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## 7 The Construction of Teenage Parenting in the Republic of Ireland

### ABSTRACT

This chapter discusses the issue of teenage pregnancy in the Republic of Ireland. It explores the incidence of teenage pregnancy both historically and in recent years. It describes the particular social construction of teen pregnancy in Ireland, the influences on this and how these have evolved over time. The chapter includes an examination of some of the key legislative areas that pertain to teen pregnancy and the social policy responses to teen pregnancy and motherhood. The final section explores Ireland today to ascertain whether the assemblages of teen pregnancy and mothering have changed and if so, in what ways. It concludes that despite significant positive social changes in Ireland during the past fifty years, inequalities such as social class, educational opportunities and outcomes, ethnicity, race and others persist which intersect in ways that create the conditions for teen pregnancy to remain an issue in particular social locations more than others. Inequalities also affect outcomes for teen mothers and their families. For young women in these circumstances, Ireland remains a very difficult place to be a teenage mother.

### Introduction

Before 1960, teenage pregnancy was not a visible 'problem' in Irish society. Often, the first strategy of managing a non-marital pregnancy at this time (and beyond) was to encourage the marriage of the mother before the child was born. Mahon, Conlon & Dillon (1998) and Conlon (2006: 25) refer to the 1957 census to illustrate how vital statistics from that period provide evidence that pre-marital conceptions were a greater feature of Irish life at this time than non-marital birth statistics would suggest.

Teen fertility rates in Ireland increased from the 1960s to a peak in 1980. They then declined throughout the 1980s until 1995, when again they began to increase up to an all-time peak in 2000. At this time, the Irish teenage fertility rate was higher than the EU average, but still well below the rates experienced in the UK, New Zealand and the US (Conlon 2006). Ninety-three per cent of Irish teenage births were to 'unmarried' mothers, which represented the highest level in all European countries at this time compared with a European low of 11 per cent of unmarried mothers in Greece (Micklewright & Stewart 2000). Births to teenage mothers have steadily declined in Ireland since then. Numbers have fallen by 62 per cent in the period 2001–15, from 3,087 to 1,187 (CSO 2016). There has also been a decline of 72 per cent in the number of teenagers giving Irish addresses at abortion clinics in Britain in this time (HSE 2014). The health services and others tasked with dealing with the issue have cited education in schools as a key factor in this decline. In reality, the reasons behind the decline are likely to be much more complex. For example, access to information (potentially about sex, contraceptives and abortion) has drastically improved with improved access to the internet, which went from 20 per cent of all households in 2000 (CSO 2000) to nearly 87 per cent in 2016 (CSO 2016), with access also available in schools and other locations for lower prices.

Although Ireland has progressed through major positive social change in the past four decades, with significant improvements in the lives of women, the LGBTQ communities and other minorities,<sup>1</sup> the stigma and social exclusion of teenage parents persists. Both teenage mothers and teenage fathers experience stigma and social inequalities whether they are in a relationship with each other or not. It is a gendered experience and often different for both young women and young men. For this reason, this chapter focuses solely on young women. The particular way in which teenage pregnancy and motherhood is socially constructed determines how the issue is both analysed and responded to through policy.

1 See D. Ferriter (2008), 'Women and Political Change in Ireland since 1960', *Eire-Ireland*, 43 (1/2), Spring/Summer, 179–204; Yes Equality Campaign victory May 2015; Traveller Ethnicity recognized in Ireland on 1 March 2017.

Understanding the experience of teenage mothering in Ireland today requires an understanding of both the current and historical social context. The next section explores some of the historical influences that have created a very particular social construction of this issue today. This will be followed by an overview of legislation relating to two key areas – contraceptives and abortion – and later an overview of social policy responses, both historical and more recently. The stories of four pregnant teenagers are described in this chapter. Their stories elucidate the narrative of teenage pregnancy in Ireland, and the complex factors that affect this experience, better than any historical account alone ever could. These include the iconic stories of Philomena Lee, Ann Lovett, Miss X of the X case and the unnamed fourteen-year-old young woman, who in late 2016 was detained in a psychiatric unit when she sought an abortion under the Protection of Life in Pregnancy legislation in the company of her mother.

