



SEXUALITY, INFORMATION  
REPRODUCTIVE HEALTH & RIGHTS

# Irish Family Planning Association

Quarterly Bulletin on Sexual and Reproductive Rights in Ireland

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## European Cervical Cancer Prevention Week



*Broadcaster Maura Derrane, pictured with the IFPA's Dr Caitriona Henchion and members of the IHF; Mark McCauley, Sandra Fabian, Greg Clarke & Sean Dunne*

20,000 Pearl of Wisdom badges were distributed by the IFPA in January as part of European Cervical Cancer Prevention Week. The Pearl of Wisdom is the international emblem of cervical cancer prevention and the badges are designed to encourage women to talk about cervical cancer and to raise awareness about how the disease can be prevented.

This was the fourth time the awareness week was run in Ireland. As in 2009, the Irish Family Planning Association (IFPA) partnered with CervicalCheck, the National Cervical Screening Programme, which ran information sessions around the country.

During the campaign week the IFPA was presented with a Pearl of Wisdom Award at the European Cervical Cancer Summit in Brussels in recognition of work done to increase cancer awareness in Ireland.

This year the IFPA was assisted by the Irish Hairdressers Federation (IHF) with all 300 member salons giving free Pearl of Wisdom badges to every woman who had a hair appointment during the campaign week. For more info contact [fiona@ifpa.ie](mailto:fiona@ifpa.ie)

## Speakeasy - Talking to Children about Relationships & Sexuality

A group of parents from Clondalkin are the most recent graduates of the IFPA's Speakeasy programme – an eight-week course designed to provide parents with the information, skills and confidence to talk to their children about relationships and sexuality.

The course covers topics such as puberty and reproduction, sex education in school, answering children's questions, contraception and keeping children safe from harm. In the last year over 80 parents and carers have completed the course.

Breanna Coyle, a recent Speakeasy participant, reports how her ability to speak openly with her daughter has improved in "leaps and bounds" since completing the course. "The guided discussion helped me be more clear, confident, fluent and aware of questions relating to sex.

I now notice opportunities for discussing this information with my daughter and feel more confident about what is appropriate. My daughter has noticed this new confidence in me and has approached me with her questions far more frequently and openly than she had before." As Speakeasy enters into its second year the programme is being adapted to meet the needs of parents who have a child with an intellectual disability.

For more info contact [anita@ifpa.ie](mailto:anita@ifpa.ie)



*Recent graduates from the Speakeasy course from the Cumas Project, Clondalkin, Dublin 22*

## NATIONAL NEWS

### International Scrutiny of Ireland's Restrictive Abortion Laws

The Irish Government has been severely criticised for its restrictive abortion laws in a new report from the international human rights organisation, Human Rights Watch (HRW). Published in January the report, *A State of Isolation: Access to Abortion for Women in Ireland*, stated the Irish Government "actively seeks to restrict access

to abortion services and information both within Ireland and for its residents seeking care abroad". The report details how women struggle to overcome the financial, logistical, physical, and emotional burdens imposed by restrictive laws and policies that force them to seek care abroad, without support from the state. "Irish law on abortion is in and of itself an affront to human rights," Marianne Mollmann, women's rights advocacy director at HRW said at the report launch in Dublin. "But it is made worse by the fact that even those who may qualify for a legal abortion in Ireland cannot get one due to deliberately murky policies that carry an implied threat of prosecution. Women in need of abortion services should, as a matter of international law, and frankly human decency, be able to count on support from their government as they face a difficult situation, but in Ireland they are actively stonewalled, stigmatised and written out."

For more see. [www.hrw.org](http://www.hrw.org)

## Research Update: Sexual Health – The Voice of Young People



Young Irish people believe that the social stigma attached to contracting a sexually transmitted infection (STI) is worse than the stigma of having an unplanned pregnancy, a new report has found. The research also indicates that while young people's awareness of the term STI is relatively high, their knowledge of specific STIs and their respective symptoms and consequences remains low. The report, *The Voice of Young People*, includes research conducted on 18-20-year-olds and the parents of 14-16-year-olds. The majority of young people who took part in the research reported having sexual intercourse for the first time between the ages of 16 and 17, with a minority reporting having sex as young as 15 years. The report found that overall, the primary concern among young people when it came

to STIs was not the potential health consequences, but the social embarrassment that it might cause if their friends found out. The report was carried out by Drury Research on behalf of Pfizer.

