



SEXUALITY, INFORMATION  
REPRODUCTIVE HEALTH & RIGHTS

# Irish Family Planning Association

Quarterly bulletin on Sexual and Reproductive Rights in Ireland

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## Love and Peace in Bolivia



In March the IFPA organised a five-day study tour to Bolivia to see how Ireland could help the promotion of sexual and reproductive health among young people in the country.

Niall Behan and Meghan Doherty from IFPA were joined by three Irish politicians - Deputy John Deasy, Senator Dominic Hannigan and Senator Fiona O'Malley. Here is a segment of Senator Hannigan's blog on the trip.

*"El amor y la paz"* was the greeting we received from the gang leader as we entered the small clearing beside the ring road. Straight ahead was a tiny shack, the territory of the band of homeless youths we were visiting. *"El amor y la paz"* we shouted back.

Around the clearing the scene was one of decay. Burnt rubbish and mangy dogs were scattered around. So too were the plastic bottles which used to contain the particular brand of glue that is the staple diet of the street kids of the city of Cochabamba in Bolivia.

The gang leader beckoned us into the shack. I was accompanying Saul, a local youth worker. We stepped from the bright morning sunshine into the darkness of the small, kitchen-sized room. I gasped and tried not to wretch from the utter stink. It was so overpowering that my automatic reaction was to leave. I stayed, knowing that I would soon get used to the stench. After a few seconds my eyes adjusted to the darkness and I was facing seven youths of indeterminate age.

It was clear that a lot of them were already high on drugs, even though it was only 10 am. I asked them their names. Lourdes was 23 years old with a pretty face. Already a mother, she had her child taken away from her because she was unable to care for it. Beside her sat Gabriel, who had difficulty moving about. Last year Gabriel's leg was broken in a car accident. The medics tried to re-set it but Gabriel implied that he didn't follow the treatment advice given to him and one year on the bone sticks out at a 45 degree angle to the rest of the leg. Gabriel is 18.

Saul the youth worker was treated with respect by the gang family. They are one of many gang families in Cochabamba, a city the size of Cork. These gangs range in size from ten to thirty youths and the members look out for each other, much the way a family would. Indeed, Gabriel's younger sister was also a member of his gang.

These youths come from broken homes, are unwanted or leave home because despite the harshness of life on the street, they consider it to be preferable to life with their parents. Once they hit the streets they are exposed to the small bottles of the toxic glue, which they buy for less than a dollar.

Saul visits all of the gang families. He works for a local charity CIES, which provides outreach support and runs a clinic offering medical attention. Saul's job is to try and make sure that they receive medical attention for any illnesses that they have, as well as helping to provide information on sexual and reproductive health. He also works with other agencies to try to get the kids back into settled accommodation. For just \$700,000 per annum, this project runs in Cochabamba and other cities in Bolivia. As well as in Peru and Guatemala.

Although the number of street boys outnumbers the number of street girls, there are still a large number of girls on the street. According to Saul, virtually all of the girls will have been raped either by members of the gangs or through prostitution.

We visited a group where one girl sat amongst a gang of ten boys. Because of her severe overuse of solvents she has lost the power of her legs. Every few hours the group gets moved on by the police and her friends carry her over to their next gathering spot.

Her inability to walk also means that she can't get to a public toilet on her own. Her one request to Saul was for some diapers. Beside her lay a kid in obvious discomfort. He threw back a filthy blanket and pulled up the leg of his pants to show us a large oozing sore just below his knee. His friend beside him asked Saul for medical help for the leg. Saul told him to bring him along to the CIES clinic in the afternoon, but told them both to refrain from sniffing any more glue until then.



After the presentation we were shown around the clinic. In one room a young man taught a group of twenty students about sexual health. These students will go around the schools and colleges of Cochabamba to educate their fellow students on sexual health issues.

All the evidence is that such peer education has a dramatic impact on getting the message through to other young people in the community. This work also forms part of the CIES project, as does a programme to train women in empowerment issues.

