Church and fears of side effects – sustained by some doctors and disseminated by the daily press – as the main reasons for the pill becoming or remaining unpopular among Polish women⁷⁶.

It must be mentioned, however, that the Polish Catholic Church's participation in public debates about abortion and contraception was limited till the late 1980s. It did elaborate on these topics in the closed spaces of churches, especially during the pre-marital courses couples were obliged to take before getting married. In at least some of these courses, hormonal contraception was presented as harmful and unhealthy⁷⁷. On the other hand, publications in international journals on family planning explained the infrequent use of the pill in Poland as a result of the limitations to production and importation, and thus the availability of oral contraceptives⁷⁸. Recently, feminist scholars have presented a socio-cultural interpretation of the phenomenon drawing on cultural determinants of contraceptive preferences and social ideas of contraception and abortion. They have emphasised the fact that the popularity of withdrawal reflected the dominant role of men in initiating sexual intercourse (as Kate Fisher and Simon Szreter revealed was the case for working class Britons in the 1930s)⁷⁹ and perhaps also a conviction among women that early abortion was less of a sin or less harmful than a daily ingestion of the pill⁸⁰. A further hypothesis may be connected with the fact that women possibly obtained contraceptive advice from friends and the Catholic Church's premarital courses rather than gynaecologists, many of whom were quite indifferent about family planning. Effective and medicalised methods, such as the pill or IUD, could therefore mainly have been available to women who were particularly conscious about family planning, who could access a family planning clinic and were, more importantly, determined to prevent a pregnancy rather than abort it. In this sense, the circulation of knowledge about oral contraception was limited to the most educated, urban women. This is confirmed by more detailed data from the previously discussed surveys on fertility and contraception, which reveal that, as in other countries, younger, urban women had a greater preference for effective contraceptive methods than older, rural ones⁸¹.

Conclusions

State-socialist Poland was, in a way, ‘clueless about contraception’. Structural limitations and state pro-natalist policy in the 1970s reduced the number of available pill brands to two products with a relatively similar composition, one of which was high-dose. Women relied principally on non-medicalised contraceptive methods, backed by the possibility of a legal abortion, to control their fertility. While information about the pill – usually quite positive – circulated freely in books, booklets and women’s magazines, Polish women themselves were not choosing oral contraceptives as a birth control method to the extent Western women were. This phenomenon has been explained by the insufficient supply of reliable contraceptives, a lack of trust in contraceptive methods, the availability of abortion, and traditional ideas about sexuality that favoured the use of male-controlled methods. It is difficult to evaluate the influence of the Catholic Church and established gender roles in state-socialist Poland in this matter without referring to oral sources. Marketing campaigns by the pharmaceutical industry might have contributed to higher pill consumption. In Poland, however, no such campaigns were possible till the 1990s, as the drug market was closed to foreign pharmaceutical companies during the state-socialist period. On the other hand, it should be mentioned that Polish gynaecologists involved in family planning activities were well informed about the pill; therefore the circulation of expert knowledge about this drug in the Cold-War context was not as impaired as might be expected. It would be an entirely different issue, however, to evaluate how regular gynaecologists dealt with the issue of contraception and the pill, in the context of abortion being a socially accepted form of birth control, which potentially brought them larger profits than family planning counselling.

