HSE Sexual Health & Crisis Pregnancy Programme launch new resource for parents
Talking to Your Young Child about Relationships, Sexuality and Growing Up’ See page 5 for more detailed information

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- Breaking Down the Barriers of Sexual Health and Intellectual Disability
- A Pragmatic Approach to Monitoring the continuum of HIV care in Ireland
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- Breaking down the Barriers of Sexual Health and Intellectual Disability
Welcome

by Martin Grogan,
Sexual Health News Co-editor, HSE Health Promotion & Improvement, Cork & Kerry

and Tracey Tobin
HSE Health Promotion Officer HSE South East

As always, it is great to see Sexual Health News continue to expand its audience. Each edition sees five hundred hard copies distributed to two hundred and forty five health services across the island of Ireland. SHN is also available to access on-line via https://twitter.com/HSELive and on the Irish Health Repository, LENSUS.

We also upload SHN via our own URL link. This URL link will allow you to access all previous editions, under the section Read More: https://issuu.com/murphyprintdesign/docs/hse_sexualhealth57105r?e=30062790/60050452

It is amazing to see that we now have people reading Sexual Health News in the following countries: Ireland, UK, USA, Japan, Greece, Malaysia, Australia, Ghana, New Zealand, Turkey, Thailand and India, not too bad a worldwide spread!

We look forward to seeing what others countries Issue 7 will be read in.

As always, please do consider contributing to Issue 8 due out in the spring of 2019, it’s a great way to share our work and to keep informed in what’s happening within sexual health promotion in Ireland and now abroad as well.

Martin

Call for Submissions

Issue 8 due out in the spring of 2019: Closing date for receipt of submissions 31st January 2019.

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

Our apology to Ms. Maria McEvoy Lecturer in Psychology, Department of Applied Arts, School of Humanities, College Street Campus, Waterford Institute of Technology. The Sexual Health News editorial team wish to extend our apologies for any inconvenience caused to Ms. McEvoy in incorrectly inserting the UCd logo instead of the DCU logo as submitted by Ms. McEvoy to accompany her article Capturing the Experience of Vaginismus for Irish Couples: A Dublin City University Study in Issue 6 SHN.

Editorial Team

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

SHN is funded by the HSE Sexual Health & Crisis Pregnancy Programme
# Dates for your diary

**October**

1st - 31st Oct
Breast Cancer Awareness Month
(Irish Cancer Society)
w: www.cancer.ie

1st - 7th Oct
National Breastfeeding Week
Health Service Executive *
w: www.breastfeeding.ie

* National Breastfeeding Week is traditionally held on the start of the 10th month marking the end of nine months of pregnancy and the start of the breastfeeding journey. This provides an opportunity
- To promote the importance of breastfeeding
- To promote societal acceptance of breastfeeding as the normal and healthy way to feed babies and young children
- To provide information to pregnant women, mothers and their families on breastfeeding supports & the online resource www.breastfeeding.ie

For further information please contact Laura McHugh National Breastfeeding Co-ordinator Laura.McHugh@hse.ie or Rebecca O’Donovan Assistant National Breastfeeding Co-ordinator Rebecca.ODonovan@hse.ie

**November**

1st - 30th Nov
Movember Prostate Cancer Awareness Campaign,
Irish Cancer Society
w: www.cancer.ie

19th Nov
International Men’s Day
w: www.internationalmensday.com
Men’s Health Forum Ireland
w: www.mhfi.org

25th Nov - 10th Dec
International Day for the Elimination of Violence against Women
w: www.un.org/en/events/endviolenceday/

1st Dec
World Aids Day
w: www.worldaidsday.org/events
ACET (AIDS Care Education & Training Ireland)
w: www.acet.ie

# Sexual Health Brainteasers

**Pathways to consentual sexual pleasure**

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HSE Sexual Health & Crisis Pregnancy Programme launch new resource for parents; ‘Talking to Your Young Child about Relationships, Sexuality and Growing Up’

The recent publication by the HSE Sexual Health and Crisis Pregnancy Programme (SHCPP) ‘Talking to Your Young Child about Relationships, Sexuality and Growing Up’ consists of two booklets; a parents’ guide, ‘Talking to Your Young Child about Relationships, Sexuality and Growing Up’ and a story booklet, ‘Tom’s Power Flower, a gentle explanation of how babies are made’. Both are aimed at helping parents to talk to children aged four to nine about relationships, sexuality and growing up.

To mark the launch of the resource, Minister Catherine Byrne, T.D. Minister of State at the Department of Health joined the HSE SHCPP, the National Parents’ Council, Trinity College Dublin as well as parent representatives at the F2 Family Resource Centre. In her opening address, the Minister welcomed the development of the parents’ resource and acknowledged the importance of the initiative; she said “I’m delighted to launch this resource today. It will enable parents to have guided conversations at home and to build a foundation for positive sexual health and wellbeing”.

The production of these booklets was informed by research that the HSE commissioned through Dr Catherine Conlon at the School of Social Work and Social Policy at Trinity College Dublin (TCD). Drawing on interviews with more than 90 parents, the resulting study, “Supporting Parents Communicating with Children Aged 4-9 Years about Relationships, Sexuality and Growing Up”, reflects how complex it is for mothers and fathers to have guided conversations with their children at home.

The HSE believes parents have primary responsibility for educating children about relationships, sexuality and growing up, which is then reinforced through the education system. However Dr Conlon’s research showed that parents needed support and in some way needed permission, to start having conversations with their children. They were looking for a trusted resource or authority to support them.

Helen Deely, Programme Lead for the SHCPP said, ‘We are keenly aware that parents are the primary educators of their children and have a crucial role to play in supporting their child’s development. The booklets have been developed in response to research with parents of young children, which finds that they want additional support to help them to have more open conversations with their children about relationships, sexuality and growing up from a young age. This resource will support parents to talk to their younger children about relationships and sexuality in a gradual, age-appropriate way’.

The two booklets; a parents’ guide, ‘Talking to Your Young Child about Relationships, Sexuality and Growing Up’ and a story booklet, ‘Tom’s Power Flower, a gentle explanation of how babies are made’ are available to order from www.healthpromotion.ie.

