

# SEXUAL HEALTH NEWS

WELCOME TO ISSUE 3 | AUTUMN 2016



**LGBT Safe and Supportive Schools Project** a partnership project between HSE Health Promotion and Improvement, and BeLong To, the national organisation that supports Lesbian, Gay, Bisexual and Transgender (LGBT) young people; for more see page 8.

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Building a Better Health Service

CARE COMPASSION TRUST LEARNING



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## Call for Submissions

### Issue 4 – Spring 2017

*closing date for receipt of submissions*  
31<sup>st</sup> January 2017

If you have any feedback on the newsletter or would like to contribute to the next edition please contact:

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Every effort has been made by the Health Service Executive (HSE) to ensure the information in this publication is accurate. The information contained in this newsletter should in no way be a substitute from seeking expert advice from the appropriate health professional or agency.

The information that is written by the different contributors in the Sexual Health News is the view of the authors and not that of the HSE.

# Welcome

by Martin Grogan,  
Sexual Health News Editor,  
Health Promotion & Improvement HSE South West

Welcome to Issue 3, Sexual Health News (SHN) magazine; time seems to fly between each edition. The work of the magazine editorial team is made easier with your help and your contributions.

Issue 3 demonstrates again the wide variety of subjects and work that is undertaken by so many dedicated health and community professionals working within a sexual health promotion brief. This edition highlights some key areas that require all of our attention, such as: Gender issues, sexual health promotion in relation to women, marginalised groups in Irish society and some strong research findings to support and underpin our respective work.

As always, please do consider contributing to Issue 4 due out in the spring of 2017, it's a great way to share our work and to keep informed in what's happening within sexual health promotion in Ireland.

| Martin



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## A date for your diaries

Anniversary event to mark Ireland's first National Sexual Health Strategy

The HSE Sexual Health and Crisis Pregnancy Programme are hosting a day-long event on Monday 12<sup>th</sup> of December in the Royal College of Physicians in Ireland, No. 6 Kildare St., Dublin 2. This day is being held to mark the first anniversary since the launch of Ireland's first national sexual health strategy. The day will feature a number presentations, reports and updates in relation to implementation of the strategy. A number of educational events, a public lecture and a competition for young people are also being planned.

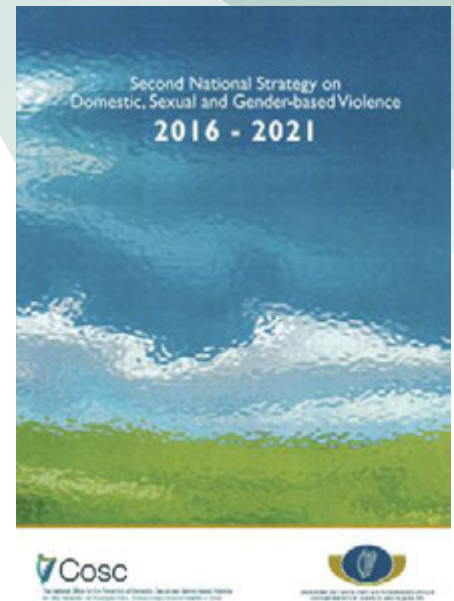
The programme will be finalised with information on how to register in early October.

## Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021

Áine Heraty Cosc The National Office for the Prevention of Domestic, Sexual and Gender-based Violence Department of Justice and Equality

The strategy was launched by Ms. Frances Fitzgerald, Tánaiste and Minister for Justice and Equality on 20<sup>th</sup> January 2016 following its approval by Government. Also speaking at the launch of the strategy was Garda Commissioner, Ms Noirín O'Sullivan and the Chief Executive of Tusla, Mr Gordon Jeyes. The strategy was developed by Cosc, The National Office for the Prevention of Domestic, Sexual and Gender-based Violence

The strategy, building on its predecessor, which concluded in 2014, envisages a range of actions to be implemented by State, voluntary and community sector organisations aimed at preventing and responding to domestic, sexual and gender-based violence. The strategy focuses on action to address domestic, sexual and gender-based violence perpetrated against adult men and women. It recognises that the majority of and the most severe forms of these types of violence are perpetrated by men against women, and it recognises that men can be and often are victims who must be supported in their recovery. Children also become involved, sometimes as a direct victim, but more often as secondary victims, especially in situations of domestic violence.



### Minister Fitzgerald said at the launch:-

*"The Second National Strategy on Domestic, Sexual and Gender-based Violence reinforces this Government's ongoing commitment to combat these problems. The overall objective is to make Ireland a safer and better place to live."*

### Statistics on domestic and sexual violence

Domestic and sexual violence are major issues in Ireland. According to the 2014 pan-European study on violence against women undertaken by the European Union Agency for Fundamental Rights (FRA), 8% of Irish women surveyed experienced sexual violence by a partner or a non-partner since the age of 15. Irish women victims of domestic violence surveyed experienced a number of constituents of domestic abuse by a partner: Psychological violence (31%); Controlling behaviour (23%); Economic violence (10%); other abusive behaviour (24%)<sup>1</sup>.

Research shows that 29% of women and 26% of men suffer domestic violence when severe and minor incidents are combined. 15% of women and 6% of men have experienced severely abusive behaviour from a partner, yet only 25% of these have reported the incident to An Garda Síochána<sup>2</sup>. The vast majority of us appear to be aware of the fact that domestic violence happens. Research, undertaken by Cosc, shows that while 70% of the Irish public believe that domestic abuse against women is common, a mere 38% of us would be willing to get involved and help a neighbour subjected to such abuse<sup>3</sup>. The statistics for sexual violence are also worrying with 42% of women and 28% of men experiencing some form of sexual violence in their lifetime and with only 1% of men and 8% of women reporting such incidents to An Garda Síochána<sup>4</sup>.

### The strategy is structured around three high level goals:

1. Prevention, which includes awareness raising, training and education;
2. Services to victims and holding perpetrators to account; and
3. In support of these goals data gathering, monitoring and research.

The HSE and Tusla have a very essential role to play in the implementation of the strategy.

<sup>1</sup> European Union Agency for Fundamental Rights (FRA), Violence Against Women – An EU wide Survey, 2014

<sup>2</sup> Domestic Abuse of Women and Men in Ireland: Watson & Parsons, 2005

<sup>3</sup> Attitudes to Domestic Abuse in Ireland: Horgan, Muhlau, McCormack & Roder, 2008

<sup>4</sup> Sexual Abuse and Violence in Ireland (SAVI): McGee et al, 2002

continued on page 5

### Some of the actions they have agreed to implement during the lifetime of the strategy are:-

- To develop and deliver public sector education / training modules to relevant staff (HSE and Tusla);
- To carry out a review of current approaches and outcomes in respect of questions posed by staff to patients in different healthcare settings regarding domestic, sexual and gender-based violence and to agree further actions as appropriate (HSE);
- To develop targeted interventions in domestic, sexual and gender-based violence in communities of particular vulnerability (HSE and Tusla);
- To establish effective commissioning approaches to achieve equitable access to services and positive outcomes and to include service user engagement as part of planning and evaluation of service delivery (Tusla);
- To implement options for self-referring victims to sexual assault treatment units (SATUs) to have forensic examinations and reports, pending a decision to report or not to An Garda Síochána (SATUs and HSE); and
- To provide support for child witnesses of domestic and sexual violence (Tusla, HSE and Department of Children and Youth Affairs).

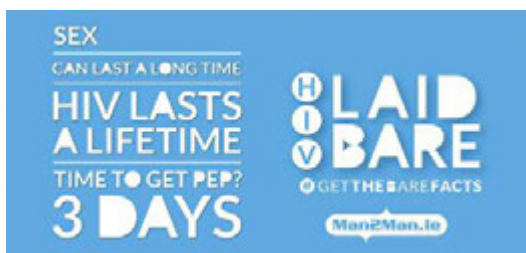
The role of An Garda Síochána and other agencies in the criminal justice system is also crucial. A planned and managed approach by An Garda Síochána to each report of a domestic violence incident is provided for, including support to victims, in depth risk assessment and the provision of information to victims.

The strategy includes those actions which, when implemented, will enable Ireland to ratify the Council of Europe Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention) which is an important instrument in tackling violence against women.

**The Second National Strategy on Domestic, Sexual and Gender-based Violence 2016 - 2021 and its Action Plan are available to download from the Cosc website [www.cosc.ie](http://www.cosc.ie)**

## Laid Bare Campaign

by Adam Shanley Director, Gay Switchboard Ireland.



'HIV Laid Bare' is a messaging campaign developed as part of the Man2Man programme, a joint initiative of the Gay Health Network and the HSE. The campaign is aimed at all MSM irrespective of sexual orientation and self-identity.

The first phase of the campaign was launched on December 1<sup>st</sup> 2015 to mark World AIDS Day and has been running successfully throughout the Winter/Spring season. The aim of the campaign is to promote self-responsibility for sexual risk-taking behaviour in the MSM community and to foster an understanding of how to prevent HIV transmission. The variety of campaign messages aim to be sex-positive, realistic, challenging, and thought-provoking.

