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'The objectionable injectable': recovering the lost history of the WLM through the Campaign Against Depo-Provera

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ABSTRACT

The Women's Liberation Movement (WLM) was one of the most important social movements of the twentieth century. Although the last few years have seen an increase in historical work exploring the movement, archival-based accounts of the diverse groups that comprised the WLM are few and far between. This article will uncover, and shed light on, the important work of the Campaign Against Depo-Provera. It will explore how women's campaigns operated during this period, whilst also providing a lens for examining how women engaged with race and class. It will argue that we need to adopt a more nuanced understanding of how feminists engaged with identity, as an examination of the Campaign Against Depo-Provera questions many of the previously held orthodoxies in the literature.

KEYWORDS

Women's liberation movement; reproductive rights; Depo-Provera; black women's movement; women's activism; contraception

Introduction

Oral contraception was first introduced into Britain in the early 1960s. The pill, as it became known, was soon widely adopted and revolutionised the lives of women. This contraceptive, however, was not foolproof as it depended on women remembering to take it on a daily basis. As an alternative, Depo-Provera was introduced in 1976 as an injectable rather than oral contraceptive. The drug aroused a great deal of controversy due to fears surrounding its safety and for its disproportionate administration to black and working-class women outside of licensing guidelines. At the heart of the battle to expose the problems surrounding Depo-Provera was the women's group the Campaign Against Depo-Provera (CADP). Established in 1978 after discussions at a socialist feminist conference, the CADP played a significant role in bringing to public attention the abuse they believed to be occurring with the use of the injectable contraceptive. As such, the CADP provide a fascinating insight into the activism that was at the core of the Women's Liberation Movement (WLM).

The WLM was one of the most important social movements to have arisen in Britain during the post-war period—ushering in a paradigm shift of gender roles and profoundly changing the position of women in society. And yet, despite such significance, until recently the WLM had received little archival-based historical analysis. The initial works to historicise the movement were primarily from personal accounts of women

who had been directly involved in women's activism, such as Sheila Rowbotham and Lynne Segal.¹ Although valuable as first-hand testimonies, these early accounts were limited through narrowly reflecting the experiences of their authors. This has meant that, until recently, the dominant historical narratives of the women's movement reflected a London-centric, white middle-class and largely socialist-feminist strand of feminism. Discussions of how the movement dealt with axes of difference, such as race and class, were notably absent.

The last few years, however, have seen a renewed historical interest in the movement, with historians dismantling previously held orthodoxies and challenging central tenants of the literature, such as the 'rise and fall narrative'.² A key element of this new wave of scholarship has been both the adoption of a more bottom-up approach to historicising the WLM and an emphasis on understanding the movement as a network of autonomous groups rather than a singular centralised organisation. The more 'top-down' approach of previous work, focusing on national conferences and the work of specific high-profile women, had obscured our understanding of the many diverse small organisations and single-issue campaigns that made up the movement. As Jill Radford rightfully notes 'local autonomous women's liberation groups, great in number and diversity, have almost been written out of Women's Liberation histories'.³

In particular, Sue Bruley's recent work has sought to remedy this shortcoming. Through exploring the activities of different women's groups across Bristol, Brighton, Norwich, Bolton and Leeds/Bradford, Bruley demonstrates the strong diversity of the movement and its 'complex regional variations' and proves the necessity of understanding the movement through an analysis of small local organisations.⁴ Several other notable studies of local organisations, include Eve Setch's work on the London Women's Liberation Workshop and Bridget Lockyer's exploration of the Bradford Women's Liberation Movement.⁵

Another key element of this revival has been a re-evaluation of how second-wave feminists engaged with axes of difference. The black feminist critique of the WLM propounded that the movement was unable to understand how race and class intersected with gender to oppress women, as it was only able to reflect the concerns of the largely white middle-class women who dominated it.⁶ In recent years, several historians have begun to engage with this critique of the WLM and reconsider previous narratives of the WLM's inability to engage with 'difference'. Particularly significant, has been the work of Natalie Thomlinson in her book *Race, Ethnicity and the Women's Movement*.⁷ Thomlinson argues that the narrative that white women's liberation activists were 'racist' is overly simplistic, and ignores the important attempts made within the movement to confront racism such as Women Against Imperialism (WAI) and Women Against Racism and Fascism (WARF). Through an exploration of the mixed-race collectives that developed in the 1980s and 1990s, Thomlinson demonstrates how women's activism stretched far beyond the supposed end point of 1978, and included a more open dialogue on where the movement had failed in its earlier years to be inclusive.

Although work by such historians has made critical headway in providing a historiography that captures the heterogeneity of the movement and its grassroots activities, historical accounts of WLM organisations are still problematically sparse within the current literature. This article will shed light on the remarkable work of the CADP, whose significance is twofold.

First, exploring the CADP offers a new perspective on the relationship between feminism and reproductive justice, as we see a feminist campaign that fought against the use of a contraceptive. Defending reproductive rights has always been closely associated with women's activism—a woman's right to control her own fertility being one of the original four demands of the Women's Liberation Movement.⁸ However, most literature has been focused on the WLM's demand to increase the availability of contraception, empowering women to control their own bodies and choose when to have a child. With the CADP, we see the progression of this early demand and the widening of the definition of reproductive freedom to include the right to *have* children as well as to not.

