

Proven and the ZETs. Conceiving contraception in state-socialist Poland, c.

1957-1970

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Introduction

In state-socialist Poland, abortion was made legal for socio-economic reasons in 1956 and made widely accessible in public healthcare from the late 1950s to the early 1980s, with an average of 120,000 abortions performed annually¹. A 2013 study by the Polish Public

¹ Aleksandra Czajkowska, “O Dopuszczalności Przerwywania Ciąży,” 2; Rada Ministrów, *Sprawozdanie Rady Ministrów*, 48.

Opinion Research Centre estimated that over one third of Polish women born before 1978 had undergone at least one abortion². Polish women were therefore using abortion to control their fertility, despite the vast majority being Catholic and the Polish Catholic hierarchy fiercely opposing liberalization of the abortion law, and abortion in general³. The paradoxical commonality of abortion in a predominantly Catholic country with a particularly conservative ecclesiastic hierarchy in the realm of sexuality and contraception, together with state-sponsored framing of abortion as dangerous, is an important, yet unresolved puzzle in Polish cultural history, and one that strongly influences contemporary debates on abortion and reproductive rights⁴.

Contemporary observers, both family planning experts and journalists, have attributed the stable position occupied by abortion as a birth control measure in state-socialist and Catholic Poland to the limited access to, and poor quality of, contraceptive products and devices⁵. Due to their fluctuating availability and reliability, it has been argued, women continued to view abortion as the most available and reliable birth control resource. This theory has remained largely unchallenged. The circulation of contraceptive technologies

² Natalia Hipsz, *Doświadczenia Aborcyjne Polek*, 7.

³ Lucjan Adamczuk and Witold A. Zdaniewicz, eds, *Kościół Katolicki w Polsce*, 19 & 171; Sylwia Kuźma-Markowska and Agata Ignaciuk, “Family Planning Advice”; Katarzyna Jarkiewicz, “W Obronie Życia Nienarodzonych”; Michael Zok, “Wider die “Angeborene und Nationale Mission der Frau”; Adam Konopka, “Krucjata Modlitwy.”

⁴ Agnieszka Kościańska, “*Humanae Vitae*.”

⁵ W. Michałkiewicz, “Aktualny Stan Antykoncepcji”; Michalina Wisłocka, “Pomnik dla Boya”; Adam Cekański, *Antykoncepcja*.

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in state-socialist Poland and East Central Europe in general has not been systematically examined within either the historiography of technology or of consumption⁶. Similarly, the dynamically expanding historiography of family planning in the region has paid limited attention to contraceptive technologies, with the exceptions of the oral contraceptive pill⁷. By explicitly focussing on the development and circulation of contraceptive technologies in Poland between the late 1950s and early 1970s, this article begins to fill in these gaps and provide a more nuanced explanation for the high prevalence of abortion in this simultaneously state-socialist and Catholic country.

Building on my earlier work on the contraceptive pill in 1960s and 1970s Poland in comparison with Spain – also at the time a Catholic and non-democratic state – and the gendering of contraceptive advice in state-socialist Poland, this article is the first systematic examination of the trajectories of different contraceptive methods from the late 1950s up to the early 1970s, a time when family planning enjoyed active support from the communist authorities and many new contraceptive technologies appeared on the Polish market⁸. Rather than reproducing the rhetoric of quantitative and qualitative shortages, I argue that the material and symbolic trajectories of contraceptive methods in

⁶ Sławomir Łotysz, “Controlling the Production”; Agata Szydłowska, *Paryż Domowym Sposobem*, Agnieszka Kościańska, *Gender, Pleasure and Violence*; Małgorzata Mazurek, *Spoleczeństwo Kolejki*; Michel Christian, Sandrine Kott and Ondřej Matějka, eds. *Planning in Cold War Europe*.

⁷ Annette Leo and Christian König. *Die “Wunschkindpille”*; Agata Ignaciuk, “Clueless About Contraception”; Agata Ignaciuk, “Paradox of the Pill.”

⁸ Agata Ignaciuk, “No Man's Land?”.

Poland during this period were immersed in simultaneous and dynamic processes of contraceptive “innovation” and “failure”.

I use diaphragms and spermicides as key examples to demonstrate how, over the course of a decade, conceptions of these technologies shifted from heavily promoted technological methods to either unpractical (diaphragm) or “better than nothing” (spermicides) solutions. Through these examples, I show how the trajectories of contraceptive technologies were shaped by the specific social, political and economic context of a particular moment in the history of state-socialist Poland. Further, I argue that these trajectories were outcomes of explicit and implicit negotiations between various actors involved in the development, production, distribution and popularization of contraceptives. These negotiations, charged with ambivalence and contradictions, included socialist authorities, healthcare providers, end users, and experts linked to the state-sponsored family planning organisation and the international family planning movement. By underscoring the links between Polish and transnational contraceptive expertise, this article also contributes to situating the “Second World” more firmly in the historiography of transnational flows of knowledge and commodities linked to contraceptive technologies, which, thus far, has primarily focused on the global North, the global South or their reciprocal relationship.⁹

My analysis is informed by the feminist historiography of technology in general and particularly that of contraceptive technologies. Nelly Oudshoorn has demonstrated that

⁹ Ilana Löwy, “Spermicides and Their Female Users”; Darshi Thoradeniya, “Birth Control Pill Trials in Sri Lanka”; Jesse Olszynko-Gryn, “Laparoscopy as a Technology of Population Control.”

these technologies are the material results of processes of negotiation and selection that embody socially constructed practices and values¹⁰. Adele Clarke and Theresa Montini have shown how contraceptive technologies are imprinted with gendered and racial hierarchies, and are shaped and re-shaped in arenas sustained by various institutional and non-institutional actors, including the real and imagined users¹¹. Heather Munro Prescott has argued that birth control technologies can simultaneously operate in two seemingly mutually exclusive frameworks, which she has labelled “pregnancy-as-disease” and “reproductive rights”. In the former framework, rather than the end-users themselves, governments and international organisations have promoted the elaboration and circulation of contraceptive methods with the primary aim of preventing pregnancies to combat poverty. In this framework, provider-dependant technologies, such as the contraceptive shot Depo-Provera, contraceptive implants and the IUD, are the preferred options as they eliminate user-error and subject reproductive agency to professional mediation¹²; surgical sterilization exemplifies perfect birth control in this context, due to its effectiveness and irreversibility¹³. In the latter framework, that of “reproductive

¹⁰ Nelly Oudshoorn, *The Male Pill*, 10

¹¹ Adele Clarke and Theresa Montini. “The Many Faces of Ru486,” 42. On users’ role in shaping contraceptive technologies, also Oudshoorn, *The Male Pill*, 10; Chikako Takeshita, *The Global Biopolitics of the IUD*.

¹² Wendy Kline, *Bodies of Knowledge*; Elizabeth Siegel Watkins, “From Breakthrough to Bust”; Dorothy Roberts, “From Norplant to the Contraceptive Vaccine.”

