



SEXUALITY, INFORMATION
REPRODUCTIVE HEALTH & RIGHTS

Irish Family Planning Association

Quarterly Bulletin on Sexual and Reproductive Rights in Ireland

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IFPA's dance4life Roadshow

IFPA's dance4life team is back on the road bringing its dynamic HIV/AIDS sexual awareness programme to schools and youth organisations around Ireland.

The dance4life programme arrived in Ireland in 2006 on a pilot basis and visited eight schools. Now the programme is fully fledged and the team will visit 12 schools and youth groups in autumn and winter of this year alone.

The programme uses dance, music and fun to encourage young people to engage in the issues of HIV/AIDS and sexual health.

Fourteen arts volunteers have been recruited to help roll out the programme and they join forces with IFPA sexual health trainers to deliver the exciting project.

So far the dance4life team has delivered the programme to a youth group from Co Kildare and students from Breifne College in Co Cavan. Schools in Drogheda, Nenagh, Dublin and Enniscorthy will be visited in the coming weeks.

The Irish dance4life programme is being run by IFPA and is offered to schools and youth organisations free of charge.



IFPA's dance4life team in action in August

Reproductive Health Supplies in Zambia

Chair of the Irish All-Party Group on Sexual and Reproductive Health Senator Fiona O'Malley reports on a study tour to learn about the unmet need for reproductive health supplies in Zambia.



More than 70% of the Zambian population are young people

The Irish All-Party Group on Sexual and Reproductive Health works closely with IFPA to raise awareness about sexual health and monitor the progress of the Millennium Development Goals (MDGs) relating to reproductive health.

I believe that the unmet need for contraception is probably the greatest single barrier to delivering the MDGs and helping the developing world rise out of grinding poverty.

Zambia is one of Irish Aid's priority countries, so this study tour was a good opportunity to see how Irish taxpayers' money is being utilised.

The study tour was organised by the European Parliamentary Forum and the Swedish Association for Sexuality Education as part of the Countdown 2015 Europe project.

We learned how the absence of appropriate contraception contributes significantly to the

country's very high maternal mortality rates. Currently, women in Zambia have a one in 27 chance of dying during pregnancy or in childbirth in their lifetime. A traditional saying in Zambia - "When a woman is pregnant she is considered to have one foot in the grave" – tells it all.

We were hosted in Zambia by Planned Parenthood Association of Zambia (PPAZ) and Youth Vision Zambia. I was extremely impressed with the calibre of people who were running these organisations. These organisations operate on a shoestring budget and work in somewhat "hostile" environments because the message they have to sell is contrary to traditional practice or behaviour.

Directors of PPAZ told us that our visit would open doors for them. The commitment of European parliaments to supporting the work of UNFPA and IPPF in promoting sexual health issues gives important support to these agencies who work on the ground.

In a poor country like Zambia the government simply cannot afford to provide adequate healthcare and depends on foreign aid to deliver to an ever expanding population.

In our meeting with the Deputy Minister for Health, we were made aware of the often onerous burdens donors frequently place on recipient countries when aid is offered. For example US funding from PEPFAR is restricted to the promotion of abstinence-only education programmes. We parliamentarians agreed to talk to our respective governments about this issue.



Lack of youth-friendly health services are a big challenge in Zambia

In spite of the strong donor and government commitment to sexual and reproductive health and supplies and contraceptive security, long-term funding for contraceptives remains inconsistent and stock-outs at health facilities are common.

Barriers to the development of a strong health system in Zambia include a dearth of youth-friendly health services, a massive brain drain of health workers, lack of training as well as poor access to health facilities, predominantly in rural areas.

During a retreat meeting with Zambian MPs we focused on the importance of legislative changes to ensure long-term commitments to health.

The adoption of a policy on reproductive health, which has been under discussion for the past seven years, was identified as an essential step in the right direction. We hope that our visit may help to finally implement this reproductive health policy as part of the national plan.

It can not be overstated how grateful Zambian people are for the support of the Irish people. They share with us optimism and a *joie de vivre* which made Zambia feel like a home from home.