A list of helpful tips and resources for parents are also available on www.sexualwellbeing.ie/for-parents/
Decrease in births and abortions in teenagers
by Maeve O’Brien Research & Policy Officer
HSE Sexual Health and Crisis Pregnancy Programme

Figures released by the National Central Statistics Office in May 2018 highlight that the number of births to teenagers nationally was 1,041 in 2017. This equates to a teenage birth rate of 6.9 per 1000. Figures released by the Department of Health in the UK in June 2018 highlight that the number of teenagers resident in Ireland accessing abortion services in England in 2017 was 210. This equates to a teenage abortion rate of 1.4 per 1000.

Since 2001 the number of births to teenagers in Ireland has declined by 66% and the number of abortions to teenagers travelling from Ireland to the UK has declined by 78%. These figures suggest that the number of teenage conceptions has significantly reduced as opposed to a shift in the decision-making in response to becoming pregnant as a teenager. While no one factor can explain the reductions in teenage conceptions, the following developments have contributed to driving the trend downwards:

- Effective partnerships between statutory and non-statutory organisations to support the implementation of national strategies to reduce crisis pregnancy and improve sexual health and wellbeing. Work delivered under these strategies include initiatives to improve Relationships & Sexuality Education in schools and youth work settings; resources and training programmes to support parents to talk to their children about relationships and sexuality; communications and information initiatives focusing on the information needs of teenagers; and increased access to contraception and contraceptive services.

- Better efforts are being made by teenagers to stay healthy. Teenagers in Ireland are displaying healthier behaviours than in the past. Most young people in Ireland wait until they are seventeen years of age before having sex for the first time. This is positive from a health improvement perspective as research finds that young people who had sex before seventeen were more likely to experience negative sexual outcomes later in life, or to regret that sex happened. Added to this, the vast majority of teenagers who are engaging in sexual activity report using contraception consistently. In parallel to displaying improved health behaviours there has been an increase in the numbers of teenagers completing school to the leaving certificate examination level. This suggests a greater number have personal aspirations regarding their futures.

The National Sexual Health Strategy 2015 – 2020 sets out the road-map for improving sexual health and reducing negative sexual health outcomes. Continued strategic direction is important to maintain reductions in teenage pregnancy and improve sexual wellbeing. The strategy acknowledges the roles of educators, youth workers, parents, health professionals, social workers and community workers in supporting young people to make the best choices to safeguard their individual sexual health. This means working together to ensure that the information needs of teenagers are understood; that relevant and accurate information is available to them from trusted sources; and that medical and counselling services are accessible without delay when required.

For more information on the work of the HSE Sexual Health and Crisis Pregnancy Programme and to access the National Sexual Health Strategy, please log onto: https://www.sexualwellbeing.ie/about/corporate-publications/

Footnotes
2 Keane, E. et al. 2017
3 Layte, R. et al. 2006
4 ESRI, 2016
5 Department of Education and Skills, 2017.
6 Department of Health and Social Care, United Kingdom. 2018.
Number of Irish-resident women travelling to the United Kingdom (UK) for abortions decrease

Figures issued by the Department of Health UK earlier this year find that there has been a further decrease in the number of women giving Irish addresses at abortion clinics in England and Wales. The number decreased from 3,265 in 2016 to 3,092 in 2017. This equates to a rate of women travelling to the UK for an abortion at 3.1 per 1000 in 2017. The number of women travelling to the UK for abortion services has more than halved since 2001.

Notwithstanding these reductions it has become apparent in recent years that increasing numbers of women living in Ireland are contacting online providers of abortion pills. One online provider reported that 1,217 women from the Republic of Ireland ‘received the medical abortion pill’ from their service in 2017. A second online provider reports that 878 women from the Republic of Ireland ‘used the service’ in 2017.

The HSE encourages women who have had an abortion abroad or have taken an abortion pill to attend state funded medical and counselling services following an abortion for a free medical check-up and care.

For more information please log onto: https://www.sexualwellbeing.ie/unplanned-pregnancy/abortion-aftercare/

References


Period Poverty
by David McSweeney, Youth Officer, Health Promotion and Improvement Dublin North East

Celtic Football Club (FC) have become the first football club in Britain to tackle Period Poverty. The Glasgow giants will provide free tampons and other sanitary products to female supporters at Celtic Park the clubs home ground from August 2018. The move comes after an energetic campaign by advocate groups to build on the 2015 decision by the British government to scrap VAT on sanitary products.

Food banks and homeless shelters in Scotland have spoken vocally of the on-going requests for all types of female hygiene products due to financial difficulties. The Scottish parliament first debated Period Poverty in September 2016 following a motion by the Member of the Scottish Parliament (MSP) for Central Scotland, Monica Lennon. Ms Lennon stated during the debate (detailing evidence from Barnardos Scotland, Scottish Women’s Aid and clergy and teachers across her constituency) that “It is an uncomfortable truth that not every woman and girl in Scotland can afford to buy essential feminine hygiene products when they need them”

The move by Celtic FC has been warmly backed by a wide range of civil society groups throughout Britain.
**Homeless Period Ireland**
by Claire Hunt, Homeless Period Ireland

In December 2016 the Homeless Period Dublin initiative was born with a view to helping women and girls who found themselves unable to access basic sanitation and female hygiene products every month. In 2017 Claire Hunt took over the general management of the Homeless Period Dublin initiative. A social media campaign was launched to highlight this issue; through this campaign it became apparent that this was a national issue. Emanating from this campaign, a decision was made to rebrand the initiative to Homeless Period Ireland (HPI). This rebranding would help create awareness nationally and more importantly, increase the number of drop off points (places were the general public donate female sanitary and hygiene products) and more importantly, increase reach nationally to front line services who have direct access to the women in need.

The aim of the Homeless Period Ireland is to donate feminine hygiene products (pads, tampons, liners, wipes) to those who otherwise would go without. The donations are brought by volunteer drivers to Homeless Outreach Centres, Direct Provision Centres and Women's Refuges. The HPI is an initiative, not a charity and is 100% reliant on volunteers for distribution and collection of sanitary products.

**The core objectives of the Homeless Period Ireland include:**
- breaking the stigma surrounding menstruation
- educating people on the basic hygiene needs of women
- educating people that periods are a monthly expense
- encouraging people to purchase sanitary products and gift them through various pre-arranged donation points
- ensuring that every woman in Ireland has access to sanitary products.