¹³ Olszynko-Gryn, “Laparoscopy as a Technology of Population Control.”

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rights”, the focus is on how contraceptive technologies, and the oral contraceptive pill in particular, have contributed to enhancing women’s reproductive autonomy¹⁴.

This article uses the Polish trajectories of diaphragms and spermicides between the mid-1950s and late 1960s to demonstrate, as Prescott has, and Chikako Takeshita and Michelle Murphy have for other contraceptive technologies and contexts, that the “pregnancy-as-disease” and “reproductive rights” frameworks may in fact overlap¹⁵ to produce a multiplication of, at times, contradictory meanings. I show how Polish experts simultaneously represented and popularised spermicides as a self-reliant and effective “simple” method, and a method that enhanced the effectiveness of female barrier methods. These methods were depicted in popular family planning literature as both manageable and overly challenging technologies, particularly for less educated women. At the same time, in some of this literature, users, rather than the technologies themselves, were blamed for their limited effectiveness. My research is based on a wide range of sources. I have consulted archival material from the collections of the state medical publisher *Państwowy Zakład Wydawnictw Lekarskich* (henceforth PZWL, located in the Warsaw - Milanówek), the Polish Ministry of Health, the Supreme Chamber of Control and Polish Unified Pharmaceutical Industry, all located in the Central Archives of Modern Records in Warsaw, as well as material collected by the Society for Conscious Motherhood (SCM), the state-sponsored family planning organisation, located in Cracow

¹⁴ Elizabeth Siegel Watkins, *On the Pill*; Hera Cook, *The Long Sexual Revolution*; Lara Marks, *Sexual Chemistry*.

¹⁵ Takeshita, *The Global Biopolitics of the IUD*; Michelle Murphy, *Seizing the Means of Reproduction*; Heather Munro Prescott, *The Morning After*.

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and Poznań. I have also reviewed a range of SCM's published material, including popular medical literature on contraception produced between the late 1950s and early 1980s and articles in the Society's journal, *Problemy Rodziny*, founded in 1961 and targeted at professionals involved in family planning. I conducted systematic searches in *Ginekologia Polska*, the only Polish journal for gynaecologists during most of this period, as well as thematic searches in other professional journals, the general press and women's magazines. This wide variety of sources enables me to map the trajectories of different contraceptive methods in professional and non-professional forums, the latter shedding some light on what it was like to purchase and consume contraceptives in the period under discussion.

In the first section of this article I establish the institutional and political context of the post-1956 state-sponsored family planning campaign, which lost impetus during the 1970s. The next two sections address the introduction and circulation of the key contraceptive methods during the late 1950s and 1960s: spermicides and female barrier methods. Condoms, the IUD and the pill will not be extensively discussed here as their trajectories were fundamentally different. Male contraceptives, while also distributed by SCM, were only marginal in their popularization campaign and the manufacturing process was beyond its control. The IUD and the pill, both highly medicalized, highly effective and coitus-independent female contraceptive methods, only became (relatively) accessible in Poland from the late 1960s, when State-sponsored family planning was already losing impetus¹⁶.

¹⁶ Agata Ignaciuk and Teresa Ortiz Gómez, *Anticoncepción, Mujeres y Género*.

The family planning campaign

This section outlines the aims and components of the family planning campaign carried out between 1957 and 1970 by SCM, with the support of the state-socialist health authorities and Western family planning experts. The production and promotion of several female contraceptive methods began on an unprecedented scale in Poland, coordinated by a dedicated enterprise, Securitas, established by SCM in 1958. I outline the main characteristics in the process of creating a market of contraceptive technologies between 1957 and 1970 and argue that the key elements were medicalization and standardization, supported by Western experts. I also emphasize the importance and uniqueness of SCM's approach through comparison with interwar family planning activism and the progressive de-prioritisation of family planning in the 1970s and 1980s. This de-prioritisation during late state-socialism in Poland was influenced by shifts in the Party-State's relationship with the Catholic Church and an alignment in their population policies. However, SCM's ambition to reduce abortion rates by promoting (female) contraception remained fundamentally unchanged.

The foundation of SCM in 1957 marked the beginning of a health campaign focused on promoting birth control. Historians disagree about the Society's relationship with the State. Sylwia Kuźma-Markowska, whose influential scholarship has established the groundwork for critical examination of Polish state-socialist family planning policies and services, has argued that this interdisciplinary organisation, funded under the auspices of the Ministry of Health by doctors, journalists and writers, many already involved in birth control activism during the interwar period, should be viewed in terms of its agency and autonomy in the Party-State-assigned task of mainstreaming family planning as a state-

wide project¹⁷. Natalia Jarska, on the other hand, has emphasised how, during the early 1960s, the Society was instrumentalized in the Communist Party's conflicts with the Catholic Church¹⁸. Consideration of how contraceptive technologies were developed and circulated under SCM's patronage exemplifies how the organization was simultaneously autonomous and instrumentalized.

The Society was established shortly after the legalization of abortion for socio-economic reasons in 1956 and was bolstered by the moderate anti-natalist position adopted by communist authorities in the second half of the 1950s and the 1960s¹⁹. Consistently high birth rates (averaging at 29.4 per 1,000 annually between 1946 and 1955) and population growth (averaging at half a million annually between 1950 and 1955)²⁰ had ceased to be interpreted as post-war revitalisation of a mutilated nation and were now viewed as threats to the country's development²¹.

It is in this population policy framework that SCM received powerful support from the Party-State for its popularization and educational activities, materialised through the generous assignment of scarce, good-quality printing paper that enabled the printing of 3.5 million books and brochures on family planning during the first two years of its

¹⁷ Sylwia Kuźma-Markowska, "Międzynarodowe Aspekty"; Kuźma-Markowska and Ignaciuk, "Family Planning Advice."

¹⁸ Natalia Jarska, Natalia. "Modern Marriage and the Culture of Sexuality."

¹⁹ Sylwia Kuźma-Markowska, "Marx or Malthus?", 2.

²⁰ Janusz A. Ziolkowski, "Poland."

²¹ Kuźma-Markowska, "Marx or Malthus?", 4; Barbara Klich-Kluczevska, "Making up for the Losses of War."

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existence (late 1957-1959)²². With regard to contraceptive production, SCM became responsible for supervising and consolidating a contraceptive market, which, as Catholic historian Katarzyna Jarkiewicz has argued, had been neglected by the government during the early 1950s. At that time, according to Jarkiewicz, the only available contraceptive products were contraband “zip pouches” (probably containing condoms), sold on street markets²³.