## Poll: Majority Favour Liberalisation of Abortion Laws in Ireland

The Government has been called on to relax Ireland's restrictions on abortion after a poll showed more than three-quarters of the population favour a liberalisation of laws on abortion. Reflecting a significant shift in public attitudes to pregnancy termination, the poll indicated that 78% of those surveyed supported access to abortion in Ireland if the pregnancy endangered the woman's health or was the result of sexual abuse, rape or incest. Where a pregnancy seriously endangered the woman's life, support for abortion rose to 87%. The poll, commissioned by Marie Stopes Reproductive Choices, is the latest in a long line of opinion polls which indicate that the Irish people want the Government to face up to the reality of women's and girls' lives, according to Niall Behan, chief executive of the IFPA. "The criminalisation of abortion in Ireland has little impact on actual abortion rates; it merely adds to the burden and stress experienced by women experiencing crisis pregnancies."

For more info see [www.reproductivechoices.ie](http://www.reproductivechoices.ie)

## IFPA EVENTS

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### Exhibition – Reaching out to At Risk Youth in Bolivia



*Dancing Girl – one of a series of photographs featured in the exhibition*

The role youth-friendly outreach services can play in alleviating poverty among at-risk adolescents was the focus of a photo exhibition at the European Public Information Centre, 18 Dawson Street organised by the IFPA in February. The series of photographs was taken during a visit of Irish politicians, journalists and representative of the IFPA to Bolivia in March 2009 to learn about the sexual and reproductive health of vulnerable young people. The photographs document the lives of young people in Bolivia who benefit from an innovative outreach programme called Most at Risk Adolescents, which is funded by the European Commission and implemented by the Centro de Investigacion, Educacion y Servicios (CIES). Speaking at the event Senator Fiona O'Malley said: "On this study tour we had an opportunity to see at first hand the very real benefits of targeted and innovative health interventions in a very low resource setting. We could see

how very simple and inexpensive interventions helped young people avoid unwanted pregnancy, prevent the transmission of HIV and addressed underlying issues of gender based violence.” For more info contact [meghan@ifpa.ie](mailto:meghan@ifpa.ie)

### Multi-Lingual Women’s Health Service Leaflets



8,000 multilingual leaflets detailing health services available to women living in Ireland have been distributed to over 50 NGOs, community groups and accommodation centres where women seeking asylum reside. The leaflets present user-friendly information on how to access contraception, including emergency contraception, sexual health screening services and women’s health in the broader context. They are published in the seven languages most commonly spoken by people seeking asylum in Ireland – Arabic, English, French, Georgian, Mandarin Chinese, Somali and Urdu. The leaflets were developed by the Majira Project through a community consultation with women seeking asylum and refugees. Women reported a lack of information on where women’s health services could be accessed. Low literacy levels in English presented an additional barrier to information. The Majira Project is a joint initiative between the IFPA and AkiDWA.

Download the leaflets at [www.ifpa.ie](http://www.ifpa.ie)

Participants of the Majira Project in Limerick

### IFPA Goes to the United Nations

In March IFPA Policy & Advocacy Officer Meghan Doherty travelled to the United Nations Headquarters in New York to participate in celebrations of the 15th Anniversary of the Beijing Platform for Action at the Commission on the Status of Women (CSW).



