

SEXUAL HEALTH NEWS

WELCOME TO ISSUE 4, SPRING 2017



Mr Leo Kearns, CEO RCPI, student Jack McCoy 1st Place.

"Congratulations to Jack McCoy from Ardscoil Rís in Limerick, overall WINNER of a public speaking competition for transition year students on "Consent for Intimacy: What do young people think and do they really consider it?" The competition was part of the recent HSE Sexual Health and Crisis Pregnancy Programme Conference celebrating the 1st anniversary of Ireland's National Sexual Health Strategy 2015-2020"

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- HSE Women's Health Service/
Anti Trafficking Team
- What Would You Do? Campaign
- Frequent Ejaculation Possible Link to
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- Research Underway in Post-primary on
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December 2016

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Design & Print

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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.

Some photos may be posed by models for illustration purposes only.

Welcome

by Tracey Tobin,
Sexual Health News Editor,
Health Promotion & Improvement HSE South East

Welcome to Issue 4, Sexual Health News (SHN) magazine; The work of the magazine editorial team is made easier with your help and your contributions.

Issue 4 again validates the wide diversity of work that is undertaken by so many enthusiastic health and community professionals working within sexual health promotion. This issue highlights some important areas of this work such as; harm reduction in the use of 'G' drug and the issues affecting vulnerable groups such as the deaf community and women in prostitution. This issue also includes an update from the Sexual Health Promotion Conference that celebrated a year since the launch of the National Sexual Health Strategy 2015-2020. as well as training and resource updates.

As always, **please** do consider contributing to Issue 5 due out in the autumn 2017, it's a great way to share our work and to keep informed in what's happening within sexual health promotion in Ireland. | Tracey



Call for Submissions

Issue 5 – Autumn 2017 closing date for receipt of submissions 30th June 2017

If you have any feedback on the newsletter or would like to contribute to the next edition please contact...
Martin Grogan at martin.grogan@hse.ie or Tracey Tobin at tracy.tobin@hse.ie

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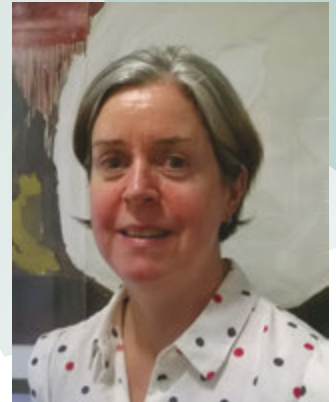
AN AMENDMENT TO ISSUE 3

The map of STI Clinics in Ireland omitted to include the services at the Ballinasloe Gum/STI clinic, Portiuncula Hospital (Outpatients Department) Phone no. 0909624676/090 9648 372 (extension 676) We would like to apologise for this omission.

THANK YOU FROM HELEN DEELEY

In December 2016, Minister for Health Promotion, Marcella Corcoran Kennedy, opened the first HSE Sexual Health and Crisis Pregnancy Programme conference to mark one year on since the launch of the National Sexual Health Strategy (2015-2020), Ireland's first national strategy for sexual health and wellbeing. Many of our key partners who actively work in the area of sexual health helped celebrate some of the main achievements made by all across the areas of sexual health promotion, education & prevention, services and sexual health intelligence. I am delighted to see this issue of Sexual Health News highlights some of these successes and I would like to take this opportunity to thank all those involved in the area of sexual health for their ongoing commitment and work.

Helen Deely, Head of the Sexual Health & Crisis Pregnancy Programme



2017 Dates For your Diary

April:

April 26th

National PEP Conference,
The Rotunda Hospital for more information

gavramovic@mater.ie

July:

July 1st

Sexual Health Campaign
www.thinkcontraception.ie

July 28th

World Hepatitis Day

<http://worldhepatitisday.org>

August:

August 1st - 7th

World Breastfeeding week

<http://worldbreastfeedingweek.org/>

<http://waba.org.my/www.breastfeeding.ie>

October:

October 1st - 31st

Paint it Pink Breast Cancer Awareness Month

www.cancer.ie

October 1st - 7th

National Breast feeding week

www.breastfeeding.ie

November:

November 1st - 30th

Prostate Cancer Awareness

www.cancer.ie

November 19th

International Men's Day

www.internationalmensday.com

www.mhfi.org

November 25th - December 10th

International 16 days of Action
Opposing violence Against Women

www.womensaid.ie

December:

December 1st

World Aids Day

www.worldaidsday.org/events

www.acet.ie

December 10th

International Human Rights Day

www.ihrc.ie

www.un.org/en/events/humarightsday/

**The above information is supplied by the Health Promotion & Improvement Library and Information Service Health & Well-being Events 2017.*

HIV Ireland launch the National HIV and AIDS Archives

by Susan Donlon – HIV Ireland

To celebrate our 30th anniversary in 2017, HIV Ireland has launched the National HIV and AIDS Archives.

Throughout 2017 we will be providing the general public with articles that appeared in the print media in 1987 relating to HIV and AIDS. Snippets of articles will be posted on our Facebook and Twitter pages throughout the year. At the end of each month, all print media articles from our archives specific to that month will be uploaded to our website at <http://www.hivireland.ie/policy-news-and-media/national-hiv-and-aids-archives/>.



You can follow the 1987 print media archives at www.facebook.com/hivireland.ie, www.twitter.com/HIV_Ireland or follow the hashtag #NationalHIVArchives.

The HPV Vaccine available to men who have sex with men and to people living with HIV

In December 2016 Dr. Fiona Lyons, Clinical Lead for Sexual Health, HSE Sexual Health and Crisis Pregnancy Programme announced the extension of the free HPV vaccination programme. This would now be available to men who have sex with men (MSM) and to people living with HIV. The HPV Vaccination is available to MSM aged between 16 and 26 years, through public STI Services.

The vaccine will help to prevent HPV infection which can cause HPV-associated cancers and genital warts. It is particularly important that MSM have access to the HPV Vaccine because they do not benefit from the herd immunity conferred through vaccinating adolescent girls.



HPV Vaccine

by Dr Brenda Corcoran, Consultant in Public Health Medicine, National Immunisation Office

Since 2010 the HSE has offered the HPV vaccine to all girls in first year in second level schools. The vaccine is offered to this age group as the vaccine response is best at this age.

More than 100 million people have been vaccinated worldwide with over 220,000 girls in Ireland. High vaccine uptakes are the key to preventing cervical cancer but uptake rates are falling in Ireland due to alleged safety issues.



HPV vaccine safety has been monitored for more than ten years by many international bodies including the European Medicines Agency (EMA) and the World Health Organization.

There is no scientific evidence that there has been an increase in the incidence of any medical condition in vaccinated girls. There is scientific evidence of the impact of HPV vaccine. In Australia the rate of cervical cancer has halved in vaccinated girls and cases of high grade precancerous changes of the cervix have reduced by up to 5% in Australia, Sweden and Scotland.

The HSE is offering a catch up opportunity for girls who missed out on the HPV vaccine in the coming weeks as immunisation teams revisit schools to protect them from cervical cancer.

For more information see www.hpv.ie

What Would You Do? National Awareness Campaign

by Daniel X Fitzpatrick

The National Office for the Prevention of Domestic Sexual & Gender Based Violence

On the 16th of November 2016, the Tánaiste and Minister for Justice and Equality Frances Fitzgerald T.D. launched the national awareness campaign What would you do? (if you witnessed domestic violence). This was developed by Cosc - the National Office for the Prevention of Domestic, Sexual and Gender-based Violence. It is intended that the campaign will run for 6 years up to 2021, with the first three years dedicated to domestic violence and the final three years focussing on sexual violence. It recognises that men and women are victims of such violence.



The campaign aims to increase the awareness of domestic and sexual violence, to bring about a change in established behaviours and attitudes and to activate bystanders with the aim of decreasing and preventing this violence. A bystander approach to ending domestic violence is about enabling people in the community to prevent and intervene, if it is safe and legal to do so.