The Polish contraceptive market was apparently less developed in the early 1950s than it had been before the Second World War. The presence in SCM of senior family planning activists trained during the interwar period was a considerable asset and enabled the Society to revitalize this market. Sylwia Kuźma-Markowska has shown how birth control activists, who initially recruited mostly medical professionals and socialist intellectuals, began to promote contraception during the 1930s, particularly among the working classes. Specific clinics were opened in several cities, the first in Warsaw during 1931. Historian Magdalena Gawin has argued the most recommended birth control technologies at that time were barrier methods, especially condoms and “hard” and “soft” pessaries. The “hard” metal pessaries had to be placed over the cervix by a professional and removed once a month before menstruation. The “soft” rubber ones were self-inserted and recommended for use with spermicide jellies or tablets containing active substances such as boric acid or quinine. A few doctors recommended vinegar solution as a cheap and accessible option for even the most poverty-stricken women. The major concerns for 1930s family planners in relation to the available contraceptive methods were efficacy

²² Towarzystwo Planowania Rodziny, *XV Lat*.

²³ Jarkiewicz, “W Obronie Życia Nienarodzonych.”

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and safety. The quinine-based spermicides and “hard” pessaries, both intra and extra uterine, were believed to cause toxicity and lesions²⁴.

As will be explained in greater detail, a number of these methods re-emerged in Poland two decades later, in a qualitatively different political and technological context: the emphasis had shifted to safe methods and their technologization and medicalization, carried out by SCM and a dedicated enterprise, Securitas. What remained stable was the emphasis on female methods, linked to the ways legal abortion was framed in Polish expert discourses from 1956 onward. Medicalized abortion, as Sylwia Kuźma-Markowska has shown, was represented as a socialist healthcare advance that would protect women’s bodies from the lesions caused by illegal terminations. However, this advance, she argued, also produced an increase in medical surveillance over female reproductive bodies²⁵. Simultaneously, in popular medical discourses from the late 1950s onward, chiefly those promoted by SCM, abortion – legal and illegal – was represented as a dangerous surgery that could cause illness and infertility²⁶. In this sense, female contraceptive technologies could not only protect women from pregnancies, but also from abortion and the associated health risks²⁷. This emphasis on female methods, their attachment to the discourse of health and representation as preventive medicine to avoid potentially dangerous abortion, was simultaneously dominant in other countries of the

²⁴ Magdalena Gawin, “Planowanie Rodziny,” 232.

²⁵ Sylwia Kuźma-Markowska, “Walka z “Babkami.”

²⁶ For similar arguments in Soviet anti-abortion propaganda, Amy E. Randall, “Abortion Will Deprive You of Happiness!”

²⁷ Ignaciuk, “No Man’s Land.”

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region, such as the Soviet Union from the mid-1950s to mid-1960s²⁸. In Czechoslovakia during the same period, while the key recommended method – combination of a female barrier method with a spermicide – was essentially the same, it was nevertheless enveloped in a different discourse: that of a safe but also aesthetically pleasing contraception that would not prevent sexual pleasure²⁹. However, as I have explained elsewhere, in Polish medical discourse on family planning the links between contraception and sexual pleasure were consistently weak, with family planners focusing more on the health and well-being of the family unit³⁰.

In Poland, the earliest stage in the process of mass circulating contraceptives in the late 1950s and early 1960s had two main characteristics. The first was the re-branding and commodification of more traditional methods: the sponge and simple spermicides based on boric acid. The second was the introduction of a Western-validated, standardized method: the diaphragm. The availability of this technology was increased through SCM's links with the British Family Planning Association and the International Planned Parenthood-Europe Region, connections on which the SCM established its genealogy, citing the 1957 visit of British family planner, Helena Wright, as key to its foundation. In the decades that followed, SCM would take pride in its links with the IPPF-Europe

²⁸ Yuliya Hilevych and Chizu Sato. "Popular Medical Discourses on Birth Control," 106-107.

²⁹ Kateřina Lišková, *Sexual Liberation, Socialist Style*, 123-124.

³⁰ Ignaciuk, "No Man's Land".

Region, and in 1959 became the first country in Central and Eastern Europe to join the organisation³¹.

With a Latin name conveying safety and reliability, while at the same time elevating its status through associations with medicine and scientific knowledge, Securitas was founded by SCM in 1958 and became the main player in the standardization of contraceptive technologies. Securitas initially focused solely on promoting and distributing contraceptive methods, not on production. In one of the earliest reports on SCM activity, the establishment of Securitas was presented as both the solution to difficulties in contraceptive access, reported by men and women, and a remedy to the conviction of some Party-State authorities that demand for contraception was non-existent. At that time Securitas had just one employee and invoiced 50,000 *zlotys* per month,³² a considerable sum compared to the average monthly salary in 1958 of c.1350 *zlotys*³³.

Initially, the contraceptive methods in the SCM catalogue were produced by several small cooperatives located in different Polish cities. However, activists deemed the quantities produced by this unsystematic process to be insufficient, and in 1961 SCM complained

³¹ Kuźma-Markowska, “Międzynarodowe Aspekty”; Towarzystwo Świadomego Macierzyństwa, *Towarzystwo Świadomego Macierzyństwa*; Towarzystwo Planowania Rodziny, *XV Lat*; Towarzystwo Planowania Rodziny. *Towarzystwo Planowania Rodziny*.

³² Towarzystwo Świadomego Macierzyństwa - Kraków. *Informacja o Działalności TŚM 1959*.

³³ Zakład Ubezpieczeń Społecznych, “Przeciętne Wynagrodzenie w Latach 1950-2017.”

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about “the shortages of necessary contraceptives which makes our propagandistic work inefficient”³⁴. It is possible, however, that a diametric process was taking place: the small manufacturing cooperatives may not have been able to meet the propaganda-incited demand from both end users and doctors. At the turn of 1950s, SCM started constructing a network of clinics in Poland’s major cities to provide assistance for the public and training for doctors. These clinics, together with SCM’s publishing activity, had the potential to disseminate knowledge about contraception to an unprecedented extent³⁵. In 1961, perhaps in response to the aforementioned challenges, in addition to distributing contraceptive methods through the mail and pharmacies, Securitas became a manufacturer itself, probably in the belief that stronger centralization would facilitate production and distribution.

From the late 1950s onwards, Securitas manufactured or co-ordinated manufacturing of several brands of spermicides and female barrier methods (Table 1), as well as two products used in gynaecology: Cervisol for the treatment of cervical erosions and the antifungal and antibacterial solution, Sterovag³⁶.

³⁴ Towarzystwo Świadomego Macierzyństwa, *Towarzystwo Świadomego Macierzyństwa 1957-1960*, 56.

³⁵ Kuźma-Markowska and Ignaciuk, “Family Planning Advice.”

³⁶ Securitas. “Sterovag”; Securitas. “Cervisol.”

Table 1. Branded female barrier methods and spermicides on the Polish market, mid-1950s to mid-1960s³⁷.