For people living with HIV, treatment has changed dramatically since it arrived on the scene in the 1980s, however 3 decades later, ignorance, lack of knowledge and stigma play major roles in society's understanding of the virus. A huge unfamiliarity of HIV exists in Irish society today, with a particular disconnect among the MSM community. There is a worrying lack of knowledge of the prevention strategies and the positive effect of HIV medication on preventing transmission, not to mention the language/terminology around HIV. This knowledge gap acted as the backdrop to guide us in the development of the messages which were created in collaboration with both HIV positive and HIV negative men. Therefore, we are keen to ensure that the language that we use in the messaging is kept simple and is representative of the lives of the men that we are targeting. Similarly, the campaign hashtag, #GetTheBareFacts ties in with the simple design of the graphics which both offer the information without fuss and encourage the reader to learn more.

The second phase of the HIV Laid Bare Campaign is scheduled to launch in August and run until the end of 2016.

**For more information and to view all of the campaign messages see: [www.man2man.ie/hiv-laid-bare](http://www.man2man.ie/hiv-laid-bare)**

## WHAT'S NEW?

### Supporting HSE Breastfeeding Action Plan

by Rebecca O'Donovan Assistant National Breastfeeding Co-ordinator

The forthcoming HSE Breastfeeding Action Plan is being supported by a newly appointed Assistant National Breastfeeding Co-ordinator since May 2016, Ms. Rebecca O'Donovan. Rebecca previously worked as a Clinical Midwife Specialist in Breastfeeding in Cork University Maternity Hospital (CUMH) since it opened in 2007. The main focus of this new role will involve particular emphasis on the protection, promotion and support of breastfeeding from the antenatal to postnatal periods. The role will also involve reporting and supporting Siobhan Hourigan, the National Breastfeeding Co-ordinator.

The role will contribute to national governance structures to monitor the implementation of the HSE Breastfeeding Action Plan and be involved in progressing the Infant Feeding policy for Maternity and Neonatal Services. Rebecca will also have responsibility for the development of resources to support implementation of the Primary Care Breastfeeding Policy. A further aspect of Rebecca's role is to progress training for health care professionals and she will contribute to the Nurture Programme Ante natal-Postnatal Group.

Rebecca will be involved in the delivery of the 'Every Breastfeed Makes a Difference Campaign' and deliver 'Ask the Expert' online support services via [www.breastfeeding.ie](http://www.breastfeeding.ie) and contribute to the development of National Breastfeeding KPIs, Maternity and Child health Information systems.

National Breastfeeding Week runs this year from Saturday 1<sup>st</sup> October to Friday October 7<sup>th</sup>. This is the 3<sup>rd</sup> year of the theme **Every Breastfeed Makes a Difference**. Each year events take place around the country to mark this important week including coffee mornings and celebrations at breastfeeding support groups. The Association of Lactation Consultants in Ireland mark the start of National Breastfeeding Week with their annual Breastfeeding Conference in Dublin on the 30<sup>th</sup> of September and 1<sup>st</sup> of October. The keynote speaker is Catherine Watson Genna, US based IBCLC who specialises in breastfeeding and medical conditions. For further information see [www.alcireland.ie](http://www.alcireland.ie).

**Rebecca is based in the Health Promotion and Improvement office in the Eye, Ear and Throat Hospital, Western Road, Cork City; she can be contacted on 021 4921673 or [Rebecca.ODonovan@hse.ie](mailto:Rebecca.ODonovan@hse.ie)**

### Irish Pharmacy Union (IPU) Campaign

A new campaign of the Irish Pharmacy Union (IPU), supported by the HSE Sexual Health and Crisis Pregnancy Programme, is encouraging people to ask their pharmacist for advice about their sexual health and contraceptive needs. The campaign was launched on 11<sup>th</sup> April by then Minister for Health Leo Varadkar.

A survey carried out by Healthy Ireland in 2015 found that 17% of those having sex with someone outside of a steady relationship did not use any form of protection. There has also been a significant increase in the number of sexually transmitted infection (STI) notifications in the last number of years, rising from 3,361 notifications reported in 1995 to 12,626 in 2014.

According to IPU President Kathy Maher, "The incidence of STIs is on the rise and it is critical that people take steps to protect their health and get tested. Your local pharmacist can offer you a private and confidential consultation and can help you arrange to get tested. Your pharmacist can also offer advice on contraception, as well as dispensing emergency contraception if required."

Ms Maher said that: "80% of STIs are symptomless. For that reason, even if you feel healthy, if you have had unprotected sex, you should ask your pharmacist for advice about getting tested. Early diagnosis is critical in helping to prevent the spread of STIs, as well as maximising the health outcomes of the infected person." Commenting on the campaign, Helen Deely, Head of the Sexual Health and Crisis Pregnancy Programme, said, "In order to realise the vision of the Sexual Health Strategy it is important that we address barriers to STI testing to ensure earlier diagnosis and reduce further transmission of infection."

"Community pharmacies play an important part in delivering knowledge and healthcare in our communities. This campaign to improve engagement on matters related to sexual health is very welcome. The HSE Sexual Health and Crisis Pregnancy Programme is examining all avenues to improve access to STI testing and we plan to publish clinical guidance on STI testing in various settings, including home based testing, later this year."

A list of free STI testing clinics can be found on [www.hivireland.ie](http://www.hivireland.ie)



Irish Pharmacy Union (IPU) launch 'Ask your Pharmacist about Sexual Health', at Conefrey's Pharmacy, Pearse Street. Picture Colm Mahady / Fennells

This section of the newsletter provides an update of new materials that the reader may find helpful in their respective roles. If there are any new resources, factsheets, infographics or booklets you are aware of, then please let the Sexual Health News team know; we can include details of these in the next edition.

## Living with HIV in Ireland: A Self-Help Guide (2nd edition)

submitted by Erin Nugent PhD Community Support Manager HIV Ireland.



HIV Ireland (formerly Dublin AIDS Alliance) recently published the 2nd edition of Living with HIV in Ireland: A Self-Help Guide. Addressing the practical and psychosocial needs of people living with HIV, the 138 page guide was devised with the assistance of 58 people living with HIV who determined the content, clarity, tone, and design of the book.

Recent additions to the guide include sections on the Criminalisation of HIV Transmission and the Irish Human Rights and Equality Commission, as well as updates on Moving or Returning to Ireland, Housing and Mortgages, Foreign Country Entry Polices, Health and Travel Insurance, and Tattooing and Body Modification.

The guide is available on HIV Ireland's website [www.hivireland.ie](http://www.hivireland.ie) and hard copies are also available at our offices in 70 Eccles Street, Dublin 7.

## Personal Development, Relationships and Staying Safe

A training pack for staff supporting adults with intellectual disabilities, high support and complex needs is an integral new resource for staff who work with people with learning disabilities. This resource was developed by Ms. Marie Walsh & Ms. Geraldine Cregg, Senior Psychologists working in the Brothers of Charity Services, Galway.

This training pack is designed to teach caregivers who look after individuals with intellectual disabilities with high support and complex needs about developing their own identity, forming relationships and staying safe in the context of physical and sexual abuse.

This pack allows frontline caregivers the opportunity to teach and inform their service users about a variety of complex and sensitive issues.

### This resource covers topics such as:

- Self-presentation
- Social skills
- Friends and family
- General safety
- Intimate Care
- Sexual expression.

### This multi-media resource includes:

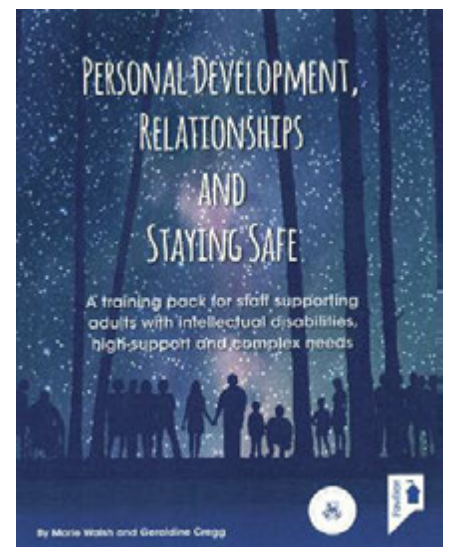
- DVD
- Learner Workbook
- PowerPoint presentation.

### This resource offers a variety of benefits to frontline learning disability workers including, but not limited to:

- Accessible to a non-academic audience, written in an informative and easy style whilst remaining evidence based
- Duo-author training pack, bringing together a wealth of experience and knowledge
- The only contemporary training pack that looks at several key issues including Self-presentation, Social Skills, Friends/Peers/Family, Intimate Care and Sexual Expression
- Encompasses up-to-date legal framework's – this course is based on the **Ryan Report of 2009**.

Check out our new training pack! See link below:

<https://www.pavpub.com/personal-development-relationships-and-staying-safe/>



## LGBT Safe and Supportive Schools Project

A partnership project between HSE Health Promotion and Improvement, and BeLonG To, the national organisation that supports Lesbian, Gay, Bisexual and Transgender (LGBT) young people.

The 11<sup>th</sup> May 2016 saw the launch of the research findings and toolkit of the **LGBT Safe and Supportive Schools Project**. The pilot project was established to develop and test a Whole School Community Model, a model that involved working with teachers, parents, students and the broader community to build a safe, supportive and inclusive school environment for LGBT young people.