BIBLIOGRAPHY AND NOTES

1. DZIĘGIELEWSKA B., *Antykoncepcja bez konepcji*. Zwierciadło 1977; 15 Dec.
2. MARKS L., *Sexual chemistry. A history of the contraceptive pill*. New Haven/London, Yale University Press, 2001; JUNOD S.W., *Women over 35 who smoke. A case study in risk management and risk communications, 1960-1989*. In: TONE A., SIEGEL WATKINS E. (eds), *Medicating modern America: Prescription drugs in history*. New York, New York University Press, 2007, pp. 97-130; SILIES E.M., *Liebe, Lust und Last: Die Pille als weibliche Generationserfahrung in der Bundesrepublik 1960-1980*. Göttingen, Wallstein Verlag, 2010; THOMS U., *The contraceptive pill, the pharmaceutical industry and changes in the patient-doctor relationship in West Germany*. In: ORTIZ-GÓMEZ T., SANTESMASES M.J. (eds), *Gendered drug standards from historical and socio-anthropological perspectives*. Farnham, Ashgate, 2014, pp. 153-174 to mention some of these works.
3. For Argentina see FELITTI K., *La revolución de la píldora. sexualidades y política en la argentina de los años sesenta*. Buenos Aires, Edhasa, 2012. For Spain see RODRÍGUEZ-OCAÑA E., IGNACIUK A., ORTIZ-GÓMEZ T., *Ovulostáticos y anticonceptivos. El conocimiento médico sobre 'la píldora' en España durante el franquismo y la transición democrática (1940-1979)*. *Dynamis* 2012; 32(2): 467-494; ORTIZ-GÓMEZ T., IGNACIUK A., 'Pregnancy and labour cause more deaths than oral contraceptives': the debate on the pill in the Spanish press in the 1960s and 1970s. *Public Underst Sci* 2013; 19 Nov.
4. BERENT J., *Causes of fertility decline in Eastern Europe and the Soviet Union II*. *Pop Stud* 1970; 24(2): 247-292; SMOLIŃSKI Z. (ed.), *Rozrodczość w latach 1945-2000*. Warszawa, Główny Urząd Statystyczny, 1971; SMOLIŃSKI Z., *Stosunek mężatek do regulacji urodzeń i przerywania ciąży*. *Problemy Rodziny* 1974; 80: 23-33; SMOLIŃSKI Z. (ed.), *Statystyczna analiza dzietności kobiet*. Warszawa, Główny Urząd Statystyczny, 1974. SMOLIŃSKI Z. (ed.), *Dzietność kobiet w Polsce*. Warszawa, Główny Urząd Statystyczny, 1980; DAVID H.P., MCINTYRE R.J. (eds), *Reproductive behavior: Central and Eastern European experience*. New York, Springer, 1981; MAZUR D.P., *Contraception and abortion in Poland*. *Fam Plann Perspect* 1981; 13(4): 195-198; OKÓLSKI M., *Abortion and contraception in Poland*. *Stud Family Plann* 1983; 14(11), 263-274; TITKOW A., Poland. In: DAVID H.P., SKILOGIANIS J. (eds), *From abortion to contraception: A*

resource to public policies and reproductive behavior in Central and Eastern Europe from 1917 to the present. Westport/London, Greenwood Press, 1999, pp. 165-190.