Second, as the article shall go on to explore, the group's widening of reproductive justice was due to its recognition that working-class and ethnic minority women could have a different experience of gender oppression, one that was impacted by race and class. As such, the CADP is a notable example of white feminists engaging with axes of difference and fighting an oppression that was not their own. The largely white CADP formed in response to critiques made of the WLM by the black feminist movement, and as such The CADP marks an important example of early collaboration between white and black women. Building on Thomlinson's work, this article will provide a useful lens into how WLM activists engaged with race and class—questioning the simplicity of the narrative that women were unable to see beyond their own oppression.

Through exploring the work of the CADP, this article will contribute to the growing body of work mapping the diverse organisations of the WLM and will provide insight into how women conducted feminist campaigns during this period—from their aims and methods through to the channels used to influence society. As is sadly the case with many small campaign groups, the material preserved within archives is fragmentary, making the recovery of the story of Depo-Provera and the CADP a challenging task. The majority of the material concerning the CADP has come from the Feminist Archive South in Bristol and Stella Dadzie's files at the Black Cultural Archives in Brixton. Dadzie was a prominent black feminist activist who was heavily involved with The Organisation of Women of African and Asian Descent (OWAAD) and was one of the authors of the seminal black feminist text *The Heart of the Race*. As shall be explored further in this article, it is noteworthy regarding the CADP's relations with black feminists that the majority of their remaining files are held at the Black Cultural Archives. To piece together the story of this complex group, this article will use a source base of archival material and particularly the papers of one of the group's pioneers, Janet Hadley. Further exploration of the group would perhaps be complimented by oral history but due to limitations in time and resource this article will solely be an archival study of the campaign.

In order to contextualise the significant work of the CADP, this article will begin by providing a brief understanding of the controversy that surrounded Depo-Provera. It will then turn to an exploration of the work of the campaign, before examining the group's engagement with race and class.

'The hand that holds the syringe controls'

Aside from a few references within black feminist literature, no historical work has yet been undertaken to piece together the complex story of Depo-Provera and it is thus a subject that desperately requires academic attention. For the purpose of contextualising

the CADP, this article will focus on Depo-Provera's use within Britain. However, it is worth briefly noting the global scale of this story, as alongside its administration within Britain and the US, Depo-Provera was also exported to developing countries during this period—with women in these countries being used as 'guinea pigs' for consumers in the West.⁹

In Britain, Depo-Provera was first granted a license in 1976 as a short-term injectable contraceptive which permitted the drug to be used in only two specific circumstances: if a woman had received a rubella vaccine or if her partner had just undergone a vasectomy.¹⁰ This restricted licensing and caution around the use of the contraceptive was largely a result of the lack of sufficient scientific research confirming the drug's safety. Concern surrounded the severity of short-term side effects of Depo-Provera, which included heavy bleeding, amenorrhea, weight gain and depression. The results of animal studies conducted by the American manufacturer of the drug Upjohn had also raised concerns over the potential carcinogenic nature of the drug. Despite Upjohn disputing the relevance of animal study findings to humans, significant concern persisted over the safety of the injection within the medical community. In 1978 for instance, the American Food and Drug Administration (FDA) rejected the advisory body recommendation for Depo-Provera to be given a license on the grounds of its links with cancer shown in the animal studies.¹¹ The unease surrounding the safety of the contraceptive was so grave, that the drug was not granted a full license in the US until 1992, 18 years after it was first introduced.

In Britain, Upjohn made several appeals against the drug's initial restricted 1976 licensing status and in 1982 the Committee of Safety of Medicines (CSM), the independent government advisory board, recommended the drug be given a long-term license.¹² However, Ken Clarke, the then Secretary of State for Health, rejected the CSM's advice due to concerns surrounding safety—the first time this had happened since the CSM's establishment in 1968.¹³ Following a flurry of outrage and condemnation from the medical community over Clarke's decision, and a further appeal from Upjohn, in April 1983 a public inquiry was held and the following year Depo-Provera received extended licensing in Britain.¹⁴

However, despite the restricted licensing, the practice of 'freedom of clinical judgement' allowed doctors to freely prescribe Depo-Provera outside of the licensing guidelines if they believed it was in their patient's best interest. Campaigners argued this left the prescription of the drug wide open to abuse from medical professionals with ingrained prejudices about the behaviour and lifestyles of certain women, and many believed the drug was being disproportionately administered to working-class and ethnic minority women. Certainly, the specific nature of this form of contraceptive, where a single dose resulted in temporary sterilisation, made it far more vulnerable to abuse than other methods. As one CADP document explained—'DP is doctor controlled, not woman controlled. On the pill, the woman can at least stop taking it any day. On DP you are fixed for three months'.¹⁵

The 1970s was a period of heightened racial tension in Britain, which saw growing concerns about the consequences of post-war immigration and the rise of groups such as the National Front. Following a sequence of legislation in the early 1970s that attempted to severely curtail the rate of commonwealth immigration, the debate shifted from immigration to one concerning the place of ethnic minorities within British society.¹⁶ The focus moved to the immigrant communities who had already settled and anxieties surrounding

the supposed expansion rate of black and Asian families. In a television interview in 1978, the soon to be Prime Minister Margaret Thatcher infamously remarked, 'people are really rather afraid that this country might be rather swamped by people with a different culture ... and if there is any fear that it might be swamped people are going to react and be rather hostile to those coming in'.¹⁷ Statements like this, circulating in the press, fuelled perceptions that the country was being invaded by outsiders.

