

Introduction

In the summer of 2019, I interviewed Deirdre (b.1936) in the kitchen of her suburban home. Deirdre had grown up in a city in the west of Ireland, one of six children, and after school she worked in the confectionary trade. In her late teens, she met her husband, and got married aged 23. She recalled what she knew about contraception and sex on her marriage in 1959:

We were awful innocent, we were innocent, we were awful innocent. I don't know, now today, I do often say they're going on their honeymoon, sure they've had their honeymoon, well over, by the time they go on honeymoons! We go on our honeymoons, we were innocent, what did we know, we didn't know anything about life. You didn't because you didn't talk about it. We never spoke about anything like that.

Deirdre's first child was born a year and seven months later. A year later, her second child died at birth. A year following this, she had her third child, and then three more children followed, explaining 'every 14 months for four years I had one'. Her seventh and final child was born when she was 38, after which she explained she told her husband "That's it now", I said, "the last one I'm going to have", I said. "Whether you like it or not", you know. And it's just as it happened, that's the way it happened'.

Deirdre's testimony is revealing on many levels. It illustrates the lack of knowledge she felt she had in relation to sex and contraception, in contrast with younger generations, and the telling silences around the issue. Moreover, her testimony illustrates the stark reality of recurring pregnancy for many Irish women without access to contraception or information about fertility control. Yet, her account also illustrates her agency and resistance towards her husband when she ultimately decided not to have any more children.

The people like Deirdre who are at the heart of this study were coming of age, marrying and having children in a period of intense and lasting social change in modern Ireland. This book traces their experiences living without legal access to contraception in the 1950s, 1960s and

1970s in the Republic of Ireland, and how people resisted legal and religious restrictions. It also explores the experiences of activists who campaigned for and against changes in the law. The book begins around 1922 with the establishment of the Irish Free State and ends with the passing of the Health (Family Planning) Amendment Act in 1992. This amendment removed many of the restrictions regarding where condoms could be sold; it was amended in 1993 to remove the age restriction on the sale of condoms.¹ As such, the book spans roughly a 70-year period, allowing an examination of continuities and change over the course of the twentieth century.²

The Legal and Social Context

From 1922 with the foundation of the Irish Free State, the country gradually became more conservative as the Irish government worked to ensure that Catholic values were enshrined in the new state's concept of Irishness. This could be seen particularly with a range of laws that were passed during the 1920s and 1930s which reinforced moral codes as well as a series of official investigations which generated lengthy reports which often themselves led to legislation addressing moral and social issues.³

Of particular relevance to contraception was the 1926 Evil Literature Committee which went on to influence the 1929 Censorship of Publications Act.⁴ Witnesses and delegates to the committee suggested that British birth control 'propaganda' was widely available, at least in Dublin and that literature relating to the use of contraceptives was obscene and would encourage sexual activity outside of marriage.⁵ Sections 16 and 17 of the 1929 act banned the advertising of contraception or abortion as well as prohibiting the sale and distribution of 'indecent or

¹ Under the Health Family Planning Amendment Act (1992), contraceptives could be sold to persons aged 17 or over; the 1993 amendment removed this restriction. See: *Health (Family Planning) (Amendment) Act, 1992*, and *Health (Family Planning) (Amendment) Act, 1993*.

² On the benefits of long durée histories, see: Jo Guldi and David Armitage, *The History Manifesto* (Cambridge University Press, 2014), pp. 14–37.

³ James M. Smith, 'The politics of sexual knowledge: The origins of Ireland's containment culture and the Carrigan Report (1931)', *Journal of the History of Sexuality*, 13:2, (April 2004), pp. 208–33, on pp. 208–9.

⁴ Sandra McAvoy, "'A perpetual nightmare': Women, fertility control, the Irish State, and the 1935 ban on contraceptives" in Margaret Ó hÓgartaigh and Margaret Preston (eds.), *Gender and Medicine in Ireland, 1700–1950* (Syracuse University Press, 2014), pp. 189–202, on p. 194.

⁵ *Ibid.*, p. 195.

obscene' books.⁶ The Committee on Evil Literature had recommended that the terms 'indecent' or 'obscene' should have a wide interpretation, 'so as to make the law applicable to matters intended to excite sensual passion'.⁷ In practice, this meant that a wide range of books could be banned, including texts which provided basic information on fertility. Subsequently, the 1931 Carrigan Committee Report suggested that the use of contraceptives was prevalent in a lot of the country and linked access to contraceptives with sexual promiscuity.⁸ It also drew attention to the circulation of advertisements relating to contraception and a cross-Channel trade of contraceptives between Ireland and Britain.⁹ The Criminal Law Amendment Act (CLAA) of 1935, an Irish update to the British CLAA of 1885, thus dealt with a host of issues relating to sexuality and 'marked a break with a neighbouring British culture in which contraception was increasingly accepted'.¹⁰ It raised the age of consent from 16 to 17 years and unlawful carnal knowledge of a girl between the age of 15 and 17, and 'attempted unlawful carnal knowledge' of a girl under 15, were now classed as misdemeanours, rather than felonies.¹¹ The CLAA abolished the 'reasonable cause to believe' clause of the 1885 act, meaning that 'no defence was possible for having sex with a girl under the age of 15 once her age and the act of sex were confirmed'.¹² In practice, this meant that a defence of not knowing the girl's age could be used in cases of rape and sexual assault. The act also increased the penalties for prostitution and had a section which related to public indecency.¹³ Crucially, for our purposes, the CLAA criminalised the importation and sale of contraceptives. The ban, as historian Sandra McAvoy has pointed out, arguably 'delayed the emancipation of Irish women – not least by subordinating their rights to life and health to their reproductive functions'.¹⁴ Ultimately, the combination of the CLAA and Censorship of Publications Act meant that both contraceptives and

⁶ Una Crowley and Rob Kitchin, 'Producing "decent girls": governmentality and the moral geographies of sexual conduct in Ireland, (1922–1937)', *Gender, Place and Culture*, 15:4, (August 2008), pp. 355–72, on p.356.

⁷ Michael Adams, *Censorship: The Irish Experience* (University of Alabama Press, 1968), p. 35.

⁸ McAvoy, 'A perpetual nightmare', p. 199.

⁹ Maryann Gialanella Valiulis, 'Virtuous mothers and dutiful wives: the politics of sexuality in the Irish Free State' in M.G. Valiulis, (ed.), *Gender and Power*, pp. 100–114, on p. 106.

¹⁰ McAvoy, 'A perpetual nightmare', p. 289.

¹¹ Diarmaid Ferriter, *Occasions of Sin: Sex and Society in Modern Ireland* (London: Profile Books, 2009), p. 145.

¹² Ferriter, *Occasions of Sin*, p. 145.

¹³ Crowley and Kitchin, 'Producing "decent girls"', p. 3.

¹⁴ McAvoy, 'A perpetual nightmare', p. 202.

information about birth control were being suppressed. Working-class women and men were, undoubtedly, the most affected by this legislation.

