

9 Family Planning after the Family Planning Act

Access to Contraception in 1980s and 1990s Ireland

In November 1980, Margaret Farrelly was interviewed for the RTÉ programme ‘Today Tonight’. Farrelly, who lived in Ballyfermot, Dublin, had married at 16, and had fourteen children between the ages of 4 and 24. It was reported that Margaret had seventeen pregnancies in twenty years, with three of the children not surviving. Farrelly had tried to use the safe period, unsuccessfully, stating ‘There are still a few safe period babies there, it doesn’t work for everybody’. Speaking to the reporter Joe Little, she explained, ‘It’s not something you’re looking for, to keep having babies every year. No break at all for yourself. Social life ... always in the kitchen with them, going after them, you know?’ Farrelly also spoke about the economic toll of raising so many children, stating, ‘That takes me out to the pin of my collar, you know. And there are waiting days, when you’re waiting for your husband to come in with the few bob’. She also reflected on the emotional toll fear of pregnancy had on a marriage, stating, ‘it would cause a lot of discomfort in the home, and trouble, it would. You know, like, you’d be frightened every month, let’s face it, that you’re going to become pregnant’. Farrelly’s statement echoed the accounts of Irish women throughout the twentieth century, but unlike these women, from 1980, she could legally access contraception as a result of the 1979 Health (Family Planning) Act which made contraception legal for *bona fide* family planning purposes, although access remained patchy. Farrelly was prescribed the pill by her GP, Dr. Paddy Leahy, and justified her decision for economic reasons, recognising that she could go on to have four or five more children.¹

The same month as Margaret’s interview, Charles Haughey delivered the opening address at the national forum organised by the Council for the Status of Women on the United Nations Decade for Women. A group of women protestors, including members of CAP, announced

¹ ‘Today Tonight’, broadcast on RTÉ, 8 November 1980. Accessed : <https://www.rte.ie/archives/2020/1029/1174622-family-planning-access/>

contraception.³ The Act was restrictive and its stipulation that contraception could only be obtained for *bona fide* family planning purposes, was widely interpreted as meaning that only married couples could access it. Chrystel Hug has suggested that the act ‘seems to have closed more doors than it opened, on paper anyway’, pointing also to the doubling of the price of condoms overnight from £1.60 to £3.45.⁴ Notably, the Act did not contain any provision relating to male and female sterilisation, an issue raised by TDs Dr. Noel Browne and Dr. John O’Connell during the debates over the bill.⁵

More widely, if anything, the 1980s and early 1990s represented a period of intense sexual repression in Ireland including divisive referendums over abortion (1983; 1992) and divorce (1986; 1995).⁶ As mentioned in Chapter 7, 1984 was witness to two painful cases in Ireland which exemplify the impact of the sexually repressive environment. The first was the death of Ann Lovett, a 15-year-old schoolgirl, who died after giving birth to a stillborn baby at a grotto in Granard, Co. Longford, in January 1984.⁷ The second was the Kerry Babies case, a 17-week inquiry after two new-born babies were found dead within 100 km of each other in April 1984. Joanne Hayes, the mother who had concealed one of the babies, was arrested and charged with murder of the other baby. It was claimed erroneously during the case that she was also the mother of the second baby.⁸ More broadly, AIDS was first reported in Ireland in 1982, but as Ann Nolan has shown, and as was the case in the UK and US, the Irish government was very slow to address the AIDS issue. In Ireland, it was activist groups such as Gay Health Action who first responded to the AIDS crisis; there were no substantial government AIDS public health campaigns until the 1990s.⁹

This chapter shows that following the introduction of the Family Planning Act, very little changed in relation to access to contraception. Individuals were still reliant on a sympathetic doctor and a chemist that would stock contraceptives. Moreover, into the 1980s and 1990s, class, location, and age had a significant impact on access. As the case of tubal ligation shows, the UK continued to be relied upon for Irish women’s reproductive healthcare. This chapter argues that direct challenges to the

³ Girvin, ‘An Irish solution’, p. 3.

⁴ Hug, *The Politics of Sexual Morality*, p. 114.

⁵ Health (Family Planning) Bill, 1978: Committee Stage, Dáil Éireann Debate, 9 May 1979. Accessed: <https://www.oireachtas.ie/en/debates/debate/dail/1979-05-09/8>

⁶ Diarmaid Ferriter, *Ambiguous Republic, Ireland in the 1970s* (London, Profile Books, 2012), p. 679.

⁷ Hug, *The Politics of Sexual Morality*, p. 121.

⁸ See: Nell McCafferty, *A Woman to Blame: The Kerry Babies Case* (Dublin, 1985).

⁹ Ann Nolan, ‘The Gay Community Response to the Emergence of AIDS in Ireland’.

law by activists such as Condom Sense and the IFPA youth group highlighted the problems with the law and ultimately helped to act as a catalyst for its liberalisation in 1993.

9.1 Problems with the 1979 Act

The Family Planning Act undoubtedly strengthened doctors' authority over the provision of contraception and further cemented the class divide with regard to access. Writing in *Socialist Republic* in 1980, CAP member, Jacinta Deignan, commented that:

the new law will make it harder to get contraception and advice. For condoms, cream, etc., you will need a doctor's prescription. This will cost money and so will the chemist's fee. Medical card users will not be able to obtain contraceptives free under the new law.¹⁰

Yet, many members of the medical profession were also unhappy with the legislation. In the *Journal of the Irish Medical Association* in January 1979 it was reported that 'doctors feel affronted by the provision that the use of contraceptives has to be authorised by a registered general practitioner', and that the proposed law would make the medical profession 'the sole instrument of the State in the regulation of the supply of contraceptives'. They noted that the decision to use contraceptives had 'nothing to do with medicine'.¹¹ Writing to the *Journal* later that year, Arthur Barry stated that 'doctors are to become common hucksters of contraceptive devices, etc.'¹²

Some doctors also refused to provide contraception on moral grounds. Section 11 of the 1979 Act included a clause related to Conscientious Objection which stated: 'Nothing in this Act shall be construed as obliging any person to take part in the provision of a family planning service, the giving of prescriptions or authorisations for the purposes of this Act, or the sale, importation into the State, manufacture, advertising or display of contraceptives'.¹³ This meant that doctors and chemists could also refuse to provide contraception on moral grounds. Indeed, it appears from oral testimony, that some doctors continued to refuse to dispense the contraceptive pill for this reason.

¹⁰ 'Contraception laws out!', *Socialist Republic: Paper of People's Democracy*, 3:5, (1980), p. 6. With thanks to Niall Meehan.

¹¹ 'Health (Family Planning) Bill, 1978', *Journal of the Irish Medical Association*, 12 January 1979, 72:1, p. 1.

¹² 'Letters to the editor', *Journal of the Irish Medical Association*, 16 February 1979, 72:2, p. 52.

¹³ Health (Family Planning Act), 1979. Accessed: <http://www.irishstatutebook.ie/eli/1979/act/20/enacted/en/print>



Figure 9.2 CAP anti-bill demo Junior Commons Room, Trinity College Dublin, November 1980.

Photograph by Beth Lazroe. All rights reserved, DACS 2022.

Dr. Paddy Leahy, a Ballyfermot GP, was one of the few vocal voices from the medical profession to criticise the Family Planning Act. He denounced his fellow members of the medical profession for failing to speak out against the legislation and to discuss the issue at the Medical Union Conference, stating, ‘Most of them are behaving like a crowd of overgrown altar boys. I never thought the day would come when I would be ashamed to be a member of the medical profession. But Irishwomen are now being degraded by pompous prigs sitting behind their desks with a few letters after their names and hiding behind the so-called conscience clause in this absurd Act’.¹⁴ A well-attended meeting was held at TCD on 1 November 1980 under the banner of ‘Contraception – Access for All’, a new group set up by CAP and other campaigners (Figure 9.2). Speakers at the meeting included Senator Catherine McGuinness and Paddy Leahy. Leahy asserted, ‘I shall continue to run my practice my way, I shall continue to give contraceptives to all and sundry who want them and need them’.¹⁵ The profession was clearly divided, however.

¹⁴ ‘Defiant doctor prepared to go to jail’, *Irish Times*, 31 October 1980, p. 6.