Saul brought us over to the boy with the ulcerous leg that we had seen in the morning. All of us felt some relief that he was getting the medical attention which he clearly needed. He wouldn't get it if it was not for contributions from the development aid budgets of organisations such as USAID and the European Union.

Clinic staff told us that despite promises from the local politicians to address the issue of homelessness it appears that little has been done. Local and central Government expenditure on public health care is too low to be able to meet the needs of these street kids.

There's no space on the political agenda for these street kids, because Bolivia itself is at a turning point. President Evo Morales recently won a referendum to introduce a new constitution. A socialist in the mould of Chavez in Venezuela, Lula in Brazil and Castro in Cuba, "Evo" is intent on redrafting mounds of legislation to ensure that the majority indigenous people in Bolivia have the same rights as the rest of the Bolivian population. That includes the right to health and his intention is that 10% of GDP will be spent on the health service.

Because the whole local and national political establishment is caught up in the big-picture issues there is scant attention being paid to the invisibles on the streets.

Saul has been working with the street kids for the last five years. He's seen some success but he admits that there have been many other failures. He says that if he doesn't rescue the street kid before he or she reaches eighteen then there's little chance that they will be rehabilitated back into Bolivian society.

He reckons that the average length of time a kid can spend on the street is about ten years. Then they perish because of disease, drug overdose or violence. When that happens the last thing he does for them is organise a collection within his office to help pay for the cost of a burial.

But now his job is on the line. The project is funded through various international charities and it comes to an end in June. Unless more funding comes from international aid budgets the project will shut down. He'll have to find another job – tough enough in a country with 25% unemployment but Saul has the ability to pull through. What happens to the street kids of Cochabamba is likely to be a lot sadder.

## **Majira – Sexual and reproductive health training for migrant women**

Improving the sexual and reproductive health of female asylum seekers and refugees is the aim of a new project that gets underway this month.

The IFPA/AkiDwA initiative will involve a series of 10-week training courses in Dublin and Limerick covering topics such as contraception, STIs, female genital mutilation, domestic violence and HIV/AIDS. Migrant women will be offered free medical check ups and health screening as part of the project.

The project also aims to highlight the barriers faced by migrant women when it comes to accessing sexual and reproductive healthcare in Ireland.

Following a consultative process, the Majira initiative will see the production of a tool kit for healthcare providers and policy makers on working sensitively with asylum seekers and refugees in the area of sexual and reproductive health.

The programme is entitled Majira, which means 'seasons' in Swahili, but can also be translated as 'family planning'. It is hoped that course participants will pass on the knowledge acquired in this course to their communities.

This is the first time that the IFPA has worked with this target group. Research has shown that women belonging to ethnic minorities experience significant barriers to accessing medical care and organisations working with migrant communities have identified sexual and reproductive health as a particular area of concern.

A study carried out by the IFPA in 2002 indicated that countries with the highest number of asylum applicants often have the lower levels of modern family planning.

## **National News**

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### **A, B, C v Ireland**

The case challenging Ireland's ban on abortion continues to make its way through the European Court of Human Rights (ECHR).

Three women resident in Ireland are taking the case on the grounds that the restrictions on abortion violate their human rights. They say that the ban on abortion jeopardised their health and well-being.

The case was accepted for consideration by the ECHR in July 2008. Papers recently lodged with the Strasbourg-based court indicate how the Irish Government intend to contest the case.

The ECHR is still considering the admissibility of the case, but it is hoped that court will decide to hold an oral hearing into the case this autumn.

The case centres on four articles of the European Convention on Human Rights. These include Article 8 (right to privacy in all family, home and personal interests), Article 3 (protection from inhuman or degrading treatment), Article 2 (safeguards the life of an individual) and Article 14 (protection against discrimination).

### **Need for legal clarification on emergency contraception for under age**

*By Alison Healy, published in The Irish Times April 28th, 2009*

The Irish Family Planning Association has called for clarification on the law on access to emergency contraception for girls under 16 years.

Last week it emerged that there had been a significant increase in the number of family doctors seeking legal advice on what to do when under-age girls come to them looking for the morning-after pill.