However, the Irish government was not unique in its preoccupation with the sexual health and behaviour of its population, but perhaps what characterised Ireland was the extent to which Catholic ethos influenced its legislation. Similar bans on birth control were implemented in France, Belgium and Italy, but in these countries, this was owing to concerns about depopulation after the First World War.¹⁵ As Senia Pašeta has argued in relation to legislation around censorship of birth control information in Ireland, ‘the moral argument remained imperative: birth control was a sin against God, nature and Catholicism’.¹⁶ Ireland could therefore be said to have more in common with Franco’s Spain where a ban on the sale, usage and advertisement of contraception was introduced in 1941 and not decriminalised until 1978.¹⁷

Motherhood and family were elevated in status under the Irish Free State with the dominant religious discourse backing this.¹⁸ Women, in particular, were ‘critical to the Free State’s definition of itself as a pure and virtuous nation’. While women had played a crucial role in the struggle for Irish independence, in the Irish Free State, they ‘needed to be returned to the home’ through the enactment of gender legislation which tried to block women from political and economic involvement in the State.¹⁹ Contraception was abhorred by the Catholic hierarchy in Ireland, and by extension the Irish Free State government.²⁰ Members of other churches, such as the Church of Ireland, were unjustly impacted by this sectarian legislation; Protestants were ‘encouraged to keep a low, even a cringing profile’.²¹ More broadly, while the Church of Ireland was also concerned with moral issues, as Jennifer Redmond has argued ‘there does not seem to be the same volubility and panic over a perceived decline in moral standards as existed in the Catholic Church and expressed in Lenten pastorals and newspaper articles’.²² Indeed, more widely, the Lambeth conferences of 1930 and 1958 indicated an acceptance of contraception in the Anglican Church. As Maryann Valiulis has shown, in the

¹⁵ Senia Pašeta, ‘Censorship and Its Critics in the Irish Free State 1922–1932’, *Past and Present*, 181, (November 2003), pp. 193–218, p. 217.

¹⁶ *Ibid.*, p. 217. ¹⁷ Ferriter, *Occasions of Sin*, pp. 118–19.

¹⁸ Valiulis, ‘Virtuous mothers’, pp. 101–2. ¹⁹ *Ibid.*, p.101. ²⁰ *Ibid.*, p.107.

²¹ Ian d’Alton, ‘“No country”? Protestant “belongings” in independent Ireland, 1922–49’ in Ian d’Alton and Ida Milne (eds.), *Protestant and Irish: The Minority’s Search for Place in Independent Ireland* (Cork University Press, 2019), pp. 19–33, on p.22.

²² Jennifer Redmond, ‘The politics of emigrant bodies: Irish women’s sexual practice in question’ in Jennifer Redmond, Sonja Tiernan, Sandra McAvoy, and Mary McAuliffe, (eds.), *Sexual Politics in Modern Ireland* (Dublin: Irish Academic Press, 2015), pp. 73–89, on p. 74.

Irish context, birth control was equated with race suicide and became construed as ‘the attempt by the forces of the former colonial power to exert a negative influence on a virtuous Irish population’.²³

Recent important work by Sandra McAvoy, Lindsey Earner-Byrne and Deirdre Foley, has explored the role of the Catholic Church hierarchy, Irish government and the medical profession in shaping debates on contraception.²⁴ Lindsey Earner-Byrne has shown that in the early twentieth century many members of the medical profession framed the contraception debate as a moral issue rather than a medical one.²⁵ In particular, the Irish Guild of Saint Luke, SS Cosmas and Damian was active in the anti-birth control movement and the campaign against a free maternity service in Ireland in the late 1940s and early 1950s.²⁶ Members of organisations like the Irish Guild of Saint Luke, SS Cosmas and Damian overlapped with other Catholic action groups such as the Knights of Saint Columbanus.²⁷ It is also important to note that the majority of Irish maternity hospitals had a Catholic atmosphere; for example, in Dublin, two of the three largest maternity hospitals ‘operated with a Catholic ethos, and the Archbishop of Dublin, John Charles McQuaid, was particularly mindful of how medics operated within these hospitals with regard to birth control’.²⁸ From the 1960s, the topic of contraception began to be more widely discussed in the media. Yet, the Catholic Church maintained its stance in relation to contraception being morally wrong with the publication of *Humanae Vitae* in 1968. As Deirdre Foley has shown, in the wake of *Humanae Vitae*, ‘a strong, patriarchal network of authority, made up of the Irish Catholic hierarchy and an obeisant section of the medical profession, sought to reaffirm control over Catholic women’s bodies’.²⁹ Similarly, in Northern Ireland,

²³ Valulius, ‘Virtuous mothers’, p. 108.

²⁴ Sandra McAvoy, ‘The Regulation of Sexuality in the Irish Free State, 1929–1935’ in Elizabeth Malcolm and Greta Jones (eds.), *Medicine, Disease and the State in Ireland, 1650–1940* (Cork: Cork University Press, 1999), pp. 253–6; Sandra McAvoy, ‘Its effect on public morality is vicious in the extreme: defining birth control as obscene and unethical, 1926–32’ in Elaine Farrell (ed.), *She Said She Was in the Family Way: Pregnancy and Infancy in Modern Ireland* (London: Institute of Historical Research, 2012), pp. 35–52; McAvoy, ‘A perpetual nightmare’.

²⁵ Lindsey Earner-Byrne, ‘Moral prescription: the Irish medical profession, the Roman Catholic Church and the prohibition of birth control in twentieth-century Ireland’ in Catherine Cox and Maria Luddy (eds.), *Cultures of Care in Irish Medical History, 1750–1950* (Palgrave, 2010), pp. 207–28.

²⁶ Earner-Byrne, ‘Moral prescription’, pp. 209–10. ²⁷ *Ibid.*, p. 221.

²⁸ Deirdre Foley, ‘Too many children?’ Family planning and *Humanae Vitae* in Dublin, 1960–72’, *Irish Economic and Social History*, 43:1, (December 2019), pp. 142–160, on p. 144.

²⁹ *Ibid.*, p. 144.

artificial birth control was unavailable and largely condemned until the 1960s and there was significant opposition from the Catholic Church and politicians there to the establishment of family planning services.³⁰ Yet, we know from valuable scholarship by gender historians that both north and south, some Irish women in the twentieth century were resisting and rejecting traditional notions of motherhood.³¹

Ireland's population history has been characterised by long-term population decline, high rates of emigration as well as low rates of marriage and late age of marriage, high marital fertility and a late transition to smaller families.³² The birth rate in Ireland fell steadily from the 1870s up until the Second World War, rising sharply during the 1940s.³³ Between 1911 and 1946, family size fell by approximately 20 per cent; in 1946, as Mary E. Daly has shown, couples who had been married for 30–34 years had an average of 4.94 children compared with 6.77 children for couples with marriages of a similar duration in 1911.³⁴ Nevertheless, when compared with British couples who had been married for a similar duration, Irish couples with marriages of 20 years duration in 1946 had twice as many children as their counterparts in Britain, 4.39 compared to 2.16.³⁵ In the 1950s, the Irish birth rate was close to the Western European average, however, as Daly has posited, this was due to the combination of a low marriage rate and a very high marital fertility rate.³⁶

³⁰ See: Lindsey Earner-Byrne and Diane Urquhart, *The Irish Abortion Journey, 1920–2018* (Basingstoke: Palgrave, 2019), pp. 51–68; Leanne McCormick, “‘The scarlet woman in person’: the establishment of a Family Planning Service in Northern Ireland, 1950–1974’ in *Social History of Medicine*, 21:2, (August 2008), pp. 345–60; Leanne McCormick, *Regulating Sexuality: Women in Twentieth-Century Northern Ireland* (Manchester, 2009); Greta Jones, ‘Marie Stopes in Ireland: The Mother’s Clinic in Belfast, 1936–47’ in *Social History of Medicine*, 5:2, (August 1992), pp. 255–77.