¹⁵ ‘Today Tonight’, broadcast on RTÉ, 8 November 1980. Accessed : <https://www.rte.ie/archives/2020/1029/1174622-family-planning-access>

In November 1980, journalist Colm Toibin, discovered that three Dublin doctors out of six that he visited refused to provide him with contraception.¹⁶

For young people in 1980s Ireland there were limited ways of getting access to contraception and sexual health information. According to Jon O'Brien, who had been IFPA Youth Officer and later Education Officer, 'the chilling effect of the Irish solution to the Irish problem was that in the family planning clinics the feeling was, you couldn't just go in and get contraceptives, you had to be married. There was a fear that they would be judgemental'. Obtaining contraception was a challenge. O'Brien's testimony illuminates the rigmarole involved:

You know...what you had to do if you wanted to have sex, you had to go to the doctor. The doctor if he thought you needed them for *bona fide* family planning purposes would write you a prescription. The doctor was not supposed to give you the condoms. You'd then have to go to the pharmacist, the pharmacist then...if the pharmacist agreed with you and the pharmacist had them in stock, you'd get the condoms.

In a report on the 'Today Tonight' television programme on RTÉ, aired on 6 November 1980, reporter Joe Little found that three chemists he visited in Ranelagh did not stock contraceptives; one of the chemists stated explicitly that this was on conscientious grounds.¹⁷ A survey begun by Minister for Health Michael Woods, and concluded by his successor Barry Desmond in 1983, found that only 300 of the 1,100 chemists in the country stocked and sold non-medical contraceptives.¹⁸

Family planning clinics continued to operate largely as normal, and they did not differentiate between married and single people. Cathie Chappell recalled the reaction of the LFPC to the Family Planning Act: 'I think we just laughed. It was ridiculous. I don't think it affected us at all really'. Brian Leonard (GFPC) stated, 'The law then changed to make condoms legal if you got a medical prescription, but only if you were married, of course. Which was one move. We weren't bothered by that nonsense, obviously. People came along wanting condoms, they got condoms.'

Yet for people living in rural areas, access continued to be challenging. In November 1984, the Tralee Women's Group announced plans to set up an information service in the town on all methods of contraception as well as other aspects of women's health. The spokesperson for the group,

¹⁶ Jean Simms, 'Returning home', *Wimmin*, 1:1, (December 1981), p. 7.

¹⁷ 'Today Tonight', broadcast on RTÉ, 8 November 1980.

¹⁸ 'Family plan bill debate: no time now for a cop-out', *Irish Independent*, 7 February 1985, p. 8.

Marguerite Egan, pointed to the need for a service in Tralee, suggesting that in relation to contraceptives: 'You would think they were explosives the way they are treated'. Egan stated that women found out information through the grapevine about which doctors and chemists to go to in order to obtain contraception. Men and women who could afford to do so, travelled to Cork or Limerick to avail themselves of family planning services there, meaning that, in Egan's words, 'The people who can least afford to travel are the people who can least afford to have children'.¹⁹ An article by Marianne Heron in the *Irish Independent* in 1984, also outlined the key failings of the act. She suggested that there were 'contraceptive blackspots' around the country, in particular in the Midlands, Sligo and Kerry, where people needed to travel to the nearest urban centre to obtain supplies, and that access to non-medical contraceptives was particularly poor in the Midlands, Cavan, the north-west, Wexford, Donegal and Kerry. She stated that 'in rural areas the great majority of pharmacists are not operating the law, presumably for reasons of conscience', pointing to Tralee, where only two out of nine chemists stocked non-medical contraceptives. In addition, 'the proportion of doctors not cooperating with the scheme is also higher in rural areas and rather than risk a rebuff, or possibly even a moral lecture, a number of people prefer to travel to the nearest family planning clinic or to try to obtain supplies through the post'. Contraception was also not available through the medical card scheme, meaning 'a growing number of people who want to use family planning cannot afford it', but some doctors navigated this issue by prescribing the pill as a cycle regulator to medical card holders.²⁰

Essentially, all of this meant that well into the 1980s, and beyond, many Irish men and women were still having to travel for contraception or advice on family planning due to a failure on the part of chemists or doctors to provide these services locally, while those in lower income groups continued to be the most affected by the restrictions of the law.

There were some important challenges to the law. Some family planning clinics and student unions installed condom vending machines.²¹ For example, the TCD SRC installed a condoms vending machine in 1979.²² Brendan Smith, then president of the UCG Student union, made condoms available through the Student Union on Valentine's Day 1981, recalling, 'It was illegal to sell condoms but we were selling them every day, actually. And every so often, the college told us we

¹⁹ 'Family planning centre for Tralee?', *Kerryman*, 23 November 1984, pp. 1 and 20.

²⁰ 'Why Irish solution to Irish problem has failed', *Irish Independent*, 29 June 1984, p. 6.

²¹ Cloatre and Enright, 'Transformative illegality', p. 276.

²² Conlon, *The Irish Student Movement*, p. 172.

couldn't do it, so we said fine. But we still did it, you know?' And, in 1982 Dr. Andrew Rynne deliberately sold condoms from his surgery over a weekend in order to directly challenge the law. Rynne was fined £300 at Naas district court in June 1983.²³

In December 1982, when Barry Desmond was appointed Minister for Health, the government decided to amend the family planning legislation due to recognition that there were no official figures on the numbers of chemists who sold contraceptives, and that there 'was a strong group within the chemists' organisation that encouraged chemists not to sell them'. The amendment would remove the need for a prescription for non-medical contraceptives and also mean that they could be sold not only through chemists, but through family planning clinics, health centres, medical practitioners' surgeries and specified hospitals.²⁴ Yet, the amendment fell short of allowing contraceptives to be allowed on the medical card. Interviewed by the *Irish Times* in 1989, Jon O'Brien, then IFPA press officer, stated that in that in 1988, almost 12 per cent of first-time attendees at the IFPA clinics in Dublin 'did not have the financial means to exercise the right to control their fertility' and as a result, were treated for free.²⁵

While it only resulted in a minor change to the law, the amendment to the 1979 act was controversial, and as mentioned in the previous chapter, letters to the government highlight individuals' concerns around young people and increased promiscuity. Others saw the legislation as an important way for the government to assert its separation from the Church. Tom Fahey from Tipperary, wrote to the Taoiseach in February 1985, to say 'please do not allow yourself and your government be pressurised by the Bishops on the contraceptive legislation', arguing that 'it is time that Dáil Éireann asserted its independence of the Church'.²⁶ Vivian and Mary Tarrant, also writing to the Taoiseach, said that they fully supported him in his 'courageous work for a new and better Ireland'.²⁷ Mona Farrell, wrote 'the family planning act must go through, because if the Church wins yet another battle against the people – predominantly against the women of Ireland – then democracy is gone and we will all again live in a society based on fear of the 'belt of the crozier'.'²⁸

²³ Ferriter, *Occasions of Sin*, p. 425. ²⁴ Desmond, *Finally and in Conclusion*, p. 237.

²⁵ "Irish solution" has little to offer on family planning', *Irish Times*, 5 June 1989, 2.

²⁶ Letter from Tom Fahey to the Taoiseach Garret FitzGerald, 11 February 1985. [NAI, 2015/88/611].

²⁷ Letter from Vivian and Mary Tarrant to the Taoiseach Garret FitzGerald, 17 February 1985. [NAI, 2015/88/611].

²⁸ Letter from Mona Farrell to the Taoiseach Garret FitzGerald, 15 February 1985. [NAI, 2015/88/611].