The project was delivered by BeLonG To and the Health Promotion & Improvement Department, Health and Wellbeing Division (HSE West) with the support of two Donegal schools, who piloted the model over the course of an academic year. As part of this pilot, staff from BeLonG To and HSE provided whole staff workshops; specific training to SPHE teachers; information sessions for the Parents Associations, Boards of Management, and community organisations; access to resource materials; advice on policy development in keeping with the revised Department of Education Anti-Bullying Action Plan and Procedures and on-going telephone support.

The project was evaluated by Dr Kiran Sarma, National University of Ireland, NUI Galway, with promising results. The testimony of students and staff in the participating schools suggested that the project had impacted on the whole school environment. The students and staff were clear that the project had engendered positive attitudes towards LGBT young people, had improved their knowledge of LGBT issues; and had enhanced their sensitivity towards homophobic and transphobic bullying.

Speaking at the launch Moninne Griffith, Executive Director of BeLonG To, said: "Many children first begin to realise that they are LGBT from an early age and these formative years can have a huge impact on their sense of self and future mental health as adults. The LGBTI Ireland study has shown that homophobic and transphobic bullying is a major cause of higher rates of self-harm, suicide and depression amongst LGBT young people and how important early intervention is, particularly in schools, to allow them reach their full potential and not suffer as so many have in the past. This program will ensure that schools are a safe place for future generations."

The research reports, Toolkit and Rapid Assessment Tool are available online for schools to access at [www.belongto.org](http://www.belongto.org) or may be accessed via [www.healthpromotion.ie](http://www.healthpromotion.ie)



**Launch of the LGBT Safe and Supportive Schools Project model:** BeLonG To and HSE's venture to create safe, supportive and fully inclusive schools for young lesbian, gay, bisexual and transgender (LGBT) students in Donegal. This was established to develop and test a Whole School Community Model - a model that involved working with teachers, parents, students and the broader community to build a safe, supportive and inclusive environment for LGBT young people.



## Men who have Sex with Men Internet Survey Ireland (MISI 2015)

by Maeve O'Brien HSE Sexual Health & Crisis Pregnancy Programme;  
Kate O'Donnell and Derval Igoe Health Protection and Surveillance Centre

In June 2016, the Men who have Sex with Men Internet Survey Ireland (MISI 2015) research report was launched. This reports the results of a survey of the sexual health knowledge, attitudes, needs and behaviours of over three thousand men in the Republic of Ireland.

Men who have sex with men (MSM) are recognised as a key risk group for HIV and STIs, accounting for approximately half of all new diagnoses of HIV annually in Ireland<sup>(1)</sup>. The research was undertaken to generate up-to-date information to address the particular HIV and STI prevention needs of MSM in Ireland.

### THE MISI 2015 SEXUAL HEALTH REPORT

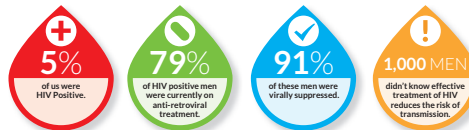
More key community findings for the MISI 2015 survey of 3,090 men who have sex with men (MSM).  
Get the full report at [www.misi.ie](http://www.misi.ie) and [www.ghn.ie](http://www.ghn.ie)



#### PERCEPTION OF CURRENT HIV STATUS



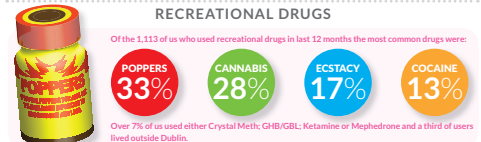
#### LIVING WITH HIV



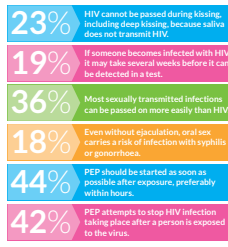
#### ALCOHOL AND TOBACCO



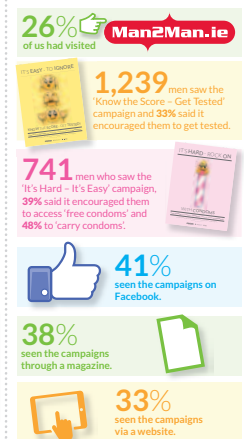
#### RECREATIONAL DRUGS



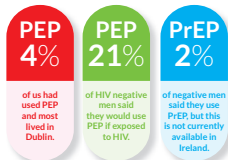
#### A HIGH PERCENTAGE OF MEN DID NOT KNOW THE FOLLOWING:



#### MAN2MAN PROMOTION



#### PREVENTING HIV



This study identifies clear differences in the levels of knowledge, attitudes, needs and behaviours among MSM and links how these differences relate to age, education levels, employment status and geographic location. The results are helpful in directing where and to whom HIV and STI prevention strategies should be targeted.

### Some of the key findings include:

- Younger MSM had lower levels of HIV and STI knowledge, were less likely to have tested for HIV or other STIs, and lacked confidence accessing HIV and STI testing relative to other respondents. Importantly, they had less access to HIV prevention interventions such as condoms and post-exposure prophylaxis;
- Differences also appeared for those with lower education levels and those who were out of work. Gaps in knowledge around HIV and prevention, lower rates of HIV testing and poorer access to HIV prevention interventions were seen in those with lower levels of education and in those who were unemployed when compared to those with higher education levels and those who were employed;
- There were also differences in prevention seeking behaviour among MSM who were openly 'out' compared to those who were 'out' to no one or to a few people. MSM who were 'out' to few or no-one were less likely to have tested for HIV or other STIs, and were less confident that they could access testing for HIV and STIs;
- There were high levels of alcohol and drug use observed among MSM generally. However younger men were more likely to report binge drinking and recreational drug use than older men;
- Over one third of respondents reported using recreational drugs in the last year and 7% reported taking drugs which are commonly associated with chemsex i.e. crystal methamphetamine; GHB/GBL; ketamine; mephedrone;
- 37% of respondents had never tested for HIV. The proportion who never tested for HIV was higher among men living outside Dublin;

<sup>1</sup> Health Service Executive. HIV in Ireland – 2014 Report. Dublin: Health Protection Surveillance Centre; 2015. Available at <http://www.hpsc.ie/A-Z/HIVSTIs/HIVandAIDS/SurveillanceReports/File,15208,en.pdf>

- One in twenty MSM reported that they had been diagnosed as HIV positive. One in 10 men who responded aged between 40 and 49 reported being HIV positive. 93% of HIV positive men reported that they had their HIV infection monitored within the last 6 months, and 79% were on antiretroviral therapy (ART). Of those on ART, 91% were virally suppressed;
- High levels of risk behaviour were reported by HIV positive men. HIV positive men surveyed were more likely to be current smokers; were more likely to have used recreational drugs in the last 12 months; to report having used drugs associated with chemsex within the last year; and to report having had an STI other than HIV in the last year.

The approach to data collection for this survey was convenience sampling, which means that the sample cannot be considered to be representative of all MSM in Ireland. However, the study design was robust and comparable to similar international studies of MSM and provides a picture of over 3,000 MSM in Ireland.

The research was led by the Health Protection Surveillance Centre and the Gay Men's Health Service and supported by the HSE Crisis Pregnancy Programme and Gay Health Network. The research process was overseen by a Steering Group of national and international experts.

The findings from the study will be used to support the HSE Sexual Health & Crisis Pregnancy Programme (HSE SHCPP) to deliver the strategic recommendations of the National Sexual Health Strategy 2015 – 2020, Ireland's first national framework for sexual health and wellbeing. As part of its programme of work, the specific needs of MSM will be addressed in collaboration with key stakeholders through education programmes, clinical services, surveillance approaches, research and information-sharing.

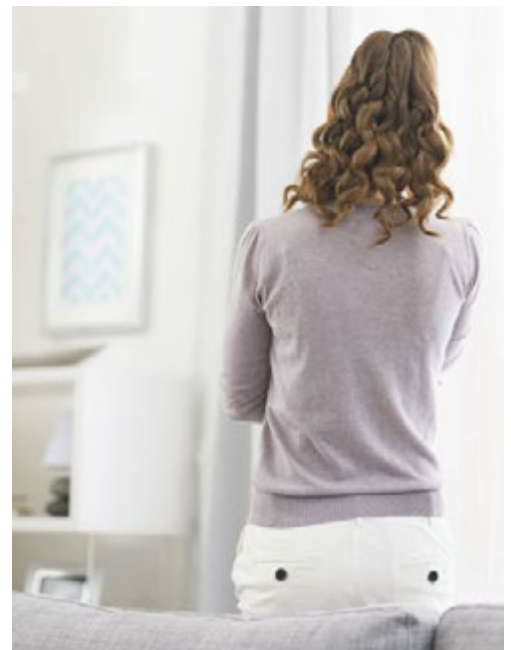
Please find a copy of the full report here: <http://www.hpsc.ie/AZ/SpecificPopulations/MenwhohavesexwithmenMSM/File,15696,en.pdf>

### Decrease in the number of women giving Irish addresses at abortion clinics in 2015

The HSE Sexual Health and Crisis Pregnancy Programme welcomes figures issued by the UK Department of Health earlier this year which show that there has been a slight decrease in the number of women giving Irish addresses at abortion clinics.