Speaking at the campaign launch, the Tánaiste said "This campaign is about prevention. It is about empowerment and it's about support. It offers hope and support to victims of domestic violence and it empowers us as witnesses to such violence to find out what we can do to help stop it and to support people who are caught up in this most devastating of human experiences"



What would you do? 'is a high impact media campaign designed to reach a national audience which features TV ads, cinema, radio, outdoor, social and digital advertising. The campaign presents situations where

bystanders become witnesses to domestic violence and are conflicted as to what they should do. The call to action directs people to search the campaign website www.whatwouldyoudo.ie for information and advice on domestic violence and how they can help. The campaign provides an opportunity for each of us, whether in our professional or personal lives, to start a conversation about what we would do if we came across such situations, a question that is rarely easy to answer.

The Irish Government published the Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021 early in 2016; a key action under the prevention pillar of the strategy is a national awareness campaign. The campaign was sought by non-governmental organisation stakeholders to ensure the delivery of a single consistent national message.

Female ad: https://www.youtube.com/watch?time_continue=1&v=qH3zXk4s0mw

Male ad: https://www.youtube.com/watch?v=Min3O_D_wM4

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 please let the Sexual Health News team know and we can include details of these in the next edition.

Transforming the Classroom Support for families and Schools supporting Transgender Students

by Catherine Cross, Family Support & Education Officer
at Transgender Equality Network Ireland TONI



Transgender
Equality
Network
Ireland

School policies in Ireland regarding transgender students are broadly speaking focused on dealing with transphobic bullying. While these are very important, policies that deal with the everyday practicalities of being transgender in school can be crucial in preventing bullying in the first place. To address this issue, Transgender Equality Network Ireland (TENI) has published a resource that helps schools support a student who may be gender non-conforming or transgender.

Schools can be a very distressing place for students who may be questioning or exploring their gender identity. Students and families who approach a school looking for support rarely do so unless the need is very great, as the prospects of making a social transition can be very daunting.

Most schools want to do their very best to support that student to achieve their potential, but may be at a loss to know what they should or can do in terms of pastoral care and policy in relation to transgender young people. In response, this resource offers schools an insight into what such students may be experiencing and practical advice on terminology, uniforms, bathrooms and gendered activities such as physical education.

Every school is different, so too are the experiences of transgender students and their families. However, with a little negotiation most practicalities can be navigated quite successfully.

The helpful resource provides a framework from which school can start to make their own environment transgender friendly. For more specific support, schools can access consultation, advice and teacher training from the Family Support and Education Officer at TENI, Catherine Cross, 087-0637933.

The resource is available for download from: <http://www.teni.ie/attachments/7544b288-f9ca-486b-b1b8-f14177836c63.PDF>



Transforming the Classroom
Supporting Trans Young People in Schools

Sexual Health and Sexuality Education Needs of Young People in Care Research Summary now available

This research summary presents key information about the sexual health and sexuality education needs of young people in care in Ireland.

The information has been taken from the SENYPIC study, which involved interviews with young care-leavers (aged 18 to 22), foster carers and service providers responsible for caring for young people living in residential centres.

It is part of a series of research summaries developed by the HSE Sexual Health & Crisis Pregnancy Programme, which aims to share research in a concise and easy-to-read format.

The research summary is available here:
<http://www.crisispregnancy.ie/wp-content/uploads/2012/06/SENYPIC-Summary-FINAL-WEB.pdf>

Hard copies are available to order for FREE from www.healthpromotion.ie

Research About The Sexual Health And Sexuality Education Needs Of Young People In Care

For young people in care, their parents, young adults who have left care, foster carers, social care workers, social workers, health professionals and policy makers

September

2016

About this booklet

This booklet presents key research findings about the sexual health and sexuality education needs of young people in care in Ireland. It is part of a series of research summaries developed by the HSE Sexual Health & Crisis Pregnancy Programme (the Programme). The series aims to share research findings in a concise and easy-to-read format.

This summary looks at the findings of the Sexual Health and Sexuality Education Needs Assessment of Young People in Care (SENYPIC) study. The study involved interviews with young care-leavers (aged 18 to 22), foster carers and service providers responsible for caring for young people living in residential centres. It was funded by the Programme in partnership with Tusla - Child and Family Agency.

The research found that 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 showed 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 needs depending on their individual circumstances.

This booklet sets out some of the main points discussed in the interviews, such as how emotional security, confidence and good social skills are the basis for good sexual health, how Relationships and Sexuality Education (RSE) is being delivered in care settings and what factors are preventing the consistent delivery of good quality RSE to young people. It also lists some key messages that arose from the interviews.

We hope that this booklet will provide useful information and provoke interest and discussion among those who read it. The Programme and Tusla 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 booklet.



Relationships Explored and Life Uncovered - REAL U Training

by Caroline Cooke, Training Officer, Training Learning and Development

An evaluation of the REAL U programme undertaken by the UNESCO Child & Family Research Centre at NUI, Galway, (2014) found there is a significant need for the programme. It also found, that young people considered it relevant, fun and insightful making them more informed and aware of the consequences of their actions.

Youth workers described the programme as effective for the following reasons:

- It is perfectly pitched to the needs, interests and concerns of young people
- It encourages openness around sexuality among young people & dispels myths
- All the information needed is provided for the facilitator
- The content can be adapted based on needs and interests of particular age groups
- It supports difficult topics such as pornography, STIs, contraception and negotiating consent
- It places sexual health in a broader context of holistic well-being, particularly emotional health and relationships.

Of the young people surveyed 98% rating the REAL U programme as good, very good or excellent, while 84% said that they would recommend it to other young people. The study found that the REAL U programme is filling a gap with regard to relationship and sexuality education for young people in Ireland and is seen by practitioners as effective in engaging young people, responding to their needs and impacting on their knowledge and attitudes in this area.

Training in Foróige's REAL U has been requested by Educational Training Boards (ETB's) organisations in the out-of-school sector including regional and national youth services, disability services and residential care settings.

Further information on this training is available at from Caroline Cooke Training Officer, Foróige Tel:01-6301734
 The full evaluation report can be accessed at www.foroige.ie



Research underway in post-primary schools on Relationships and Sexuality Education (RSE)

The HSE Sexual Health & Crisis Pregnancy Programme has commissioned a team of researchers to generate an understanding of how RSE is experienced from the perspectives of different stakeholders within a sample of post-primary schools. The research is being led by Dr. Mel Duffy from the School of Nursing and Human Sciences, Dublin City University. The research was commissioned to provide a detailed exploration of how different stakeholders view RSE within their education settings, with a view to comparing and contrasting experiences within and across settings. It is intended to explore factors leading to the reported variation in the quality of the RSE Programme taught in schools.

The research is being supported by the Department of Education & Skills and the Department of Health.



Frequent Ejaculation Linked To Lower Prostate Cancer Risk

Review of paper by Moira Germaine Senior Health Promotion Officer Sexual Health HP&I South East

A U.S. study, published in 2016 and recently the source of headlines in the Irish media, has yielded promising evidence on the possible risk-reducing effect of frequent ejaculation on the development of prostate cancer. The study sample consists of 32,000 men who have been followed for 18 years; a previous report was published in 2004. Although the sample was primarily Caucasian, the researchers believe that it is still generalisable, as a true biological association between ejaculation frequency and prostate cancer would not be expected to differ by race or ethnicity

At recruitment in 1992, all participating men were asked to report their average monthly frequency of ejaculation from the ages of 20 to 29 years and 40 to 49 years, and during the previous year. A lifetime average was then computed from these reports.