In a 1981 report looking into family planning service provision for ethnic minorities in Britain, Peter Freedman reported frequently hearing statements such as—'what's the use of putting an end to immigration when you can't put an end to immigration through the uterus'.¹⁸ Freedman argued statements like this were symptomatic of popular sentiment and a shift in focus from the number of immigrants entering the country to the fertility and growth rates of immigrant groups already settled. In their 1989 work *Woman, Nation, State*, sociologists Yuval-Davis and Anthias explored what they believed to be a preoccupation with rising immigrant birth rates in Britain. Black and Asian women being more likely to receive Depo-Provera, they argued, was evidence that this obsession had 'permeated into general consciousness'—noting that some medical workers encouraged black women to terminate unplanned pregnancies and to use a strong contraceptive method in order to control the black birth rate.¹⁹

It was also a period when Secretary of State for Social Services Keith Joseph had called for improved family planning services, and in a speech commented:

the balance of our population, our human stock, is threatened ... a high and rising proportion of children are being born to mothers least fitted to bring children into the world ... they are unlikely to be able to give the children the stable emotional background ... they are producing problem children, the future citizens of our borstals, subnormal establishments, prisons, hotels for drifters.²⁰

Amidst this climate of quasi eugenicist sentiment, Depo-Provera appeared to its critics as a drug developed and used to control the growth of certain unwanted sections of the population. It was widely believed that Depo-Provera was intentionally being administered to women deemed to be socially irresponsible, and who medical professionals considered to be unsuited to motherhood. As summarised by Neelim Zabit, a member of The Campaign Against DP, in 1979

it is certainly true to say that there is a racist element in the way in which DP is being administered, that if you are seen by your doctor who in his wisdom would classify you as either promiscuous stupid inadequate working-class or black or ESN or whatever then he thinks that you are suitable to put on this type of drug.²¹

Frequently cited was the case of a doctor in Glasgow who allegedly offered Depo-Provera as a contraceptive in a family planning service where women were referred on a 'points-system' and awarded points for features such as supplementary benefit claiming, substandard housing or a low IQ.²² Another case often discussed was a family planning service in Birmingham who were forced to issue a public apology in 1980, after admitting to using the words 'promiscuous' and 'unreliable' in a document giving advice to GPs on categories of patients who might be prescribed the drug.²³ It was these types of moral judgements that appeared reminiscent of the language used by Joseph in his speech and raised questions as to whether Depo-Provera was being used to 'balance the human stock'.

There were also serious concerns raised about the contraceptive's disproportionate use on ethnic minority women. In a 1978 study carried out at the London Hospital in Mile End and Whitechapel, gynaecologist Wendy Savage obtained the records of 200 women who had received DP in 1977 and found that a disproportionately large number of Asian women were being prescribed the drug.²⁴ Only twenty per cent of women who gave birth at the hospitals were of an Asian background. However, in Mile End, a third of women prescribed DP were Asian, and in Whitechapel the figure was even higher at just over two-thirds, suggesting that a disproportionate number were administered Depo-Provera rather than other forms of contraception. Even more disconcerting, Savage questioned whether more than 20% of the women had been properly informed about the effects of the method, concluding that 'it was clear the idea of informed consent was nonsense'.²⁵

Other studies carried out during this period reflected similar findings to Savage, such as a report by Brent Health Council.²⁶ Following an appeal by the Council in local newspapers for women who had received Depo-Provera, six out of the seven women interviewed were black and all were working-class. After investigating the use of the drug, the report concluded that racist stereotyping and prejudices were operating within the medical profession, stating 'there is no doubt that DP is far more readily given to black and Asian women in Brent'.²⁷ Another issue brought to light by the Council was that none of the women interviewed had been informed about the option of using barrier methods of contraception. When a senior gynaecologist was questioned, his response was that barrier methods were not offered to Asian women, as they 'did not know where their vaginas were'.²⁸ Another case that gained much attention after it was publicised on ITV's London Programme, concerned a 14-year-old girl of Caribbean origin who was injected with Depo-Provera without her consent whilst under general anaesthetic.²⁹ When the doctor was questioned over his decision he explained, 'that as a citizen of this country ... it was his moral duty to do so'.³⁰

Many cases came to light of Asian women who spoke little English, being administered Depo-Provera alongside rubella vaccinations without being informed about the contraceptive and its side-effects. One particularly unsettling report came from a junior doctor in London working at a hospital where around 30% of the patients were Asian.³¹ After raising concerns with a senior consultant about the absence of any interpreters at the hospital, he was told they were not needed, leading him to believe it was 'obviously wide open to abuse'. He described being told that a woman had been administered the rubella vaccine and Depo-Provera. However, when he spoke to the woman and her husband 'neither spoke adequate English for an explanation to have been given; yet no interpreter had been used'. Similarly, a worker from Camden Community Health council explained in an interview in 1979, 'there were three cases, each involving an Asian lady, who were inpatients at UCH and they were each of them given the injection without their knowledge and consent'.³²