**The Homeless Period Ireland has numerous drop-off points, such as:**
- Tropical Popical
- Waxperts
- UCD
- UL
- IADT
- Rebel Reads Cork
- Bella Baby

An up-to-date list of drop off points can be found on our Facebook and Twitter pages. If people are interested in ‘gifting’ products or if anyone in becoming a drop-off point in a shop, or business, can drop an email to thehomelessperioddublin@gmail.com.

The Homeless Period Ireland hopes to educate people about period poverty and the “silent struggle” of many women living in Ireland, but it’s just the tip of the iceberg. HPI want the government to take action as Scotland did this year with the introduction of a scheme that gives free sanitary products to women in need.

For more information on Homeless Period Ireland please go to or click on the following links:
Instagram: @homelessperiodireland  
www.facebook.com/thehomelessperiodireland/  
Twitter: @HomelessPeriodD
More information and research findings on this issue can be found on https://www.plan.ie/
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.

Sammy The Caterpillar helping parents and guardians with the birds and the bees talk
by Lorraine Thompson, Project Lead and Regional Director for Donegal Youth Service and Maureen Kerr Donegal County Library Service.

March 16th 2018 saw the launch of a unique new resource, ‘Sammy The Caterpillar Guide’ for Donegal parents and guardians, the launch took place at Moyle National School in Newtowncunningham after months of research. The ‘Sammy The Caterpillar Guide’ was developed by Donegal Youth Service, Donegal Library Service and supported by HSE Health Promotion & Improvement.

The aim of the resource is to encourage and support parents and guardians to have healthy conversations with their children about their bodies, sexuality and relationships, by providing a range of age-appropriate books in each of the Donegal Libraries and Taobh Tire points.

The resource emphasises that each parent or guardian knows their child best and acknowledges that this topic can be challenging for parents for a variety of reasons. However, it also points out that research indicates that ‘parents who discussed relationships and sex openly with their pre-teen children found it easier to communicate with them when they became teenagers’. It also highlights that ‘good sex education at home and in school can increase the likelihood that teenagers will wait until they are 17 or older before they have sex and that they will use contraception when they do’.

Lorraine Thompson said “this project will encourage parents to have conversations with their children on a topic that may be difficult for them. We hope that parents will use the resources in their local library and feel more confident talking to their children about bodies, relationships and sexuality.”

To accompany the library books, a ‘Sammy the Caterpillar - Guide for Parents and Guardians’ booklet has also been produced, which explains why it is important to start these conversations with children at an earlier age and build on the information as children grow. The guide lists the books available to borrow for a variety of stages, from zero up to the age of nineteen, and gives suggestions for what children need to know and tips to get these conversations started.

Since the launch in March until mid-July, one hundred and ninety books from the guide have circulated. This number is expected to grow considerably as news spreads about the project, and parents/guardians feel more comfortable speaking to each other.

To date sixty-three primary schools throughout the county have ordered Sammy guides and bookmarks. The guides and bookmarks have also been distributed throughout the library network’s thirteen branches, and eight Taobh Tire points, as well as through Lifestart Services and Donegal County Childcare Committee.

Speaking at the launch, Maureen Kerr from Donegal County Library Service said “we are delighted to have worked in partnership with Donegal Youth Service and HSE Health Promotion and Improvement, to bring the Sammy the Caterpillar Guide to parents in Donegal”.

Continued on page 10
All Donegal Primary Schools have received information about the project and can order ‘Sammy’s Guide’ to give to parents when they are linking in with them as part of the School’s RSE programme. RSE aims to teach children about relationships, sexuality and their own growth and development and is mandated for delivery by the Department of Education and Skills (DES) from Infants to sixth class in Primary School and throughout Secondary School.

This project will support parents and guardians, the primary educators of their children, to have parallel conversations about these topics at home, in a way that can reflect their own family values.

**Sexual Assault Treatment Unit (SATU) Information Leaflets for Men and Women who Experience Sexual Assault or Rape**
by Margot Noonan CNS SAFE

The Sexual Assault Treatment Unit (SATU), South Infirmary Victoria University Hospital Cork, has developed new information leaflets for men and women who experience sexual assault or rape. The leaflets outline the services that are available to all men and women over 14 years of age, to enable them to make an informed choice during a very stressful time.

In addition to the leaflets, SATU has also developed Information Stickers providing the number to contact if the services of SATU are required. It is hoped to distribute these leaflets and stickers throughout Munster.

If you would like to order these leaflets or stickers to display in your area or require further information on the services that we provide, please email satu@sivuh.ie.

This project was funded by a National Lottery grant administered by the HSE, and Donegal Library Service.

Copies of the guide are also available at each of the Donegal Libraries and Taobh Tire points.

For more information about this resource please contact Lisa O’Hagan, HSE Health promotion and Improvement Officer Donegal. Email: Lisa.OHagan@hse.ie

**References**

1. Research undertaken by HSE Sexual Health & Crisis Pregnancy Programme
International Technical Guidance on Sexuality Education: An evidence-informed approach
United Nation’s Educational Scientific Cultural Organisation (UNESCO) 2018
by Máire O’Leary Health Promotion and Improvement Officer Killarney

The International Technical Guidance on Sexuality Education (the Guidance) was developed to assist education, health and other relevant authorities in the development and implementation of school-based and out-of-school Comprehensive Sexuality Education (CSE) programmes and materials. The technical guidance provides an up-to-date evidence base on comprehensive sexuality education. It provides an overview of concepts, topics and learning objectives by age range (5-8, 9-12, 12-15 and 15-18).

The 2016 review found that, while the evidence base for CSE has expanded since 2008, the conclusions and recommendations of the original guidance still maintain much of their validity and applicability.

The review reaffirms that curriculum-based sexuality education programmes contribute to the following outcomes:

- Delayed initiation of sexual intercourse
- Decreased frequency of sexual intercourse
- Decreased number of sexual partners
- Reduced risk taking
- Increased use of condoms
- Increased use of contraception

It highlights eight key concepts which are equally important, mutually reinforcing and intended to be taught alongside one another. It advocates that topics are repeated multiple times with increasing complexity, building on previous learning using a spiral-curriculum approach.

Topics include:

1. Relationships
2. Values, Rights, Culture and Sexuality
3. Understanding Gender
4. Violence and Staying Safe
5. Skills for Health and Well-being
6. The Human Body and Development
7. Sexuality and Sexual Behaviour
8. Sexual and Reproductive Health

The key concepts are further delineated into two to five topics, each with key ideas and knowledge, attitudinal, and skill-based learning objectives per age group. Knowledge provides a critical foundation for learners, while attitudes help young people shape their understanding of themselves, sexuality and the world. At the same time, skills such as communication, listening, refusal, decision making and negotiation, interpersonal, critical-thinking, building self-awareness, developing empathy, accessing reliable information or services, challenging stigma and discrimination and advocating for rights, enable learners to take action.