European Court of Human Rights Update

The European Court of Human Rights has decided to hear the challenge to Ireland's ban on abortion at a full hearing before its grand chamber of 17 judges in December.

The court's decision to hold a hearing before the Grand Chamber rather than before a smaller chamber of seven judges is regarded by legal experts as a sign of the significance of the issues at stake.

The case is being taken by three women resident in Ireland who claim the restrictive nature of Irish law on abortion jeopardises their health and their wellbeing and violates their human rights.

Their complaints centre on four articles in the European Convention on Human Rights. They are arguing that the ban breaches their human rights under Articles 2 (Right to Life), 3 (Prohibition of Torture), 8 (Right to Respect for Family and Private Life) and 14 (Prohibition of Discrimination) of the European Convention on Human Rights. The court in Strasbourg (which is separate from the EU) adjudicates on human rights issues among the 47 states of the Council of Europe.



The European Court of Human Rights

NATIONAL NEWS

Research Update: Sexual Behaviour Among Young People in Ireland

More needs to be done to improve young people's knowledge of reproductive physiology, according to the authors of a new study of the sexual behaviour of Irish adolescents.

The survey, conducted by researchers at University College Dublin, found that the average age at which full sexual intercourse had occurred was 14.9 years. Over a third of all respondents had experienced sexual intercourse. Alcohol or drug-use was not found to be a factor, with 70% of those surveyed indicating that they were not using drugs or alcohol at the time of their first sexual encounter.

Carried out on 229 secondary school pupils in Ireland, the study found that one-third of girls reported that they had felt pressured by a partner to have sex at some time. The same figure for boys was one in 10.

Boys manifested a poorer knowledge of reproductive physiology and the risks associated with having sex without a condom. Over half of the boys surveyed believed that pregnancy would not occur while a woman was menstruating. The research was carried out by Jonathan Drennan, Abbey Hyde and E taoine Howlett.

Meanwhile, a study from the Economic and Social Research Institute entitled "Alcohol and unsafe sex in young Irish adults" has found that less than two-thirds of Irish young adults (19 to 32 years of age) used a condom during their most recent experience of vaginal intercourse. However, the research indicated that condom use was much more likely during a casual sexual encounter. Alcohol was significantly more likely to be consumed prior to casual sex than steady sex (70% compared to 25%).

Sexuality and Disability

The sexuality of people with intellectual disabilities is often considered problematic, according to a new report from the Health Service Executive (HSE). Entitled "Friendships and Taboos" the report focuses on sexual health promotion for people with mild to moderate intellectual disabilities in the 18 to 25 age range.

The lack of a national policy and a need for adequate training, were among issues identified by those working in the area. How to meet the twin objectives of sexual empowerment and protection is a fundamental challenge for services, the report notes.

Referring to the debate around the 1993 Criminal Act (which makes it a criminal offence to have or attempt to have sex with a mentally impaired person) the report authors called on the HSE to take a lead role in providing direction and guidance around the concept of positive sexual health.

Meanwhile, IFPA has launched a new sexuality training programme aimed at service providers and community members working with people with an intellectual disability. The IFPA's sexuality and disability policy document and guidelines for primary healthcare providers are available to download from the IFPA website (www.ifpa.ie).

UK Abortion Figures

IFPA has described as "disappointing" a fall of just 86 in the number of Irish women travelling to the UK for abortions last year compared to 2007.

A total of 4,600 women resident in Ireland travelled to England and Wales for terminations in 2008, representing a reduction of just 86 on the previous year, according to new figures from the UK Department of Health Statistics Office.

While this is the seventh year in a row that numbers have fallen, in previous years the decline was much more significant. In 2007 there was a reduction of 356 and in 2006 the decline was 540. International evidence indicates that the most effective way to reduce unplanned pregnancies is to improve access to family planning services, according to IFPA's chief executive Niall Behan.

It is important to note that figures from the UK are not an accurate reflection of the numbers of women who travel abroad to access termination services. Increasingly Irish women are travelling to other EU states, such as Holland, Spain and Belgium. The fact that 4,600 Irish women travelled to Britain for abortions in 2008 and at least 137,584 women have made this journey between 1980 and 2008 is further evidence of the need for domestic-based abortion services, he says.