This lack of informed consent, however, was not just confined to Asian women. There were countless cases of the drug being administered alongside a rubella vaccination without obtaining informed consent. One report from a 19-year-old woman explained how after giving birth 'I was given the DP injection together with the rubella. My permission wasn't asked. The injections were just given without any explanations of the side effects'.³³ Some evidence appeared to suggest that this practice reflected beliefs

amongst medical professionals. For instance, one junior doctor explained that if a rubella vaccine was required the woman could only receive it if she was also given Depo-Provera. When he questioned a senior consultant about the policy she responded that the women 'around were so stupid, they could forget to use other methods'.³⁴ In another account, a woman detailed her experiences of a hospital in Sandwell, describing how 'an hour before I was due to leave hospital a nurse came to me with two injections and said that if I didn't have them I couldn't go home'.³⁵ These multiple accounts appear to confirm contemporary fears that the drug was being administered to women who were deemed to be unintelligent and not capable of making an informed decision about their own bodies.

The combination of the drug being administered more freely than the regulations allowed, and to particular groups of women, meant that Depo-Provera became a highly controversial topic and one that attracted a great deal of political attention, on both local and national levels. A variety of grassroots activist groups worked to expose the way the drug was being used and its abuse became a rallying point for an array of different interest groups.

The Ban the Jabbers

At the heart of the battle to expose the problems with Depo-Provera was the women's group the CADP—spearheaded by WLM activist Janet Hadley. Hadley, a white, middle-class and privately educated woman was one of the 'pioneering firebrands' of the WLM.³⁶ She was present at the first London Women's Liberation Workshop and helped to establish the highly influential *Shrew* magazine.³⁷ Her entry into radical politics, however, came from her experiences of the Black Power movement in the late 1960s and early 1970s, following her relationship with a West Indian man. Hadley recounts meeting prominent activist C.L.R. James and she cites these experiences as having provided her with a framework for understanding forms of oppression.³⁸ Throughout her WLM activism, gender and race always had a close relationship in her understanding of oppression. Precise details for the rest of the CADP's members remain unclear from the surviving material, but from the few archived photographs and video footage, the women are nearly all of the Caucasian appearance.³⁹ This assertion is also supported by much of the black feminist material from this period that refers to the organisation as 'white feminists'.⁴⁰

Throughout their five years of activism, between 1978 and 1983, the CADP campaigned for a complete ban of Depo-Provera and worked to expose the abuse they believed to be occurring.⁴¹ As one early document explained, 'women in London have decided to mount a campaign against DP to make it clear to women what those dangers are and to get DP banned'.⁴² The campaign's aims were as follows:

- (1) Withdrawal of Depo-Provera
- (2) To expose the way in which Depo-Provera has been developed, experimented with and used on women, often without the prior knowledge and consent of the women involved
- (3) Free, safe and reliable contraception on demand: contraception that does not endanger people's health.⁴³

Despite recognising that the drug could be beneficial as an alternative for women who found no other contraceptive method suitable, the CADP firmly believed that the drug's short-term license should be revoked and an outright ban on the drug should be implemented. However, the group also recognised the complications of adopting such an oppositional stance towards a new contraceptive development. In the early months of the campaign the group battled with the idea that through advocating a ban of the drug they were in some respects 'denying a woman's right to choose'. Free access to contraception was one of the fundamental demands of the WLM, adopted at the first conference in 1970, and the group recognised that the politics of the anti-DP campaign had many 'contradictions with the women's movement'.⁴⁴ Addressing the group's need to clarify its official position, Hadley described the dilemma as follows:

If we say that women should be able to make the decision, then surely, if a woman has been fully warned about side effects and risks and she still asks for the injection, because e.g. she has had such a lousy time with other methods—we are being very callous in wanting to deprive her of Depo as an alternative?⁴⁵

The CADP certainly recognised the complexity of this issue and the fine balance of what constituted greater reproductive freedom. In the campaign's report, the group commented, 'there is a big difference between women demanding *birth-control* and women being compelled to accept *population control*'.⁴⁶ Despite frequently discussing these contradictions, throughout their four years of activism the CADP remained firm about their stance on the drug—with the notable slogan 'ban the jab' becoming a focal point for the campaign.

Recurrently, this period of women's activism has been presented as closely linked with making birth control and abortion more widely available to women, and defending a woman's right *not to have* children. However, here we are presented with an organisation that protested against the use of a contraceptive and widened the meaning of reproductive freedom to include defending a woman's right to be able to *have* children. This is a critical example of a group within the WLM who evolved the early defining principles and demands of the movement to become more inclusive and reflect the different experiences of women. As this article shall go on to explore, this is particularly significant in our understanding of the WLM's relationship with axes of difference.

