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Summary. There is now an increasing body of research on the history of birth control and family planning. However, little work has yet been carried out on the provision and establishment of clinics at a local and regional level after 1945. This article seeks to fill this gap by describing and interpreting the establishment of a family planning service in Northern Ireland from the 1950s onwards. The distinctive religious, social, political and cultural situation in the province ensured that the manner in which clinics were established and the issues and difficulties that were faced differed from those elsewhere in the United Kingdom. Northern Ireland provides a valuable case-study of how local and regional differences influenced the establishment and growth of family planning services.

Keywords: family planning; birth control; contraception; Northern Ireland; Belfast; Marie Stopes; Roman Catholic; Protestant

Research on the history of birth control and family planning in recent years has focused on the social politics surrounding provision.¹ There has also been work carried out to consider these issues at a micro-level² and oral history interviews have been used to open new areas of debate surrounding the role of men in the process of limiting family size and the choice of birth control methods employed.³ However, a lacuna still exists in relation to the establishment of family planning clinics and the issues involved at a local and regional level, particularly in the post-Second World War period.⁴ The historiography of birth control has focused little attention on the establishment of clinics in the UK at a local or regional level, concentrating rather on decisions and debates at national and governmental level.⁵ As Kate Fisher has contended, there is a need to consider local situations before assumptions and conclusions can be made about the nation as a whole.⁶ This paper seeks to fill this historiographical gap by considering the establishment of birth control clinics and subsequently a family planning service in Northern Ireland from the 1950s onwards.

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¹For example, see Seacombe 1990; McLaren 1990; Cook 2004; Collins 2003.
²For example, see Davey 1988.
⁴General works on the establishment of Family Planning Clinics include Leathard 1980; Fryer 1965.
⁵Exceptions are Grier 1998; Jones 1992.

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Northern Ireland provides an important case-study. It is a prime example of how governmental declarations and advice may be given at a national level but their application and implication at a local level may vary dramatically. The importance of local social, political and religious contexts is also clearly demonstrated. The establishment of a family planning service in Northern Ireland has been considerably slower than in the rest of the UK. The first family planning clinic opened in Belfast in 1936, in comparison with 1921 in England, and 1925 in both Scotland and Wales. Governmental legislation was also implemented later in Northern Ireland. The 1967 National Health Service Amendment (Family Planning) Act, which permitted local authorities to provide contraception on social as well as medical grounds with no restrictions placed on marital status or age, was not introduced until 1969 in Northern Ireland. Similarly, it was not until 1974 that a free family planning service was given official recognition, something which had occurred two years earlier in the rest of the UK. The other area of important difference concerns abortion, which is still illegal in Northern Ireland. The 1967 Abortion Act was never extended to Northern Ireland and attempts to do so in 1984 and 2000 met with strenuous cross-community opposition.7

The First Belfast Clinics

The first birth control clinic in Northern Ireland was a Marie Stopes clinic which opened in 1936 and closed just over ten years later in 1947. In tandem with the Stopes clinic in Belfast, there was another at the Royal Maternity Hospital which opened in 1940. This was run voluntarily by Dr Olive Anderson and only gave advice to patients sent by hospital staff for medical reasons, although she admitted in 1950 that she had recently ‘smuggled in one or two patients from local GPs’.8 Dr Anderson was not only unpaid for her work but also gave supplies to patients for free, although the numbers seen were very small, averaging between three and five per fortnight.9 It was not until 1951 that the Belfast Women’s Welfare Clinic (BWWC) opened in Belfast under the auspices of the Hospital Authority and a further ten years before a second clinic opened. The Northern Ireland Family Planning Association (NIFPA) was formed in 1965 as an umbrella organisation throughout Northern Ireland. Following the governmental declaration taking over responsibility for family planning clinics in 1972, its role became more concerned with advice and training as local authorities increasingly took over the running of family planning responsibilities.

To determine the reasons for the slow development of family planning in Northern Ireland it is necessary to consider the reasons for the lack of long-term success for the Marie Stopes Clinic in Belfast and how circumstances changed in the following decades. Key factors include: the need for strong and determined individuals to champion the cause at a local level; institutional and organisational support; religious and political support, either active or tacit; and demand from an expanding patient-client base.

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7 For example, see Side 2006.
8 Contemporary Medical Archives Centre at the Wellcome Trust for History of Medicine (hereafter CMAC) SA/FPA/A13/2, Records of Belfast Mothers’ Welfare Clinic/Northern Ireland Family Planning Association (hereafter NIFPA), Interview with Dr Olive Anderson, 31 May 1950.
9 Ibid.
It is clear that the Marie Stopes Clinic in Belfast lacked a number of the factors necessary for long-term survival. It faced religious opposition from the Catholic Church and struggled to gain political support from politicians across the religious divide. A similar situation emerged at Abertillery in south Wales in the 1920s which is believed to have contributed to the closure of the clinic there. Although the Marie Stopes Clinic in Belfast had the institutional support of Stopes herself and her organisation, it lacked local institutional support from the Belfast Corporation or local hospitals. The importance of support of Medical Officers of Health, as well as councillors for maternity and child welfare committees has been illustrated elsewhere. In Belfast, the interest and backing of these bodies was constrained by the belief that there was a lack of political support for family planning.