After potential confounders were controlled for, the risk for prostate cancer was 20% lower in men who ejaculated at least 21 times a month than in men who ejaculated 4 to 7 times a month. The 20% risk reduction was seen at ages 20 to 29 and 40 to 49, and for the lifetime average (P trend < .0001 for all). However only 8.8% of the 40-49 age-group reported at least 21 ejaculations per month. Dr Rider suggests that rather than dwelling on the number of ejaculations, the more interesting finding is the dose-response relation.

The average age of the men in the study was about 59 years. Most of the men were married, but the men who reported at least 21 ejaculations per month at ages 40 to 49, were more likely to be divorced than peers who reported less frequent ejaculation (11.8% vs 4% - 7%).



The publication of this research has caused a stir as it is particularly robust in terms of the sample size, the prospective and long term nature of the data and the specific reference to ejaculation (past studies have generally been retrospective and limited to proxies for ejaculation, such as age at marriage, number of children, and number of sexual partners). That said, the authors urge caution in interpreting the findings and stress the need for additional research into the underlying biological mechanisms to corroborate their findings.

The study concludes that, "More frequent ejaculation in the absence of risky sexual behaviours, could represent an important means of reducing the profound medical costs and physical and psychological side effects of unnecessary diagnosis and treatment of low-risk tumours, even though it appears to be less strongly associated with aggressive disease".

Jennifer R. Rider et al., Frequent Ejaculation Linked To Lower Prostate Cancer Risk, European Urology, Volume 70 Issue 6, December 2016, Pages 974-982.



Sexually Transmitted Infection Training STIF Mater Hospital

This is a multi-disciplinary course and applications are invited from, doctors and nurses working in general practice, family planning and reproductive health, Genitourinary Medicine (GUM), health advisers, secondary care clinicians (who may encounter patients with sexually transmitted infection), pharmacists and school nurses.

The aim of the course is to equip participants with the basic knowledge, skills and attitudes for the effective management of sexually transmitted infections outside the GUM setting. Early registration is preferable. It is recommended to attend both days although if you have attended a STIF course in the past 3 years, you can attend the STIF PLUS day to update your knowledge and skills.

TRAINING DATES: STIF CORE: 13th May 2017 - STIF PLUS: 14th May 2017

For Further information on the course, cost and application process contact:

Gordana Avramovic course organiser at **tel:** 01 716 4562 **email:** gavramovic@mater.ie

Crisis Pregnancy Counselling Skills Education

by Anne McCarthy: Lead tutor, Certificate Crisis Pregnancy Counselling Skills

Over the past ten years more than 150 health and social care professionals, counsellors and therapists have trained and graduated with a Certificate in Crisis Pregnancy Counselling Skills from the Department of Adult and Community Education, Maynooth University.

The aim of the course is to support health, social care professionals to respond supportively to clients, and patients presenting with an unwanted or crisis pregnancy. For most people finding themselves pregnant it is an occasion of joy, but for a number of women the experience is one of shock and trauma. The nature of the crisis experienced by clients varies as does their situations. Clients may be mature married women, students and even more complex cases including women with addiction, domestic violence, mental health issues, women trafficked from abroad, and victims of rape.

The Crisis Pregnancy Agency in 2007, now the HSE Sexual Health and Crisis Pregnancy Programme, in partnership with the Department of Adult and Community Education Maynooth University, developed a practical set of guidelines, which has influenced the design of the course. The first cohort of students came from the counselling agencies funded by the Sexual Health Crisis Pregnancy Programme and is free for those attending. More recently, those attending the course in Maynooth University have expanded to include participants who come from all sectors of care and health such as midwives, social workers, residential care workers, counsellors, medical social workers, child protection social workers and community nurses.

The course explores crisis pregnancy in a practical and thoughtful manner in seven two-day seminars over a year. The participants create a learning community and reflect and learn from their shared experience in an adult learning setting. The methodology includes experiential learning; and inputs from experts on topics related to crisis pregnancy. These include the choices of parenting, adoption, termination of pregnancy, the law as it relates to crisis pregnancy in Ireland, and fatal fetal abnormality.

Many participants say they have never worked this way and it has given new meaning to their practice and approach with patients and clients. The opportunity to share and learn in a facilitated learning space encourages social and health care professionals gain a better understanding of the experience of a traumatised and shocked client or patient. In understanding their clients better, they are more equipped and confident to help them emotionally care for themselves and make appropriate choices. The key to supporting clients in this situation is to listen and hear them in a non-judgmental, client centre, supportive manner.

A further strength of the course is the level of networking that the course encourages. The participants do this naturally and gain a deeper appreciation of multidisciplinary approaches; a social worker learns what it is to be a midwife in a busy hospital and vice versa. New respect grows among them for one another as caring professionals. They also begin to use these connections and network in their professional contexts. One graduate, a psychiatric nurse, applied to the course to gain reliable knowledge and skills in helping her respond to patients dealing with a crisis pregnancy: "the course met all my expectations and more" The course caters for sixteen students each year.

Masterclass in Crisis Pregnancy Department of Adult and Community Education Maynooth University

To reach a wider audience of health and social care professionals the conducts a number of Masterclasses each year. The Masterclass topics include:

- The Law and Crisis Pregnancy
- Fatal Fetal Abnormality
- The Journey
- Termination of pregnancy, a complex decision
- Supervision and Ethics.

The Masterclasses are conducted in Maynooth University and in Cork City.

Further information on the dates, time, and cost of attendance can be viewed at:
www.maynoothuniversity/masterclasscrisispregnancy.ie

The Foundation Programme in Sexual Health Promotion (FPSHP) in action

by Martin Grogan Health Promotion & Improvement officer and FPSHP facilitator

The FPSHP continues to integrate sexual health promotion into the core work of diverse disciplines within the health, education and community sectors. The FPSHP is now the national sexual health training programme and has been identified as such under the National Sexual Health Strategy. It is planned that one hundred health professionals will be trained annually. In 2015 ninety five health care professionals were trained in 5 different locations: Killarney, Galway, Cork, Waterford and Clonmel. In 2016 one hundred and eighty eight health care professionals were trained, exceeding the target of 100.

The FPSHP has now expanded to eleven locations nationwide; the locations of the 2016 courses were: Ardee (Louth) - Athlone - Castlebar - Cork City - Dublin 24 (Tallaght) - Killarney - Kilkenny City - Letterkenny - Limerick City - Waterford

It is intended to replicate the above locations and participant numbers for 2017. For more details on individual locations, please see page 12 or the advert on the back page.

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



Castlebar



Tullamore



Kilkenny



Cork

Foundation Programmes in Sexual Health Promotion (FPSHP) Dates for 2017-2018

Cork Autumn 2017-18

September 26th & 27th
 October 17th and 18th
 November 14th and 15th
 December 12th and 13th
 January 23rd and 24th 2018

Closing Date: 7th April 2017

Facilitators:

Martin Grogan (HP&I) and Sharon Parkinson (HP&I)

Please contact: Martin Grogan
 Health Promotion & Improvement Officer

Tel: 021 4921665

Email: martin.grogan@hse.ie

Longford Autumn 2017-18

October 10th & 11th
 November 14th & 15th
 December 12th & 13th
 January 16th & 17th 2018
 February 13th & 14th 2018

Closing Date: 29th May 2017

Facilitators:

Margaret Whittaker (HP&I)
 and Fiona Gallagher

Please contact: Margaret Whittaker,
 Health Promotion & Improvement Officer

Tel: 057 93 57804

Email: margaret.whittaker@hse.ie

Donegal 2017

Dates to be confirmed

Facilitators:

Lisa O'Hagan (HP&I) and
 Eilish McArt (Donegal Women's Centre)

Please contact: Ms Lisa O'Hagan

Tel: 074 91 04693

Email: lisa.ohagan@hse.ie

Dublin Mid-Leinster 2017

Tallaght

September 19th & 20th
 October 10th & 11th
 November 7th & 8th
 November 28th & 29th
 December 12th & 13th