As part of their activism, the CADP gathered information on the abuse they believed to be occurring and produced a substantial amount of research. As one document explained:

what we are trying to do is collect as much information as we can about the use of Depo-Provera on women ... we want to be able to compile our own statistics on its usage, the side effects it has, why women were given it, and who by.⁴⁷

One of the primary ways the CADP gathered information was through a series of questionnaires. In the campaign's newsletters, posters and leaflets, women who had been administered Depo-Provera were asked to write to the campaign and request a questionnaire to fill in. One of the first questions asked was 'about racial origin'. As the group explained, 'we believe that DP and drugs like it are being used mainly on black and working-class women, hence the question on occupation'.⁴⁸ From these questionnaires, the CADP were able to produce quantifiable evidence, such as the finding that 'only 25% of the women were told that there were side effects and only limited ones were mentioned'.⁴⁹

The CADP also placed a real emphasis on encouraging women to collect their own information and inform themselves about the medical, scientific and legal issues at stake. In their work, Lovenduski and Randal have discussed 'the strong ethic of self-help' within the WLM and the tendency of emerging campaigns to rely on their own 'members' energies to help themselves or other women directly'.⁵⁰ We see this clearly with the work of the CADP. Supporters of the organisation were urged to 'send any information you have on DP in your area to the campaign', including 'which doctors/clinics/hospitals prescribe DP and who to, what side effects women have had, etc'.⁵¹ Another document produced by the campaign titled 'rules that are very useful to know', informed members of the different medical and legal issues they should understand. These included, the practice of clinical freedom, details of the drug safety system and the role of the CSM.⁵² With no professional scientific background, the CADP members also had to grasp the complex medical issues surrounding the inadequacies of contemporary research on Depo-Provera. As one document deliberated:

How far should we really try to master the scientific argument and get familiar with the very important debates such as how far can animal studies be used as predictors of what will happen in human beings.⁵³

In much of their material the CADP did engage with many of the complex scientific debates. Their report for instance, discussed and analysed the various inadequacies of Upjohn's animal studies and explained the drug's potential carcinogenic implications.⁵⁴

Newsletters, leaflets and posters included case studies and key information about Depo-Provera in order to warn women about its use. One such poster produced by the campaign simply stated, 'GERMAN MEASLES INJECTION—YES: DEPO-PROVERA INJECTION—NO'.⁵⁵ Newsletters often included women's personal experiences, such as one explaining, 'I am deeply shocked that in this day and age this kind of guinea-pig treatment can be carried out on ordinary people'.⁵⁶

Another approach of the group was to produce informative leaflets for public display that warned women of the dangers of taking Depo-Provera. Following an announcement that the Health Education Council would produce leaflets to encourage women to get vaccinated against German measles, the campaign prepared an accompanying leaflet to be displayed alongside these in family planning clinics. The group called on individuals to help distribute the leaflets locally within their communities.⁵⁷ On another occasion, the campaign group produced translations of Depo-Provera leaflets in Gujarati, Bengali and Hindi. These were then distributed amongst doctors' surgeries and community health councils.⁵⁸

One of the CADP's greatest triumphs was its publication of a 48-page report covering the history, medical arguments and abuse of Depo-Provera.⁵⁹ In this publication, the group analysed the existing scientific research on Depo-Provera and its dangerous side effects. They argued that 'the animal studies are serious warnings of the possible dangers for women. Attempts by the population-control lobby and the medical community to ignore these warnings are insulting to women and are very dangerous'.⁶⁰ The report also looked at the drug's use in Britain and the type of women they believed were being targeted, asserting that 'there is no doubt that those who are being offered Depo-Provera in Britain tend to be women who are very poor and who, overwhelmingly, are non-English speaking and/or Black'.⁶¹ The report also included support from medical

professionals to validate their findings. For instance, the back of the pamphlet displayed a quote from Peter J. Huntingford, Professor of Obstetrics and Gynaecology at the University of London, who commented:

I am glad to be associated with those who prepared this pamphlet in calling for a ban on the distribution and use of injectable progestogens throughout the world. The information provided here is, I believe, essential for women who wish to make their own choices in connection with contraception.⁶²

Based in the Women's Health Information Centre, alongside other notable groups such as the National Abortion Campaign (NAC), the group operated within a network of autonomous organisations. Much like in Bruley's work, through an examination of the CADP we get a clear sense of the structure of the WLM and how it was made up of multiple grassroots organisations working alongside each other. For example, at one event, The People's Festival, the CADP's leaflets were placed on the stall of the NAC.⁶³ On another occasion, the CADP gave a presentation at the International Women's Forum conference on Women's Fertility Control.⁶⁴ The CADP also worked to connect with other groups on a wider global level. An early leaflet presented one of their aims as establishing 'an info network with sisters throughout the 3W (third world)'.⁶⁵ Although the group's work was predominantly focused on Depo-Provera's administration in Britain, there was a strong commitment to having a global reach and coordinating with other groups throughout the world. For instance, the CADP explained that the sale price of their report had 'been worked out so that the campaign can finance the distribution of copies of this booklet to women overseas at a considerably lower cost'.⁶⁶ The CADP was operating within a much wider network of women's groups, far beyond the local level.