9.2 Access to Artificial Contraceptives: The Role of Chemists

Even after the 1985 amendment to the Family Planning Act, some Irish chemists still did not stock condoms. As Emilie Cloatre and Máiréad Enright have argued, while condoms were legally available from pharmacists under the 1985 law, they were rarely on display. The profession was generally conservative and many pharmacists were initially opposed to the sale of condoms. This meant that ‘purchasing could be a furtive, secretive experience’ and customers ‘often associated a visit to the pharmacy with shaming, judgement and the risk of arbitrary refusal of service’.²⁹ In 1986, it was reported that less than one-quarter of pharmacies in Kerry stocked non-medical contraceptives, a total of 9 out of 40.³⁰ Moreover, a number of oral history respondents had issues in gaining access from their local chemist. Anne Roper, a health counsellor with the WWC, published a handbook on women’s health called *Woman to Woman* in 1986 which included a list of chemists which were willing to advertise that they dispensed contraceptives. The Irish Medical Council refused to provide Roper with a list of ‘sympathetic doctors’ on ‘ethical grounds’.³¹ The handbook listed two chemists in Limerick, one in Meath, one in Louth, two in Castlebar, one in Birr, one in Athlone and one in Athenry, which were willing to advertise that they provided contraceptive supplies.³²

However, many chemists were resistant to change. In an interview with Maurice O’Keeffe, Adare-based chemist, Lizzie O’Dea, recalled a group of Americans calling into the chemist shop she worked in and asking for contraceptives, and her boss telling them, ‘Oh, you won’t get those in Adare, you’ll have to go to Dublin for those’. O’Dea felt that her boss ‘was very devout. But by degrees she came round to it ... I’d say “Listen, for God’s sake, we’ll have to get them because people are coming in asking for them” so she relented and she stocked them after that. But ‘twas a hard job, you know’.³³ The views of Michael Payne, a chemist based in Monkstown, Co. Dublin, are perhaps indicative of chemists’ wider concerns. Payne wrote to the Taoiseach Liam Cosgrave in

²⁹ Cloatre and Enright, ‘Transformative Illegality’, p. 269.

³⁰ ‘Nine Kerry chemists keep stocks’, *Kerryman*, 7 February 1986, p. 24.

³¹ ‘Name doctors who advise on contraception, demands health writer’, *Irish Independent*, 15 May 1986, p. 3.

³² Anne Roper, *Woman to Woman: A Health Care Handbook and Directory for Women* (Dublin: Attic Press, 1986), p. 216.

³³ Life and Lore oral history recording by Maurice O’Keeffe with Elizabeth (Lizzie) O’Dea (b.1941). Accessed <https://www.irishlifeandlore.com/product/elizabeth-lizzie-odea-b-1941/>

1973 after reading reports in the press that the government intended to discuss the private bill relating to contraceptives. Payne stated that ‘the Fine Gael representatives in this area gave a clear promise before the Election that the party would not support any change in the law on this matter. It would appear the Nation has now little other vision than Drink and the pursuit of Sex either in or outside marriage’.³⁴ Payne wrote again, this time to Taoiseach Garret FitzGerald in 1985, when there were ongoing debates about the liberalisation of the law around contraceptives, to state that FitzGerald was ‘dedicated to imposing an alien morality on a Catholic people’.³⁵ Richard Woods, a chemist based in Mullingar, shared Payne’s sentiments. He wrote to President Hillery in 1985 to ‘delay the signing of the new contraceptive bill as debated in the Dáil last week, until an enquiry can be made to see if it is in accord with the letter and the spirit of the Constitution?’ Woods wrote that he had ‘never made such an appeal before but I am very worried about the effects that this law would have on the quality of life in this country’.³⁶

A report on chemists and non-medical contraceptives in Tipperary in 1985 found that in Clonmel one chemist in the town stocked non-medical contraceptives, none of the three chemists in Cashel stocked them, and only one chemist in Tipperary town stocked them. Medical contraceptives such as the pill were not an issue because, as one chemist stated, ‘they have uses other than contraceptive’, but according to a Cashel pharmacist, in relation to non-medical contraceptives, ‘there’s no demand for them, we’ve had nobody in asking for them – maybe the odd tourist, but we’ve been able to direct them to Limerick (family planning clinic)’.³⁷ This testimony again, like others discussed above from chemists, suggests the persistence of the flawed view that the demand for contraception was not coming from Irish people.

It is evident that many men and women travelled to a family planning clinic to guarantee that they would secure contraception, rather than risk going to their local doctor or chemist. Brenda Moore-McCann, who worked as a doctor at FPS and later became its medical director recalled how the clinic attracted clients from outside the Dublin area:

³⁴ Letter from Michael Payne to Taoiseach Liam Cosgrave, 12 November 1973, [NAI, 2004/21/461].

³⁵ Letter from Michael Payne to Taoiseach Garret FitzGerald, 18 February 1985, [NAI, 2015/88/611].

³⁶ Letter from Richard Woods to President Patrick Hillery, undated but 1985, [NAI, 2015/77/94].

³⁷ ‘What the women of South Tipp are saying about their TDs’, *Irish Press*, 20 February 1985, p. 7.

In Family Planning Services, we were very well positioned, Ballsbridge in the basement of one of those big houses as you go down Pembroke Road. I think they are about three or four storey over basement and we were in the basement, so it was discreet. And we were quite near the RDS. I mention that because our patient numbers just jumped every Spring show. You had farmers and country people coming from all over the country to the Spring show and of course, they had the cover, 'I'm going to Dublin for the Spring show'. They could, with discretion go, because many of them were coming from small towns where they knew the doctor, they knew the pharmacist and they couldn't go in and ask for condoms.

Moore-McCann's statement here highlights the real difficulty and persistence of shame in relation to purchasing contraception, in the 1980s and beyond.

Other respondents expressed the embarrassment people felt around going into a chemist to ask for condoms. Jacinta (b.1954) for example, stated, 'But you'd be embarrassed. There's a lot of embarrassment in going to the chemist and they were judgemental as well, some of them'. Embarrassment about sex and asking for contraceptive advice was still an issue for people. A woman, who was planning to marry the following summer, writing to Mary Dowling's advice column in *Woman's Way* in 1984 for example, explained 'Our problem is contraception. The Cathal Brugha Street Family Planning Centre is the nearest to where I live in Dublin, but I would feel embarrassed walking in and I'm ignorant of the methods they offer'.³⁸ Alison (b.1953) who lived in a rural area in the north of the country, recalled:

I think you could've got condoms in... No, you could've got them in [rural area]. But people, people didn't. You tended to go somewhere where you were... Because [county] is a small rural community. Um, and you're not going to ask for that sort of thing over the counter in... Because it would've been only sold in chemists. You know, so you're not going to do that (laughs).

Instead, Alison and her husband bought condoms over the border.

Similarly, Ted (b.1951) who lived in a village in the west of Ireland, explained that when the Family Planning Act was introduced, 'many chemists wouldn't stock condoms, or wouldn't fill the prescription. We didn't use condoms, initially, as they were too hard to obtain'. His wife Maria (b.1957) recalled that obtaining condoms 'even into the '80s, it was difficult. Some chemists wouldn't stock them. [...] I remember being out of condoms one night. There was a weekend coming up, and Ted and I cycling round trying to get condoms. The family planning clinic was closed or something'.

³⁸ 'Getting things straight', *Woman's Way*, 16 November 1984, 53.

Gerry Curran, a member of the IFPA youth group, who would go on to be involved in the Virgin Condom case, similarly recalled:

A lot of pharmacies wouldn't sell them. Even into the '90s, there were pharmacies in Ireland that wouldn't sell them. I went into a pharmacy in Dundalk one day, because I was going to the local school to talk to them about contraception and I hadn't got a packet of condoms. I went in, 'Can I have a small packet of condoms?' 'We don't sell that sort of thing here'. That was the mid '90s. The girl who was working there gave me the eye, she said, 'Around the corner, they sell them at the chemist around the corner'.

Young Irish men and women were particularly penalised by this legislation. Writing in *Hot Press* in 1989, editor Niall Stokes remarked that the existing Irish law meant that 'those most in need of access to condoms – sexually active single people in their late teens and early twenties – inevitably finding them most difficult to obtain'.³⁹ Moreover, he added 'it is only the rare exceptions who are yet possessed of the audacity to step up to the chemists counter in a small town and ask for a couple of packets of Durex'.⁴⁰

In addition, asking for condoms may have been particularly embarrassing in a small-town chemist. Colette (b.1946) and her husband, who had five children, began using condoms around 1991. She recalled, 'Our local chemist sold them, would only give them to you if you were married. They weren't on display in the shop'. She explained that customers had to ask for the condoms because they were kept under the counter. Ellen (b.1949) who lived in the rural south-east described one experience she had of buying condoms:

So I have six children all together, and sometimes we did use condoms for a while, but even at that, I wouldn't go into the local shop to buy them. And I remember going into a shop in [nearest city] one day, I thought they wouldn't know me in there and this woman came over, she was an older woman, and she came over all smiles and all lovely to me, and I said 'Can I have a packet of condoms please?' And her face changed straight away. She got very... she kind of threw them at me. But they weren't... it wasn't the thing to do.