³¹ See: Cara Delay, ‘Pills, potions, and purgatives: Women and abortion methods in Ireland, 1900–1950.’ *Women’s History Review*, 28:3, (2019), pp. 479–99 and Cara Delay, ‘Kitchens and kettles: Domestic spaces, ordinary things, and female networks in Irish abortion history, 1922–1949’, On illegal abortion in Northern Ireland, see Leanne McCormick, “‘No sense of wrongdoing’: Abortion in Belfast 1917–1967, *Journal of Social History*, 49:1, (Fall 2015), pp. 125–48.

³² Mary E. Daly, *The Slow Failure: Population Decline and Independent Ireland, 1920–1973* (University of Wisconsin Press, 2003), p. 4.

³³ Finola Kennedy, *Cottage to Creche: Family Change in Ireland* (Dublin: Institute of Public Administration, 2001), p. 30. We know little about individuals’ personal birth control experiences in the nineteenth century; one of the few Irish proponents of birth control was Thomas Haslam, who published an anonymous pamphlet on the safe period in 1868. See: Carmel Quinlan, *Genteel Revolutionaries: Anna and Thomas Haslam and the Irish Women’s Movement* (Cork University Press, 2002), pp. 25–52.

³⁴ Daly, *The Slow Failure*, p. 122. ³⁵ *Ibid.*, p. 122.

³⁶ Mary E. Daly, *Sixties Ireland: Reshaping the Economy, State and Society, 1957–1973* (Cambridge University Press, 2016), p. 144.

In 1961, for instance, the Irish statistic for the number of legitimate births per married woman was 195.5 per thousand, which was almost double the figure in England and Wales (108.3).³⁷

From the 1960s, it is clear that some couples were trying to limit the number of children they had. For example, between 1966 and 1968, the number of births fell by almost 3 per cent, amounting to a 7 per cent decrease in fertility in two years.³⁸ However, Daly warns caution against exaggerating this transformation, pointing to the fact that in 1967, 23 per cent of women who gave birth in Dublin's National Maternity Hospital were having their fifth child, and the number of births peaked in 1980, with marital fertility in Ireland remaining 'seriously out of line with any other country in the Western world, and remained so because fertility elsewhere was falling sharply.'³⁹ Yet, the introduction of contraception arguably had a significant impact. During the 1960s and 1970s, the average number of children per family in Ireland was usually above 3, before declining quickly in the 1980s, hitting a low of 1.85 in 1995, and then beginning to rise again during the period of economic growth.⁴⁰ After a slight increase in the marriage rate in the spurt of economic expansion in the 1970s, marriage began to lose popularity into the 1980s and there was a sharp fall in marriage rates and a rise in births outside marriage.⁴¹ And, by 1993, 19 per cent of births were outside marriage (compared to 2 per cent in the 1960s), rising to over 31 per cent in 2003.⁴²

From the early 1970s, some Irish politicians, in particular Senator Mary Robinson, began to try to have the law relating to contraception changed. The political and legal debates around the contraception issue have been well-documented.⁴³ Meanwhile, activists began to challenge the law through the establishment of family planning clinics, such as the Fertility Guidance Company in Dublin in 1969. Chrystel Hug rightly argues that 1971 was a 'crucial year in the fight for the right to contraception', pointing to the Irish Women's Liberation Movement's Contraceptive Train, the seizure of a packet of spermicide jelly sent to Mary (May) McGee in Co. Dublin, and Senator Mary Robinson's seven

³⁷ Robert E. Kennedy, *The Irish, Emigration, Marriage and Fertility* (Berkeley: University of California Press, 1973), p. 75 cited in Daly, p. 144.

³⁸ Daly, *Sixties Ireland*, p. 144. ³⁹ *Ibid.*, p. 145. ⁴⁰ Ferriter, *Occasions of Sin*, p. 427.

⁴¹ Kennedy, *Cottage to Creche*, p. 24. ⁴² Ferriter, *Occasions of Sin*, p. 427.

⁴³ See for example: Chrystel Hug, *The Politics of Sexual Morality in Ireland* (Basingstoke: Palgrave Macmillan, 1999), pp. 76–140; Brian Girvin, 'Contraception, moral panic and social change in Ireland, 1969–79', *Irish Political Studies*, 23:4, (December, 2008), pp. 555–76 and 'An Irish solution to an Irish problem: Catholicism, contraception and change, 1922–1979', *Contemporary European History*, 27:1, (2018), pp. 1–22; Aidan Beatty, 'Irish modernity and the politics of contraception, 1979–1993', *New Hibernia Review*, 17:3, (Autumn, 2013), pp. 100–118.

attempts to have her bills on contraception read in the Seanad, as important moments.⁴⁴ Indeed, the 1970s was a critical period for activism around the contraception issue and several studies have illuminated the campaigns of feminist and activist groups to legalise contraception.⁴⁵ In her 2012 memoir, Robinson explained the hypocrisy of the ban of contraception in that ‘it was legal to use contraceptives, but not to buy or sell them’ while the contraceptive pill could be prescribed as a cycle regulator.⁴⁶ In October 1970, Robinson announced her intention to introduce a private members’ bill to repeal the CLAA of 1935.⁴⁷ The Irish government refused to put her bill on the agenda six times between March and June 1971.⁴⁸ With the support of John Horgan and Trevor West, a second bill was put on the agenda on 7 July 1971; it would have allowed the limited sale of contraceptives in hospitals, chemists and other licensed settings, and would have enabled the publication of information about family planning.⁴⁹ Reflecting on this bill, Robinson remarked:

One of the points we tried to make in the Senate was that everyone in the country seemed to be debating the issue except the legislators. There was an Irish tendency to dodge sexual and moral issues by upholding in the law Catholic principles while in practice, doing otherwise. I was offending this fudge by wanting the law to reflect the need for openness and diversity in Irish society. Access to contraception, I argued, was a matter of private morality.⁵⁰

Robinson faced significant backlash from the Catholic Church, stating that the Church hierarchy ‘rose up against the bill, condemning it from the pulpit and denouncing me, personally.’⁵¹ The bill was opposed by a majority of senators (25 to 14) in its first reading.⁵² The following year, Labour TDs Noel Browne and John O’Connell attempted to have the same bill read in the Dail but its first reading was opposed by a majority of government TDs.⁵³

In the meantime, 27-year-old Mary (May) McGee took on a crucial legal challenge in 1972. McGee had left school at 16 and had lost most of her hearing as a result of childhood illness.⁵⁴ She and her husband

⁴⁴ Hug, *The Politics of Sexual Morality*, p. 94.