Closing Date: 2nd June 2017

Facilitators:

Moira Germaine (HP&I) and Tracey Tobin (HP&I)

Please contact: Moira Germaine

Tel: 059 9143630

Email: moira.germaine2@hse.ie

Limerick City 2017

Dates to be confirmed

Facilitators:

Mairead Kelly (HP&I) and GOSHH

Please contact: Mairead Kelly,
 Health Promotion & Improvement Officer

Tel: 061 461243

Email: maireada.kelly@hse.ie

Castlebar Co. Mayo

Autumn 2017-18 Courses

September 20th & 12st
 October 18th & 19th
 December 6th & 7th
 January 17th & 18th 2018
 February 14th & 15th 2018

Closing Date: 12th May 2017

Facilitator:

Thelma Birrane,
 Health Promotion & Improvement Officer

Please contact: Thelma Birrane

Tel: 094 9042589

Email: Thelma.birrane@hse.ie



HSE Sexual Health and Crisis Pregnancy Programme: One year since the launch of the National Sexual Health Strategy



HSE Sexual Health and Crisis Pregnancy Programme Conference to mark one year since the launch of the National Sexual Health Strategy. Pictured left to right, Helen Deely Programme Lead, Sexual Health Crisis Pregnancy Programme, Minister for Health Promotion, Marcella Corcoran Kennedy, Dr Fiona Lyons, Clinical Lead in Sexual Health, Dr Stephanie O’Keeffe, National Director Health and Wellbeing HSE, and Dr Derval Igoe, Specialist in Public Health Medicine.

On the 12th December 2016, Minister for Health Promotion, Marcella Corcoran Kennedy, opened the first HSE Sexual Health and Crisis Pregnancy Programme conference to mark the first year of the National Sexual Health Strategy (2015-2020), Ireland’s first national strategy for sexual health and wellbeing.

Speaking at the event, Dr. Stephanie O’Keeffe, National Director, Health and Wellbeing, HSE, remarked:

“The National Sexual Health Strategy was developed in response to the need to establish clear leadership within the health sector in the area of sexual health. The HSE has made significant progress this year on implementing the strategy with the aim of reducing STIs and crisis pregnancy and improving access to sexual health information, education and services.”

Helen Deely, Head of the HSE Sexual Health and Crisis Pregnancy Programme provided an update on significant developments in 2016, including a review of crisis pregnancy counselling services with a view to establishing a new model for service delivery. The HSE currently funds 15 organizations to provide 40 services nationwide.

Commenting on the review, Helen Deely said:

“There has been a steady decline in women attending face-to-face crisis pregnancy counselling in recent years. In 2017, we intend to move towards a national crisis pregnancy counselling telephone service which we hope will encourage more women to access crisis pregnancy counselling if they require it.”

SEXUAL HEALTH CONFERENCE

The event also included a progress update on the actions set out in the National Sexual Health Strategy Action Plan (2015-2016), a range of presentations and seminars on new and innovative ways of delivering STI care, a master class for GPs on STIs, a master class for crisis pregnancy counsellors on the current legislative framework and a seminar on Sexting and the Law for parents, teachers and youth workers.

HSE Sexual Health and Crisis Pregnancy Programme Conference also supported a public speaking competition for transition year students on the theme "Consent for Intimacy: What do young people think and do they really consider it?". The winner was Jack McCoy he is a student from Ardscoil Rís in Limerick. Congratulations Jack.

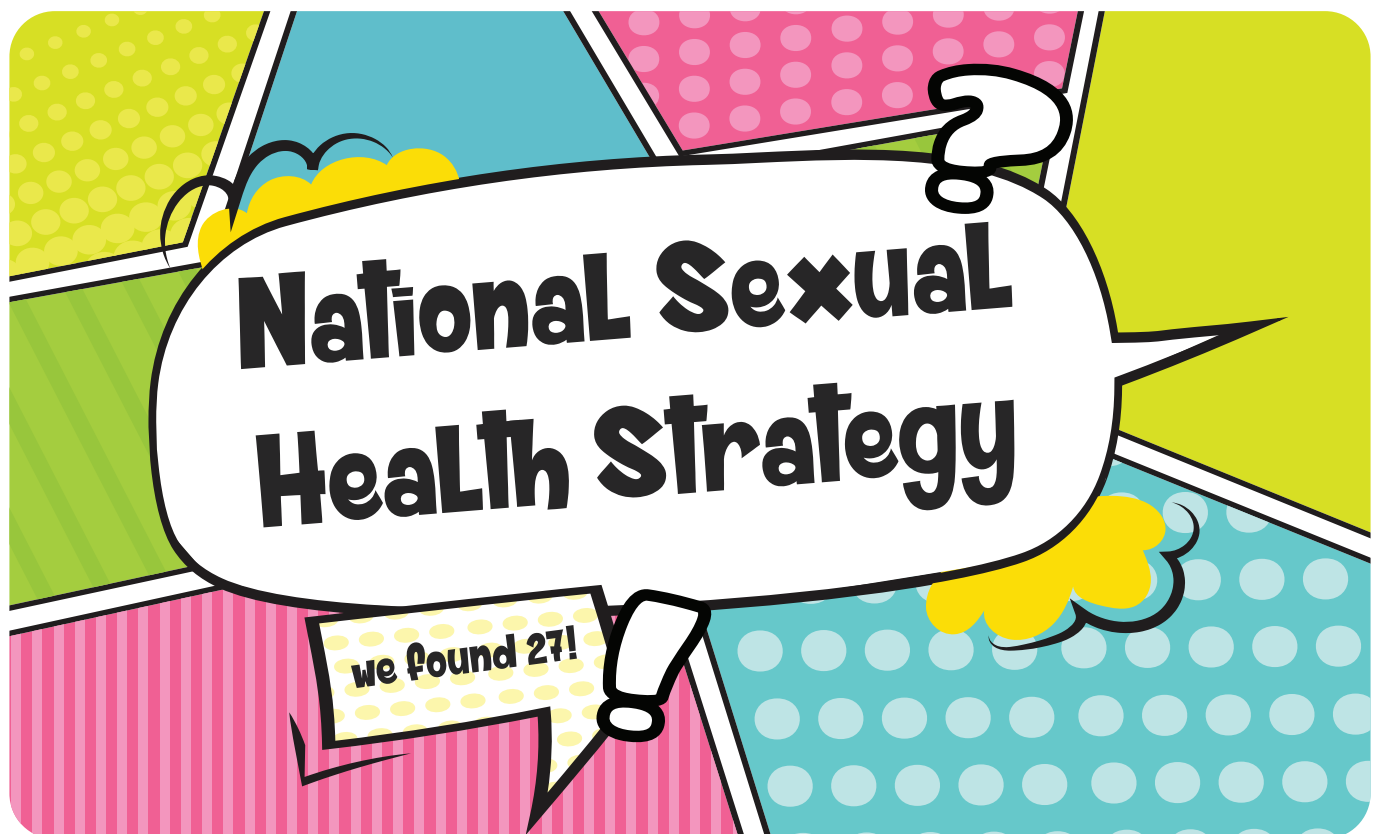


Left to right Maire O'Leary, Health Promotion Officer Trish Hurley Project Worker, Teen Parent Support Programme Cork (centre) & Tracey Tobin, Health Promotion Officer.

Test your Brains!

by Tracey Tobin HSE Health Promotion and Improvement HSE South East

How many sex / sexuality related words can you find in the following heading:



AGREE-AMOROUS-ANAL-AROUSAL-GAY-HETEROSEXUAL-HONEST-HYGIENE-NO-ORAL-RIGHTS-SENSUAL-SEX-SEXUALLY-
SEXY-SHARING-STI-STRAIGHT-TESTING-TESTIS-TONGUES-TRANS-TRUST-TRUTH-UTERINE-YES

Answers:

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.