Organisational support was also constrained by the difficulties that arose between the staff and the clinic Committee, and between Marie Stopes and the Committee. Divisions emerged between professionally trained staff and committee members who were ladies volunteering in their leisure time. Similarly, it was claimed that the clinic in Belfast closed its doors because the Committee ‘could not stick Marie Stopes’. Marie Stopes interfered constantly and case-sheets had to be sent to her on a weekly basis. This, combined with her dogmatic personality, upset the Committee.

The clinic also ran a financial deficit throughout its years of existence, and this contributed to the decision to close in 1947. While numbers attending rose in the 1940s, Stopes was still disappointed and did not consider the venture a success. Furthermore, the necessary patient base, willing and able to attend, did not exist in Belfast at this time. The subject of birth control was one which a religious and socially conservative society such as Northern Ireland did not discuss, never mind attend a clinic. As has been demonstrated in both Wales and Scotland, of extreme importance in the successful establishment of clinics were local individuals willing to provide the drive and determination to establish them. While there was support from some local politicians in Northern Ireland, there was no one willing to take on the role as champion of the birth control issue. Wives of prominent local men sat on the Committee but, possibly restricted by the dominance of Stopes herself, no single individual emerged to ensure the clinic’s survival.

By the 1950s, however, a pioneering figure had emerged who would move the family planning cause forward—Dr Olive Anderson. Perhaps prompted by the closure of the

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15Jones 1992, p. 263.
16CMAC, SA/FPA/A13/2, Extract of letter from Dr Mary Grove White, 20 June 1953, contained in letter from Vera Houghton, International Planned Parenthood Federation, to Margaret Howard, Family Planning Association London (hereafter FPA), 22 June 1953.
19Grier 1998; Fisher 1998; Davis 2003—my thanks to Dr Gayle Davis for providing me with a copy of this paper.
Stopes Clinic in 1947, in May 1950 Anderson contacted the Family Planning Association (FPA) in London with a view to opening a clinic in Belfast. It was her persistence which led to the Northern Ireland Hospital Authority agreeing to the establishment of a clinic in 1951. Olive Anderson targeted the Hospital Authority rather than local councillors or the Medical Superintendent of Health.

The FPA in London wrote to the Northern Ireland Hospital Authority in June 1950 enquiring about the possibility of obtaining the use of clinic premises in their hospitals to run a family planning session.\(^\text{20}\) A reply explained that it was ‘unable to facilitate the establishment of a clinic at any of their hospitals’.\(^\text{21}\) Margaret Howard, the FPA Organising Secretary, queried whether it was really a shortage of premises which led to the negative response or whether there were other objections.\(^\text{22}\) Following a visit to the Health Authority, Anderson confirmed Mrs Howard’s suspicions and explained that ‘it is the religious question which is the stumbling block’. However, she offered a glimmer of hope that ‘the door is not quite closed and we will go on exploring ways and means’.\(^\text{23}\)

The ‘religious question’ was of particular importance in Northern Ireland. From its establishment in 1921, there was opposition to the very existence of the state from within the nationalist, mainly Catholic, population. The government and local authorities were therefore often at pains to avoid contentious issues which would provoke further opposition from the Catholic community. Voluntary agencies were also unwilling to help as Mrs Constance Boyd, who was to become the first secretary of the BWWC, explained in March 1951: the Belfast Council for Social Welfare and the After Care Committee had decided it could ‘no longer give public support to a project which would lose the measure of cooperation which they now receive from Roman Catholics’.\(^\text{24}\) It was therefore in a bid to avoid antagonising Catholic opinion that it was suggested the clinic should be established in a Protestant hospital. After a year of negotiations, it was agreed in May 1951 that a clinic could be established in Malone Place, which was an all-Protestant maternity hospital attached to the Belfast City Hospital. However, while there appears to have been great concern on the part of the authorities that the issue of family planning would provoke religious controversy and opposition, there appears to have been little organised religious opposition. This was a similar situation to that which Fisher describes in relation to south Wales in the 1930s.\(^\text{25}\)

Having a strong advocate for family planning in the person of Olive Anderson, and gaining, albeit reluctantly, institutional support and accommodation, it was also necessary to have organisational support to actually operate and run the clinic. In establishing Scottish clinics, it was the ‘voluntary agencies and lay pressure, largely composed of women that were the real force of change’.\(^\text{26}\) This was also the case in Northern Ireland where organisational support came in the form of an all-female voluntary

\(^{20}\)CMAC, SA/FPA/A13/2, FPA to Northern Ireland Hospitals Authority, 21 June 1950.