People under 16 years do not have the power to consent to medical treatment and must get that consent from a parent or guardian. GPs have expressed concern about being placed in a predicament where they are being asked for emergency contraception by a girl under the age of consent for sexual intercourse.

A spokeswoman for the Irish Family Planning Association said there was "considerable confusion" among young people and the medical profession about the issue.

"However, it should be borne in mind that emergency contraception is by its very nature an emergency and medical consent is usually waived in such situations by doctors or health service providers," she said.

The recent Irish Medical Organisation conference heard from Dublin-based solicitor John O'Connor who advised doctors to try to obtain parental consent with the agreement of the child and to record the effort made to get such consent. However, if parental consent could not be obtained, Mr O'Connor said a doctor could prescribe the morning-after pill if the doctor felt the girl fully understood the nature and effect of the treatment.

Meanwhile, access to the morning-after pill for teenagers has been made easier in the US, following a decision by the Food and Drings Administration to allow 17 year olds to buy the "Plan B" morning-after pill over the counter.

Previously the pill – which prevents pregnancy if taken within 72 hours of unprotected sex – was available without prescription only to those aged 18 and over.

## Call for FGM Legislation



Pictured at the launch of the FGM Plan of Action were Salome Mbugua from AkiDwA, Ifrah Ahmed from Somali Community in Ireland, Lord Mayor of Dublin Cllr Eibhlín Byrne, IFPA's Meghan Doherty and Senator Fiona O'Malley

The campaign to outlaw the practice of Female Genital Mutilation (FGM) in Ireland moved a step closer last January with a call from the Oireachtas health committee for legislation outlawing the practice to be “strongly” considered.

The Joint Oireachtas Committee on Health and Children made the recommendations to the Minister of Justice following a presentation of the FGM Plan of Action by Siobhan O'Brien Greene from AkiDwA in January. IFPA's Meghan Doherty, national co-ordinator of the FGM Action Plan, was also present to answer questions from the committee.

The Chairman of the Joint Oireachtas Committee on Health and Children, Deputy Sean O'Fearghaill said: “Serious thought should be given to introducing legislation which would protect against this occurrence and which would ban the procedure outright in Ireland.”

“There is no place in Irish society for this barbaric practice,” he added.

The Plan of Action was developed as part of a pan-European project coordinated by the EURONet FGM and implemented in 15 countries across Europe. IFPA acted as the National Coordinator for Ireland and brought together a diverse steering group which included representatives from government departments, state agencies, non governmental organisations and community based groups.

The Irish plan outlines the risks FGM poses to women and girls both in Ireland and internationally, and sets out policy goals to address the detrimental effects of FGM. Research undertaken last year shows that up to 2,585 women and girls now living in Ireland have undergone FGM. The practice is known to have a range of associated health and maternity risks.

## IFPA Events

**Screening - *Dead Mums Don't Cry***



Chadian obstetrician Grace Kodindo travelled to Ireland earlier this month as a guest of IFPA to attend a number of screenings of the documentary *Dead Mums Don't Cry* in Dublin.

The BBC Panorama documentary charts Dr Kodindo's heroic efforts in Chad to lower the rate of maternal mortality. Currently women in Chad have a one in 11 chance of dying during pregnancy or in childbirth in their lifetime. This is in stark contrast to Ireland where women have a risk of one in 48,000.

On her visit to Ireland Dr Kodindo met with members of Dochas, Trinity College's Women's Studies Department and members of the Joint Consortium on Gender Based Violence to discuss how to tackle maternal mortality in Chad and other developing countries.

Dr Kodindo also met with members of the All-party Group on Sexual and Reproductive Health. Following a screening of a portion of the documentary in Leinster House, parliamentary representatives discussed how the international community is faring in its goal to reduce the number of women dying during pregnancy and childbirth was discussed.

Dr Kodindo told the group how in September 2000 world leaders agreed to reduce maternal mortality by 75 per cent by 2015. Despite this it is still the least progressed of all the Millennium Development Goals.