## The social construction of Irish teenage motherhood

The ascription of the term ‘teenage motherhood’ is located in preferred family formation practices; namely, marriage as precursor to the creation of a family and deferred marriage and deferred fertility, which have occurred in Western democracies post-World War II. Arney and Bergen (1984) argue the notion of ‘teenage pregnancy’ came into being at a quite specific time and place: middle-class America in the mid-1960s. This ‘new’ categorization was largely underpinned by changing social and political understandings regarding the roles and responsibilities of young women in Western society, including spending longer in education, participation in the workforce, the availability of contraception, and deferred marriage and motherhood among the middle classes. As Wilson and Huntington (2005), reviewing the literature in the US, New Zealand and the UK argue:

Teenage mothers are vilified not because the evidence of poor outcomes for teen mothers and their children is compelling, but because these young mothers resist the typical life trajectory of their middle-class peers, which conforms to the current

government objects of economic growth through higher education and increased female work force participation. (p. 59)

Along with this new categorization of 'teenage' mothers, there emerged a number of negative discourses surrounding young motherhood. Much of the earlier research in the US asserts teenage pregnancy as the result of bad values and habits, which are pandemic and out of control (Zachry 2005). A belief that young mothers become pregnant for instrumental reasons (to get council housing or social security benefits) is often purported, but there is little evidence to support any of these claims (Phoenix 1991; Zachry 2005). Arai (2009) highlights that in the UK (as in other Western countries), there is a perception that teenage pregnancy and childbearing are increasing, when in fact rates of teen birth have declined. Arai also notes that much of the research that is cited as evidence of the negative outcomes of early childbearing is highly selective (*ibid.*) and that problems are not caused by 'early' motherhood, but usually predate it (Zachry 2005). These constructions of teenage mothering are based on constructions of normative family life and are gendered in their assumptions and lacking in a critical analysis of class. They also expose the representation of the one-parent family as a negative family structure. They highlight the dominance of the preferred male breadwinner model in social policy by highlighting the dependency of the mother on the state. They reveal the perceived sexual irresponsibility of women and lack of social responsibility in pursuing education or employment. Graham and McDermott's research (2005) corroborates the stigmatized position that teen mothers hold in society – 'young' when most mothers are deferring motherhood to later in life, and 'poor' when most mothers are not.

Duncan's (2007) research in the UK counters these arguments with research evidence that does not support the idea that age at which pregnancy occurs affects future social outcomes negatively. He contends that many young mothers themselves express positive attitudes to motherhood, and describes how motherhood has made them feel stronger, more competent, more connected and more responsible. This would suggest that the issue is not necessarily an early life pregnancy. Rather, the class-based inequalities associated with both the incidence and the outcomes

of teenage parenthood and the social construction of teen mothers are the real issues they face.

Ireland is no exception to these types of stereotypes, but it is crucial to note that in Ireland the social construction of teenage motherhood historically is also contained within the broader social history of all extra-marital births. It is well documented in the Irish literature on this subject that non-marital childbearing was highly stigmatized in Ireland (Viney 1964; Kilkenny Social Services 1972; Darling 1984; O'Hare, Dromey, O'Connor, Clarke & Kirwan 1987; Hyde 1996, 1997, 1998, 2000; Farren & Dempsey 1998; McKeown 2000; Conlon 2006). 'Deviancy, stigma, shame and condemnation' are all part of the story of unmarried motherhood in Ireland (Mahon et al. 1998: 531–6). Families headed by an 'unmarried mother' have, for decades, been 'castigated, punished, stigmatised, ignored, labelled and controlled' (Leane & Kiely 1997: 296) by, and within, Irish society. Social attitudes remained uncompromising into the late 1990s and beyond in Ireland. Participants in Hyde's study in the late 1990s felt that others made an automatic connection between a youthful appearance, marital status and state dependence. Hyde (2000) argues that the physical appearance of the body transmitted socially charged messages about gender relations (unmarried) and economic relations (state dependence), both highly stigmatized. Berthoud and Robson in 2003 found that taking a number of factors into account (education, marital status, mother's and father's employment), Ireland was the worst place in Europe to have a baby while still a teenager. They attribute this to educational levels and access to education, employment levels and the potential for social mobility.