\(^{21}\)CMAC, SA/FPA/A13/2, Northern Ireland Hospitals Authority to Organising Secretary, FPA, 2 August 1950.

\(^{22}\)CMAC, SA/FPA/A13/2, Mrs Howard to Dr Anderson, 4 August 1950.

\(^{23}\)CMAC, SA/FPA/A13/2, Dr Anderson to Mrs Howard, 21 October 1950.

\(^{24}\)CMAC, SA/FPA/A13/2, Constance Boyd to Mrs Howard, 5 March 1951.


\(^{26}\)Davis 2003, p. 1.
committee. The correspondence between individuals in Northern Ireland and the FPA in London illustrates how interested women were put in touch with each other: female networks developed. For example, it was only through correspondence with the FPA that Constance Boyd was made aware of the work of Olive Anderson.\(^{27}\) She subsequently helped Anderson to establish the clinic and in June 1951 organised a drawing-room meeting for interested women.\(^{28}\)

This idea of a drawing-room meeting reflects a tradition of middle- and upper-class female philanthropy whereby committee meetings for various organisations were often held in the homes of members.\(^{29}\) This tradition of female philanthropy was extremely important in Belfast. From the latter decades of the nineteenth century, women were involved in a variety of organisations, establishing female networks and contacts.\(^{30}\) This was clearly still a feature of Belfast society in the 1950s, with women of similar socio-economic and religious backgrounds becoming involved in the running of the BWWC. These women were mainly wives of professional men, often medics or academics. A number had worked professionally before marriage and involvement in a voluntary capacity with the family planning clinic allowed a return to the working world.\(^{31}\)

In the early years, the clinics were staffed exclusively by volunteer lay helpers: even doctors worked on a voluntary basis. As the first clinic in 1951 was on hospital premises, there could be no membership or consultancy charges and patients only paid for contraceptive appliances. This was in contrast to clinics affiliated to the FPA in London. These paid an annual per capita payment of one shilling for every new patient.\(^{32}\) The majority of family planning clinics established in the UK were, by the 1950s and 1960s, either local authority-run or affiliated to the FPA. However, the BWWC and, from 1964 onwards the NIFPA, were reluctant to join the FPA and keen to maintain their independence. It is this relationship between the FPA in London and BWWC/NIFPA in Belfast that highlights the uniqueness of the situation in Northern Ireland.

Belfast Women’s Welfare Clinic: Growth and Development
From the outset, those involved in the BWWC wanted to keep a low public profile and believed that this would be difficult for members of the FPA.\(^{33}\)

Margaret Howard of the FPA was at pains to encourage the Belfast Clinic to join the FPA and suggested that there was no immediate need to draw attention to their membership or to use their name on stationery.\(^{34}\) Olive Anderson sought to clarify the issue and explained that as they were in premises given by the Hospital Authority they didn’t want

\(^{27}\)CMAC, SA/FPA/A13/2, Interview with Mrs Constance Boyd, FPA HQ London, 30 August 1950.
\(^{28}\)CMAC, SA/FPA/A13/2, Constance Boyd to Organising Secretary FPA, 20 June 1961.
\(^{29}\)Successful drawing-room meetings were also held in South Wales. See Fisher 1998, p. 108.
\(^{30}\)Rush 2007.
\(^{31}\)For example, Mrs Gray, who was a physiotherapist and moved to Belfast when her husband’s job relo-
cated. She was put in touch with Olive Anderson by contacts from Bristol FPA and subsequently
became a Secretary of BWWC.
\(^{32}\)Leathard 1980, p. 82.
\(^{33}\)CMAC, SA/FPA/A13/2, Constance Boyd to Margret Howard, 20 June 1951.
\(^{34}\)CMAC, SA/FPA/A13/2, Margaret Howard to Constance Boyd, 20 June 1951.
to embarrass them by gaining more publicity than was absolutely necessary.35 While close ties were maintained between Belfast and London, it was not until 1977 that the NIFPA became an official branch of the FPA. It was felt by those in Belfast that unnecessary attention would be drawn to the clinic by official affiliation, and that the FPA in London did not understand conditions in Belfast.

As discussed above, the greatest concern was that the clinic would attract religious opposition. As Constance Boyd explained in 1953, ‘if we can avoid the attention of the Roman Catholic politicians we can go on doing some useful work’.36 Ten years after the establishment of the BWWC in 1961, the same fears were still evident. Dr Joyce Neill, who went on to become the Chairperson of NIFPA, explained to the FPA in London that Roman Catholic opposition prevented publicising the clinic.37 As the 1960s progressed, however, it became apparent that publicity was necessary, although care was taken to try and assuage any Catholic fears and to emphasise that clinics advised on the safe period or rhythm method—acceptable methods to the Catholic Church.