For further reading and to access the Guidance document please click or input the following link:
https://bit.ly/2GTkGVh
A pragmatic approach to monitoring the continuum of HIV care in Ireland
by Caroline Hurley Project Manager, HSE Sexual Health & Crisis Pregnancy Programme

In 2018, the HSE Sexual Health & Crisis Pregnancy Programme (SHCPP), Health Protection Surveillance Centre (HPSC) and HIV clinical services worked together to develop the first nationally coordinated Continuum of HIV Care for Ireland. This is the first time that national modelling estimates were used to estimate the number of people living with HIV in Ireland, diagnosed and undiagnosed, and the first time that a nationally coordinated audit of HIV treatment was conducted in Ireland.

Background
International guidelines recommend that antiretroviral therapy (ART) is offered to all people living with HIV (PLHIV) regardless of immunological status (CD4 count), given the known benefits of early initiation of ART for PLHIV and the protective effect of effective ART in preventing onward HIV transmission.

In July 2017, the HSE Sexual Health and Crisis Pregnancy Programme published the national position on antiretroviral treatment which states that “all people living with HIV attending HIV services in Ireland are offered antiretroviral therapy and informed of the benefits of antiretroviral therapy in improving their personal health and reducing HIV infectiousness”.

The continuum of HIV care is a conceptual framework that enables countries to monitor the effectiveness of key areas of their HIV programme. In 2017, the European Centre for Disease Prevention and Control (ECDC) recommended monitoring a four-stage continuum for Europe: the estimated number of PLHIV in the population; those diagnosed; those on treatment and those virally suppressed, in line with the UNAIDS 90-90-90 targets. ECDC developed standardised definitions for monitoring this four-stage continuum.

Aim & Methods
Aim: to develop a pragmatic and consistent approach to monitoring the continuum of HIV care in Ireland.

In 2017, a national steering group was established with clinical, laboratory, public health, and surveillance representation. The ECDC definitions were adapted for Ireland and agreed by the Steering Group.

The HPSC worked with UNAIDS and Spectrum modelling software to develop estimates for the first two stages of the continuum.

The SHCPP coordinated a national audit of all HIV treatment services to provide data for the third and fourth stages of the continuum. In line with the agreed definitions, some services collected their own data and a representative from the SHCPP assisted some services in compiling their data. The audit results were collated by the SHCPP.

Results
Spectrum modelling
The UNAIDS SPECTRUM modelling estimates, including the 95% confidence intervals of the estimates are outlined in table 1. It is estimated that 7,205 (95% CI: 6,456-8,056) people are living with HIV in Ireland (stage 1). An estimated 12.9% of these are undiagnosed and an estimated 6,276 (95% CI: 5,623-7,017) have been diagnosed (stage 2).

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<th>Population in Ireland living with HIV</th>
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<tr>
<td>Proportion living with undiagnosed HIV</td>
<td>12.9%</td>
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<tr>
<td>Number living with undiagnosed HIV</td>
<td>929 (833 – 1,039)</td>
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<tr>
<td>Number diagnosed with HIV</td>
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Table 1. UNAIDS Spectrum estimates for stages 1 and 2, Ireland 2017
**HIV Treatment Audit**

The clinical audit found that 5,317 individuals attended a HIV treatment service in Ireland in 2017 (Figure 1). Of these, 98.3% were on ART, of whom 95.4% were virally suppressed to <200 cpm and 90.6% were virally suppressed below the level of detection of the assay.

**Continuum of HIV Care**

The results of the 4-stage continuum of HIV Care, combining the modelling estimates for stages 1 and 2 with the HIV treatment audit results for stages 3 and 4, are shown in Figure 2. Of the estimated 7,205 (95% CI: 6,456 - 8,056) people living with HIV, an estimated 87.1% have been diagnosed. Of the estimated 6,276 (95% CI: 5,623 - 7,017) people diagnosed with HIV, an estimated 83.3% (95% CI: 74.5% - 93.0%) are on ART. Of the 5,227 people on ART, 95.4% are virally suppressed to <200 cpm.

**Comparison across Europe**

Ireland is above the EU/EEA average for the 90-90-90 targets, when compared to the ECDC Continuum of HIV Care provisional data 2018:

- Ireland estimated proportion of all PLHIV who know their status is 87.1%, compared to regional average of 80%
- Ireland estimated proportion of those diagnosed receiving ART is 83.3%, compared to regional average of 64%
- Ireland proportion of people on treatment achieving viral suppression (<200 cpm) is 95.4%, compared to the regional average of 85%

**Conclusion**

Monitoring the continuum of HIV care in Ireland was found to be feasible and provides valuable information for action in the HIV response. Of the 90-90-90 targets, Ireland has achieved the third ‘90’, with 95.4% of those on ART being virally suppressed (<200 cpm). To achieve the first two ‘90’ targets, more work is required to reduce the proportion of undiagnosed cases and improve engagement and retention in care.

Future work will involve further refinement of the modelling, in particular to account for in and out migration, and analysis by individual population groups.

**Acknowledgements:** Continuum of HIV Care Steering Group* and all the HIV services and staff that supported the data collection. For further information please contact caroline.hurley1@hse.ie.

For information on HIV please visit: [https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/information-on-hiv/](https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/information-on-hiv/)


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*Continuum of HIV Care Steering Group: Fiona Lyons, SHCPP & St. James’s Hospital; Caroline Hurley, SHCPP; Derval Igoe, Kate O’Donnell, HPSC; Fionnuala Cooney, Orla Ennis, Dept of Public Health HSE-East; Cillian De Gascun, Joanne Moran, National Virus Reference Laboratory; Helen Tuite, University Hospital Galway; Eileen Sweeney, Cork University Hospital; Almida Lynam, St. James’s Hospital; Aoife Cotter, Willard Tinago, Mater Misericordiae University Hospital; Eoin Feeney, St. Vincent’s Hospital; Samuel McConkey, Beaumont Hospital; Sarah O’Connell, University Hospital Limerick; Karina Butler, Patrick Gavin, OLCHC & Temple Street Children’s Hospitals.

