ISSUE 11

SEXUAL HEALTH NEWS

WELCOME TO ISSUE 11, WINTER 2020

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GENERAL NEWSLETTER INFORMATION

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Welcome to ISSUE 11,

Sexual Health News (SHN) magazine:

by Tracey Tobin, Co-editor and HSE Health Promotion Officer,
HSE South East Community Health Care

Despite the continued uncertainty of our lives with COVID-19, we are delighted to bring you the winter issue of *Sexual Health News*. I have been encouraged and heartened by the enthusiasm, creativity and adaptability of all the contributors to this edition. There has been incredible work throughout the field of sexual health promotion to continue to support clients in the best ways possible within the current restrictions. This issue brings you updates from various sexual health services across the country, as well as news of the work of the HSE Sexual Health and Crisis Pregnancy Programme. An insight into the Prison Nursing Service, and research regarding post-primary school experiences of transgender and gender-diverse youth are two topics that indicate the variety of the content within this issue. We hope that you will find this a useful and enjoyable read.

Previous issues are available at: https://www.sexualwellbeing.ie/for-professionals/supports/sexual-health-newsletter/

As always, **please** consider contributing to Issue 12, which is due out in the spring of 2021. The newsletter is a great way to share our work and to keep informed of what's happening within sexual health promotion in Ireland and further afield.

Closing date for receipt of submissions: 28 February 2021.

Tracey

Call for Submissions

If you have any feedback on the newsletter or would like to contribute to the next edition, please contact Tracey Tobin **tracy.tobin@hse.ie**

Editorial Team

Anita Ghafoor-Butt

Play it Safe! Summer campaign to encourage young adults to consider their sexual health and wellbeing during COVID-19

Anita Ghafoor Butt, Communications Manager,
Sexual Health and Crisis Pregnancy Programme

In August 2020, the Sexual Health and Crisis Pregnancy Programme (SHCPP), HSE Health and Wellbeing, launched a new sexual health campaign for young adults in partnership with the Irish Pharmacy Union (IPU).

The aim of the *Play It Safe!* campaign was to provide helpful information to support young adults in safeguarding their sexual health and wellbeing during the coronavirus pandemic. The campaign involved making 100,000 sexual health protection packs available to 1,820 pharmacies nationwide, which included an information leaflet and a free HSE condom.

The leaflet contained information on how to reduce the risk of coronavirus if sexually active, and when to consider avoiding sex; contraception, emergency hormonal contraception and condoms; STI testing; PrEP and PEP; and the importance of sexual consent. The leaflet directed people to www.sexualwellbeing.ie for further information, and advised that they speak to their pharmacist if they had any queries about their sexual health. The campaign was supported by social media messages.

Why was this campaign developed?

Public health restrictions had a particular impact on young adults and their ability to socialise over the summer months. After the initial lockdown, there was a concern that this population group might engage in heightened sexual risk-taking. This was even more concerning in light of how sexual health and health promotion services were impacted by coronavirus, with limited ease of access to condoms and to testing services. More specifically:

- The SHCPP's national condom distribution service, which provides condoms to organisations working with at-risk service-users, had significantly fewer orders between March and August in 2020 when compared to the same period in 2019. Organisations had not been able to make condoms available to the same degree because of the restrictions.
- During the initial lockdown period, there were severe restrictions on public STI services across the country, which had significantly limited the amount of STI testing taking place. Many public STI services have since reopened but are providing services at a limited capacity, and others are not currently providing services, due to coronavirus.
- In May 2020, the IPU reported a 10% reduction in the number of oral contraception prescriptions being dispensed, compared to the same time last year, including emergency hormonal contraception, suggesting that women were not filling their contraception prescriptions.

Why was the campaign launched in pharmacies?

Pharmacies are an important frontline point of contact for the public, and a place where people can access accurate information about the management of their healthcare, prevention and treatment. Throughout COVID-19, pharmacies have remained open and accessible to the public, which makes them ideally placed to offer safer sex advice. According to research carried out in December 2019, over a third of 18 to 30-year-olds named pharmacies as somewhere they would like to receive sexual health information.

Social media campaign messages

The *Play it Safe!* campaign was supported by a series of social media campaign messages targeting young adults. From 4 August to 30 August 2020, posts were shared on the Sexual Wellbeing social media accounts.

The social media metrics found that there was good engagement with the messages. On foot of this successful campaign, the SHCPP looks forward to working with its partner organisations to develop ever-more engaging channels to disseminate sexual health supports and messaging.

- 137,983 people saw the campaign across Facebook and Instagram.
- 686 people liked the posts, and 44 people shared the posts over the course of the campaign.
- 12 tweets were sent from @respectprotect over the course of this campaign. The tweets performed well, with 1,382 engagements in total. This can be further broken down into 88 retweets and 103 likes across the 12 tweets.