In a report in the Belfast Telegraph in March 1965, Dr Mary Adams, one of the members of the executive committee of NIFPA, explained ‘we get a proportion of Catholics who come to be instructed in their Church’s approved rhythm methods, and also some ask about mechanical forms of contraception’. She went on to say that while ‘all the directors of the Association are non-Catholics… the patients come from all denominations… the Association does not want to alienate itself from the Catholic Church… We would like to see them co-operating with us’.38 This point was reiterated by Dr Joyce Neill at the first public meeting of NIFPA in November 1965 and also in a letter in 1965 to Dr R. F. McKeown, Medical Officer for Tyrone, concerning permission to set up an FPC in Dungannon. Dr Neill pointed out that as ‘there is a large Roman Catholic proportion in the population, the clinic must be sensitive to this situation, and give advice on methods acceptable to particular patients’.39

Nonetheless, in the mid-1960s, there still existed in some circles a belief that the issue of family planning was likely to cause controversy. The BBC refused to mention the NIFPA public meeting in November 1965 on its local diary programme, justifying its decision by claiming that they did not announce events which they felt to be controversial. Dr Neill expressed her disbelief and stated, ‘the need for controlling the size of families is freely admitted by the Roman Catholic Church; the only difference of opinion is on methods approved—a difference which our association has publicly respected’.40 The BBC had a change of heart as it broadcast an ‘Inquiry’ programme on family planning in January 1966, to which Dr Neill contributed. Reluctance to discuss family planning in Northern Ireland was expounded by one of the programme presenters:

35CMAC, SA/FPA/A13/2, Olive Anderson to Margaret Howard, 1 July 1951.
36CMAC, SA/FPA/A13/2, Constance Boyd to Margaret Howard, 23 August 1953.
38Belfast Telegraph, 22 March 1965, p. 5.
39Public Record Office of Northern Ireland (hereafter PRONI), D/3543/3/2A, Records of NIFPA, NIFPA Correspondence with the Western Area Health Board, Dr Joyce Neill to Dr McKeown, 11 September 1965.
40PRONI, D/3543/3/1, NIFPA Correspondence, Dr Joyce Neill to BBC, 23 November 1965.
In Northern Ireland, family planning has a nasty taste—people don’t like to talk about it—correspondence from the clinics sometimes has to be sent to an accommodation address in a very plain envelope—even the medical profession, in certain instances are reluctant to recommend that their patient should visit a clinic for family planning services. In fact, we seem to be playing our usual apathetic and inhibited part.41

He lamented the shortage of clinics in Northern Ireland, one for every 250,000 people in comparison with one for every 100,000 people in the rest of the UK.42 Dr Neill later pointed to the puritanism of both the Catholic and Protestant communities.43 She also emphasised this point in a letter to the FPA in London the following month, arguing that not only did the government try to ‘appease our “oppressed” Roman Catholic minority, but we have a strong Calvinistic element to deal with, to whom we appear as the Scarlet Women in person’.44

While it is acknowledged that there may well have been opposition within the Protestant community, it is difficult to find evidence that this was organised. The Church of Ireland and the Presbyterian Church, the two largest Protestant denominations in Northern Ireland, were supportive of the idea of family planning within marriage. The same was true for a majority of the other smaller Protestant denominations. However, opposition was focused on providing contraception for the unmarried.45

Nonetheless, it is evident that concerns about religious susceptibilities continued into the 1970s after the Health Boards had taken control of all the family planning clinics. In response to what was clearly a vehement letter from a Dr Patterson of Tyrone County Hospital, Dr Denise Fulton of NIFPA argued that the need for birth control was accepted by the majority of people and it was only the methods to be used that caused differences.46 Dr Patterson also suggested that family planning was a ‘Protestant Service for a Protestant people’. This horrified Dr Fulton, who explained that all sections of the community attended the clinics and that Catholic doctors and nurses worked in family planning. She argued that clinics were run in Catholic areas and that there was even support from local priests. They were particularly needed, she argued, as some older Catholic doctors did not wish to deal with the issue of birth control.47

With a lack of publicity about the clinic, patients were either referred to it by personal contacts or by their GP. A smaller number were referred through hospital departments, midwives, health visitors, marriage guidance councillors or family planning clinics elsewhere.48 However, by the early 1960s it was felt that there must be a more active campaign to publicise the existence of the clinic. In 1962, a circular letter was sent to

