

4 The Pill, Women's Agency and Doctor–Patient Relationships in the 1960s and 1970s

Writing in *Woman's Way* magazine in 1966, journalist Monica McEnroy drew attention to the plight of many Irish women who were unable to avail themselves of contraception. She wrote that she had received letters from women all over Ireland 'who had asked their doctors for the Pill and had been refused'.¹ One woman, writing to McEnroy, explained:

I am thirty-eight. I have five lovely children. The eldest is eight and I have just lost another baby before its time. I have high blood pressure for the past two years. I asked my doctor could I not try the Pill as I want to try and look after the children. The worry of another miscarriage is always hanging over me, but he told me I would have to wait until they got word from Rome.²

McEnroy argued that women like the author of this letter should be allowed to decide for themselves with regard to birth control, and that the religious aspect was 'a matter between me and God'.³

This chapter builds on important recent accounts of the contraceptive pill in other predominantly Catholic countries with similar restrictions in place.⁴ I will focus on three key themes: first, contemporary attitudes to the contraceptive pill in Ireland in the 1960s and 1970s, the experiences of Irish women who chose to take the contraceptive pill and the role of medical authority surrounding the pill. I seek to show here that, through

¹ Monica McEnroy, 'The contraceptive pill in Ireland', *Woman's Way*, 23 September 1966, p. 9.

² *Ibid.* ³ *Ibid.*

⁴ See, for instance, Teresa Ortiz-Gomez and Agata Ignaciuk, 'Pregnancy and labour cause more deaths than oral contraceptives: The debate on the pill in the Spanish press in the 1960s and 1970s', *Public Understanding of Science*, 24:6 (2015), pp. 658–71; Agata Ignaciuk, 'Paradox of the pill: Oral contraceptives in Spain and Poland (1960s–1970s)' in Ann-Katrin Gembrics, Theresia Theuke and Isabel Heinemann (eds.), *Children by Choice?* (Berlin: DeGruyter, 2018), pp. 95–111; Tiago Pires Marques, 'The politics of Catholic medicine: "The pill" and *Humanae Vitae* in Portugal' in Harris (ed.), *The Schism of '68*, pp. 161–86. For a broad history of the contraceptive pill, see Lara Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (New Haven, CT: Yale University Press, 2010).

negotiating access to the contraceptive pill, Irish women were also negotiating both their marriage dynamics and relationships with the medical profession. Ultimately, the loophole regarding the prescription of the contraceptive pill as a cycle regulator in the period before 1979 placed Irish GPs in a position of significant power over women's access to contraception.

4.1 Women's Accounts and Doctors' Authority

The contraceptive pill was available in Ireland on prescription from 1963 and marketed as a cycle regulator and, as Mary E. Daly has argued, 'played a crucial role in opening a debate on contraception'.⁵ Users of the contraceptive pill could circumvent the ban on contraception in Ireland by asking for the pill as a cycle regulator rather than as a contraceptive. In Spain, where contraception was banned until 1978, the contraceptive pill was also marketed as an 'oral cycle regulator' or as an 'ovulostatic', and during the 1970s, marketing materials and package inserts continued to inform patients that these drugs 'should be used to allow for "periodic rest of the ovaries"'.⁶ Similarly, in Ireland, a 1967 advertisement for oral contraceptive Lyndiol 2.5, which appeared in the *Journal of the Irish Medical Association*, advertised the drug 'for a menstrual cycle as regular as clockwork'.⁷ The advertisement (Figure 4.1) shows a woman's hand with a watch; the woman is wearing a wedding ring. As Elizabeth Siegel Watkins has illustrated, by the mid-1960s, the use of contraception by single women was frowned upon by some 'because it implied, correctly, not only that these women were having sex but also that they were planning ahead for it'.⁸ There were similar attitudes in the UK; and in the first years of its introduction there, the contraceptive pill was restricted to married women.⁹ Furthermore, GPs who did provide

⁵ Daly, *Sixties Ireland*, p. 146.

⁶ Ortiz-Gomez and Ignaciuk, 'Pregnancy and labour', p. 660.

⁷ Advertisement for Lyndiol 2.5, *Journal of the Irish Medical Association*, volume LX, no. 365, November 1967, no page number.

⁸ Watkins, *On the Pill*, p. 2.

⁹ Family Planning Associations only provided contraception to married or engaged women, while the 118 government-funded local authority clinics restricted the provision of contraception to married women who required it on 'medical grounds', while many GPs believed that contraception should not be part of their medical practice. From 1964, the contraceptive pill was available in Britain to unmarried women through Brook clinics. In 1968 the Family Planning Association gave permission to their branches to prescribe the pill also to unmarried women; their branches were required to do so from 1970. Cook, *The Long Sexual Revolution*, pp. 272 and 287–91.

Lyndiol 2.5
for a menstrual cycle
as regular
as clockwork



Irregular menstrual cycles are extremely common and troublesome to the patient and may often be painful. There may be irregularity of timing or of the menstrual flow itself. These irregularities may occur with or without dysmenorrhoea. In these patients regulation of the menstrual cycle is advisable and the use of a combined oestrogen/progestogen tablet is now generally accepted as the most suitable method of treatment.

Lyndiol 2.5 provides completely effective regulation of the menstrual cycle with the correct balance of low doses of oestrogen and progestogen.

Lyndiol 2.5 is particularly useful for regulating the menstrual cycle during the puerperium. It can be used with confidence during breast feeding and does not adversely affect any aspect of lactation.

Side-effects with Lyndiol 2.5 are minimal even during the first cycle.

A very stable resting type of endometrium is produced, which sheds reliably at the end of the course of tablets.

Spotting and breakthrough bleeding during a cycle are very rare.

Lyndiol 2.5 is presented in a 22 tablet pack which not only ensures 28 day cycles but is also significantly easier for the patient to remember. Each tablet is marked with the day on which it should be taken.

Lyndiol 2.5 costs less than other available preparations.

Each tablet contains
lynestrenol 2.5 mg, mestranol 0.075 mg.
In wallets of 22 tablets (one month's supply).

Organon

Organon Laboratories Ltd · Crown House · Morden · Surrey · England
Sole agents in the Republic:
Evans Medical (Ireland) Ltd · Distillery Road · Dublin 3

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Figure 4.1 Advertisement for Lyndiol 2.5, *Journal of the Irish Medical Association*, volume LX, no.365, November 1967.