'G' Harm Reduction Resources

by Andy Osborn, Online & Digital Services Team Leader, Ana Liffey Drug Project

Sexual health and addiction services in Ireland have teamed up to produce harm reduction resources aimed to help address increasing use of the drug 'G'.

Those involved in the initiative are: Ana Liffey Drug Project, Drugs.ie, Gay Health Network, Gay Men's Health Service, Gay Switchboard Ireland, HIV Ireland, HSE National Social Inclusion Office, HSE Public Health, and Rialto Community Drug Team.

G, also known as GHB, GBL or Liquid E, is a drug which can give a high, or if too much is consumed, it can cause sedation, loss of consciousness, coma, or even death.

The initiative is in response to a number of people presenting to services for G use, with some turning up in A&E having overdosed on the drug. There have been several presentations of people severely affected or addicted to G products who have required medical detoxification, some requiring inpatient medically supervised detoxifications.

The resources, which are available to download from the drugs.ie website, include a fact sheet, a poster, a webpage, and a wallet sized 'G' card that users can carry on their person. In the event of the person carrying the card being found unconscious, the card will alert services that an overdose is a possibility.

While acknowledging that it is always safest not to take unknown or illicit drugs at all, the campaign recognises that there is a cohort of people using the drug. In response to this, the information on the factsheet and poster focuses on harm-reduction messaging aimed at this group.

One of the risks associated with G use is its steep dose-response curve, meaning there is only a small variation in the dose required to produce the 'desired effect' and the dose which could result in an overdose. Therefore, it is very easy to overdose on G.

The drug has a delayed onset which means it can take longer than expected to kick in.

An additional risk is that someone may take a dose, think nothing is happening, and then take another dose. This can lead to accidental overdose.

The campaign encourages people to treat a G overdose seriously, to seek medical help and contact emergency services if they or a friend has used too much G, and not to assume people will 'sleep it off'. It is advised to not use other drugs in the hope of reversing the effects of G.

Continued on page 16

G

Also known as GHB, GBL and Liquid E

G is a drug which can give you a high with small doses and sedation with only slightly higher doses. Taking **G** can result in feelings of euphoria, reduced inhibitions and drowsiness. **G** is commonly sold in plastic bottles or containers.

G OVERDOSE
The effects of **G** vary from person to person, what can be a euphoric dose for one person can be a sedative dose for another. It is very easy to overdose on **G**. There is only a small variation in the dose required to produce the 'desired effect' and the dose which could result in an overdose. A **G** overdose, or going under, can lead to a coma or death.

IT IS ALWAYS SAFEST NOT TO TAKE UNKNOWN OR ILLICIT DRUGS AT ALL.
If you do decide to take **G**, remember:

- Always use as low a dose of **G** as possible and wait 4 hours before redosing.
- Never swing from the bottle or accept pre-prepared **G** from someone else.
- Avoid mixing with alcohol. Mix **G** with water, soft drinks or juice.
- Avoid using **G** with other drugs.
- As unconsciousness can occur, try to have one sober friend or one friend who isn't using **G**.
- Use with people you can trust in a safe environment.
- **G** increases libido and lowers inhibitions, so always carry extra condoms.

Seek medical help and contact emergency services if you or a friend has used too much **G**. Don't assume people will 'sleep it off'.

For information and support on drugs and alcohol visit: drugs.ie/ghb or call the HSE Drugs and Alcohol Helpline on 1800 459 459

DRUGS.ie
Drug and Alcohol Helpline

HSE
Health Service Executive

GHB - GBL - G - Liquid E

Emergency Contact:

An overdose with one of the above substances may be a possibility if this person is found collapsed.

You **SHOULD**:

- Call the Emergency Services (112).
- Check that he/she is breathing.
- If not breathing, attempt CPR, if trained.
- If breathing, place in the recovery position, and continue monitoring breathing.
- **MAKE SURE** they have not vomited (risk of choking).

Continued from page 15

Speaking about the initiative, Dr Eamon Keenan, National Clinical Lead for HSE Addiction Services, said:

"The HSE addiction services are pleased to be involved in developing this harm reduction message around the emerging use of 'G' drugs in the target population. Collaboration between services and agencies has highlighted the significant risk posed by these drugs, particularly that of overdose. The fact that there is only a very small difference between a dose used for recreational purposes and a dose that can cause overdose cannot be emphasised strongly enough. Overdose will require medical intervention and emergency services need to be prepared for this, the 'G' card will help in this regard by alerting services to the possibility of 'G' toxicity. Dependence can also develop over a relatively short period of time."

G use has been associated with the Chemsex scene among the Gay community in Ireland. As a result, outreach workers from the Gay Men's Health Service are distributing the posters in bars, clubs and sex-on-premises venues in Dublin. An original run of the posters and G cards were distributed in December 2016 and January 2017 by the outreach workers in venues including: The George, Pantibar, The Hub (Sweatbox, PrHomo, Mother), Street 66 and The Boilerhouse. With support from the Gay Health Network an additional print run has been completed and the original list of venues targeted by the GMHS outreach workers will be increased.

Siobhan O'Dea, manager of the GMHS, Dublin is keen to highlight the supports which exist, she said: *"the Gay Men's Health Service is a friendly, confidential, non-judgmental service and we are happy for people to come and talk to us or ask for support if they need it. We would also encourage people to have regular STI screening if they are taking part in Chemsex and taking risks as a result."*

In addition to the supports available from the GMHS, individuals with problems associated with G use can present to the National Drug Treatment Centre, Dublin, for an assessment and referral for medical detoxification, if required.



For more information on G and to download the following:

- For resources visit www.drugs.ie/ghb
- For information on overdosing visit www.drugs.ie/overdose
- For a national directory of drug and alcohol treatment services visit www.drugs.ie/services

HSE Women’s Health Service/Anti Human Trafficking Team

by Linda Latham, Manager/Clinic Nurse HSE Women’s Health Service/Anti Human Trafficking Team (AHTT)



L to R: Riikka de Burca, Patricia O’Dornan, Kathryn McGrath, Dr. Paula McDonnell, David Carroll, Judy Sweeney, Linda Latham RGN/ Service Manager, Francini da Silva.

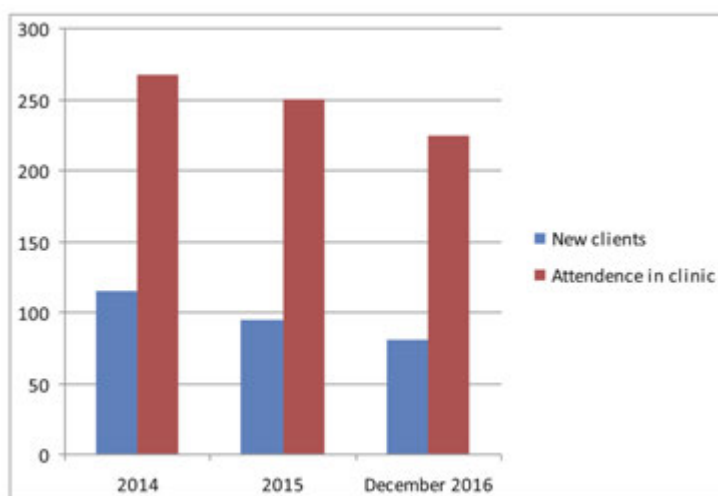
The Women’s Health Service is a sexual health and outreach support service for women affected by prostitution and victims of trafficking for sexual exploitation. This free and comprehensive health service includes full sexual health testing, treatment and contraception and sexual health promotion. Staff also outreach to streets and to apartments providing condoms and health information to women who often don’t attend many health facilities.

Diagnoses consist mainly of Sexually Transmitted Infection’s (STIs) such as Chlamydia, Gonorrhoea, Candida, Bacterial Vaginosis and Hepatitis are amongst the most common. Women often suffer from Dyspareunia (pain on sexual intercourse) Cystitis, Human Papillomavirus, Herpes and crisis pregnancy. HIV has a very low diagnosis rate amongst our patients, often it is a preexisting condition diagnosed in their home countries.