She further explained, 'You just felt guilty, you'd feel bad about getting it. As I said, I wouldn't go in locally because you didn't want anybody to know what you were doing'.

9.3 1990s Activism

A condom counter was set up by the IFPA in the Virgin Megastore, Dublin on Friday, 13 February 1988 in order to challenge the law on

³⁹ 'Special Sex Aid Supplement', *Hot Press*, 9 March 1989, no page number. ⁴⁰ *Ibid.*

where condoms could be sold, with the hope that as in previous cases, the law would be changed as a result.⁴¹ The proceeds of condom sales went to Richard Branson's Virgin Health Foundation to be spent on AIDS research. The IFPA youth group was responsible for selling the condoms. This group had been established in spring 1984 by Dr. Mary Short and Christine Donaghy, then IFPA Information and Education Officer, who realised that there was a 'need for a more direct and informal approach to young people ... we believed that we needed to involve young people in their own education'.⁴² Over the course of its existence, members of the youth group, who were all young volunteers in their late teens and early twenties, ran a phone line called the Adolescent Confidential Telephone Line for support on sexual health matters, as well as a Young People's Family Planning Centre. They also provided advice through agony aunt columns in *Hot Press* and *Fresh* magazine and gave talks to local youth groups on sexual health.

By 1988, the IFPA was viewed as being in danger of being perceived as an outdated group among young adults; legislation around contraception was regarded as insufficient; and finally, the government's response to the AIDS crisis was believed to be inadequate. The IFPA recognised that it would be an ideal public relations opportunity if they were to sell condoms at the Virgin Megastore in Dublin and be prosecuted. Moreover, as Cloatre and Enright have argued, through this action, the IFPA could dismantle the structures around the selling of condoms, 'making open, visible, public sale the new norm'.⁴³ The IFPA chose to emphasise that they believed that it was the prophylactic rather than contraceptive use of condoms that they were most concerned about, especially in the era of AIDS.

The opening of the condom counter generated criticism from the chairperson of conservative group, Family Solidarity, Dick Hogan, who commented:

I think it is a very cheap shot. Many of the youngsters who buy records in that shop are as young as 12 or 13 years. I'd like to know how they intend to discriminate. Will they insist on checking birth certificates or will they just sell them to anyone?⁴⁴

⁴¹ Public relations case history: 'The Condom Controversy': Project 1, Year 2, P.R.I.I. Report by Jon O'Brien, Information/Press Officer, IFPA, 10 March 1990. [IFPA Archives].

⁴² Jon O'Brien, *Young People & Family Planning: The Learning Experience of the Irish Family Planning Association, 1984–1990* (project report, c.1990), p. 4. Courtesy of Jon O'Brien.

⁴³ Cloatre and Enright, 'Transformative illegality', p. 268.

⁴⁴ 'Branson condoms plan attacked', *Evening Press*, 30 January 1988.

Similarly, in a letter to the *Irish Examiner* in 1988, secretary of the Responsible Society, John O'Reilly condemned the 'sales outlet for contraceptives in the Virgin Megastore where youngsters from eight upwards go to buy their record albums'. O'Reilly suggested that 'judging from its actions, the IFPA and its ilk worldwide has a code of morality all its own'.⁴⁵ These letters highlight continued fears about young people and sexuality. In an interview with *Hot Press* magazine in 1991, Bernadette Bonar of the Responsible Society stated 'I'm concerned with the youth who are being misled. There's already plenty of access to condoms, they're all over the place, in Family Planning Clinics and Pharmacies. Is that not enough?'⁴⁶

While their actions were illegal, former IFPA youth group members expressed that they were not afraid of being arrested. John Callaghan stated:

We all knew that the optics of arresting a 19-year-old for selling condoms to a 17-year-old in the Virgin Megastore was nothing, it was toxic, that nobody wanted to touch it. So while we knew technically it was possible, I don't think any of us believed it was going to happen.

Gerry Curran explained the rationale behind the stunt, as well as the excitement he felt being involved in it:

It was certainly to raise awareness. It wasn't put there to be prosecuted, it was put there to first of all, provide for a very real need. 'Cause there was an extraordinarily real need for people to access contraception. It was put there to test the law, to see, did it extend to a licence of a pharmacy, or did it have to be sold in a physical pharmacy? It was certainly put there to test the law. It was certainly put there to highlight the issue of the ludicrous nature of the law. Now, when you look back now, it was always going to be the case that the state would intervene. That the guards would have to intervene from a complaint of the Attorney General, or whoever it was, was our moral overseer at the time, looking back on it now. At 20 odd years of age, I'm sure there was only a great sense of excitement. 'Oh, here we go. We're getting lagged.' No, it didn't bother us in the least.

In 1989, approximately 3,249 people availed of the condom counter service, with the annual report that year commenting that there was an increase during holiday periods 'suggesting that at these times people from rural areas tend to use the service while visiting Dublin'. 90% of condoms were sold to men, and 50% of clients were aged 18–25.⁴⁷ Jon O'Brien stated:

⁴⁵ 'Morality and contraception', *Irish Examiner*, 15 August 1988, p. 6.

⁴⁶ 'It's the end of the world as we know it', *Hot Press*, 21 March 1991, p. 7.

⁴⁷ *IFPA Annual Report, 1989*, pp. 7–8.

The interesting thing was young people did come along to buy them, but people came from all over the bloody country to buy them and they weren't all young people. Basically, older people were pissed off too.

IFPA youth group member, Joanne, explained that she was surprised at the popularity of the counter: 'And I was quite amazed actually because I was thinking at first, people won't be confident in a public place to be coming up to a counter, but we did get very busy'. She did recall, however:

there were some people who would go by and give a disdainful look or say, 'You really shouldn't be doing this'. And I know there was a set-up at one stage, I can't remember which group it was, sent in I think a 15-year-old to buy condoms, and of course, they were sold the condoms and all hell broke loose.

However, there were no arrests made and it was a full eighteen months before legal action was taken against the IFPA. According to Callaghan:

I guess what we'd shown is, there was no will on the part of the legal authorities or even the more conservative groups to challenge this. Really, by proving this and by doing it over a period of time it became apparent that the ban on the sale of condoms was hollow, that we could, that they could be sold pretty much anywhere.

Christine Donaghy recalled the moment when the Gardaí moved to prosecute and her real fears that she would go to prison:

The, I suppose a sergeant or, they were detective in their plain clothes who came in and questioned me and did I recognise these condoms, and were we selling condoms in the Virgin Megastore, and I said, 'yes, and they're on prescription, and they're agents of ours', or whatever. Anyway, it went to court, and the judge found us ... It was very serious at the time because I was the person who was representing the IFPA, so I was the person ... The barrister worked out that I was the one that would go to prison. I had a dog at the time and I lived on my own. I remember thinking, 'What the hell am I going to do?'

In the ensuing case, the IFPA was fined £400 for the condom counter activities. The court case to appeal the fine which occurred in 1991 attracted significant media attention and was reported internationally. The IFPA argued that they were not selling contraceptives, but prophylactics. While the court case was taking place, members of the Dublin AIDS Coalition to Unleash Power (ACT UP) organised a 'picket with a difference', dressed as condoms and handed out HIV/AIDS information and free condoms.⁴⁸ Among those who testified were Malcolm Potts, an American gynaecologist, and a young haemophiliac man who

⁴⁸ ACT-UP press statement, 14 February 1991 [IFPA Archive]. 'Condom-clad protesters greet Virgin boss at court', *Irish Press*, 15 February 1991, p. 3.

had HIV who testified that he had bought the condoms from the Virgin Megastore as a prophylactic rather than a contraceptive, as he had already had vasectomy. Richard Branson, the owner of Virgin, also testified that he believed that the condoms were being sold for their prophylactic function. According to O'Brien:

It was hilarious, the journalists were falling around laughing. The judge was banging the gavel telling everyone he'd clear the courtroom if we all didn't shut up. Outside there was all the AIDS activists going bonkers. So it was all very exciting ... the judge informed us, in giving his decision, he informed us that he had just taken Holy Communion that morning and he thought we were a filthy bunch of people. He found us guilty, very guilty. He fined us and he told us that they would keep increasing the fines and you know, every week or every day or whatever, which would cost us a small fortune.