5. For instance, in Spain public exposition of contraceptive methods and contraceptive propaganda remained banned by law until 1978. ORTIZ-GÓMEZ T., IGNACIUK A., *see note 3*. Prohibitions remained until 1967 in France and until 1971 in Italy and the US. See GALEOTTI G., *Storia dell'aborto. I molti protagonisti della lunga vicenda*. Bologna, Il Mulino, 2003, p. 116; LATHAM M., *Regulating reproduction: A century of conflict in Britain and France*. Manchester/New York, Manchester University Press, 2002, p. 84, 93; PAVARD B., *Si je veux, quand je veux: Contraception et avortement dans la société française (1956–1979)*. Rennes, Presses Universitaires de Rennes, 2012; MARKS L., *see note 2*, p. 33.
6. EINHORN B., *Self-determination under threat: The state and reproductive rights*. In: *Cinderella goes to market: Citizenship, gender and the women's movements in East Central Europe*. London, Verso, 1993, pp. 74-112 (90).
7. Ustawa z dnia 27 kwietnia 1956 o warunkach dopuszczalności przerywania ciąży. Dziennik Ustaw 1956; 12 poz. 61. In: Internetowy System Aktów Prawnych. Available at: <http://isap.sejm.gov.pl/DetailsServlet?id=WDU19560120061>. For more on the introduction of this law see CZAJKOWSKA A., *O dopuszczalności przerywania ciąży*. Ustawa z dnia 27 kwietnia 1956 r. i towarzyszące jej dyskusje. In: KULA M., *Kłopoty z seksem w PRL. Rodzenie nie całkiem po ludzku, aborcja, choroby, odmienności*. Warszawa, Wydawnictwo Uniwersytetu Warszawskiego, 2012, pp. 99-186 (157).
8. Rozporządzenie Ministra Zdrowia z dnia 11 maja 1956 w sprawie przerywania ciąży. Dziennik Ustaw 1956; 13 poz. 68. In: Internetowy System Aktów Prawnych. Available at: <http://isap.sejm.gov.pl/DetailsServlet?id=WDU19560130068>.
9. Rozporządzenie Ministra Zdrowia z dnia 19 maja 1959 w sprawie przerywania ciąży. Dziennik Ustaw 1960; 2 poz. 15. In: Internetowy System Aktów Prawnych. Available at: <http://isap.sejm.gov.pl/DetailsServlet?id=WDU19600020015>. See also CZAJKOWSKA, *op. cit.* (note 7), p. 177.
10. Zarządzenie Ministra Zdrowia z dnia 19 kwietnia 1957 w sprawie organizacji sprzedaży środków antykoncepcyjnych w pomieszczeniach zakładów opieki zdrowotnej otwartej, reprinted in WISŁOCKA M., *Metody zapobiegania ciąży*. Warszawa, Towarzystwo Świadomego Macierzyństwa, 1965.
11. BRZOZOWSKA I., *Działalność Towarzystwa Planowania Rodziny w latach 1970–1974*. Problemy Rodziny 1974; 80: 5-10. For literature on the first

- years of the Society, see KUŹMA-MARKOWSKA S., *Międzynarodowe aspekty działalności Towarzystwa Świadomego Macierzyństwa w latach 50. i 60. XX w.* In: PŁONKA-SYROKA B., SZLAGOWSKA A. (eds), *Problem kontroli urodzeń antykoncepcji: krytyczno-porównawcza analiza dyskursów.* Wrocław, Uniwersytet Medyczny im. Piastów Śląskich, 2013, pp. 263-282.
12. On this topic see KLAWA D., *Głosy kobiet w sprawie planowania rodziny w świetle prasy z lat 1929-1932.* In: ŻARNOWSKA, A., SZWARC, A., (eds) *Kobieta i kultura życia codziennego: wiek XIX i XX.* Warszawa, DiG, 1997, pp. 123-132; GAWIN M., *Planowanie rodziny – hasła i rzeczywistość.* In: ŻARNOWSKA A., SZWARC A., (eds) *Równe prawa i nierówne szanse. Kobiety w Polsce międzywojennej.* Warszawa, DiG/Instytut Historyczny, 2000, pp. 220-234; SIERAKOWSKA K., *Macierzyństwo-wizje a rzeczywistość.* In: ŻARNOWSKA A., SZWARC A., (eds) *Równe prawa i nierówne szanse. Kobiety w Polsce międzywojennej.* Warszawa, DiG/Instytut Historyczny, 2000, pp. 209-219.
 13. Rozporządzenie Ministra Zdrowia z dnia 19 maja 1959, see note 9.
 14. NAJWYŻSZA IZBA KONTROLI. ZESPÓŁ PRACY, SPRAW SOCJALNYCH I ZDROWIA, *Kontrola Towarzystwa Świadomego Macierzyństwa i przedsiębiorstwa 'Securitas'. Wykorzystanie środków finansowych na oświatę sanitarną, 1965.* Available at: Archiwum Akt Nowych w Warszawie (henceforth AAN) 1154/30/263; NAJWYŻSZA IZBA KONTROLI. ZESPÓŁ PRACY, SPRAW SOCJALNYCH I ZDROWIA, *Działalność statutowa i gospodarcza Towarzystwa Planowania Rodziny w Warszawie, 1975–1976.* Available at: AAN 1154/70/268.
 15. GŁÓWNY URZĄD STATYSTYCZNY, *Podstawowe informacje o rozwoju demograficznym Polski do 2012 roku.* Warszawa, GUS, 2013. Available at: http://www.stat.gov.pl/gus/5840_11157_PLK_HTML.htm.
 16. DAVID H.P., MCINTYRE R.J. see note 4, p. 126.
 17. ŚPICH A., *Kto nas nauczy metody Billingsa.* Przyjaciółka, 1976; 5 Sept: 5.
 18. NAJWYŻSZA IZBA KONTROLI. ZESPÓŁ PRACY, SPRAW SOCJALNYCH I ZDROWIA, *Działalność statutowa*, see note 14; MUSIAŁOWA A., *Nowe Cele i Zadania Towarzystwa Planowania Rodziny.* Problemy Rodziny 1974; 80:1-4.
 19. WISŁOCKA M., *Pomnik dla Boya.* Polityka, 1976; 8 May. Available at: AAN/Telewizja Polska SA/Zbiór Wycinków Prasowych/Antykonieczność Kraj-Polska, t. 4/2514/2/57.
 20. WISŁOCKA M., see note 10.
 21. CEKAŃSKI A., *Antykoncepcja. Zagadnienia wybrane.* Warszawa, Państwowy Zakład Wydawnictw Lekarskich, 1984; GROCHOLA W., W