References


LGBTI Voices Carlow

by Ciara Monahan,
Communications Officer, Carlow County Development Partnership

An innovative report LGBTI Voices in Carlow: A research into the needs and capacity of the lesbian, gay, bisexual, transgender and intersex population of County Carlow was launched in May 2018, bringing to the fore issues that face the LGBTI community of County Carlow. Through the success of the delivery of this research and development project, a new peer support group was established, Carlow LGBTI Network.

The LGBTI Voices in Carlow project was initiated by Carlow County Development Partnership CLG (CCDP) through Healthy Ireland funding accessed from Carlow’s Local Development Committee (LDC).
The aims of LGBTI Voices in Carlow are:

- To identify LGBTI needs in the county and raise awareness of the county’s LGBTI population
- To assess existing services provision and deliver professional training and to build capacity within the LGBTI community in order to create a sustainable peer support.

Prior to the LGBTI Voices in Carlow project, there were no adult supports within the county and only 1 for LGBTI young people. Consultant Hayley Fox-Roberts, with much experience of development work in LGBTI communities, implemented a detailed consultation process encompassing focus groups and one-to-one interviews with LGBTI people, questionnaires and one-to-one meetings with statutory and community agencies along with two online surveys. A responsive and participant-led approach enabled creative actions including a warmly welcomed entry in the Carlow St. Patrick’s Day Parade. The rainbow flags were flying and a friendly response from the pavements demonstrated that Carlow was ready for a LGBTI presence.

Collaboration with Carlow County Sports Partnership and Carlow Parkrun resulted in the Rainbow Carlow Parkrun; a themed event to demonstrate and inclusive welcome. Over sixty people participated in glorious sunshine with all runners and walkers given a Love is Love badge. Following the success of the Rainbow Parkrun, it was proposed to make it an annual event.

LGBTI Health Awareness training was delivered to 23 professionals. The response to the training demonstrated both the willingness of services to engage fully with LGBTI people and the need to extend training to other staff and services. The training was supported by the HSE Social Inclusion Unit, St Catherine’s Community Services Centre and the Traveller Programme, Carlow County Childcare Committee, Barnados and the Social Inclusion Community Activation Project.

Report Findings:
The Report draws attention to a number of negative aspects of LGBTI life in the county:

- Over 50% of respondents had been physically or verbally abused on the basis of their sexuality and 83% of these attacks went unreported
- Over half said they had to hide their sexuality sometimes, 7% had to hide it always
- The loss of LGBTI people from the civic forum of the county is a loss to all communities with of those consulted who had moved to live elsewhere, 22% said their departure related to their sexuality.

The most requested support requirement was social spaces:

- 70% of respondents stressing that “without meeting places, it is hard, if not impossible, to build community”
- 87% wanted a targeted support in the county, and the strong beginnings of the Carlow LGBTI Network are very encouraging. Network membership had reached over 50 by the project’s culmination.

The research is innovative in being the first county-based LGBTI consultation, indeed one of the first focused on the south-east region and this county focus gives the report’s recommendations an achievable, focused approach.

Key recommendations in the report focus on 4 areas:
- Implementation
- Capacity
- Visibility
- Health.

In each area, specific targets have been set. The collaboration between communities to deliver these recommendations has already begun with the 20+ agencies that put time and energy into the consultation and training process.

Carlow County Development Partnership has applied for additional Healthy Ireland funding and if successful, will be able to continue to build on the fantastic foundations of this project.

The LGBTI Network in Carlow meets on the 3rd Saturday of each month at 3pm in Bake Café, Tullow Street, Carlow. All are welcome.

If you want more information on this project please contact Joanne Donohoe Carlow County Development Partnership jdonohoe@carlowdevelopment.ie or 086-3843361 or check out the LGBTI Carlow Voices Facebook page.
Exploring Gender Identity and Gender Norms in Primary Schools: The Perspectives of Educators and Parents of Transgender and Gender Variant Children

by Aoife Neary PhD, Lecturer in Sociology of Education, University of Limerick and Catherine Cross Education and Family Support Officer, Transgender Equality Network Ireland

Since 2013, all schools in Ireland must include homophobic and transphobic bullying in their anti-bullying policies and document ‘prevention’ as well as ‘education’ strategies. While educators and parents in primary school communities appear to understand homophobia and sexuality identity, there is much confusion about transgender identity and transphobia (Neary et al. 2016).

In Ireland, the most common age for a young person to become aware of their sexuality identity is 12 years of age; the average age of a sixth class child in primary school (Higgins et al 2016). As this study illustrates, awareness of gender identity appears to happen much earlier.

An emerging body of empirical research internationally has given particular attention to the everyday lives of transgender and gender variant children in primary school contexts but there is an absence of published empirical research about gender identity and gender norms in primary schools in Ireland. And so, this study began with the question: How are gender identities and gender norms understood, experienced and negotiated in primary schools?

This qualitative study was conducted between May and October 2017 with (a) the parents of 11 transgender and gender variant children (b) seven educators who have accessed the support services of the TENI. It provides new insight into how transgender children and their families are experiencing and negotiating everyday life in primary schools and how educators are supporting transgender children and their families.

Key findings related to gender identification and expression, teacher knowledge and discomfort, parent labour and gendered school practices are outlined in this report. Drawing from this data, this report raises pertinent questions about the ways in which the architecture of gender in primary schools has restrictive effects for all children.

The research was funded by the Irish Research Council, this study was the result of a collaborative partnership between the School of Education, University of Limerick and the Transgender Equality Network of Ireland (TENI), a national non-government advocacy organisation that seeks to improve conditions and advance the rights and equality of transgender people and their families.

The report is available on the University of Limerick Institutional Repository link here: http://ulir.ul.ie/handle/10344/6889

or by clicking or downloading the following TENI link here: http://www.teni.ie/attachments/6d5d22d4-801c-4f2d-b456-299291cc17de.PDFFFF
World’s First LGBTI+ National Youth Strategy 2018 – 2020

The LGBTI+ National Youth Strategy 2018 - 2020 was recently launched by Minister Zappone of Dept of Children and Youth Affairs on 29th June. The Strategy is a first for Ireland and for the world.

