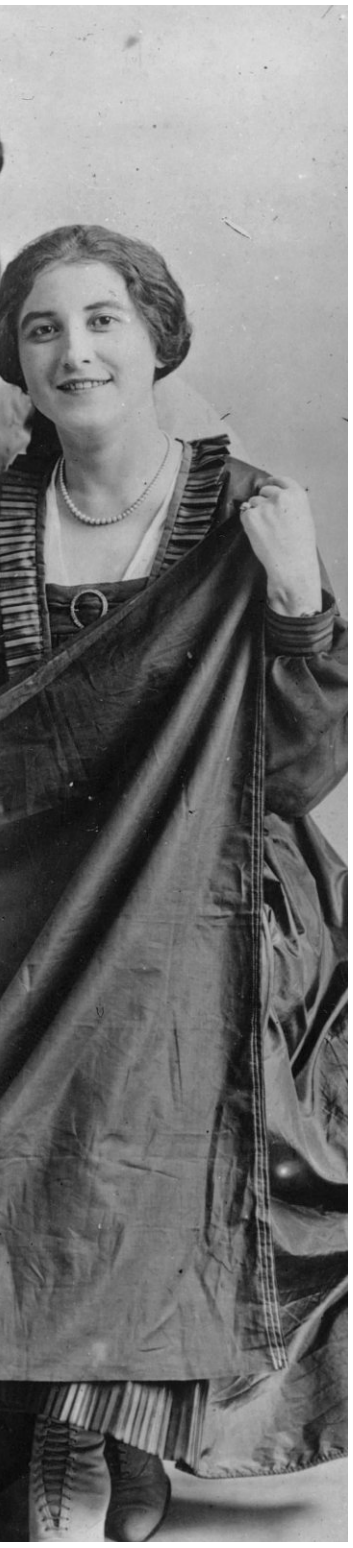

Female Irish Republican supporters pose for a photograph with an Irish tricolour to publicise a meeting in June 1916. GETTY IMAGES

collecting boxes".

The IWFL was unwilling to accept the nation first ideology of Cumann na mBan despite the fact that many suffrage activists were on its executive. However as Cumann na mBan grew in urban and rural areas many suffrage campaigners and members of the IWFL joined, and although initially middle-class, by 1915 it had become a cross-class organisation.

Despite their class difference and arguments, most especially their debates about suffrage first or nation first, the women in Cumann na mBan, the IWWU, the Irish Citizen Army and the IWFL co-operated on many issues including resistance to any move to introduce conscription in Ireland once war broke out in 1914. The influence in the activism and ideologies of these women can be best seen in the inclusion of the promise of full citizenship in the Proclamation of 1916.

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Second class citizens in health of the nation

Improvements were experienced unevenly, writes **Susannah Riordan**

LEVELS of health in Ireland improved enormously in the 30 years before the Easter Rising. However, the health of poor women and children, especially infants, gave cause for concern.

Rates of smallpox vaccination were high and incidences comparatively low. The numbers of deaths from scarlet fever, typhus, and gastro-enteritis (the main killer of infants) were all falling. Tuberculosis was an anomaly. Ireland was one of the few developed countries in which the tuberculosis mortality rate was not falling. In 1911 the disease still accounted for 13pc of all deaths.

Better health reflected many social changes. Measures had been taken by local authorities to address public and environmental health. Access to medical services and information about preserving health were becoming more widespread. But a general rise in household income was probably the most important development.

The old age pension, introduced in 1909, made a valuable contribution to family resources and may have improved conditions for every age group, not just the over-70s who were entitled to claim it. In 1911, the National Insurance Act provided maternity benefits for wives of insured workers. In 1915, 44,318 mothers — nearly half of those who gave birth — received this. It did not, of course, help the families of uninsured workers or the unemployed.

Higher incomes led to better nutrition. This meant greater resistance to disease and a greater chance of recovery. It also helped women to survive complications from childbirth. Deaths in childbirth fell from 6.18 per 1,000 in 1900 to 4.87 in 1920 but remained greatest among those who were poor and badly-fed.