Considering its size and resources, the small campaign group had a far-reaching impact and led a highly successful media strategy. Second-wave feminism has traditionally been characterised as having a troubled relationship with the mainstream press. With little representation of women's issues and frequent negative portrayals of the movement, women's activism relied predominantly on the alternative feminist publications that had developed.⁶⁷ As Bouchier noted, 'women's liberation was not predominantly featured on UK newsstands'.⁶⁸ However, with the CADP we see an example of women's activism running a highly successful media campaign. The group was able to utilise mainstream press to raise awareness of issues around the use of Depo-Provera, with the organisation frequently appearing in key newspapers, medical journals, and feminist publications such as *Spare Rib*.⁶⁹ One campaign document revealed how many women wrote in to request questionnaires after reading reports about the campaign in the *Guardian*.⁷⁰

Perhaps most important, was the CADP's feature on ITV's London Programme in 1979, a one-hour evening Panorama-style documentary. The episode was focused solely on the use of Depo-Provera within London and the CADP's research and campaign issues, discussing for instance how 'supporters of the campaign believe some doctors are using the drug as a means of social control. They say it is being used discriminately against women of particular social and racial backgrounds'. The campaign's members were all featured, with interviews and footage of the group at work in their office. In an interview, Hadley voiced her concerns, commenting—'as long as it is available at all, doctors we think, because of the kind of training the medical profession get, will be quite unable to resist the temptation to play god'.⁷¹ The programme also explored

several of the campaign's case studies, including the teenage girl given the drug without consent whilst under anaesthetic. This was preceded by a challenging interrogation of the doctor who administered it to her. For a small grassroots single-issue campaign to secure such a high-profile spot on mainstream television is a clear demonstration of the group's incredible reach and impact—taking an issue effecting a minority group and bringing it to the mainstream public sphere.

The media coverage which the group was able to secure, helped to bring their concerns to a political level. Only six months into their campaigning, the CADP caught the attention of a Labour MP, John Tilley. In an interview for ITV, Tilley commented that the evidence collected by the group had disturbed him and their work had 'raised important questions about the way the drug is being used in some hospitals and clinics'.⁷² He went on to raise the issue in the House of Commons, demanding an inquiry into the 'alleged use of ... Depo-Provera by doctors in circumstances other than those for which its use is approved by the Committee of Safety of Medicines'.⁷³ Moreover, it also appears the CADP played a role in The DHSS's decision not to extend the long-term license in 1982. When Clarke explained his decision, he cited concern over the 'possible abuse of the drug, since it might be given to mentally handicapped or socially disadvantaged women without their consent'—concerns that were very much in line with the issues raised by the CADP.⁷⁴ In a letter explaining his decision to the CSM in April 1982, Clarke denied that the campaign's work had impacted his decision, commenting 'we have not allowed ourselves to be influenced by any "political" campaign'.⁷⁵ Nonetheless, an article published in the *Lancet* revealed that drug manufacturer Upjohn understood this decision to be a result of 'Mr Clarke's capitulation to pressure groups'.⁷⁶ Not only does this reveal the Department's awareness of the existence of the work of the small campaign group, but it also suggests that Clarke felt a degree of pressure to not be seen to have been affected by them.

Although the group disbanded in January 1983, the research and materials the group produced throughout their campaigning were passed on to a co-ordinating group set up specifically to gather information for the 1983 public inquiry. Within the 400 pages of evidence the co-ordinating group submitted to the inquiry panel, many of the CADP's case studies and research papers were incorporated.⁷⁷ Despite the inquiry ultimately recommending the extension of Depo-Provera's license, a key concern raised in the final report was the importance of obtaining informed consent, particularly for women whose first language was not English.⁷⁸ In Clarke's speech announcing the extended licensing to the House of Commons the following year, he spoke of the 'importance of patient counselling' and commented that the drug should be 'prescribed only to patients who are aware of and understand the purpose of the treatment and its possible side-effects'.⁷⁹ As one article in the *Nursing Times* reported of the inquiry, 'Kenneth Clarke was particularly concerned that the drug might be given to women without their informed consent, a concern raised by the women's group'.⁸⁰

The CADP worked to help some of society's most vulnerable, and organised around an oppression that was not their own. They led a highly successful media campaign, utilising mainstream press as an avenue for seeking political attention—challenging the dominant narrative within the literature that feminist activism during this era had an unfavourable relationship with the media and rarely received positive mainstream press attention. As such, the Depo-Provera activism provides an insightful exploration into women's activism that dealt with concerns of the wider public and engaged with state institutions.

Understanding difference

The relationship between white feminists and race and class in the WLM is a subject that has attracted a great deal of attention and is a debate that continues to be rife within the feminist movement today. At the core of this critique of the WLM has been the question of how inclusive the 'sisterhood' was, if its outlook and aims reflected the experiences and concerns of its predominantly white and middle-class members. Up until the recent renewal of historical interest in the movement, scholars had argued that the white women who comprised the majority of the WLM were unable to see beyond their own struggles and recognise the impact both race and class could have on a woman's experience of gender oppression. Much like Thomlinson's analysis of groups such as WARF and WAI, exploring the CADP presents a far more complex understanding of the relationship between the WLM and race. With the CADP we see an example of collaboration between white and black women that worked to extend ideas about reproductive freedom to include the experiences of black and Asian women and placed a framework of imperialism and racism at the core of their analysis and campaigning.

As is sadly the case with many small campaign groups, the surviving archival material is thin on the ground. Other than Hadley, there is little material from other women in the group and the majority of the surviving material consists of campaign documents and Hadley's own writings. As someone who was certainly the beating heart of the group, an exploration of Hadley's papers provides an insightful window into the key ideas and ideologies that underpinned the campaign.