Chairperson of the group Senator Fiona O'Malley pledged the committee's support to helping tackle the issue of maternal mortality. Trained in Canada, Dr Kodindo has been working in Chad for 30 years. For many years she was one of only two obstetricians working in the entire country and she struggled to preserve women's lives in the face of profound poverty, a dearth of supplies, and minimal government support.

Now Dr Kodindo is a leading voice in the international battle to reduce maternal mortality. She has worked with the World Health

Organisation, the United Nations Population Fund and UNICEF and is working for the RAISE initiative ([www.raiseinitiative.org](http://www.raiseinitiative.org)) as senior medical and advocacy advisor.

Her trip to Ireland was part of a tour of nine European cities to create awareness of maternal mortality in developing countries. Just before arriving in Ireland Dr Kodindo was awarded the Millennium Development Goal



(MDG) 3 Champion Torch in recognition of her efforts to secure comprehensive reproductive health care for women worldwide.

### **Book launch - *Ireland's Hidden Diaspora***



Author Ann Rossiter and Senator Ivana Bacik pictured at the launch of *Ireland's Hidden Diaspora* in Waterstone's bookstore on Dawson Street.

In the first of a series of events to celebrate the IFPA's 40<sup>th</sup> anniversary we hosted the launch of Ann Rossiter's new book *Ireland's Hidden Diaspora – The 'abortion trail' and making of a London-Irish Underground 1980-2000* earlier this week.

The book tells the story of London-Irish women who gave support to many of the women who crossed the Irish Sea to have an abortion in a British clinic. It is also a record of the Irish Women's Abortion Support Group's (IWASG) campaigns for a change in the law in Ireland.

The book is a testament to the tireless work undertaken by London-Irish women for twenty years to support Irish women before during and after their lonely journey 'across the water'.

*Ireland's Hidden Diaspora* was launched in Waterstones on Dublin's Dawson Street by Senator Ivana Bacik, who also wrote the forward to the book. Speaking at the launch Senator Bacik spoke of her involvement with IWASG. She stressed the importance of the group's work during the 1980s and 1990s when abortion was regularly in the headlines in Ireland as different cases were taken and referendum campaigns were fought. This made it particularly difficult for women to undertake the journey to England, she said.

She also gave an overview of the current law on abortion in Ireland making reference to the case being taken by three women resident in Ireland (A, B & C) against Ireland to the European Court of Human Rights.

The book launch was attended by some 50 IFPA members, staff and friends from the past and present.

### **International News**

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#### **US: Government Saves Money By Funding Family Planning Clinics:**

Publicly funded clinics that provide women with reproductive health care save government money, according to a recent US report.

The US government saves \$4 for every \$1 it spends providing family planning, researchers wrote in the *Journal of Health Care for the Poor and Underserved*.

The analysis, by researchers of the Guttmacher Institute in New York, reports that in 2004, an estimated 6.9 million women received contraceptive care from publicly supported family planning clinics. Assuming that 86 percent of those women received a contraceptive method, researchers concluded that such clinics averted 1.4 million unintended pregnancies.

The researchers estimated a net public savings of \$4.3 billion in 2004. They reached that figure by “factoring in only the public-sector costs for maternity care, delivery and one year of infant-related care for those contraceptive clients who would be eligible for Medicaid maternity care in their state if they became pregnant.” That year \$1.4 billion in public funding supported the provision of contraceptive care at the clinics. The savings reflects such factors as the increasing costs of health care services as well as an expansion of eligibility for Medicaid, said study co-author Lawrence Finer, director of domestic research for the Guttmacher Institute. By fiscal year 2001, Medicaid accounted for 61 percent of public dollars spent for contraceptive services, representing \$770 million — about double the figure for 1994, according to institute figures. “At the same time, the costs of birth have gone up as well,” Finer said.

## Count Me In Campaign



Fifteen years ago at the 1994 International Conference on Population and Development (ICPD) in Cairo, 179 governments agreed on an inspiring and visionary plan to give universal access to services and information to improve the sexual and reproductive health of everyone by 2015.

