Social Policy and Fertility Change in Ireland

The Push to Legislate in Favour of Women's Agency

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INTRODUCTION

Ireland has long received attention in demographic research that has been quite disproportionate to the size of its population. The reasons for this attention are simple and well known: the demography of Ireland has differed dramatically from that of the rest of Western Europe. For demographers, with an eye to mapping the concept of demographic transition, when societies begin the shift away from high birth and death rates towards stable low rates of birth and death, Ireland has traditionally been the main outlier in the European transition. It is only comparatively recently that the meanings of this designation in relation to women's positions in Irish society began to come under scrutiny by Irish feminist scholars, who started to publish the results of patient research into such diverse phenomena as large-scale emigration, family life in post-Famine Ireland and survival strategies of female-headed households.[1] But it is around Irish fertility rates that the interests of demographers and feminists have come together. This article seeks to set out those points of convergence in accounting for how and why Ireland finally abandoned its status as outlier and what this has meant for Irish women in beginning to

The European Journal of Women's Studies Copyright © SAGE Publications (London, Thousand Oaks and New Delhi), Vol. 6, 1999: 69–96
[1350-5068(199902)6:1;69–96;007385]

stake their claim to reproductive freedom. Feminism has long argued that a woman's control and choice of her reproductive strategies is a core principle if women are to achieve full equality. Ginsburg and Rapp (1995) argue that individuals use their local systems of social relations and logics to resist or challenge their circumstances in order to reframe them to their best advantage and that this is key to understanding how women deal with issues of reproductive control. We seek to demonstrate how this dynamic has worked in the Irish context and how women have used changing social and political contexts in order to legitimize their collective agendas and move these agendas to centre stage. We do so in a context where an integral ideological strand of late 19th- and early 20th-century Irish politics, which conflated Mother Ireland with the idealized role of Irish women as self-sacrificing and endlessly fertile mothers, has undergone substantial interrogation in recent decades (Meaney, 1993; Boland, 1995).

The characteristics of Ireland's population in the latter part of the 19th century – late marriage, high rates of permanent celibacy, low rates of cohabitation and non-marital fertility, very high rates of marital fertility and high rates of out-migration, especially of women – have received sustained attention from demographers, with a particular focus on the issue of high fertility within marriage. For example, results from the Princeton European fertility study support the conclusion that marital fertility was high in Ireland well into the 20th century, declining only by around 1960 (Coale and Watkins, 1986; Teitlebaum, 1984). A more recent analysis of Ireland's demographic history challenges some of the details of the Princeton project. O'Grada (1991) concludes that marital fertility in Ireland fell by 10 percent between 1881 and 1911, with some evidence that couples engaged in birth spacing. However, O'Grada does not propose that Ireland be taken out of the outlier category during this period. All observers agree that fertility in Ireland did decline in the first half of the 20th century, but the decline was considerably smaller than those that took place elsewhere in Europe.

The post-Famine Irish demographic regime of late marriage, high marital fertility and high out-migration continued. The total fertility rate in Ireland in 1950 was about 3.3, among the highest in Europe. Along with most of the English-speaking industrial countries, Ireland experienced a baby boom in the 1950s and early 1960s; this boom peaked with a total fertility rate of 4.1 in 1964 (Coleman, 1992). Although the baby boom was short lived, the post-boom decline only brought fertility in Ireland back to the levels achieved in the 1950s. Throughout the 1970s, total fertility rates were still above three births per woman, and Ireland could still be described as the outlier in terms of European fertility.

However, Irish fertility began to change dramatically in the 1980s. Coleman (1992) and Murphy-Lawless (1987) have chronicled this rapid

change; total fertility rates at the end of the decade of the 1980s were approaching replacement level, having been 3.2 at the start of the decade. Coleman (1992) and Murphy-Lawless (1993) were both confident that Irish fertility in the 1990s would drop below replacement level, converging with levels that had been achieved decades earlier in other Western European countries.

We have already carried out a descriptive examination of recent fertility change in Ireland between 1975 and 1995 in order to determine whether Ireland's fertility convergence with the rest of Western Europe was completed during this time span. In brief, our findings indicate that between 1975 and 1995, the total fertility rate declined from 3.55 to 1.87, a decline of almost 50 per cent which conclusively brought to an end Ireland's position as demographic outlier. Within the ranges of fertility and marriage behaviours that contributed to this broad outcome, there were astonishing shifts downward in the rates of first marriages and in the rates of marital fertility, the latter contributing most significantly to the reduction in overall fertility. And, although there were relative increases in the rates of non-marital fertility, with 20 per cent of all births in 1995 occurring to never-married women, these increases had only a minor impact on the general downturn in fertility. Indeed, had non-marital fertility in 1995 remained at the low 1975 level, the overall fertility would have been only slightly lower. Perhaps the most astonishing rates are those to do with teenage pregnancy. Both the absolute levels of non-marital fertility among this age group and the absolute increases remain low relative to other western societies like the USA and the UK. There has been a sharp drop in the absolute number of marital births to teenagers since 1984, which has not been matched by the increase in non-marital births. Approximately two-thirds of these recent teenage births have occurred to women aged 18–19 years. Currently, 5 percent of all births are to women under the age of 20 (Central Statistics Office, 1997a).

Our goal in this article is to examine these recent trends in Irish fertility in light of policy debates and policy changes that have taken place in Ireland since 1973. Issues which were central to women's lives and to women achieving full personal agency in law – access to contraception, access to information about abortion and the legalization of divorce – have been at the forefront of political debate in Ireland for the last two decades. A traditionalist demographic account might argue that some of the intensity of these debates has been a consequence of the magnitude of demographic change; if long-entrenched demographic patterns (and the behaviours that underlie those patterns) were relatively unchanged, such debates might be muted. Working in the different arena of political action, feminists would argue that the women's movement played a critical role in generating these debates (see, for example, Smyth, 1993). The critical

issue is why these behaviours have changed and what has enabled them to do so.

Our contention is that there is a pressing need for causal explanations of these changes, especially explanations that incorporate the full range of economic, social and institutional factors that contribute to changes in demographic behaviour. We are particularly interested in expanding our search for explanations beyond the boundaries of many demographic studies, which concentrate on identifying correlations between indicators of socioeconomic status (such as education, income or place of residence). Here, we are interested in explaining how massive changes in Irish women's perceived status as wives and mothers have been intertwined with massive shifts in marriage and fertility. We are interested in how Irish women have challenged institutions and practices and thus brought about institutional and policy change, as well as how Irish women have responded to these changes. Finally, in light of radically different fertility rates at the end of 20th-century Ireland, an emerging fertility-related public policy which recognizes the importance of women's personal agency, and changes in the individual actions of Irish women, we speculate on the implications of these dynamics for our more general understanding of demographic change.