GLOBAL NEWS

EU Aid for Reproductive Health

The combined efforts of EU members have made the EU the single greatest donor for family planning and reproductive health, however signs of dramatic cuts this year mean that targets set for 2015 are unlikely to be met.

According to a new report, the EU spent nearly \$3 billion on reproductive aid in 2006, an increase of \$600 million. The US decreased its aid in this sector by nearly the same amount. At the launch of the Euromapping report, Neil Datta, secretary of the European Parliamentary Forum on Population



We Do Care Campaigners at a recent protest in Dublin

and Development (EPF), warned that there are worrying signs of dramatic cuts in official development assistance in 2009.

From 2004 to 2006 Ireland doubled its official development assistance (ODA) on reproductive health supplies, making it one of the top eight EU donors. The vast majority of Irish spending was dedicated to HIV/AIDS programmes.

However, drastic cuts to Ireland's aid budget in mid 2009, means that Ireland is now unlikely to meet its commitment to spend at least 0.7 per cent of national income on overseas aid by 2012.

Dochas member NGOs and their supporters are running the "We Do Care" campaign to put pressure on the Irish Government to stick to its international aid commitment as well as its own programme for government policy. Many Irish NGOs' projects have already been scaled back, with clear negative impacts on vital development work in areas like health, gender-based violence and HIV response. See www.wedocare.ie for information about the campaign.

Research Update: Recession Impacts on Childbearing Desires

Economic downturn is prompting women to delay or limit the number of children they have, according to the first survey aimed at documenting the effects of the recession on women's childbearing decisions.

Conducted on behalf of the Guttmacher Institute in the United States in July and August of this year, the study found that nearly half of women surveyed (44 per cent) wanted to delay pregnancy or limit the number of children they have.

The study also found that for many economic hardship means having to skimp on their contraceptive use by stretching their monthly supply of pills, shifting to a less expensive method, or not using birth control at all in order to save money.

Nearly one in four women reported they had put off gynaecological or birth control visits in the past year to save money, and the same proportion reported having a harder time paying for birth control than they did in the past.

"The recession has put many women—including middle-class women who are having trouble making ends meet—in an untenable situation. They want to avoid unintended pregnancy more than ever, but at the same time are having difficulty affording the out-of-pocket costs of prescription contraception," says Dr Sharon Camp, Guttmacher president and CEO.

"Unfortunately, while delaying a prescription refill or skipping pills may save women money in the short term, it increases their risk of an unintended pregnancy and results in greater costs related to abortion and unplanned birth later on."

UN Human Rights Council Commits to Maternal Health

In June the United Nations Human Rights Council adopted a landmark resolution recognising maternal death and illness as a pressing human rights concern. Over 70 UN Member States, including Ireland, co-sponsored this resolution. This is the first time that maternal health has been recognised as a human right.

Globally, maternal mortality is the leading cause of death among women and girls of reproductive age. More than 1,500 women and girls die every day from complications related to pregnancy and childbirth; that translates to around 550,000 annually.

While it is difficult to measure pregnancy-related injuries and disabilities, estimates vary from 16 to 50 million annually, and include conditions such as haemorrhage, infection, brain seizures, hypertension, anaemia and obstetric fistulae.



Maternal mortality is the leading cause of death among women and of girls of reproductive age

Meanwhile, after three years of negotiations, the UN General Assembly voted to create a new UN agency for women earlier this month. The new agency will see the consolidation of four agencies that tackle women's issues and the formation of a new super agency, tasked with promoting the rights and well-being of women worldwide and to work towards gender equality.

IFPA EVENTS

Majira Graduation

This summer 30 women seeking asylum in Ireland graduated from a 10-week course focusing on sexual and reproductive health and rights.

The training course was undertaken by IFPA and AkiDwA. To mark the occasion two graduation events were held. The Dublin event took place in The Oak Room of the Mansion House and was attended by the Lord Mayor of Dublin Cllr Emer Costello and Senator Fiona O'Malley. Deputy Jan O'Sullivan officiated at the event in Limerick.