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41PRONI, D/3543/3/1, NIFPA Correspondence, Script of BBC ‘Inquiry’ programme, 14 January 1966.
42Ibid.
43Ibid.
44PRONI, D/3543/3/1, NIFPA Correspondence, Dr Joyce Neill to London FPA, 4 February 1966.
45For more on current issues, see Smyth 2006 and Side 2006.
46PRONI, D/3543/3/2A, NIFPA Correspondence with the Western Area Health Board, Dr Fulton to Dr Patterson, 24 April 1974.
47Ibid.
48Adams and Fulton 1963, p. 50.
a hundred heads of departments, hospital staff and consultants in Belfast.49 Earlier in the
year, the death of a young woman through an illegal abortion encouraged Dr Neill to
make contact with the Belfast Telegraph to ask if one of the female correspondents
would write an article about the work of the clinics.50 This appeared under the title
‘Planning the Family’ in the Belfast Telegraph in May 1962 and demonstrates the publicity
constraints that still prevailed. The article described the climate of opinion in Northern
Ireland towards family planning as ‘befogged and confused with prejudice and
muddled thinking’.51 The journalist explained that ‘for fear of giving offence, the
women who give their time voluntarily [to run the clinics] made me promise not to
give the addresses of the clinics’.52 She reported the concern which both patients and
helpers at the clinic expressed that women ‘in greatest need of advice and practical
help don’t know about the clinic and run the risk of abortion in back streets’.53

Although increased publicity was one of the explicit aims of the NIFPA when it was
formed in 1964,54 it was not until the following year that the decision was taken to
list the addresses and opening times of the clinics in the press.55 This policy proved suc-
cessful, with 28 advertisements being placed in the Belfast Telegraph between September
1966 and February 1967, which in turn produced over 60 enquiries. Similarly, a letter to
the editor of the Belfast Newsletter produced 27 enquires.56 By 1970, it was felt that it
would be acceptable to place posters in GP waiting rooms, and baby and health clinics.57
However, further discussion by the executive committee of NIFPA concluded that ‘such posters are usually resented and torn down’ so it was decided to aim at
increasing free publicity via the BBC and the press.58

When it opened, the BWWC held two sessions: a Wednesday evening with Dr Eliza-
beth Robb and a Thursday morning with Dr Olive Anderson. It was decided to hold
the clinic session in the morning as it was felt that this made it possible ‘for patients to
come from any part of the Province by an early train or bus and return home in the after-
noon’.59 As the BWCC was the only family planning clinic in Northern Ireland at this time,
this was of great importance. A survey of patients attending the clinic in 1960, revealed that 56.1 per cent of those attending were from Belfast, with the other 43.9 per cent coming from all over Northern Ireland, some travelling over 70 miles.\footnote{Adams and Fulton 1963, p. 51.}

A second clinic opened in Belfast on the Newtownards Road in 1961, followed by a clinic in Bangor. By the early 1970s, there were 19 in Northern Ireland. Gradually the clinics were taken over by local health authorities (LHAs), and a number of new clinics were opened under their auspices. By 1973, there were 38 Family Planning Clinics (FPCs), run by either the LHA or the NIFPA in Northern Ireland.\footnote{PRONI, D/3543/2/3, Minutes of Annual General Meeting and Executive Committee Meetings, 1972–7, NIFPA Annual Report 1972.} From 1 April 1974, the Northern Ireland Area Health Boards took over the running of all FPCs. This saw the NIFPA relinquish their former role and concentrate on the training and advisory side of their work.\footnote{PRONI, D/3543/2/3, Minutes of Annual General Meeting and Executive Committee Meetings, 1972–7, NIFPA Annual General Meeting, 9 May 1974.}

**Government Involvement**

There was relatively little discussion of family planning at a governmental level until 1967 when the Ministry of Health decided to award a grant to NIFPA. As discussed above, there was an assumption amongst those working in family planning that the political authorities would be unreceptive and opposed to their cause. However, the reality was one of limited opposition and general acceptance. The debates in the Northern Ireland House of Commons during 1967 highlight the gradual recognition by the Ministry of Health that local authorities should become more involved.\footnote{Northern Ireland House of Commons Debates, 7 March 1967.} Following the award of a grant to the NIFPA in April 1967 of £500, and up to a further £1,000 on the basis of £1 of grant for every £1 received by NIFPA from elsewhere, the response from the House was largely positive. Mr Phelim O’Neill (Unionist) congratulated William Morgan, Minister for Health and Social Services, on ‘being the first Minister who has had the courage and the sense to give a grant to NIFPA’.\footnote{Northern Ireland House of Commons Debates, 19 April 1967.}