According to these figures, the number of women giving Irish addresses at abortion clinics has decreased from 6,673 in 2001 to 3,451 in 2015, a decline of 48%. This equates to a decrease in the abortion rate from 7.5 per 1000 women in 2001 to 3.6 per thousand women in 2015.

Figures collated by the Dutch Ministry of Health, Welfare and Sport, have also been steadily declining. The number of women travelling from Ireland to services in the Netherlands was 31 in 2010, 33 in 2011, 24 in 2012, 12 in 2013 and 16 in 2014. The Netherlands has emerged as the only other jurisdiction to which women from Ireland travel for abortion procedures in any significant numbers.



### Over 60% Decline in the Number of Births to Teenagers Since 2001

The HSE Sexual Health and Crisis Pregnancy Programme welcomes the birth figures released in May of this year by the Central Statistics Office, showing a further decline in the number of births to teenagers, from 1,253 in 2014 to 1,187 in 2015. Since the establishment of the HSE Sexual Health and Crisis Pregnancy Programme (formerly the Crisis Pregnancy Agency) in 2001, the total number of births to teenagers has decreased from 3,087 in 2001 to 1,187 in 2015, a decline of 62% over 14 years. This equates to a decrease in the teenage birth rate from 20 per 1000 of women aged 15-19 in population in Ireland in 2001 to 8.7 per 1000 of women aged 15-19 in population in 2015. Over the same time period, the number of teenagers (females under 20 years of age) giving Irish addresses in UK abortion clinics has also substantially declined, from 944 in 2001 to 263 in 2015, a 72% decline over 14 years.

## Research on the Sexual Health and Sexual Education Needs Assessment of Young People in Care in Ireland (SENYPIC)

By Maeve O'Brien, Research & Policy Officer,  
HSE Sexual Health and Crisis Pregnancy Programme.



Ireland (SENYPIC) was published in March 2016 by the HSE Crisis Pregnancy Programme (the Programme) in partnership with the Child & Family Agency (Tusla). It represents the most extensive research in Ireland and internationally on the relationships and sexuality education (RSE) and the sexual healthcare needs of young people in care.

The Programme invests in research as a means of understanding information gaps around sexual health and crisis pregnancy. The evidence is used by the Programme to develop evidence-informed approaches to education and information campaigns; to contribute to interventions and service improvements and to build a case for policy changes. This study was commissioned on the basis that young people who have experienced state care are particularly vulnerable to early sexual experiences and teenage pregnancy.

The research found that many young people in care have similar sexual health and education needs to young people who are not in care, however there are particular issues that are more likely to feature in the lives of young people in the care system. It also highlights that while many young people in care share similar experiences, they come into care for a range of reasons, at different ages and for various lengths of time and have different sexual healthcare and RSE needs depending on their individual circumstances.

### The key findings include:

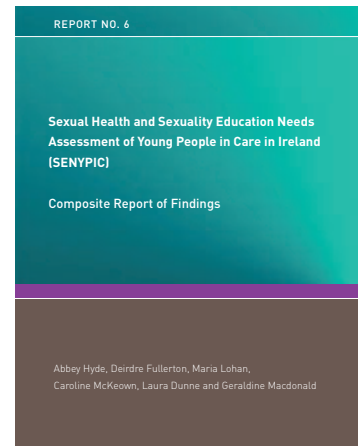
- Young people in care need to feel emotionally secure and stable and need to have good social skills. These provide a good basis to good sexual health. Supporting the development of emotional security, self-confidence and good social skills in young people in care is a priority sexual health education requirement;
- Providing accurate, age-appropriate, individually tailored, factual information, that covers relationships and sexual behaviour, sexuality, respect, emotions, contraception, pregnancy and sexually transmitted infections is very important;
- In order to successfully identify and address their individual sexual health and education needs, those working with young people in care need to have the right skills and be predisposed towards working with young people in this regard. Working with young people in this regard can be complex and needs to be treated sensitively as young people have very different sexual healthcare needs depending on their age, sexuality, ethnic background, disability status, and life experiences;
- RSE needs to be made more widely available to young people in care in residential care and foster care settings. Current provision of RSE varies hugely both within and across care settings. A clear finding from the research is that service providers and foster carers are in need of additional supports to provide RSE to young people in their care. This includes guidance on the development of organisational RSE policies, greater access to training opportunities in the area of RSE and access to guidelines for the delivery of sexual healthcare to young people;
- Personal information about young people's lives should be treated with respect and sensitivity. The extent to which information about a young person's sexual health is shared among professionals, service providers and foster carers was considered to conflict with the need to maintain discretion and confidentiality about the young person's sexual health. Sharing private information impacted on the level of trust between service providers, foster carers and the young people in their care.

The study also described the protective and risk-behaviours displayed by young people in care as regards their sexual healthcare and includes a description of approaches currently being used by those working with young people in care to deliver RSE and provide sexual healthcare. The study was led by Professor Abbey Hyde in the School of Nursing, Midwifery & Health Systems in UCD and involved a mixed-method approach to data collection. Information generated from a survey of key service-providers (including social workers, social care workers and healthcare professionals) provided the basis for a series in-depth interviews with key stakeholders. Interviews took place with nineteen care leavers (aged 18 – 22), five parents of young people in care, nineteen foster carers and twenty-two key service providers.

The HSE Sexual Health and Crisis Pregnancy Programme and the Child & Family Agency are committed to improving the sexual health education experiences of young people in care and are working together to address the issues identified in this research.

Please find the full list of reports at the following link:

<http://www.crisispregnancy.ie/research-policy/research-reports/list-of-research-reports/>



# STI Clinics in Ireland

## CONNACHT

GALWAY  
MAYO  
SLIGO  
LETTERKENNY

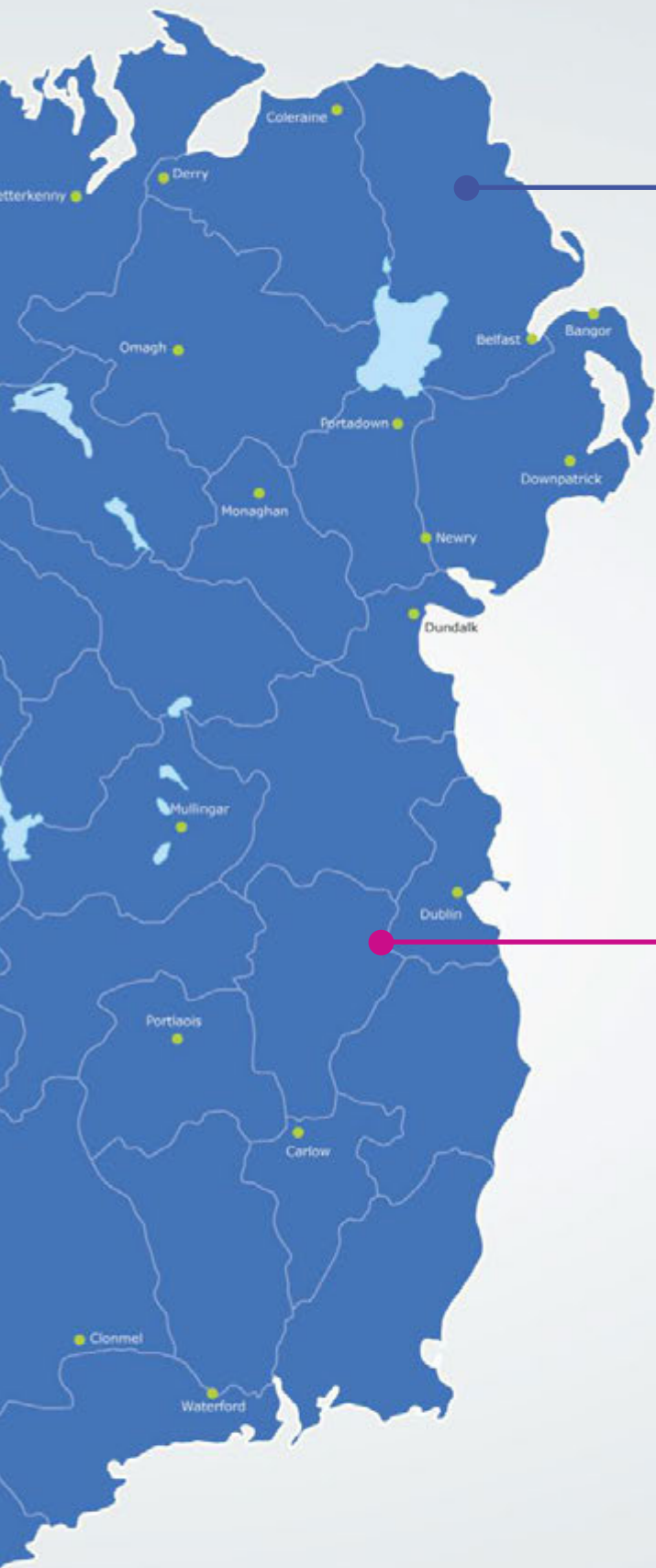
University College Hospital, Infectious Diseases Clinic (091) 525200	Sligo Regional Hospital, GUM Clinic (071) 9170473
Mayo General Hospital (094) 9021733	Letterkenny General Hospital, GUM/STI Clinic 074 912 3715