In concluding his examination of fertility change in Ireland in the 1980s, Coleman (1992) asserts that Ireland's demography continues to challenge demographic theory. In his view, the field has not been able to account for the exceptionalism of Ireland's demographic history; the particulars of Ireland's colonial past, especially the legacy of extremely high out-migration and the unusually strong influence of the Catholic Church, combined to define Ireland as a true exception to the rules of demography. Irish 'demographic exceptionalism', as Coleman describes it, became so widely accepted in demography that the field was caught off guard and did not 'adequately forecast the timing of [Ireland's] convergence with modern demographic regimes' (Coleman, 1992: 53). We conclude our own analysis of recent Irish fertility patterns by further speculating, along the lines of Coleman's (1992) arguments, about the theoretical implications of recent changes in Irish fertility and about the likely future course of fertility in Ireland.

THE CHANGING SOCIAL AND POLITICAL CONTEXTS OF IRISH FERTILITY

Changes in marriage and fertility patterns of the magnitude of those just described are, on their own, evidence that a population has experienced considerable social change. The Ireland of recent decades has finally moved completely away from the watershed event in Irish demographic

history, the Great Famine of 1845–51. The Famine proved devastating for the 3 million farm labourers and small farmers who lived at subsistence level on the potato and who were subject to a landlord system of ownership. The Famine was the worst such disaster in recorded modern history: the Census of 1841 listed the country's population at 8,175,125; by 1851, famine, related epidemic disease and enforced emigration had lowered the population to 6,552,385. The recorded population in Ireland fell every year between 1851 and 1961.

It has been argued that in the dramatically changed circumstances of the 1850s onwards, in a society which had been traumatized by the Famine, sex itself posed a serious threat to the emerging economic order, where large-scale emigration continued, domestic industry largely ceased to exist, where the shift from tillage to livestock in farming intensified, and where a distinct emphasis on preserving the size of landholdings by controlling marriage arrangements and preventing subdivision became widespread (Connell, 1962; Lee, 1978). Inglis (1997: 6, 11–12) has observed that one peculiar and significant effect of the Famine was that the church displaced the state as the principal regulator of homes and schools and thus of sexuality. It is now abundantly evident that these religious discourses on maintaining celibacy, the purity of marriage and the exclusion of sex outside marriage existed alongside sexual crimes such as paedophilia, incest and rape and, for women, the necessary practices of infanticide and abortion. Nevertheless the idealized accounts of sexual behaviour were critical to how people restructured their personal and communal lives after the Famine.

Independence and the founding of the Irish Free State in 1922, if anything, deepened this bias towards a conservative rural society, with efforts to prevent any incursion of modern, and specifically urban values and to valorize the role of the family as the essential cornerstone of society (Garvin, 1996: 152). As part of the general policy of the Free State, women saw their roles almost entirely confined to the private, domestic sphere, with such basic public rights, like serving as jurors, stripped away by the new state (Valiulis, 1992). The enforcement of this ideology was aided by a powerful alliance between an ultra-conservative state and an equally conservative Catholic Church which dominated the first four decades of the state's existence.

Hornsby-Smith (1992) describes some of the ways in which Irish society began to change in the 1950s and 1960s, when economic development was embraced as an explicit public goal, and when a number of forces converged to begin to transform Ireland from a rural society anchored by religion, to a more secular, urban one. Hornsby-Smith alludes to several reproductive health issues that were central components of this larger process of societal transformation that began in Ireland at this time. Others (Coleman, 1992; Murphy-Lawless, 1993), who have addressed

demographic change more directly, have suggested other social and economic changes that might have contributed to demographic changes in Ireland. These factors include a greater concentration of the population in urban areas, increases in the participation of girls in second- and third-level education (second-level education became free for all young people in 1968), greater exposure to non-Irish media, and the more extensive integration into Europe that resulted from Ireland's joining the European Community in 1973. This last event directly aided the removal of the marriage ban in the public service which had prevented women from staying on as teachers and civil servants. This move, along with the passing of equality legislation, led to a dramatic increase in the number of women and, especially, married women in the formal labour force. Whereas only 8 percent of married women were in the labour force in 1971, their participation rate rose to 24 percent by 1988 (Drew, 1992); it currently stands at 38 percent (Central Statistics Office, 1998). By contrast, Sweden has the highest rate of married women's participation of all EU countries, at 65.7 percent, while the average EU figure is 48.1 percent (Eurostat, 1998).

However, asserting that social and demographic changes are, in general, linked is rather straightforward; explaining demographic change in terms of specific changes in social, economic and political forces is considerably more difficult. The difficulty of this endeavour is even greater in the case of Ireland, where individual-level data on demographic variables are limited. Social demographers tend to rely on data from fertility surveys to study the social and economic determinants of marriage and fertility levels and trends, but no such survey has been carried out in Ireland. In the absence of more extensive data, and of a full explanatory analysis, we can describe recent social and political changes in Ireland and speculate on how these either contributed or responded to the demographic changes of fertility and marriage which we have described.

We have already argued that aspects of marriage, fertility, contraceptive use and abortion have been among the most salient and controversial social policy issues in Ireland in recent years. We begin our discussion of the political context of recent Irish fertility by reviewing major policy changes that have been directed at three of the major proximate determinants of fertility: contraception, abortion and marriage. In many analyses that address both public policy and fertility behaviour, policy changes are discussed first and behavioural change second. Implicit in such an ordering is the assumption that policies are instrumental in determining fertility behaviour, not necessarily that people respond exclusively to the dictates of public policy, but at least that the constellation of incentives and disincentives that flow from policies and programmes constrain and influence individual fertility-related preferences

and decisions. This assumption, in turn, is based on a world view that identifies major institutions, such as church and state, as the dominant forces in social and economic change, an approach that ignores the influence of personal agency, especially of women, in defining cultural and political goals, in changing behaviour, and in having this changed behaviour serve to drive changes in public policies.

Without completely discounting the influence of institutions and policies on individual behaviour, we suggest that a discussion of fertility behaviour and public policy in Ireland can be most usefully structured by inverting the usual order and considering how policies have unfolded in response to changes in behaviour, most especially linked to women's battles for personal autonomy. We think this approach is especially justified in the Irish case; changes in Irish public policy related to contraceptive use, abortion and marriage have very clearly and consistently reacted to changing behaviour. As we demonstrate in the following sections, policy in each of these areas changed only after behavioural change was both widespread and widely acknowledged.