Courtesy of the National Library of Ireland.

contraception usually did not prescribe it to single women. However, some women found ways to circumvent this, through attending a sympathetic GP or lying about their marital status.¹⁰ This practice was occurring within a wider context, from the 1960s, of increasing patient autonomy and consumerism.¹¹

Between 1966 and 1967, it was estimated that there had been a 50 per cent increase in the usage of the pill in Ireland, with four anovulent brands available in 1966 and at least ten in 1967.¹² In 1967, Syntex Pharmaceuticals, the manufacturers of more than half of the contraceptive pill brands, estimated that 12,000 Irish women (three out of every hundred) were taking the pill, and by the following year, this was estimated to have risen to five out of every hundred.¹³ Given that the contraceptive pill was the only artificial contraceptive available from GPs in Ireland pre-legalisation, albeit through the use of coded language, it became an important emblem in debates around the legalisation of family planning in the 1960s and 1970s. This also occurred in Britain where general debate about access to contraception was increasingly about access to the pill. The word 'pill' was frequently used in the press as a synonym for contraception and vice versa by the early 1970s.¹⁴

In Ireland, as in other Catholic countries with similar legal restrictions on birth control, the contraceptive pill featured heavily in media debates surrounding family planning. In Spain, the first references to the contraceptive pill appeared in the publications *ABC*, *Blanco y Negro* and *Triunfo* from 1964.¹⁵ In the Spanish press, physicians dominated the debate on the contraceptive pill in the 1960s and 1970s; their focus tended to be on the side effects of the pill.¹⁶ In Poland, where there was no ban on contraception, information about the pill had circulated in popular magazines such as *Przyjaciółka* since 1960.¹⁷ In Portugal during the same time period, debates over the contraceptive pill highlighted the dissatisfaction of a significant proportion of Portuguese elites towards Catholic authority over matters relating to sexuality.¹⁸ In Ireland, magazines such as *Woman's Way* played an important role in illuminating the experiences

¹⁰ Eva-Maria Silies, 'Taking the pill after the "sexual revolution": Female contraceptive decisions in England and West Germany in the 1970s', *European Review of History (Revue européenne d'histoire)*, 22:1 (2015), pp. 41–59, on p. 43.

¹¹ Alex Mold, *Making the Patient-Consumer: Patient Organisations and Health Consumerism in Britain* (Manchester: Manchester University Press, 2016), pp. 18–19.

¹² Mary Maher, 'A short history of the pill in Ireland', *Irish Times*, 14 March 1968, p. 8.

¹³ 'The pill in Ireland: A short review of the facts', *Irish Times*, 1 August 1968, p. 6.

¹⁴ Cook, *The Long Sexual Revolution*, p. 290.

¹⁵ Ortiz-Gomez and Ignaciuk, 'Pregnancy and labour', p. 662. ¹⁶ *Ibid.*, pp. 662, 664.

¹⁷ Ignaciuk, 'Paradox of the pill', p. 108.

¹⁸ Marques, 'The politics of Catholic medicine', p. 180.

of ‘ordinary’ Irish women and their views on the ban on contraception, as well as the importance of marriage dynamics, sympathetic doctors and the Catholic Church.¹⁹ There was also widespread coverage in popular Irish television programmes. Indeed, several respondents recalled hearing about the pill on television. Christopher (b. 1946) remembered the pill being discussed on *The Late Late Show*, while Ellen (b. 1949) recalled the pill being publicised in ‘an Irish programme [most likely *The Riordans*] and one of the women in the programme she was going to take the pill, and it was a big thing, you know, they made a big storyline out of it’.

In an article on women’s experiences of family planning in *Woman’s Way* magazine in 1968, Monica McEnroy interviewed a woman called Mrs Kearney, the mother of three children, who had been refused the contraceptive pill by her doctor. According to McEnroy, Kearney wanted ‘to have the same facilities for living her married life in peace and harmony with her husband and three children as her sister in England’, and she argued, ‘No hospital has the right to make me obey these regulations. I am the one to decide what is necessary for my family.’²⁰ Similarly, in a subsequent article, McEnroy drew attention to the fact that ‘a hopeful percentage of doctors are prescribing anovulants. They could help desperate women in the less enlightened areas.’²¹ McEnroy advised readers to contact her with the names of sympathetic doctors so that she could devise a list of doctors who ‘the women who send the sad fan mail to this page can be advised to contact’. Readers were encouraged to ask their doctor if they would ‘help *Woman’s Way* to help readers whose family life or health is suffering from lack of reliable conception control’ with the understanding that their name would never appear in print.²²

Women’s accounts of the contraceptive pill thus were an important element of debates in the printed media around contraception in the 1960s and 1970s. This was in part because the fact that the contraceptive pill was dissociated from the act of sexual intercourse meant that it became an easier vehicle for discussion, unlike, for instance, condoms

¹⁹ See Caitriona Clear, *Women’s Voices in Ireland: Women’s Magazines in the 1950s and 1960s* (London: Bloomsbury, 2016), pp. 46–8. *Woman’s Way* magazine appeared every fortnight from 1963 until August 1966, when it began to be published weekly. The magazine was aimed at women of all ages and covered a range of themes, from cookery to fashion to current affairs. See Clear, *Women’s Voices in Ireland*, p. 65.

²⁰ Monica McEnroy, ‘Family planning’, *Woman’s Way*, 1 March 1968, p. 19.

²¹ Monica McEnroy, ‘Family planning and the law’, *Woman’s Way*, 15 March 1968, pp. 40–41.

²² *Ibid.*.

that continued to have an association with sexually transmitted diseases.²³ Alluding to this, Professor Dermot Hourihane (1933–2020), a professor of pathology and one of the founder members of the Fertility Guidance Company, explained:

What the pill did was, first of all, it was a first class contraceptive, and most of all, you took it orally, so you didn't have to put anything in or out, so there was no intrusion into your body. That made it acceptable to all Irish people. There was no feeling of this horrible, dirty thing, and putting on, or whatever. It was socially acceptable ... so then, of course, what happened was the church said the pill was okay for regulating irregular periods, so all the well-to-do women that could pay the doctor said, 'I'd like the pill, please, my periods are very irregular', and he would say, 'Right', with a nod and a wink sort of thing. That was an unstated contract almost between the doctor and the ... So it just made it more and more unfair, but it made contraception – it changed it from being alien into being more acceptable to an Irish woman or man.

