Welcome to Issue 5, Autumn 2017

Features inside this issue:

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- An audit of Gonorrhoea and Chlamydia in the North East of Ireland
- Communicating with Cardiac Patients about Sexual Activity
- Female Genital Mutilation

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Welcome to Issue 5, Sexual Health News (SHN) Magazine

Martin Grogan and Tracey Tobin
Sexual Health News magazine Co-editors, Health Promotion & Improvement HSE South

The SHN project team are proud to say that from the very first edition in September 2015, Sexual Health News magazine continues to strengthen with the fantastic help of all our contributors and colleagues. From the onset of the 1st issue, we continue to disseminate 500 hard copies of SHN to sexual health related services throughout the island of Ireland. SHN is also disseminated electronically to over 2,000 services with the help of our HSE colleagues and the past participants’ of the Foundation Programme in Sexual Health Promotion (FPSHP). SHN is also uploaded onto the Irish Health Repository (LENUSS) helping to ensure we reach the widest target audience.

This strengthening, growth and development of each edition sees Issue 5 being available to access on Smart phones/Notebooks by simply clicking on the URL link https://issuu.com/murphyprintdesign/docs/shnissue5?e=30062790/52892637. This new version of SHN will be disseminated to all current subscribers over the coming weeks. If you wish to receive more information on this new E version of SHN please contact any of the SHN project team.

SHN will work hard to continue developing over the coming years but to ensure we are producing a product of interest to you we would appreciate hearing your views; let us know how we can continue to develop.

As always, please do consider contributing to SHN; Issue 6 is due out in the Spring of 2018, it’s a great way to share our work and to keep informed in what’s happening within sexual health promotion in Ireland.

Martin & Tracey

Call for Submissions

Issue 6 – Spring 2018  Closing date for receipt of submissions 30th January 2018

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

Editorial Team

Martin Grogan SHN Editor and HSE Health Promotion & Improvement Cork and Kerry
Tracey Tobin SHN Editor and HSE Health Promotion & Improvement HSE South East
Anita Ghafoor Butt Communications Manager, HSE Sexual Health & Crisis Pregnancy Programme.

SHN is funded by the HSE Sexual Health and Crisis Pregnancy Programme
Minister Catherine Byrne launches 15th annual Gay Health Forum. Enhanced access to community HIV and STI testing offered to over 7,500 men who have sex with men (MSM)

Minister Catherine Byrne, T.D. Minister of State at the Department of Health with responsibility for Health Promotion and the National Drugs Strategy launched the 15th Annual All-Ireland Gay Health Forum in Dublin Castle on Friday, 30th June.

In her opening speech, the Minister welcomed the partnership approach by the Health Service Executive (HSE) and Gay Health Network (GHN) along with various organisations attending the forum in advancing the health and wellbeing of men who have sex with men (MSM).

The Gay Men’s Health Service (GMHS) reached its 24th year of operation on October 6th 2016 and continues to be the only statutory public health service in Ireland for gay, bisexual and MSM.

Key highlights for GMHS 2016 included:

- A nurse led asymptomatic screening service established on a six month pilot basis with access to rapid HIV testing as well as a full STI screen. This service is now funded by the HSE until December 2017, due to its success.
- The introduction of an outreach pilot programme. This is a peer led HIV/STI education, prevention and support programme in community and social settings such as bars, clubs and saunas and at the Outhouse LGBT community centre.
- Peer led and online promotion of www.man2man.ie.
- HIV Laid Bare and the LUV Bugs campaign.
- GHN participated in key national committees and projects, such as Chemsex and MISI research working groups; GHN were involved in highlighting the need for Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP0 accessibility.

### WHATS NEW?

<table>
<thead>
<tr>
<th>Dates for your diary</th>
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<tr>
<td><strong>October</strong></td>
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| 1st - 31st Oct | Paint it Pink Breast Cancer Awareness Month  
* [www.cancer.ie](http://www.cancer.ie) |
| 1st - 7th Oct | National Breast Feeding Week  
* [www.breastfeeding.ie](http://www.breastfeeding.ie) |
| 1st - 30th Nov | Prostate Cancer Awareness  
* [www.cancer.ie](http://www.cancer.ie) |
| 19th Nov | International Men’s Day  
* [www.internationalmensday.com](http://www.internationalmensday.com)  
* [www.mhfi.org](http://www.mhfi.org) |
| 25th Nov - 10th Dec | International 16 days of Action Opposing Violence Against Women  
* [www.womensaid.ie](http://www.womensaid.ie) |
| **November** |
| 1st Dec | World Aids Day  
* [www.worldaidsday.org/events](http://www.worldaidsday.org/events)  
* [www.acet.ie](http://www.acet.ie) |
| 10th Dec | International Human Rights Day  
* [www.ihrc.ie](http://www.ihrc.ie)  

*The above information is supplied by the Health Promotion & Improvement Library and Information Service Health & Well-being Events 2017.*
Health Service Executive (HSE) Launches Lesbian Gay Bisexual Transgender Intersex (LGBTI) and Allies Network
by Michele Guerin, Equality Officer, HSE Dublin North East

The HSE recently launched a new support network for employees, the HSE LGBTI and Allies Network. The new Network will enhance the HSE’s commitment to creating an inclusive workplace, welcoming and supportive of all of its employees. This was launched on 21st June 2017 by the Director General, Tony O’Brien, with closing remarks by Rosarii Mannion, National Director of HR.

More than 60 HSE employees attended the launch and participated in discussions regarding the role and function of the Network, challenges that may need to be overcome, and actions and activities for the future. A Network Steering Committee is now established and some initial goals and objectives have been now been defined. The purpose of the Network, following initial consultations at the launch, is to:

- Provide visibility and a voice for the LGBTI community in the health services
- Establish networks of support, both face-to-face and technological via social media
- Develop support processes for LGBTI employees through the development of the ‘Ally’ role
- Send positive messages to existing staff, prospective employees and service-users that the HSE welcomes and supports all employees

The formation of the Network was identified as a key priority for the HSE in 2017 and is included in the People Strategy document and the Diversity Equality and Inclusion Units (HR Division) Strategic Plan for 2015 – 2018. The launch of the Network is also fully supported by HSE management, which is committed to identifying and removing any barriers to full engagement or participation, for both employees and service users, and embraces fully the principles of the equality legislation. Two priority activities scheduled for this autumn are:

- To establish an LGBTI Steering Group, with representation from all areas of the country, staff groupings, and service areas. This group will be key to forming and supporting the agenda for the LGBTI Network in the coming years
- To deliver LGBTI Allies training for a pilot group of 20 employees, with representation from all geographical areas. A promotional campaign will then follow, stating the role of the LGBTI & Allies Network and contact relevant details.