Date of introduction	Product/name
1956 or 1957	Proven diaphragm, Proven contraceptive cream, Proven syringe (to apply the cream). Sold separately or as a set
1957	Profemin suppository
1957	Contraceptive sponge (to be used with branded contraceptive liquid or vinegar solution)
1958	Amo liquid, Non tablets
1960	Zet foaming tablets
1962	Afro tablets
1962	Cervical cap
1963	Sex liquid (replaced Amo), Preventin jelly (probably introduced between 1960 and 1963)

In 1969, Securitas started manufacturing the Polish IUD Spiran and therefore had control of most contraceptive production in Poland, with the exceptions of the pill, the production of which commenced around the same time in the national drug factory in Jelenia Góra, and condoms, produced by the national rubber manufacturer, Stomil.

³⁷ Data in the table come from: Czajkowska, “O Dopuszczalności Przerwywania Ciąży,” 172; Rafał Pumpiański, *Jak Zapobiegać Ciąży*; “Non. Tabletki Zapobiegające Zapłodnieniu”; “Płyn Antykoncepcyjny Amo”; Securitas. “Kapturki Naszyjkowe”; Tadeusz Majle, *Co Każde Małżeństwo*, 1. ed; Tadeusz Majle, *Co Każde Małżeństwo*, 6. ed; Towarzystwo Świadomego Macierzyństwa - Kraków, *Sprawozdanie za I Kwartał 1963 r.*; Securitas, “Zlecenie Wykonania Ulotki.”

By the mid-1970s, Securitas headquarters, a 3-bedroom flat in central Warsaw, had 25 members of staff and was annually executing a 10 million *zloty* plan³⁸. However, this growth was accompanied by ongoing complications as support from the authorities diminished. A change in Party-State leadership in December 1970, when Edward Gierek replaced Władysław Gomułka, along with an ideological alignment between the Party-State and the Catholic hierarchy about the promotion and protection of “family”, had a direct impact on SCM and Securitas. While the first change in the organisation’s name in 1970, from Society for Conscious Motherhood to Society for Family Planning, reflected the broader scope of the organisation and its connections to the international family planning movement, the second change – to Society for Family Development in 1979 – was prompted by pressure from the Party-State³⁹. In 1985, the IPPF produced a report in English on family planning policies and services in various countries. Society president Mikołaj Kozakiewicz, perhaps liberated from the self-censorship he would employ if writing in Polish for a local medium, claimed Gierek had personally requested the switch from “planning” to “development”⁴⁰. Inscribed into anxieties about the decelerating post-war baby boom-incited population growth during the 1970s⁴¹, “family development” was a common ground on which the Party-State could work with the Catholic hierarchy⁴².

³⁸ Wiesława Grochola, “W Trzech Pokojach z Kuchnią.”

³⁹ Towarzystwo Planowania Rodziny, *XV Lat*; Towarzystwo Rozwoju Rodziny.

Krajowy Zjazd; Mikołaj Kozakiewicz, “Raport.”

⁴⁰ Mikołaj Kozakiewicz, “Poland.”

⁴¹ Piotr Perkowski, “Wedded to Welfare?”

⁴² Katarzyna Stańczak - Wiślicz, “Od Neomatriarchatu do Szpitala-Pomnika.”

Support for contraceptive production and popularization fitted somewhat uneasily into this situation, especially given the Polish Catholic hierarchy's inflexible anti-contraception stance. While in other Catholic countries there were intense debates during the 1960s on whether the oral contraceptive pill was acceptable from a Catholic moral stance, the Polish hierarchy unequivocally classified it as "artificial" – and therefore prohibited – contraception⁴³. Although, as anthropologist Agnieszka Kościańska has shown, some sectors of lay Catholic intellectualism and activism exhibited a more flexible stance on contraception, the official position remained unapologetic, labelling Securitas-produced spermicides and the pill as harmful to health and broadcasting messages about the IUD as a method that did not prevent pregnancy, but rather terminated it at an early stage⁴⁴.

In the 1985 IPPF report, Kozakiewicz referred to a withdrawal of the paper contributions by the government in 1976 and increasing systemic difficulties collecting and receiving donations that were threatening SCM's survival. Concurrently, the Securitas factory was facing difficulties accessing raw materials, while the public pharmaceutical distribution centre, CEFARM, was refusing to distribute spermicides and IUDs manufactured by Securitas "under the pretext of lack of demand"⁴⁵. Sales of diaphragms, cervical caps and spermicides dropped systematically from the late 1960s onwards, the latter by almost 2/3 by the end of the following decade. Sales of spermicidal tablets and jelly, over 900,000

⁴³ Kościańska, "Humanae Vitae."

⁴⁴ Eg. Duszpasterstwo Rodzin Archidiecezji Krakowskiej, *Konferencje dla Narzeczonych*.

⁴⁵ Kozakiewicz, "Poland."

in 1967, had fallen to less than quarter of a million in 1979, while sales of female barrier methods dropped from 33,000 to 4,000 over the same period (figure 1).

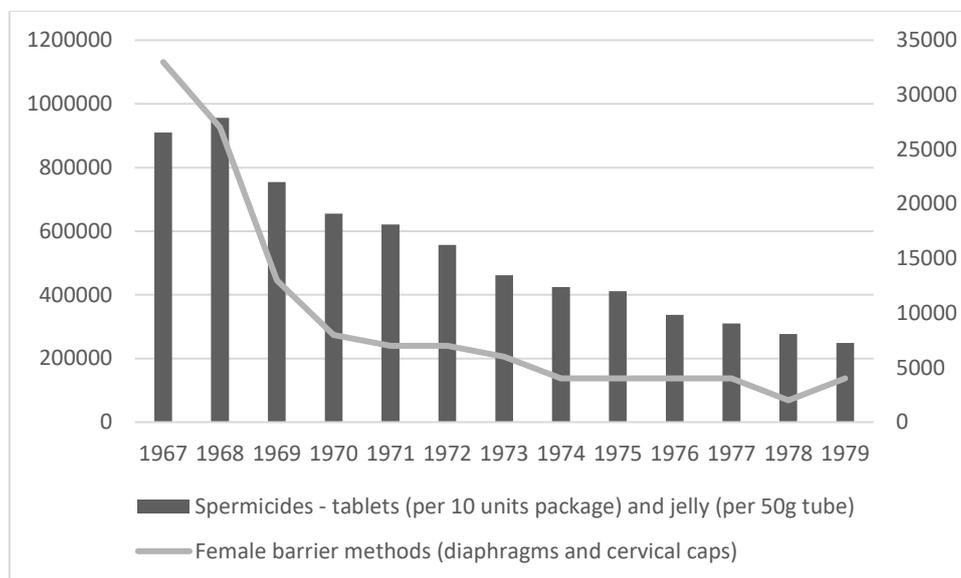


Figure 1. Sales of spermicides and female barrier methods (1967-1979), according to the public pharmaceutical distribution centre, CEFARM⁴⁶.