The press release to launch the LGBTI+ National Youth Strategy 2018 - 2020 stated “the strategy will make a significant contribution towards the Government’s broader commitment to continue to strive for the full inclusion of LGBTI+ people in Irish society and to build a more inclusive Ireland”

The strategy can be accessed at: www.dcyia.gov.ie. Further information about the strategy may be obtained from diane.nurse@hse.ie

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

Donegal

Tallaght

Ardee
Foundation Programmes in Sexual Health Promotion (FPSHP) 2018

Midlands
Portlaoise, Co. Laois 2019.
Closing date for applications 22nd October 2018.

January: 22nd & 23rd
February: 26th & 27th
March: 26th & 27th
April: 30th & May 1st
May: 21st & 22nd

Contact:
Margaret Whittaker,
Health Promotion & Improvement

Tel: 057 93 57800
Email: margaret.whittaker@hse.ie

Kilkenny
Closing date for applications 9th November 2018.

January: 29th & 30th
February: 19th & 20th
March: 26th & 27th
April: 30th & May 1st
May: 28th & 29th

Contact:
Tracey Tobin,
Health Promotion & Improvement

Tel: 052 617 7037
Email: tracy.tobin@hse.ie

Killarney, Co. Kerry 2019
It is intended to run the FPSHP in Killarney in early 2019. The dates are yet to be confirmed. If you are interested in applying for the Kerry course then please contact Catherine Byrne, National Coordinator for the Foundation Programme in Sexual Health Promotion Health Promotion & Improvement Officer at catherine.byrne2@hse.ie

For additional information of FPSHP courses run nationally please go to www.sexualwellbeing.ie click on training then select sexual health promotion where you will find a list of all the locations and contact numbers.

Sexually Transmitted Infection (STI) Training

The aim of the course is to equip participants with the basic knowledge, skills and attitudes for the effective management of sexually transmitted infections (STIs) outside the GUM setting. For further information please visit http://www.bashh.org

This is a multi-disciplinary course and applications are invited from, doctors and nurses working in general practice, family planning and reproductive health, GUM, health advisers, secondary care clinicians who may encounter patients with STIs (e.g. O&G, A&E, rheumatology and ophthalmology), pharmacists and school nurses.

Dates: STIF CORE 20th October 2018 and STIF PLUS 21st October 2018

Venue: The Catherine McAuley Centre, 21 Nelson Street, Dublin 7

HIV Ireland Training Dates

STIs, Condoms and Safer Sex: 6th November 2018 (free)

HIV and Hepatitis C: 18th October 2018 (€55 per person, early bird available)

Understanding Chemsex: 21st November 2018 (free)

All of these training and education events take place at HIV Ireland, 70 Eccles Street, Dublin 7.
Queries by email to susan.donlon@hivireland.ie
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.

**Sexual Health and Sexual Expression in Later Life**

*by Dr David Lee*

Reader in Epidemiology and Gerontology.

Faculty of Health, Psychology and Social Care, Manchester Metropolitan University, Manchester, United Kingdom

When we consider society’s prevailing view of late-life sexuality, the predominant view remains misinformed and negative, with entrenched assumptions that older people are not particularly sexually active or interested in intimate sexual relationships. These preconceptions can be extreme, ranging from humour to disgust, or simply a refusal to believe that people in their 70s and 80s have sexual interests or needs at all. However, positive intimate sexual relations are increasingly recognised as a key aspect of health at all ages. Practice and policy need to adapt to better support the sexual and intimate lives of older adults, and conversations around sex and older people need to be normalised to counter ageist stereotypes and misconceptions.

While there are clear differences between how older men and women experience sexual desire, activity and satisfaction as compared to younger adults, older people over the age of 50 generally remain sexually active, with sexual health an ongoing concern for men and women well beyond the reproductive years (Lindau et al., 2007; Lee et al., 2016a).

**Changing sexual expression in later life**

Increasing age doesn’t necessarily result in reduced sexual activity and sexual problems (DeLamater and Koepsel, 2014), although ageing-related changes in biology and health, such as declining sex hormones, chronic illness and the side effects of long-term medications, do influence the frequency of sexual activities in later life (Gillespie, 2016). Findings from wave 6 of the English Longitudinal Study of Ageing (ELSA) have highlighted that common chronic conditions and poorer self-rated health were more likely to be associated with decreased sexual activity and functioning among men as compared to women (Lee et al., 2016a). In addition, sexually active men aged 50 and over reported more concerns about their sexual activities and function than women and, with increasing age, these reports tended to become more prevalent among men and less prevalent among women (Lee et al., 2016a).

The ELSA data also revealed that over half of women and two-thirds of men thought ‘good sexual relations were important in maintaining a long-term relationship’ or ‘being sexually active was physically and mentally beneficial to older people’. Clearly, older people in the ELSA survey considered sexual activity and satisfaction as important parts of their lives and this was reinforced when considering the links between sexual health and wellbeing and quality of life. Those men and women reporting more frequent partnered sexual activities (kissing, fondling and petting; sexual intercourse) and higher levels of overall sexual satisfaction scored higher on measures of wellbeing and quality of life (Lee et al., 2016b). These findings are important as wellbeing and health are closely related, particularly in later life, with higher subjective wellbeing linked to fewer physical impairments and longer survival (Steptoe et al., 2014). Key sexual concerns focused on arousal problems, vaginal dryness and/or pain among women and erectile difficulties among men. Among both women and men a common theme was that, irrespective of the nature of the sexual problem faced, few reported knowing who best to turn for advice and many reported awkwardness and embarrassment when they did approach health care professionals for help.

Some of the ELSA research has featured in the recent International Longevity Centre’s (ILC-UK) report ‘How long will I love you? Sex and intimacy in later life’, and in a research film, ‘Sex, love and intimacy in later life’, launched for International Older People’s Day (October 1st, 2017).

*Continued on page 20*
The future?

Historically, sexual health research has tended toward a biomedical perspective, where sexual problems and difficulties are considered as ‘dysfunctions’ with an underlying physical cause and thereby medically treatable. More recently, research on later life sex and sexuality has recognised the broader contexts in which sexual relationships take place and has increasingly considered how relational and psychological factors contribute to older people’s sexual activity and satisfaction (DeLamater and Koepsel, 2014). However, the ‘partnership’ aspect of a couple’s sexual relationship continues to be overlooked in research and clinical practice; an obvious omission when one considers the key biological predictors of sexual health, such as chronic disease, sex hormones and medication use, only explain a relatively small amount of the variation in sexual expression among older people (DeLamater and Koepsel, 2014).