To begin with, it is particularly illuminating to examine the anti-imperialist framework that was adopted by the CADP to explain the racism they believed to be inextricably bound to the development and administration of the contraceptive. As Hadley commented in one paper, 'the way Depo-Provera is being used on women ... can only be exposed effectively if placed firmly within the context of worldwide imperialism'.⁸¹ From its very outset, the WLM had close links with anti-imperialist activism. Many WLM activists were first introduced to radical political activity through New Left anti-imperialist movements and the anti-imperial battle was one that many feminists aligned themselves with during this period.⁸²

Thomlinson has explored this relationship in her discussion of anti-racist activity. She argues, however, that the Marxist paradigm through which imperialism was conceptualised became the only framework for understanding racism within feminist and New Left thought, meaning that 'racism was collapsed into imperialism, and the problems that Black women faced were posed as an extension of capitalist oppression'.⁸³ Narrowly understanding race as an extension of capitalism placed black and white women on an almost level playing field where they were both victims of the same capitalist oppression. However, when we look at the use of imperialism as a framework for understanding the abuse of Depo-Provera, the crucial racial element was not obscured by a focus on the capitalist implications and neither is there an absence of understanding imperialism in the domestic sphere. As one document proclaimed, 'any campaigning against DP must ... have a firm anti-imperialist base to enable the campaign to effectively expose the long-term political consequences'.⁸⁴

Within the key materials produced by the CADP, the development of Depo-Provera is presented as inextricably bound within the narrative of western countries' imperialist

struggle to maintain world domination. In a lengthy paper produced by Hadley, she argues that, in the post-war period and in the face of crumbling empires, Western Countries began to feel increasingly threatened by rapidly expanding third-world populations and rising immigrant numbers within their own countries.⁸⁵ In the 1960s the US government became publicly associated with population control programmes in developing countries giving US 'aid' only on the condition that they accepted it as part of a package that included self-help population control programmes. A 1969 speech made by Robert McNamara, president of the World Bank and former Secretary of Defence of the US government, used within the CADP pamphlet, appears to highlight this strategy:

family planning programmes are less costly than conventional development projects ... at the same time we are conscious of the fact that successful programmes of this kind will yield very high economic returns.⁸⁶

Hadley proceeds to explain that the fear from Western governments is that if population growth continues, it will have a 'politically destabilising influence' and that there will be 'revolution in the third-world which could threaten the interest of imperialism'. To these governments, 'population programmes are the cheapest way of averting such political change'.⁸⁷ Hadley argues Depo-Provera's development, testing and administration is intrinsically linked with this notion of controlling developing countries' and immigrant populations. She equates examples of the drug's use in New Zealand on a disproportionate number of Polynesian women with its disproportionate use on black women in Britain, articulating that they are both part of the same global system to maintain imperialist power.⁸⁸ Understanding the contemporary racist abuse of Depo-Provera, she attests, must be placed within this imperialist narrative.

Through using a framework of anti-imperialism, the CADP situates Depo-Provera within a narrative of abhorrent racism. This can most clearly be seen in Hadley's description of the birth control movement as an organisation imbued with racist ideology and her description of the Family Planning Association in Britain as a 'consciously and conspiratorially racist operation with avowedly genocidal intentions' with 'no regard for the safety of the people who accept contraception'.⁸⁹ In another piece of campaign material, Hadley discusses the establishment of the International Planned Parenthood Federation and how, remarkably, the federation was initially started by a \$5000 grant from the American Brush Foundation for Race Betterment and given a free office space in London courtesy of the Eugenics Society in 1952.⁹⁰ Hadley also includes the following speech by Margaret Pyke, the chairman of the British Family Planning Agency, given in 1963 at a Francis Galton Memorial Lecture:

differences of intelligence are inherited—and it is a fact that children who belong to small families do better in intelligence tests than children of larger families. A possible explanation is that the less intelligent parents find it more difficult to practice birth control.⁹¹

Through doing so, Hadley makes an explicit case for the racism she believes to exist within leading birth control organisations. Considering the centrality of extending the availability of birth control to the WLM, the use of terms such as 'genocidal' and 'eugenics' by the CADP marks a critical departure from the movement's initial understanding of reproductive freedom.

In particular, when we examine the language used by the CADP, there is an understanding of how different forms of oppression can be interconnected and mutually reinforcing, meaning they cannot be examined separately from one another. In an early document setting out the structure of the group, one passage highlights the complexity of the oppression:

The Campaign Against Depo-Provera with all its racist, imperialist and anti-working class implications must not only raise those issues but must also embrace all those involved in anti-racist, anti-imperialist and anti-capitalist struggles. But the campaign is also a feminist issue, and as such it must be a campaign in which women play the most active role.⁹²

The abuse of Depo-Provera was an issue as much to do with race as it was gender and class, and the CADP clearly recognised that the three could not be separate. The group demonstrated an understanding of the multiple axes of oppression that could impact the lives of women. In another paper, Hadley writes that the abuse of Depo-Provera is ‘part and parcel of doctors’ highly trained contempt for women and women’s bodies’, asserting that doctors ‘behave as if all women are irresponsible about birth control and their own bodies’.⁹³ She then proceeds to explain—‘what’s more if women are black and poor, they get treated with even more contempt by the medical profession’.⁹⁴ Hadley alludes to the idea of black women facing a triple oppression—recognising the idea that gender oppression can be worsened by also being black and working-class. Her writings echo black feminist writers such as Frances Beale’s theory of ‘double jeopardy’—the idea that black women are at a far greater disadvantage as a result of facing both racial and gendered discrimination.⁹⁵