As Hourihane's testimony suggests, oral contraceptives often appealed to women because of their reliability and independence from the act of sexual intercourse, while they were not interruptive or messy compared to other forms of artificial contraceptives.²⁴ In feminist magazine *Wicca*, published in 1977, Ann O'Brien discussed how she had decided to go on the pill after moving into a flat and deciding 'that I wanted to enjoy myself and feel safe'. In contrast to other forms of contraception, such as condoms and the cap, she felt that the pill had an advantage of reliability and 'because the Pill is oral it is inclined to be separated from sexuality, which in part explains its success in a sexually repressed country like Ireland, but also it means there is no temptation not to use it involved, it's just a matter of remembering to take it all the time whether active sexually or not'.²⁵ Similarly, writing in her 2013 memoir, a founder member of the Irish Women's Liberation Movement, Mary Kenny, explained how, in a conversation with her mother many years after the 1971 Contraceptive Train protest, she realised her mother 'wasn't against the Pill; I think this was because the Pill was discreet, and clinical, and removed from the act of sexual intercourse'. On the other hand, her mother 'couldn't talk about condoms' because of their association with venereal disease.²⁶ Moreover, the popularity and acceptability of the

²³ As the author of a letter to the *Irish Times* in 1970 explained, for instance: 'Because of the ban on information, the "pill" has become synonymous with contraception in this country. Diaphragm seems to be a dirty word and the I.U.D. unheard of. 'Contraception: what do you think?', 22 December 1970, p. 6.

²⁴ Watkins, *On the Pill*, p. 54.

²⁵ 'One woman's experience', *Wicca*, 1977 [RCAPA, UCC, BL/F/AP/1498/3], p. 8.

²⁶ Kenny, *Something of Myself and Others*, p. 156.

contraceptive pill must be understood within the broader historical context where new pills were becoming available on prescription to treat a variety of health issues.²⁷ The pill could also be bought in six-month supplies and potentially taken without the male partner's knowledge.²⁸

Although the contraceptive pill became available in Ireland from 1963, access remained difficult for the majority of Irish men and women. As John Horgan, in an article in *Fortnight* magazine in 1970, surmised:

[T]he fact that the pill is much more freely available to the fee-paying middle-class patients of doctors in private practice than to the working-class mothers who have no option but to attend Church-controlled maternity hospitals, introduces an ugly element of class distinction into a situation already reeking of contradiction and hypocrisy.²⁹

Working-class women were most likely to be severely affected by a lack of access to the pill; if their local GP would not prescribe it, then these women were often reliant on public postnatal care at a maternity hospital where they might potentially obtain a prescription.³⁰ Two of the three major maternity hospitals in Dublin – the Coombe Lying-in Hospital and the National Maternity Hospital (NMH) – were Catholic hospitals, with Archbishop John Charles McQuaid acting as governor of their boards.³¹ From 1963, the NMH in Dublin established a family planning service to provide advice ‘in conformity with Catholic moral teaching’.³² In his 1964 report on the Family Planning Clinic of the NMH, Dr. Declan Meagher stated that the clinic had been set up as a result of ‘an increasing awareness of the real personal problems which uncontrolled fertility presented to many patients’. Patients attending the clinic in its early years were solely advised on methods ‘related to those of the infertile period’ and were given a forty-five-minute educational talk on responsible parenthood and the infertile period, which included a short educational film. Meagher estimated that almost 4,000 patients ‘mostly from the lower socioeconomic groups’ had attended the talks.³³ In his 1966 report on the work of the NMH Family Planning Clinic, Meagher acknowledged that while the safe period ‘meets the needs of

²⁷ Andrea Tone, ‘Medicalizing reproduction: The pill and home pregnancy tests’, *Journal of Sex Research*, 49:4 (2012), pp. 319–27, on p. 321.

²⁸ Ursula Barry, ‘The movement, change and reaction: The struggle over reproductive rights in Ireland’ in Ailbhe Smyth (ed.), *The Abortion Papers* (Dublin: Attic Press, 1992), pp. 107–18, on p. 112.

²⁹ John Horgan, ‘Sugaring the pill’, *Fortnight*, no. 6 (4 December 1970), p. 9.

³⁰ Foley, ‘Too many children?’, p. 145. ³¹ *Ibid.*, p. 144.

³² Daly, *Sixties Ireland*, p. 148.

³³ Declan Meagher, ‘Family planning’ in NMH Clinical Report for the Year 1964, *Irish Journal of Medical Science* (February 1966), p. 94.

many couples, it is inadequate in serious medical and social cases'.³⁴ The Coombe Hospital also provided advice through a 'Marriage Guidance Clinic' from 1965.³⁵

The Rotunda Hospital was not Catholic but the vast majority of its patients were Catholic owing to its location.³⁶ It appears to have referred some patients to an appropriate consultant for family planning advice but its 1962 report stressed that this was only in cases with extreme socio-economic factors; patients were also 'given the opportunity of discussing such problems with the Hospital Chaplains'.³⁷ A formal Family Planning Clinic was established at the Rotunda in January 1966, with Eleanor Holmes of the Social Work department stating 'the guidance it gave was much sought for and needed by patients with severe social problems, as well as on medical and obstetric grounds'.³⁸

Women's accounts of the contraceptive pill often contrasted it with natural methods of birth control such as the rhythm method. Máire Mullarney, a founder of the Fertility Guidance Company, asked her doctor for the pill in 1964. Writing in 1992 she said 'I asked our doctor for the Pill right away. I did not consult anyone with a Roman collar. I might not have picked one who read the more adventurous journals'.³⁹ Her memoir expands on the benefits of the pill in contrast with the natural methods she had previously been using:

We agreed that with this blessed Rhythm, by the time the 'safe period' arrived we wished sex had never been invented. You see, if you were well-informed, as we were, you knew that, not only must the husband not ejaculate, but the wife must not allow herself to experience orgasm. This while sharing the same bed. So different with the magic Pill; I could say, "Well, not tonight, if you don't mind, but tomorrow will be fine." And it would be. Formerly there used to be the waiting and wondering, would a period ever happen? And a husband depressed for months when, after all our care, I was pregnant again.⁴⁰

For Mullarney, the contraceptive pill provided a much-needed respite from the anxiety of worrying about falling pregnant, in contrast with the rhythm method, which restricted sexual intercourse to infertile days. She was not unusual in finding the rhythm method problematic. As Dr. Dermot MacDonald and Dr. Declan Meagher, the two doctors who ran the family planning clinic at the NMH in Dublin, explained in a 1967 article, the rhythm method required couples who had recently had a baby

³⁴ *Ibid.*, 95. ³⁵ Daly, *Sixties Ireland*, p. 148. ³⁶ Foley, 'Too many children', p. 147.

³⁷ *Clinical Report of the Rotunda Hospital, 1st January 1962 to 31st December 1962*, p. 68.

³⁸ *Clinical Report of the Rotunda Hospital, 1st January 1966 to 31st December 1966*, p. 70.

³⁹ Máire Mullarney, *What About Me? A Woman for Whom 'One Damn Cause' Led to Another* (Dublin: Town House, 1992), p. 159.