## MUNSTER

CORK  
CARLOW  
KERRY  
LIMERICK  
TIPPERARY  
WATERFORD

Cork City South Infirmary Victoria University Hospital (021) 4966844	Carlow District Hospital, STI Clinic 051 842 646
Sexual Health Centre, Cork 021 427 6676	GOSHH, Limerick 061 314 354
Cork City Youth Health Services (076) 108 4150	University Hospital Limerick (061) 482382
Kerry University Hospital (021) 4966 844	Mid-Western Regional Hospital, Ennis (061) 482382
Waterford Regional Hospital 051 842 646	Mid-Western Regional Hospital Nenagh (061) 482382
South Tipperary General Hospital 051 842 646	





## ULSTER

ANTRIM  
ARMAGH  
DERRY  
DOWN  
TYRONE

Royal Group Hospital,  
GUM Clinic, Belfast  
028 9063 6477/6483

The Rainbow Project,  
LGBT Centre, Belfast  
028 9031 9030

Portadown Health and  
Care Centre Clinical Zone  
028 3083 4215

Causeway Hospital,  
GUM Clinic, Coleraine  
Outpatients Department 2  
028 7034 6028 / 7872

Altnagelvin Area Hospital,  
Derry,  
028 7161 1269

Tyrone County Hospital,  
Sexual Health Clinic,  
Outpatients Dept.  
028 8283 3189

Downe Hospital, Sexual  
Health Clinic,  
Outpatients Dept.  
028 4483 8133

Bangor Community  
Hospital  
028 4483 8133

John Mitchell Place Health  
Centre, GUM Clinic, Newry  
028 3083 4215

## LEINSTER

DUBLIN  
LAOIS  
LOUTH  
OFFALY  
WESTMEATH

Gay Men's Health Service  
(01) 6699553

Gay Men's Health Service  
OUTREACH CLINIC  
(01) 6699553

GUIDE Clinic,  
St. James's Hospital  
(01) 4162316

HIV Ireland (01) 873 3799

Mater Hospital,  
Infectious Diseases Unit  
(01) 803 2063

Beaumont Hospital,  
Dept. Infectious Diseases  
(01) 8093006

Women's Health Project  
(WHP) Clinical Services  
(01) 6699515

Louth County Hospital,  
GUM Clinic,  
Outpatients Dept.  
(086) 824 1847

Midland Regional Hospital,  
Mullingar  
086 416 9830

Portlaoise STI Clinic,  
Midland Regional Hospital  
(Outpatients Department)  
086 859 1273

Monaghan General  
Hospital  
086 8241847

## Foundation Programmes in Sexual Health Promotion (FPSHP) dates for autumn 2016 and Spring 2017

### Kerry (Spring 2017):

**Closing date for application is Friday 11th November**  
January 17<sup>th</sup> & 18<sup>th</sup> - February 7<sup>th</sup> & 8<sup>th</sup> - March 7<sup>th</sup> & 8<sup>th</sup> - April  
4<sup>th</sup> & 5<sup>th</sup> - May 2<sup>nd</sup> & 3<sup>rd</sup>.

**Máire O' Leary, Health Promotion Officer**  
**Health Promotion & Improvement Department**  
Health and Wellbeing Division HSE South,  
Block 1, St. Columbanus Hospital,  
St. Margaret's Road, Killarney, Co. Kerry

**Tel:** 064 6670773  
**Email:** mairem.oleary@hse.ie

**Facilitators for the Killarney course are:** Máire O'Leary  
(HP&I) and Mary O'Connor (Public Health Nurse HSE)

### Tullamore (Spring 2017):

**Closing date for application is Monday 24<sup>th</sup> October 2016**  
Dates to be confirmed

**Margaret Whittaker**  
Health Promotion & Improvement,  
Floor 2 Scott Building,  
Midlands Regional Hospital Tullamore Campus,  
Arden Rd, Tullamore, Co. Offaly

**Tel:** 057 93 57804 **Email:** margaret.whittaker@hse.ie

**Facilitators for the Tullamore course are:** Margaret  
Whittaker (HP&I) and Fiona Gallagher (HP&I)

### Donegal (Spring 2017):

Dates to be confirmed

**Lisa O'Hagan**  
**Health Promotion Officer**  
Health Promotion & Improvement,  
Health & Wellbeing Division - HSE West,  
County Clinic (First Floor),  
St. Conal's, Letterkenny, Co. Donegal

**Tel:** 074 91 04693  
**Email:** lisa.ohagan@hse.ie

**Facilitators for the Donegal  
course are:**  
Lisa O'Hagan (HP&I) and  
Eilish McArt  
(Donegal Women's Centre)



### Dublin Mid Leinster (Spring 2017):

**Tallagh spring 2017 dates: Please note the dates and  
venue are subject to confirmation.**

January 10<sup>th</sup> & 11<sup>th</sup> - January 31<sup>st</sup> & February 1<sup>st</sup> - 14<sup>th</sup> & 15<sup>th</sup>  
February - 7<sup>th</sup> & 8<sup>th</sup> March - 28<sup>th</sup> & 29<sup>th</sup> March

**Moira Germaine**  
**Senior Health Promotion Officer Sexual Health,**  
Health Promotion & Improvement,  
Health & Wellbeing Division, St. Dymphna's Hospital,  
Athy Road, Carlow

**Tel:** 059 9143630  
**Email:** moira.germaine2@hse.ie

**Facilitators for the Dublin Mid Leinster 2017 course are:**  
Moira Germaine (HP&I) and Tracey Tobin (HP&I)

### Wexford (Spring 2017):

**Please note the dates and venue are subject to  
confirmation.** April 4<sup>th</sup> & 5<sup>th</sup> - April 25<sup>th</sup> & 26<sup>th</sup> - May 9<sup>th</sup> &  
10<sup>th</sup> - May 23<sup>rd</sup> & 24<sup>th</sup> - June 6<sup>th</sup> & 7<sup>th</sup>

**Moira Germaine,**  
**Senior Health Promotion Officer- Sexual Health**  
Health Promotion & Improvement,  
Health & Wellbeing Division, St. Dymphna's Hospital,  
Athy Road, Carlow

**Tel:** 059 9143630  
**Email:** moira.germaine2@hse.ie

**Facilitators for the Wexford 2017 course are:**  
Moira Germaine (HP&I) and Susan Scully (HP&I)

### Clonmel (Autumn 2017)

**Please note the dates and venue are subject to  
confirmation.** September 19<sup>th</sup> & 20<sup>th</sup> - October  
10<sup>th</sup> & 11<sup>th</sup> - November 7<sup>th</sup> & 8<sup>th</sup> - November 28<sup>th</sup>  
29<sup>th</sup> - December 12<sup>th</sup> & 13<sup>th</sup> May 23<sup>rd</sup> & 24<sup>th</sup> - June  
6<sup>th</sup> & 7<sup>th</sup>

**Moira Germaine,**  
**Senior Health Promotion Officer- Sexual Health**  
Health Promotion & Improvement,  
Health & Wellbeing Division,  
St. Dymphna's Hospital, Athy Road, Carlow

**Tel:** 059 9143630  
**Email:** moira.germaine2@hse.ie

**Facilitators for the Clonmel 2017 course are:**  
Moira Germaine (HP&I) and Tracey Tobin (HP&I)

**Recent  
Graduates  
of the National  
Foundation  
Programme in  
Sexual Health  
Promotion  
(FPSHP)**



Portlaw Waterford Group



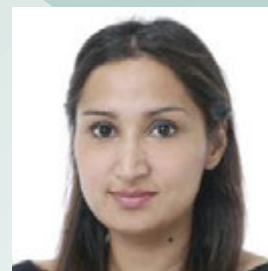
Killarney Graduates 2016



Athlone Group

## Launch of First University Programme on Sexuality and Sexual Health Education

by Anita Ghafoor-Butt, IFPA Training and Development Manager and Denise Ryan (IFPA) Communications Officer



The first Irish university programme on sexuality and sexual health education was launched in June and will commence in September at Dublin City University (DCU). The Level 9 Graduate Certificate in Sexuality and Sexual Health Education was devised in collaboration with DCU and the Irish Family Planning Association (IFPA).

The year-long programme is in response to the Health Service Executive's National Sexual Health Strategy 2015-2020, which states: "High quality training for relevant professionals is a crucial element of promoting sexual health and well-being and reducing negative sexual health outcomes." The Strategy recommends the development and provision of sexual health training to education and healthcare professionals.



Dublin City University and the IFPA, a leading sexual health provider and expert, have formed a strategic partnership to develop and deliver the programme.

DCU Programme Chair, Mel Duffy, said: "The overall aim of this programme is to provide participants with the knowledge and skills to help people make informed decisions about their sexual health and relationships. The focus of the course is not only sexual health but also intimacy, relationships and wellbeing. The programme will provide participants with appropriate, evidence-based and up-to-date knowledge. It is our aim to develop competent sexuality and sexual health educators, who will enable those they work with to make healthy decisions."