People born in 1994 at the time of the ICPD are now 15 years old and have needs, desires and expectations that the world seems unprepared to address, according to the organisers of a new global campaign called 15andCounting.

“Too many governments have failed to make good on their promises,” says the International Planned Parenthood Federation and as a result are “putting the lives and health of tens-of-millions of young people at risk”.

“Only five years remain for the vision of ICPD to become reality, unless governments deliver on their promises young people will be denied services and information critical to their health and wellbeing,” say the organisers. The campaign is demanding better access to sexual health services and education for everyone, regardless of age, gender or location. The aim is to connect young people around the world to work together for better access to sexual health services and information as well as persuade governments to “get serious” about young people’s health and wellbeing.

The campaign will be officially launched later this month, but the campaign’s “Count Me In: Sexual Rights for All” on-line petition is already live in English, Arabic, French and Spanish. This petition will be presented to the Secretary General of the United Nations this autumn requesting that governments are held accountable to deliver their ICPD commitments by 2015.

See [www.15andcounting.org](http://www.15andcounting.org)

## Cervical Screening



Cervical cancer has rarely been out of the headlines since the roll out of the national cervical cancer screening programme, CervicalCheck, last September.

Around 1,000 women are being screened every day nationwide, according to the most recent figures from CervicalCheck. The IFPA is playing its role in the initiative. Over 3,000 women have been screened at the IFPA's two clinics at Cathal Bruagh Street and Tallaght in the last eight months.

A dramatic increase in demand for smear tests was experienced by both clinics over the February-March period when the number of women presenting for smears doubled. IFPA clinics had been screening an average of around 285 women a month, but in February this figure rose to 442 and increased to 699 in March.

This surge in demand for smear tests seems to have been prompted by the massive media coverage of reality TV star Jade Goody's battle with cervical cancer, according to IFPA's Medical Director Dr Caitriona Henchion.

The increase in attendance also coincided with the start of CervicalCheck's advertising campaign, she adds. Demand was such that a queue of women seeking appointments for smear tests formed one Monday morning in February at the IFPA's clinic in Cathal Bruagh Street, she says.

The IFPA has been advocating for a national cervical cancer screening programme for over 15 years. Now with the roll out of CervicalCheck we are in a position to reduce cervical cancer rates in Ireland, says Dr Henchion.

In January the IFPA spearheaded the European Cervical Cancer Awareness week and over 10,000 "pearls of wisdom" badges were distributed during the week. Spreading the word about cervical cancer prevention was the theme of the week and the IFPA asked women who had been for a smear test to encourage others to do likewise.

Given the low level of understanding of cervical cancer the screening programme needs to be followed up with a school-based education programme, preferably at second level, says Dr Henchion.

Despite the advances made in screening services in the last year, the Government's decision to abandon the planned cervical cancer vaccination programme for 12-year-old girls means that we are missing a "golden opportunity" to cut death rates even further, she warns.

The HPV vaccination programme for Ireland was announced on 5th August 2008 and was withdrawn on 4th November 2008 following budget cutbacks. Presently, the vaccine is only available from some GPs and family planning clinics at a cost of between €390-€600.

The IFPA continues to advocate for a reinstatement of the full vaccination programme as well as a full catch up programme for girls aged 13-15.

Each year, 500,000 women worldwide are newly diagnosed with cervical cancer and 250,000 women will die, according to the World Health Organisation.

In Ireland, average annual figures indicate that 180 women are newly diagnosed with cervical cancer, over 800 women are diagnosed with precancerous lesions of the cervix and over 73 women die. Deaths from cervical cancer are almost entirely preventable through the implementation of organised population-based screening programmes, vaccination and education programmes. The HPV vaccine is instrumental in the fight against cervical cancer because it is almost 100 per cent effective in preventing the two types of HPV viruses that cause 70 per cent of all cervical cancer cases, says Dr Henschion. A report published by the European Cervical Cancer Association last month indicated that Ireland is falling well short of its European counterparts on cervical cancer vaccination. The survey revealed that many European countries had free or subsidised vaccination programmes in place. The UK and parts of Spain, however, were alone in offering national school-based vaccination programmes. The report raised concerns about the provision of the HPV vaccinations in clinics, which it said perpetuates health inequalities by missing the lower socio-economic groups and minorities that are known to be at higher risk of cervical cancer. "This situation is inherently inequitable. Women from disadvantaged socio-economic groups already suffer disproportionately from cervical cancer for a variety of reasons. However, the lack of a national HPV immunisation programme will further widen this preventable health disparity," says Dr Henschion.