An examination of the cultural narratives of 'Irishness' is also necessary to understanding how teenage mothers have been socially constructed and understood in Ireland. Ireland is a deeply patriarchal society and since the foundation of the state in 1932, the formation and maintenance of Irish national and cultural identity has relied, in particular, on two core institutions – the Catholic Church and the family (Byrne 2000: xi). Smyth (2005) argues that colonial and colonized national identities are constructed relationally. In the project of nation building post-independence, 'Irishness' was primarily constructed as 'not-English' (Smyth 2005: 35). As a core part of the Irish identity, and the antithesis of Protestant Englishness, 'Catholicism

came to be central in that which sets the Irish apart' from the English colonizer (Smyth 2005: 35). The Catholic Church has historically had a large influence on Irish family life and on Irish social policy (Inglis 1998; Millar 2003). The church took on the role as guardians of Ireland's moral welfare. According to Inglis (1998), the church was 'an organised system of power which conditioned and limited what Irish people did and said' (Inglis 1998: 193). The church preached the centrality of marriage and the family and the evils of all sexual activity not aimed at procreation, and held up the Virgin Mary as the model for all women (Horgan 2001).

Following a traditionalist form of nation building, the family was placed at the centre of Irish culture. Familism is clearly evident in the Irish Constitution (1937, Article 41), where we can see constitutional protection for the nuclear family and the male breadwinner model and where the terms 'mother' and 'woman' are used interchangeably. Article 41 of the Irish Constitution states:

1.1 The State recognizes the Family as the natural primary and fundamental unit group of Society, and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law.

The State, therefore, guarantees to protect the Family in its constitution and authority, as the necessary basis of social order and as indispensable to the welfare of the Nation and the State.

2.1 In particular, the State recognizes that by her life within the home, woman gives to the State a support without which the common good cannot be achieved.

2.2 The State shall, therefore, endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties in the home.

(Bunreacht na hÉireann 1937: Article 41)

Familism sees the subordination of individual interests in lieu of those of the family. Within the constitution and in social policy, women's social rights were contained in the 'context of dependence within the family' (Yeates 1997: 142). Examples of this include pensions and social security payments where women were treated as dependants. This establishes a crucial relationship between paid work, unpaid work and welfare, and creates a tiered

system of social rights (Coakley 1997).<sup>2</sup> Familism was maintained by the principle of 'subsidiarity', which ensured that the state only interfered when the family's capacity to serve its members was exhausted (Millar 2003).

Structural analysis of gender identities shows that a narrow range of gender and sexual identities were tolerated traditionally in Ireland (Byrne 2000). At the same time, the nation came to be increasingly symbolized by Irish motherhood. These images contained messages about appropriate lifestyles of women and girls, with particular prescriptions regarding women's sexual behaviour and in particular the appropriate context for motherhood (Gray & Ryan 1997). Married motherhood became the cultural ideal of being a 'good' woman. Essentially women's fertility, and maternity were constricted within married motherhood and other routes into motherhood as illegitimate.

The pregnancy and death of Ann Lovett in 1984 personifies this. Fifteen-year-old Ann Lovett and her baby died after she gave birth in a Catholic grotto on a cold wet January day in Granard, Co. Longford, where she lived. A group of boys found the prone figures of Ann and her baby son, who was lying alongside her, on their way home. She had given birth alone, in the rain, and had used a pair of scissors to cut the umbilical cord. She was dying when the boys found her. She died in Mullingar Hospital two hours later. An inquest into her death returned a verdict of death due to irreversible shock caused by haemorrhage and exposure during childbirth. The same inquest found a verdict of death due to asphyxia during birth for her baby son, who was never given a name. Ann's death became national news a few days later (Boland 2004). Along with other Sunday newspaper headlines, the headline 'Girl dies giving birth in a field' was read out to a national audience on the *Late Show*, the most-watched television programme at that time in Ireland. After the initial coverage of her death, little more information emerged (Ingle 2017). It has been argued that someone must have known, as Ann carried her baby to full term. The people of

2 Another example is the 'Marriage bar', where women working in the civil service were required to terminate their employment when they married. This remained in place until 1973.



the town refuse to discuss it. The father of the child or the circumstances of the pregnancy are never discussed, even years later.