IFPA Training and Development Manager, Anita Ghafoor-Butt, said: "This programme is the first of its kind in Ireland and provides an integrated and best practice approach to sexual health within a quality assured framework at a third level institution. The IFPA has developed innovative sexual health training for over ten years and has been actively involved in the development of this programme. The IFPA will also facilitate delivery programme modules, in partnership with DCU, and will provide practical and evidence-based learning on sexual health and wellbeing."

The programme content will focus on developing knowledge regarding the diversity of sexualities and culture, sexual health education and sexual health promotion, in addition to teaching and learning about sexual health.

The programme will be of significant interest to professionals in education, public health, service provision and NGO sectors.

For more information and to apply for a place see; <https://www101.dcu.ie/prospective/deginfo.php?classname>

## Upcoming Training at HIV Ireland

HIV Ireland's education and training services provide and deliver training programmes to organisations and professionals that work with key population groups at risk of HIV, hepatitis, sexually transmitted infections (STIs) and poorer sexual health outcomes.



Organisations accessing our training and education programmes include youth organisations, drugs-related projects, community/voluntary organisations, LGBT organisations, housing/homeless projects, statutory organisations, education centres and colleges, and organisations working with migrant communities, asylum seekers and refugees.

Some training dates have been confirmed for the Autumn/Winter period as follows:

- **STIs, Condoms and Safer Sex:** Thursday 20<sup>th</sup> October 2016
- **HIV: an overview for Counsellors:** Thursday 3<sup>rd</sup> November 2016

More information and booking forms are available at <http://www.hivireland.ie/what-we-do/training/>



## Speakeasy Plus: Safeguarding and Empowering

Speakeasy Plus is a relationships and sexuality education programme for parents and carers supporting children and young adults with a disability. The only programme of its kind in Ireland, it was developed and is delivered by the Irish Family Planning Association (IFPA) and is supported by the HSE Sexual Health and Crisis Pregnancy Programme (SHCPP). Speakeasy Plus provides the information, skills and confidence to communicate with people with disabilities about growing up, sexuality, relationships and keeping safe. The six to eight week programme is designed for parents or carers and support workers of children above 5 years old with an intellectual or physical disability.

Many parents and carers of a child with a disability fear the time when their child reaches puberty and takes an interest in others on an emotional or sexual level. Parents want to protect their children while also empowering them to develop as informed adults. Speakeasy Plus focuses on how to safeguard young people while also supporting them make healthy informed choices. The training is based on international best practice and is delivered in an interactive way, providing participants with practical tips and advice.

### Course content includes:

- How to manage the challenges of puberty
- Reproductive changes
- Naming and identifying parts of the body
- How to answer your child's questions using everyday opportunities
- Influences on sexuality from inside and outside the home
- Types and rules of touch
- Keeping children safe from harm
- Recommended resources and how to use them
- Relationships and sexuality education and policies in school
- Sexually transmitted infections (optional)
- Contraception (optional).

Speakeasy Plus formed the basis of the ground-breaking programme "Keep Me Safe: Empowering Young People with Learning Disabilities." This two-year programme was cited as one of the six top global sex education programmes by the Guardian newspaper in May 2016.

Each year, 100 parents, carers and support workers participate in the Speakeasy Plus programme across Ireland. Queries on Speakeasy Plus or other IFPA trainings can be sent to Breanna Coyle, IFPA Training Officer, at [breanna@ifpa.ie](mailto:breanna@ifpa.ie) or by calling the IFPA Head Office on (01) 6074456.

Further information on the programme is available at [www.ifpa.ie](http://www.ifpa.ie).



Support workers from the Clonmel, Co. Tipperary, who participated in Speakeasy Plus in May 2016. Thanks to Health Promotion Clonmel for organising and hosting.

The features section is made possible by the following authors giving of their time and expertise in their respective fields; for any queries or further information on the features in this section please contact the relevant author.



## SafeFood encourages sexually active women who could become pregnant to take folic acid daily

Submitted by the HSE's Healthy Eating and Active Living programme

SafeFood, supported by the HSE and partners Spinda Bifida Hydrocephalus Ireland ran a campaign this summer highlighting the importance of taking a folic acid supplement daily aimed at sexually active women irrespective of whether they are planning a pregnancy or not.

Many women do not see folic acid as relevant because they are not planning a pregnancy, but research shows that half of pregnancies are unplanned. Therefore, the campaign urged all women who could become pregnant to take a daily supplement whether or not they intend to become pregnant. Women do not get enough folic acid from their food therefore taking a folic acid supplement daily is the best way to reduce the risk of having a baby with a Neural Tube Defect (NTD) like Spina Bifida.

According to Prof Michael Turner, UCD Professor of Obstetrics and Gynaecology at the Coombe Women and Infants University Hospital "Women should start folic acid before they become pregnant and not wait until they are planning a pregnancy or until after they become pregnant. Taking a 400 microgram folic acid supplement every day can potentially prevent two thirds of Neural Tube Defects every year – on average, that's approximately 50 fewer babies affected every year."

### HSE's National Dietetic Advisor, Margaret O' Neill says

*"All women need folic acid every day. However, women and teenagers who might become pregnant within the next year need an extra 400 micrograms folic acid as a supplement (tablet) every day.*

*Taking a folic acid supplement at least 3 months before becoming pregnant and for the first 3 months of pregnancy can help a baby's spine and brain develop properly. We need to ensure we provide the best protection for baby's development by encouraging all women who are sexually active and who could become pregnant to take their folic acid daily. Start the folic habit!"*

In the Republic of Ireland, 236 babies with a neural tube defect (NTD) were born between 2009 and 2011. On average, around 80 babies are born every year with a NTD – taking folic acid daily as a supplement could potentially prevent 70% of those cases. The campaign is now in its second year following positive results from year one, with 90% of those that saw the campaign said 'they were thinking about taking folic' while 38% said that they had started taking folic acid in the six weeks after the campaign. Pharmacies, retailers and manufacturers reported on average an increased sales in Folic Acid by 26%.

For more information on Folic Acid and creating that folic habit visit [www.safeFood.eu/folicacid](http://www.safeFood.eu/folicacid) or follow the conversation on twitter #FolicFacts



L-R Mr Tom Scott, Spina Bifida Hydrocephalus Ireland, Dr Rhona Mahony, National Maternity Hospital, Dr Clíodhna Foley-Nolan, safeFood, Ms Alison Canavan, Prof Michael Turner, UCD, Coombe Women and Infants University Hospital, Dr Aileen McGloin, safeFood.



## Folic Acid Facts

### What is folate or folic acid?

Folate is a B-group vitamin that is essential for good health. Folate is naturally present in many foods. A form of folate, called folic acid, is used in dietary supplements and added to foods to enrich them. These are known as fortified foods.

### Why is folate important?

Our bodies need folate to make DNA and other genetic material. Folate is also needed for the body's cells to divide. Folate is especially important in unborn babies because it helps the nervous system develop. In the very first weeks of pregnancy, the neural tube closes and fuses. The neural tube later becomes the baby's brain and spinal cord.



### What is a neural tube defect?

A neural tube defect, also known as a NTD, is more likely if mothers don't have enough folate in their bodies before getting pregnant and during the early weeks of pregnancy. Spina bifida is one type of neural tube defect. Taking extra folic acid as a supplement before getting pregnant and through the early weeks of pregnancy may reduce the chance of a baby developing a NTD. Not all cases of NTDs can be prevented, but taking folic acid is very helpful for most pregnancies.

### Who needs folic acid?

Folate cannot be stored in the body, so you need it in your diet every day. Women and teenagers who might become pregnant within the next year need an extra 400 micrograms folic acid as a supplement (tablet) every day as well as eating a healthy diet.

## Advancing Gender Equality in Health

by Jacqueline Healy Women's Health and Human Rights  
Co-ordinator. National women's Council of Ireland



Both sex and gender are recognised internationally as key determinants of health for women and men<sup>1</sup>. For women and men to sustain optimum levels of health over their lifetime, health policies, practices and services need to recognise, because of biological differences, gender roles and stereotypes, women and men have different needs, challenges and opportunities.

Health services need to be planned and structured in a way to address the different needs of women and men. Gender mainstreaming or gender proofing of plans and services is the process by which to do that. There is already a strong policy and legislative basis for gender mainstreaming in Ireland. For example the Irish Human Rights and Equality Act 2014 places a legal positive duty on public bodies to eliminate discrimination, promote equality of opportunity and treatment and protect human rights ('public sector duty').

The HSE comes under the definition of a public body. This public sector duty already exists in Northern Ireland, England, Wales and Scotland and it has had a positive impact on tackling health inequalities including gender inequality.

The Irish Human Rights and Equality Commission (IHREC) provide support and guidance to public bodies on the public sector duty. Compliance with this new duty provides a real opportunity for the HSE to eliminate gender and other inequalities across the health system. It will assist HSE in meeting its own commitments in HSE Corporate Plan 2015-2017 to working "with all relevant organisations to address the social, economic and environmental factors that give rise to poor physical and mental health and to address health inequalities." If the HSE doesn't comply it is leaving women and men's health to chance.