While quantitative survey data provide a valuable measure of the current burden of poor sexual in later life, narrative findings (also collected in ELSA) better describe the diversity of late-life sexual experiences and adaptions that older people use to maintain satisfying intimate relationships (Tetley et al., 2016). Some participants in ELSA reported that changes in their health led to them being more likely to engage in non-penetrative sexual activities, and it was the quality of the relationship that was of primary importance. Other couples, however, reported mismatches between themselves and their partners with respect to their individual desires and expectations concerning their sexual relations and overall relationship. Given that for older people sexual intimacy is a “coupled” activity, the ‘partnered’ aspect of sexual relationships should not be overlooked in either research or clinical practice.

Numerous cross-country panel studies, based on the US Health and Retirement Study (HRS), are building an infrastructure of comparable data to understand individual and societal ageing, although only ELSA has included in-depth questions on sexual health and expression. Practically none of this research has been undertaken in low and middle-income countries, and in cultural settings where older age sexuality remains a taboo. A key objective now is to develop harmonised sexual health questionnaires for inclusion into a number of longitudinal ageing studies based on the HRS model, with an emphasis on low- and middle-income countries. Initial questionnaire development has begun in the Longitudinal Aging Study in India (LASI), the China Health and Retirement Longitudinal Study (CHARLS), Health and Aging in Africa: A Longitudinal Study of an INDEPTH Community in South Africa (HAALSi), and also the Irish Longitudinal Study of Ageing (TILDA). Collecting comparable, cross-country sexual health data presents a unique opportunity to identify how transitions in health and sexuality intersect in later life to influence how individuals and couples flourish both physically and mentally. It will also allow an examination of how different national contexts result in similarities and divergence in outcomes and associations, and identify how differing cultural perspectives may be linked to and/or explain inequalities in sexual health and sexual wellbeing.

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Webpage: https://www2.mmu.ac.uk/hpsc/our-staff/browse/department-of-nursing/profile/index.php?id=3679

References
Sexual Health and Older Adults
One Health Promotion Officer’s perspective…
by Teresa Hennessy

The National Sexual Health Strategy 2015-2020 takes a life-course approach to sexual health and wellbeing, acknowledging the importance of developing a healthy attitude to sexuality in young people and of building on that foundation for positive sexual health and wellbeing into adulthood and older age. On the ground though, the emphasis seems to be on sexual activity of younger people, prevention of STIs and crisis pregnancies. So what if your age means pregnancy is no longer a worry? What is happening for older people in Ireland in relation to sexual health?

According to TILDA (The Irish Longitudinal Study on Ageing) 2017 the majority of adults aged over 50 in Ireland are sexually active, with 59% reporting they had sex in the past 12 months. Sexual activity beyond age 65 has been largely unexplored although many older adults remain sexually active well into their 60s, 70s and beyond. Sexual activity does however decline with age. Sexual activity is related to health; those who consider themselves to be in better health are more likely to be sexually active, as well as those without long term conditions or disabilities, and those with fewer depressive symptoms. Sexually active adults tend to be more positive in their perceptions of ageing. They are less likely to consider themselves old and less likely to believe that ageing has negative consequences.

Ireland has the highest proportion of never-married individuals in Western Europe in the over 50 age group. Although this population is less likely to be sexually active, in particular in the oldest age groups, assumptions should not be made about the sexuality of unmarried older people. Irish research has shown that older LGBT individuals face unique challenges in access to health care and discrimination.

One small way that I promote sexual health with older adults is through groupwork. As part of Age Friendly Carlow and Kilkenny programmes I run an eight week course devised by Age & Opportunity for older adults entitled Ageing with Confidence. The group consists usually of between 12 and 18 people aged 55+. Our oldest participant was 93. It is always predominantly a female group but it’s a welcome change in dynamic when some men join too. Physical and emotional health, changes that occur as you grow older, ageism and self-esteem are some of the topics explored. Trust builds in the group from week to week and it’s lovely to see friendships forming and quieter participants finding their voice. By the latter part of the eight weeks the groups have usually become more relaxed with each other and more willing to share their experiences. Week seven covers Loneliness, isolation and Sexuality. It is an unfortunate coupling of topics in my opinion which does not leave much room in a two and a half hour session for exploration of sexuality. It also can be a sensitive topic and one that participants may never have spoken about in a group setting.

Sometimes the session is embraced by the group, often with laughter or anecdotes but at other times, particularly when there are just women in the group it can get more serious. The women talk about not being given much information about the facts of life, often reaching puberty and knowing nothing about menstruation until after their first period, lack of sanitary products, being unsure of what their wedding night would entail, being churched (having to be ‘cleansed’ at the altar in a ceremony after giving birth before being allowed to partake in mass; even following the trauma of a stillbirth) and sexual abusers in the locality in positions of authority.

I have to be mindful always of my role as a Designated Officer under Child Protection that groups know from the beginning of week one, if anything is disclosed to me giving concern for the welfare or safety of a child I must report it on within the HSE. The group often talk about how much more information there is available now to young people. They may have initially dismissed the topic as not relevant to them, particularly if they were single or widowed but it can become the first time that they realise that sexuality is about much more than being sexually active, that they have been sexual beings all their lives and have many aspects of their sexuality that they can reflect on or share if they wish.

I found participating in the 10 day Foundation Programme in Sexual Health Promotion really helped my own confidence around approaching the topic with a group.
The human papilloma virus (HPV) is associated with approximately:
- 50% penile cancers.
- 70% oropharyngeal cancers.
- 80-85% anal cancers.
- 80% cervical cancers.
- 50% penile cancers.

HPV transmission
HPV is transmitted via intimate skin-to-skin contact during vaginal, anal, or oral sex with someone who has the virus. Anyone who is sexually active can get HPV, even if they have had sex with only one person. It can also be passed when a person has no signs or symptoms and this makes it difficult to know when a person first became infected.

HPV prevention
Condoms decrease the likelihood of HPV transmission but do not guarantee protection. The best way to ensure protection from HPV infection in the future is to get vaccinated. Gardasil* (Trademark MSD) is the vaccine of choice in Ireland. This vaccine offers protection against HPV types 6 and 11, commonly associated with genital warts and oncogenic types 16 and 18. For those aged 16 and over, the vaccine is given as a course of 3 injections over a 6 - 12 month period. Ideally, the vaccine should be given before you become sexually active but you will still benefit from the vaccine if you receive it later.