ACCESS TO CONTRACEPTION

Access to contraceptives and to information about contraception has been severely limited in Ireland for most of the period since the founding of the Irish State in 1922. Early in the history of the State, the Daíl (the lower house of the Irish legislature) passed extremely restrictive legislation that remained in effect until the late 1970s. In 1929, all literature and printed information on contraception and birth control were banned under the Censorship of Publications Act, which purported to protect the marital family from sexual immorality (Lee, 1989: 158–9). In 1935, the Criminal Law Amendment Act outlawed the importation, advertising and sale of contraceptives. This Act dealt mainly with the control and suppression of brothels and sexual offences; the mere inclusion of specific prohibitions against contraception in this context is very revealing for what it says about the intent of the state to police women's fertility. The schedule of fines for being caught importing contraceptives, for example, was 25 times higher than the fines for prostitution (Jackson, 1992: 126).

These pieces of legislation were thus part of a vision of Irish society which was projected as being deeply religious and very traditional, one in which the Catholic Church and its dogmas were extremely influential. The Irish Constitution, ratified in 1937, reflected this vision clearly in two of its provisions, one that accorded the Roman Catholic Church a 'special position' in Irish society, and another, Article 41, that enshrined the family as a basic unit in society, one that was to be supported and protected. The 'family' that was implicit in Article 41 was the exclusively nuclear family,

with the traditional structure of mother at home, raising children, and father in the labour force. In the traditional Catholic society that was promoted and anchored by these constitutional guarantees, strong legal restrictions on access to and information about contraceptives were not surprising nor were they controversial for a male-dominant legislature. Both the ideology and the restrictions definitively excluded the realities of women's lives and what was seen as a national priority was drawn up in women's absence. From outside the Daíl, women Republicans and women activists made concerted protests to defeat the passage of the 1937 Constitution, although these proved futile. Further restrictive measures on contraception were passed in 1946, extending censorship of publications to prohibit all literature that promoted artificial methods of contraception (Solomons, 1992).

Yet throughout the period when these increasingly restrictive laws were being passed, there were also actions taken by women as individuals and by institutions to circumvent the laws. For example, by the late 1950s, Mercer's Hospital in Dublin was attempting to offer information on various forms of contraception to women patients (Keane, 1993). This pattern of evading restrictive laws on contraception increased in the 1960s, when broader social and economic changes and, specifically, the emerging women's movement from abroad (Smyth, 1993) were beginning to influence the reproductive behaviour of larger numbers of Irish women. By the late 1960s, when the first Irish family planning clinic opened its doors (with voluntary subscriptions from clients and free provision of all contraceptives to avoid legal prohibitions on their sale), as many as 12,000 Irish women were using oral contraceptives, not as contraceptives per se but as cycle regulators. O'Brien (1996) passes on the remark of an observer of the time who concluded that Irish women must have the highest rate of cycle-irregularity in the world.

The use of this medico-legal loophole illustrates the early stages of Irish women's efforts to use the new reproductive technologies in order to take control of their own fertility. In fact, the battle over access to contraception was a major plank in the Irish women's movement of the early 1970s. The first bill to propose changes in the 1935 legislation was introduced into the Irish Senate (the upper house of the Irish legislature) in 1970 by the then Senator and later President, Mary Robinson. In the wake of the public launch of the Irish Women's Liberation Movement, also in 1970, women became instrumental in directly challenging the government by publicizing the illegal importation of contraceptives. In May 1971, a 'contraceptive train' was organized by the Movement. Members took the train to Belfast, in Northern Ireland, to purchase condoms, contraceptive jellies and packets of oral pills. They then crossed back over the border into the Irish Republic, displaying their purchases openly to Irish Customs officials, who chose not to intervene. When the train arrived back in

Dublin, this deliberate flaunting of the law was celebrated with a supportive demonstration which received massive coverage in the media, marking the beginning of open political strife on the issue of women's reproductive rights, strife that continues to the present (Barry, 1992). Other organizations joined these efforts: Irish Women United and the Contraception Action Programme (CAP) set up illegal outlets to distribute contraceptives (Speed, 1992). The volume of media attention given to this intense and often bitter public debate actually placed practical and safer solutions to fertility and fertility regulation before large numbers of Irish women, leading many to reflect on their own needs and to act on them.

Although the early legislative attempts to change the 1935 law were not successful, an individual Irish woman was able to use the Irish Constitution itself to begin to dismantle this law and to improve access to legal contraception in Ireland. Mary McGee, a 29-year-old mother of four with a heart condition, took a constitutional case in 1972 against the government ban on contraceptives. Using Article 41 of the Constitution, on the importance of the family, McGee argued that her life was endangered by her inability to have legal access to contraception; her health status was such that a further pregnancy would threaten her life. This in turn would threaten the well-being of her family, in direct contravention of the state's duty to her, as set forth in the Constitution. In November 1973, the Irish Supreme Court agreed with McGee, signalling the end of the 1935 ban.

However, the Supreme Court ruling did not lead to immediate changes in legislation. It took the largely male legislature six years before the Health (Family Planning) Act was approved in 1979. This Act made the sale of all contraceptives legal, but restricted outlets to pharmacists, required prescriptions for all methods and effectively limited access to married couples. The Act was amended several times: in 1985 to allow the sale of condoms and spermicides without prescription to all people 18 and older, in 1992 to reduce the age to 17, and in 1993 to allow condom sales through vending machines and other unrestricted outlets (Coliver, 1995). In each instance, legislation was changed to catch up with the demands and choices many women were already making about contraception.

WOMEN'S CHANGING CONTRACEPTIVE DEMANDS

By 1994, access to the full range of contraceptive methods was stated national policy in Ireland. When the Department of Health published its *Plan for Women's Health* (1997) this five-year plan, the first such dedicated policy document for women in Europe, declared that 'an accessible and comprehensive family planning service will be developed in each health

board on a phased basis by the end of 1995' (Department of Health, 1995a). This was meant to cover all contraceptive methods, including sterilization and emergency, or postcoital contraception. However, in practice, services remain limited. There are problems with the availability of certain methods (sterilization, diaphragms or caps, and interuterine devices [IUDs]) and with access to providers, especially outside the largest cities and towns and for groups such as adolescents (Coliver, 1995).