The CADP provides a significant example of one of the few instances during this period where both white and black women worked together. Speaking about her initial experiences of writing a paper on Depo-Provera as part of her work with WARF, Hadley explained ‘it offered some hope for making some kind of meaningful alliances with black women and supporting them’—implying there was a strong intention of forging a relationship with other black women’s groups.⁹⁶ From the limited archival material that is available, it is difficult to ascertain the extent of this collaboration and precisely what this relationship was. To date, there is no archived document that gives a list of the members of the CADP and very few documents include names of people present in meetings. However, from piecing together what does remain it appears that black feminist groups had some degree of involvement with the campaign.

Perhaps most telling is the fact that nearly all of the available material for the campaign sits within Stella Dadzie’s files at the Black Cultural Archives in Brixton. It is not clear from the surviving material exactly what Dadzie’s involvement in the group was, but her collection of campaign material implies she certainly had some involvement with the activities of the group. Dadzie’s name also appears in one of the few surviving documents containing names of women present at meetings.⁹⁷ Another document produced by OWAAD in 1979 explains, ‘a campaign against the use of Depo-Provera has been organised in which some of us are involved’, further suggesting a degree of collaboration.⁹⁸ Within the BBWG magazine, *Speak Out*, an article on Depo-Provera declares its support for the CADP and urges readers to contact the organisation at their address with information regarding their experience of Depo-Provera.⁹⁹

Another more hostile document that appears within Dadzie’s files is an OWAAD draft-paper which discusses the shortcomings of white feminism and uses the CADP as an

example, explaining 'where white women have taken up an anti-racist position they have failed to be really effective e.g. the Depo-Provera campaign'.¹⁰⁰ In what appears to be some handwritten feedback from Dadzie she defends the campaign by writing:

white women took up the DP campaign as a result of a group discussion two years ago after the socialist feminist conference which we Black women demanded. We suggested working together on issues like DP — we subsequently failed to attend meetings and be fully involved because we were busy building up OWAAD. They are not to blame!¹⁰¹

This passage is noteworthy for a number of reasons. First of all, it demonstrates an example of white feminists responding to critiques and engaging in a dialogue with black feminists about ways to make the movement more inclusive. It also confirms that there was a degree of collaboration between the two groups and demonstrates a clear intention and willingness to work together over an issue that predominantly affected black women. More archival research, and perhaps oral history, would be useful for investigating why greater collaboration did not go further.

Compared to its relationship with race, the relationship between the WLM and white working-class women is one that is more established, albeit complex. Notable campaigns, such as 'The Night Cleaners', from 1970 to 1972, and the 1968 sewing machinists at Fords, Dagenham, frequently occur within the literature.¹⁰² As Thomlinson notes, it was 'more common that class was brought in as an axis of difference', in part due to the socialist feminist dominance and background to the movement.¹⁰³ However, with the CADP, we see an example of class struggle, separate from campaigns concerning industrial disputes, which have been the focus of much of the literature. Here, we are confronted with an exploration of how class could impact women's reproductive freedom.

Within their material, the CADP frequently make note of the fact that Depo-Provera is administered by doctors on 'social grounds to women considered by them to be inadequate in some way', which often included white women from poor backgrounds deemed to be ill-educated and irresponsible in controlling their own fertility.¹⁰⁴ One document on the 'politics of the campaign', described the need to expose the 'underlying assumption that poor or socially deprived women do not have the right to make an informed choice about what is right for their bodies'.¹⁰⁵ Frequently cited by the CADP, was the case of Dr Wilson in Glasgow who the group explain gave Depo-Provera to white working-class women whose lives were 'full of problems'.¹⁰⁶ Of the 162 women who were administered the drug by Wilson, the campaign highlighted how Wilson referred to most of them as 'having below average intelligence'.¹⁰⁷ As with race, the CADP demonstrated an understanding of how women's experiences of reproductive freedom were different as a result of their class.

Conclusion

This article has shed light on the remarkable work of the Campaign Against Depo-Provera and has provided a valuable case study for understanding the multi-faceted WLM and the grassroots activism that underpinned its work. Women educated themselves about the key issues at stake, worked within community networks to campaign and had success in raising both public and political awareness about the necessity of having safe contraceptives and exposing the injustices they believed to be occurring.

Through bringing to light the significant work of the CADP, this article has also questioned the simplicity of current narratives that suggest the WLM was unable to engage with axes of difference, particularly race. The CADP widened the definition of reproductive freedom to include the experiences of black and working-class women and fought against an oppression that was not their own, engaging with complex ideas of race, class and gender. What is more, the CADP offers a rare instance of a degree of collaboration between black and white women. Within the current historical literature, the few attempts made by white women to tackle racism in this period have been presented as ethnocentric and largely unsuccessful. However, the work of the CADP provides a valuable case study of a group who listened to the concerns of their black peers and worked to expose a racial injustice.

To understand the nature of the WLM, it is critical to have more historical accounts of the numerous, small organisations that underpinned this crucial social movement. We must recover the vital work of the women who came before us to help educate and empower future generations of activists.

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