⁴⁵ Hug, *The Politics of Sexual Morality*, (particularly chapters 3 and 4); Emilie Cloatre and Máiréad Enright, ‘“On the perimeter of the lawful”: Enduring illegality in the Irish Family Planning Movement, 1972–1985’, *Journal of Law and Society*, 44:4, (December, 2017), pp. 471–500; Linda Connolly, *The Irish Women’s Movement*.

⁴⁶ Mary Robinson, *Everybody Matters: A Memoir* (London: Hodder & Stoughton, 2012), p. 64.

⁴⁷ *Ibid.*, p. 65. ⁴⁸ Hug, *The Politics of Sexual Morality*, p. 95. ⁴⁹ *Ibid.*

⁵⁰ Robinson, *Everybody Matters*, p. 72, ⁵¹ *Ibid.*

⁵² Hug, *The Politics of Sexual Morality*, p. 95. ⁵³ *Ibid.*

⁵⁴ Emilie Cloatre and Máiréad Enright. ‘Commentary on *McGee v Attorney General*’ in Máiréad Enright, Julie McCandless and Aoife O’Donoghue, *Northern/Irish Feminist*

Seamus, a fisherman, lived in a mobile home at her mother's house in Skerries with three of their four children; the eldest son lived with his grandmother due to the lack of space.⁵⁵ In spite of efforts at family planning, the McGees had four children (including a set of twins) in less than two years, and May had experienced significant health issues during her pregnancies, including toxæmia during her first pregnancy, a stroke at the end of her second pregnancy, and toxæmia again in her third pregnancy, with her twins arriving prematurely after serious complications.⁵⁶ Dr. James Loughran (a founding member of the Fertility Guidance Company) advised her not to have any more children believing that further pregnancies would place her life at risk.⁵⁷ She was fitted with a cap by Loughran and ordered spermicide jelly by post from England; this was seized by customs. McGee was encouraged to go to court by Loughran and his lawyer because the seizure of the package meant that her life was being put at risk by another potential pregnancy and this contravened the Constitution's articles on the citizens' personal rights (40.3.1) and the authority of the family (41.1.2).⁵⁸

The McGee case was heard by the High Court in July 1972; Judge O'Keefe rejected the case arguing that 'the personal rights of the citizen did not include a right to the protection of privacy, and the 1935 law was not inconsistent with the authority of the family'. In an interview with scholars Emilie Cloatre and Máiréad Enright, McGee recalled of the judgement:

[He] just threw it out, didn't want to know ... He didn't even listen, didn't even try five minutes and I couldn't believe it and I said to myself 'Is that the way women are really treated?' sort of thing ... I have to say that it was only then I realised just how badly women were really treated in the way we were seen but not heard. Our opinion didn't count.⁵⁹

May McGee appealed to the Supreme Court and in December 1973, four out of the five judges ruled in her favour, arguing that the ban on contraception was an invasion of her personal rights and that she was entitled to the 'protection of the privacy of her marital relations'.⁶⁰ It is important to note that the judgement was in favour of marital privacy, rather than contraception. As a result of this decision, the importation of contraceptives for one's own personal use was now allowed, however, the

Judgments: Judges' Troubles and the Gendered Politics of Identity (Oxford: Hart Publishing, 2017), pp. 95–116, on p.107.

⁵⁵ *Ibid.*, p. 107. ⁵⁶ *Ibid.* ⁵⁷ *Ibid.*, p. 107.

⁵⁸ Hug, *The Politics of Sexual Morality*, pp. 96–97.

⁵⁹ Cloatre and Enright. 'Commentary on *McGee v Attorney General*', p. 96.

⁶⁰ Hug, *The Politics of Sexual Morality*, p. 97.

ban on the importation of contraceptives for sale, as well as the ban on the proliferation of information on birth control, were maintained.⁶¹ Meanwhile, in 1973, Mary Robinson had won the vote in the Seanad to have a revised version of her 1971 bill read.⁶² On the same day that senators were due to vote on Mary Robinson's bill, they also received a draft of a government bill introduced by Patrick Cooney, Minister for Justice, on the same issue; Cooney's bill dealt with the regulation of the import of contraceptives and authorisation of their sale.⁶³ Robinson's bill was defeated in the Seanad on 24 March 1974 with 32 votes against and 10 votes in favour.⁶⁴ Cooney's bill was defeated on 16 July 1974 with 75 votes against and 61 in favour, with the Taoiseach Liam Cosgrave famously voting against his own minister's bill.⁶⁵ Robinson made one more attempt to have a bill introduced; her Family Planning Bill of 1974 was, in Hug's words 'a compromise between her relatively liberal bill of 1973 and the more conservative Cooney bill' and would have enabled anyone to import contraceptives for their personal use but for a licence to be required for their importation for sale. It also classed contraceptives as medical appliances which implied that individuals from low-income groups who held medical cards could have obtained contraception for free.⁶⁶ 23 senators voted in favour of a second reading of the bill in December 1974, with 16 against, and when the bill eventually received its second reading in December, 1976, it was narrowly defeated and prevented from reaching the committee stage with 23 votes against and 20 in favour.⁶⁷

In June 1977, the Fianna Fáil government regained power, and Taoiseach Jack Lynch assigned the task of introducing a law on family planning to then Minister for Health, Charles Haughey. In Girvin's view, 'When legislation was finally passed in 1979 it reflected the dominant conservative moral values in every way short of prohibition. Moreover, for over a decade after 1979, Ireland continued to diverge from its European neighbours on moral questions'.⁶⁸ The Family Planning Act closely reflected the position of the Catholic hierarchy on the issue of contraception, with Haughey taking their concerns relating to the young and unmarried, prescribing of condoms and advertising into account with the legislation, as well as providing state finance for the provision of natural family planning advice and research into this method.⁶⁹ The only concern of the bishops that Haughey could not address was their

⁶¹ *Ibid.*, p. 98. ⁶² *Ibid.*. ⁶³ *Ibid.*, p. 102.

⁶⁴ Family Planning Bill, 1973: second stage (resumed), Seanad Éireann debate, March 27, 1974. Accessed: www.oireachtas.ie/en/debates/debate/seanad/1974-03-27/4/

⁶⁵ Hug, *The Politics of Sexual Morality*, p. 107. ⁶⁶ *Ibid.* ⁶⁷ *Ibid.*, p. 108.