IPPF team at the Commission on the Status of Women in New York

The 1995 Beijing Platform for Action, adopted by 189 governments, represented

a global shift in policy approaches to gender inequality and women’s human rights. Governments from the global south and north agreed to implement national plans that would achieve the objectives set out in twelve key areas of concern for women’s rights. Governments and the United Nations system also committed to mainstream gender into all future policies and programmes and recognised that gender equality is essential for sustainable development. On the 15th anniversary of this event, world governments met to review their progress and to reaffirm their commitment to the principles of the Platform for Action. Over 8,000 women from women’s organisations worldwide also travelled to the UN to bring attention to the persistent violations of women’s rights in every country. At the CSW, the IFPA worked with the IPPF team and other organisations to ensure women and girls’ sexual and reproductive health and rights were prioritised at the highest levels and reflected in the outcome resolutions on maternal mortality, women’s economic empowerment, HIV and AIDS, the new UN gender entity and female genital mutilation.

**Young people, Medical Consent and Sexual Health, by Dr Caitriona Henchion, IFPA Medical Director**



*Dr Caitriona Henchion, IFPA Medical Director*

The recent publication of the Law Reform Commission's report on medical treatment for young people is hopefully the beginning of the end of years of profound ambiguity among service providers and young people about access to contraception and sexual health services.

Published last December, the report recommended legislative reforms that would allow for the views of mature teenagers to be taken into account in the context of consenting to medical treatment, including surgery and contraception.

The report highlighted the glaring conflict between Irish laws and the ethical obligations of doctors to provide care in the best interest of the client. Currently the law on prescribing contraception to young people under the age of 16 requires consent from a parent or a guardian – this presents a major dilemma to doctors who are ethically required to provide a confidential service which is in the best interest of their client. This is further complicated by the fact that the age of sexual consent in Ireland is 17.

The current law can give rise to the following scenarios; doctors refusing to provide sexual health services including emergency contraception to young people, doctors violating principles of confidentiality by contacting the parents of the young person against their express wishes and doctors reporting consensual sexual relationships between young people under 17 to the Gardai as a potential criminal act. It is the IFPA's experience that young people are acutely aware of these scenarios and that some will choose to

avoid sexual health services altogether and risk unplanned pregnancies and STIs, rather than consult with their parents on contraception and sexual health services.

The IFPA believes that sexual health services should always be provided on the basis of what is in the best interest of the young person and that doctors have an ethical obligation to provide care to young people that reflects their evolving capacities to make informed decisions about their own health and wellbeing.

The commission's proposed legislative changes would allow 16- and 17-year-olds to consent to and refuse medical treatment, including surgery and contraception. 14- to 15-year-olds would be able to consent to and refuse medical treatment provided they have the capacity to understand the nature and consequences of the treatment, subject to conditions, according to the consultation paper. These conditions include the provision that the doctor encourages them to inform their parents, the doctor considers the treatment to be in the patient's best interest and the doctor has due regard to any public health concerns.

The commission also recommended that 12- and 13-year-olds could be treated subject to the condition that the doctor notifies the parents or guardians of the child and takes account of their views. The doctor must also take account of the views of the child in question and consider the best interests of the patient. The doctor must again have due regard to any public health concerns.

In developing best-practice guidelines as recommended by the commission the Government should be guided by the Fraser Guidelines, which have been adopted into Canadian, Australian and UK law.

These guidelines set out criteria by which doctors should assess young people for treatment. These include the condition that the young person understands the advice being given, that the young person cannot be convinced to involve parents/carers or allow the medical practitioner to do so on their behalf, that it is likely that the young person will begin or continue having sex with or without contraception, that the young person's physical or mental health is likely to suffer and that the young person's best interests require contraception advice, treatment or supplies to be given to them without parental consent.

March 31 is the final date for submissions to the Law Reform Commission following which a final report will be submitted to the Government.