The appeal judge increased the fine to £500 and as the law stood, each further condom sale could lead to a £5,000 fine, with an additional fine of £250 for every day that condoms remained on sale.⁴⁹ An important milestone in the case was when the rock band U2 agreed to pay the fine on behalf of the IFPA and issued a press release supporting the organisation.

Following this court case, there was a delay before the government began to move to amend the 1985 legislation. In 1992, a short direct action campaign, Condom Sense, was launched on Valentine's Day 1992. Condom Sense activists installed 140 condom vending machines in pubs and nightclubs around Ireland in order to challenge the law on the sale of condoms, arguing that they were essential for public health during the AIDS crisis.⁵⁰ The campaign was initiated by Clare Watson and Rachel Martin in Dublin, with regional groups in Cork and Galway. In an interview with *Hot Press* magazine, Watson explained, 'We're just fed up and very tired of what's happening or, more correctly, what's not happening in regard to condom legislation', explaining that 'Our action is a statement saying, "Look, we need these machines now"'. Martin felt that vending machines were essential because 'they provide accessibility and anonymity, they're open when chemists and health centres are closed and people don't have to show their faces to the local chemist in order to buy a packet'.⁵¹

Pete Smith, who had been involved in setting up the GFPC, university lecturer Angela Savage, and Brendan Smith, who ran Setanta's night

⁴⁹ Ferriter, *Occasions of Sin*, p. 426.

⁵⁰ Cloatre and Enright, 'Transformative illegality', pp. 273–6.

⁵¹ 'French letter day!', *Hot Press*, 13 February 1992, 16:2, p. 11.

club in Salthill, were the key members of the Galway branch of the Condom Sense campaign. Pete Smith recalled that Brendan Smith:

was the first person who said, 'Yes, you can come into my premises and put them up'. So, we went into his and we put two vending machines in the men's toilet and the women's toilet. And there was another pub in Tuam we did it, we put that in and were supplying.

As mentioned earlier, Brendan Smith had been vice-president of the UCG Student Union, which had sold condoms in 1981. He was also involved in supporting the establishment of GaySoc at the university in 1979 as well as women's groups. As a result of his previous activism, he was keen to get involved in the Condom Sense campaign. Smith explained his motivation was around 'empowering women, giving them the right to control their own pregnancy'.

Angela Savage, a lecturer in chemistry at UCG, had been involved in setting up the AIDS West campaign with Evelyn Stevens, one of the founders of the GFPC. Savage explained that Brendan Smith's nightclub, Setanta's

was the only nightclub who would take at the end of the day, who would take the vending machines and so it was really just Pete and myself and Brendan and I would say in reality I would have done a huge amount of the work because the main work was going out every week and stocking the vending machines, so there was one in the ladies and one in the men's and I came up with the idea of installing them on Valentine's Day and Valentine's Day was a Thursday and *The Advertiser* comes out on a Thursday so it was front page in *The Advertiser*.

The activists were actively breaking the law and this came with risks. Savage recalled being told she had been read from the altar at the Galway Novena. She stated:

Now I wasn't – my name wasn't used but anybody who knew me knew exactly who it was but about installing you know vending machines and you know the usual promoting promiscuity and all the rest of it. So, that was kind of the climate there was of, you know, that you were accused of promoting promiscuity and breaking the law and all these sort of things but I knew that I couldn't be fired whereas for Brendan it was his livelihood, you know.

Yet, the campaign ended up being short-lived as a result of a quick change to the law, which came as something of a surprise to the campaigners. According to Pete Smith:

And in many ways it was strange because more or less as soon as we'd done it, they changed the law. So, there we are, really brave, breaking the law, the vanguard of revolution and the whole thing becomes legal.

As Cloatre and Enright have argued, 'Condom Sense's actions piled further pressure onto a system that the Virgin Megastore stall had already weakened. As such actions continued to demonstrate the inadequacies of both the law itself, and its enforcement, the legal system began to respond and adjust'.⁵² In 1992, when the act was amended it specified that condoms could be sold to anyone over the age of 17 in most ordinary retail locations, including shops and pubs, however, the act retained an age limit as well as the prohibition on sale of condoms through vending machines. The following year, the age limit for purchase was sold as well as the ban on sale through vending machines.⁵³

9.4 Shifts in Contraceptive Practices

The 1980s also witnessed some shifts in contraceptive practices. The morning after pill, for example, a post-coital form of contraception, was first introduced at the WWC in 1980.⁵⁴ By 1986, it appears to have been available at all Dublin family planning clinics.⁵⁵ However, the introduction of this was not without controversy, with considerable debate over whether the morning after pill was an abortifacient or not.⁵⁶ The 1980s also witnessed some resistance to artificial forms of contraception such as the pill and increasing concerns about its side effects. A report by the Irish Medical Association into the side effects of the contraceptive pill, published in 1978, was widely publicised and also helped to bolster fears around this issue.⁵⁷ Proponents of natural methods of family planning such as the Billings method, were vocal in outlining the potential dangers of the pill to women's health. Professor John Bonnar, who organised a WHO pilot study on the ovulation method in Ireland, believed that Irish doctors were too readily prescribing the pill to women. In a newspaper article in 1978, he explained his belief that doctors were the subject of 'very sophisticated advertising, saturation mailing, etc.' and that they were being 'bombarded with the benefits of this and the benefits of that. It is not surprising to find that they are prescribing the Pill'. Bonnar felt that doctors were resistant to teaching the ovulation method because women could employ this on their own without needing visits to the

⁵² Cloatre and Enright, 'Transformative illegality', p. 276. ⁵³ *Ibid.*, pp. 276–7.

⁵⁴ 'Morning after pill', *Status*, December 1981, p. 32.

⁵⁵ 'Parents' problems', *Woman's Way*, 20 June 1986, p. 52.

⁵⁶ 'Is it contraception or abortion?', *Irish Times*, 22 December 1982, p. 10.

⁵⁷ 'Report of the Committee set up by the Executive of the Irish Medical Association to advise on the hazards and side-effects of ovulation suppressants', *Journal of the Irish Medical Association* (supplement), 71:2, (February 1978).

doctor's surgery.⁵⁸ In the same article, Mavis Keniry of NAOMI agreed with this perspective, suggesting that so many doctors prescribed the pill because it meant that women would have to keep returning.⁵⁹ Keniry also advocated the fact that the natural methods had a financial advantage and could 'be used for a couple's entire fertile life and does not require medication, or doctors'.⁶⁰ In an interview in 1978, Keniry explained that many of the women coming to NAOMI classes on the Billings method were doing so as a result of coming off the pill due to negative experiences.⁶¹ During discussions with Minister for Health, Charles Haughey, around the introduction of the Family Planning Bill in 1978, Bonnar recalled feeling 'that natural family planning should also be looked at and doctors aware of it and all the rest of it and, not as a religious issue, but as something people would want'. The Family Planning Act in 1979 provided funding for natural family planning. As Hug has argued 'Haughey knew that his bill would have a greater chance of passing if it showed some goodwill towards the Catholic lobby, hence its sections about natural family planning'.⁶² But it is also clear, given the success of lay groups such as NAOMI in the 1980s that there was also a demand for natural methods from some women, who were keen to avoid the side effects of artificial contraception, or wanted to adhere to Catholic teachings.

Women's magazines also featured articles outlining the potential side-effects of the pill. One article in *Woman's Way* in March 1979 interviewed several women who had come off the pill. The journalist, Shirley Johnson, found that most of the women interviewed 'had some instinctive feeling that nature should not be slighted' and expressed concerns that ovulation might 'cease altogether if suppressed for too long'. The women interviewed also reported side effects such as weight gain, low mood, energy and libido.⁶³ Natural methods of family planning such as the Billings method were put forward by advocates as being safer for a variety of reasons. One publication on natural family planning in 1984 advocated the method because of its lack of cost and that it allowed women to become aware of their cycle. The booklet also argued that the method promoted co-operation between the couple, and gave 'a couple dignity' as it meant that they did not need to be 'overdependent on their doctor, or an outside expert'. The booklet also claimed that when used correctly, it was 'effective and reliable', in 'keeping with a healthy

⁵⁸ 'The Bill and the doctors' dilemma', *Irish Independent*, 9 March 1978, p. 8.