⁶⁸ Girvin, 'An Irish solution', p. 3. ⁶⁹ *Ibid.*, p. 20.

desire for contraception to be restricted ‘primarily to married couples’, instead, the act worded that contraception would be available for *bona fide* family planning purposes only.⁷⁰ Yet, as Chrystal Hug has suggested, the phrase ‘*bona fide* family planning’ was likely ‘inserted to keep good Catholics and Fianna Fáil backbenchers happy, who wanted birth control practised in a family context’.⁷¹ The Health (Family Planning) Act was passed on 26 June 1979 with 58 votes in favour and 36 against.⁷²

This legislation, which was famously referred to by Haughey as an ‘Irish solution to an Irish problem’, came into operation on 1 November 1980. It allowed contraception on prescription for *bona fide* family planning purposes only, with this stipulation widely interpreted as meaning that contraceptives were only available to married couples. Under this legislation, a prescription from a doctor was required for all contraceptives, including condoms. As Brian Girvin has recently argued, the Family Planning Act of 1979 should not be viewed as ‘a turning point or as a liberal point of departure for a progressive future’.⁷³ Indeed, it was followed by a divisive referendum over abortion (1983), resulting in the introduction of the eighth amendment of the constitution.⁷⁴ As this book will show, access to contraceptives remained restrictive into the 1980s and early 1990s, and the act essentially handed power to the medical profession and pharmacists. As journalist Stephen O’Byrnes astutely surmised in the *Irish Independent* in 1985:

To an extent the problem did go away after 1979 because the problem was largely resolved in the Dublin area and especially for the middle-classes, and media people in general and middle-class letter writers to the papers were no longer personally motivated by the subject. But if we are honest with ourselves we will see that the unhappy Kerry Tribunal hearing is removing the veil on the tragic and traumatic reality of sexually active adults, ignorant of, or unable to avail of contraceptives.⁷⁵

The Family Planning Act was amended in 1985 under the Minister for Health, Barry Desmond, during a Fine Gael-Labour coalition government which had been formed in November 1982, with Taoiseach Garret FitzGerald, in the face of significant opposition from Fianna Fáil, the

⁷⁰ *Ibid.* ⁷¹ Hug, *The Politics of Sexual Morality*, p. 113. ⁷² *Ibid.*, p. 114.

⁷³ Girvin, ‘An Irish solution’, p. 3.

⁷⁴ On the legal impact of the eighth amendment, see: Fiona de Londras, ‘Constitutionalizing fetal rights: a salutary tale from Ireland’, *Michigan Journal of Gender & Law*, 22:2, (2015), pp. 243–289; J. Scheppe (ed.), *The Unborn Child, Article 40.3.3 and Abortion in Ireland: Twenty Five Years of Protection?* (Dublin: Liffey Press, 2008).

⁷⁵ ‘Family plan bill debate’, *Irish Independent*, 7 February 1985, p. 8.

Catholic Church and conservative campaigners.⁷⁶ The 1985 Health (Family Planning) (Amendment) Bill intended to allow the sale of non-medical contraceptives such as condoms and spermicides which could be sold without a prescription to anyone over the age of 18 at outlets which included chemists, family planning clinics, VD clinics and maternity hospitals.⁷⁷ In contrast to Charles Haughey, Barry Desmond did not consult with the Catholic Church hierarchy when devising the amendment.⁷⁸ The discussion over the Act took five days of parliamentary time and narrowly passed with 83 votes in favour and 80 against.⁷⁹ However, while the amendment to the law meant that non-medical contraceptives such as condoms and spermicides no longer required a prescription and could be bought in a chemist, access remained restrictive, with many chemists and GPs refusing to prescribe and stock contraceptives for moral reasons. During the early 1990s, direct action campaigns such as the Irish Family Planning Association's selling of condoms in the Virgin Megastore in Dublin ('the case of the Virgin condom'), and the Condom Sense campaign, where activists illegally installed condom vending machines in bars and nightclubs, were crucial in helping to further change the law around the sale of condoms in Ireland.⁸⁰

Using Oral History

In a 2003 article on the possibilities for oral history in Ireland, Guy Beiner and Anna Bryson suggested that 'the social history of twentieth-century Ireland needs to be re-written and the standard archival sources currently open to researchers are inadequate for such an undertaking'.⁸¹ Since then, there have been several important studies which have used oral history to help uncover 'hidden' histories, on topics as diverse as the Spanish Flu of 1918, Irish women's experiences during the Second World War, the lives of Irish religious sisters, women's experiences of work, and the impact of the Northern Irish Troubles on healthcare provision and medical practice.⁸² Oral history has also been used

⁷⁶ Hug, *The Politics of Sexual Morality*, p. 115. ⁷⁷ *Ibid.*, p. 118.

⁷⁸ Girvin, 'An Irish solution', p. 22.

⁷⁹ Health (Family Planning) (Amendment) Bill, 1985: Second Stage (Resumed), 20 February 1985. www.oireachtas.ie/en/debates/debate/dail/1985-02-20/15/

⁸⁰ Emilie Cloatre and Máiréad Enright, 'Transformative illegality: How condoms 'became legal' in Ireland, 1991–1993', *Feminist Legal Studies*, 26, (2018), pp. 261–84, on p. 262.

⁸¹ Guy Beiner and Anna Bryson, 'Listening to the past and talking to each other: problems and possibilities facing oral history in Ireland', *Irish Economic and Social History*, 30, (2003), pp. 71–8, on p. 77.

⁸² Ida Milne, *Stacking the Coffins: Influenza, War and Revolution in Ireland, 1918–19*, (Manchester University Press, 2018); Elizabeth Kiely and Máire Leane, *Irish Women at*

effectively and respectfully to uncover the lived experiences of women in Magdalene laundries and mother and baby homes through the Clann Project and Justice for Magdalene Research as well as more recently, the Northern Irish Mother and Baby Homes and Magdalen Laundries Report.⁸³

The case for oral history, since it developed as a field in the 1970s, has always been that it allows scholars 'to rescue for the historical record the lives of social groups for whom other kinds of records were sparse or non-existent, or in which the angle of vision was only that of those in power'.⁸⁴ Put simply, oral history provided me with a unique opportunity to ask individuals, activists and medical practitioners directly about their experiences, how it felt at the time, and what it means to them now.⁸⁵ Or, as Paul Thompson puts it, 'Oral history, by transforming the 'objects' of study into 'subjects', makes for a history which is not just richer, more vivid, and heart-rending, but *true*'.⁸⁶ In addition, when utilised in research in gender history, an oral history methodology can allow a means of 'integrating women into historical scholarship'.⁸⁷ As Kathryn Anderson and Dana Jack have argued, oral history interviews 'provide an invaluable means of generating new insights about women's experiences of themselves in their worlds'.⁸⁸

To date, there have been limited studies which have used oral history as a means of understanding reproductive and sexual health in Ireland.⁸⁹

Work 1930–1960: An Oral History (Irish Academic Press, 2012); Yvonne McKenna, *Made Holy: Irish Women Religious at Home and Abroad* (Irish Academic Press, 2006); Mary Muldowney, *The Second World War and Irish Women: An Oral History* (Irish Academic Press, 2007); Ruth Coon, *The Impact of The Northern Ireland Troubles on Healthcare Provision and Medical Practice* (PhD thesis, Ulster University, 2021).