A recent national survey of women's health care, carried out by the Economic and Social Research Institute, established that although two out of every three women between the ages of 18 and 60 years of age are sexually active, 31 percent of these women report that they do not use any form of family planning (Wiley and Merriman, 1996: 43). The survey indicated that there are major differences in relation to the perceived accessibility of advice and information on family planning by geographical location, as well as by age and employment status (Wiley and Merriman, 1996: 44).

New guidelines have now been issued by the Department of Health, to the effect that each regional health authority or health board must ensure an equitable, accessible and comprehensive family planning service, including vasectomy and sterilizations, and with special attention paid to the needs of women who are economically deprived or who may be living in remote areas (Department of Health, 1995a).

The Irish College of General Practitioners carried out a survey of its members on the provision of family planning, which indicated that of the 860 GPs or 43 per cent of its members who took part, 97 percent were providing family planning services (*Forum*, 1995: 16). However, the survey coordinator, Dr Mary Condren, observed that there are still significant problems for women who avail of means-tested medical services through the state-funded General Medical Scheme because they live below the poverty line. For women in this group, although the services are now free, the range of contraceptive availability is restricted. Another survey of one area of Dublin, Tallaght, which experiences higher than average indices of poverty and unemployment, was carried out as part of a community-based health planning initiative and it indicated that women preferred to receive contraceptive services from family planning clinics which were seen as more skilful in delivering appropriate services (Community Health Group, 1996).

In the new guidelines, the Department of Health called on health boards to carry out an evaluation of its family planning services in each region to ensure that needs could be met. That process is still in train. At the same time, individual health boards were also asked to carry out a consultative process on women's health needs in response to the first ever National Discussion Document on Women's Health (Department of

Health, 1995b). Using radio and newspaper advertisements to set up local workshops and links to women's groups as well as a Women's Health Freephone for individuals, health boards began the work of accessing women's expressed needs on the entire range of health care issues for the first time. At local and regional level, officials liaised with representatives of the National Women's Council of Ireland to enable the process to be as comprehensive as possible.

In many ways, the documents coming out of this initial attempt to establish dialogue and consultation directly with women represent a growing maturity on the part of the state, now able to begin to respond to the messages women are sending. The Southern Health Board, for example, in its summary publication on the consultative process, states that women's priorities, including the need for 'user friendly health centres and hospitals and reproductive health services based on choice and control for women' must be the prime inspiration for the development of a comprehensive policy for women's health, not least because 'clearly women are aware of their health needs and how they can best be met' (Southern Health Board, 1996: 2, 32). Women in the Southern Health Board region were specifically asked to identify priority issues, factors required to ensure a quality service, and service and lifestyle obstacles. In respect of family planning, women in Cork and Kerry requested a 'full information service on fertility and contraception and abortion, and counselling and support' (Southern Health Board, 1996: 18).

Similar consultative processes are being carried out for groups with special needs, including Travelling women. The last Census of Travelling People, which was carried out in 1986, concluded that there were some 18,000 Travellers (Barry and Daly, 1988) but this is likely to be a higher figure by some thousands. The Travellers form a traditional and distinctive minority ethnic community, one which is nomadic and which has its own culture and dialect. There have been very high rates reported for all the main indices of fertility among Travelling women, for example, a total fertility rate of 5.3 for women aged 15–49 (Barry et al., 1989: 13). But what information is now to hand is out of date and more incomplete than for women from mainstream Irish society (Barry et al., 1989: 21). There has been evidence in very recent years that the traditional high fertility of Travelling women is being modified by the emergence of family planning but Travelling women have very specific problems of access and use (Rigal, 1993) so a detailed assessment is of special importance. More extensive analyses of data like these, will provide considerable insight into the contraceptive needs of women in Ireland.

The lack of a national fertility survey severely limits the nature of all these needs assessments, and yet the fact that it is now government policy to undertake such assessments indicates a profound sea-change on the part of the state in this recognition and acknowledgement of the

importance of woman-centred reproductive health care. And although this process needs to be refined and extended, project work to support vulnerable groups of women is already being implemented, with an important focus on very young women.

The Eastern Health Board, whose area of responsibility includes greater Dublin, with a population of over a million people, has run a pilot project in a north Dublin secondary school where eight teachers had intensive training on developing a classroom module on relationships and sexuality. This work has been encompassed in what is a far-reaching commitment on the part of the Department of Education to put in place a national programme of relationship, sexuality and communications training in all schools. Teachers across the country are currently being trained for this long-term work. However, given the large number of early school leavers from the secondary school system, an annual average of some 4000 young people, and an additional 1000 young people who drop out from the primary school system and never progress to secondary schooling (European Social Fund, 1996), it will also be critical to look at this subgroup of adolescent women and men who are beyond reach of the school system. To this end, the Eastern Health Board is currently carrying out a feasibility study on how young people who drop out of school can be more effectively supported to gain training in relationships. The recognition of the differing needs and pressures which young women experience in relation to reproductive health care is now recognized by one of the maternity hospitals in Dublin, the Coombe Women's Hospital, which has clinics specially to deal with teenage pregnancy and gynaecological problems.

But it has been noted by independent health consultants and those involved in dealing with crisis pregnancy that there is a pressing need to get these structures into place as quickly as possible, despite opposition from conservative groups opposed to such moves. Although the absolute number of teenage pregnancies has declined over the last decade (Treoir, 1996), there is concern that where these births are now occurring, they do so in the context of single parenthood with all the strains that entails for very young women. There is also concern that the most common reason for a first-time visit to a family planning clinic is for emergency postcoital contraception (IFPA, 1998: 13) which indicates high levels of sexual activity. Yet there is still no operable national programme which is proactive in targeting the benefits of contraception (IFPA, 1998: 13). Teenage sexual activity has yet to be matched by comprehensive government action to adequately support and protect very young women.

ACCESS TO ABORTION INFORMATION AND SERVICES

It is arguable that these substantial shifts in government attitudes have been made possible by the recent trauma Irish women and Irish society have undergone in coming to terms with the most contentious issue of all in women's control of their reproductive lives, namely access to safe, legal abortion. Although abortion has been illegal in Ireland since 1861, when the British government passed the Offences Against the Persons Act, the practice of abortion, like the practice of infanticide, has never been absent from Irish society. Up to the 1940s, the law on abortion in Ireland was employed with vigour (Bacik, 1996). Indeed one of the voices raised in protest at the time of the introduction of the legislative changes to criminalize access to contraception in 1935 was a deputy in the Daíl, Dr Rowlette, who accurately predicted that the law would push women into seeking criminal abortion, and thus threaten their lives (Jackson, 1992: 126). For the woman who found herself pregnant, if emigration as a way of concealing her pregnancy were not an option, infanticide was the other harrowing option and there is abundant evidence to suggest that Irish women not uncommonly took this route between the 1920s and the 1950s (Kilbride, 1995).