The first official statement on family planning since the Health Services Act (Northern Ireland) in 1948 came in the form of a Circular on Family Planning issued by the Ministry of Health and Social Services in December 1967. It emphasised the important role of family planning and instructed health authorities to make arrangements, either directly or through a voluntary body (NIFPA), for the free advice and treatment of women for whom a pregnancy would be detrimental.\footnote{PRONI, D/3543/3/1, NIFPA Correspondence, Ministry of Health and Social Services, PH Circular No. 56/1967, 4 December 1967.} To encourage financial contributions from local authorities the Circular repeated the previous financial settlement whereby the Ministry would match any money given by the health authorities up to a maximum of £2,500.\footnote{Ibid.}
However, it is evident that not all local authorities were forthcoming. In February 1968, NIFPA sent a sample letter to clinics to send to local authorities asking for more generous financial support and giving examples of the grants that had been awarded in other areas.\(^\text{67}\) Furthermore, as explained at the BWWC Executive Meeting on 2 April 1968, the circular ‘suggested but did not instruct [local authorities] to help family planning clinics; at present the amount of help varied in different localities’.\(^\text{68}\)

The one voice of contention within the Northern Ireland House of Commons came from Harry Diamond MP (Republican Labour Party) in June 1968, in discussion of the grant made to the NIFPA. He was angry that there had been no discussion of the issue in the House and pointed out that there was ‘substantial division in the community on these matters’. He contended that:

> despite the term used, this is a euphemism for artificial birth control and the promotion of abortions. In my judgement there is no right to use public funds in this connection ... in Northern Ireland, in common with other parts of the world there has been an epidemic of venereal disease, which is increasing rapidly ... a good deal of this is ascribed to many of the new ideas which are being promoted—abortion, the use of the pill and the establishment of clinics which seem to assure uninformed people of freedom from the risk of diseases of this kind.\(^\text{69}\)

In response, Morgan explained that the policy of supporting family planning was in situations in which advice was needed for medical purposes and that ‘in spite of what the hon. Member for Falls [Harry Diamond] may say I think that this is a wise and good policy to adopt and one which will be used with the greatest wisdom’.\(^\text{70}\)

The issue of providing family planning purely on medical grounds was to change with Clause 16 of the 1969 Health Services Amendment Act (Northern Ireland). This allowed for health authorities to provide family planning services on social and medical grounds. As the Minister for Health and Social Services explained, this change was based on provision already in place in Great Britain and did not oblige anyone with a conscientious objection to make use of the service.\(^\text{71}\) Further change was legislated in Article 12 of the Health and Personal Social Services (Northern Ireland) Order 1972, which required the Ministry of Health (now the Department of Health and Social Services) to support family planning services in Northern Ireland. However, it was not until 1 April 1974 that Paddy Devlin (Social Democratic and Labour Party), Minister for Health and Social Services, announced that free family planning services would be available to anyone irrespective of age or marital status.\(^\text{72}\)

\(^{67}\)PRONI, D/3543/3/1, NIFPA Correspondence, 21 February 1968.
\(^{68}\)PRONI, D/3691/2, Minutes of Annual General Meeting and Executive Committee Meetings, 1967–9, NIFPA Executive Committee Meeting, 2 April 1968.
\(^{69}\)Northern Ireland House of Commons Debates, 6 June 1968.
\(^{70}\)ibid.
\(^{71}\)Northern Ireland House of Commons Debates, 5 November 1969.
\(^{72}\)PRONI, D/3543/3/2C, NIFPA Correspondence with the Eastern Area Health Board, Statement by Mr P. Devlin, 1 April 1974.
Problems and Embattled Controversies

The establishment of clinics was not always an easy process and met with resistance from both medical staff and local authorities. The most problematic situation for NIFPA was the establishment of clinics in the predominantly Catholic city of Derry. The County Londonderry Health Committee had made premises available at the Belmont housing estate on the outskirts of the city in September 1966. A second opened in 1967 in Riverside House. However, Derry City Health Committee refused to give financial help and in March 1968 the clinics appealed to the Executive of the NIFPA for help. This was given, but by May 1968 the staff at the Belmont clinic was working on a voluntary basis. The County Londonderry Health Committee discussed the situation in April 1968. Councillor Mr R. A. Brown explained that such services should be provided on a voluntary basis. It appeared to him to be ‘the thin end of the wedge and that if they agreed to this, family planning clinics would be springing up at every crossroads’. The decision was taken by the Council to defer the question for six months. Joyce Neill went to Derry to discuss the decision of the Health Committee in July 1968, but only with limited success. When the Committee returned to the debate in November 1968, there was considerable opposition from Catholic members on religious grounds and from Protestant members on economic grounds. However, the recommendation to support the clinics was passed by a single vote. The County Londonderry Health Committee granted £250 to the Belmont clinic for three years and the City of Derry Health Committee provided a similar grant.

In 1965, there had also been controversy over family planning in Derry, when seven Catholic members of the Derry branch of Oxfam resigned because the organisation supported birth control. It should, however, be acknowledged that the late 1960s were a period of turmoil in Derry. The city was at the centre of the emerging civil rights movement and experiencing serious violence. The Council was involved in gerrymandering disputes, and funding for family planning was pushed down the agenda. ‘The Troubles’ caused operational difficulties for the clinics. In the Derry City Clinic in 1970 there was a drop in attendances of approximately 100 patients, around 20 per cent. This was believed to be due to the riots in the city.