⁸³ See: Clann Project (<http://clannproject.org/>) and Justice for Magdalenes Research (<http://jfmrsearch.com>). Leanne McCormick, Sean O'Connell, Olivia Dee and John Privilege, *Mother and Baby Homes and Magdalene Laundries in Northern Ireland, 1922–1990, Report for the Inter Departmental Working Group on Mother and Baby Homes, Magdalene Laundries and Historical Clerical Child Abuse*, (January 2021). On the Tuam Oral History project, see www.nuigalway.ie/tuam-oral-history/

⁸⁴ Penny Summerfield, 'Culture and composure: creating narratives of the gendered self in oral history interviews', *Cultural and Social History*, 1:1, (2004), pp. 65–93, on p. 66

⁸⁵ Alessandro Portelli, 'What makes oral history different' in Robert Perks and Alistair Thomson (eds.), *The Oral History Reader* (Routledge, 2003 edition), p. 67.

⁸⁶ Paul Thompson, *The Voice of the Past: Oral History*, 3rd edition (Oxford University Press, 2000), p. 117.

⁸⁷ Joanne Sangster, 'Telling our stories: feminist debates and the use of oral history', *Women's History Review*, 3:1, (1994), p. 5.

⁸⁸ Kathryn Anderson and Dana C. Jack, 'Learning to listen: interview techniques and analyses' in Sherna Berger Gluck and Daphne Patai (eds.), *Women's Words: The Feminist Practice of Oral History* (London, Routledge, 1991), pp. 11–26, on p.11.

⁸⁹ Important exceptions include Betty Hilliard, 'The Catholic Church and married women's sexuality: Habitus change in late 20th century Ireland', *Irish Journal of*

My aim, with this project, was to explore the experiences of Irish men and women in navigating access to contraception and trying to plan their families in a period of tremendous social change, but also to illuminate the experiences of activists involved in campaigns related to the contraception issue. A major problem within the historiography of contraception has been the question of how to explore what has been traditionally seen as a very private facet of everyday life. My methodology has been adapted from successful studies of birth control practices and sexuality in the UK which have utilised oral history as a means of gaining access to attitudes towards contraception. I have been particularly inspired by Kate Fisher's ground-breaking work on birth control practices in England and Wales in the early twentieth century, and her follow-up book with Simon Szreter on sex before the sexual revolution.⁹⁰ These studies also showed me the importance of interviewing both men and women about birth control practices. Recent valuable studies by Caroline Rusterholz and David Geiringer have also highlighted the power of oral history to shed light on individuals' birth control practices.⁹¹ In addition, I utilised a range of more traditional documentary sources, including women's magazines, newspaper sources, government records, contemporary literature, feminist archives and memoirs. The combination of these sources provides us with a rich, multi-faceted account that includes the voices of those who have previously been left out of the historical narrative.

For this project, I conducted interviews with 103 men and women who were born in Ireland before 1955⁹² and 42 interviews with individuals involved in activism related to the contraception issue in the period from the 1970s to the 1990s, as well as some members of the medical profession and priesthood. Activists were, for the most part, identified through archival sources and traced online, or through snowballing. In order to recruit interviewees to talk about their birth control practices, I gave short

Sociology, 12:2, (2003), pp. 28–49; Máire Leane, 'Embodied sexualities: Exploring accounts of Irish women's sexual knowledge and sexual experiences, 1920–1970', in M. Leane and E. Kiely (eds.) *Sexualities and Irish Society: A Reader* (Dublin: Orpen Press, 2014), pp. 29–56; and Hazel Lyder, "'Silence and Secrecy": Exploring Female Sexuality During Childhood in 1930s and 1940s Dublin', *Irish Journal of Feminist Studies*, 5:1&2, (2003), pp. 77–88.

⁹⁰ Kate Fisher, *Birth Control, Sex and Marriage in Britain, 1918–1960* (Oxford University Press, 2006) and Kate Fisher and Simon Szreter, *Sex Before the Sexual Revolution: Intimate Life in England, 1918–1963* (Cambridge University Press, 2010).

⁹¹ Caroline Rusterholz, 'Reproductive behavior and contraceptive practices in comparative perspective, Switzerland (1955–1970)', *The History of the Family*, 20:1, (2015), pp. 41–68 and 'Deux enfants c'est déjà pas mal', *Famille et fécondité en Suisse, 1955–1970* (Lausanne: Editions Antipodes, 2017); David Geiringer, *The Pope and the Pill: Sex, Catholicism and Women in Post-War England* (Manchester University Press, 2019).

⁹² With three exceptions who were born in 1956, 1957 and 1961, respectively.

talks about my research project at fourteen community groups aimed at older people across the country in a range of locations which included urban and rural areas. I then invited individuals to sign up for a one-to-one interview if they were interested in being involved in the project. Individuals were also recruited by word-of-mouth, snowballing, and I also interviewed some friends' parents. In total, I interviewed 30 men and 73 women from a range of socioeconomic backgrounds. All respondents were white, perhaps reflecting much of the population born in the country before 1955. Undoubtedly, people of colour and Irish Travellers would have experienced particular challenges in relation to birth control in the period of this study, and their experiences are worthy of a separate project. None of my interviewees reported a disability, although this was not directly asked in the interview.⁹³

The majority of these individuals were interviewed on their own, but in five cases I interviewed married couples together. Most participants had been or were still married; only five individuals had not been married. Participants were provided with an information sheet in advance of the interview and signed off on a consent form. Following the interview, they could decide whether they wanted their interview to be archived at the Scottish Oral History Centre and the conditions of access through signing a recording agreement form. In line with best oral history practice, the interview transcript was returned to participants, and they had the opportunity to correct any errors so as to ensure they were happy with their written testimony.⁹⁴ All respondents were assigned pseudonyms unless they requested otherwise.⁹⁵ In cases where participants mentioned the name of a partner or family member, this name has been changed in the text.

As Srigley, Zembrzycki and Iacovetta have asserted in their recent collection on feminist approaches to oral history, 'Feminists who work with oral history methods want to tell stories that matter. They know, too, that the telling of those stories—the processes by which they are generated and recorded, and the contexts in which they are shared and interpreted—also matters—a lot.'⁹⁶ In my case, intersubjectivity was crucial, and my positionality as an Irish woman in her early thirties at the time of the interviews, undoubtedly had a bearing on the ways that interviewees

⁹³ On Irish deaf women's experiences, see: Grainne Meehan, *Flourishing at the Margins: An Exploration of Deaf and Hard-of-Hearing Women's Stories of Their Intimate Lives in Ireland* (PhD thesis, NUI Maynooth, 2019). Important ongoing work by the Re(al) productive Justice project at NUI Galway is exploring the experiences of disabled people in Ireland seeking reproductive justice.

⁹⁴ Lynn Abrams, *Oral History Theory*, 2nd ed. (Abingdon: Routledge, 2016), p. 165.