## Social policy responses to unmarried pregnancy

In the early twentieth century, there was little social policy in this area. 'Unmarried' mothers and their 'illegitimate' children are referred to in various policies but a specific policy did not emerge until the 1970s. In 1906 Mother and Baby Homes were established under the auspices of voluntary organizations of religious congregations (Conlon 2006). Garrett (2000) describes the policy towards unmarried mothers that emerged in the 'Report of the Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor' (1927), as 'bifurcated', in that it distinguished between two categories or 'classes' of unmarried mothers: 'those who may be amenable to reform' and 'the less hopeful cases' where 'a period of detention was fitting' (333–4). Garrett summarizes that according to the report, the incarceration of women was not only to safeguard the moral community from the contagion of evil; it also made economic sense. A Department of Local Government and Board of Health report, published in 1933, referred to 'unmarried' mothers interned in institutions throughout the country (Viney 1964; Garrett 2000; Conlon 2006; Luddy 2011). This report deemed these women weak minded and in need of supervision and protection (Luddy 2011). The 1939 Public Assistance Act referred to accommodation for 'unmarried mothers' and 'illegitimate children' which would create conditions for the moral and social rehabilitation of the mothers. The famous Magdalene Asylums were among the institutions established to accommodate so-called 'fallen women', most of which were operated by the Roman Catholic Church, with a minority run by churches of the Protestant faith. As McCashin (2004: 173) notes, 'The denominational layer to the debate helped to reinforce the separation of unmarried motherhood from wider debates about poverty and the development of social security.' In these institutions the women were required to undertake

hard physical labour such as laundry work. It is estimated that 30,000 women were admitted during the 150-year history of these institutions. Women were interned in these institutions often at the request of family members, priests or other institutions such as industrial schools and convents (*ibid.*).

The story of Philomena Lee brought a human face to this experience. Philomena was born in 1933. After her mother's death when she was six, her father sent her and her sisters to a convent school and kept his sons at home. When she was eighteen, Philomena became pregnant. She was then sent to the Sean Ross Abbey in Roscrea, which housed unmarried mothers. She gave birth to a son and she lived and worked there for three years. In 1955 her child Anthony was sold and adopted by a Catholic family from America (Sixsmith 2009b). She was forced into signing the adoption papers. She did not reveal her experience to anyone until 2003. For decades, she had secretly been trying to find out what had happened to her son, with success. She had visited the Abbey a number of times, but the nuns there had lied to her and told her that all documents had been lost in a fire. Martin Sixsmith, a journalist, began to help Philomena in her search, and together they learned that he was adopted as Michael Hess and had grown up in America. He had died of AIDS in 1995, at the age of forty-three. He had tried, also without success, to find his mother. Before his death he arranged to be buried at the Sean Ross Abbey (Sixsmith 2009a). Sixsmith discovered that:

The Irish government was paying the Catholic Church a pound a week for every woman in its care, and two shillings and sixpence for every baby. [...] After giving birth, the girls were allowed to leave the convent only if they or their family could pay the nuns £100. It was a substantial sum, and those who couldn't afford it – the vast majority – were kept in the convent for three years, working in kitchens, greenhouses and laundries or making rosary beads and religious artefacts, while the church kept the profits from their labour. (Sixsmith 2009b)

The Catholic Church in Ireland made a lot of money from unmarried mothers and their children, while also using them as scapegoats to maintain fear and 'moral' obedience in the community. The last Magdalene Asylum in Ireland closed on 25 September 1996 (McAleese 2013). Finnegan (2004) suggests that they diminished in number and finally ceased to exist, as they

ceased to be profitable with the advent of the domestic washing machine. Inglis (1998) describes them as part of the institutional church's strategy for shaming and containing women who transgressed their moral rules and regulations.