However, following the Bourne case in England in 1939, in which the successful defence of a doctor accused of carrying out an illegal abortion for a 14-year-old rape victim was secured on the grounds of necessity, backstreet abortions were more easily available there. And, once travel restrictions between Ireland and England were lifted in the wake of the Second World War, more Irish women took the abortion trail to England, with a consequent drop in the number of prosecutions for illegal abortions in the Republic. The last prosecution for an illegal abortion in Ireland was in 1957 (Bacik, 1996).

Backstreet abortions in both England and Ireland effectively ended with the British legalization of abortion in 1967 on grounds of social, sociomedical or socioeconomic reasons (legislation which did not include Northern Ireland). Women from the Republic of Ireland and from Northern Ireland have travelled to England in increasing numbers every year to obtain abortions, most usually at private clinics, the current minimum cost of which ranges from £450 rising to £600 (Furedi, 1995: 124). From 1990 onward, figures from official British statistics on abortion indicate that over 4000 women each year have sought abortions in Britain, giving an Irish home address, over 83,000 women since 1970 (OPCS, 1970–90, 1992–5; ONS, 1996). In 1996, with 4894 abortions officially registered from Ireland, this represents a ratio of abortions to live births of almost 1 in 10. But because an unknown number of women travel over to England to seek terminations, giving a temporary address in England, a more precise estimate of the total number of Irish women who have terminations is

simply not known and the true number may be closer to 6000 or 7000 (Murphy-Lawless, 1993). Groups both in Ireland and Britain have expressed concern about the lack of support for women who travel to Britain for abortions, often in secret and on their own, and who lack post-abortion care once they return to Ireland (Gilbert, 1989; Francome, 1991; Caherty, 1993; Furedi, 1995). There is the further issue of how many women, including very young women, want to obtain an abortion but are unable to undertake or finance a trip to Britain.

Because the option of British abortions exists, even with limitations, public policy debates concerning abortion in Ireland have less frequently addressed abortion services directly. Rather, these debates have focused on the right to information about abortion or on the right to travel to receive an abortion. Abortion politics in Ireland have been both contentious and complicated, involving numerous rulings from both Irish and European courts as well as two constitutional referenda. Murphy-Lawless (1993), Coliver (1995) and Bacik (1996) have reviewed the recent history of abortion debates in Ireland in considerable detail; the following paragraphs present a summary of the main events in the larger debate.

Returning to a theme raised above, namely the importance of the personal agency of Irish women in bringing about changes in reproductive health policy, the start of the recent abortion debate can be located in the early 1980s, after the legalisation of contraception, when Dublin-based women's groups began to offer non-directive counselling, including information about abortion in Britain, and assistance in obtaining abortions (Coliver, 1995; Murphy-Lawless, 1993). In response to these services, and amid mounting concern among conservative jurists that the McGee case could be extended to cover a woman's choice for abortion, the Irish Pro-Life Amendment Campaign was launched in 1981. This campaign, with funding and resources from US anti-abortion activists, sought a constitutional referendum put before the Irish electorate in order to guarantee the right to life of the foetus (Bacik, 1996). The amendment was passed overwhelmingly in 1983. Coliver (1995) cites the full text of the amendment, which warrants repeating here as well:

> The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect and, as far as is practicable, by its laws to defend and vindicate that right.

The wording of the amendment is particularly important, in that it incorporates what can clearly be considered 'escape clauses'. The first is the qualification of the right to life of the unborn by recognizing 'the equal right to life of the mother'; the second is the qualification of the state's responsibility to legislate in support of this right only 'as far as is practicable'. Because of ambiguities in the wording of the amendment, public debate continued after 1983 and counselling services also

continued to operate, some in defiance of court injunctions. These services were finally halted in 1988, but appeals continued through both Irish and European courts until 1995, when counselling services resumed.

The major event that culminated in the renewed availability of abortion counselling in Ireland is known as the 'X' case. In an uncanny replay of the circumstances that led to the Bourne ruling in England, in February 1992, a 14-year-old girl and her parents travelled to Britain to seek an abortion, the girl having become pregnant as the result of a rape. The family contacted the Irish police to check on the admissibility of DNA testing of foetal tissue for the upcoming prosecution of the alleged rapist. At that point, the Irish Attorney General issued an interim injunction against the girl's leaving Irish jurisdiction. The girl and her family returned to Ireland, without having had the abortion, to contest this limitation on her right to travel. The Irish High Court, on 17 February 1992, issued an injunction forbidding the girl to leave Ireland for nine months, on the grounds that she intended to violate the Irish Constitution by obtaining an abortion. Subsequently, an appeal was made to the Supreme Court, which ruled, on 5 March, that the girl did have a right to an abortion because the law guarantees the mother an equal right to life and in this situation there was real and substantial risk to the life of the mother (who was so despondent over being denied an abortion that she wanted to end her own life). However, the Court was less clear on the right to travel, which was not seen as an inalienable right. The Court also called on the government to pass legislation to implement the 1983 Amendment. With a delay of one month, the girl then prepared to return to England for an abortion but in fact miscarried before the procedure could be carried out.

The essence of this ruling, which entailed a necessary balancing, under the Eighth Amendment to the Constitution, of rights between the mother and the foetus meant that if the mother's life were in danger, abortion was legal in Ireland. This was a stunning defeat for the Irish pro-life movement, which immediately began mobilizing for another constitutional referendum to ensure that abortion would not be available in Ireland under any circumstances. Circumstances were complicated further by a protocol the Irish government had insisted on appending to the Maastricht Treaty to establish the European Union in 1991, which effectively denied Irish women recourse to European community law in order to redress Irish legal restrictions on abortion. Because the government wanted to protect the Treaty (which required an Irish mandate also through a referendum), and because it did not want to take on the task of drafting legislation to implement the Supreme Court's ruling, it agreed to the referendum on abortion which was held in November 1992. Three separate questions were proposed for the referendum, one on the substantive issue of abortion, one the right to travel and one on the right

to information on services (including abortion) lawfully available in other states. Coliver (1995) presents the full text of these proposed amendments, and again it is worthwhile to present each in full.