- trzech pokojach z kuchnią*. Polityka 1976; 8 May. Available at: AAN/Telewizja Polska SA/Zbiór Wycinków Prasowych/Antykonceptcja Kraje-Polska, t. 4/2514/2/57; GROMADZKA-ANZELEWICZ J., *Szklanka wody zamiast*. Głos Wybrzeża, 1988; 13-14 Feb. Available at: AAN/Telewizja Polska SA/Zbiór Wycinków Prasowych/Antykonceptcja Kraje-Polska, t. 4/2514/2/57; KOZAKIEWICZ M., *Contraceptive practice in Poland. Special report*. People 1976; 3(1); ŁAPIŃSKI Z., *W obronie pigułki*. Problemy Rodziny 1975; 81: 54-5; MICHAŁKIEWICZ W., *Aktualny stan antykonceptcji w świecie i w Polsce*. Biuletyn Instytutu Leków 1961; 20-39; WISŁOCKA, *op. cit.* (note 19).
22. ŁAPIŃSKI Z., see note 21.
 23. KURKOWSKA-BONDARECKA K., *Historia polskiego przemysłu farmaceutycznego*. Warszawa, Stowarzyszenie Inżynierów i Techników Przemysłu Chemicznego, 1995, pp. 75-108.
 24. KURKOWSKA-BONDARECKA K., see note 23, pp. 180-189.
 25. CENTRALA FARMACEUTYCZNA CEFARM, *Historia*. Available at: <http://www.cefarm.com.pl/historia.html>.
 26. NAJWYŻSZA IZBA KONTROLI. ZESPÓŁ PRZEMYSŁU CHEMICZNEGO, *Zaopatrzenie rynku w leki, 1971-1973*. Available at: AAN 1154/67/47.
 27. PARNOWSKA W., *Instytut Leków 1951-2001. Dzieje - ludzie - dokonania*. Warszawa, Instytut Leków, 2001, pp. 13-31. Available at: <http://www.nil.gov.pl/index.php/o-instytucie>.
 28. ZJEDNOCZENIE PRZEMYSŁU FARMACEUTYCZNEGO POLFA. WYDZIAŁ EKONOMICZNY, *Zbiorczy plan techniczno-ekonomiczny za rok 1973*. Available at: AAN/Zjednoczenie Przemysłu Farmaceutycznego Polfa/Wydział Współpracy z Zagranicą 963/16/56; KOZŁOWSKI S.W., *sprawie przepisywania i stosowania leków zagranicznych*. Biuletyn Informacyjny Cefarm i Polfa 1965; 15(4): 122-127.
 29. KOZŁOWSKI S. W., see note 28.
 30. LECH M., *Stosowanie środków antykoncepcyjnych a sytuacja demograficzna Polski*. Polski Tygodnik Lekarski 1972; 27(45): 1776-1779 (1777).
 31. NAJWYŻSZA IZBA KONTROLI ZE SPÓŁ PRACY, SPRAW SOCJALNYCH I ZDROWIA, *Kontrola Centrali Farmaceutycznej Cefarm w zakresie importu leków i gospodarki tymi lekami - protokół z załącznikami, sprawozdanie, informacja, korespondencja, 1967-1968*. Available at: AAN 1154/39/48.
 32. MINISTERSTWO ZDROWIA I OPIEKI SPOŁECZNEJ. DEPARTAMENT TECHNIKI MEDYCZNEJ I FARMACJI, *Plan importu leków na rok 1974*.