The courses covered topics such as contraception, STIs, female genital mutilation, domestic violence and HIV/AIDS. Participants were offered free women's health checks and health screening.

The project also aims to highlight the barriers faced by migrant women when it comes to accessing sexual and reproductive healthcare in Ireland. A hand book for health professionals on how to work sensitively with female asylum seekers and refugees in the area of sexual and reproductive health will be published later this year.



Majira Participant Tabi Rose Eseme addresses her class at Dublin's Mansion House

SisterSong's Loretta Ross for IFPA Conference

Loretta Ross, founding member of US women's movement SisterSong, will be one of the key note speakers at a reproductive justice conference in Dublin this October.



Loretta Ross: founding member of SisterSong

Organised by IFPA and UCD's Women's Studies Centre, the event will be held in the Morisson Hotel in Dublin 1 on Friday October 16th. Entitled 'Building the Movement for Reproductive Justice' the conference will also feature an address by Dr Ruth Fletcher of Keel University, England. Dr Katherine O'Donnell from the Women's Studies Centre, UCD will chair a panel discussion. Participants can then attend a mini reproductive justice film festival at the Light House Cinema.

On November 5th a conference entitled "Global and Local Human Rights Perspectives on Abortion" will take place in NUI, Galway. The Irish Centre for Human Rights is co-hosting the conference with IFPA. Christina Zampas from the Center for Reproductive Rights, Joanna Erdman from the University of Toronto, the IFPA's Natalie McDonnell, Eileen Fegan from Queen's University Belfast and Aminata Toure from the UN Gender unit in New York will speak. For more information email richie.keane@ifpa.ie

FOCUS ON

Emergency Contraception

This summer the first ever TV advertisement for emergency contraception was beamed into Irish living rooms via Channel 4 and Sky. IFPA Medical Director Dr Caithriona Henchion takes a closer look at emergency contraception and the many myths surrounding it.

The emergency contraceptive pill is available over the counter in 16 countries in the EU. Most recently, the Spanish government announced plans to make emergency contraception available in pharmacies without prescription. The emergency contraceptive pill (also known as the morning-after pill or ECP) is unique; it is the only contraceptive

method a woman can easily use post-coitally. In Ireland, however, this contraceptive method is available on a prescription-only basis.

At IFPA we firmly believe that there is no good reason why ECP should not be available over-the-counter in pharmacies in Ireland. Furthermore, it should be available without age restrictions and at a reduced cost.

The emergency contraceptive pill is a very safe and responsible method of preventing pregnancy when regular contraception has failed, no contraception was used or in the case of sexual assault. As there are no serious side effects with it and no contra-indications there is no medical reason why it shouldn't be more readily available.

The first dedicated emergency contraception product in Ireland was licensed by the Irish Medicines Board in 2002. Prior to that doctors prescribed high doses of the contraceptive pill to patients. This was administered in two doses and often resulted in nausea for the patients.

While ECP can be taken for up to 72 hours after unprotected sex, the sooner a woman takes it the more effective it is. ECP does not cause an abortion, does not cause any harm to existing pregnancies and has no capacity to induce miscarriage. It is made out of the same hormones as regular contraception and works in a similar way.

Among the many myths surrounding ECP is the notion that it is predominantly taken by young women. This is not the case. Yes, we do see women aged 16 and 17 looking to access emergency contraception, but we also have women in their early and mid 40s looking to access it.

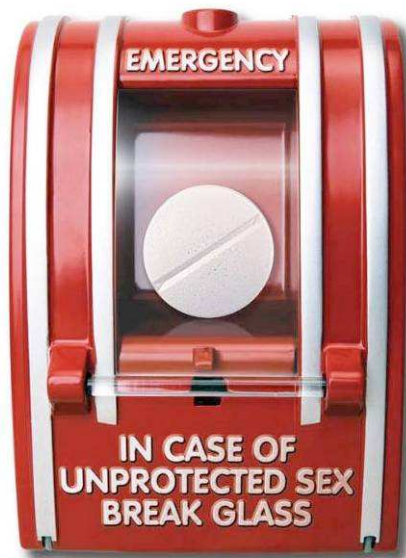
Another myth is that serial use of the emergency contraceptive pill reduces efficacy. There is also no evidence to support this and there is no basis for the claim that repeated use impacts on fertility.