⁵⁹ *Ibid.*

⁶⁰ 'Plea for nature birth plan', *Irish Independent*, 17 February 1978, p. 7.

⁶¹ 'The Bill and the doctors' dilemma', *Irish Independent*, 9 March 1978, p. 8.

⁶² Hug, *The Politics of Sexual Morality*, p. 114.

⁶³ 'Why they came off the pill', *Woman's Way*, 23 March 1979, pp. 12–14.

non-polluting natural way of life' as well as Church teachings, and also allowed for 'more enjoyable and more natural sexual intercourse'.⁶⁴ A marriage guidance counsellor interviewed in 1982 explained that 'There's a far more enlightened attitude in many couples in their early twenties towards the whole subject. The possible side effects of the Pill are quite clear to them and many younger men are quite adamant that their wives should not be required to bear the health burden that something like the Pill can impose'.⁶⁵ The pill then, began to be seen as a less safe form of contraception, while this quote also highlights the fact that by the 1980s, men's role in sharing responsibility for family planning was beginning to be recognised. Such ideas were reflected in the oral history testimonies. Julie (b.1947) got married in 1982 and did not use the pill because 'I felt that, I just felt the side effects, the risk of... I didn't smoke, neither of us smoked, but I still felt that the risk of clots and things like that. Again I felt that there were so many things, if you were on antibiotics or anything like that, it could disrupt it'. Similarly, in the early 1990s, David (b.1948) decided he would have a vasectomy after he and his wife, Jean, had four children. Jean (b.1953) was taking the pill, and David expressed his concerns about the side effects, stating, 'So eventually I had a vasectomy after we had our fourth. Jean was on the pill, we didn't really want to be continuing for any side effects, any medical reasons that might occur. So I decided, we decided'.

There were also concerns about the IUD. As discussed in the previous chapter, conservative groups argued that the IUD acted as a type of abortifacient. But concerns around the IUD were also generated as a result of the press coverage of the Dalkon Shield case in the 1980s. In the United States, at least fifteen women who had been fitted with the Dalkon Shield IUD died and thousands of others experienced life-threatening infections, miscarriages, chronic pain and infertility as a result of 'wearing a device that was zealously marketed using false information.'⁶⁶ The Dalkon Shield was not officially recalled until 1984, although it was removed from use by the IFPA in July 1974.⁶⁷ As Holly Marley has noted, the Dalkon Shield became the centre of a 'a worldwide media spectacle. The influential press coverage, highlighting the painful insertions, removals and health consequences that women endured, consequently led to the reputation of the IUD being

⁶⁴ *How to Use Natural Family Planning* (Dublin: Veritas, 1984), p. 14.

⁶⁵ 'Why not the natural way?', *Woman's Way*, 23 April 1982, pp. 10–14.

⁶⁶ Takeshita, *The Global Biopolitics of the IUD*, p. 75.

⁶⁷ 'Hopes of payment soon for Dalkon victims', *Irish Times*, 15 December 1987, p. 4.

tarnished.⁶⁸ In Ireland, the IFPA estimated that they had fitted 3,008 women with the Dalkon Shield.⁶⁹ By 1987 approximately 400 claims were being taken by Irish women against A.H. Robins.⁷⁰ It is unclear how many of these claims resulted in compensation for survivors.

9.5 Vasectomy

As Chapter 3 outlined, for the majority of men and women interviewed, it was primarily the woman in the relationship who took responsibility for family planning. However, from the 1980s, with the wider availability of vasectomy, some men, and particularly the younger men of the cohort, increasingly began to take responsibility. This form of sterilisation was used when the couple had decided they had completed their family. In comparison with tubal ligation, vasectomy was a straightforward and relatively short procedure, while tubal ligation was a more invasive procedure requiring a hospital stay.

The IFPA began to offer vasectomies from 1974. Initially, a female surgeon was flown in from England to perform the procedure, however, from 1975, Andrew Rynne, was taken on by the IFPA and performed vasectomies at the IFPA Syngé Street clinic. In 1974, 25 vasectomies were carried out by the IFPA, rising to 131 in 1975.⁷¹ In an oral history interview, Andrew Rynne described the stigma around the procedure in the 1970s:

Oh, well of course, the man coming in would almost be wearing a false mask or something really. He was worried. He'd phone us to make sure the coast was clear as it were, make sure we didn't have anyone else from Cahersiveen on the same day and they were coming from you know, from Kerry, from Donegal, from all over Ireland. We were the only show in town. And they were at that time, not unrealistically, concerned that they'd be bumping into people from their home town or anything, so we'd have to make sure they didn't. It was a false fear as it turned out.

Andrew Rynne was asked to publish a paper in *the Irish Medical Journal* on the vasectomies he had been doing at the IFPA Syngé Street clinic. He found that the average age of men presenting for vasectomy at that time was 34.9 years and that they had an average of 3.8 children.⁷²

⁶⁸ Holly Marley, 'A Deadly Depth Charge in Their Wombs'. A Study of the Dalkon Shield and the Culture of IUDs in Great Britain', unpublished MSc dissertation (University of Strathclyde, 2019), p.60.

⁶⁹ 'IUD damages', *Irish Times*, 11 July 1986, p. 9.

⁷⁰ 'Dalkon shield again', *Irish Times*, 9 November 1987, p. 15.

⁷¹ *IFPA Annual Report, 1974*, p. 4 and *IFPA Annual Report, 1975*, p. 6,

⁷² Rynne, *The Vasectomy Doctor*, p. 122.

Given the conservative attitudes towards vasectomy, Rynne had hidden the fact that he was engaged with this work from his parents, however, the article was picked up by the *Sunday World* which published an article with the headline 'Irish doctor sterilises 631 men in Dublin clinic'.⁷³ His father was particularly upset by the news and had the parish priest come round to talk to Rynne about the matter. Nevertheless, the publicity from the newspaper article meant that more men started to come to the IFPA clinic for the procedure.⁷⁴

Male sterilisation became more common from the 1980s as more family planning clinics began to offer the service. A study of 1,000 cases of vasectomy conducted at FPS between September 1981 and April 1985 ascertained that 69% of clients (690) were aged 30–39 years; 23% were aged 40 years and over (230), and 8% (80) were less than 30 years. On average, clients were married for 11.3 years and had 3.4 children. The main reasons given for having a vasectomy were that the family was complete (976 cases) while 583 clients reported finding an alternative method of contraception unacceptable, 248 reported the 'advancing age of couple', 116 reported that they could not afford any more children. 112 clients stated that they could not cope with any more children, while 97 reported that their wife was in ill-health, 14 wanted to improve the sexual relationship, 3 reported the ill-health of the husband, and 4 reported 'other reasons'. Of these, clients, 26.7% were classed as 'skilled manual', 25.8% as 'white collar', 20.4% as 'lower professional'. Lower percentages came from the social categories of unskilled manual (7.4%), higher professional (5.8%), unclassified (9%), unskilled labour/unemployed (3.3%) and farmers (2.6%).⁷⁵

Consent was usually required from both the husband and wife for the procedure. Andrew Rynne explained that at the IFPA:

There was two places for the consent form to be signed by him and by her. It was strictly adhered to right into the 80s and 90s even, you know. It became the norm. But I tried to change it as best I could and I certainly, in my own private practice, never insisted on getting a consent from the partner or wife.

As Chapter 3 showed, none of the interviewees born in the 1930s used vasectomy as a form of birth control, likely due to its lack of availability in Ireland. However, the procedure became more common for respondents born in the 1940s and onwards. Five of the forty-five respondents born in the 1940s reported using vasectomy as a form of birth control after the

⁷³ *Ibid.*, p. 122. ⁷⁴ *Ibid.*, p. 123.

⁷⁵ Brenda Moore-McCann and David Orr, 'Vasectomy in Ireland – 1,000 cases', (Dr. Derek Freedman Papers, UCD).

completion of their family, and three mentioned tubal ligation (a total of 17% using sterilisation). Of the thirty-three respondents born in the 1950s, nine reported vasectomy and six reported tubal ligation (45%). The majority of respondents who attained tubal ligation, had this procedure in the UK or Northern Ireland.