⁴⁰ Mullarney, *What About Me?* p. 161.

to abstain from intercourse until regular menstruation returned, which could be 5–6 months after birth in some cases.⁴¹ This combined with the fact that couples were also advised to refrain from intercourse in the last two months of pregnancy, meant that the rhythm method imposed ‘an intolerable strain on many marriages’.⁴² They explained that by this point, the policy of the clinic was to prescribe “the pill” as a contraceptive ‘for selected medical and social cases’ and emphasised that advice on family planning should be freely available to all mothers, with fear of pregnancy being detrimental to marital harmony.⁴³ Dr. Niall Tierney, writing in response to the article, asked for further elucidation on the comments made by Meagher and MacDonald, particularly as the prescription of artificial contraception such as the pill was ‘directly opposed to the official view of the Catholic Church’. In response, Meagher and MacDonald insisted that they did not advocate the pill. In their view:

The issue for doctors is not the morality of taking the pill but rather the morality of refusing to provide it for patients who feel entitled, in conscience, to take it. It is our duty to treat the patients; it is the patients who make the moral decisions. In this situation we have concluded that to deny the ‘Pill’ to couples who need it, is at variance with the dictates of justice and charity.⁴⁴

Contemporary newspaper accounts suggest that the contraceptive pill was also being readily prescribed by general practitioners in Ireland – this involved doctors making a private agreement with patients. In 1968, the marketing director of Syntex Pharmaceuticals, Ronald Levin, stated that from ‘the conversations we’ve had with doctors in the Republic [...] the majority of general practitioners in Ireland are prescribing the Pill for social reasons’.⁴⁵ One Dublin gynaecologist explained to journalist Mary Maher in March 1968 that ‘more and more general practitioners are prescribing it, and very few doctors would refuse it now to any woman who asks for it’.⁴⁶ Another pharmaceutical company representative stated that he believed that 25 per cent of Irish women taking the pill were doing so for ‘medical reasons’, and 75 per cent for ‘social reasons’, with the firm’s spokesperson joking ‘Either that or there’s a great increase in menstrual difficulties’.⁴⁷ However, the spokesperson quickly added that the company was strictly adhering to Irish legislation around

⁴¹ Declan Meagher and Dermot MacDonald, ‘A hospital family planning service’, *Journal of the Irish Medical Association*, December 1967, pp. 443–5.

⁴² *Ibid.* ⁴³ *Ibid.*

⁴⁴ ‘Contraception policy’, *Journal of the Irish Medical Association*, 61:368 (February 1968), p. 73.

⁴⁵ Mary Maher, ‘A short history of the pill in Ireland’, *Irish Times*, 14 March 1968, p. 8.

⁴⁶ *Ibid.* ⁴⁷ Maher, ‘A short history’, p. 8.

contraception and that ‘chemists are just as strict about following prescriptions exactly’, stressing that ‘the great majority of doctors are deeply concerned and very anxious for a decision from Rome’.⁴⁸ Indeed, as Lara Marks notes, ‘the widespread expectation of imminent change during the early 1960s had in itself led many Catholics to decide to use the pill before the encyclical was published’.⁴⁹ Dr. Kieran O’Driscoll, master of the NMH, stated that ‘It is no exaggeration to say that our position in continuing to withhold this most effective and now widely accepted method, particularly in ill women, causes a serious problem of conscience for me and for other members of our medical staff. One can only hope that clear guidance will not be much longer delayed’.⁵⁰ However, with the publication of *Humanae Vitae* in 1968, the NMH no longer prescribed the pill. In a July 1968 letter written by Dr. Kieran O’Driscoll, master of the hospital to Archbishop John Charles McQuaid, O’Driscoll assured the archbishop that the ‘Papal Encyclical is accepted as an explicitly clear directive on the subject of birth control, which will be adhered to’.⁵¹ As Deirdre Foley has argued, ‘While the behaviour of Catholics was increasingly related to personal conscience, rather than Catholic dogma, the influence of this teaching at Catholic maternity hospitals was, however, a hindrance to those who sought access to the pill’.⁵²

Following the introduction of the encyclical, some Irish doctors now faced a new dilemma. *Humanae Vitae* came at a crucial moment in terms of the history of birth control – the question of contraception had become the topic of heated debate, particularly with the advent of the contraceptive pill in Europe from the early 1960s, but now that Church guidance was clearly against contraception, doctors had to make a choice over whether they felt they could prescribe it. According to one article in the *Irish Times* in 1968, ‘for a number of years now, since the introduction of the pill, the doctors have been unwillingly carrying a certain moral responsibility’. The piece stated:

on the one hand they were attacked for being reactionary, for not prescribing the pill more freely; on the other hand they had to defend themselves against the charge of opening the flood-gates by prescribing the pill at all. The doctors’ attitude always was that the moral decision was one for the patient to make: he

⁴⁸ *Ibid.* ⁴⁹ Marks, *Sexual Chemistry*, p. 232.

⁵⁰ ‘Ireland: Anticipating the Pope’, *The Tablet*, 20 May 1967, p. 566.

⁵¹ Letter from Kieran O’Driscoll, master NMH, 30 July 1968. [DDA: McQuaid Public Affairs, 20/9–10].

⁵² Foley, ‘Too many children?’, p. 147.

would look after the medical problems and thus while Catholic doctors did not suggest using the pill as a contraceptive, they usually prescribed it on the patients' request.⁵³

However, now that the moral position was made clear and Catholic couples were forbidden from using artificial contraception, the article asked, 'has the responsibility of the Catholic doctor changed?'⁵⁴ As a result of the lack of other contraceptive options, some sympathetic general practitioners prescribed the pill to women who had experienced numerous pregnancies. Writing in the *Journal of the Irish Medical Association* in 1969, Dr. Declan Meagher highlighted the difficult position that the Irish ban on contraception posed for doctors. He argued that the role of the doctor was to bring 'sympathy and understanding' to couples with problems controlling their fertility. Meagher believed that the primary responsibility of doctors was to decide on the best medical treatment for the patient. He argued that for some Irish patients and doctors, *Humanae Vitae* was not an infallible statement.⁵⁵ In Meagher's view:

It may be difficult for them to see it is immoral for man to deliberately induce a condition which nature itself produces constantly throughout the infertile days, or to turn a deaf ear to the over-burdened generous mother with five children under 7 at loggerheads with husband, children and religion who pleads 'But doctor, is it for the good of the family?'⁵⁶

Meagher's testimony highlights the difficult dilemma faced by some Irish doctors. The use of a case of a woman with multiple children as an example, was typical of evidence put forward in favour of the legalisation of contraception at the time. Many doctors, however, were conflicted. At a Medical Union conference in 1971, for instance, one doctor asked, 'Am I to condemn a woman to Purgatory in this life by refusing her the Pill? Or am I to condemn myself to Purgatory in the next life by prescribing whatever contraceptive she asks for?'⁵⁷ Others such as Professor William Dwyer, a kidney specialist at Jervis Street Hospital, stated at a meeting organised by the Irish Family Planning Rights Association in 1971, that for some doctors 'it would be morally and professional irresponsible to recommend the safe period or rhythm as a total protection to

⁵³ 'Doctors' dilemma about prescribing', *Irish Times*, 30 July 1968, p. 7. ⁵⁴ *Ibid.*

⁵⁵ *Journal of the Irish Medical Association*, 62: 382, April 1969, pp. 124–5. Similarly, as Agata Ignaciuk's work has shown, in Spain, *Humanae Vitae* was largely irrelevant for doctors who supported family planning and who were involved in early birth control clinics. See: 'Love in the time of El Generalísimo: debates about the pill in Spain before and after *Humanae Vitae*' in Harris (ed.), *The Schism of '68*, pp. 229–50, on p. 243.