## **IFPA Volunteering**

**Enhancing credibility, engendering a community spirit and getting more hands on deck, are a few of the many benefits of volunteerism, says Niall Behan, Chief Executive Officer of The Irish Family Planning Association**

Forty years ago seven brave volunteers were so appalled by the health consequences of repeated pregnancies that they set up the IFPA. The aim was to change the social and legal environment in Ireland so that family planning services and information would be available to everyone.

Today the same passion and commitment to sexual and reproductive health and rights can be witnessed in those who now volunteer for the IFPA.

There is a strong tradition of social voluntarism in Ireland. In 2006 a comprehensive survey on volunteering in Ireland estimated that almost four out of 10 (37%) of Irish people volunteer.

People volunteer for an average of five to 12 hours per month, however, the range is wide; some give less than one hour, whilst others give over 50 hours.

In 1997/8, the total amount of time given to voluntary work was equivalent to some 96,454 full-time workers. Estimates on the in-kind revenue from volunteering in Ireland range from €200 to €600 million.

Most people (39%) find out about volunteering opportunities through family and friends.

58% of people get involved in voluntary work because they are asked, 36% offer their services.

The three main rewards people get from volunteering are the satisfaction of seeing the results, the feeling of doing good and meeting people.

65% of people who don't volunteer at present say they would be willing to use some of their spare time for voluntary work and 72% of people are prepared to do something to improve the conditions of people in their local community.

60% of young people aged between 12 and 24 are prepared to be involved with voluntary organisations set up to help the countries of the third world. 72% of people feel that volunteers offer something that could never be provided by paid professionals.

The IFPA is very much part of the Irish tradition of social voluntarism. Seven volunteers founded the IFPA in 1969, and although we have grown considerably since then, voluntary effort remains central to the achievement of our aims. In any given week there are at least twenty people volunteering for the IFPA. Sometimes this can rise to as many as fifty volunteers.

The IFPA is dedicated to ensuring an open and welcoming environment for its volunteers. We do this because the benefits to the organisation, our clients and the volunteers themselves are great.

The initial attraction for organisations of recruiting volunteers is usually that they are a cost-effective human resource - volunteers by definition do not demand any payment for the work that they do, so their involvement allows organisations to extend their limited budgets.

Having more hands on deck allows the IFPA to achieve its aims more effectively and more rapidly. Volunteers often meet client needs for which there is no funding but which nevertheless make a huge difference to a client's quality of life.

However over the years the IFPA has learnt that volunteers are not "free labour". There are costs associated with involving them, such as reimbursing out-of-pocket expenses, and time spent recruiting and training. But even more importantly we have learnt that volunteers bring much more than free labour.

Volunteers help to legitimise the IFPA. Funders and other decision-makers have great regard for the fact that individuals are prepared to give up some of their free time to assist the IFPA. This view is shared by others in

society, lending greater integrity and credibility to the organisation's cause.

For community development reasons, it is crucially important to involve local volunteers in local projects. Not only are they aware of local needs and do they bring local knowledge, but their involvement often signals that an initiative has been accepted by the community. Furthermore, volunteering is a very empowering activity and ensures true ownership of projects in a locality.

Volunteers come from all walks of life. Involving volunteers with a wide range of backgrounds prevents the IFPA from becoming too inward-looking. At present, we have volunteers from the Ireland, USA, England, South Africa, Nigeria and Germany. These volunteers are students, unemployed, lawyers, social workers, managers and their ages range from 60 plus to 16.