- Wysokość potrzeb i rozdział puli dewizowej, 1973.* Available at: AAN/Ministerstwo Zdrowia i Opieki Społecznej/Departament Techniki Medycznej i Farmacji/Wydział Zaopatrzenia i Gospodarki Lekiem 1939/15/13.
33. ZJEDNOCZENIE PRZEMYSŁU FARMACEUTYCZNEGO POLFA. WYDZIAŁ EKONOMICZNY, *see* note 28; NAJWYŻSZA IZBA KONTROLI. ZESPÓŁ PRACY, SPRAW SOCJALNYCH I ZDROWIA, *see* note 31; STERNADEL, Z., *Leki w położnictwie i ginekologii.* Biuletyn Instytutu Leków 1975; 22(3): 307-316; STERNADEL Z., JORDAN K., PEKSA A., WÓJCIK M., *Ocena kliniczna preparatu An gravid stosowanego w antykoncepcji.* Terapia i Leki 1975; (25)2: 64-70.
 34. NAJWYŻSZA IZBA KONTROLI. ZESPÓŁ PRACY, SPRAW SOCJALNYCH I ZDROWIA, *Zaopatrzenie rynku krajowego w leki z uwzględnieniem produkcji i handlu zagranicznego oraz gospodarki lekami.* Teczka Koordynacyjna, 1971–1972. Available at: AAN 1154/70/29.
 35. M.K., *Polskie badania nad środkami antykoncepcyjnymi dla kobiet i dla mężczyzn. Sok malinowy hamuje płodność.* Świat Młodych 1960; 28 Jan. Available at: AAN/Telewizja Polska SA/Zbiór Wycinków Prasowych/Antykoncepcja Kraje-Polska, t. 4/2514/2/57.
 36. KOR, *Pigułki antykoncepcyjne.* Trybuna Ludu 1963; 14 Sept. Available at: AAN/Telewizja Polska SA/Zbiór Wycinków Prasowych/Antykoncepcja Kraje-Polska, t. 4/2514/2/57.
 37. LESIŃSKI J., *Czy gestageny hamują rozrodczość.* Problemy Rodziny 1964; 16: 11-18.
 38. OKŁA J., *Badania nad wpływem gestagenów na proces jajczkowania.* Ginekologia Polska 1963; 34(5): 609-615; GROCHULSKI A., *Ocena metod badania preparatów Lyndiol, Noracyclin, Anovlar-21 i Norlestrin.* Biuletyn Instytutu Leków 1967; 14(1): 89-94 14; TETER J., JĘDRZEJEWSKI M., KRZYWDZIŃSKI K., *Przemiany endometrium pod wpływem różnych dawek lynestrenolu (progestagenu z grupy 3-dezoksy-19-nor-testosteronu).* Ginekologia Polska 1967, 38(12): 1383-1391; KŁOS J., POTOCKI J., *Zastosowanie Lynestrenolu (Orgametril) w leczeniu zaburzeń cyklu miesięczkowego.* Ginekologia Polska 1968; 39(1): 49-58; KOMOROWSKA A., *Leczenie gestagenami zaburzeń miesięczkowania u dziewcząt.* Ginekologia Polska 1968; 39(1): 59-66. LAUDAŃSKA E., *Kliniczne wyniki stosowania gestagenów (Anovlar 21 i Lyndiol 2,5) w endometriozie.* Ginekologia Polska 1968; 39(2): 1015-1020; ŁUKASIK I., *ANOVLAR 21 - skuteczny środek antykoncepcyjny.* Problemy Rodziny. 1968; 43: 52-55; OKŁA J., *Progestageny syntetyczne w leczeniu niektórych zaburzeń czynnościowych*