For more information on NWCi / HSE gender mainstreaming in health project see [www.nwci.ie](http://www.nwci.ie) and on Public Sector Duty see [www.ihrec.ie](http://www.ihrec.ie)

<sup>1</sup>World Health Organisation: Mainstreaming Gender Equity in Health: The Need to Move Forward. Madrid Statement. 14 September 2001

## The Keeping It Secret Study (KISS)

by Sylvia Murphy Tighe and  
Prof Joan Lalor, School of Nursing  
& Midwifery, Trinity College Dublin



TRINITY COLLEGE DUBLIN  
COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH

THE  
UNIVERSITY  
OF DUBLIN

KISS is being funded by the Health Research Board to explore the nature and impact of concealed pregnancy in contemporary Ireland (2013-2016). Concealed pregnancy is often considered an historical phenomenon, however it remains a contemporary and international problem. The Baby Alannah Case this year and Baby Maria Case in 2015 remind us that pregnant women in Ireland today can find themselves in traumatic and precarious situations. We recognise the rights of infants in such circumstances but contend the needs of women need greater consideration. Women who conceal a pregnancy have sometimes been pathologised or blamed which only adds to their distress.

Thirty women have spoken to us about their experience of concealing a pregnancy and report that a paralysing and overwhelming fear impacts their ability to seek healthcare and support. It is imperative that the cause of such fear is fully understood if we are to respond appropriately and sensitively. Our research has found that women keep their pregnancies hidden for a variety of reasons including domestic violence and previous traumatic life experiences. Our concept analysis of concealed pregnancy was recently published and highlighted that women were aware of the pregnancy and that levels of awareness existed. Such was the traumatic and distressing nature of concealing the pregnancy that a number of women reported feeling suicidal and some self-harmed during and after the event. Women reported coping through the use of avoidance strategies and all denied they had mental illness prior to the pregnancy.

Concealing a pregnancy is a traumatic, frightening and isolating experience for a woman. However, like those who concealed a pregnancy in the past, women fearful of revealing their pregnancy in 2016 are doing so in silence. Two cases of newborn abandonment, a newborn infant's body found in a wheelie bin and an infant born into a toilet who died, have been reported by the Irish media in the last three years. International cases include a newborn found hidden in a storm drain in Australia following a concealed pregnancy and a newborn infant's body found in the River Taff, Wales. In Australia in 2014 a young Irish woman who had an unassisted birth and hid her infant's body was charged for concealment of birth. The response to charge this young woman with a criminal act and subsequently incarcerate her demonstrates a serious lack of understanding of concealed pregnancy. This woman's baby was in fact stillborn. We contend such policing and legal responses do little to encourage women who are distressed and traumatised by being pregnant to come forward and access help. Reporting by some sections of the media involving cases of concealed pregnancy are often cruel and insensitive. Portraying women as victims or criminals does little to encourage women to come forward and access therapeutic support/healthcare. The time for action has come! The tragic situations outlined above serve to highlight the need for the development of integrated care-pathways for women to access support and healthcare. Women highlighted the need for therapeutic counselling to be available whenever they are ready to access it.

### Key learning points:

- Women can experience such intense levels of paralysing fear that it impacts seeking healthcare and support;
- Women may conceal a pregnancy if they fear significant others can dictate the outcome eg. forced termination, forced adoption and forced mothering;
- Some women who concealed a pregnancy had experienced trauma such as child sexual abuse, sexual assault or were in a relationship characterised by coercion and violence;
- It is essential that concealed pregnancy is appraised through a traumatology lens rather than from a biomedical perspective that presumes mental ill health as a cause;
- Women report concealed pregnancy is a life-altering experience with major consequences including depression, self-blame, complicated maternal-infant attachment, self-harm and suicidal ideation and intent;
- Accessible care-pathways are urgently required so women can obtain antenatal care and the privacy and confidentiality they desire to make informed decisions regarding guardianship of their infants.

Any queries please contact Sylvia Murphy Tighe Tel: 087-9817340 or Email: [smurphyt@tcd.ie](mailto:smurphyt@tcd.ie)

Related publications can be accessed at <https://tcd.academia.edu/SylviaMurphyTighe/Papers>

## Why we Need to Recognise the Sexual Health Needs of Women who Experience Homelessness

by Méabh Savage, Lecturer in Social Care in Waterford Institute of Technology.

Having worked in the sector over the past ten years I am acutely aware of the often very traumatising life events that can shape the lives of women who are homeless. Recent research studies in Ireland confirm that homeless women describe a number of complex factors that intersect to shape their lives including: poverty and abuse across the life course; gender based violence, mental illness; prostitution; motherhood; mother-child separations and addiction (Mayock and Sheridan 2012; Mayock et al. 2015). Consequently, when women present as homeless they often have multiple support needs, e.g. children and family, to emotional, mental and physical health, housing and/or addiction, and of course sexual health. In relation to sexual health, women who experience homelessness, although sharing many of the same gender-based sexual health needs with women in general, often have more complex issues, owing to their various traumatic life events. For many, their experience of motherhood is a case in point.

Motherhood is a common occurrence amongst women who experience homelessness. Over two thirds of a sample of women in Mayock and Sheridan's research were mothers or soon to be mothers. However, pregnancy and motherhood were often associated with the initiation of domestic abuse, with fifty-five (92%) of women in the study experiencing some form of domestic abuse across their life course. Furthermore, forty-three (72%) of the women in Mayock and Sheridan's study had experienced some form of abuse in childhood. Five out of twenty eight women (5 migrant and 23 non-migrant women) who reported experiencing sexual abuse during their childhood, also became pregnant as a result of sexual abuse during the latter part of their adolescence. Three out of the five women gave birth to babies, while the remaining two had reported miscarrying early into the pregnancy (ibid). Furthermore, the study highlights a strong association between experiences of sexual abuse in childhood, domestic abuse in adulthood and subsequent involvement in substance misuse<sup>2</sup>. Some women resorted to prostitution to support their substance misuse (ibid), which further exacerbated the complexity of their needs.

Although it is beyond the scope of this article to discuss the specific and multiple sexual health needs of women who experience homelessness, it is important to note that the issue has received little if any specific reference in the recent literature/discourse on women's homelessness. This is particularly concerning because, the lack of recognition of these multiple-faceted sexual health needs can affect the likelihood that women will seek support. Available research tells us that homeless women, particularly those with more complex needs, have reported negative experiences with housing, health and other service providers (Mayock et al. 2015; Reeve et al. 2006; Hutchinson et al. 2014). Women have described feeling judged, stigmatised or dehumanised by the nature of interactions with certain service providers or personnel (Biederman and Nichols 2014). Furthermore, research suggests that previous negative interactions with service personnel can exacerbate the sense of stigma and powerlessness that women have, deterring them from accessing future supports (Hutchinson et al. 2014), and /or prolonging their cycles of homelessness (Mayock et al. 2015).

Promoting sexual health in a sensitive and holistic way, which addresses more than just sexual activity, can play an important part in helping to empower women to (re) gain a sense of control over their lives and can also encourage them to access other supports to enhance their health and well-being.

Related References: Biederman, D.J and Nichols, T.R. (2014) Homeless women's experiences of service providers encounters. *Journal of Community Health Nursing*, 1, 34-48.

Hutchinson, S. Page, A. and Sample, E. (2014) *Rebuilding Shattered Lives*, London: St. Mungos.

Mayock, P and Sheridan, S. (2012) *Women's 'Journey's' into Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland, Women and Homelessness in Ireland, Research Paper.1*, Dublin: School of Social Work and Social Policy and Children's Research Centre, Trinity College Dublin.

Mayock, P., Parker, S and Sheridan, S. (2015) *Women, Homelessness and Service Provision*, Dublin: Simon Communities of Ireland.

Reeve, K., Casey, R. and Goudie, R. (2006) *Homeless Women: Still Being Failed yet Striving to Survive*, London: CRESR/CRISIS.

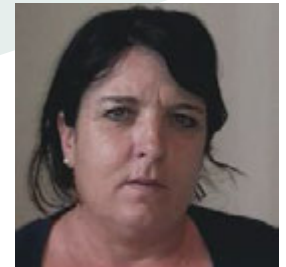
## The Primary Health Care for Traveller Project Breaking Barriers

by Aoife Mallon Co-ordinator and Mary Bridget Collins Assistant Co-ordinator  
Pavee Point Primary Health Care

Both Aoife and Mary Bridget completed *The Foundation Programme in Sexual Health Promotion (FPSHP)* from April – June 2016. This was a very positive step forward for the promotion of sexual health within Traveller communities.



The Pavee Point Primary Health Care for Travellers Project (PHCTP) was established in 1994. The work of the project is based on outreach work in the community with Traveller families, by Traveller Community Health Workers. The ethos, “nothing about us, without us” is foundational to Pavee Point’s work. This ensures that the Traveller Community Health Workers’ experience and understanding of the needs and concerns in their community is extensive, with 83% of the Travellers interviewed in the *All Ireland Traveller Health Study 2010*<sup>1</sup> (AITHS) stating they received their health information and advice from the PHCTP and from Traveller organisations. The study also found that PHCTPs were the second most important source of health information for Travellers in Ireland after GPs. It is therefore very important and valuable that PHCTPs were and continue to be, included in the programme.