*For more info see [www.lawreform.ie](http://www.lawreform.ie)*

### Research Update: Benefits of Investing in Family Planning

Family planning and maternal and newborn health work hand in hand, according to a new report from the Guttmacher Institute and UNFPA. *Adding It Up – The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, reports how doubling the world's current annual spending of \$12 billion on family planning and maternal and newborn health programmes in developing nations would radically cut the number of mothers and babies that die each year – maternal deaths would drop by 70%, and newborn deaths would be reduced by 44%. A host of other health, societal and economic benefits would also follow. The report details how investment in family planning boosts the overall effectiveness of every dollar spent on pregnancy-related and newborn health care. Significantly, these dramatic improvements can only be achieved by simultaneously investing in family planning and maternal and newborn health care. The report states that every dollar invested in family planning boosts the overall effectiveness of each dollar spent on maternal and newborn health care. A combined investment achieves the same dramatic results—for \$1.5 billion less than investing in maternal and newborn health care services alone.

For more see [www.guttmacher.org](http://www.guttmacher.org)



### Access to Contraception Discussed at Copenhagen

The often neglected links between population and climate change were the subject of a parliamentary briefing session at the Copenhagen Climate Change Conference, in December. More than 60 MPs from over 25 countries around the world took part in the working lunch session. Deputy Ciarán Cuffe represented the Irish All Party Interest Group on Sexual and Reproductive Rights, Health, Population & Development at the event. Greater access to reproductive healthcare for women of child-bearing age was a key topic at the event, according to Deputy Cuffe. “There was also broad agreement that women were more adversely affected by climate change, particularly in developing countries and the importance of education for women was discussed,” he said. Organised by EPF, the Danish All Party Group on Reproductive Health and Rights, the Danish Family Planning Association and the Population and Climate Change Alliance, the event sought to highlight the fact that over 200 million women want, but currently lack, access to modern contraceptives. As a result, 76 million unintended pregnancies occur every year. Meeting this demand for voluntary family planning could slow high rates of population growth, thereby reducing demographic pressure on limited resources.

### International Guidelines on Sex Education



New international guidelines from the UN set out what sexuality education needs to encompass. Published by the United Nations Educational, Scientific and Cultural Organization (UNESCO), the *International Guidelines on Sexuality Education* provide educators with guidance on how children and young people can best acquire the knowledge they need to protect themselves from coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections, including HIV. This two-part document provides a framework to develop and implement comprehensive sexuality education to ensure that young people have access to evidence-based, medically-accurate, and age-appropriate information to make safe and healthy decisions. Volume one of the guidelines outlines the rationale for comprehensive sexuality education and details the core characteristics of effective programming and how to build support among key stakeholders, such as parents, educators, and community leaders. Volume two focuses on the topics and learning objectives for comprehensive sexuality education. The goals of UNESCO's sexuality education guide include

giving students accurate information, having students explore values, and encouraging youth to make responsible and informed decisions. The guide provides learning objectives on sexuality education for each grade level.

For more see [www.unesco.org](http://www.unesco.org)

## IFPA PEOPLE

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### A Day in the Life: Liz McLaughlin, Senior Receptionist, IFPA Cathal Brugha Street Clinic



*Liz McLaughlin, Senior Receptionist, IFPA  
Cathal Brugha Street*

I have been working at the IFPA's Cathal Brugha Street Clinic since 1997 and I have to say in that time that no two days have been the same.

In this clinic we provide a comprehensive range of sexual and reproductive health services including advice on contraception, menstruation, menopause and infertility, services such as STI and cervical screening, psychosexual therapy, post-abortion medical check-ups and vasectomies.

In addition to providing these services to thousands of our clients, we also run a range of medical and sexual health programmes.

We are currently involved in a young people's project in conjunction with St James's Hospital to provide information and sexual health services to disadvantaged young people.

Last year the IFPA ran a very successful project in conjunction with Akidwa called the Majira Project, where we provided sexual and reproductive health education to refugees and women seeking asylum. As part of the project participants had free medical check ups and health screening at Cathal Brugha Street.

At the moment we are working on a company health screening programme for one of the larger embassies in the city. Throughout the years we have provided this service to many large companies in Dublin.

My day starts at 8.30am with an informal meeting with Deirdre Jones, our Clinic Manager, where we discuss any relevant issues, perhaps from the previous day's business or just planning ahead.

