

1961

Story: Contraception and sterilisation

(Tolerton, J., 2018)

## Page 3. The pill

### The contraceptive pill arrives

In 1961 the big breakthrough in contraception came to New Zealand when doctors started prescribing 'the pill' – specifically Anovlar, manufactured by Schering. The contraceptive pill had been developed in the United States. The research was instigated by nurse and birth control campaigner Margaret Sanger and continued by Dr John Rock. The pill was endorsed by the United States Food and Drug Administration in 1960. It gave progestin (synthetic progesterone) and oestrogen hormones in tablet form to shut down ovulation so no egg would be released. An artificial menstrual bleed was triggered by taking a week's break from the pill each month.

### Baby boom and bust

The year the pill arrived in New Zealand, 1961, was the peak of the post-war baby boom, when New Zealand women had an overall average of 4.3 children. Though the baby boom continued into the early 1970s, the use of the pill had a significant effect on the birth rate. The boom was followed by what has been called a 'baby bust', the birth rate dropping to about two children per woman for both Māori and Pākehā in the 1980s and beyond.

### Women adopt the pill

New Zealand women started using the pill more quickly than those in most other Western countries. But it was difficult for unmarried women to get the pill until the 1970s, and the pregnancy rate for Pākehā teenagers reached an all-time high around 1970.

### The pill's social effects

'Going on the pill' gave women real control over their fertility for the first time. With reproductive choice, more women delayed marriage and childbirth, stayed in the workforce, went to university and pursued careers. By 1978 the birth rate had fallen below the previous all-time low of the 1930s economic depression, and in 1983 the overall rate was 1.8 children per woman.

The pill set the scene for what was called the 'sexual revolution'. 'For the first time, the bonds of sex and reproduction had been broken, meaning sex was now a means of love and pleasure as well as reproduction,' commented Dr Margaret Sparrow, New Zealand's leading contraception specialist from the 1960s to the 2010s.<sup>1</sup>

### Pill alternatives

The early high-oestrogen pill had unpleasant side-effects, including weight gain and headaches, and became less popular from the mid-1970s. The mini-pill, containing progestin only, was introduced in 1973. The pill remained the most popular method of contraception in the late 2010s. Depo-Provera was the best-known of the long-acting contraceptive injections which became popular from the early 1970s. It was often a preferred method for Māori and Pasifika women. Women raised concerns about the safety of Depo-Provera from the late

1970s, and by the late 1980s fewer women were using it. Implants became a popular choice about 2005. The 'implant' is a small hormone-releasing rod, usually placed under the skin above the elbow by a health professional.

The morning-after pill – renamed 'emergency contraception' in the mid-1990s – had to be taken within 72 hours of intercourse. It gave high doses of the same hormones used in the contraceptive pill, and was used by women who had had unprotected sex and feared they might conceive. The most popular method in the late 2010s is progestogen-only. This is safer than alternatives, has fewer side effects and can be taken later than 72 hours after intercourse.

## The Pope bans the pill

Catholic women could not take the pill if they obeyed Pope Paul VI's 1968 *Humanae Vitae* encyclical, which outlawed oral contraceptives and all other 'artificial' methods of birth control.

The rhythm method used by many Catholics, who called it 'natural family planning' and 'fertility awareness', was refined by Australian doctors John and Evelyn Billings in the 1960s. Working with indigenous people on offshore islands, the couple worked out that the consistency of a woman's cervical mucus was an indication of fertility.

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### Footnotes:

1. Quoted in *Forum*, December 2009, p. 1.

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### How to cite this page:

Jane Tolerton, 'Contraception and sterilisation - The pill', Te Ara - the Encyclopedia of New Zealand, <http://www.TeAra.govt.nz/en/contraception-and-sterilisation/page-3> (accessed 20 August 2020)  
Story by Jane Tolerton, published 5 May 2011, reviewed & revised 7 Dec 2018