Information regarding the activities of the Network, and other related issues, is available on the HSE website. Contact from employees interested in any aspect of the Network is welcome. Please contact us on LGBTI@hse.ie

Irish Men’s Sheds launches new men’s health website

The Irish Men’s Sheds Association (IMSA) recently launched a new dedicated men’s health website, www.malehealth.ie

Malehealth.ie aims to set men of all ages on the road to better health by signposting them to a wide range of health information and resources from over 40 leading Irish health organisations, including sexual health information from the age of 20 up to 70 +.

The new website is based on the hugely successful Australian Men’s Sheds Association website ‘Spanner in the Works’. www.malehealth.ie offers key health information for men in a practical, relatable form. The website supports men by directing them to relevant health information from a leading health body. A wide range of organisations are currently signposted on the site, covering a wide range of health topics such as diabetes, joint health and testicular cancer.

Barry Sheridan, Chief Executive of the Irish Men’s Sheds Association commented: “It is very fitting that the Irish Men’s Sheds Association should be the driving force behind this new website. Men’s Sheds have been at the forefront of a revolution in men’s health in Ireland in recent years, www.malehealth.ie is another innovative way of encouraging men to take control of their health and wellbeing”

hashtags: #malehealthie  Twitter handle: @irishsheds
Facebook:https://www.facebook.com/irishmensshedsassociation

5 | AUTUMN / WINTER 2017
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.

Sexual Health Resource Libraries

The Sexual Health Resource Libraries are a free resource to support health professionals in their sexual health promotion work.

A range of sexual health promotion reports/journals/training manuals and practical aids are available to loan out for a period of up to two weeks at a time from numerous locations throughout Ireland. Each library location may vary slightly in what they have available but some of the practical aids include: Body Boards, Half Life-size dolls, Contraceptive kits, Condom Demonstrators, Breast & Testes examination kits. There is no library membership or too many rules when signing out items; simply contact your local HSE health promotion office or email your query to Martin Grogan at martin.grogan@hse.ie

See back page for more information on the Sexual Health Promotion Libraries

Get Tested Booklet
(A Guide to Free HIV, STI and Hepatitis testing in Ireland)

HIV Ireland has recently updated their Get Tested booklet, which can be ordered free through HIV Ireland’s online service http://www.hivireland.ie/what-we-do-/free-resources/

The booklet is also available to download at the following link: http://www.hivireland/what-we-do/our-publications/get-tested-a-guide-to-free-hiv-and-sti-testing-in-ireland/ and the HSE healthpromotion.ie service

Sex and You: A Modern Irish Perspective

Sex and You: A Modern Irish Perspective is a new Irish resource published in 2016. The book is a useful resource for teachers, youth workers, psychotherapists and adult couples in a sexual relationship. The book is written to help the reader find solid footing in dealing with the new and myriad challenges faced by families and health professionals in today’s world.

"The book is written for anyone who wants to know more about sex; even the most ‘seasoned’ adult will learn something new"

Dr. Jean O’Brien Counselling Psychologist

For more information on the book please click on https://www.amazon.com/Sex-You-Modern-Irish-Perspective-ebook/dp/B01DQ579ZY or alternatively please email: sexandyoubook@gmail.com
Information for General Practitioners Working with Transgender People

The Regional LGBTI Health Steering Group was established in HSE Social Inclusion CHO 5 to:

Develop and oversee the implementations of the recommendations from, “The Rainbow Report: LGBTI Health Needs and Experiences and Health Sector Responses and Practices in the HSE South East Region” The Rainbow Report explored what worked well for service users and also considered what service providers could improve upon. One of the actions that emerged was the need to support GPs to work with those who identify as Transgender.

From this work a twelve page information booklet for General Practitioners working with transgender people has been launched by the HSE in the South East.

This booklet includes an outline of treatment options and transgender specific assessment and care, a summary of services for children, adolescents, adults and families and other resources. This guide is being piloted in CHO 5, with a review in one year to consider the learning and feedback from stakeholders. The publication has been circulated to GPs in the south East who are part of the General Medical Services (GMS) scheme, as well as other doctors, health care professionals and primary care teams.

Launching the booklet Ms. Diane Nurse (National Social Inclusion Lead, HSE) said, “transgender people are part of Irish society and it is essential that our services address their needs. To do this, the HSE is in the process of developing services and models of care which will involve building capacity at national and local levels. This will also require targeted investment. Delivering services to transgender people should be everyone’s business. The HSE are currently developing a standardised model of care for transgender people, including children and adolescents, and we have been to the fore in progressing things here in the South East.”

Ms. Angela Joy (LGBTI Health Lead, Social Inclusion, HSE South East CHOS) outlined the aims and said: “In addition to our own specialists within HSE services Dr. Aileen Murtagh (Consultant Child and Adolescent Psychiatrist, St Patrick’s Mental Health Services Dublin), GPs Dr. Paschal O’Dea in Co. Carlow and Dr. Molly Owens in South Tipperary and Transgender Equality Network Ireland (TENI) provided support and advise to develop the booklet.

Ms. Tara Hunt (HSE Primary Care Lead for Carlow/Kilkenny and South Tipperary) advised how the team producing the booklet actively engaged with the Irish College of General Practitioners St. Luke’s General Hospital Carlow/Kilkenny Liaison Committee and delivered presentations to GP Clinical Society meetings in the South East: “all medical, nursing and mental health clinicians have warmly welcomed this information booklet. The HSE, in partnership with TENI, has delivered training to over one hundred HSE clinicians across the South East and further specific training is planned for later this year. As GPs are the first point of contact for the vast majority of the population, it is critical that these clinicians are equipped with the most up to date information pertaining to their patients’ needs.”