For more information on sexual health and COVID-19, and for information on the broader work of the Sexual Health and Crisis Pregnancy Programme, HSE Health and Wellbeing, log onto www.sexualwellbeing.ie

Sexual health and wellbeing updates from Gay Health Network

Pádraig Burke, Communications Director, Gay Health Network

Coming into the role of Communications Director with the Gay Health Network (GHN) in a time of worldwide pandemic, has been challenging, to say the least. I am thankful that everyone at GHN and the Sexual Health and Crisis Pregnancy Programme (SHCPP), HSE Health and Wellbeing has been incredibly helpful, supportive and, I imagine, patient.

Much of the focus in the early part of my job was to ensure that we had guidance on *Sex and COVID-19 for MSM*. These guidelines are based on the SHCPP information along with NYC.GOV, and were reviewed by HSE Public Health. We tailored the guidance to suit the Men who have Sex with Men (MSM) audience. We were mindful of the seriousness of COVID-19, but also realised that COVID-19 was going to be with us for a while. The guidance can be found here: **https://man2man.ie/covid-19/**. The guidance was sent to STI clinics across the country and advertised across sex-on-premises establishments, websites, social media and hook-up sites including Grindr and Scruff. To date, 4,819 people have engaged with the messages.

I worked with the SHCPP on the development of a HIV prevention plan and felt it would be important to highlight the availability of PEP. The message we wanted to get out is that you have 72 hours to start a course of PEP if there is a chance you may have been exposed to HIV. We made the number 72 dominant in the artwork, with a stopwatch motif to highlight a countdown-type scenario. In terms of copy, it was a real learning curve. I am new to sexual health messaging and, with so many stakeholders, I was keen to work collaboratively, making sure that everyone was happy and that there were no outstanding issues. I worked with various people from SHCPP, HSE and GHN board, each time refining the language and message. Language is so important, and the forensic nature with which we reached the final draft of the copy was an eye-opener.

The new creative was sent to STI clinics across the country, and advertised across social media, websites and hook-up sites Grindr, Scruff and Recon. So far, we have seen 514 people engage with this campaign. Much of the messaging in the coming months will be reminding people to wear condoms and to get tested if they feel they have symptoms. With COVID-19 numbers rising, there will be an increased strain on services, and the old adage 'prevention is better than cure' needs to hit home.

I believe that sexual health and wellbeing and our mental health are connected. I hope to explore messaging in areas of drugs/alcohol, consent and mental illness, during December and January, when these issues can be most prevalent. I have consulted with the HSE, Dublin Rape Crisis Centre (DRCC), and Aware, to ensure that the message is right and strikes the right tone. One informs the other; the better our mental health, the better choices we will make. The internet too, while a wonderful resource, has opened a whole new can of worms in terms of sexual health, consent and exploitation, amongst other things. I am always curious about what we don't know yet and how best to shed light on these stories.

Looking at the work of the organisations within the Gay Health Network, it is heartening to see these issues already being tackled in innovative and creative ways.

For more information on MSM sexual health and wellbeing, visit www.man2man.ie

Sexual consent podcast partnership

Aoibheann Ní Shúilleabháin,
Programmes and Campaigns Manager, HSE Communications

The HSE Sexual Health and Crisis Pregnancy Programme (SHCPP) launched a new partnership with podcasters in October, to discuss the importance of sexual consent.

Consent is where there is free and voluntary agreement to engage in a sexual act with someone else.

The aim of the podcast segments was to encourage open conversation around sexual consent – what it is and what it is not. Consent is a fundamental part of all sexual activity and relationships, and it is a topic that deserves a conversation.

Research by the *Active* Consent Programme* shows that 25% of young adults agree that asking for sexual consent is awkward for them. Research by the National Youth Council of Ireland, *Consent in the Youth Sector — What do we know?*, shows that the main issues for young people in relation to consent are:

- Confusion about the concept of consent (58%), e.g. that it's an ongoing process and that they can withdraw consent at any stage
- Communication and confidence (23%), e.g. in terms of how to begin the conversation on consent with the other person involved.

The podcast segments provided listeners with factual information to support their knowledge and understanding of what sexual consent involves and how it is part of every sexual activity and relationship.

The target audience was 18 to 30-year-olds, and the podcasters were chosen because of the profile of their listeners. The sexual consent message was also shared across our social media channels.

Segments with *The 2 Johnnies* and with *I'm Grand Mam* went out over a three-week period, from 19 October. We also had a special branded episode with Caroline Foran on her *Owning It* podcast. The podcasts had a reach of over 120,000 people.