> *Abortion* It shall be unlawful to terminate the life of an unborn unless such termination is necessary to save the life, as distinct from the health, of the mother where there is an illness or disorder of the mother giving rise to a real and substantial risk to her life, not being a risk of self-destruction.
> *Travel* Subsection 3 of this section shall not limit freedom to travel between the State and another state.
> *Information* Subsection 3 of this section shall not limit freedom to obtain or make available, in the State, subject to such conditions as may be laid down by law, information relating to services lawfully available in another state. (Coliver, 1995: 169)

Whereas the wording of the travel and information amendments appears reasonably straightforward, the wording of the substantive amendment, like the 1983 one, is convoluted and ambiguous. It outlaws abortion but retains a provision that makes abortion possible if a woman's life, but not her health, is at risk. It explicitly rules out a threat to life that might result from suicide, the cause that prompted the Supreme Court to allow abortion in the 'X' case. This amendment was rejected by Irish voters, in part by those who favoured the right to abortion in some circumstances and in part by those who opposed abortion under any circumstances. Each group found the amendment objectionable. Amendments on travel and information both passed.

In response to these referenda, legislation was approved in 1995 allowing doctors and others to provide information (including names, addresses and telephone numbers) of abortion services abroad. Professionals are not allowed to make appointments for clients, but, once an appointment has been made, can forward any records to the organization with whom the client is working (Coliver, 1995). Once again, Irish organizations are providing non-directive counselling and referrals and British organizations, such as Marie Stopes clinics, are advertising in Irish newspapers.

So legal issues related to information have been largely resolved (some publications are still banned in Ireland under censorship laws [Coliver, 1995]). However, this greater legal access to information has yet to translate into access for all women who face an unplanned pregnancy confidently seeking information from doctors and pregnancy counselling services. In a recent study of crisis pregnancies in the Republic, funded by the Department of Health, just under a third of interview participants indicated that they had obtained information on abortion clinics through informal rather than formal sources (Mahon et al., 1998). Furthermore, among other reasons women gave, including expense, for not approaching formal sources was their uncertainty over the legality

of their position in seeking information and seeking to travel (Mahon et al., 1998).

These uncertainties have a solid basis in fact, for the substantive issue of abortion is still very much unresolved and even the right to travel appears more limited than might have first appeared after the passing of the 1992 referendum. The Irish government has not introduced any legislation to deal either with the 1993 Supreme Court ruling on abortion or with the rejection of the 1993 abortion amendment. Some have argued that because the ruling in the 'X' case was essentially a negative one, a right to abortion by default, that the Eighth Amendment may have to be removed before the provision of safe, legal abortion in Ireland is possible (Bacik, 1996). By 1997, the public position of the government was that it must await decisions in the Daíl about the recommendations of the Constitution Review Group, which was established in 1994 to report on the reform of the 1937 Constitution. In respect of the Eighth Amendment, the Review Group reported that because of wide-ranging ambiguities, including what constitutes the 'unborn', when pregnancy is thought to begin, and under what circumstances and by whom pregnancy can be terminated, there remained an urgent need to clarify the situation. The Review Group did not see it legally safe or feasible to do so through further amendments to the Constitution, however, and recommended the introduction of specific legislation to deal with the definitions, medical intervention and certification of what should be deemed a substantial risk to the life of the mother (Constitution Review Group, 1996).

In the midst of these debates, yet another abortion controversy erupted in 1997, which forced the government a bit further down the road. In the 'C' case, where a 13-year-old pregnant Traveller girl who was, like the girl in the 'X' case, the victim of rape, the High Court ruled on the right to permit the state health care authority, the Eastern Health Board, to assist the girl in going to England for an abortion, against her parents' wishes (the girl, under a court order, had been taken into care by the Eastern Health Board). The additional problems posed by the 'C' case are many. It has been pointed out, for example, that in cases of conflict between parents and a minor, the court cannot permit a minor to travel outside the state's jurisdiction for an abortion unless her own life is substantially at risk (IFPA, 1998: 11–12). Moreover, the High Court judge in the 'C' case indicated that in his judgement, the freedom to travel amendment was related to the prevention of formal injunctions being sought to prevent a woman travelling abroad, not a substantive right in and of itself to enable women to travel for abortions. Of course, if there were legislation passed to implement the 'X' case ruling, then no one whose life was at risk would be forced to go to court in the first place to enable them to go abroad to seek an abortion (IFPA, 1998: 11–12).

The 'C' case galvanized the government into setting up an Interdepartmental Working Group on Abortion with the remit to prepare a Green Paper, or position paper, setting out the options to deal with abortion. The Department of Health also released for the general public the study it had commissioned in 1995 on crisis pregnancies (Mahon et al., 1998), the first such official study ever sanctioned.

Attitudes to abortion have undergone great change in Ireland since 1992 and counselling for crisis pregnancies is gradually becoming part of mainstream medical care. Yet the 'C' case is a salutary warning that serious and fundamental problems remain. The Pro-Life Campaign rejected the 'X' case ruling and the recommendations of the Constitution Review Group, and the pro-life Youth Defence Group paid for the legal costs of the parents in the 'C' case, who sought to prevent their daughter from having an abortion. The pro-life groups are intent on campaigning for yet another referendum on abortion in the near future. This will put great pressure on an Irish government trying to tack a course between all the conflicting interests, and still tackle the substantive issue of abortion. But the difficult and even dangerous anomalies in the present situation, which has been popularly described as 'a British solution to an Irish problem', cannot be left unaddressed.

ACCESS TO DIVORCE

Although divorce per se has little direct relationship with fertility, the social leeway to enter into consensual unions or the opportunity to form legal second marriages may have some implications for women's decisions on fertility, and the absence of divorce definitely restricts women's personal agency.

Divorce in Ireland was available before 1922, under the same conditions that prevailed in Britain at that time, namely through a private act of the British parliament. The requirement of a private act for each divorce limited the numbers of divorces and effectively precluded legal divorce as an option for any but the most affluent sector of the population. Even this limited access to divorce was curtailed in 1925 by the Irish Free State, when all access to divorce was halted. Throughout the 1980s and 1990s, separation and de facto remarriage have become more common, and much more visible, in Ireland, although the informal nature of these accommodations makes any precise estimate of the magnitudes impossible. Current Census figures suggest an increase in marital breakdown between 1986 and 1996 of some 135 percent and a declared 31,000 couples living in consensual unions without marriage (Central Statistics Office, 1997b).

This greater visibility and greater apparent tolerance for the effective

dissolution of marriages and formation of second unions have led people to conclude over at least the last decade that legal change was important. In 1986, the Irish government proposed and carried out the first constitutional referendum on divorce. In spite of opinion polls that reported widespread support for changes in divorce laws, the referendum was defeated, possibly because of uncertainties about how property rights might be affected by divorce.