Further information and the Transgender Booklet for GP is available at: http://www.hse.ie/eng/about/Who/primarycare/socialinclusion/about-social-inclusion/
20% of LGBTI+ Young People report bullying, harassment, discrimination
by Sinéad Keane Communications Officer, BeLonG To: Supporting Lesbian, Gay, Bisexual & Trans Young People in Ireland

One in five LGBTI+ Young People say they continue to face bullying and harassment despite major social changes in recent years. The preliminary findings of an online consultation with over 4,000 young people were recently released to coincide with Pride Celebrations in Dublin. The survey is part of preparations for the new LGBTI+ National Youth Strategy commissioned by the Minister for Children and Youth Affairs, Dr Katherine Zappone. The strategy represents a world first. A Youth Advisory Panel composed of young people from BeLonG To Youth Services and NYCI are advising on the content of the strategy, facilitating consultations with young people across Ireland, and participating in committee meetings to help form a strategy that values their experiences and reality.

Preliminary findings of the consultation, hosted by Spunout.ie include:

- Increased openness and tolerance leading to acceptance and social responsibility
- A lack of ‘full acceptance’ with discrimination through language, non-inclusive sex education and bathroom provision
- Reports of bullying and harassment in many spaces, including work and school.

The young people make a number of recommendations:

- Further Law Reform, including hate crime legislation, gender recognition for under-18s and removal of obstacles to adoption and surrogacy
- Improved sex education to include genders, relationships, sexualities as well as safe sex and consent
- All healthcare staff to be provided with LGBTI+ awareness training.

These results echo the findings of the 2015 LGBT Ireland report, which highlighted that young LGBT+ people under 25 do not experience the same positive mental health as those 26 years and over. BeLonG To Youth Services continues to work with young LGBT+ people across Ireland offering information, education and support.
Updates from the HSE Sexual Health & Crisis Pregnancy Programme

Birth figures released on 31st May 2017 by the Central Statistics Office showed a decrease in the number of births to teenagers, from 1187 in 2015 to 1,098 in 2016.

Since the establishment of the HSE Sexual Health and Crisis Pregnancy Programme in 2001, the total number of births to teenagers has decreased from 3,087 in 2001 to 1,098 in 2016, a decline of 64% over 15 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 7.8 per 1000 of in 2016. Sexually active young people are encouraged to use both condoms and hormonal contraception to protect against both STIs and an unplanned pregnancy.

For more information on safer sexual health visit http://thinkcontraception.ie

Figures issued by the UK Department of Health, show that there has been a decrease in the number of women giving Irish addresses at abortion clinics in England and Wales from 3,451 in 2015 to 3,265 in 20161.

According to the UK Department of Health figures, the number of women giving Irish addresses at abortion clinics has decreased from 6,673 in 2001 to 3,265 in 2016, a decline of 51%. This equates to a decrease in the abortion rate from 7.5 per 1000 women in 2001 to 3.2 per thousand women in 2016. Commenting on the figures, Head of the HSE Sexual Health & Crisis Pregnancy Programme, Helen Deely said: “It appears that the rate of women travelling abroad for an abortion declined relatively rapidly between 2001 and 2007 and in recent years the decline has been more gradual.

Crisis pregnancy counselling services are available in over 50 locations nationwide. Counsellors provide free, on-going support and information to women and their partners. A list of crisis pregnancy services is available on www.positiveoptions.ie.

Recent research shows that increasing numbers of women from the island of Ireland 2 are making contact with online abortion pill providers. Figures published by one provider would suggest a 62% increase in the number of women from Ireland contacting that online service over a five year period, from 548 in 2010 to 1438 in 20153. The authors report that the number of women who consult with the service is not indicative of the actual number of women who were sent the abortion pill and subsequently took it. This is because women change their minds, experience a spontaneous miscarriage, decide to travel abroad to obtain an abortion or decide to continue with their pregnancy 4.

Research reports that while the vast majority of women did not need to contact medical services following taking the abortion pill at home, approximately one in ten (9.3%) reported to the online provider that they were experiencing a symptom for which they were advised to seek medical advice and 95% sought medical advice as advised 5. Commenting on the research, Head of the HSE Sexual Health & Crisis Pregnancy Programme, Helen Deely said, “If a woman takes an abortion pill and has prolonged heavy bleeding, bad pain, fainting, or other complications, we strongly encourage that she attends an emergency department or GP straight away. Or if a woman is concerned about her health following taking an abortion pill or travelling abroad for an abortion, we would encourage her to attend a free post-abortion medical check-up funded by the HSE. We need to continue to ensure that women experiencing crisis pregnancy are aware of the free crisis pregnancy counselling services that are available in over 50 locations nationwide.

Crisis pregnancy counsellors provide free, on-going support and information to women and their partners. A list of HSE funded crisis pregnancy services is available on www.positiveoptions.ie A list of HSE funded post abortion services is available on www.abortionaftercare.ie

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2. The research does not disaggregate women from ROI and women from NI
4. Ibid
5. Aiken, Abigail R A; Digol, Irena; Trussell, James; Gomperts, Rebecca. 2017. Self reported outcomes and adverse events after medical abortion through online telemedicine: population based study in the Republic of Ireland and Northern Ireland. British Medical Journal 2017; 357; j2011.
An Audit of Gonorrhoea and Chlamydia Treatment in a Major Genito-urinary Medicine Clinic in the North-East of Ireland
by Olawuni A, Uragoda J, Milne C, Low J. Department of Genitourinary Medicine, Louth County Hospital, Dundalk, Co. Louth

Introduction:
There is increasing number in the diagnosis, treatment and management of sexually transmitted diseases by general practitioners and the genitourinary-medicine/infectious diseases specialists in Ireland. In this study, we evaluated and audited the treatment / management of gonorrhoea and chlamydia in a major Genitourinary-medicine clinic in the North-Eastern geographical region of Ireland. This clinic was audited against the guidelines set out by the British Association of Sexual Health and HIV (BASHH), which is the leading organisation dealing with all aspects of sexual health care, setting standards and aiming to champion and promote good sexual health.