⁹⁵ I have chosen not to indicate where individuals requested a pseudonym or not.

⁹⁶ 'Introduction', in K. Srigley, S. Zembrzycki, F. Iacovetta, *Beyond Women's Words: Feminisms and the Practices of Oral History in the Twenty-First Century* (London: Routledge, 2018), p. 1.

related to me. For example, my respondents often compared their experiences of sex education and wider attitudes to sex with attitudes today, and this may have been in part because of our intersubjectivity, as I would have been close in age to their granddaughters or daughters.⁹⁷ For instance, in relation to single mothers, Mary Ellen (b.1944) compared the stigma of unmarried motherhood in the past with attitudes today, stating ‘That wouldn’t happen today because they’re allowed to have their babies today’. Similarly, with regard to sex education, Noreen (b.1954) explained that young people ‘pick it up from the internet, only it’s not magazines, it’s the internet you know? Only they do it much younger, and they’re more savvy, in one way they’re more savvy and in another way they’re not. I think ... the real sex education doesn’t occur’.

Before beginning the project, I would regularly get asked about whether I thought people would be open in sharing their personal experiences. For the most part, people were remarkably candid about their lives. It is also important to note that the majority of interviews took place during 2018–19 when there was increased discussion about Irish mother and baby homes in the news. In May 2018 there was a referendum to repeal the eighth amendment and in May 2015 there had been a referendum on same-sex marriage. This perhaps meant that issues relating to sexual morality were to the front of people’s minds. Moreover, being an Irish woman meant that I benefited from shared experiences of culture and the Catholic religion in some cases, and meant that I could empathise with some of the experiences individuals recalled, based on my own experiences and family history, which perhaps made people feel comfortable telling their stories to me. Yet, with regard to the male respondents, the fact that I was young and female meant that in some cases, men were perhaps not as open with me as they might have been with a male interviewer, although no male respondents raised this issue directly.

The power of oral history is evident in these interviews. Following a life story approach meant that individuals talked not only about their experiences of contraception and family planning, but that they also discussed related issues such as sex education, courtship and marriage, single motherhood, attitudes to sexuality more broadly, as well as traumatic events such as miscarriage or the loss of a child.⁹⁸ Oral histories also provided me with access to ‘emotions which are not evident in paper

⁹⁷ Angela Davis reported similar findings in her study. Davis, ‘Generation and memories of sex and reproduction in mid-twentieth-century Britain’, *The Oral History Review*, 45:2, pp. 249–64, on p. 260.

⁹⁸ On unexpected trauma in oral history interviewing, see: Emma Vickers, ‘Unexpected trauma in oral interviewing’, *The Oral History Review*, 46:1, (2019), pp. 134–41. For an excellent example of a life story approach to oral history, see: Judy Yung, ‘Giving voice to Chinese American women’, *Frontiers: A Journal of Women’s Studies*, 19:3, (1998), pp. 130–156.

documents'.⁹⁹ In the telling of their experiences, individuals laughed, joked, expressed sadness, regret, and in some instances, became emotional. I am indebted to my interviewees for trusting me with their memories. Their accounts have enabled a clearer picture of people's experiences relating to contraception than would have been possible through a reliance on archival evidence.

Why is This Book Important?

This book broadly examines the experiences of two groups of people: Irish men and women born in Ireland in the period before 1955, and activists who campaigned for the legalisation of contraception and/or provided access to contraception through family planning clinics as well as conservative campaigners who were against the legalisation of contraception. Neither of these groups' experiences have been captured on this scale before. The first five chapters are predominantly focused on the experiences of Irish men and women who were of fertile age during the 1950s, 60s, 70s and 80s. Chapters 6, 7, and 8 explore activists' experiences. Chapter 9 looks at both.

My study provides, for the first time, an insight into the experiences of and attitudes to birth control of Irish citizens living in this period of rapid social change, assessing how these were shaped by Ireland's social and cultural context while also illuminating related facets of everyday life such as sexuality, gender relations, marriage and pregnancy. In spite of the ban on contraception, declining family sizes in the period prior to legalisation suggest that many Irish men and women were practising fertility control measures. This book seeks to explain how and why through the use of a 'bottom-up' approach which centres the voices of men and women who lived through this period.¹⁰⁰ It is not concerned

⁹⁹ Katie Holmes, 'Does it matter if she cried? Recording emotion and the Australian generations Oral History Project', *The Oral History Review*, 44:1, (2017), pp. 56–76, on p.75.

¹⁰⁰ For works which have greatly expanded our knowledge of women's experiences in relation to sex, maternal health and welfare, see: Elaine Farrell, *A Most Diabolical Deed: Infanticide and Irish Society, 1850–1900* (Manchester University Press, 2013); Maria Luddy, *Prostitution and Irish Society, 1800–1940* (Cambridge University Press, 2007); Cliona Rattigan, *What Else Could I Do?: Single Mothers and Infanticide, Ireland 1900–1950* (Irish Academic Press, 2011), Lindsey Earner-Byrne, *Mother and Child: Maternity and Child Welfare in Ireland, 1920s–1960s* (Manchester: Manchester University Press, 2007). Related to this, valuable work by Lindsey Earner-Byrne, Cara Diver and Linda Connolly has also uncovered women's experiences of sexual and marital violence: Lindsey Earner-Byrne, 'The rape of Mary M.: A microhistory of sexual violence and moral redemption in 1920s Ireland', *Journal of the History of Sexuality*, 24:1, (January 2015), 75–98; Cara Diver, *Marital Violence in Post-Independence Ireland, 1922–6: 'A Living Tomb for Women'* (Manchester University

with the legislators and politicians involved in debates around contraception, but with the experiences of ‘ordinary’ people and activists. However, it is crucial to note the problem with the use of the term ‘ordinary’.¹⁰¹ These individuals’ accounts of resilience and resistance when barriers including societal, medical and legal structures as well as Church teachings were stacked against them, were deeply inspiring, and in many cases, extraordinary. As such, the book also seeks to contribute to the history of sexuality in Ireland, which, to date, has tended to focus on the darker side of sexuality.¹⁰² Crucially, the book seeks to highlight the agency of Irish people in gaining access to contraception illegally and in going against the traditional teachings of the Catholic Church, as well as suggesting the continuing reliance on ‘natural’ methods of birth control such as the ‘withdrawal method’, Billings method and abstinence. Moreover, the stories of activists who campaigned both for and against the legalisation of contraception, and who have previously received limited attention from scholars, are also explored.