Health improvements were experienced unevenly throughout the country. Life in rural areas was much healthier than cities due to fewer environmental hazards, lower incidences of infectious disease, better housing and access to better-quality food.

Dublin had the highest overall death rate of any city in Britain and Ireland. While this was declining, the impact was mainly felt among the wealthier classes. In 1909, the overall death rate in the affluent southern suburbs was 16 per 1,000 compared with 24.7 per 1,000 in the north inner city.

In Belfast, the death rate was 18.2 per 1,000 in 1909. However, the linen mills, which mainly employed young women and girls, were associated with a range of respiratory illnesses. Many contemporaries believed they were responsible for Belfast's unusually high death rate from tuberculosis among young women. Given the unreliability of urban milk supplies, the inability of millworkers to breast-feed for as long as other women may also have contributed to infant deaths in the city.

There were great discrepancies in infant mortality rates between city and town and between classes. In 1901, 150 infants died per thousand live births in urban areas, compared with 74 in rural areas. A baby born into a labourer's family was 17 times more likely to die within a year than one born into a professional household.

Children play in a street in Belfast, where, in 1909, the death rate was 18.2 per 1,000.

During the early years of the 20th century there was a new interest in the health of mothers and children. This arose from widespread European concern about national deterioration and a growing realisation that infant deaths could and should be prevented.

In Ireland, the official response was unenthusiastic. There was also strong local opposition to raising rates and taxes and religious suspicion of measures which intruded on the family. The vacuum was filled by pioneering women's organisations, both nationalist and unionist.

Maud Gonne became a champion of school meals for poor children when legislation to provide this service was not extended to Ireland. She founded the Ladies School Dinner Committee in 1911 and provided meals for 400 Dublin schoolchildren. The Committee also lobbied for Irish legislation. This was passed in 1914 and soon 4,000 Dublin children were being fed in national and convent schools.

In 1907, Lady Aberdeen, the viceroy's wife, set up the Women's National Health Association (WNHA) to educate women about preventing disease through better hygiene and nutrition. It established mother and baby clubs in Dublin and Belfast and, most importantly, made free or cheap pasteurised milk available to mothers.

Partly due to WNHA lobbying, local authorities were empowered to ensure that all births were registered. In 1915 registration became compulsory. Consequently, local authorities were able to identify poorer mothers — and it was inevitably poorer mothers — who were thought to be in need of advice on caring for their new babies.

Historians are divided about whether the drive to educate women about motherhood had much of an impact. Instructions from well-meaning middle-class social workers were often unrealistic. Hygiene was difficult to maintain by even the most house-proud mother on a small farm or in a tenement. Simple, nutritious food was not always available or affordable.

Women may have resented interference with the traditional methods they had learned from their own mothers. Such advice may even have a detrimental effect, making practices like breast-feeding more regimented and therefore more difficult and unattractive.

Statistics reveal one major peculiarity about women's own health at this time. Usually, other things being equal, women enjoy a longer lifespan. In 1911, life expectancy for Irishwomen was 54.1 years, compared with 53.6 years for men. In England and Wales at this time, the difference was close to four years.

Strangely, it was only rural women who lacked an obvious female advantage. This suggests that while rural women were becoming healthier, they were less healthy than they should have been.

This can't be explained by the large size of Irish families. In 1911, 36pc of married women had seven children or more and this had an impact on their health, aging them prematurely. But, though women in towns and cities had access to better maternal healthcare, big families were equally common. Nor can the phenomenon be explained by harder physical labour in the countryside.

Historians have suggested that in other societies where there is little or no female advantage, it is due to cultural factors. If a low social value is placed on girls and women, they may have less access to scarce resources. Did girls have less access to food and healthcare than their brothers in late 19th and early 20th-century Ireland? Or, did feeding the men and children before sitting down to eat herself leave the Irish country mother dangerously undernourished?

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