Method and Objectives:
We performed a retrospective audit on patients with confirmed gonorrhoea and chlamydia laboratory result, who attended the clinic between 2015 and 2016. Our study highlighted the importance of improved sexual awareness campaigns and deployment of resources on promoting safe sexual practices, improving surveillance and contact tracing.

Results:
Of the total of number of patients identified for the audit (N=43), 71% of this were male and 29% were female. Our results showed a higher rate of infection in heterosexual with multiple sexual partners, gay-men and bisexual individuals.

Conclusion:
Although, all the patients were treated as per guidelines, more adherence and resources are needed in the areas of surveillance and contact tracing as identified by our study in order to prevent reinfection and antibiotic resistance. This is particularly important, as our study revealed that 68% of patients treated for chlamydia had persistent symptoms despite standard antibiotic therapy. Also, more resources are needed in the areas of sexual education and promoting of safe sexual practices.

Acknowledgments:
Dr. Adedayo Olawuni, Senior House Officer in Our Lady of Lourdes Hospital, Drogheda. Ms. Clio Milne Clinic Nurse Manager (2) Drogheda, Dundalk and Monaghan GUM Services

https://www.bashh.org/documents/Sexually%20Transmitted%20Infections%20in%20Primary%20Care%202013.pdf
GenderEd.ie A new online education programme for families of gender diverse children and transgender young people launched in May 2017

Authors Sharek, D., McCann, E., and Huntley-Moore, S.
Authors affiliation: Trinity College Dublin, School of Nursing & Midwifery

The GenderEd.ie programme was developed by Danika Sharek as part of a PhD study in the Trinity College Dublin School of Nursing & Midwifery funded by the Irish Research Council. The education programme aims to equip families with the knowledge and tools to support themselves and their wider family, including their transgender family member. GenderEd.ie includes modules on gender identity basics, family basics, life stage issues, social issues, health and wellbeing, schools and other educational settings, and legal and administrative issues. Each module contains a combination of informational videos, written text, personal stories, learning activities, and information about where to access further information and support. All content is evidence-based and informed by international research, with the goal of providing accessible and reliable information. The programme was developed in conjunction with the Irish-based support organisations, Transgender Equality Network Ireland (TENI) and BeLonG To LGBT Youth Services, as well as with participation from families of transgender young people and transgender young people themselves. The programme aims to address the gap in educational resources available to families of transgender young people in the Republic of Ireland.

The education programme is freely available online to all families across the Republic of Ireland at www.GenderEd.ie.

To learn more, please contact TENI at 01-873 3575.

Recent Graduates of the National Foundation Programme in Sexual Health Promotion (FPSHP)
Foundation Programmes in Sexual Health Promotion (FPSHP) 2018

As always the FPSHP ten-day training programme operates in various locations throughout Ireland; the courses are normally run in the autumn or spring of each year; this will be the same for 2018. For further information on FPSHP courses close to you please contact:

Donegal
Lisa O’Hagan
Tel: 074 91 04693
Email: lisa.ohagan@hse.ie

Limerick City
Mairead Kelly
Tel: 061 461243
Email: maireada.kelly@hse.ie

Cork City
Martin Grogan
Tel: 021 4921665
Email: martin.grogan@hse.ie

Killarney
Máire O’Leary
Tel: 064 6670773
Email: mairem.oleary@hse.ie

OR
Martin Grogan
Tel: 021 4921665
Email: martin.grogan@hse.ie

Waterford, Tallaght
Tracey Tobin
Tel: 052 617 7037
Email: tracy.tobin@hse.ie

OR
Moir’a Germaine
Tel: 059 9143630
Email: moira.germaine2@hse.ie

Tullamore
Margaret Whitaker
Tel: 057 93 57804
Email: margaret.whittaker@hse.ie

Castlebar
Thelma Birrane
Tel: 094 9042589
Email: thelma.birrane@hse.ie

For general information of the FPSHP please contact
Catherine Byrne National Coordinator of the Foundation Programme in Sexual Health Promotion
Tel: 021-4921674 or
Email: catherine.byrne2@hse.ie

Ardee
Olivia McGeough
Tel: 041 6860716
Email: olivia.mcgeough@hse.ie
HIV Ireland Training & Events Autumn 2017

HIV Ireland’s education and training services provide and deliver programmes to organisations and professionals that work with key population groups at risk of HIV, STIs and poorer sexual health outcomes.

TRAINING DATES FOR AUTUMN 2017

**Thursday 28th September**
National HIV Conference 2017
'HIV, Social Inclusion, Stigma and Social Policy'

*Venue: Smock Alley Theatre, Dublin, Free Registration*

**Thursday 5th October**
HIV and STIs: A one-day workshop

*Venue: Smock Alley Theatre, Dublin*

**Thursday 12th October**
Understanding Chemsex

*Venue: Smock Alley Theatre, Dublin, Free Registration*

**Thursday 19th October**
Good Practice: Developing a Sexual Health Policy

*Venue: Smock Alley Theatre, Dublin*

**Thursday 2nd November 2017,**
HIV: An overview for Counsellors

*Venue: Smock Alley Theatre, Dublin*

**Four-day Programme: Tuesdays 7th, 14th, 21st and 28th November 2017**
Let's Talk About...Safer Sex: Training for Trainers Programme

*Venue: Smock Alley Theatre, Dublin*

More information, including costs and booking is available at [http://hivireland.ie/what-we-do/training/](http://hivireland.ie/what-we-do/training/)

This information is provided by Susan Donlon of HIV Ireland
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.

Hepatitis A outbreaks in men who have sex with men (MSM) in Ireland

by Dr Keith Ian Quintyne MBBS MD MRCPI DFPH MFPHMI Consultant in Public Health Medicine, Health Protection Surveillance Centre

Background
Hepatitis A is an acute self-limiting liver disease caused by the Hepatitis A virus (HAV). Almost everyone recovers fully from HAV with lifelong immunity. Unlike Hepatitis B and C, HAV infection does not cause chronic liver disease and is rarely fatal, but can cause debilitating symptoms and fulminant hepatitis (acute liver failure), which may result in death.

Transmission
HAV is transmitted primarily by the faecal-oral route; that is when an uninfected person ingests food or water that has been contaminated with the faeces of an infected person. In a residential setting, this may happen through dirty hands when an infected person prepares food for household contacts. The virus can also be transmitted through close physical and sexual contact with an infectious person (including oral-to-anal contact), although casual contact among people does not spread the virus.