As well as implicitly making a case for the value of oral history as a methodology to understand individuals’ personal experiences of reproductive and sexual health, this book also makes a number of key arguments. Firstly, it illustrates the impact of Church teachings and State laws on both attitudes to sexuality and on individuals’ family planning practices, and in particular how Church and State laws essentially meant that members of the medical profession and Church representatives were allocated significant power and authority over individuals’ reproductive health choices. However, in spite of this, it is clear that many Irish men and women were beginning to resist this power and authority and through a focus on men and women’s experiences, this book seeks to highlight individuals’ agency in family planning. It also shows how responsibility for family planning tended to lie with women in this period, and how women’s resistance in this area helped to drive significant change. Yet, as a result of lack of access to artificial methods, combined with the impact of Church teaching, natural methods of family planning remained one of the few options for the majority of men and women. Class and location were clearly important in relation to who had the option to engage in effective family planning. Second, significant work by

Press, 2019); Linda Connolly, ‘Sexual violence in the Irish Civil War: a forgotten war crime?’, *Women’s History Review*, 30:1, (2021), pp. 126–43. Sarah-Anne Buckley’s important work has illuminated hidden histories of child abuse and welfare. See: Sarah-Anne Buckley, *The Cruelty Man: Child Welfare, the NSPCC and the State in Ireland, 1889–1956* (Manchester University Press, 2013).

¹⁰¹ Claire Langhamer, ‘“Who the hell are ordinary people?” Ordinarity as a category of historical analysis’, *Transactions of the Royal Historical Society*, 28, (2018), pp. 175–195.

¹⁰² Diarmaid Ferriter’s *Occasions of Sin* touched on the debates surrounding contraception in Ireland, however, the main focus of the study was what he terms more ‘clandestine and illicit sexual behaviour’.

Earnar-Byrne, Rossiter, Delay, and Earnar-Byrne and Urquhart, has illuminated the consequences of lack of contraceptive and abortion options in Ireland, and in particular highlighted the pattern of travel to England for reproductive healthcare.¹⁰³ Mary Gilmartin and Sinéad Kennedy have devised the term ‘reproductive mobility’ to refer to travel for the purposes of accessing reproductive health services.¹⁰⁴ This book further emphasises the impact of lack of access to contraception on individuals but also shows the hypocrisy of the Irish situation which meant that while Britain was routinely invoked as a ‘heathen’ or permissive society, Ireland’s proximity to Britain meant that the UK market was relied upon as a provider of contraceptives such as condoms, as well as female sterilisation. Third, through the use of oral history interviews with activists involved in campaigns for and against the legalisation of contraception, this book shows the importance of activists in generating debate, challenging the law and in some cases providing services, but also emphasises the personal impact that this work had on these individuals. Through discussion of the experiences of activists on both sides, I aim to show how the issue was one of the most polarised debates in Irish society in the twentieth century, and contribute to the growing history of activism in Ireland.¹⁰⁵ In the case of anti-contraception campaigners, it is clear that their activism around contraception was a key foundation for the pro-life campaigns of the 1980s and beyond.¹⁰⁶ More broadly, this book seeks to contribute to the history of contraception internationally; a growing field of research, which in recent years has begun to focus on the

¹⁰³ See: Earnar-Byrne and Urquhart, *The Irish Abortion Journey*; Ann Rossiter, *Ireland’s Hidden Diaspora: The Abortion Trail and the Making of a London-Irish Underground, 1980–2000* (IASC publishing, 2009); Cara Delay, ‘From the backstreet to Britain: Women and abortion travel in Modern Ireland’, in Charlotte Beyer, Janet MacLennan, Dorsia Smith Silva, and Marjorie Tesser (eds.), *Travellin’ Mama: Mothers, Mothering, and Travel* (Demeter Press, 2019).

¹⁰⁴ Mary Gilmartin and Sinéad Kennedy, ‘A double movement: the politics of reproductive mobility in Ireland’, in Christabelle Sethna and Gayle Davis (eds.), *Abortion Across Borders: Transnational Travel and Access to Abortion Services* (Baltimore: Johns Hopkins Press, 2019), pp. 123–43.

¹⁰⁵ See for example: Cloatre and Enright, ‘Transformative illegality’ and ‘On the perimeter of the lawful’; Mary Muldowney, ‘Breaking the silence: pro-choice activism in Ireland since 1983’ in Jennifer Redmond, Sonja Tiernan, Sandra McAvoy and Sonja Tiernan (eds.), *Sexual Politics in Ireland* (Irish Academic Press, 2015), pp. 127–53; Patrick McDonagh, *Gay and Lesbian Activism in the Republic of Ireland, 1973–93* (Bloomsbury, 2021); David Kilgannon, ‘“Responsible, effective and caring”: Gay Health Action, AIDS Activism and Sexual Health in the Republic of Ireland, 1985–1989’, *Irish Economic and Social History*, (online, August 2021).

¹⁰⁶ The terms ‘pro-life’ and ‘pro-choice’ are, of course, highly politicised but I have chosen to use these terms in the book out of a preference to refer to campaigners by the terms they wish to be called.



I.1 *Heavy Traffic (2)*, Ballyfermot, Dublin, June 1981. Photograph by Beth Lazroe. All rights reserved, DACS 2022.

personal experiences of individuals and activists.¹⁰⁷ It aims to illustrate that the Irish history of contraception was not exceptional, but that Irish men and women had much in common with the experiences of individuals in other predominantly Catholic European countries, such as Italy, Spain and Switzerland, as well as the experiences of individuals in regions which did not have the same legal restrictions on contraception such as Quebec, England and the United States.¹⁰⁸ Finally, the book argues that unlike other countries, Ireland did not experience a sexual revolution until at least the 1990s. I argue that the Family Planning Act of 1979 was not a turning point, and that restricted access to contraception, and shame and stigma around sexual matters more generally, persisted until at least the 1990s, if not beyond.

¹⁰⁷ For example: Hera Cook, *The Long Sexual Revolution: English Women, Sex, and Contraception: 1800–1975* (Oxford University Press, 2004); Elizabeth Siegel Watkins, *On the Pill: A Social History of Oral Contraceptives 1950–1970* (Baltimore: Johns Hopkins University Press, 1998); Raúl Necochea López, *A History of Family Planning in Twentieth-Century Peru* (Chapel Hill, NC: University of North Carolina Press, 2014); Susanne M. Klausen, *Race, Maternity, and the Politics of Birth Control on South Africa* (Houndmills, UK: Palgrave MacMillan, 2004); Nicole C. Bourbonnais, *Birth Control in the Decolonizing Caribbean: Reproductive Politics and Practice on Four Islands, 1930–1970* (Cambridge University Press, 2016); Caroline Rusterholz, *Women’s Medicine: Sex, Family Planning and British Female Doctors in Transnational Perspective*, (Manchester University Press, 2020).

¹⁰⁸ See for instance: Alana Harris (ed.), *The schism of ‘68: Catholics, Contraception and Humanae Vitae in Europe, 1945–1975* (London: Palgrave MacMillan, 2018); Teresa Ortiz-Gómez, and Agata Ignaciuk, ‘The family planning movement in Spain during the democratic transition’, *Journal of Women’s History* (2018); Diane Gervais and Danielle Gauvreau, ‘Women, priests, and physicians: family limitation in Quebec, 1940–1970’, *Journal of Interdisciplinary History*, 34:2 (2003), pp. 293–314; Leslie W. Tentler, *Catholics and Contraception: An American History* (Cornell University Press, 2008).