We know from stories like Philomena's that illegal adoptions did exist, but adoption was not legislated for until 1952. The threat of incarceration in institutions and the lack of legal adoption were some of the main reasons why so many pregnant unmarried mothers fled to England to give birth and have children adopted, according to Garrett (2000). There was opposition to the Adoption Bill. This opposition centred on a possible breach to the constitution, that legal adoption might be counter to the teaching of the Roman Catholic Church and that it might create an opportunity for children's conversion to another faith and therefore a loss to the Catholic Church (Garrett 2000; Conlon 2006). Thus, when the Adoption Act was finally passed in 1952, a clause stated that adopting parents were to be of the same religion as the 'illegitimate' child (Garrett 2000). After this, greater numbers of Irish women did give their baby for adoption, but often preceded by concealment of the pregnancy (Flanagan and Richardson 1992; McCashin 1996). The proportion of non-marital births placed for adoption was high until the introduction of social welfare supports for unmarried mothers in 1973. In 1967, 97 per cent of non-marital births were adopted, falling to 71 per cent in 1971, to 30 per cent in 1980 and to only 7 per cent in 1990 (Conlon 2006: 25). By 2002, just 0.5 per cent of births outside marriage were placed for adoption (*ibid.*).

## The development of social security for those parenting alone 1970–2000

The Widow's Pension was created in 1935. Over three decades later, in 1970, the means-tested Deserted Wife's allowance was introduced. In 1973, the 'unmarried mother's' means-tested allowance was introduced for a child until they reached the age of eighteen. The incremental development of policy in this area betrays the moral stigma against the idea of birth outside

marriage, protection of the traditional two-parent family model and preference for the patriarchal male breadwinner model of familial provision (NESF 2001: 25). Kennedy (2004) heralded this move as making the unmarried mother a 'visible recognised member of Irish society' (p. 219) for the first time. Like many other policies in Ireland that provided more equality for women, Europe had an impact. The Council of Europe made a declaration in 1970 on the Social Protection of Unmarried Mothers (Yeates 1997). It wasn't until 1987 that the Status of Children's Act removed the status of 'illegitimacy' and aligned the property and maintenance rights of non-marital children with those of marital children.

Nearly twenty years later, in 1990, the three payments to women parenting alone (Unmarried Mother's Allowance, The Widow's Benefit and the Deserted Wife's Allowance) were amalgamated to create the Lone Parent's Allowance. This removed the gender clause and the hierarchy of deserving and undeserving categories of those parenting alone. In 2000 this payment became the One-Parent Family Payment. This aimed to acknowledge the family and attempted to make the payment even less stigmatizing (Department of Social, Community and Family Affairs 2000).

Until the late 1990s, Irish policy firmly supported those parenting alone as parents, not workers (McCashin 2004). The original payments implicitly assumed that solo parents were not connected to the labour market.

The allowances did not facilitate combining care of children and paid work, and the payment structure was embedded in a wider context of non-participation in paid work among mothers in general, and gender discrimination against women in social security, taxation and employment. (McCashin 2004: 176)

This approach had both positive and negative effects on families. On the one hand, it supported families in parenting. On the other hand, it further disconnected those parenting alone, especially women, from the labour market. However, since 1997, the national approach to policy has been on employment as the best route out of poverty. This led to the development of pro-employment policies for women in general and particularly those in receipt of social welfare. McLaughlin and Rodgers note that there was 'a distinct focus on accessing young, single, never married, low skilled, poorly educated mothers in urban areas into paid employment' (McLaughlin and Rodgers 1997: 27). Participation in employment has been widely proposed

both internationally (Finlayson and Marsh 1998) and in the Irish context (Government of Ireland 1998) as the means of offering those parenting alone the best prospects for improving their standard of living for themselves and their children (NESF 2001).