Symptoms
The incubation period of HAV is usually 15 to 50 days, (Average: 14 to 28 days). Symptoms of HAV are variable in severity, with some people, especially children, being asymptomatic. Symptoms range from mild to severe, and can include fever, malaise, loss of appetite, diarrhoea, nausea, abdominal discomfort, dark-coloured urine and jaundice (i.e. yellowing of the skin and whites of the eyes).

Who is at risk?
Anyone who has not been vaccinated or previously infected can get infected with HAV. Risk factors for infection include:

- Poor sanitation
- Lack of safe water
- Poor personal hygiene
- Use of recreational drugs
- Living in a household with an infected person
- Being a sexual partner of someone with acute HAV infection
- Travelling to areas of high endemicity or on-going outbreaks without being immunised.

Treatment
There is no specific treatment for HAV. Recovery from symptoms following infection may be slow and may take several weeks or months. Hospitalisation is rarely required, but may be necessary depending on the symptom burden experienced.

Prevention
Good personal hygiene, with special emphasis on careful hand-washing after using the toilet and before preparing and eating food. Food safety, clean water and sanitation, and immunisation are the most effective ways to combat HAV. There is safe and effective vaccine for HAV. It is available as a single vaccine or combination with Hepatitis B vaccine. In Ireland, HAV vaccination is recommended for those at increased risk of infection, including men who have sex with men (MSM); protective levels of antibodies develop in most people within one month of a single dose of vaccine.

Prompt for enhanced vigilance of HAV among MSM
There have been increased reports of HAV among MSM in number European countries from the middle of 2016. In late 2016, the United Kingdom (UK) sent out an urgent enquiry via the Epidemic Intelligence Information System (EPIIS) i.e. a web-based communication platform that allows Public Health experts to exchange technical information to assess whether current and emerging Public Health threats have a potential impact in the European Union (EU).

This communication described clusters of HAV cases in the UK predominantly among MSM, with identical viral Ribonucleic Acid (RNA) sequences, and asked if other EU members were seeing cases with identical sequences. Subsequent to this, the European Centre for Disease Prevention and Control (ECDC) published a Rapid Risk Assessment (RRA) describing HAV outbreaks mainly affecting MSM in EU and European Economic Area (EEA). This report highlighted that there were three different strains circulating in MSM population, and more recent updates on the situation in EU/EEA are described on next page.
Event 1 – Cluster Vaccine Research and Development (VRD)_521_2016 World Health Organisation
Sixteen EU Member States have reported 806 cases infected with a viral RNA sequence matching the VRD_521_2016 sequence or with a maximum of two nucleotides difference, since 26th June 2016. Most cases were reported by Spain, France, Italy, Portugal, and the United Kingdom. Of the cases with gender information, 93% were male, and of those with sexual orientation was documented, 85% self-identified as MSM. This strain is related to isolates derived from Central/South America.

Event 2 – Cluster RIVM-HAV16-090
Thirteen EU Member States have reported 509 cases infected with a viral RNA sequence matching RIVM-HAV16-090, or with a maximum of two nucleotides difference, since 26th June 2016. Most cases were reported by United Kingdom, France, the Netherlands, Italy, and Belgium. Of the cases with gender information, 92% were male, and of those with sexual orientation was documented, 80% self-identified as MSM. This strain is related to strains reported by Japan and China, and most probably originates from Asia. This strain was found to be identical to the strain involved in the large on-going outbreak among MSM in Taiwan.

Event 3 – Cluster V16-25801
11 EU Member States have reported 119 cases with a viral RNA sequence matching V16-25801, or with maximum of two nucleotides difference, since 26th June 2016. Most of cases were reported by Germany, United Kingdom, and Spain. Of the cases with gender information, 94% were male, and of those with sexual orientation was documented, 87% self-identified as MSM. This strain is similar to isolates previously identified in South America.

Current situation of HAV in MSM in Ireland
Ten cases of HAV have been notified in MSM in Ireland since the start of 2017. Five of these cases had a history of recent travel outside Ireland, four were likely to have been infected in Ireland and no travel history was available for the remaining case. Samples from four MSM cases have been sequenced to date. Three were infected with the VRD_521_2016 HAV strain and one with the RIVM-HAV16-090 strain (Figure 1).

Conclusions
Large outbreaks of HAV among MSM have been reported from several European countries over the past year. The initial MSM cases notified in Ireland in 2017 were likely to have acquired their infection abroad. However, there is now evidence of MSM sexual transmission of HAV in Ireland.

Recommended actions
Healthcare workers are advised to:
- Have heightened awareness to the recent increase in HAV infections among MSM in Europe, and the recent occurrence among Irish MSM cases
- Suggest HAV vaccination, along with Hepatitis B as appropriate among MSM
- Refer identified cases of HAV in MSM to Sexual Health Services for full STI/HIV screening
- Notify any cases of HAV among MSM to the Medical Officer of Health (MOH) in the local Department of Public Health (DPH)
- Assess close contacts (i.e. family, household and sexual), and consider HAV immunisation.

Figure 1: Number of Hepatitis A cases in men who have sex with men (MSM) notified in 2017 to date.
*Data up to 16th July 2017, the cases with onset in December 2016 were notified in January 2017. Source: Health Protection Surveillance Centre (HPSC).

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Non-governmental groups are advised to:

- Raise awareness of the risk of HAV infection to the MSM population through social media, gay-themed press, gay-themed applications, and traditional media (i.e. leaflets, posters and flyers)
- Provide advice on personal and sexual hygiene (including washing hands and anus before and after sex; using condoms for anal sex; using dental dams for oral sex; and using latex gloves for fingering and fisting)
- Provide advice on the importance of hand hygiene after toilet use and before food preparation.

Acknowledgements: Dr Leila Thornton and Niamh Murphy from the Health Protection Surveillance Centre (HPSC) for input on the epidemiological data for Ireland.