Translation services are provided usually by phone for migrant women. Many are young women with visa issues and are trapped in a cycle of survival sex in attempts to earn money. Poverty and social exclusion are reasons why many do not wish to go home.

The harms of prostitution are well documented and we have seen the effects of sexual exploitation and its repercussions on women and their families over many years. Women may have concerns regarding sexual health, crisis pregnancy, physical or sexual violence, legal or visa issues that they may wish to discuss and can get important and accurate information from staff or be referred where appropriate.

As the Sexual Offences Bill recently passed through the Dáil and legislation for the decriminalisation of women involved in the sex industry and the criminalisation of the purchasers of sex will come into force over the coming months; a focus now on support for women seeking to exit prostitution will be paramount.



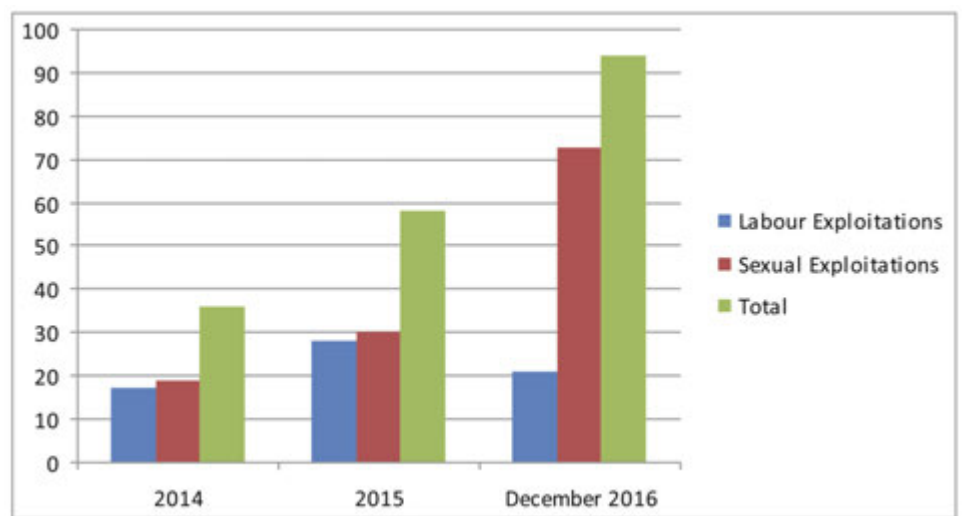
Continued from page 17

Women can attend any clinic but may wish to attend our customised service in the Specialist Clinic for Victims of Trafficking for Sexual Exploitation, where staff will assist these women in all aspects of health and social care. If women wish to report the crime of sex/labour trafficking, there are a number of statutory measures open to them. Staff will guide all persons affected by the sexual exploitation through the options in a confidential manner. Alternatively appointments could be made to support women outside of clinic times.

The women's health attendances have been fairly consistent over the past years with repeat visits normal as the trust relationship develops. We wish to expand on current service provision into new communities and place emphasis on outreach and prevention work for all exploited persons in all areas of the commercial sex industry.

The Anti-Human Trafficking Team (AHTT) have a responsibility to care-plan victims of Human Trafficking under the statutory National Action Plan, Department of Justice. Persons can be trafficked for sexual, labour and forced criminal reasons and are residing throughout the country; our staff travel to these patients to assess and implement specialised care.

Potential victims are referred into the service by An Garda Síochána, Protective Services Human Trafficking Investigation and Coordination Unit (HTICU) and the team then assess and care-plans with the individual according to their particular needs. Many of their general health and social welfare issues are addressed such as housing, finances, medical and psychological concerns, family issues, social welfare benefits etc. Staff also support people through the investigation process with HTICU and liaise with all the statutory and NGO services who can offer additional support to victims of trafficking. Over the past few years the number of trafficking referrals has been steadily increasing. The exploitation has also included Sham marriages and those forced to carry or sell drugs.



In 2016 the AHTT recruited three new case workers to the service, including a staff nurse with clinical expertise. This has enabled the development and implementation of much needed intensive and specialist care to the victims of human trafficking. The AHTT are noticing multi-layered levels of trauma and increased complexity among the referred client group both male and female, including mental health issues and mild intellectual disabilities. Many of the African patients have endured voodoo processes and suffer greatly from the harm inflicted.

Victims of sex trafficking/women in prostitution, are acknowledged to suffer from Post-Traumatic Stress Disorder (PTSD) with conditions akin to victims of torture. Specialist trauma counselling is required and may take some time to rehabilitate. Other issues pertaining to the target group are homelessness and housing, family reunification (many women have children in their home countries wishing to unite with them) crisis pregnancy and risk of re-entry into prostitution. We are hoping to expand on service delivery in 2017 and are developing pathways for referrals on many of the above mentioned issues.

Having the ability to see women who are currently involved in the sex industry and listen to the impact it has on them and their lives as well as witnessing the trauma of those who were forced by trafficking into sexual exploitation, allows staff of our combined service a great expertise in engaging meaningfully with patients and their needs.

I believe that the Women's Health Service can actually make a difference to a person's life; we nurses care for and plan with women to the best of our ability for a future free from harm. This work is truly a privilege and rewarding for us as staff and we sincerely hope beneficial and in some cases, life changing for the patients with whom we work.

Sexual Health Promotion within the Deaf Community

by Susan O'Callaghan, Advocacy Officer, Cork Deaf Association (CDA) and past participant of the Foundation Programme in Sexual Health Promotion (FPSHP)

As a deaf person, I am a native Irish Sign Language (ISL) speaker (user) and I am trained to communicate in challenging and sensitive situations. I have developed a wide range of information and advocacy programmes for Deaf people of all ages and the need for more education in relation to sexual health has become very apparent. I completed the Foundation Programme in Sexual Health Promotion in Cork 2 years ago to further add to my skill set to underpin the work of the CDA concerning sexual health promotion.

For a Deaf person, the major obstacle to accessing information is communication. The majority of Deaf people in Ireland use ISL as their primary language (ISL is the indigenous language used by the Deaf Community in Ireland) and yet there is a marked lack of information available through ISL. As a service provider for the Deaf Community throughout Cork city and county, the CDA frequently sees the serious impact on the lack of information on matters such as sexual health and the barrier to communication that face Deaf clients. The role as the Advocacy Officer is to promote a greater awareness of sexual health language and promote the right of Deaf people to access this essential information in ISL.

In addition, my focus is to explore the diverse approaches that parents can use in discussing issues of sex and sexuality with their children (Deaf Kids of Deaf Adults - KODA), also develop an understanding of how parents construct their role as sex educators. CDA want to gain insights into the culture within the home and to analyse how parents communicate with their children by using ISL, what they communicate about relationships and sexuality, and the context in which the communication takes place. In addition we want to capture any differences in how parents communicate with their children in matters relating to relationships & sexuality.

Lack of information or misinformation can lead to less 'socialisation' of sexual clients who are not well equipped to recognise an unhealthy sexual relationship. Issues around 'consent' are poorly understood and some adults prove to be uncertain about some basic aspects of reproduction. Attending the FPSHP has helped me to support the Deaf community in a more meaningful and constructive way in ensuring sexual health information and promotion is not overlooked.

If you would like to know more about the Cork Deaf Association please contact Susan at: Email: susan@corkdeaf.ie Text only: 087 1826930 or visit www.corkdeaf.ie



Free rapid HIV testing marks World AIDS Day 1st December 2016

The HSE Sexual Health and Crisis Pregnancy Programme, in partnership with a number of community based sexual health organisations around Ireland, provided free Rapid HIV testing on 1st December to mark World AIDS Day 2016. World AIDS Day is held on the 1st December each year and is an opportunity for people to come together to celebrate the advances that have been made in tackling HIV, to remember those who have lost their fight against HIV, highlight the work that still needs to be done in the area against HIV and to show their support for people living HIV.