73PRONI, D/3543/2/3, Minutes of Annual General Meeting and Executive Committee Meetings, 1965–71, Executive Committee Meeting, 6 September 1966.
74PRONI, D/3543/2/2, Minutes of Annual General Meeting and Executive Committee Meetings, 1965–71, Executive Committee Meeting, 26 March 1968.
75PRONI, D/3543/2/2, Minutes of Annual General Meeting and Executive Committee Meetings, 1965–71, Executive Committee Meeting, 7 May 1968.
76Mid-Ulster Mail, 20 April 1968, p. 1.
77Ibid.
78PRONI, D/3543/3/2A, NIFPA Correspondence with the Western Area Health Board, Note added to R. Wilkins, Londonderry Health Committee, to Dr Neill, 6 June 1968.
79Mid-Ulster Mail, 23 November 1968, p. 15.
and the inconvenience of travelling to Belfast, the patients have to use other means’. The Newtownards Road Clinic in Belfast reported that the disturbances caused a decline in attendance. However, the Troubles also provided this clinic with some extra patients. On 7 December 1970, a bomb scare in the nearby Rupert Stanley Beauty School ‘resulted in students making use of their unexpected free afternoon to visit us for supplies’. The establishment of an FPC in Suffolk in West Belfast was directly related to the Troubles, the aim being to ‘provide a “bridging” service for patients in Suffolk and Andersonstown who might find it difficult to get to other clinics because of the present security situation’. However in July and early August, the situation in the local area became so tense on four successive weeks that clinics could not be held. The impact of the security situation was also seen when six of the NIFPA clinics were to be inspected by Dr Libby Wilson from Glasgow, Chairman of the FPA Clinic Doctors National Council. Her visit coincided with a two-day general strike in May 1974 called by the Protestant Ulster Vanguard in protest at the introduction of direct rule from London. Over 190,000 people participated: power cuts very nearly closed down the Province. Vanguard supporters barricaded and controlled Portadown, one of the clinics to be inspected. Libby Wilson details the complicated journey taken to get to the Portadown clinic, where of course there were hardly any patients, but all the staff were present and the inspection went ahead. Their visit to the Newtownards Road Clinic the following day coincided with a march on Stormont by over 100,000 which passed outside the clinic premises. The result of the inspection was, however, positive and the ‘visitors were full of praise for the clinics’ determination to provide as normal a service as possible at all times’. NIFPA also had to deal with the issue of patients travelling across the border from the Republic of Ireland, where in 1929 the propaganda and advertisement of birth control had been outlawed under the Censorship of Publications Act. In 1935, the Criminal Law Amendment Act banned the sale and importation of contraceptives. These restrictions led some women to write to the FPA in London asking for contacts in Ireland, north or south. Mrs Howard explained how they ‘get a constant stream of letters from people living in Southern Ireland asking for advice and we find it heart-breaking being able to do so little for them’. She explained that the FPA sent supplies to the Republic in plain packaging and addressed by hand to avoid customs.

84 PRONI, D/3542/4/3, Correspondence with Family Planning Clinics, 1968–75, Annual Report of Newtownards Road Family Planning Clinic.
86 Ibid.
89 PRONI, D/3543/2/3, Minutes of Annual General Meeting and Executive Committee Meetings, 1972–7, NIFPA Annual General Meeting, 4 May 1974.
90 It was not until 1979 that contraception became legal in the Republic of Ireland. For more on this legislation and the situation in the Republic of Ireland, see Daly 2006.
91 CMAC, SA/FPA/A13/2, Margaret Howard to Olive Anderson, 14 April 1950.
92 Ibid.
Throughout the 1950s and on into the 1960s, women were continuing to travel from the Republic to Belfast for family planning. The minutes of the BWWC for 1962 record a debate on whether to charge a fee from women from the Republic. The decision was later taken that, as the clinic was on hospital premises, it was not in a position to make a charge.93 Travel north continued into the 1970s, as did the controversy over payments. It was decided in September 1971 that IUD patients from the South would not be charged differently from other patients and that ‘the Dublin FP Clinics were very soon to start fitting IUD’s and that IUD patients could now be checked there’.94