In 1976, the gynaecologist and celebrity sexologist Michalina Wisłocka, a longstanding activist in the Society, discussed these problems in the popular magazine, *Polityka*:

During a demographic crisis, contraception becomes a taboo to such an extent that society is not informed about available contraceptive methods. What also happens is that local activists complain during the national congress of the Society [of Family Planning] that there is a serious lack of reliable barrier and chemical contraceptives. They are reluctant to recommend Proven diaphragms because of their low quality⁴⁷

⁴⁶ Marek Okólski, "Abortion and Contraception in Poland," 268.

⁴⁷ Wisłocka, "Pomnik dla Boya."

Wisłocka's statement exemplifies how doctors and family planners navigated through the ebbs and flows of the contraceptive market during the mid-1970s, when the ambitious public health campaign had lost most of its impetus and both SCM and Securitas were struggling to survive: public debates were held on whether Securitas' role should pass to the pharmaceutical industry⁴⁸. As I will discuss in the following sections, these negotiations were an intrinsic element of the circulation of female barrier methods and spermicides from the late 1950 onwards.

Disseminating diaphragms and caps

In 1957, the year SCM was established, the diaphragm and spermicide cream known as Proven and sold separately or as a set, were already in circulation. The Proven line would become one of the most recommended female contraceptive methods in Poland, with some SCM-affiliated gynaecologists promoting it well into the late 1970s⁴⁹.

This section examines female barrier methods as key technologies promoted by the SCM during the 1957-1970 campaign. In discussion with historian Sylwia Kuźma-Markowska's scholarship, I demonstrate two reasons why these technologies became favoured by Polish family planners: first, transnational transfers of knowledge from the international family planning movement; second, SCM's emphasis on female methods, motivated both by the wider state-socialist project of medicalizing female reproductive health and the Society's aim to reduce abortion. I also discuss some of the difficulties linked to the circulation and dissemination of female barrier methods, despite their

⁴⁸ Grochola, "W Trzech Pokojach z Kuchnią"; Wiczorkowska-Bednarek, Irma.

"Securitas. Być? Nie Być? Jak Być?". *Problemy Rodziny*, no. 103 (1978): 46-48.

⁴⁹ Eg. Michalina Wisłocka, *Sztuka kochania*.

prioritisation, and reveal ambiguities in the execution of the state-supported family planning campaign. Finally, I show how family planners blamed women, rather than the technologies and contextual problems, for the low adoption of female barrier methods in Poland.

One of the key reasons for prioritising female barrier methods in Poland between the late 1950s and late 1960s was transnational influence. Surprisingly, this originated from the West, not the Soviet Union, despite a similar promotion of female barrier methods in the USSR. Mie Nakachi has shown that the 1950s and 1960s were a “golden age for contraceptive research” in the Soviet Union, research that essentially focused on barrier methods and spermicides⁵⁰. However, affinities with the Soviet neighbour went unrecognized in SCM’s published and unpublished reports. Instead, the Society emphasized its links to the British Family Planning Association and the IPPF, which proved decisive in the development and testing of early Polish technologies. Sylwia Kuźma-Markowska has claimed that between 1957 and 1960, twenty Polish doctors visited London for contraceptive training, which included testing the safety and effectiveness of contraceptive products and placed a strong emphasis on diaphragms and caps combined with spermicides⁵¹. This collaboration continued over the following years: in 1961, a team of four from SCM’s Cracow branch spent two weeks in London, receiving “a dowry in pounds, which helped [them] to start [their] venture and purchase necessary

⁵⁰ Mie Nakachi, “Liberation Without Contraception?”

⁵¹ Kuźma-Markowska, “Międzynarodowe Aspekty”, 275; Towarzystwo Świadomego Macierzyństwa, *Towarzystwo Świadomego Macierzyństwa 1957-1960*; Irena Brzozowska, “Towarzystwo Planowania Rodziny.”

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contraceptives”⁵². Kuźma-Markowska has also demonstrated that this knowledge transfer took place not only through the training of Polish experts abroad, but also by Western experts visiting Poland. Helena Wright, a gynaecologist and from the late 1920s onward one of the most prominent family planning activists in Britain, toured Poland in November 1957⁵³. Kuźma-Markowska has described how Wright caused a sensation through her use of a colourful model of the female pelvis to demonstrate the correct use of female barrier methods and spermicides. Wright’s strong preference for diaphragms and cervical caps had a profound impact on the *modus operandi* and priorities of the SCM, which also presented female barrier methods and spermicides as the most effective contraceptive option⁵⁴. Reports by the SCM Cracow branch show that visits from British family planners continued, as did the participation of Polish delegates in the IPPF’s international conferences⁵⁵.

These priorities were also aligned with both the Polish interwar birth control tradition, in which female pessaries played an important role, and with the aforementioned wider Party-State programme of medicalizing women’s reproductive health. This health programme was framed in terms of protecting women’s fertility and reducing the high

⁵² Towarzystwo Świadomego Macierzyństwa. *Ocena Działalności*.

⁵³ Caroline Rusterholz, “Testing the Gräfenberg Ring”; Caroline Rusterholz, “English and French Women Doctors.”

⁵⁴ Kuźma-Markowska, “Międzynarodowe Aspekty,” 278, following Evans, Barbara, *Freedom to Choose*.

⁵⁵ Towarzystwo Świadomego Macierzyństwa - Kraków. *Sprawozdanie za II Kwartał 1964*.

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neonatal mortality rates, but was also expected to enhance the broader well-being of the family, which could become more prosperous and efficiently managed if the number of children corresponded with housing conditions and financial possibilities⁵⁶.

Family planning ideals also corresponded with the logic of the state-socialist economy's central planning. In a 1960 film produced by the Educational Film Studio in Łódź in cooperation with SCM, a female narrator informed viewers "The family **also** needs to be planned (...) A happy family is the one that can plan and regulate its life" (emphasis mine)⁵⁷. This planning rhetoric was also common in contemporary women's magazines coverage of contraception as well as popularizing brochures, such as female gynaecologist Joanna Tołwińska's 1961 *Do you Plan your Family's Happiness?*⁵⁸.

The diaphragm, which had first to be sized and fitted by a professional doctor or midwife and therefore encouraged women to attend the well-woman or family planning clinics, also perfectly conformed to this logic. When correctly used, SCM experts argued, it was effective, reusable and could be placed without a husband's knowledge⁵⁹. Its effectiveness, they emphasized, had been *proven* in "England, the Netherlands, America

⁵⁶ Ignaciuk, "No Man's Land?"

⁵⁷ Wytwórnia Filmów Oświatowych. *Jak Zapobiegać Cięży*.

⁵⁸ Maria Karaś, "Od Naszego Specjalnego Wysłannika; Joanna Tołwińska, *Czy Planujesz Szczęście Rodzinne*.

