Conclusion

This book has, for the first time, provided insights into the personal, lived experiences of men and women negotiating family planning and contraception in Ireland in the period from the 1920s to the 1990s, as well as illuminating the memories of activists who campaigned for and against the legalisation of contraception and the expansion of access to it. It is clear there are continuities across the history of the twentieth century: men and women writing to Marie Stopes for advice in the 1920s justified their need for contraception in similar ways to individuals trying to plan their families in late twentieth century. Moreover, the contraception question polarised activists, members of the medical profession, church hierarchies and government officials across the period.

Ultimately, this book has shown the impact that legal and religious restrictions can have on individuals' reproductive choices. It has highlighted the influence of Catholic Church teachings and legal structures on Irish life in the postcolonial period which meant that for many individuals, sex, contraception and related issues were clouded with feelings of stigma and shame. Ireland was not exceptional in this regard, as studies of contraception in other predominantly Catholic countries have shown, yet, the interplay between Church and State in Ireland which meant that Catholic teachings were enshrined in Irish law, and continued to influence Irish laws such as the Family Planning Act of 1979, had significant consequences in terms of access and attitudes to contraception. Yet, in spite of these constraints, many Irish men and women showed resistance. They found ways to access contraception and information about contraception through family planning clinics or by accessing the pill as a 'cycle regulator'. Others used natural methods, sometimes out of choice, and sometimes out of necessity. Many others exercised reproductive mobility.[1] This was done in a range of ways, from writing to Marie Stopes for information in the early twentieth century, to

[1] Gilmartin and Kennedy, 'A double movement: the politics of reproductive mobility in Ireland'.

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obtaining contraceptives on the black market, or going over the border to chemists in Northern Ireland. Ironically, the UK and particularly England, which was negatively characterised by the State for its permissiveness throughout the twentieth century, provided the main market for contraceptives which were smuggled back in suitcases or sometimes successfully through the post, while many women also chose go to England for tubal ligations due to the lack of availability of the procedure in their own country.

A key theme in this book has been power. Power was wielded not only by Church representatives in relation to contraception, but by members of the medical profession and chemists, many of whom were responsible for restricting individuals' access to contraception, even after legalisation in 1979. Yet, there were exceptions, in the cases of sympathetic doctors, and in some instances, sympathetic priests, who were themselves struggling with the Church's stance on contraception in the wake of *Humanae Vitae*. Activists challenged this power, and in doing so, many took significant personal risks. They played a crucial role in opening up the debate on the contraception issue, challenging the law, and in the case of some family planning and feminist campaigners, providing contraception to individuals while the State dilly-dallied over the introduction of legislation. Yet, the issue of contraception was inexorably linked with abortion. Anti-contraception campaigners mobilised in the 1970s and their campaigns against contraception formed the foundation for the pro-life campaign in the 1980s. Their arguments reveal much about wider concerns within the Irish public about the tensions between a nationalistic vision of Ireland which had been honed-in the early twentieth century and concerns about modernity.

I hope that this book has also illustrated the power of oral history to illuminate individuals' lived experiences and attitudes, and it will inspire further studies which utilise this methodology. Oral history is a powerful tool for understanding 'hidden' histories, and there is much scope for future work which might explore the experiences of Irish people of colour, Travellers, and disabled people in relation to contraception and reproductive health more generally. Moreover, there is much scope for further studies of individuals' experiences of pregnancy, miscarriage, childbirth, as well as reproductive and sexual health in Ireland, and activism more widely.

Yet, while contraception is more widely available now, and there have been important legal changes in relation to sexual and reproductive rights in Ireland, there are many continuities between this history and more recent times in terms of provision and attitudes. A 2019 report by the Working Group on Access to Contraception has highlighted that there

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still remain issues with access to contraception in some parts of the country, and that cost can have an influence on individuals' choice of method. Notably, the report stated that embarrassment and stigma around contraception are still present, with research highlighting 'how young women have reported being afraid to reveal they are sexually active; embarrassed to be seen at a family planning clinic; or worried about confidentiality breaches. Embarrassment has also been reported in relation to talking to GPs, pharmacists and clinic staff about contraception and with regard to purchasing condoms, as well as asking partners to wear them and using them'.[2] In July 2022, the Health (Miscellaneous Provisions) (No.2) Act was signed into law, enabling the introduction of free contraception for women aged 17-25. While this is a positive step, arguably this law reflects the state's continuing anxieties over young women's sexuality and augments contraception as a woman's responsibility. Younger teenagers, women over the age of 25, men, and non-binary persons are not included in this legislation. Moreover, Ireland's abortion law, introduced in 2019 under the Health (Regulation of Termination of Pregnancy) Act (2018) also reflects continuities: the law stipulates that medical providers may object to providing abortions on conscientious grounds but that they must refer on; this means some women still have to travel for reproductive healthcare. Sex education remains a contentious issue. A report by the National Council for Curriculum and Assessment in 2019 on sex education in Irish schools found that for school-age students who were interviewed 'their recall of primary RSE was almost exclusively related to learning about the biological changes that happen during puberty. A small number of first-year students said they didn't receive any lessons in RSE'. Similarly, sex education in secondary schools, if provided, generally tended to focus on scientific facts.[3] Evidently, the stigma and shame combined with legal and moral restrictions relating to sexual morality in the early twentieth century have cast a long shadow. It is only through exploring the history of moral issues such as contraception that we can fully comprehend attitudes towards and experiences of sexuality and reproductive health in Ireland today.

[2] *Report of Working Group on Access to Contraception*, (2019), p.15.
[3] *NCCA Report on the Review of Relationships and Sexuality Education (RSE) in Primary and Postprimary Schools*, (2019), pp.15–17.

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