The 2000s saw continuing debates regarding the ‘activation’ of lone parents, with the publication of proposals to support lone parents suggesting activation policies in 2006. Following the financial collapse in Ireland and global financial crisis in 2008, these policies were introduced as a condition of the Troika bailout of Ireland, with the aim of securing savings in social welfare spending (Crosse and Millar 2017). Changes to social security for one-parent families are both ongoing and regressive. In July 2014 more than 5,000 families became ineligible for the One-Parent Family Payment because they had children over the age of seven. Millar, Coen, Bradley & Rau (2012) argue that these sorts of policies are shaped by the ideology of helping individuals to help themselves through their (re-)integration into the labour force. The Minister for Social Protection at the time argued that such reforms ‘aim to assist lone parents to escape poverty and joblessness by providing them with enhanced access to the Department’s broad range of activation supports and services’ (Kenny 2014). These policies are framed in the discourse of welfare dependency. The focus of social interventions in Ireland and elsewhere is on labour market participation as a mechanism for social mobility. Full-time motherhood is not valued or supported (Guillari and Shaw 2005). For young women, often without academic progression or lengthy work experience, and with childcare restraints, a discourse that accords social and moral worth to individuals who work their way out of poverty is ‘likely to be contributing to the stigmatisation of young mothers who invest in motherhood on a full time basis’ (Kidger 2004: 34).

## Legislative context

Two areas of legislation in Ireland are of particular relevance to the incidence of teen pregnancies – contraceptives and abortion. The sale and use of contraceptives and the provision of literature about contraception were

heavily restricted until 1979. Some women managed to access oral contraceptives under the legally acceptable guise of ‘regulating their menstrual cycle’ (Bloom and Canning 2003: 239), but this was not widespread. The McGee case in 1973 challenged the ban on contraceptives, arguing that marital privacy was protected under the Constitution and that the law prohibiting the importation of contraceptives, even for private use by married persons, infringed that privacy and was thus unconstitutional. This legalized the sale of contraceptives for personal use when it was formally implemented in 1979 (Bloom 2003; Ferriter 2008; McAvoy 2017).

Abortion has always been socially and politically divisive in Ireland. In 2017 in Ireland, abortion remains highly restricted. The Offences Against the Person Act (1861), still in effect today, criminalizes women with the punishment of ‘penal servitude for life’ for procuring ‘a miscarriage.’<sup>3</sup> The Act also makes it a criminal act to help a woman procure an abortion. In addition to this Act, four of the thirty-four amendments to the 1937 Constitution of Ireland (Bunreacht na hÉireann) provide legislation relating to abortion.<sup>4</sup> The first of these was passed in 1983,<sup>5</sup> following an extensive campaign by pro-life groups seeking constitutional protection for ‘the unborn’ (O’Carroll 2013). Article 40.3.3 of the Constitution reads:

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 practicable, by its laws to defend and vindicate that right.  
(Bunreacht na hÉireann 1983)<sup>6</sup>

- 3 The Offences Against the Person Act (1861) can be read here: <<http://www.irish-statutebook.ie/cli/1861/act/100/enacted/en/print.html>>.
- 4 For a detailed explanation of Constitutional referenda in Ireland and a full list of all amendments to the Constitution, please see <[http://www.citizensinformation.ie/en/government\\_in\\_ireland/elections\\_and\\_referenda/referenda/constitutional\\_referendum\\_in\\_ireland.html](http://www.citizensinformation.ie/en/government_in_ireland/elections_and_referenda/referenda/constitutional_referendum_in_ireland.html)> and <[http://www.taoiseach.gov.ie/eng/Historical\\_Information/The\\_Constitution/](http://www.taoiseach.gov.ie/eng/Historical_Information/The_Constitution/)>.
- 5 The Eighth Amendment to the Constitution was passed in a referendum in 1983, 33 per cent to 67 per cent, with 60 per cent turnout. An account of the campaign for this referendum can be read here: <<http://www.thejournal.ie/abortion-referendum-1983-what-happened-1225430-Dec2013/>>.
- 6 The Eighth Amendment is still in effect and has implications for the health care provision for all pregnant women in Ireland. It denies women abortions in life-threatening

One of the key cases that illuminated the issues that this legislation created for women was the pregnancy of a teenager in 1992. ‘Miss X’ became an iconic figure in the Irish struggle over reproductive rights. Yet she was a young pregnant teenager without a name. The human story of ‘Miss X’ is lost. Miss X was a fourteen-year-old girl when she became pregnant by rape in a situation of long-term sexual abuse in 1992. ‘Miss X’ was suicidal and, with her family, travelled to England for an abortion. However, before she could procure an abortion, she was served with an injunction that made her travel illegal. Based on the Eighth Amendment, the state sought to protect the life of the ‘unborn’. A high court ruled that the risk to the unborn was greater than the risk to the mother’s life and thus her travel was illegal. She had to return to Ireland, still pregnant, and face carrying her child to term.