This article was also published in the HSE Health Matters.
A recent development in the past 12 months has been the occurrence of large outbreaks of Hepatitis A affecting predominantly MSM in many European countries. To date in 2017, 14 cases of Hepatitis A have been notified in MSM in Ireland. The main prevention measure against this infection is Hepatitis A vaccine, which is safe and effective. The vaccine is being actively promoted in sexual health clinics. It can be given as a combined vaccine with Hepatitis B for people who have not already had Hepatitis B vaccination.

Table 1: Interventions with evidence for effectiveness in preventing transmission of HIV and/or syphilis, among MSM

<table>
<thead>
<tr>
<th>Peer led group interventions, peer outreach within MSM community and peer led group interventions targeting MSM living with HIV</th>
<th>Voluntary testing and counselling for HIV and increased syphilis and other STI testing, with focus on particularly high risk groups</th>
<th>Individual counselling for men living with HIV Individual counselling for MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal coverage of ART and treatment as prevention</td>
<td>Post exposure prophylaxis (PEP) Pre Exposure Prophylaxis (PrEP)</td>
<td>Targeted social marketing campaigns and internet based HIV prevention messages</td>
</tr>
<tr>
<td>Condoms and lubricants</td>
<td>Interventions in sex on premises venues</td>
<td>Innovative approaches to partner notification</td>
</tr>
</tbody>
</table>

A recent development in the past 12 months has been the occurrence of large outbreaks of Hepatitis A affecting predominantly MSM in many European countries. To date in 2017, 14 cases of Hepatitis A have been notified in MSM in Ireland. The main prevention measure against this infection is Hepatitis A vaccine, which is safe and effective. The vaccine is being actively promoted in sexual health clinics. It can be given as a combined vaccine with Hepatitis B for people who have not already had Hepatitis B vaccination.

**Communicating with Cardiac Patients about Sexual Activity**

by Declan Spelman, Clinical Nurse Specialist, Cardiac Rehabilitation, South Tipperary General Hospital

Sexual activity is a significant factor in the quality of life of many men and women and is no less so in those with cardiovascular disease. The Sexual Activity and Cardiovascular Disease – A scientific Statement from the American Heart Association 2012 aims to provide recommendations for physicians and other health professionals in their communication with patients about sexual activity.

Although providing patients and their partners with information regarding sexual activity is considered an important aspect of their rehabilitation it is rarely provided. This is often due to the health professional's lack of experience, comfort levels in raising sexual health issues, lack of knowledge in the issues regarding sexual health and activity with Cardiovascular Disease (CVD) and time related issues. Cardiovascular nurses felt responsible to discuss sexual concerns with their clients, especially when patients initiated a discussion; however in practice many rarely addressed sexual issues (Jaarsma et al 2010). Most CVD patients considered that they had been inadequately informed by health care professionals in this area and would like more information on resuming their normal sexual activity. Also partners have significant anxiety about sexual activity and this may impact on the relationship of the couple. Information when provided was most often written and more likely given to men rather than women and rarely to the partner.

Studies principally on young married men who had sex with their usual partner is comparable with mild to moderate physical activity in the range of 3 to 4 metabolic equivalents (METS) this equivalents to climbing 2 flights of stairs or walking briskly for a short duration. The heart rate rarely exceeds 130 bpm and systolic blood pressure rarely exceeds 170mm Hg.

As many of these studies were on young fit men this paper suggests that it does not characterize all individuals particularly those who are older, less fit or those with CVD. Therefore, this paper suggests that sexual activity is equivalent to mild or moderate physical activity in a range of 3 to 5 METS, bearing in mind the patient's capacity to perform physical activity.

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Patients with CVD who wish to engage in sexual activity should undergo a comprehensive history and physical examination. Generally those with stable symptoms and good functional capacity have a low risk of adverse cardiovascular events with sexual activity. Those patients with unstable or severe symptoms should be treated and stabilized before engaging in sexual activity. Exercise testing can provide information as to the safety of sexual activity in patients with unclear risk.

Cardiovascular medications are often attributed to erectile dysfunction (ED) but are uncommonly the true cause, with some recent studies not showing a clear relationship between many contemporary cardiovascular drugs and ED. The Nocebo effect, when a patient’s knowledge that a drug has associations with ED can be as an important contributing factor as any physiological effect on a patient’s ED. If a patient on treatment with cardiovascular drugs complains of sexual dysfunction then it is reasonable to assess if the sexual dysfunction is more likely related to underlying vascular or cardiac disease, the nocebo effect or anxiety or depression. There is a relation between psychological distress and decreased sexual dysfunction in patients with cardiovascular disease. Sexual activity frequency and satisfaction often decline because of anxiety in both patients and their partners that their condition will worsen or death may occur. These changes in sexual activity after a cardiac event may impair the patient’s quality of life, with negative effects on their mental health and strain on intimate relationships. This may be a contributing factor in the cause of ED in men and female sexual problems. A discussion about sexual activity is applicable for men & women of all ages in those who have cardiovascular disease. When the topic is initiated by the healthcare professional this can enable an open discussion for any concerns of the patient and their partner have to be raised. Trials have shown that sexual counselling in patients with cardiovascular disease results in increased knowledge, a higher likelihood of return to sexual activity, improved sexual desire and satisfaction with increased confidence and a reduction in fear of resuming sexual activity.

The Sexual Activity and Cardiovascular Disease – A scientific Statement from the American Heart Association 2012 provides recommendations for those healthcare professionals who support patients and their partners with Cardiovascular Disease and is a useful document providing guidelines to those practicing in this area. Cardiac Rehabilitation gives the practitioner ample opportunity to interact with patients and discuss any sexual difficulties they may have, and provide information for a safe return to sexual activity.

There is no “one size fits all” for the approach used for the assessment of sexual concerns; however it is paramount that the practitioner must feel comfortable with the subject. From my experience some patients that are wondering is it safe to resume sexual activity often prefer the direct approach in getting the question answered, this can be easily done through group discussion. Open-ended questions such as “What concerns do you have about resuming sexual activity do you have ?” or “Many people have concerns about returning to sexual activity after a heart attack, what concerns do you have?”. Questions such as these may allow the practitioner a sense of what topics needs to be addressed and open further discussion with the patient.