Increasing awareness of HIV and encouraging testing are integral parts of the ongoing fight against HIV. To facilitate this, rapid HIV testing took place in Dublin, Cork and Limerick throughout the day in community settings. A Rapid HIV Test involves a fingerprick which takes a small sample of blood and is applied to the test kit; the result is available in 60 seconds. According to Dr. Fiona Lyons, Clinical Lead in Sexual Health with the Sexual Health and Crisis Pregnancy Programme, "Access to HIV testing is a critical part of HIV prevention. Increasing choice and availability of HIV testing is important to reducing the barriers to testing and late diagnosis of HIV. Earlier diagnosis of HIV allows people to avail fully of the benefits of antiretroviral therapy. In addition, at a population level reducing the numbers of those with undiagnosed, untreated infection helps prevent further spread of HIV."

A revived appreciation and capacity to explore the complexity and diversity of sexual health

by Mairead Barry, past participant of the Foundation Programme in Sexual Health Promotion (FPSHP) and lecturer Department of Health Sport and Exercise Science, Waterford Institute of Technology



Like all people, I have numerous roles and labels that I identify with, such as woman, daughter, wife, friend, sister and work colleague. In most work environments, knowledge, professionalism and outcomes are expected and valued. The FPSHP reminded me about the importance of integrity and the connection we have with ourselves when we are working. This connection is two-fold, firstly with ourselves as practitioners and secondly with the person/groups we work with.

In my time as a researcher, lecturer, facilitator and supervisor and co-course leader on the Masters in Advanced Facilitation Skills for Promoting Health and Well Being core aspects of my work involves facilitating modules that focus on life skills, experiential group work for promoting health and well-being and facilitation skills (also known as Social, Personal and Health Education). This part of my job is the primary reason I applied for the FPSHP, in the hope that it would:

- 1. enhance my capacity to explore sexual health in a more meaningful way with adults and young adults**
- 2. develop my knowledge on the complexities and nuances of Sexual Health**
- 3. to explore the impact my personal experiences, values and beliefs have on my role as a facilitator.**

The training did not disappoint! I got a lot more than I had hoped and expected. Various factors played important roles in my learning, such as, the experienced and ever-present facilitators, the wonderfully diverse group, the methodology of experiential learning, the length and design of the training and the reflective work. This training reminded me of the importance of acknowledging the holistic perspective of Sexual Health. I notice that I now talk about certain topics that I would not have allowed myself think about never mind talk about previously; this most certainly has been life-enhancing both on a personal and professional level. The participative nature was inclusive, engaging and involving for me. I truly believe my experience on this training has enhanced my capacity as a facilitator of sexual health workshops.

As a participant I was reminded of the sensitivity and complexity of the topics, the diversity of peoples' experiences and how challenging it can be to talk about certain things. I discovered in a meaningful way how to empathise with group participants in the future. During the training I remember feeling extremely challenged by a topic that organically emerged from the group. In my 14 years of working with groups this topic never came up but interestingly very soon after this event the topic came up unprompted from an individual when I was working with a group. Thanks to the training, I facilitated and supported the individual and the group to have a conversation, I maintained a boundary, I had the capacity to tolerate my own anxiety and most importantly provide a space where the participants expressed themselves around a sensitive topic on sexual health. The experience I had on the training supported me in my role as a facilitator in a way I never expected.

To conclude, I am very grateful for 'taking the chance' and completing this training. I am grateful to the experienced, professional facilitators and wonderful fellow participants. A phrase I heard during this training was "when there is an information gap, people will use what they know". This training provided me with the opportunity to build my capacity on the area; not just on content but also on how I do my work and how I am when I sit with my groups.

The Pearl of Wisdom campaign on cervical cancer prevention

by Aine Travers IFPA

During European Cervical Cancer Prevention Week (ECCPW) in January each year, the Irish Family Planning Association (IFPA) partners with CervicalCheck – The National Cervical Screening Programme on the Pearl of Wisdom campaign. The pearl is the European emblem for cervical cancer prevention. This year, the IFPA distributed 22,000 pearl pins to partners and health promotion networks throughout the country. Women with experience of being screened and treated for pre-cancerous cell change came forward to tell their stories in the media, and RTE broadcaster Maura Derrane once again lent her support as campaign ambassador.

The calls to action of the campaign are simple: all women aged 25-60 are encouraged to visit www.cervicalcheck.ie or Freephone 1800 45 45 55 to check when their next free smear test is due, or to book their first test if they've never had one before. All supporters of the campaign are encouraged to wear and share a pearl pin during the week to show solidarity with those affected by cervical cancer, and to start the conversation about screening with friends and family. The key message is that screening is quick, free and could save your life.

Philip Davies, Director General of the European Cervical Cancer Association, has noted that the CervicalCheck programme is one of the best cervical screening programmes in the world. Target uptake of the programme is 80%, and CervicalCheck's 2014/15 programme report shows that 79% of the 1.2 million eligible women are presently availing of screening. However, there are some discrepancies in uptake across ages and geographical areas. For example, women over age 50 are less likely to attend for screening than younger women, and there is lower uptake in counties Clare, Kilkenny, Laois, Monaghan, Offaly and Roscommon than the national average.

Another area of concern addressed by this year's campaign is the declining uptake of the HPV vaccine. The latest data available suggests that uptake is down to 70%, mainly due to concerns raised about the vaccine's safety. However, during Pearl of Wisdom campaign week, IFPA Medical Director Dr Caitriona Henchion highlighted the fact that large scale reviews carried out by the World Health Organisation and the European Medicines Agency in 2015 have found no link between the Gardasil vaccine and serious health conditions.

Writing for the Irish Medical Times, Dr Henchion emphasised that, "A combination of HPV vaccination and regular cervical screening is predicted to significantly reduce the incidence of cervical cancer." The HPV vaccine currently protects against 70% of cervical cancers, meaning that many more women could be spared the anxiety of abnormal smear test results and colposcopy examination if they receive it. However, because the vaccine does not prevent the types of HPV that cause the other 30% of cervical cancers, the combination of vaccination plus screening is necessary for maximum protection. Cervical cancer is a common cancer among women, with 300 women diagnosed in Ireland each year. But, Dr Henchion notes, "It is almost completely preventable." Ireland has the resources to do this, and so ongoing evidence-based education and awareness initiatives are vital to make it a reality.