⁵⁶ *Journal of the Irish Medical Association*, 62: 382, April 1969, pp. 124–5.

⁵⁷ 'Dilemma: report on family planning', *Woman's Way*, 22 January 1971, p. 25.

any woman against any pregnancy in the future'.⁵⁸ For many doctors the issue was a delicate one. At the Medical Union conference in Sligo in 1973 two motions which were put forward with regard to contraception, firstly, to ask the Minister for Health to establish family planning clinics in the health board areas, and secondly, to ask for the lifting of the Irish law forbidding the sale of contraceptives, allegedly descended into chaos.⁵⁹ The union failed to come to an agreement on the issue and was criticised in the *Irish Medical Times* for 'shirking its responsibility' to members of the public who looked to doctors for guidance and help.⁶⁰ In any case, the situation with regard to the pill placed Irish doctors in a unique position of power.

4.2 Attitudes to the Pill

Oral history evidence suggests that there was significant stigma attached to taking the pill and negative attitudes towards women who were being open about taking it. Martina's (b.1955) testimony, for instance, highlights both of these points:

But I do remember one time we were at some function. And this lady, who was married to a guy from [large town in southwest of Ireland], she was American. I remember her saying that she was on the pill. And I mean, we were all, 'Oh my God, she's out there saying she was on the pill'. It was like saying she was out there robbing a bank. It was that strange. What kind of person is this? She's on the pill.

When I asked why people were so shocked by this behaviour, Martina explained, 'I supposed what shocked us about it was that she was open about it. I mean, this wasn't something you were going to say in company that you were on the pill. You'd keep it to yourself if you were on the pill'. Similarly, Alice (b.1944) from the west of Ireland stated that 'We thought that going on the pill was just unbelievable. There was one girl that came to live in our place, and she was on the pill. It was nearly the same as having leprosy, we thought so'. Likewise, in a 1968 article by Monica McEnroy, thirty-six-year-old Angela, who was described as married with six children and living on a farm, explained 'I went on the pill in England this time last year. I was over in Devon with my sister. It is a nuisance having to go to Dublin every six months to get a check-up but sure it is only twice a year after all. I would not say a word about it around here'.⁶¹

⁵⁸ 'Ireland: call to change family planning law', *The Tablet*, 4 December, 1971, p. 1182.

⁵⁹ Monica McEnroy, 'Family planning prohibited', *Woman's Way*, 16 November 1973, p. 12.

⁶⁰ 'Attack on Irish doctors over birth control', *Evening Herald*, 5 October 1973, p. 4.

⁶¹ 'The sex life of the Irish', *Woman's Way*, 2 August 1968, p. 35.

There appear to be significant generational differences in terms of attitudes to the pill. Some interviewees asserted that women of their generation did not take the pill, implying that it was a practice of younger generations. For instance, when I asked Nuala (b.1935) from Dublin if she had ever heard of anyone taking the pill, she commented: ‘Not in my day, definitely not. No. Would have maybe years after, but would be younger people then of course. Not in my day, no. There was no talk. [...] No. It was a different world.’

Similarly, when asked about whether she knew of anyone taking the pill in the 1960s and 1970s Úna (b.1944) told me: ‘I don’t think so. Not in my day. I don’t think the pill was available. [...] Just behaved yourself.’ Úna’s comment ‘Just behaved yourself’ is revealing because again, it suggests that the pill brought sexual freedom to younger women, but also implies that she and her contemporaries led more chaste lives. Moreover, the above accounts resonate with Kate Fisher’s findings that many of the women she interviewed maintained ignorance or naivety around the issue of birth control, because ‘ignorance implied moral purity, innocence and respectability’.⁶²

Several respondents also referred to their mothers’ attitudes to the pill and how this impacted on their own views. Ellen (b.1949) from the southeast of Ireland, reflected ‘my mother being so religious, she told me if even when I got married, she said if I was taking the pill that I wasn’t to come home anymore’. Similarly, Catherine (b.1953) from the southwest of Ireland, took the contraceptive pill before she got married in 1975. She recalled a heated conversation with her mother after she got married. After Catherine told her mother she was on the pill, her mother stated ‘Oh, you’ll be condemned, weeping and gnashing your teeth. It’s a mortal sin!’ Other mothers had a different attitude and reflected on how different things were for their daughters than their generation. Marian (b.1935) who came from a large family from a rural area in the north of Ireland, told me:

My poor mother, I remember her saying to me, ‘Well if I had had them pills I would have took them by the handful’, when the contraceptive pills came out. Now she wouldn’t have given any of us back if you know what I mean but she had one baby after another. There’s only 18 months between some of us.

Some respondents also recalled their concerns around the side effects of the pill. Indeed, as Lara Marks has shown, medical experts in the UK and United States vigorously debated the side effects of the pill, in particular, thrombosis, during the 1960s and 1970s.⁶³ Professor John Bonnar,

⁶² Fisher, *Birth Control*, p. 27.

⁶³ See: Marks, *Sexual Chemistry*, pp. 138–57.

professor of obstetrics and gynaecology at TCD, who conducted research into thrombosis and the pill, explained in an oral history interview 'I think the pill was a major advance. But we've an obligation, when it's being taken by young, healthy women, to see that it's as safe as possible. And its history, in that regard, is not anything to be proud of.' Moreover, it is evident from oral history testimonies, that concerns about the side effects of the pill seeped into the consciousnesses of many women. Audrey (b.1934) from Dublin recalled that when the pill came out in the 1960s, 'you heard horror stories of girls dying from it and all'. Indeed, discussions of the side effects of the pill had an influence on women's attitudes to family planning options. Winnie (b.1938) from a small town in the north of Ireland, explained that she would not have taken the pill had it been available to her because 'I wouldn't interfere with my body in that respect. I would have been too scared'.