Female Genital Mutilation (FGM)
by Amaka Okonkwo, AkidwA Migrant Women's Health Officer

AkidwA is a national network of migrant women living in Ireland, and was established in 2001 by a group of African women to address, isolation, Racism and Gender Based Violence that the women were experiencing at the time.

AkidwA’s Mission is to promote equality and justice for migrant women living in Ireland.

AkidwA’s Vision is a just society where there is equal opportunity and equal access to resources in all aspects of society, social, cultural, economic, civic and political.

AkidwA’s Role:
To support migrant women’s greater participation in Irish society and employs three key strategies to achieve its objectives:

1. Networking  
2. Policy Work  
3. Capacity building.

AkidwA develops migrant women’s capacity for participation and representation in their communities and in decision making structures through training, consultation, focus groups, information provision and research.

Our three main areas of work are:

- Gender Based Violence (including FGM)
- Employment
- Gender Based Discrimination.

AkidwA has worked to address many forms of Gender Based Violence (including FGM) and following a decade of campaigning resulted in the passing of the Female Genital Mutilation Act 2012. AkidwA is continuing this work by embarking on nationwide vigorous FGM awareness campaign to end FGM in Ireland by reaching out to FGM practicing communities such as; Community Health Ambassadors, An Garda Síochána, Health Professionals and other professionals, including the general public. The FGM Awareness Campaign is being driven because AkidwA believes the law is not enough to end FGM and people need to be aware of the dangers of FGM and legal implications. To underpin this work, AkidwA is now involved with the United to End FGM Project (uefgm.org) which is based in Cyprus; the project offers a free online training platform on FGM which was launched on February 6th 2017.

Ms. Salome Mbunga (AkidwA president and founder) describes FGM as a...

“...harmful cultural practice and a violation of the rights of women and children, it is a form of gender-based violence. We all need to work together to ensure the law in Ireland protects girls and women from this practice: ensuring that the law is understood at community level and among relevant stakeholders is to assure its effective implementation.”

In 1997 the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), and the United Nations Population Fund (UNFPA) issued a joint statement defining FGM as...

“...all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non- therapeutic reasons.”

(WHO Female Genital Mutilation – Fact sheet N°241, updated February 2014).

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There are four types of FGM depending on how much tissue is cut or removed. Type III FGM is the most extreme and barbaric version leaving the survivor at the most risk. It is the narrowing of the vaginal orifice by cutting and bringing together the labia minora and/or the labia majora to create a type of seal, with / without the removal of the clitoris. In most instances, the cut edges of the labia are stitched together ('infibulation'), this must be reopened for sexual intercourse and childbirth, a procedure known as (de-)infibulation. In some instances, this is followed by re-infibulation. Girls living in communities that practise FGM are most at risk of being subjected to the practice; as are girls if their mother, sister, or a member of their extended family has had FGM. The reasons given for FGM according to the practicing communities range from:

- Rite of passage into womanhood
- Improved hygiene
- Marriageability
- Control over women's sexuality
- Protecting religion

In certain communities a girl cannot be considered an adult in an FGM practicing society unless she has undergone FGM. Therefore, the process can be a distinctive element of belonging to and being a member of that society / community. In some cultures there is a belief that female genitalia are unsightly and dirty and in others un-mutilated women are regarded as unclean and are not allowed to handle food and water.

FGM can lead to death, hemorrhage, infection, poor healing, injury or trauma to adjoining areas, i.e., urethra and anus, shock from severe pain, bleeding, tetanus, transmission of HIV and other viruses, decrease or loss of sexual sensation, difficult and complicated childbirth, dysmenorrhea, dyspareunia, incontinence, difficulty urinating, Pelvic Inflammatory Disease, infertility, psychological trauma, scarring (with or without keloid formation) and hardening of the vaginal tissue, causing constant pain around the genital area, and sebaceous cyst development.

**SOME FACTS:**

- In 2016 UNICEF estimated that 200 million women and girls alive today have been subjected to FGM with three million undergoing the procedure every year
- The WHO estimates that nearly 30 million girls in Africa are at risk of being subjected to FGM over the next decade
- In 2013, the European Parliament estimated 180,000 women and girls were at risk of being subjected to FGM within Europe
- More than 500,000 women and girls in the USA have undergone or are at risk of undergoing FGM according to the Population Reference Bureau.

**Ireland 2017:**

In Ireland, the Criminal Justice (Female Genital Mutilation) Act 2012 states that it is ILLEGAL to practice or attempt to practice FGM. It is also criminal offence for someone resident in Ireland to perform FGM or to take a girl to another country to undergo FGM. This can result in prosecution on return to Ireland and liable up to €10,000 or 14 years imprisonment or both. FGM is included as a form of Child Abuse in Children First National Guidance for the Protection and Welfare of Children, 2011.

Contact AkiDwA, An Garda Síochána or the local Social Work Department (Túsla) if you think any child is in danger of FGM. The Irish Family Planning Association (IFPA) provides services for FGM survivors.

For more information please visit, https://www.ifpa.ie/Sexual-Health-Services/FGM-Treatment-Service
For additional information or queries please about this article please contact www.akidwa.ie or info@akidwa.ie or telephone 01-8349851
Galway and Mayo  
HSE Health Promotion and Improvement and AIDS West  
by Lorraine O’Connell, Sexual Health Education Coordinator

AIDS West is a voluntary organisation that offers care and support for those affected by HIV. Since the 1980s our role has expanded in sexual health education, with the majority of the education teams work involving the delivery of our Relationships and Sexuality Programme in schools and community based setting in the west of Ireland.

In 2014 AIDS West were approached by Galway HSE Health Promotion & Improvement (HP&I) to work in partnership to co-deliver the Foundation Programme in Sexual Health Promotion (FPSHP). It was agreed to undertake this partnership approach and my colleague Dr Siobhán O’ Higgins and Mary Killrane-Hannon (HP&I) delivered a very successful FPSHP programme in Galway City. Following on from the Galway partnership, in September 2016, Thelma Birrane from the Mayo HSE (HP&I) and myself co-delivered the first FPSHP in the beautiful surroundings of Lough Lannagh in Castlebar, Co Mayo.