⁵⁹ Ignaciuk, Agata. "No Man's Land?"

and Sweden”; again, a validation through transnational alignments with the “First”, rather than “Second” world⁶⁰.

However, early circulation of the Proven set went far from smoothly. The diaphragms were manufactured by the Pensioners’ Cooperative Technochemia in Warsaw, while the cooperative Drogista produced the rest of the Proven set: both had problems maintaining quality and meeting demand⁶¹. Local SCM clinics and public healthcare well-woman clinics frequently reported the unavailability of Proven diaphragms and their poor quality, demonstrating tensions between the propaganda and its execution in the field, and showing that local doctors and midwives as well as women users were, or at least intended to be, active agents in shaping the circulation of contraceptive technologies. A 1963 report by the Cracow branch underlined that over one third of all diaphragms delivered to the local SCM clinic were rejected because of holes or broken springs⁶². A similar 1962 report added excessive thickness to the list of faults, as it was suspected this would make insertion and manipulation of the diaphragm difficult. The report also emphasized that while doctors and midwives chose not to recommend diaphragms due to poor quality, patients despised them as uncomfortable, difficult and embarrassing to use⁶³.

⁶⁰ Tadeusz Bulski, *Poradnik Małżeński*. 1 ed., 22-23.

⁶¹ Wytwórnia Filmów Oświatowych, *Jak Zapobiegać Cięży*.

⁶² Towarzystwo Świadomego Macierzyństwa - Kraków. *Sprawozdanie za II Kwartał 1963 r.*

⁶³ Towarzystwo Świadomego Macierzyństwa - Kraków. *Sprawozdanie za I Kwartał 1962.*

Proven spermicide cream, the active ingredients of which were boric and ricinoleic acid⁶⁴, was sold in tubes or with syringes to facilitate application and also experienced supply problems. Witness to this was the popular magazine for blue-collar and rural women, *Przyjaciółka*, which published readers' letters requesting advice on Proven cream substitutes on three occasions between 1961 and 1964⁶⁵. The agony aunt – the aforementioned SCM gynaecologist Michalina Wisłocka – explained that Drogista Cooperative had run short of one of the cream's ingredients. A local substitute had proved ineffective, so importation of the ingredient had restarted and production would soon resume. Wisłocka suggested visiting the SCM Clinic in Warsaw, but also mentioned that if over-the-counter spermicides were used, these should be Afro [sic!] foaming tablets and not another brand of foaming tablets, the ZETs, which interacted with and damaged rubber, a controversy I will discuss in the next section⁶⁶. Not only were the ingredients problematic, so was the packaging. In a 1967 report on the challenges of the Polish contraceptive market, published in *Problemy Rodziny*, SCM activist Leokadia Grabowiecka asserted that in the competition for packaging, toothpaste had priority over contraceptive creams.⁶⁷ Another potential problem in relation to diaphragms was the availability of different sizes. The aforementioned 1960 film on family planning displayed 15 different sizes, with diameters ranging from 6 to 9 cm, a vital variety as

⁶⁴ Jan Lesiński, *Zarys Zapobiegania Ciąży*, 54.

⁶⁵ Maria Z. "Czym Zastąpić Krem Proven"; J. W. ze Skarżyska. "Czym Zastąpić Krem Proven"; Zofia S. z Zabrze. "Czym Zastąpić Krem Proven."

⁶⁶ Maria Z., "Czym Zastąpić."

⁶⁷ Leokadia Grabowiecka, "Przyczyny i Skutki."

perfect adjustment was essential for effectiveness. But, as the Cracow branch of the SCM reported in 1975, the most popular sizes sold out more rapidly than they could be replenished⁶⁸.

Distribution channels also affected the diaphragm's effectiveness. In the early 1960s, diaphragm sales were conducted by mail, and at sales points in well-women's clinics and in pharmacies. Reports by the Cracow SCM branch suggested this latter channel was intermittent, perhaps due to insufficient quantities. Alternatively, family planning activists may well have preferred basing the sale of this method at sites where contraceptive advice was also provided, such as family planning clinics, well-woman clinics and gynaecological wards at public hospitals, in order to avoid women purchasing and using the technology without being fitted by a specialist. The aforementioned 1967 report by Grabowiecka highlighted the sale of diaphragms as problematic precisely because of "unprofessional behaviour" by pharmacists, who, by not paying attention to size, were rendering one of the most successful methods on the market completely ineffective.⁶⁹

The second female barrier method, the cervical cap, became accessible on the Polish market later than Proven – around 1962, and was never branded.⁷⁰ Advertising in *Ginekologia Polska* journal began in 1964 for this Securitas-manufactured product, made of polyethylene and available for purchase in hospital gynaecology and obstetrics wards,

⁶⁸ Towarzystwo Świadomego Macierzyństwa. *Sprawozdanie z Działalności Lekarskiej Przychodni Specjalistycznej za rok 1975*.

⁶⁹ Grabowiecka, "Przyczyny i Skutki."

⁷⁰ Securitas, "Zlecenie Wykonania Ulotki,"

rural birth homes and well-women's clinics: a circulation that, in this case, excluded pharmacies⁷¹. A 1971 brochure states that caps were locally manufactured, available in five sizes, and intended for use with Preventin contraceptive jelly. Caps should never be boiled, warned the author, the gynaecologist Barbara Trębicka-Kwiatkowska, head of a gynaecology department at the Lublin Medical Academy.⁷² Neither, as another prolific contraception brochure author, gynaecologist Krystyna Jordan, highlighted in 1973, were caps to be worn during the entire intermenstrual period, "as used to be done". This echo of an interwar practice continued to need clarification almost 30 years later, and perhaps reflects the ongoing importance of oral and generational channels of contraception knowledge transmission that co-existed with formalised, state-sponsored channels⁷³.

In popular family planning literature, female barrier methods were invariably presented as highly effective, especially when combined with spermicides, and SCM-linked gynaecologists who wrote about contraception for the general public attributed their failure rate solely to the user. In a 1965 brochure on contraceptive methods, Michalina Wisłocka argued that "failure was a consequence of arbitrary changes the patients introduce on their own"⁷⁴. Almost a decade later, the aforementioned gynaecologist Barbara Trębicka-Kwiatkowska, in another brochure focused on preventing the use of abortion as a birth control method, claimed that "according to statistical evidence, this

⁷¹ Securitas, "Kapturki Naszyjkowe."

⁷² Barbara Trębicka-Kwiatkowska, *Świadome czy Nieświadome Macierzyństwo*.

⁷³ Krystyna Jordan, *Antykoncepcja Współczesna*, 24.