Given the stigma attached to the contraceptive pill, women who decided to take it tended to keep this information to themselves. Cathy (b.1947) decided to take the pill before she got married in 1974. She told me:

I went on the pill a couple of months before I got married, and I used to go to the family planning clinic in Mountjoy Square [in Dublin]. That's where they were. But I remember, I'd go to the door and I'd be looking over my shoulder before I'd go in, making sure nobody saw me. Because I told nobody I was on it. Joseph knew, and my immediate friends would have known. But I never told my mother, I never told anybody in work. Like, they were all very religious, and you'd be seriously judged, like, if they knew you were doing something like that. Lads I worked with.

She believed that she would 'be vilified, I'd say if they thought I was doing that. Desperate, like'. Similarly, when asked if she knew anyone who had taken the pill, Julia (b.1936) explained to me 'Well, I would say that in those days, even if they were, they weren't going to ... Say it. No I wouldn't think so, no'. Likewise, Judith (b.1950) who went on the pill before she got married aged 25, told me 'It wasn't something you'd advertise or go around telling'. Similarly, Brigid (b.1945) explained 'people were very reticent to talk about it at the time. People wouldn't admit at all to doing anything remotely like that'.

In addition, as one young woman writing into *Nikki* magazine in 1973, commented 'getting the pill is not an easy thing'.⁶⁴ Women who wished to obtain the pill were reliant on a sympathetic doctor, or could have obtained it at one of the urban-based family planning clinics. Annual reports from the IFPA illustrate the prevalence of the contraceptive pill as

⁶⁴ 'Feedback', *Nikki*, (November 1973), p. 68.

a family planning method for IFPA patients at Dublin clinics, as will be discussed in further depth in Chapter 6. Doctors therefore had significant authority in deciding who could be prescribed the pill. Similarly in Spain, the circulation of the pill in the 1960s and early 1970s helped to ‘reinforce the doctor’s technical and gender power position’.⁶⁵ According to Monica McEnroy, *Woman’s Way* magazine received letters every week ‘asking where a doctor can be found who will prescribe the Pill’.⁶⁶ Knowledge was disseminated between women about which doctors would prescribe the pill and which would not, as well as what to say in order to obtain it. Myra (b.1947) for instance, explained to me:

Well I remember oh, there was, I think Dr. Smith used to do it, because he was more liberal. I don’t know, I think – I don’t know, was he a Protestant? I’m not quite sure, because there was a different doctor I went to. But they gave it to you if you wanted to regulate the periods, you got the pill to regulate your periods so that I suppose ... But no, I’d say there was a lot of people who got the pill off of him.

Similarly, Christopher (b.1946) from a rural part of south-east Ireland told me ‘You would have, it would be diagnosed for not contraception but for, for other reasons, for supposedly some other reason ... You would get an understanding GP who would say – “Ah yes, I can see this now and this will fix that” and it would be nod, nod, wink, wink’. There is also evidence to suggest that some women from working-class backgrounds possessed knowledge of how they might gain access to the contraceptive pill. Marian Larragy, a member of the Contraception Action Programme, an offshoot of feminist group Irishwomen United, recalled visiting the residents of flats in Ballymun, one of Dublin’s most underprivileged areas, in order to gain signatures for a CAP petition. She recalled meeting a young mother who had been in her class in primary school who ‘signed the petition and told me that everybody in the flats was getting the pill “to make their periods regular”’.⁶⁷

Other respondents recalled ‘shopping around’ for a doctor who would prescribe the pill. Nicholas (b.1953) who lived in a town in the west of Ireland, explained that his wife initially went to a doctor who refused to give her the pill. In Nicholas’ words ‘he frowned totally on the idea’. However, his wife found another GP who in contrast ‘was well on board

⁶⁵ Agata Ignaciuk, Teresa Ortiz-Gómez, Esteban Rodríguez-Ocaña, ‘Doctors, Women and the Circulation of Knowledge of Oral Contraceptives in Spain, 1960s–1970s’ in Teresa Ortiz-Gomez, María Jesús Santemasmas (eds.), *Gendered Drugs and Medicine: Historical and Socio-cultural Perspectives* (Farnham: Ashgate, 2014), pp. 133–52, on p. 141.

⁶⁶ ‘The Papal Encyclical’, *Woman’s Way*, 13 September 1968, pp. 44–5.

⁶⁷ Marian Larragy cited in Ann Rossiter, *Ireland’s Hidden Diaspora*, p. 146.

towards prescribing the pill ... And there was a good engaged team conversation with my wife and her doctor. I thought that was good at the time, looking back on it now ... But he was a progressive doctor'. Similarly, Noel (b.1952) believed it was 'just a case of you just finding the right person'.

Andrew Rynne, who worked as a doctor doing vasectomies for the IFPA, noted in his memoirs that during his time in general practice, female patients regularly asked him if was 'morally all right' for them to use contraceptives. In other words, he felt that 'doctors were sometimes looked upon as kind of surrogate priests, a role that I for one thought quite absurd'.⁶⁸ Doctors had significant authority, and as with priests, as will be outlined in the next chapter, there was a sense among some respondents that women could not question their judgement. Maud (b.1947) for example explained 'In those days you didn't question the GP really. Like today you go in there now and you look on the internet and you're reading up and stuff'. Similarly, Ellen (b.1949) asked her GP for the pill after the birth of her fourth child in 1976. She said, 'when I went to the GP, he just said "I don't like giving the pill."' But I think if I had pressed him for it, he would have given it to me. Because I think some GPs at the time did give it.' Indeed, some respondents believed that doctors would only give out the contraceptive pill in extreme circumstances. For instance, when I asked Colm (b.1940) from a rural area in the Midlands, about whether women would have had access to the pill in Ireland in the 1960s and 1970s he replied: 'Jaysus, you couldn't. Well I suppose you could go to the doctor and get a, go to the doctor and get a, a cert ... to say that if this woman, then ... You know the type of thing, or endanger her life, like this'. Similarly, Ellen (b.1949) whose GP refused to give her the pill, explained that some doctors did prescribe it, but only in extreme circumstances:

They would give it to you, see, if you were kind of said 'I'm going to kill myself if I have any more children'. Or you know, if they thought having another child would have been bad for your health, that you wouldn't have been able for a child or something like that. They would have had to have reason for giving it. They just wouldn't have given it out willy-nilly I'd say.

Aoife (b.1947) explained how she really had to justify her need for the pill to her doctor. She said, 'I was saying, you know, if you don't help me, I'm in a mental hospital and so are all my children that's it because I cannot cope with this, you know. And I'll disgrace you if you don't you know and kind of threatened him and this is what I did – I had to fight. [...] I had to learn to fight'.