- narządu rodnego*. Ginekologia Polska 1968; 39(10): 1159; RADWAŃSKA E., KWIATKOWSKA Z., *Oznaczanie pregnandiolu w moczu metodą chromatografii cienkowarstwowej dla oceny blokowania owulacji podczas sekwencyjnego podawania gestagenów*. Ginekologia Polska 1968; 39(5): 545-550; WITKOWSKI L., JĘDRZEJEWSKI M., *Ocena działania progestagenów na efektor szyjkowy*. Ginekologia Polska 1968; 39(1): 43-48; KORNACKI Z., WYSOCZAŃSKI E., *Antykoncepcyjne działanie Eugynonu*. Ginekologia Polska 1969; 40(12): 1341-1346; SIEROSZEWSKI J., LAUDAŃSKA E., LACHOWICZ L., PALIŃSKA-WESSE Z., GWÓŹDŹ A., FISCHBACH K., BRUDEL G., *Wydalenie niektórych hormonów sterydowych z moczem w przebiegu leczenia gestagenami*. Ginekologia Polska 1969; 40(12): 1331-1339. About these trials in the daily press: STERNADEL Z., *Antykoncepcja w pigułce*. Życie Warszawy 1968; 30 March. Available at: AAN/Telewizja Polska SA/Zbiór Wycinków Prasowych/Antykoncepcja Kraje-Polska, t. 4/2514/2/57.
39. ŁUKASIKOWA I., *Skuteczność środków antykoncepcyjnych na podstawie materiałów Wojewódzkiej Przychodni Świadomego Macierzyństwa w Gdańsku*. Problemy Rodziny 1965; 23: 57-61.
 40. ŁUKASIK I., *see note 38*.
 41. STERNADEL Z., *see note 38*.
 42. BAKALARZ Z., KOŁACZEK J., KUCHCIŃSKI E., MIODUSZEWSKI W., NOSOWSKI S., PUSZCZYŃSKA M., STEMPOWSKI A., (eds) *Biuletyn Statystyczno-Informacyjny*. Warszawa, Ministerstwo Zdrowia i Opieki Społecznej; Centrala Farmaceutyczna CEFARM, 1972.
 43. SOKOŁOWSKA M., ŁOBODZIŃSKA B., *Środki antykoncepcyjne i przerywanie ciąży*. Problemy Rodziny 1971; 57: 50-55.
 44. See SCHWARZ G., *Von der Antibaby – zur Wunschkindpille und zurück. Kontrazeptiva in der DDR*. In: STAUPE G., VIETH L. (eds), *Die Pille. Von der Lust und von der Liebe*. Berlin, Rowohlt, 1996, pp. 149-163.
 45. SOKOŁOWSKA, ŁOBODZIŃSKA, *see note 43*.
 46. HERŻYKOWA M., *Kolejne zmiany w urzędowym spisie leków*. Biuletyn Informacyjny Cefarm i Polfa 1969; 18(5): 191-192.
 47. KOMUNIKAT MINISTERSTWA ZDROWIA I OPIEKI SPOŁECZNEJ. *Departament Profilaktyki I Lecznictwa w Porozumieniu z Instytutem Matki i Dziecka*. Biuletyn Informacyjny Cefarm i Polfa 1970; 20(12): 480; *Ovosiston*. Biuletyn Informacyjny Cefarm i Polfa 1968; 18(4): 104.
 48. STERNADEL Z., *Femigen i Gestranol w praktyce ginekologicznej*. Terapia i Leki 1974; 24(4): 192-195.