⁷⁴ Michalina Wisłocka, *Metody Zapobiegania Cięży*, 5.

method failed most frequently in women with a low cultural level”⁷⁵. The female barrier method/spermicide combination was, thus, viewed at the same time as suitable and unsuitable for less educated women. Unlike in the working-class global North and South context, in Polish expert discourse on contraception for the general public such assertions were not directly linked to the effect of housing limitations, such as a lack of running water to easily rinse the device after use, a reality in the semi-permanent housing crisis Poland experienced during the state-socialist period⁷⁶. I would argue, however, that these housing limitations did indeed prompt the promotion of solo spermicides as a convenient alternative, within a “better than nothing” approach SCM pursued alongside its quest to provide technological and standardized contraceptives.

Spermicidal ups and downs

This section examines the shifting significations attached to spermicides during the family planning campaign of the late 1950s to the 1970s. I show how, in the earliest stages of this campaign, the production and popularization of spermicides took three seemingly contradictory routes. First, as described in the previous section, the SCM manufactured spermicides to be used together with female barrier methods to enhance their effectiveness. Second, it produced and presented multi-purpose spermicidal liquids as improvements on home-made solutions based on vinegar or lemon juice. Third, the Society developed spermicidal tablets, which it intensely promoted as effective techno-methods tested in collaboration with Western experts. These tablets, in addition to

⁷⁵ Barbara Trębicka-Kwiatkowska, *Zapobieganie czy Przerwanie Ciąży*, 40.

⁷⁶ Dariusz Jarosz, *Mieszkanie się Należy*; Löwy, “Spermicides and Their Female Users”, 93.

enhancing the effectiveness of female barrier methods or the rhythm method, were also expected to work on their own. With time, however, the various industrial spermicides became synonymous with a “better than nothing” approach to contraception. This transition was marked by ups and downs on various levels: in the production and distribution problems spermicides shared with female barrier methods, in disagreements between experts, and in contradictory advice about the most effective combinations of female barrier methods and spermicides. This contradictory advice confused women and potentially discouraged the use of the most effective combinations.

During the late 1950s, in addition to the favoured diaphragm/spermicide pairing, SCM invested in developing and promoting spermicides to be used either with sponges or on their own. A 1958 advert published by Securitas in the professional journal, *Ginekologia Polska*, presenting three brands of condoms (Luxi Gum, Jatex and Łapino) and the Proven line (contraceptive cream, syringe and diaphragm), highlighted a (brandless) contraceptive sponge and a spermicide solution under the sensual name Amo⁷⁷. Amo solution, the active ingredients of which were boric and lactic acid, was manufactured by the medical supplier Chirurgofil in Poznań, a large city 200 km North-West of Warsaw⁷⁸. A 1958 advert specifically for this spermicide also published in *Ginekologia Polska*, highlighted how it “destroyed sperm, prevented pregnancy and trichomonas infection”, while also stating that the product was harmless and could be used frequently.

The Amo solution can be viewed as a technologized alternative to the sponge and vinegar solution: superior, yet paradoxically interchangeable with “homemade” methods. “While

⁷⁷ “Securitas.” *Ginekologia Polska* 29, no. 6 (1958).

⁷⁸ “Płyn Antykoncepcyjny Amo.” *Ginekologia Polska* 29, no. 5 (1958).

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the contraceptive brochures recommend the [Amo] solution and not vinegar, I nevertheless used vinegar during our trip to the countryside, when I forgot to bring my diaphragm”, narrated one of the protagonists in a 1962 booklet written as an exchange of advice between female friends specifically aimed at women with little education⁷⁹. According to one marriage advice manual, by 1963 the Amo solution had been rebranded under the name Sex⁸⁰. However, with technologization curtailed by market problems, homemade contraceptive solutions to be used with sponges or cotton tampons continued to be mentioned in popular family planning literature as a suitable method for enhancing the effectiveness of *coitus interruptus*, or a “better than nothing” emergency during the decades to follow. “It is not the best method, but it’s relatively safe and easy to use”, wrote gynaecologist Zbigniew Sternadel in 1969⁸¹. As late as 1990, a popular book on contraception by gynaecologist Longin Marianowski and sexologist Zbigniew Lew-Starowicz mentions rinsing the vagina with vinegar or a salt solution if a condom had ruptured or a cap fallen off⁸².

By contrast, Securitas’ star product, *Globulki Z* or ZET foaming tablets, personified the hopes that a chemical contraceptive, rather than “better than nothing”, would be both simple to use and effective. These were not the first tablet-form suppositories on the Polish market but were certainly the first ones purposefully designed, branded and

⁷⁹ Karaś, Maria, and Hanna Polsakiewicz. *Listy Do Przyjaciółki*. Warszawa: PZWL, 1962, p. 26.

⁸⁰ Majle, *Co Każde Matżeństwo*.

⁸¹ Zbigniew Sternadel, *Abc Życia Matżeńskiego*, 119.

⁸² Longin Marianowski and Zbigniew Lew Starowicz. *Antykoncepcja Współczesna*.

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advertised. Their predecessors included Non-tablets, in circulation between 1958 and 1961, based on natrium bicarbonate, boric and malic acid, and zinc sulphocarbolate. It is unclear whether ZET foaming tablets were a simple rebranding of Non-tablets or a brand-new spermicide.

The Society vividly emphasized the scientific genesis and local and international testing of ZET tablets. A 1961 report on SCM's early activities underlined that the tablets were developed by the Institute of Pharmacy, a public research institute linked to the nationalised pharmaceutical industry, and preliminarily tested by both SCM-affiliated doctors in Warsaw and the IPPF⁸³. This validation was also communicated to the public in the 1961 version of the bestselling booklet, *How to Prevent Pregnancy*, by woman gynaecologist and key SCM activist Jadwiga Beaupre:

Z(ET) are named after "trust" (*zaufanie*), and you can trust them indeed. Their manufacturer is the Society for Conscious Motherhood in Warsaw. The International Planned Parenthood Association, who received samples, gave them a very high score, as a valuable spermicide⁸⁴.

That same year, in the question and answer column of a popular magazine for rural and working-class women, *Przyjaciółka*, it was even claimed that ZET tablets were "one of the best chemical contraceptives in the world"⁸⁵. Similar claims appeared in popular

⁸³ Towarzystwo Świadomego Macierzyństwa, *Towarzystwo Świadomego Macierzyństwa 1957-1960*.

⁸⁴ Jadwiga Beaupre, *Jak Zapobiegać Cięży*, 42.

⁸⁵ J. W. ze Skarżyska, "Czym Zastąpić."

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brochures aimed at less educated women⁸⁶, who were encouraged to overcome “false shame and purchase the suppositories in pharmacies in another district or order them from Securitas”⁸⁷. In this literature, as I have already suggested, experts emphasized that combination of a spermicide with a barrier method was best, especially during the fertile window, but the ongoing emphasis on ZET’s efficacy and foreign testing during their early circulation could create the impression that they alone were enough to prevent unwanted pregnancy.