Patients and their Attendance

The attendances at Olive Anderson’s Clinic at the Royal Victoria Maternity Hospital remained at a relatively low annual rate of between 30 and 40 until the early 1960s.95 The number of total attendances at the clinic rose from 52 in 1960 to 168 in 1964, before a rapid increase to 377 in 1965, 844 in 1966 and over 2,000 in 1967.96 Joyce Neill attributes some of the increase to the fact that oral contraceptives began to be prescribed in 1963, and partly to the fact that the clinic was held weekly rather than fortnightly from 1965. This led to an immediate increase in attendances. Added to these factors was increased awareness among medical staff about the work of the clinic and group talks about family planning given to post-natal patients.97 From 1965, medical students at Queens University, Belfast were given a lecture on family planning as part of their course in gynaecology. The same was true of trainee midwives.98

BWWC saw an increase in patients in the 1960s, with total attendances rising from just over 2,000 in 1960 to nearly 3,000 in 1964 and over 4,000 in 1971.99 The figures for all the NIFPA clinics indicate total attendances of 12,600 in 1968, 17,900 in 1969 and 23,250 in 1971. Clinics across Northern Ireland which belonged to NIFPA also saw steady increases in attendances. The clinic in Ballymena, for example, saw numbers grow from 400 in 1968 to 884 in 1971 and in Enniskillen attendances rose from 26 in 1968 to 640 in 1973.100

Greta Jones has contended that demographic issues played an important role, with a fall in the female age of marriage from 26.4 in 1937 to 22.6 by 1971.101 This led to women having a longer reproductive life and increased the need to control fertility. Another factor identified by Jones is the correlation between the increase in female employment and an increase in those attending family planning clinics.102 There was a

93PRONI, D/3691/1, Minutes of Annual General Meeting and Executive Committee Meetings, 1960–6, BWWC Annual General Meeting, 22 October 1962.
94PRONI, D/3543/2/2, Minutes of Annual General Meeting and Executive Committee Meetings, 1965–71, Executive Meeting NIFPA, 23 September 1971.
96ibid.
97ibid.
100PRONI, D/3542/4/3, Correspondence with Family Planning Clinics, 1968–75.
rise in the percentage of married women as a proportion of female employees in
Northern Ireland from just under 21 per cent in 1951 to around 36 per cent in 1966,
47.1 per cent in 1971 and nearly 60 per cent by 1981. This illustrates a move from
‘crisis’ visits towards a more positive decision to delay the start of a family by married
couples. Female employment also led to changes in clinic hours, with evening clinics
being organised for women who worked.

However, other factors came into play, particularly during the second half of the 1960s.
There was increased inclusion and discussion of family planning in medical training of
doctors and nurses. The NIFPA were involved in providing training and information
about their services to medical personnel. This led to a greater awareness among
the medical profession about birth control. The introduction of the Pill in the early 1960s
was also important, as this went some way towards medicalising family planning.
Similarly, the publicity surrounding the Pill throughout the 1960s ensured growing aware-
ness. NIFPA publicity increased: the organisation was represented in a programme on the
BBC in 1966 and also held a conference about family planning in Northern Ireland in
1968. Debates concerning Humane Vitae in 1968 raised the profile of family planning
in the public domain. While this discouraged some Catholic women from attending a
family planning clinic, it may have had precisely the opposite effect on others.

It is also important not to underestimate the importance of female networks of friends
and family in increasing awareness. While Kate Fisher has contended that men were
actively involved in the decision-making process, it was women who physically
attended and their decision was probably influenced by the experiences of friends and
family. In their survey of patients attending the Belfast Women’s Welfare Clinic in
1960, Adams and Fulton found that half of the patients sampled had been referred by
female friends or relatives with the remainder referred by GPs or other medical or
social services.

Conclusion
The slow development of a family planning service in Northern Ireland reflects both the
traditional nature of Northern Irish society and fears about causing religious offence and
controversy. Even in the early 1960s, clinics were reluctant for their location to be made
public. That a service was established at all is largely due to the determination and ability
of women such as Olive Anderson. The development of NIFPA and clinics across Northern
Ireland also owes a considerable amount to Joyce Neill, and her willingness to bring the
work of the organisation to public attention. The importance of female networks among
those who ran the clinics, and among medical and lay workers and the patients cannot be
overestimated. Staffing was largely female and doctors who were interested in establish-
ning and running clinics were mainly women. Before 1965 and the decision to make

\[^{103}\] Ibid.
\[^{104}\] Ibid.
\[^{105}\] CMAC, SA/FPA/A13/2, Mrs Boyd to Miss Cripps, FPA, 21 October 1951.
\[^{106}\] Marks 2001, p. 117.
addresses public, women had been made aware of the existence of clinics by female friends and relatives.

The NIFPA was unique in its desire to maintain its independence from the FPA in London, reflecting an awareness of the social, religious and political differences between Northern Ireland and other parts of the United Kingdom. It faced the Troubles and women travelling across the border, which were not experienced elsewhere. The final integration of family planning clinics, established by NIFPA, into the health service in the early 1970s, while slow compared with other parts of the United Kingdom, indicates that the NIFPA understood the local situation and that the process could not be rushed.

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