49. ZIELIŃSKI J., *Antykoncepcja pod kontrolą. Życie i Nowoczesność* [Dodatek do Życia Warszawy] 1970; 28 May. Available at: AAN/Telewizja Polska SA/Zbiór Wycinków Prasowych/Antykoncepcja Kraje-Polska, t. 4/2514/2/57.
50. KOMUNIKAT MINISTERSTWA ZDROWIA, *see note 47.*
51. TRĘBICKA-KWIATKOWSKA B., SIKORSKI R., *Nasze doświadczenia w stosowaniu doustnych środków antykoncepcyjnych.* Problemy Rodziny 1972; 66: 59-61.
52. *Leki zaopiniowane pozytywnie do zarejestrowania przez Komisję Leków na posiedzeniu w dniu 4 grudnia 1973.* Biuletyn Instytutu Leków 1974; 21(1): 87-90.
53. CISŁO M., WIECZOREK E., *Ocena kliniczna preparatu antykoncepcyjnego An gravid.* Terapia i Leki 1977; 24(1): 14-18.
54. MINISTERSTWO ZDROWIA I OPIEKI SPOŁECZNEJ, *Raport o stanie zdrowia i opiece zdrowotnej nad kobietami oraz program działania na lata 1976–1990.* Warszawa, Ministerstwo Zdrowia i Opieki Społecznej, 1975. Available at: AAN, Ministerstwo Zdrowia i Opieki Społecznej, Departament Polityki Zdrowotnej, 1939/19/475.
55. ZJEDNOCZENIE PRZEMYSŁU FARMACEUTYCZNEGO POLFA, *Sprawozdanie ze współpracy z zagranicą w 1974 roku.* Available at: AAN/Zjednoczenie Przemysłu Farmaceutycznego Polfa/Wydział Współpracy z Zagranicą 963/9/168.
56. NAZAREWICZ K., *Naciągany problem.* Szpilki 1987; 27 July. Available at: AAN/Telewizja Polska SA/Zbiór Wycinków Prasowych/Antykoncepcja Kraje-Polska, t. 4/2514/2/57.
57. OKŁA J., *W sprawie unowocześnienia metod planowania rodziny.* Biuletyn Instytutu Leków 1973; 20(3): 109-112.
58. CEKAŃSKI A., *see note 21;* DZIĘGIELEWSKA B., *see note;* GROMADZKA-ANZELEWICZ, *see note 21;* HOLLANEK A., *Ani matriarchat, ani brak potomstwa.* Perspektywy 1976; 12 March. Available at: AAN/Telewizja Polska SA/Zbiór Wycinków Prasowych/Antykoncepcja Kraje-Polska, t. 4/2514/2/57.
59. GŁÓWNY URZĄD STATYSTYCZNY, *Rocznik demograficzny 2012.* Warszawa, GUS, 2012. Available at: http://www.stat.gov.pl/cps/rde/xbcr/gus/rs_rocznik_demograficzny_2012.pdf
60. OKŁA J., *Progestageny w antykoncepcji i w chorobach kobiecych.* Warszawa, Państwowy Zakład Wydawnictw Lekarskich, 1969.
61. OKŁA J., *Wtyczne stosowania progestagenów syntetycznych w celach antykoncepcji.* Ginekologia Polska 1970; 41(5): 573-576.