The immense popularity ZET tablets achieved was certainly spurred by the intense advertising campaign carried out in women’s magazines, including the one with the widest readership, *Przyjaciółka*. Among the regular adverts for Securitas-distributed contraceptives the weekly published during the 1960s, those for ZET were the most prominent. These adverts began to diminish during the early 1970s until disappearing completely in 1972, perhaps another symptom of the atrophy in Party-State interest in family planning. Destined to not only be disseminated through medicalized channels such as pharmacies and well-woman clinics, but also alongside condoms in newsagent kiosks, ZET tablets were perhaps an example of what in global South population control programmes was termed the availability approach: the more available a method was, the more likely people were to use it⁸⁸. The sale of ZET through non-medicalised channels not only boosted availability, it also decreased their price. In the early 1960s, a pack of 10

⁸⁶ Wanda Jakubowska and Hanna Kowalska. *Poradnik Młodej Mężatki*; Irena Brzozowska, Zygmunt Janczewski, and Irena Kucwiczowa. *Ty I Twoja Rodzina*.

⁸⁷ Towarzystwo Świadomego Macierzyństwa. *Kobiety o Sprawach Małżeńskich*.

⁸⁸ Murphy, *Seizing the Means of Reproduction*, 166.

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ZETs cost 2,10 *zlotys* with prescription, 7 *zlotys* without⁸⁹. In comparison, the Proven diaphragm was sold for 18 *zlotys* (15,60 with prescription). Although requiring a higher initial outlay, a diaphragm was more economic in the long run. Overall, Securitas-managed contraceptive methods were modestly priced and certainly within the reach of a population with an average monthly salary exceeding 1600 *zlotys* at the beginning of the decade⁹⁰.

However, not all SCM activists were happy about the pricing or the distribution channels, claiming the cheap and accessible ZET tablet threatened the more effective diaphragm/spermicide combination. In private reports Cracow-branch SCM activists emphasized that ZET tablets were an oversimplifying technological fix that in fact discouraged doctors from promoting more time-consuming methods, such as the diaphragm⁹¹. It is also likely that diaphragm users combined the ZETs with their Proven diaphragms if unable to purchase Proven cream, or used the tablets with condoms disseminated through the same unmedicalized channels.

Only in 1963 did popular medical literature begin to explicitly warn users about the incompatibilities between ZET tablets and rubber barrier methods. A 1963 manual aimed at women, *You and Your Family*, which tackled various aspects of family “hygiene” including pregnancy, childcare and contraception, mentioned that ZET tablets could be safely used with cervical caps, but not diaphragms. For the latter, use of the Afro foaming

⁸⁹ Bulski, *Poradnik małżeński*.

⁹⁰ Zakład Ubezpieczeń Społecznych, “Przeciętne Wynagrodzenie.”

⁹¹ Towarzystwo Świadomego Macierzyństwa - Kraków, *Perspektywiczny Plan Pracy*.

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tablet was recommended⁹². The following year's edition of this manual was more explicit about the consequences of mismatching the spermicide with barrier methods: "ZET tablets should not be combined with rubber barrier methods, because they interact with rubber and damage it"⁹³. Afro tablets were launched on the market in 1963, perhaps in response to the user-driven employment of foaming tablets that threatened the contraceptive efficacy of barrier methods⁹⁴, and along with ZETs were still in circulation in the mid-1970s⁹⁵. At that time, however, Securitas itself was admitting their effectiveness was limited. In a 1976 interview published in the aforementioned *Polityka* magazine, Jadwiga Bednarska, at that time director of Securitas, announced the company had received an order for half a million ZET tablets and declared that ZET foaming tablets "do not offer a [contraceptive] guarantee, but [at least] are widely available"⁹⁶.

Conclusions

Bednarska's statement demonstrates how the status of foaming tablets had shifted from that of a heavily promoted techno-method to another "better than nothing" solution, and encapsulates the trajectory of spermicides in Poland between the late 1950s and early 1970s, a period of simultaneous boom and crisis on the contraceptive market. This trajectory developed in a specific panorama of contraceptives in which the delayed mass

⁹² Brzozowska, Janczewski and Kucewiczowa. *Ty I Twoja Rodzina*, 1 ed., 99.

⁹³ Brzozowska, Janczewski and Kucewiczowa. *Ty I Twoja Rodzina*, 2. ed., 105.

⁹⁴ Towarzystwo Świadomego Macierzyństwa - Kraków. *Sprawozdanie za I Kwartał 1963*.

⁹⁵ Janina Krocin, "[Zdaniem Lekarza] Zapobieganie Ciąży (2).

⁹⁶ Grochola, "W Trzech Pokojach z Kuchnią."

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introduction of the pill and the IUD preserved the standing of spermicides, in combination with female barrier methods or alone. As Ilana Löwy has shown in her study of spermicides during the 1950s in the global North and South, the availability of more effective contraceptive methods had an immediate effect on the distribution of chemical contraceptives in the “First” and “Third” worlds. The pill, and later certain new IUD models, were promoted to female publics across the globe, albeit with different methods of persuasion for wealthy Western females and impoverished women in the global South. In “Second World” Poland, however, the protracted introduction of the pill and IUD left female barrier methods combined with spermicides, and spermicides alone, as the main sources of contraception. These sources, however, had been discursively transformed: from SCM and Securitas’ emphasis on harmless methods and their standardization and technologization through controlled, Western-inspired production, to resignation. In the case of spermicides, this resignation meant a “better than nothing” strategy. In the case of barrier methods, it entailed the acceptance of periodic shortages and erratic quality. In both cases, neither prescribers nor users succumbed to these strategies passively, but were active in expressing criticism, doubts or praise.

The early standardization and technologization of spermicides and barrier methods was boosted through the circulation of knowledge between Polish family planning activists and the international family planning movement. The SCM experts not only received training in London, but also used the “IPPF” and “the West” symbolically in discourses to legitimise and reinvent contraceptive technologies and their efficacy. While concepts relating to these technologies circulated through the Iron Curtain, local production of contraceptive commodities based on these ideas was a significant challenge in the context of central planning. Despite declarations of active Party-State support during the late

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1950s and 1960, Securitas and SCM had to compete for resources, from printing paper to plastic tubes for Proven cream. Although this support officially continued, it was easy for actual investment in contraceptive technologies to be withdrawn under the pretext of “lack of demand”. “Lack of demand” – a term intrinsic to capitalism – was therefore employed instrumentally in a state-socialist economy governed according to the principle of central planning, in which contraceptive technologies received punctuated rather than systematic support from authorities. At the same time, fluctuations on the contraceptive market provided a ready explanation for stable abortion figures. Simultaneously, female barrier methods and spermicides in Poland between the late 1950s and early 1970s were inscribed with multiple and at times contradictory meanings, in a balance between standardized techno-efficacy, with efficacy compromised by user error (the user embodied as a lower class, uneducated woman) and a “better than nothing” solution, almost a “homemade” method, and the anti-thesis of contraceptive “technology”. Women’s and couple’s reproductive agency in this panorama became obscured, displaced or at times, even erased.

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