In the years following the defeat of the 1986 referendum, procedures governing legal separation were codified, and when a second referendum was proposed by the government and approved in 1996, there was again widespread support reported for change. All major political parties were, in principle, in favour of reform, although there were some disagreements on the exact wording of the referendum. Again, a great deal of the apparent support for change dissipated by the day of the voting, but enough remained to ensure a very slim margin in favour of change. Under the terms of the Irish Constitution, divorce is now permitted, and at the end of 1996 legislation allowing divorce was passed. Couples who have already lived apart for at least four years, and for whom there is no possibility of reconciliation, can now obtain a divorce, and the first divorce under the new legislation was granted in January 1997. We have as yet no way of extrapolating the rates of fertility in second relationships, but this is becoming a more common feature of Irish life.

SOCIAL POLICY, THE FAMILY AND THE FUTURE COURSE OF IRISH FERTILITY

This article indicates that Ireland has clearly and dramatically given up its role as the demographic outlier in Western Europe during a period of profound social change for women. The decline of fertility in the 1980s, that has been described earlier (Coleman, 1992; Murphy-Lawless, 1993), continued into the first half of the 1990s; total fertility in Ireland is now firmly below replacement level, with a total fertility rate of 1.91 in 1996 (compared with the lowest in Europe of 1.30 for Germany and the highest, Iceland, at 2.09; Eurostat, 1998). This low overall fertility has come about as a result of delays in first marriage and declines in marital fertility, changes that were sufficient to outweigh substantial relative increases in non-marital fertility, including the non-marital fertility of second or consensual unions, that have taken place at the same time. A particularly important result that has emerged from our analysis is the concentration of different fertility behaviours among women in their twenties. Although change has taken place among women of all ages, women in their twenties have been responsible for a disproportionate amount of that change. Their overall fertility is substantially lower; they are much less

likely to marry; those who do marry have lower fertility than in the past; those who remain unmarried through their twenties also have experienced substantial relative increases in non-marital fertility. Women passing through their twenties in Ireland in the 1990s are taking very different demographic paths from earlier cohorts (McCarthy and Murphy-Lawless, 1998).

This demographic change has been accompanied by changes in public policies which are dramatic in the Irish context, policies that directly address fertility and contraceptive use. Access to full contraceptive services is now established as a national policy objective as is the intention to develop an effective educational programme of action to deal with crisis pregnancies (Department of Health, 1997: 35–6). But the gap between these intentions and women's lives on the ground, in relation to both the availability of contraception and access to abortion information, referral and counselling services, is made clear by the Department's own study which also indicates that 20 percent of all pregnancies in Ireland are 'crisis pregnancies' (Mahon et al., 1998).

Yet as each of these policy changes is fully implemented, this could provide justification for predicting that fertility in Ireland will continue its downward trend, as more Irish women take advantage of more readily available options to limit their fertility. If, in time, all Irish women adopt the fertility behaviour of women currently in their twenties, we can expect further declines in Irish fertility. Coleman's (1992) analysis of Irish fertility through the late 1980s leads him to such a conclusion; he suggests that Quebec, with current fertility at very low levels, might well serve as a model for the future of Irish fertility.

However, before undertaking the very risky task of predicting future fertility trends, a task that has been the undoing of many demographers in the past, it would be wise to base such predictions on more than simple extrapolations from recent demographic patterns. Wide-ranging issues and public policies need to be considered. Hoem (1990), Hoem and Hoem (1996) and Chesnais (1996) suggest that policies related to the financial support provided by the state to families and women who become mothers should be of particular importance in shaping the potential course of future fertility patterns in industrialized countries. Reflecting on the observed total fertility rate of over 2 in Sweden in 1989, a rate as high as any in Europe except Iceland, Hoem (1990) attributes this relatively high fertility level to public policies that have been consistent in their support of women entering the labour market and dealing with childbearing and childrearing with minimal disruption. Examining the same time period, and comparing Sweden with Italy, Chesnais (1996) suggests that among advanced industrial countries, those that are characterized by overall higher status of women and by policies to ease potential competition between childbearing and economic activity may in fact be

the countries that experience higher period fertility. Since 1990, however, fertility in Sweden has dropped substantially, falling below 1.7 by 1995 (Hoem and Hoem, 1996). In their analysis of this most recent decline, Hoem and Hoem do not challenge the conclusions of their earlier work, or that of Chesnais. Rather, they attribute the decline in period fertility in Sweden in the 1990s to increasing unemployment (especially in the public sector); and to cutbacks in the generous level of financial support for families. Although the absolute level of such support in Sweden remains higher than in most other countries, Hoem and Hoem (1996: 14–15) suggest that Swedes in the 1990s experienced considerable 'relative deprivation', which influenced their fertility.

Applying this hypothesis as an aid in predicting the future course of fertility in Ireland raises interesting questions. The history of Irish politics and policies for much of the 20th century would place Ireland squarely alongside Spain and Italy, as a country in which women consistently enjoyed relatively low status and in which women's roles were confined to the private, domestic sphere. However, in recent decades Irish public policy and public financial support towards women and their children have taken a form that suggests a shift away from an ideology of women as wives and childbearers only.

From 1973 onward, Ireland has provided a state welfare allowance for unmarried women, as well as deserted women (covered since 1970), to support their children; latterly, it has increased the size and range of payments to provide more state-backed employment and childcare options for women in the position of being lone parents. These allowances are imperfect in many respects; they have been developed incrementally in response to political pressures and perceived needs and there are serious policy issues about the poverty trap associated with long-term social welfare (Millar et al., 1992; Treoir, 1995; McCashin, 1996). Nonetheless, the commitment of the state to support women and children has not faltered, despite the opposition of both a moral discourse to births outside marriage which prevailed in the 1970s and an increasingly shrill economic discourse of the 1980s and 1990s, which concentrated on the perceived breadth of benefits available, at taxpayers' expense, to women bearing and rearing their children outside marriage (Hyde, 1996).[2]

In 1994, 38,701 lone parents, either unmarried or separated, the overwhelming majority of them women, received weekly state benefits for themselves and a total of 60,950 children (Department of Social Welfare, 1995) and although claw-back mechanisms have now been introduced, where it is thought possible to tap the financial resources of absent fathers, these are acknowledged to be largely ineffective, so that the state must continue its role as main supporter (McCashin, 1996). It has been argued that the state's role in this respect has substantively supported women in other ways as well, enabling them to empower themselves and step aside

from an essentially patriarchal requirement of marrying merely because they have continued with a pregnancy (Hyde, 1996).