Co-facilitating the programme provided me and AIDS West with a wealth of experience and insight into the challenges that individuals may face from an organisational/personal level in implementing sexual health policies and practices. Thelma’s excellent facilitation skills and background in health promotion combined with my own experience in sexual health education allowed for an open forum on all aspects of sexual health for the participants.

We would both strongly agree what made the course such a success were the wonderful group of people who contributed so much and were an absolute pleasure to work with.

The professional backgrounds of the participants which included practice nurses, psychotherapists, people working with disability services, sexual health educators, counsellors and child and adolescent mental health workers created a wonderful arena where discussion and personal experiences led to an excellent training programme for all involved.

HSE Mayo and AIDS West look forward to collaborating once again this coming Autumn 2017/18

For further information about AIDS West please contact lorraine@aidswest.ie or telephone 091-566266  
AIDS West is located at Augustine Street, Galway City
As Sexual Health Project Coordinator for Donegal Women’s Centre, I was approached to work in collaboration with HSE Health Promotion & Improvement to co-deliver the Foundation Programme in Sexual Health Promotion (FPSHP). I was excited, apprehensive but I also experienced a sense of opportunity and privilege. The privilege was to be asked to work with Lisa O’ Hagan, Health Promotion Officer, Health Promotion & Improvement, whose work and work ethic I admired, it was a gift. The fact that we were both committed to a common purpose to progress the education, policy and information on Sexual Health within professional sectors and service providers in the North West of Ireland was good practice, but a great fit personally and professionally. The challenge was irresistible because we shared a similar passion for Health Promotion and Wellbeing, including Sexual Wellbeing, and because for me it was an opportunity to experience working with Health Promotion & Improvement and also to work alongside and learn from Lisa.

Bringing together the community and statutory sector provides for a progression route for similar goals, a dedication to wellbeing, inclusiveness and cohesiveness in communities. The FPSHP is a point of opportunity to develop partnerships based on shared values, mutual respect and a common goal to achieve the best outcome for Sexual Health Promotion in Donegal and Northwest Ireland. It provided us with a framework to promote a unique and innovative sexual health programme that is strategic but also to model a lucrative partnership. It is vital for organisations to come together to develop contacts and deliver services to the community.

The HSE Sexual Health and Crisis Pregnancy Programme has a particularly useful role to play in pulling together the collective experiences of member organisations around Sexual Health that is inter-organisational, co-operative and collaborative. To maximise this, Lisa and I work toward contributing to more integrated, informed good practice, and holistic service provision. The partner organisation fit, has been described as “a marriage made in Heaven” by colleagues, we appreciate each other, our shared sense of joy in facilitating a sexual health programme, and creating networking and learning opportunities. The collaborative experience of inter relational agencies becoming partners encompasses shared resources, knowledge, technical contributions; in our case I acknowledge Lisa’s expertise. Through delivering the programme, Lisa from the Statutory agency, contributing to policy, structural and educational frameworks, and I from community agency bringing a different scope that is informed from working in community with the beneficiaries where policy is effective, in sexual health education in schools, and closely with Ilash sexual health clinic, we strive to achieve a successful collaborative projection in the delivery of the programme.

When organisations become partners they share risks, responsibilities and rewards. I could say so much about growing in this partnership, with Lisa as my partner, ideally, it is mutual, and we contribute to enhancing each other’s capacity to achieve a common purpose. It requires high levels of trust, respect and a deeper relationship, a commitment to joint planning, joint delivery of services and joint evaluation of impact and effectiveness. Integration involves pooled resources and budgets, common agreed outcomes, common agreed structures and a sense of humour works well too! The partnership is stimulating, challenging, enjoyable and working well for Lisa and myself, on a professional and personal level, much like that “marriage”, having taken the time to evaluate the partnership I know now why our colleagues say that!

For more information about Donegal Women’s Centre, click on eilishwomenscentre@gmail.com
Sexual Health Brainteasers
by Martin Grogan and Tracey Tobin HSE Health Promotion and Improvement

Across
2. What time is the best time for sex in older age (3)
7. The ending of Menarche (9)
8. An unhelpful word in older age (11)
10. An advantage in older years (10)
11. (& 9 down) Focusing on touch, time and taste! (7)

Down
1. A rejection by us of sexuality in older age is tantamount to? (5)
2. The male equivalent of menopause (10)
3. A female hormone sometimes known as the Love hormone (8)
4 & 5. Sex in older age benefits what? (5, 8)
6. Keeping sex fun and easy (4)
9. (& 11 across) Focusing on touch, time and taste (3)

Cross Word Solutions: Across:
2. Any, 7. menopause, 8. dysfunction, 10. experience, 11. tantric.
Down:

Wordsearch Theme
Sexual Orientation Terminology
- LESBIAN
- ASEXUALITY
- BISEXUAL
- PANSEXUAL
- GENDERBINARY
- STRAIGHT
- GYNEPHILIA
- HETEROSEXUAL
- GAY
- ANDROPHILIA
- TRANSGERDER
- TRANSSEXUAL
- HOMOSEXUAL
FREE Sexual Health Promotion Resource Libraries

A **FREE** sexual health resource library service is available and accessible from various HSE Health Promotion & Improvement Offices throughout Ireland. The contents of each library may vary slightly.

**It’s simple and easy to access:**

Due to the cost of the resources we ask that borrowers comply with the following conditions:

- Resources can be borrowed for a period of 2 weeks. Extension beyond this two-week period must be by prior arrangement with the respective Health Promotion Department.
- The borrower is fully responsible for the resources while in their possession, if any resources are damaged or misplaced them the borrower is responsible for replacing them.
- The borrower is fully responsible for the collection of the resources and their return to the Health Promotion & Improvement office (HP).
- Prior to borrowing it is important to call ahead to your local HP office to ensure that the resources are available for collection.
- You will be asked to complete a loan agreement form each time you borrow from the library.

The Sexual Health Promotion Resource Libraries are supported by the HSE Sexual Health and Crisis Pregnancy Programme.

**For more information on the Sexual Health Promotion libraries please contact Martin Grogan: martin.grogan@hse.ie**

**Please Note:** The legal age of consent in Ireland is 17. As some of the resources are sourced internationally they may state otherwise. Please ensure you check out the resources before using them to determine that they are the appropriate resource for your respective agencies / patients / clients.