We try to create a welcoming atmosphere in the clinic even though it can be hectic at times. Depending on the day, we could be running a vasectomy clinic, a doctor's clinic, a practice nurse clinic, crisis pregnancy counselling or a psychosexual counselling service. Often there is more than one clinic running at the same time.

Add to that the large volume of reports we handle each week from the different labs and hospitals, not to mention the reports from CervicalCheck, the national cervical screening programme. STI testing, which we run six days a week, generates a lot of paperwork in particular.

Between us all on the reception team we have over 40 years experience. At this stage nothing can faze us – we've heard it all. At reception we have to strike a delicate balance between getting enough information from clients to ensure they get the right services and respecting their privacy. It can be tricky!

At times we get calls from people in significant distress. We try our best to help the client calm down and get the relevant information so we can get them the services they need as soon as possible.

Attitudes to sex and sexual health have changed a lot in this time. The young people who come into us nowadays think they know all about sex but they are not informed about safe sex and relationships. It is clear that the sex education being taught in our schools is not doing enough.

The IFPA has been offering medical services for 40 years so it is not uncommon for us to have treated generations of the one family. It is very satisfying to see patients return years later with their daughter looking for the same practical supports they received from us.

## IFPA in the Past: Natalie McDonnell, Former IFPA Policy Officer

I began working for the IFPA in 2005 just after completing a diploma in legal studies. Initially I co-ordinated the Safe and Legal in Ireland Campaign, a campaign to secure abortion services in Ireland. Thanks to decades of campaigning in successive referenda, this is an issue the organisation had a wealth of experience in.

The IFPA's approach to the issue of reproductive rights, and abortion in particular, paid particular attention to the role human rights norms and standards could play in advancing the issues. The work was also firmly rooted in a women's rights based approach which was brave.

One of the elements of the advocacy strategy was a litigation strand which was primarily realised by the facilitation of a case in 2005 to the European Court of Human Rights in Strasbourg – A,B,C v Ireland. This was bolstered by a focus on the UN Conventions to which Ireland is a party and involved sustained legal and advocacy work in developing shadow reports for submission to the human rights committees and follow-on work in advocacy and promotion of human rights standards as they relate to sexual and reproductive health and rights in Ireland.

That year, along with Julie Kay, the IFPA's legal consultant, I went to New York to promote the IFPA's concerns in relation to Ireland's performance under the Convention on the Elimination of All Forms of Discrimination Against Women. In particular, we drew attention to Ireland's obligations under Article 12 of the Convention to ensure equality of provision of healthcare to women, specifically in relation to family planning. We focused on the differential impact of the Irish abortion ban on women in poverty and without legal status and the particular challenges faced by issues such as foetal anomaly and a resurgence in illegal abortion. In its concluding observations, the Committee called on Ireland to engage in a dialogue on women's right to reproductive health and in relation to Ireland's restrictive abortion laws. It also called for the strengthening of family planning services.

During my time at the IFPA I also developed a briefing document on the operation of rogue crisis pregnancy counselling agencies and again rooted this work in a human rights based approach. Highlighting the deficiencies and gaps in the regulation of the provision of information on abortion services abroad, the work also focused attention on the serious abuse of women occurring at the hands of rogue agencies veiled as *bona fide* information providers.

I left the IFPA to go on and train as a barrister. However I continue work with the organisation as a legal consultant. Most recently I have been involved in the drafting of submissions to the Human Rights Committee overseeing the International Covenant on Civil and Political Rights and advocacy before the Committee in Geneva and a submission to the Council of Europe Human Commissioner for Human Rights, Thomas Hammarberg in respect of his report on his visit to Ireland in 2007.

My work as an employee of the IFPA has had a long-lasting effect. I continue to work on issues associated with sexual and reproductive health and rights and act as a legal consultant for the organisation. I also recently completed a training programme for lawyers working in the area of women's rights co-organised by the Center for Reproductive Rights in New York which has increased my capacity and appetite to litigate and advocate on issues related to reproductive health and rights. It all started in the IFPA.



*Natalie McDonnell, former IFPA  
Policy Officer*

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