The Supreme Court later overturned this ruling and this established the right to abortion where there is a risk to the mother’s life by suicide. However, this ruling was resisted by successive governments. A referendum was held on the issue in 1992, which would have overturned the ruling, but it was rejected by the people. The Supreme Court ruling was not legislated for until the Protection of Life in Pregnancy Act, over twenty years later, in 2013.

A number of events and issues led to the eventual passage of the Protection of Life in Pregnancy Act in 2013.<sup>8</sup> The death of Savita Halappanavar<sup>9</sup> in University College Hospital, Galway on 21 October

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and health-threatening medical situations. It denies women choice in cases of pregnancy by rape and where there are fatal foetal abnormalities. It affects the informed consent of women in all aspects of their health once they are pregnant, including during labour and birthing (AIMS Ireland 2017). Now in 2017, there is a growing social movement to repeal the Eighth Amendment.

- 7 A detailed account of the ‘X case’ can be read here: <<http://www.thejournal.ie/twenty-years-on-a-timeline-of-the-x-case-347359-Feb2012/>>.
- 8 All the events of this period are accounted for here: <<http://www.irishtimes.com/news/health/the-abortion-issue-and-ireland-a-timeline-from-1983-1.2831517>>.
- 9 Savita Halappanavar died from septicaemia, following a miscarriage at seventeen weeks. Savita died asking for a medical abortion that she was denied. Her health care practitioners claimed that she was in a Catholic country and could not procure

2012 further highlighted the negative impact of the constraints of the Eighth Amendment. This Act legalized termination in cases where the woman's life was in danger, including the risk of suicide, and attempted to provide clarity on the circumstances in which this could occur. Twenty-six terminations took place during 2014, the first year of the Act (Bardon 2015) and the Minister for Health stated that he believed the legislation was working (*ibid.*). Critics, however, argue that the process is cumbersome and inaccessible, and does not address the real needs of women.

Unfortunately, it was the story of another teenage pregnancy that emerged in mid-2017 that highlighted some of the ongoing issues with the legislation. The young woman, seeking an abortion under the legislation, was detained in a mental health facility in late 2016. The young woman and her mother were referred to Dublin following a psychiatric evaluation that the teenager was depressed and suicidal. The first psychiatrist they met there argued her risk of self-harm could be treated by mental health services. However, a district judge ruled the young woman should be discharged after a second doctor had said she did not show signs of mental illness and therefore could not be detained under Ireland's Mental Health Act. Commentators likened the treatment to that of Miss X, twenty-five years previous (ARC 2017).

In 2016 the Citizen's Assembly<sup>10</sup> was tasked with examining 'the Eighth Amendment' and making recommendations. In April 2017 the Assembly called for a referendum and voted to support the replacement of the Eighth Amendment with another provision rather than simply repeal it. The Assembly specifically recommended that terminations be available without restriction up to the twelfth week of pregnancy and that terminations

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an abortion even though her health was suffering. The story was published by Kitty Holland in the *Irish Times* on 14 November 2012: <<http://www.irishtimes.com/news/woman-denied-a-termination-dies-in-hospital-1.551412>>. Numerous rallies and protests followed Savita's death and called for a change in the abortion laws in Ireland. There were several inquiries into the case.

10 For more information on the Citizen's Assembly, please see <<http://www.citizensassembly.ie>> and <<http://www.irishtimes.com/news/politics/who-exactly-are-the-citizens-in-the-citizens-assembly-1.3059708>>.



be legislated for in various other circumstances including in cases of fatal foetal abnormality and in the cases of rape, with various time restrictions. Now in 2017, the government are considering these recommendations and there are suggestions that there may be a referendum next year.