62. OKŁA J., *Zasady stosowania doustnych środków antykoncepcyjnych*. Biuletyn Informacyjny Cefarm i Polfa 1970; (20)2: 47-52.
63. OKŁA J., *Efektywność i działanie uboczne nowoczesnych środków antykoncepcyjnych*. Polski Tygodnik Lekarski 1973; 28(4): 135-138.
64. OKŁA W., *see note 57*.
65. WASZYŃSKI E., *Historia położnictwa i ginekologii w Polsce*. Wrocław, Volumed, 2000.
66. STERNADEL Z., *ABC życia małżeńskiego*. Warszawa, Państwowy Zakład Wydawnictw Lekarskich, 1st ed. 1969, 2nd ed. 1972.
67. STERNADEL Z., *see note 38*; WILCZ-GRZĘDZIŃSKA E., *Nie tylko bez troska*. Tygodnik Demokratyczny 1988; 28 Feb. Available at: AAN/Telewizja Polska SA/Zbiór Wycinków Prasowych/Antykoncepcja Kraje-Polska, t. 4/2514/2/57.
68. STERNADEL Z., [Rozmowy intymne] *Rozmowa 56*. Przyjaciółka 1978; 5 Nov; STERNADEL Z., [Rozmowy intymne] *Rozmowa 57*. Przyjaciółka 1978; 12 Nov; STERNADEL Z., [Rozmowy intymne] *Rozmowa 58*. Przyjaciółka 1978; 19 Nov.
69. JORDAN K., *Antykoncepcja współczesna*. Problemy Rodziny 1972; 66: 50-58; JORDAN K., *Antykoncepcja współczesna*. Warszawa, Państwowy Zakład Wydawnictw Lekarskich 1st ed. 1973, 2nd ed. 1980; JORDAN K., *U progu dojrzałego życia*. Warszawa, Państwowy Zakład Wydawnictw Lekarskich, 1981.
70. KROCIN-KARASEK J., [Zdaniem lekarza] *Zapobieganie ciąży (1)*. Przyjaciółka 1974; 27 Jan; KROCIN-KARASEK J., [Zdaniem lekarza] *Zapobieganie ciąży (2)*. Przyjaciółka 1974; 3 Feb; KROCIN-KARASEK J., [Zdaniem lekarza] *Zapobieganie ciąży (3)*. Przyjaciółka 1974; 10 Feb; KROCIN-KARASEK J., [Zdaniem lekarza] *Zapobieganie ciąży (4)*. Przyjaciółka 1974; 17 Feb; KROCIN-KARASEK J., *O nowych środkach zapobiegania ciąży*. Warszawa, Państwowy Zakład Wydawnictw Lekarskich, 1st ed. 1969, 2nd ed. 1971, 3rd ed. 1973, 4th ed. 1979.
71. KONARSKA I., *Co zostało po sztuce kochania?* Przegląd 2005; July.
72. WISŁOCKA M., *Sztuka kochania*. Warszawa, Iskry, 1st ed. 1978.
73. OKÓLSKI M., *see note 4*.
74. GRABOWIECKA L., *Na drodze walki z poronieniami*. Problemy Rodziny 1965; 26: 42-46.
75. GRABOWIECKA L., *Przyczyny i skutki powolnego rozwoju antykoncepcji w Polsce*. Problemy Rodziny 1967; 35: 40-47.

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76. ŁAPIŃSKI Z., *see* note 21; SYREK W., *Przerywanie ciąży i antykoncepcja w aspekcie planowania rodziny w Polsce*. *Problemy Rodziny* 1980; 116: 28-30; WARDZIŃSKI E., SZOSTAK Z., *Ocena programu rozwoju hormonów*, 1979. Available at: AAN/Zjednoczenie Przemysłu Farmaceutycznego 'Polfa'/Wydział Postępu Technicznego/Program rozwoju przemysłu farmaceutycznego na lata 1980-1985, 963/8/6.
77. WYDZIAŁ DUSZPASTERSTWA KURII METROPOLITALNEJ WARSZAWSKIEJ, *Spotkania z narzeczonymi w punkcie poradnictwa rodzinnego*. Warszawa, 1978.
78. OKÓLSKI M., *see* note 4.
79. FISHER K., SZRETER S., *'They prefer withdrawal': the choice of birth control in Britain, 1918–1950*. *J Interdiscipl Hist*, 2003; 39(2), 263-291.
80. EINHORN B., *see* note 6, p. 100; FIDELIS M., *Women, communism, and industrialization in postwar Poland*. Chicago, University of Chicago Press, 2010, p. 197.
81. MAZUR D.P., *see* note 4; OKÓLSKI M., *see* note 4.

Correspondence should be addressed to:

Agata Ignaciuk, History of Science, Faculty of Medicine, University of Granada,
Av. de Madrid 11, 18071, Granada, Spain.

agataignaciuk@ugr.es