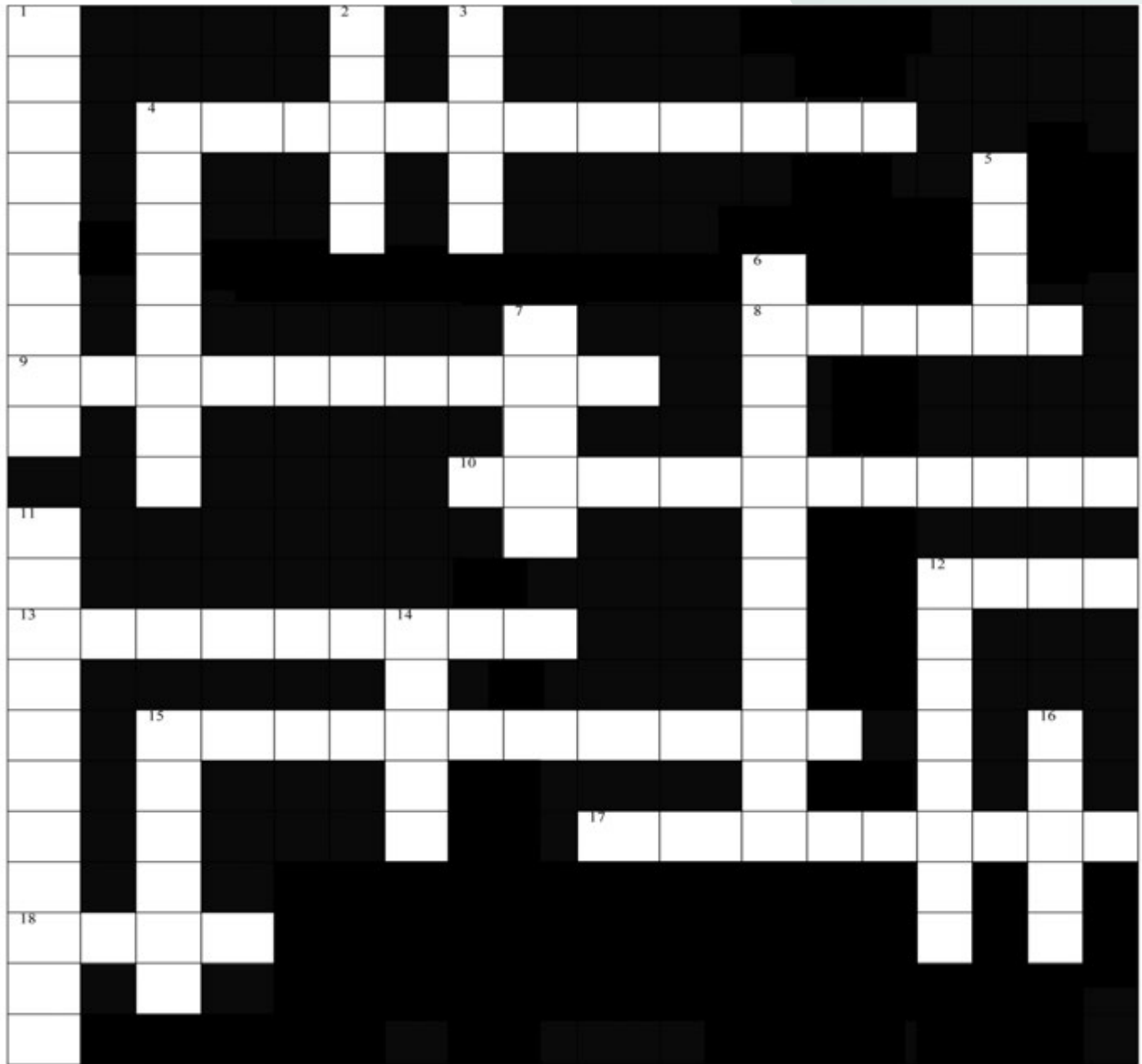
SEXUALITY, INFORMATION
REPRODUCTIVE HEALTH & RIGHTS



Sexual Health Brainteasers

by Tracey Tobin & Martin Grogan, HSE Health Promotion and Improvement

Crossword Theme **General Sexual Health**



Across

- 4. A disorder of pregnancy characterized by high Blood Pressure and a large amount of protein in the urine
- 8. A human in the early stages of development before it is born
- 9. The term for when a sperm and egg meet
- 10. What sex can result in a pregnancy or STI
- 12. & 3. down) Plays an important role in the growth of the baby in early pregnancy
- 13. The first six weeks after birth
- 15. Tightening of the uterine muscles are called Braxton Hicks -----.
- 17. A birth that takes place more than 3 weeks before the baby is due
- 18. --- to Skin contact after birth can have a positive effect on bonding

Down

- 1. Expecting a baby
- 2. The male reproductive cell
- 12. & 3. down) Plays an important role in the growth of the baby in early pregnancy
- 4. A temporary organ that joins mothers and fetus
- 5. The happy result of a pregnancy
- 6. Male sex hormone
- 7. Ultra ----- A high-frequency sound wave scan that creates a picture of the baby and placenta.
- 11. Excessive nausea & vomiting in Pregnancy – experienced by the Duchess of Cambridge
- 12. The fluid that surrounds the baby in the uterus
- 14. The number of trimesters in a pregnancy
- 15. The narrow neck-like passage forming the lower end of the womb
- 16. The number of weeks in a full term pregnancy

Wordsearch Theme **Positive Sexual Health**

- TRUST
- POSITIVE
- RELATIONSHIPS
- EDUCATION
- RESPECTFUL
- WELLBEING
- SAFE
- INFORM
- CONSENT
- HEALTHY
- EXPERIENCE
- LEGISLATION
- EQUALITY
- PLEASURABLE
- ACCESS
- SERVICES

T	W	E	L	L	B	E	I	N	G	I
R	D	E	Q	U	A	L	I	T	Y	P
U	E	C	N	E	I	R	E	P	X	E
S	A	F	E	K	L	N	M	D	U	S
T	E	A	A	V	W	E	R	T	T	P
Q	U	C	V	O	P	M	K	S	H	I
S	E	C	N	E	E	T	I	S	E	H
S	N	E	V	S	Z	C	N	U	A	S
R	E	S	P	E	C	T	F	U	L	N
E	T	S	L	R	L	I	O	N	T	O
E	I	X	P	V	I	S	R	M	H	I
M	B	X	K	I	M	E	M	L	Y	T
B	E	D	U	C	A	T	I	O	N	A
C	O	N	S	E	N	T	T	L	I	L
P	L	E	A	S	U	R	A	B	L	E
P	O	S	I	T	I	V	E	W	E	R
N	O	I	T	A	L	S	I	G	E	L

Cross Word Solution
Across: 4. Pre eclampsia, 8. Embryo, 9. Conception, 10. Unprotected, 12. Acid, 13. Postnatal, 15. Contraction, 17. Premature, 18. Skin
Down: 1. Pregnancy, 2. Sperm, 3. Follicle, 4. Placenta, 5. Baby, 6. Testosterone, 7. Sound, 11. Hyperemesis, 13. Amniotic, 14. Three, 15. Cervix, 16. Forty



Foundation Programme in Sexual Health Promotion (FPSHP)

A comprehensive training programme for health, education, youth & community service providers who wish to develop their confidence, skills and knowledge in the area of sexual health promotion.

Programme Aim

To enhance participants' capacity to incorporate sexual health promotion into their work through the development of their comfort levels, confidence, knowledge and skills in relation to sexual health.

Content

This programme will look at sexual health promotion holistically throughout the human life-course.

This will be covered under the following headings:

- Sexual Health Promotion in the Irish Context
- Sexual Health, A Life-Course Approach
- Contraception and STIs
- Self Esteem & Sexual Health
- Sexual Diversity
- Sex, Society and Culture
- Irish Law and Sexual Health
- Power and Sex
- Working Safely around Sexual Health
- Project Planning and Needs Assessment
- Facilitating Workshops on Sexual Health

Certification

This course is certified by the HSE Health Promotion & Improvement and endorsed by:

- An NMBI Category 1 Approved for Registered Nurses and Midwives
- Irish Association Social Workers - Accredited for CPD points, see IASW CPD policy for further details
- Irish Association Counselling and Psychotherapy - 60 hours attended

Application Process

The application process is a 2 step process:

- Step 1: Application Form
- Step 2: Telephone interview

The duration of the course is 10 days; these 10 days are split into five 2 day modules, typically facilitated over a four to five month duration.

Training days run from: 9.30am to 4.30pm

The course fee is currently covered by Health Promotion and Improvement.

FPSHP 2017 course locations & facilitator contact email details:

Castlebar: Thelma Birrane	Thelma.birrane@hse.ie
Cork: Martin Grogan	Martin.Grogan@hse.ie
Donegal: Lisa O'Hagan	lisa.ohagan@hse.ie
Tallaght, Dublin: Moira Germaine	Moira.germaine2@hse.ie
Dublin North East (Louth): Olivia McGeough	Olivia.mcgeough@hse.ie
Limerick: Mairead Kelly	maireada.kelly@hse.ie
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