## Social change in Ireland: Changing contexts changing lives?

Ireland has undergone significant social and cultural changes in the past four decades. Until the late 1970s, Ireland was characterized by population growth, high fertility rates and large families based on marriage. Since contraception became available, there have been declining fertility rates, smaller families, delayed marriage, delayed childbearing and voluntary childlessness (Spangers & Garssen 2003; Hannan 2008; Lunn, Fahey & Hannan 2009). In addition, Ireland went from having one of the lowest non-marital birth rates in Europe in 1980, at 5 per cent, to one of the highest rates at 36 per cent (Hannan 2008: 3; Spangers & Garssen 2003: 11; CSO 2016). In recent years there have also been significant changes to attitudes about family formation. Fine-Davis (2011) states that 84 per cent of people now believe that it is better to live with someone before marrying them. Sixty-nine per cent believe that cohabiting provides a solid base to start a family and almost half (49 per cent) of the sample had cohabited at least once in their lives (*ibid.*).

The dominance of Catholicism has also declined in Ireland in recent years. From the 1990s on the Catholic Church has faced revelations of widespread sexual abuse and gradually the stories of the Industrial Schools and the Magdalene Laundries have emerged. The number of persons citing Catholicism as their religion fell from over 90 per cent in 1980 to 78.3 per cent in 2016 (CSO 2016). More significantly, an MRBI/*Irish Times* poll from 2012 shows that the weekly mass attendance for Irish Catholics dropped to 34 per cent in 2012 (McGarry 2012). Despite these changes, however, teen pregnancy and single pregnancy and motherhood are still stigmatized. As recently as 2005, Irish journalist Kevin Myers called single

women with children ‘MoBs’ – ‘mothers of bastards’, in a tirade against social welfare for women parenting alone (Myers 2005) in his column in a mainstream national broadsheet. That the article was published at all could suggest that this view was accepted as legitimate, at least by some sectors of the population.

Power’s research (2011) in Ireland highlights a discourse of ‘class disgust’ attached to teen motherhood where teen mothers are contrasted with middle-class cultural practices and norms. Similarly in the UK, Tyler (2008) argues that teen mothers are presented as dole scroungers, lazy, idle, working class and as the nemesis to the middle-class affluent woman. Bradley (2014) argues that although the stigma of ‘single’ motherhood in Ireland has shifted over the past four decades, both an economic or class stigma and a moral stigma are still present in Ireland. In Irish society and in Irish social policy a hegemonic femininity remains where preferred families are based on heterosexual marriage and prescribed gendered family roles. Bradley argues that at an individual level stigma is felt more severely, where there is significant difference in the immediate social network of the individual. In particular, where the value system that underpins the stigma is subscribed to by the stigmatized, she internalizes the oppression and self-stigmatizes. Stigma has a functional dimension in Irish society to preserve the nuclear family, an aspiration set out in the constitution in 1937 and under threat by demographic and social changes of which these women are a part.

## Conclusion

Historically, the religious and cultural influence of the Catholic Church was the main influence on the social construction and the societal response to teen pregnancy in Ireland. In modern Ireland, the Catholic heritage still shapes how this issue is viewed and it is implicit in how it is responded to in policy. The laws governing abortion are a prime example of this. The social welfare system still based on a male breadwinner model is another example.

However, the experience of teen pregnancy today is also very much more complex than simply the historical legacy of religion. Social class and all the implications of this, such as access to information, educational opportunities and outcomes, and the ability to travel or not where this option is sought, is the biggest factor in Ireland affecting the incidence of teen pregnancy and the outcomes for the women and their children. Citizenship status is another big issue. This affects young women's ability to access services such as abortion and, in the case of direct provision, mainstream social security. Ultimately, a social policy that is informed by a gendered, moral and economic stigma continues to limit real life opportunities and outcomes for teen mothers and their families. For real change in the twenty-first century, a reconstruction of the 'issue' and the response is needed.

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