Research in the UK indicates that changing access to ECP from prescription-only to over-the-counter did not increase uptake – the same number of women took it, but access was much more straight forward.

Taking all this into account, there is no reason why ECP should not be more readily available. Given that the emergency contraceptive pill is most effective when it is taken early, the requirement of visiting a doctor to get prescription causes an unreasonable delay in timely use, resulting in an increased risk of unplanned pregnancy.

Requiring women to visit a doctor to get a prescription also unnecessarily increases the costs. A woman will have to pay €60 to see a doctor and pay €15 for the drug itself. For young people this cost is particularly prohibitive. Added to this is the fear that the GP will send a bill to their family home.

If ECP becomes available over-the-counter it is important that pharmacists supply clients with an information pack about sexually transmitted infections and what to do if menstruation does not commence. IFPA runs a special Sunday emergency contraception only clinic in our Cathal Bruagh Street and our Tallaght medical centres.



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Emergency Contraception Advert from US-based Women's Emergency Network

IFPA PEOPLE

A Day in the Life: Maureen Cosgrove, IFPA Nurse in Tallaght Clinic

I have been working for IFPA for the last 12 years and in that time I have seen significant changes in attitudes to sex and sexuality. When I first started girls would change out of their school uniforms into their civis before coming for appointments. Now they often come with their mothers.

That said, some things have not changed. Confidentiality is still a big issue for teens and some of the old myths about sex are still doing the rounds. We still hear from young people that they thought they couldn't get pregnant the first time they had sex. Notions like these indicate that our sex education is not up to scratch.

Mondays are one of our busiest days here at the clinic in Tallaght when we run a sexually transmitted infection (STI) clinic. Clients get a full STI screening and usually get results back within two weeks. There is an increasing demand for this service.

People are more willing to talk about STIs than they used to be. Everyone who is sexually active should have an STI screening. Sometimes people come to us as a couple at the start of a new committed relationship.



Maureen Cosgrove: IFPA Nurse, Tallaght

People also come for peace of mind. All infections are treatable. The screening costs €150. Of course I'd love if it was covered by the Government and we could offer a free service.

The cervical cancer screening programme, CervicalCheck, has been very successful. Since the start of September women must now register with the programme and be issued with a letter before they can have the screening.

We find that younger women are well informed about cervical cancer. Often older women only present for screening as a result of pressure from their daughters. For some this would be their first smear since the birth of their last child 20 to 30 years ago. Often during the screening these women open up about other gynae issues such as stress incontinence, long term contraception or menopause issues.

The big message we want to get out to women is that an abnormal smear is not cancer. The majority of abnormal smears return to normal without any intervention. Those that would progress to a cancer take at least 10 years to do so, allowing plenty of time for intervention.

We get a lot of enquiries about the vaccine for cervical cancer, but most people cannot afford it. The HPV vaccine is the first vaccine against any cancer and I think it is outrageous that it is not being offered for free to all 6th class school girls in Ireland. I also feel strongly that we need equal access to health care in Ireland.

At all times we do our best to maintain high standards of care and always put the patient first. We all work as a team here in Tallaght and there is a great atmosphere. In a way we are like one big family. When I did my Vene Puncture training (taking bloods) they all lined up to let me practice on them. That's saying a lot!

Former IFPA CEO Christine Donaghy recalls the Virgin condom case



Christine Donaghy, former IFPA chief executive

The week I started at the IFPA in August of 1980 was the week the Health Family Planning Act came into effect. The law stated that contraceptives, including condoms, could only be purchased with a prescription from a doctor. There was no mention of the fact that you'd be hard pressed to find a chemist willing to fill the prescription.

All the general public heard was that contraception was now legal, and they came in their thousands to our clinics.