Christine Donaghy, who was Education Officer at the IFPA in the early 1980s, felt that the wider availability of vasectomy was a positive thing in that it meant that men were able to take responsibility for family planning:

It was actually great because, imagine such, just for once, the men were forced because of that. It was them that had to choose to have vasectomies, rather than the women going through a procedure, which was more complicated and medically more dangerous than a vasectomy that we could do in 5 minutes in the Syngé Street clinic. There was a far, far higher proportion of men vasectomized than women who had tubal ligations at that time. It was just an interesting sight.

Discussions around vasectomy were often linked to ideas of virility and masculinity. Edward (b.1950) who had a vasectomy, felt 'I think there's a lot of false sort of perceptions about it like. [...] Yeah, you know, it'll diminish your masculinity and all these things. I'd be reasonably practical about things you know. It didn't bother me'. Likewise, another man 'Colin' interviewed by *Woman's Way* in 1988, stated 'A lot of men think I was mad, or jeer me and there are all the old pub jokes that you can imagine, but I think it's about time men grew up about this and played their part'.⁷⁶

Sarah Shropshire's innovative work on the history of vasectomy in Canada has shown how ideas around masculinity played an important role in public perceptions of the procedure. She has suggested that from the 1990s, definitions of masculinity which emphasised sexuality and virility were being replaced by an appreciation of caring, responsible behaviour. Vasectomy came to be seen, not only as acceptable but 'viewed as a marker of masculinity, a father's responsibility to sensibly adopt safe, modern techniques to secure the happiness and well-being of his family'.⁷⁷ Oral history testimony highlights that the decision to have a vasectomy was often centred around the husband's consideration

⁷⁶ 'The permanent contraceptive', *Woman's Way*, 18 March 1988, p. 5.

⁷⁷ Sarah Shropshire, 'What's a guy to do?: Contraceptive responsibility, confronting masculinity, and the history of vasectomy in Canada', *Canadian Bulletin of Medical History*, 31:2, (Fall 2014), 161–82, on p. 177.

for their wife's health. Ted (b.1951) had a vasectomy in the late 1980s at his local family planning clinic. He explained, 'Well, condoms weren't that effective and the pill didn't suit my wife and at that stage we definitely didn't want more children. So it seemed the best option'. Christopher (b.1946) decided to have a vasectomy because of the complications his wife had experienced during pregnancy and childbirth. He felt that undergoing another pregnancy was 'putting her life at risk' and that 'My thoughts in life is if you can avoid stress, avoid it, do whatever'. Margaret's (b.1954) husband decided to have a vasectomy after a heart attack in the early 1990s. She said, 'he realised he didn't want to leave me with young children...or the possibility of another child'. She explained, 'he says, "What can we do?" And I say, "Well, I can have my tubes cut, but that's an operation." "Oh", he says, "No, you've been through enough." So he went and had what he had done, it was done in 15 minutes in the Well Woman Centre in Dublin. And it was brilliant'. Margaret's testimony here highlights how her husband's decision to have a vasectomy was based on consideration for her health and well-being.

Additionally, in an era where access to contraception was still limited, even in the 1980s, vasectomy may have been a better alternative and helped to combat the strain that anguish about family planning placed on a marriage. Paula (b.1950) for example, told me that her husband had a vasectomy at their local family planning clinic after the birth of their second child, around 1983. She said 'He just said, "I'm not risking this condom business anymore in this ... two bit culture where we can't get access to condoms, not risking it anymore. I'm having a vasectomy"'. Vasectomy was also a preferable alternative when other forms of contraception were unsatisfactory. John X's account of vasectomy which appeared in *Woman's Way* in 1983 stated 'My wife tried the Pill and got headaches. I bought rubbers and contraceptive foam every so often, as we live near the border. My worldly-wise friends afterwards told me that was a mistake. Pregnancy was confirmed about half-way through the pack. We began to discuss vasectomy in earnest'. Pierce (b.1948) also felt that his decision to have a vasectomy reduced the anxiety he and his wife felt about family planning. He and his wife had tried the temperature method which had failed, his wife had found the coil unsatisfactory, and condoms were difficult to obtain. Pierce also expressed concerns that the pill, while possible to obtain, 'wasn't 100% proof'. After having four children, Pierce decided he would have a vasectomy 'And that, eh, relieved a lot of the stress attached to having a family without ... You know. Because most families that time had anything between, you know, six and ten'.

9.6 Tubal Ligation

Female sterilisation (tubal ligation) was difficult to obtain in Ireland from the 1970s to the early 1990s. According to *Women's AIM* magazine in 1983, while vasectomy was available at some hospitals through the outpatient department, female sterilisation, 'is almost unavailable in the Republic of Ireland. The reason for this is that the majority of Irish hospitals are administered by boards whose ethos is Roman Catholic'.⁷⁸ Moreover, access to the procedure depended heavily on class. IFPA doctor, Mary Short, interviewed by *Woman's Way* magazine in 1988, stated, 'You'll get sterilisation here if you have money in your pocket, but if you can't afford to pay for it, it's a very different story'.⁷⁹ Dr. Edgar Ritchie provided tubal ligation through his gynaecological practice at the Victoria Hospital in Cork, where he worked from 1970, which later became part of the South Infirmary, as well as in some cases at the Erinville Hospital. Dr. Ritchie explained that although the South Infirmary had a Catholic ethos 'thankfully the sterilisation was still provided in the Victoria part of the hospital. There was no problem over that'. At the Erinville hospital, which was a voluntary hospital associated with the UCC medical school, an ethics committee had to approve sterilisations, and these were often conducted at the time of caesarean section in extenuating circumstances. According to Ritchie, 'thereafter it was mainly then not so much in Erinville Hospital but in South Infirmary and Victoria that people would come for sterilisation'. Demand for the procedure in Cork was so high that the waiting list frequently had to be closed temporarily. For example, in 1984, Dr. Ritchie reported that over 800 women were on the waiting list for tubal ligation, and estimated that more than 40 women travelled to Northern Ireland or Britain each week to have the operation.⁸⁰

Like vasectomy, tubal ligation was an alternative for some women who found other methods of contraception unsatisfactory and had completed their families. Anne, interviewed by *Woman's Way* in 1988, had the procedure aged 43, having had four children in rapid succession, and 'because she was sick of Irish family planning roulette'. Anne was unable to take the pill due to health reasons, had experienced side effects from the coil, and found condoms and the withdrawal method to be unsatisfactory. As a result, she went to her GP and was referred to the Adelaide Hospital.

⁷⁸ 'Women's AIM opinion poll 1983', *Women's AIM: A Magazine of General Interest for Women Published by Aim Group for Family Law Reform*, 13, Winter '83/'84, p. 11.

⁷⁹ 'The permanent contraceptive', *Woman's Way*, 18 March 1988, p. 10.

⁸⁰ *Evening Herald*, 24 February 1984, p. 1.

Following the procedure, Anne remarked ‘Our sex life is much better because we’re so relaxed about the whole thing’.⁸¹

Travel to the UK for tubal ligation is another example of what Mary Gilmartin and Sinéad Kennedy have described as ‘reproductive mobility’, meaning travel for the purposes of accessing reproductive services.⁸² Having the procedure in the UK was often more financially viable. The family planning clinics and the WWC assisted women in making arrangements. In 1978, *Woman’s Way* printed the story of ‘Julie’, who had travelled to Liverpool for tubal ligation. Following a traumatic childbirth experience and miscarriage, she went to a Dublin family planning clinic and arranged to travel to Liverpool for sterilisation at a cost of £90 which included her return boat fare and hotel accommodation.⁸³ Julie remarked on the high level of care and kindness she received from the nursing staff in Liverpool. After two nights, she got the boat back to Dublin, and had a check-up three weeks later at the family planning clinic where her clips were removed. The magazine reported on the positive impact of the procedure, stating ‘Julie’s whole life has been changed, her fears and anxieties wiped out and her emotional life made happier and more serene by a simple operation. Other women are making the same decision every day’.⁸⁴

Sally (b.1956) also obtained the procedure in the UK. After her third pregnancy she had been advised not to have any more children. However, due to high blood pressure she was unable to take the contraceptive pill. She saved up for two years and organised a tubal ligation procedure in Liverpool through the WWC in the early 1990s. She explained the challenges she faced travelling to Liverpool to obtain a procedure she could not easily acquire in Ireland:

I didn’t know, I’d never been there before. I was facing a medical procedure, I had paid for it in advance, the medical procedure, but I needed bed and breakfast. And I hadn’t a clue whether I’d enough money or not, so it was all a lot and having to pretend coming back, getting the train and the boat. And I was violently ill, and trying to pretend to the children I’d just been away on a couple of days holiday, and I was extremely ill.