In Ireland, the HPVacccine schools programme commenced in May 2010. Since then, the incidence of ano-genital warts among those aged 19 years or younger has fallen by 93%. While the rate among those aged 20 - 29 years has fallen by 58%. Vaccinating the majority of girls will ensure that their future male partners are provided with some level of protection, a process described as herd immunity.

However, boys who grow up as MSM, Bisexual or Transgender will not benefit to the same extent. The HSE have addressed this by making the vaccine available to these specific groups in all STI Clinics in Ireland.

Why Vaccinate Men?
Provision of the HPV vaccine to girls alone does not fully protect males and it also represents a significant health inequality that needs to be addressed. The incidence of Oropharyngeal Squamous Cell Carcinomas is 3 - 4 times higher in men compared to women, with rates increasing by 3 - 4% annually:
- Anal cancers are increasing by 3.4% every year in Ireland
- 74% prevalence of anal HPV in MSM
- This increases to 84 - 90% in MSM who are HIV positive.

Recent studies have indicated the potential benefits of the vaccine, demonstrating a potential reduction in anal cancer rates up to 61% in PLWH.

Vaccine Safety
More than 250 million doses of Gardasil have been safely administered worldwide since vaccination programmes began. There has been more research carried out on this vaccine than any other to date. It has been strictly monitored and frequently reviewed by many international bodies, including:
- European Medicines Agency (EMA)
- World Health Organisation (WHO)
- Global Advisory Committee on Vaccine Safety
- Centres for Disease Control and Prevention in the US (CDC)
- Health Products Regulatory Authority in Ireland (HPRA).

These bodies all report that the vaccine is safe, with no known long term side effects. The HPRA continues to monitor the safety of the HPV Vaccine. More information is available at www.hpra.ie

Looking to the Future…
In 2018, twenty countries worldwide have now commenced vaccinating boys. Professor Ian Frazer, co-inventor of the vaccine, predicts that due to Australia’s comprehensive vaccination programme, including boys and girls, the HPV Virus will be effectively eliminated in Australia over a 20 year period. Professor Mary Horgan, President of the Royal College of Physicians Ireland (RCPI), is recommending that all boys should be included in our Schools’ HPV Vaccination Programme, a call that has been endorsed by the National Immunisation Advisory Committee (NIAC). Ireland will not get to a point of elimination of this potentially serious infection without a real commitment to provision of an inclusive programme for both boys and girls.
Breaking the Barriers of Sexual Health and Intellectual Disability
by Mary Brown, CNM11, RPN, RNID.
Intellectual Disability Nurse and Registered Psychiatric Nurse

My Role in the HSE
I am a registered Intellectual Disability Nurse and a Registered Psychiatric Nurse with almost 30 years’ experience working in both disciplines. I have been employed as a CNM II in a day service for adults with an intellectual disability for the last 16 years, our service user ages range from 18 - 65 years of age.

Why I Applied for the FPSHP
The subject of sexuality is very much a taboo one when it comes to adults with an Intellectual Disability. The sense of the person being “an eternal child” has been fostered by parents and staff alike. It is generally not recognised that the person with a disability has the same desires and sexual preferences as the general population. Their bodies go through the same changes; puberty, menopause etc and they also engage in masturbation and sexual intercourse; these realities are difficult for carers to accept. The person with an Intellectual Disability is also incredibly vulnerable and there are major concerns around ability to consent. However, the person with a disability is also at risk of STI’s, Prostate, Testicular, Breast and Cervical Cancer, the same as the general population is. I have always wanted to work with my group, their families and staff to promote positive sexual health through information that is sensitively delivered in an easy to understand form. This information would be delivered by someone they have known and trusted for many years in their own environment. Individuals are entitled to the same information, support and services as those without a disability, the only difference should be in the way these supports and services are explained and delivered.

I heard about the FPSHP and knew immediately that this course was what I had been looking for and would most certainly give structure and direction to the programmes that I had been creating and delivering in my own service for many years.

The Benefits of Doing the Course
The course was delivered in a very innovative way that made you challenge your own attitudes and reflect on your own practice. Various methodologies were used throughout, from group work, presentations, role play, debate and practical demonstrations. There was a great sense of group cohesion and the facilitators structured each of the ten days to ensure that there was an element of fun and confidence building. Our group was full of talented, knowledgeable and experienced people from various professional backgrounds. I learned so much from each and every person I met, and I hope that in turn I provided them with an insight into sexuality in Intellectual Disabilities. The passion for the topic by both facilitators filled me with hope for the future and my role in delivering Sexual Health Promotion within my own organisation.

Having done the course I now have access to the Sexual Health Library and I am able to borrow resources to use when delivering programmes to staff, service users and parents. These resources include body maps, anatomically correct dolls, body maps and books without words that I can use depending on the degree of ability within the group that I am working with. Since going on this course I receive regular newsletters and updates which I can then pass on to colleagues and parents. The course stressed the holistic, birth to grave concept of Sexual Health Promotion; this has been very beneficial to me when delivering presentations to parents and staff that find it difficult to address the concept of Sexuality.

The Future looks Bright
Since doing the FPSHP course I have attended several courses and training days that probably would not have been available to me if I hadn’t done the FPSHP. I completed a five day Speakeasy Plus course* which is specifically designed to deliver Sexual Health Promotion to persons with an Intellectual Disability. It was through this course that I was invited to join a pre-existing Relationships and Sexuality committee that meets every six weeks or so. The focus of this committee is delivering Relationship and Sexuality training to all adults in County Donegal with an Intellectual Disability. The committee is also tasked with the writing and implementation of a Sexual Health Policy and also meetings with Service Managers to ensure that this subject is always on the agenda at governance meetings to secure time and resources to us as staff as we continue to roll out training to all residential group homes and day services in the county.

I have also attended training events on policy planning, pornography, LGBTI awareness and internet safety all of which are of benefit to me professionally. Through networking I am also linked with several youth groups in the community which are primarily support groups for the LGBTI community and I have been asked on several occasions to present to groups of parents through the voluntary sector. I am optimistic for the future and this will go a long way to provide all service users in County Donegal with the same rights and skills to make their own informed choices about their personal relationships and sexuality.

* Speakeasy Plus is a course facilitated by the Irish Family Planning Association