I spent my first few days as Information and Education Officer ferrying boxes of condoms to the Cathal Brugha Street clinic and doing hundreds of interviews with the media.

That mad crazy start was a flavour of what was to come in the next 10 years. There were lots of firsts. The first sexual health resource centre was opened by the Minister for Health and the first sexual education courses for professionals working with young people was run.

The IFPA Youth Group launched the first telephone information service for young people run by young people. We opened the first family planning clinic in a shopping centre (Tallaght), launched the first health screening programme for women in companies, and ran the first clinics for menopausal women.

Despite all these achievements the story most people want to hear about is the one about Richard Branson, Virgin Records and U2. It's hilarious now thinking back to the undercover Gardai who came to buy condoms (the evidence) at the IFPA counter in the Virgin Records on the quays and my subsequent interview by senior detectives. But back in 1988 the risk of going to prison was very real. Six months in prison and/or a fine of £450 was the penalty we faced.

All the time the debate about condoms raged on TV, radio and in the newspapers. On one side politicians and others argued that "access to condoms would encourage 11 year olds to have sex in O'Connell Street" while the more sensible said that this argument was tantamount to saying motor cycle helmets should not be sold because it would make 11 year olds go out and crash motorbikes. There was even a bomb scare in the Seanad as Senator David Norris spoke about the Health Family Planning Act.

Richard Branson, owner of Virgin Records, was hugely supportive of IFPA. He flew into Dublin to take the stand in defence of condoms during the court case and brought with him the world media. This was a huge embarrassment for the government, particularly then taoiseach Charles Haughey who was at the time in negotiations with Branson to secure a service contract from Virgin Airlines for Dublin Airport.

As it turned out we were only fined and U2 phoned from New York that night offering to pay the fine and issue a joint press release with IFPA.

As this tragicomedy continued news stories began to emerge from the US about AIDS. It was an odd time. Prison officers were wearing space suits as protection against the disease and one leading medical professional claimed that the only AIDS risk was from married UK businessmen liaising with Irish women in Leeson Street night clubs. At the same time Gardai were raiding these very night clubs and ripping out condom vending machines. The reality was that in Ireland we had a huge intravenous drug problem, prohibitive laws on condoms and a head-in-the-sand attitude towards sex.

RTE's broadcast of IFPA's documentary *Stories from the Silence* in 1990 was a massive landmark. It was the first time people living and dying with HIV/AIDS and their families told their stories publicly.

Directed by Alan Gilsean and produced by the IFPA's Frank Vaughan it won that year's Jacob's Award. The documentary had a dramatic impact. It highlighted for the first time the risk to intravenous drug users and the need to have improved access to condoms. It also, for the first time, showed what a terrible human tragedy AIDS was.

During this time IFPA received death threats, bomb scares, hate mail and even people spitting on us. The anger and violence of opposition from groups like Youth Defence and members of the clergy to sexuality and relationships education was shocking. IFPA programmes such as *Play Safe?* (which helped children understand the difference between good feelings and bad feelings and how to deal with an abuser) were violently opposed.

Those against such programmes used the same old argument: education would encourage children to have sex and that parents not teachers should provide all forms of sex education. Yet the experience in Nordic countries demonstrated that where attitudes to sex and sexuality were more open and natural and where education started early, the incident rates of teen pregnancies, STIs and abortions were some of the lowest internationally.

I grew up in my time with IFPA and learned from the many wise people there what being a true liberal and a humanitarian means and that rebels can be any age, class, profession or religion. I am still in awe of the executive committees, the clinic doctors, nurses, and psychologists who jeopardised their professional careers by their involvement with IFPA. The receptionists, volunteer speakers and course facilitators, the youth group, information and education people are all amazing in their quiet selfless commitment to improving the lives of others. Almost twenty years later it's great to see that tradition live on in the work of IFPA today.

After leaving IFPA, Christine Donaghy acted as CEO of Children at Risk in Ireland, then as a founding director of an Irish owned multinational, Conduit and Vaveev.com. She now works as a business consultant for the non-profit sector.



Richard Branson talks to the media after taking the stand at the Virgin Condom trial

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