Thus the state itself has become increasingly active in at least the limited support for a diversity of family forms. Indeed, it may be one of the curious beneficial tradeoffs of a more radical concern with issues of poverty and equity in Irish society which has taken hold since the 1970s, that the state has not been in a position to consider mounting the campaigns which are now part of social policy in many quarters of the USA, where more punitive measures have been implemented against women who give birth outside marriage and who are unable to support themselves.

At the end of the 1980s, the economist Finola Kennedy and others began to ask whether the definition of the family contained in the 1937 Constitution was in critical need of being redefined. This discussion was accompanied by a close scrutiny of the state's stated aims of supporting the family, in contrast with its rather uneven practices. Although the existence of this gap between stated aims and practice was widely acknowledged, there was no agreement on how that gap might be closed (Kennedy, 1989). Attention was drawn to the fact that there were no tax allowances for those married people with child dependants, for example, although there was a single-parent allowance that recognized the difficulties of the one-parent family, especially one headed by a woman, in making ends meet. Conservative and radical critics alike argued that there was a patchwork quilt of policy responses to specific problems which badly needed to be reordered (Kennedy, 1989).

At issue was the problem of the changing nature of the family and the state's relationship to it. Whether the state should support the family in all its forms without prejudice to one form or another, and therefore how the family is defined was and continues to be contentious. The Constitution Review Group has noted this problem, along with nine other broad issues in relation to the family, but has recommended that the state continue to provide special constitutional safeguards for the institution of marriage, although legislation to benefit other family forms not based on marriage should not be prevented (Constitution Review Group, 1996).

In a reflective appendix to the work of the Review Group, the sociologist Kathleen Lynch notes that although 19 countries of the Council of Europe believe that the unit of parents and children is the most advantageous social setting for children, only six countries, including Ireland (the others are Spain, Portugal, Italy, Greece and Germany), actually give specific constitutional recognition for the family as a unit based on marriage (Lynch, 1996). Lynch goes on to argue that there is abundant evidence which now suggests such deep conflict between the demands of caring work within the family and paid work and voluntary commitments outside the home as to give rise to considerable stress in

both the family and the workplace. She therefore concludes that the focus of the constitutional work to protect the family should be on protecting the importance of family life, regardless of how that family is defined, for these stresses hold true for all family forms. For her, the emphasis on the family as part of the institution of marriage in the Review Group's recommendations presents a missed opportunity in assessing where Ireland wishes to develop its priorities for all its parents.

O'Connor (1995) has argued that many Irish women have developed increasing confidence in confronting the patriarchal structures which have enveloped them: this can be seen to range from never-married young women who have taken on the challenge of single parenthood, stemming from an unplanned pregnancy, and forging what O'Connor terms an adult status for themselves; to women who have confronted and moved out of marriages and into single parenthood, poorer but exercising more control over their lives; to married women whose expectations about their worth as individuals and their relationships as wives and mothers are becoming more demanding, challenging male stereotypes which were socially and institutionally reinforced in Ireland up to the 1970s.

Considering both the growing strength of the women's movement in Ireland and concomitant policy changes, as well as the lessons from demographic theory and research, what can we say about the likely future course of fertility in Ireland? There are several ways to approach an answer to this question. We could make a straightforward extrapolation from recent demographic trends, along with a consideration of the paths followed by other industrial populations that have experienced substantial declines in fertility in the recent past, populations such as Quebec, Spain and Italy. Coleman (1992) takes this approach and predicts that fertility in Ireland will continue to decline towards the levels achieved in these populations. Alternatively, we could take into account the conclusions from Hoem and Hoem (1996) and from Chesnais (1996), and predict that the future course of Irish fertility will be determined by the level of financial support provided by the state to mothers and families. If this support, at least in relative terms, continues to be generous, it is possible that Ireland might follow a more Northern European pattern, similar to that experienced by Sweden in the 1980s, with fertility increasing and stabilizing at a level closer to replacement.

The Irish Central Statistics Office has recognized the predictive power of each of these alternative scenarios, and has prepared two sets of fertility projections, one based on a 'Northern European Model' and the other on a 'Southern European Model' (Central Statistics Office, 1995). The Northern Model predicts that fertility in Ireland will quickly level off close to its current total fertility rate of 1.87, or possibly even increase to over 1.9; the Southern Model is based on the assumption that fertility in Ireland will

continue to fall, until total fertility rates are in the range of 1.5. Since each of these empirical models in fact reflects theoretical differences about the determinants of fertility in industrial societies, Ireland will continue to be an important site in which the value of alternative demographic theories can be assessed, even after it has given up its long-held position as the demographic outlier in Europe.

However, neither of these scenarios from the Central Statistics Office explicitly takes into account the possible influence that women themselves might have on shaping the future course of Irish fertility, by controlling their own fertility in safety and by promoting and campaigning for public policies that influence, in turn, the contexts within which women and couples make fertility-related decisions. In Ireland, these contexts have most frequently been conflict laden and deeply contradictory. For example, in the same year that the sale of condoms to all people over the age of 18 was made legal, 1985, there was a prolonged public inquiry over many months, the Kerry Babies Tribunal, which investigated in agonizing detail, the circumstances of a young unmarried woman in what the state considered to be a case of possible infanticide.[3] The eminent historian Margaret MacCurtain concluded that, on balance, it was a year 'that had not been kind to Irish women' (MacCurtain, 1993: 207). Ireland is still less than kind to women; we still have to achieve a workable policy on abortion.

In the face of this and similar struggles, the women's movement in Ireland has matured and gained real political strength. The movement is now demanding, as never before, that a women-centred analysis of policy decisions and women's input into social and health care policies become part of the institutional framework of government. Gender-proofing these institutional structures would help copper-fasten the state's overdue intentions to respect and secure women's reproductive freedom and physical well-being, as well as to actively support a diversity of forms of family life. These are moves which could fundamentally transform the meanings of motherhood in a country where woman as wife and mother has, for so long, been conflated.

NOTES

1. See, for example, O'Hara (1987), Duggan (1987) and O'Carroll (1990).
2. This moral discourse carried off scalps. In 1984, for example, a school teacher named Eileen Flynn was fired from her job in a convent school in Wexford because she was a pregnant unmarried woman, carrying the baby of a married man. A High Court action failed to gain her reinstatement.
3. The 24-year-old woman, Joanne Hayes, hid the birth and death of her baby and then admitted to the stabbing of a second baby, in the course of

interrogations, an admission which could never subsequently be accepted in a court of law, and she was, in fact, never charged with any crime at all.

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