In 1983, *Woman’s Way* magazine reported on the difficulties facing women who wanted to be sterilised. The magazine estimated that about

⁸¹ ‘The permanent contraceptive’, *Woman’s Way*, 18 March 1988, p. 6.

⁸² 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.

⁸³ ‘Sterilisation: one woman’s story’, *Woman’s Way*, 16 June 1978, p. 24.

⁸⁴ *Ibid.*, p. 26.

1,000 women a year travelled to Britain every year for the operation, and that this was only a moderate estimate. According to the magazine, as a result of the long waiting lists for the operation in Cork, many women preferred to go to England 'where there is no delay and where it costs less'. One GP interviewed by the magazine stated that consultants at the Dublin hospitals 'blame nurses and say they won't co-operate, but in my view that's an excuse to save the doctor the possibility of a clash with the archbishop who's on the hospital management board. I am often asked about sterilisation by patients and I hate having to say that nothing can be done for them in their own city.'⁸⁵ In 1983, the costs were estimated to be about £300 for the operation in Cork, with a reduced fee for medical card holders and women from the lower income groups, while in Northern Ireland, the fee was £300 in Belfast, and £95–£125 sterling plus travel costs in England.⁸⁶

The procedure was controversial, however. In 1982, a consultant radiologist at Erinville Hospital, Dr. P. J. Galvin, claimed that it was illegal for the procedure to be conducted in health board hospitals.⁸⁷ The issue also illuminates the tensions between providing women with reproductive healthcare in Catholic run hospitals. Catholic teaching forbade sterilisation because of its impact on 'the integrity of the human body'. Pope Pius XII provided the most clear statement on sterilisation, arguing that it was immoral, even when done to prevent a future pregnancy which might not be sustained.⁸⁸ In 1985, during the sale of Calvary Hospital in Galway, then Bishop Eamonn Casey insisted that a ban on the procedure for family planning reasons should be included in an agreement governing the sale of the hospital.⁸⁹ Casey also wrote to all GPs in the Galway diocese at that time to remind them that sterilisation went against Christian teaching. He urged doctors not to involve themselves with such procedures. Michael Mylotte, the consultant gynaecologist at Galway University Hospital, had conducted tubal ligations there since 1984 for 'medical and social reasons', and at the time of Casey's letter, he argued against the 'interference by the clergy' in an issue which should have been a matter between patient and doctor. At the Galway hospital, unlike many of the Dublin hospitals, there was no ethics committee which made a decision on tubal ligation procedures.⁹⁰ However,

⁸⁵ 'The permanent contraceptive', *Woman's Way*, 26 August 1983, pp. 10–11. ⁸⁶ *Ibid.*

⁸⁷ 'Cork doctor seeks ban on sterilisation', *Irish Press*, 27 February 1982, p. 3.

⁸⁸ Maurice Reidy, 'Tubal ligation and medical indications', *Irish Theological Quarterly*, 1 June 1979, pp. 91–2.

⁸⁹ 'A 1985 agreement with Bishop on sterilisations is in force 9 years later', *Connacht Tribune*, 29 July 1994, p. 5.

⁹⁰ 'Sterilisation operations are available in Galway', *Connacht Tribune*, 24 January 1992, p. 21.

Professor Eamon O'Dwyer, chair of obstetrics and gynaecology at UCG, who expressed concerns about the number of sterilisations being carried out in Galway, had urged the Western Health Board to set up an ethics committee similar to those in the Dublin hospitals in 1985. This was turned down.⁹¹

By 1988, more hospitals were offering the procedure, including the Adelaide Hospital in Dublin, the Regional Hospital in Galway and Portlaoise General Hospital.⁹² Yet, the availability of the procedure largely depended on the views of the consultant at the hospital and the hospital's ethos. For example, master of the Adelaide Hospital, Dr. George Henry was reported to have conducted 100 tubal ligations in 15 months during his time as master in the late 1970s, however, when this role was taken over by Professor John Bonnar, only about six tubal ligations were done per year. Bonnar stated that the operation 'would be done only for genuine medical reasons'.⁹³ And, at the Rotunda Hospital, under Henry's role as master, only fifteen sterilisations were carried out in 1984 and 1985.⁹⁴ Tubal ligation could also be paid for privately at great cost. In 1984 and 1985 respectively, two new private clinics, the Whitehorn Clinic in Celbridge, Co. Kildare, and Andrew Rynne's Clane Hospital, were opened to provide tubal ligation for women. The Whitehorn Clinic charged £250 for the procedure.⁹⁵ One doctor, John McManus, the Workers' Party spokesman on health, claimed that he knew of women who had gone to moneylenders in order to obtain the money for the procedure at the Celbridge clinic.⁹⁶

The issue of class is crucial in relation to access to sterilisation as many public hospitals did not provide the procedure until the 1990s.⁹⁷ Master of the NMH, Peter Boylan argued in 1992 that the procedure was 'available in private hospitals and those who can afford it can usually get it without difficulty'.⁹⁸ The NMH did not end its strict regulations regarding sterilisation until 1992. Up until that point, sterilisation was only permitted in cases where another pregnancy would have posed a serious risk to the mother's life, or in cases where a woman was unable to give birth to a live child. The Coombe overturned its ban on the procedure in 1991. By 1994, the procedure was still difficult to obtain at public hospitals in the country; a report in the *Irish Medical Times* showed that

⁹¹ *Sunday Press*, 25 August 1985, p. 6.

⁹² 'The permanent contraceptive', *Woman's Way*, 18 March 1988, p. 6.

⁹³ *Sunday Press*, 25 August 1985, p. 6. ⁹⁴ *Ibid.*

⁹⁵ 'Women to pay £250 for sterilisation', *Irish Press*, 25 July 1984, p. 18.

⁹⁶ 'Women want to be sterile - doctor', *Irish Independent*, 22 April 1985, p. 5.

⁹⁷ 'Hospital lifts sterilisation ban', *Irish Independent*, 13 November 1992, p. 63.

⁹⁸ 'Hospital puts tubal ligation on agenda', *Irish Press*, 13 January 1992, p. 15.

seven public hospitals did not provide the procedure under any circumstances and five others only provided it by means of prior permission by an ethics committee.⁹⁹ Contraceptive methods such as the pill and sterilisation, but excluding condoms, were not available free to medical card holders until 1995.¹⁰⁰

9.7 Conclusion

By the mid-1990s, contraception was for the most part fully liberalised by the law in Ireland. However, it had been slow to get to this point, and there were lots of continuities in terms of access and activism. While the 1979 Family Planning Act made contraception available for *bona fide* family planning purposes, it is clear that access remained restrictive well into the 1980s. The less well-off, young people, and those living in rural areas, were particularly affected by the legal restrictions. As in the 1970s, through direct action activities played a crucial role in helping to change the law. Debates around the liberalisation of the law reflected continuing concerns about young people and promiscuity. As in the case of condoms in the 1960s and 1970s, the UK market was predominantly used for this form of contraception. Yet, this period also witnessed new trends in relation to contraception, such as the introduction of post-coital contraception for the first time and increased take-up of vasectomy as family planning became to be increasingly seen as a joint responsibility. Contraception was not available to medical card holders until 1995, and this only included female-centred methods such as the pill. Access continued to be dependent on a sympathetic doctor or a chemist willing to stock contraceptives. Moreover, women who wanted to undergo tubal ligation were particularly affected.

⁹⁹ 'A 1985 agreement with Bishop on sterilisations is in force 9 years later', *Connacht Tribune*, 29 July 1994, p. 5.

¹⁰⁰ 'Health boards to provide sterilisation, contraception', *Irish Times*, 24 March 1995, p. 1.