The more people involved with an organisation, the larger that organisation's 'sphere of influence' becomes. All volunteers have access to their own network of family, friends, colleagues and other acquaintances, among whom they can raise awareness about the IFPA's work. This gives the organisation potential access to additional people and resources. Furthermore, if a volunteer's experience with an organisation has been a positive one, s/he will frequently continue to publicise the group's work even after ceasing to volunteer, and may in turn become a donor of money, services, goods and useful contacts.

The IFPA Board of Directors is composed of volunteers. These volunteers, who have specific legal responsibilities, use their own particular knowledge and expertise in a collective manner to govern an organisation. They are the trustees of the organisation's funds and must ensure that these are raised and spent appropriately, at the same time as ensuring that the organisation's mission is being achieved.

Volunteering benefits everyone - the individuals who do it, the organisations that they work with and that organisation's own users, as well as the wider community and environment. It is a valuable and integral part of a democratic, civil society. The IFPA involves unpaid workers, because they believe passionately in the voluntary ethos and want to send out a message that money isn't everything.

- This article was first published in *Choices* magazine.

## IFPA People

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### Irish Eyes in America: Looking Both Ways

"Are you CRAZY?" the Americans invariably ask on discovering that I've swapped my nation's capital for theirs. Americans really like Ireland, probably much more than we credit. And I like America, more than I might have expected when I moved here eleven years ago.

Over these years of relocation (never exile!), I've come to see our two peoples as having a symbiotic relationship beyond coffin ships and care packages. At its simplest, Americans find the past in Ireland and the Irish find the future in America; thus, each of us completes the other.

If that's not quite what I was expecting, why did I come? Adventure? Truly, I was exhausted by history: a young woman when I took to the streets for legalised contraception, and still young when I spoke out as the second Irish woman to acknowledge having had an abortion. My heroine, the late Mary Holland, blazed that trail and not without public opprobrium.

Less young surely when I committed to providing non-directive pregnancy counselling and defending those principles and procedures "through every court in the land," and beyond . . . And positively middle-aged when I announced, to no one in particular, that "I'm going to quit being the face of abortion in Ireland as soon as I hit 40!" Yikes!

These were busy years, bracketed by staff positions at the IFPA (I&E officer in the late 70s and education officer in the mid-90s).



For those of us from an activist background, the liberal foundation of the IFPA once seemed suspiciously non-confrontational. Through association, I came to understand that abortion law reform requires patience and agenda-sharing by at least three constituencies – liberal reformers such as the IFPA, a largely conservative medical profession and radical agitators like the Women’s Right to Choose Group, originally a more natural home for me. That’s a tough one when you’re in a hurry to change the world!

Knowing a steadying hand was, in fact, particularly helpful when it came to determining how Open Door Counselling, the avowedly feminist enterprise founded in 1983, might be managed. Specifically, the IFPA taught me how to meet clients where they’re coming from - a primary service principle facilitating their empowerment if also necessitating an attitude adjustment as we recognise that clients may not share our ideological perspective, even to the point of actively repudiating it.

I returned to the organisation’s direct orbit when, thanks to the Union of Students in Ireland, the EU right to travel was confirmed and then CEO Tony O’Brien (another hero) took action to establish the nationwide network of IFPA pregnancy counselling centres. After consulting on this initiative, Tony invited me to (re)join the staff. I’m enormously grateful for this opportunity to discover my talent for experiential learning and to be so skillfully and compassionately trained there, chiefly by Liz Harper and Trish Murphy. I bring this passion, honed by developing original materials and implementing education programmes for the IFPA, to my current practice as an empowerment educator.

I’ve also learned over the years that – gadzooks! – aeroplanes fly in both directions. Come visit me soon!

Ruth Riddick successfully sued the Irish government in the European Court of Human Rights on behalf of Open Door Counselling (freedom of information, 1992). She continues to lecture and publish on reproductive rights and is a regular contributor to the Catholics for Choice journal, *Conscience*. A certified educator, she participates in the professionals’ programme at the New York School of Psychodrama at Caron, where she has been honoured for her work.

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