⁶⁸ Andrew Rynne, *The Vasectomy Doctor: A Memoir* (Cork: Mercier Press, 2005), p. 120.

Doctors clearly had considerable power in choosing whether they would prescribe a woman the contraceptive pill. For some doctors, their status as ‘sympathetic’ was undoubtedly lucrative. It is also clear that women also exhibited agency in finding a sympathetic doctor. Knowledge of sympathetic doctors, and information on what to say, was usually spread through word-of-mouth. Similarly, Leanne McCormick’s important work on abortion in Belfast has shown the significance of women’s networks in the transmission of knowledge about illegal abortion and the restriction of such networks of knowledge within Protestant dominated neighbourhoods.⁶⁹ For instance, as Irish feminist campaigner Ruth Riddick, who would go on to establish the Open Door Counselling service for women experiencing crisis pregnancies, explained in an oral history interview to me:

Now, needless to say, the Irish solution to an Irish problem was in place long before Charlie Haughey ever mentioned it. I remember being told by girlfriends what it is you said to which doctor to get put on the pill. That was relatively common knowledge. The pill, at this point, had been introduced since 1960. Now that we had television, now that our communication systems were working bigger and better we knew about the pill. The question only became where to get it.

Similarly, Fine Gael politician and member of the Irish Women’s Liberation Movement, Nuala Fennell wrote in her 2009 memoirs that ‘women who identified understanding and helpful general practitioners passed on the word to other women.’⁷⁰ Jean (b.1953) from a small town in the northwest explained that ‘And then you would have known there was a GP here, not necessarily your own – one particular GP and you could have gone to him and he would give you the contraception’. Similarly, Sally (b.1956) from a rural area in the east of the country, told me, ‘And there were certain doctors in their area, that would give them, and other’s that wouldn’t. So amongst us, we all knew, just say it was Dr. Riordan who would, and Dr. Murphy wouldn’t. But you dare didn’t tell your mother you were going to Dr. Riordan, because she’d know immediately. But there again, your medical records were not being followed through’. Alison (b.1953) from a Church of Ireland background, referred to the importance of women’s networks in circulating information about the pill. She explained:

Now at that stage, obviously the pill wasn’t widely, or wasn’t, wouldn’t have been legally. You wouldn’t have been able to buy it over the counter or anything. But,

⁶⁹ See: McCormick, ‘No sense of wrongdoing’.

⁷⁰ Nuala Fennell, *Political Woman: A Memoir* (Dublin: Currach Press, 2009), p. 79.

again, there was a hostel in Baggot Street, called the YW, where a lot of the Church of Ireland people who came up to Dublin to work would've lived there ... You know, so there was a network of women ... my age group who kind of knew the scene. So if you wanted to go on the pill, I had a friend who lived in there, she told me where to go. So there was a doctor out in [suburb], a lady doctor out in [suburb], who looked after people who wanted to go on the pill, and she looked after your gynaecology as well.

However, as Joanne O'Brien, a member of feminist activist group Irishwomen United explained, while 'There was information shared between women about who you could go to or whatever ... I think you had to have a fair amount of self-confidence to go in and ask for something like that'. For women who decided to ask their doctor for the pill, this was an admission that they were having sex. Martina (b.1955) recalled 'the fear of going to the doctor and asking him to put me on the ... To get the pill'. She explained 'I mean it's so silly, it's almost you're going in and you're imagining he's thinking you're now having sex ... And asking for the pill means that you're admitting you're actually having sex'. Lizzie (b.1946) was afraid to ask her doctor for the pill for fear of moral judgement. She explained:

No, because you wouldn't have the courage to go in and ask. You wouldn't. Mentally, you just would not be able ... I would not be able. I would not have been able to go in and say, because I would have felt that I was an easy person. What do you say, what do they call it? A loose person.

Similarly, Alice (b.1944) recalled believing as a young woman that it was a worse thing to be on the pill than to have sex outside of marriage. She went out with a man 'for a good while, and imagine, I never went on the pill or anything ... It was a bigger sin to go on the pill than to have sex'. Women who obtained the contraceptive pill did not necessarily go to their own GP due to fears that they would be refused or that their family would find out about it. Mairead (b.1953) who grew up in Dublin explained, 'You wouldn't go to your family doctor. You'd be afraid, they probably wouldn't tell your parents but you would be afraid, you know that they would'. Mairead instead obtained the pill from the Well Woman Centre. Similarly, Carmel (b.1952) explained that a lot of women would go to a different GP than their regular one because 'The doctor would know you and your parents, and everything else'.

Several oral history respondents, did however, mention more compassionate general practitioners who put them on the pill without them having to emphasise their personal difficulties. Clodagh (b.1940) from a rural area in the southwest, for instance, got married aged 22 in 1962, having her first child one year later. By 1968, she had six children under

the age of four and ten months. Following the birth of her seventh child in 1972, she went on the pill:

In between the twins and the next lad because definitely I couldn't, no way could I be having another baby you know. And then when he was born, say four years after that was in 1972, I think my period went very irregular anyway like you know and I was with the doctor and this was a really old doctor like a very nice doctor now but he put me on the pill but for to regulate the periods but I think it was really maybe so that I wouldn't be pregnant as well I'd say.

Similarly, Nora (b.1940) had a positive experience with her GP in a rural area in the southwest of Ireland. Nora had married in 1967. Her first child was born in 1969 but died two days after being born. She went on to have another child two years later, followed by a traumatic miscarriage, and then another child two years afterwards. She explained that she was offered the pill by her GP in 1974: 'The doctor gave it to me because he said, seeing as I'd had the miss and all that, he said, "I think you've had enough for a while anyway"'. Nora explained to me that she was 'surprised' to have been asked if she would like to take the pill 'because I never expected to get it. I didn't even ask him for it'. She believed that her doctor 'felt that I needed it'. Similarly, Evelyn's (b.1940) general practitioner in a small town in the northwest 'didn't think twice' about giving her the contraceptive pill, however, her testimony suggests that she had to initially mention her personal difficulties in order to convince him: 'He didn't even question it – I just said to him, "I just don't know what I'm going to do...The kids are lovely but...". He said "I'll give you a prescription for the pill now." That was it, there was no discussion, no discussion at all'.