The AITHS study showed an increase in service uptake when Traveller Community Health Workers were able to link between health services and Travellers in the community, this is apparent in the higher rate of participation of Traveller women in screening programmes compared with the general population (25% of Traveller women compared to 13% of general population had a breast screening and 23% of the Travellers had smear test compared to 12% of general population).

Travellers face many barriers when accessing sexual health services. Lack of access to education and information about sexual health impede access and engagement with sexual health services. Poor levels of literacy and language skills further complicate accessing vital sexual health information. Experiences of racism and discrimination have an impact on how Travellers access services and the stage at which they are accessed<sup>2</sup>. As shown in the AITHS research, the level of complete trust by Travellers in health professionals was only 41%, this compares with a trust level of 82% by the general population in health professionals. These experiences also negatively impact Travellers’ ability to engage fully with sexual health services. Sub groups, such as LGBTQ Travellers, can face even further barriers in accessing services as a result of stigmatisation and discrimination based on their ethnicity as well as their sexuality and/or gender identity.

Recognising the barriers that Travellers face when discussing relationships and sexuality, Pavee Point published *A Pavee Perspective - Travellers’ Attitudes to Sexual Relationships and Sex education*<sup>3</sup> in 2011 along with an accompanying *Relationships & Sexuality Toolkit – An Education Pack for Working with Young Travellers*<sup>4</sup>. The research highlights the importance of providing sexual education in a way that is sensitive to Traveller cultural identity and stresses the importance of tackling taboos, while the toolkit provides a framework for exploring topics and themes identified as crucial in relationships and sexuality education. Building on this previous work, Pavee Point was eager to participate in the FPSHP.

The FPSHP is an intensive, dynamic and innovative programme which provides modules on Sexual Health Promotion in the Irish Context; Understanding Diversity; and Facilitation Skills and Methodologies for Sexual Health Promotion. These aspects of the programme were very useful for the Coordinators and not only promoted a greater understanding of sexual health issues but also provided opportunities for skills building and knowledge exchange. Following the completion of the programme, Pavee Point’s PHCTP have begun to roll out sexual health awareness workshops with Community Health Workers. Mary Brigid Collins, Primary Health Care Assistant Coordinator in Pavee Point said: “We want to remove the stigma associated with sexual health among Travellers and promote a more positive attitude to sexual health. We need to ensure that everyone has access to appropriate sexual health education and information and that Travellers do not get excluded.”

An integral aspect of the Community Health Workers’ role is to work with service providers to ensure that their service is Traveller inclusive and culturally appropriate. Pavee Point are excited to continue to work with facilitators of the FPSHP to ensure the material and course content is accessible and Traveller inclusive and that there is an increase of Traveller participants going forward.

<sup>1</sup> All Ireland Traveller Health Study Team (2010). All Ireland Traveller Health Study: Summary of Findings. Dublin: School of Public Health, Physiotherapy and Population Science, University College Dublin.

<sup>2</sup> Health Service Executive (2008). National Intercultural Health Strategy 2007-2012. Dublin: Health Service Executive.

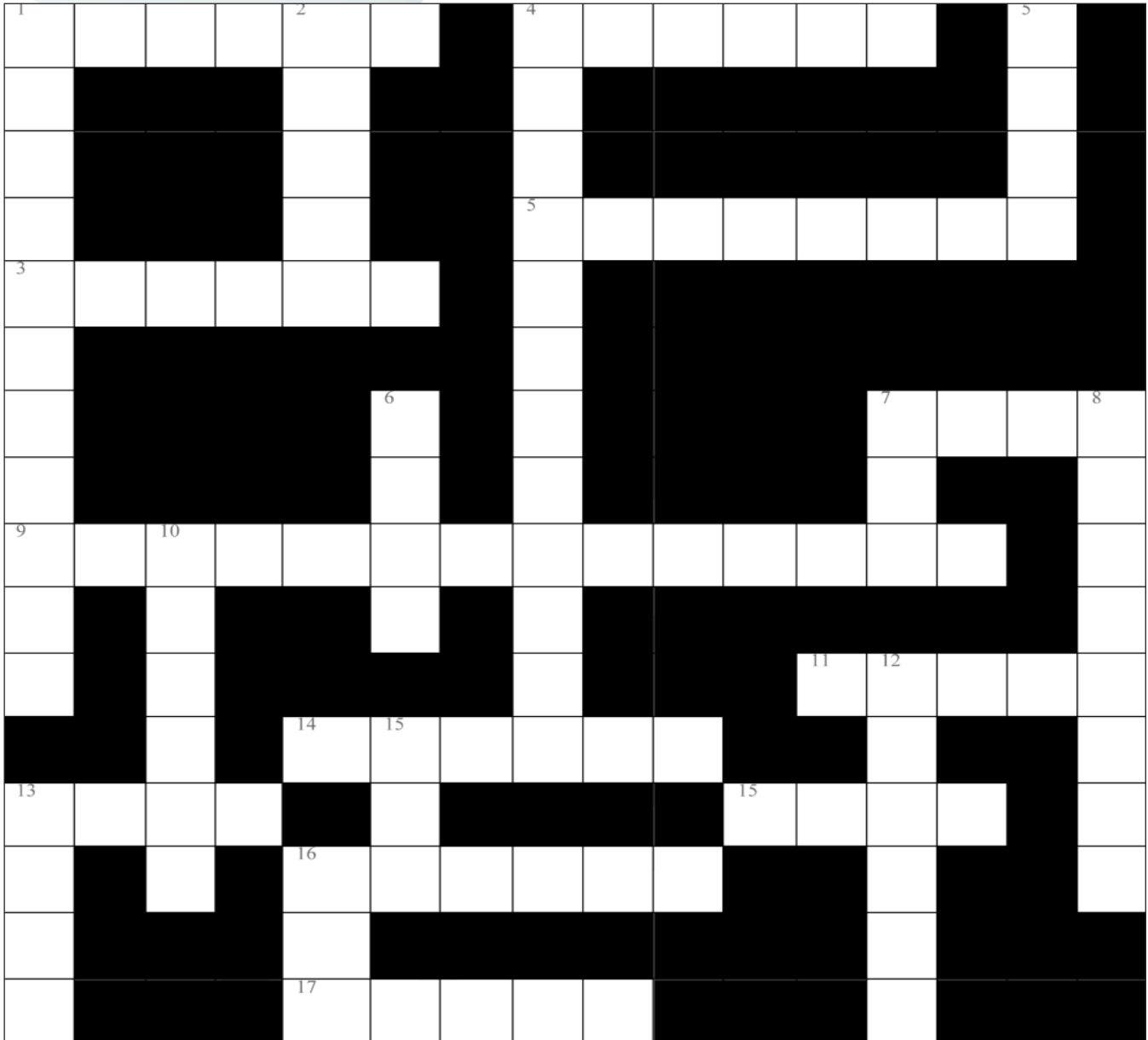
<sup>3</sup> McGaughey, Fiona (2011). A Pavee Perspective - Travellers’ Attitudes to Sexual Relationships and Sex education. Dublin: Pavee Point and HSE Crisis Pregnancy Programme.

<sup>4</sup> Pavee Point (2011). Relationships & Sexuality Toolkit – An Education Pack for Working with Young Travellers. Dublin: Pavee Point.

# Sexual Health Brainteaser

by Martin Grogan, HSE Health Promotion and Improvement HSE South West

## Crossword Theme **General Sexual Health**



**Cross Word Solution**  
 Across: 1. Transgender, 4. Internalised, 2. Viral, 13. Four  
 10. System, 6. PWID, 5 & 7. Who & Have, 15. Oil, 8. Helpline  
 16. Fun, 12. Clinic  
 Down: 2. Menarche, 3. Arousal, 4. Coit, 5. Seventeen,  
 7. EC, 8. Orgasm, 9. Erect, 10. Psychological,  
 11. Dyspareunia, 12. PLUSIT, 14. Lubricant, 16. Eyes

### Questions Across:

1. Most common age when a young person realises they may be lesbian, Gay or Bi-sexual (6)
9. Experienced by the HIV & LGBT communities (14)
4. (& 10 down) What HIV affects? (5)
13. Cost of HIV Treatment in Ireland (4)
5. Who is at risk of HIV? (8)
14. If used correctly, can reduce risk of infection! (6)
3. What status must a person hold when applying for a Gender Recognition Certificate (6)
7. 5 & 8 down) The missing words from the acronym MSM (4)
16. STI & HIV transmission route (6)
11. Another term for thymus-derived lymphocyte? (5)
17. Casual sexual activity without condoms should happen when? (5)
15. The Gender Recognition Act was passed in what year? (4)

### Questions Down:

1. The T in LGBT (11)
4. A particular type of Homophobia (11)
2. What type of infection is HIV (5)
10. (& 4 across) What HIV affects? (6)
13. The number out of 5, new HIV diagnoses which were sexually acquired in 2014? (4)
6. Acronym used to describe people injecting drugs (4)
- 5 & 7. (& 7 across) The missing words from the acronym MSM (4, 3)
15. An enemy of Condoms (3)
8. Phoning 1800-459-459 will connect you to a HIV & Sexual Health what? (8)
16. A positive element of sexual activity (3)
12. A place of support and treatment (6)



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The B4udecide.ie website delivers 'The Facts without the Lecture' to young people.

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