Elaine (b.1950) similarly had a positive experience with her female doctor in a small town in the west of Ireland. Elaine's marital life was difficult and her doctor was aware of her personal challenges. She recalled her doctor saying, "Here," she says, "take this. You don't need that hassle at all." Elaine explained that she "didn't know the first thing" about contraception, "all I knew was it would stop me from having kids. That's all she told me, really. Take that down." Elaine's experience was markedly different to Martina's (b.1955). Martina, from a rural area in the southwest of Ireland, had two children by the age of 20, and was in an abusive relationship where she regularly experienced violence and rape. She felt that, knowing her situation, her doctor should have suggested contraceptive options to her, but he never did:

No doctor said to me, 'Look, you should go on the pill'. And they knew ... And I mean, my own GP knew the situation at home. He knew all of that but he never said, 'You should prevent having more children'. And it was when I had my

fourth child, the gynaecologist, he said ... I was 25 when I had my fourth child. And he said, 'Let that be the last'. And something clicked in me, I said, 'Yeah, this is sensible'. Just and that was my last. And from there on then I used contraception. And eventually got my tubes tied. But nowhere along the line did anyone say, 'You know, you should prevent getting pregnant'.

Martina felt 'You were left to fend for yourself. I mean that help wasn't even there. It wasn't forthcoming. Maybe if he'd been another doctor maybe he would have but not the doctor that I went to, anyhow. And he used to say to me things like, "Did you get rid of that guy yet?"'

Some women reflected on negative encounters with their GPs regarding contraception. Mrs C.W. from Kildare, writing to *Woman's Way* in 1971, remarked that 'every couple should at least expect a sympathetic and understanding hearing from their doctor' if they were seeking advice on family planning. She felt that this was not the case at that present moment, however, and that 'one is liable to hear the riot act read if the doctor does not approve of contraceptives'.⁷¹ Cathy (b.1949) recalled her cousin who had six children being refused the pill by her GP:

... she had six kids, she didn't get married until she was 35 and she had six children in a few years. And she got to a point and I remember she went to the doctor one day and he said to her, 'You could be having them until you're 55'. And she said, 'Well, I don't want to be having them until I'm 55, can you give me something?' He wouldn't give it to her. Imagine that.

Although Cathy remarked that her cousin was religious, 'she wouldn't have asked for it only, she just had enough. She just thought six was enough and she didn't want to get pregnant again'. Such experiences were not unusual or restricted to Ireland. Maud (b.1947) emigrated to the UK from the west of Ireland in the 1960s. She had a similar experience with her Irish GP in England who refused to give her the pill for religious reasons:

I registered with my local GP over there obviously, he was Irish. This is what they did in England, they always stuck with the Irish people. So he was very Catholic, very stern. Very stern. So at that particular time when I got married, he wouldn't give you the pill, it went against his religion, so he lost a lot of his patients, young people, like the likes of me. English people.

Amongst her Irish friends in England, however, Maud believed 'A lot of people I knew were on the pill. Oh yeah. And they weren't with the Catholic doctors'.

⁷¹ 'Over to you...', *Woman's Way*, 11 June 1971, p. 6.

Single women may have had particular difficulty in gaining access to the contraceptive pill from general practitioners in Ireland. Indeed, Eimer Philbin Bowman's 1977 study of first time visitors to a Dublin family planning clinic showed, some doctors were in general unhappy about prescribing the pill for any length of time to an unmarried woman, with one respondent explaining, 'He said he would give it to me for three months for irregularity but if I wanted it again I would have to go somewhere else'.⁷² Some women also perceived that contraception was not available to single women. Annette, interviewed by Emer O'Kelly about her experiences of travelling to England for an abortion, explained that at the age of 24 in 1968, she 'was so green, that I didn't think a single girl could go to a doctor and ask for a contraceptive'.⁷³ As well as perhaps having difficulty finding a GP that would prescribe the pill, some chemists also refused to stock it, even after legalisation in the 1980s, as will be discussed more in Chapter 9. One GP who practised in a city in the west of Ireland in the 1970s told me: 'It was illegal, you know. So ... but then there were ways and means, you know. I remember that I had a very friendly pal who was a drug rep for one of the companies, you know, who did – I can't remember which one it was. And he'd always leave you a few boxes, you know, sample boxes. So, there was never a problem'.

Furthermore, there were cases where husbands interfered in women's access to the contraceptive pill. Aoife (b.1947) told me her husband 'discovered the pill and he threw it into the fire because that was against our religion and that was his excuse'. One mother of four, writing to *Woman's Way* advice column in July 1968 explained that her doctor had stopped prescribing her the pill because her husband had 'called in to object ... on the grounds that "you have to take what is before you in life"'. The agony aunt stated 'I think that both your doctor and your husband have forgotten that you are the person to decide. I suggest that you make this point quite firmly and cheerfully'.⁷⁴ Other women did not tell their husbands they were taking the pill for fear of causing an argument or tension in their marital relationship.⁷⁵ One such woman was twenty-eight-year-old Clare, married for six years with four children, and who had been taking the pill for almost a year. She had not told her husband so as to avoid rows and tension in their relationship, as she believed he would not approve. She had tried the safe period but found it

⁷² Eimer Philbin Bowman, 'Sexual and contraceptive attitudes and behaviour of single attenders at a Dublin family planning clinic', *Journal of Biosocial Science*, 9:4, (October 1977), pp. 429–45, on p. 435.

⁷³ Emer O'Kelly, *The Permissive Society in Ireland?* (Cork: Mercier Press, 1974), p. 17.

⁷⁴ 'Marriage guidance', *Woman's Way*, 5 July 1968, p. 27.

⁷⁵ 'Undercover on the pill', *Woman's Way*, 1 June 1973, pp. 8–9.

to be 'utterly useless...in fact, my last two children were born while we were using this method'. Clare expressed her relief now that she was taking the pill, stating, 'It's wonderful to know that I won't become pregnant. I was very ill and had a difficult time carrying all my children. I think that I'd have had a nervous breakdown if I'd found myself pregnant again'.⁷⁶

4.3 Conclusion

Evidently, debates around the contraceptive pill in 1960s and 1970s Ireland were complex. As in England, the contraceptive pill became a synonym for contraception more generally, and a means for the press to discuss the issue. The fact that some women could obtain the contraceptive pill through lying about their menstrual difficulties, illustrates the significant hypocrisy of the Irish ban on contraception, but also shows how some women found ways to resist the ban. Moreover, some doctors, through lack of other options, were prescribing the pill to women who might have been better suited to an alternative form of contraception. Women who took the contraceptive pill evidently displayed considerable agency and resistance in gaining access to it, and the circulation of knowledge regarding how to get access, and from whom, shows the importance of women's networks in helping women to circumvent the legislation. Nevertheless, attitudes towards women who were taking the pill indicate significant stigma towards individuals who used birth control, and women who took the pill were often forced to keep this secret. Finally, and as will be discussed more in the next chapter, the decision to take the contraceptive pill could sometimes result in a dilemma with regard to conscience for Catholic women, however, such women often justified taking the contraceptive pill for economic reasons.

⁷⁶ 'Undercover on the pill', p. 8.