Key messages in relation to sexual consent included:

- Consent to sexual activity requires active, ongoing communication to make sure you and your partner understand each other and are in agreement about the sexual act.
- The age of sexual consent in Ireland is 17.
- Being sexually active with someone when they don't fully understand and agree to what's going on isn't consensual sex.
- Giving consent and asking for consent is all about setting your own personal boundaries and respecting those of the other person.
- Even if you consent to a sexual act, you can change your mind before the act begins or at any time before it ends.
- It is not okay for a person to pressurise someone else to have sex.

Further information on sexual consent is available at https://www.sexualwellbeing.ie/sexual-health/sexual-consent/

Ireland's first community sexual health hub for youth, launched by the Sexual Health Centre – Cork

The Sexual Health Centre Cork launched Ireland's first community-based sexual health hub in September. This is the first of a number of similar hubs that will make sexual health information more accessible to youth in communities across Cork City and County.

The sexual health hubs will be the first point of contact for many young people, enabling them to access information on sexual health topics (e.g. contraception, relationships, and sexually transmitted infections). The hubs' staff will be equipped to signpost to specific sexual health services.

Free HSE-branded condoms and lube will be available at hub locations where appropriate, with youth seeking to access condoms required to watch a custom-made condom demonstration video via a QR code. Sexual health information will be available via the hub stands, and the Sexual Health Centre will also provide ongoing information sessions and workshops throughout the year at hub locations.

The hubs will create a safe, familiar, and accessible way for young people to avail of sexual health information and will provide a solution to the limited reach of current sexual health-specific services.

The Sexual Health Centre's Health Promotion Officer, Muire O'Farrell, launched the first hub with representatives from the Sexual Health Centre, Cork Education and Training Board, Youth Work Ireland Cork (YWIC) and Gurranabraher Community Centre.

Based in 'The Hut' in Gurranabraher, YWIC runs the Gurranabraher and Churchfield UBU youth project. The *UBU: Your Place, Your Space* youth project provides out-of-school support to young people in the local Gurranabraher/Churchfield area, to enable them to overcome adverse circumstances and achieve their full potential by improving their personal and social development outcomes.

The Sexual Health Centre hopes to work in partnership with organisations across the city and county, e.g. youth groups, resource centres, outreach workers etc., to bring sexual health information to young people across the Cork region.

If you are interested in setting up a sexual health hub, you can contact the Sexual Health Centre on info@sexualhealthcentre.com or 021-4276676 for further information.

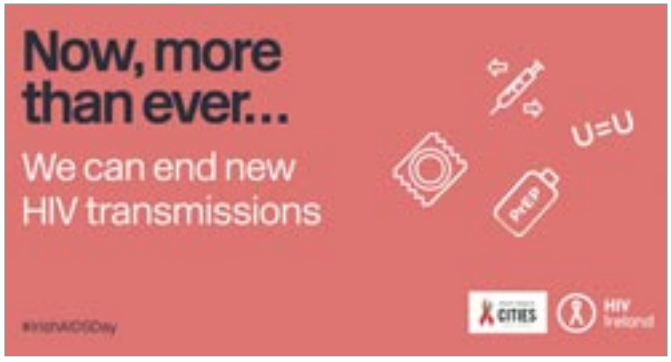
Now, more than ever: Irish AIDS Day 2020

To coincide with Irish AIDS Day 2020 (15 June), HIV Ireland launched *Now, more than ever…*, a set of priorities to highlight the urgent need to end HIV and HIV-related stigma through planning and investment in key HIV prevention measures.

Launched online due to COVID-19 restrictions on public gatherings, the campaign seeks to promote a re-evaluation of the current approach to ending HIV transmission, in the wake of record high rates of newly notified cases of HIV. New (provisional) data from the Health Protection Surveillance Centre indicates that, for the third year in a row, the number of newly notified HIV cases continues to climb (536 in 2019 – the highest on record), with a corresponding increase in the rate of diagnoses (11.3 per 100,000 of the population).

According to the campaign messaging,

> *'Now, more than ever…', 'We must end HIV and HIV-related stigma', 'We can end new HIV transmissions', 'We must ensure barrier free access to PrEP', 'We can get to Zero'.*



The last, a reference to zero new HIV transmissions by the target date 2030, is set out in the *Sustainable Development Goals*, to which Ireland has committed.

Ireland currently has all the prevention tools required to end new HIV transmissions in line with commitments made by Government, including Ireland's commitment to the global HIV initiative, *Fast-Track Cities*, and the roll-out of a national PrEP programme, which commenced in November 2019.

The disruption to HIV and Sexual Health services due to COVID-19 responses has meant reduced capacity and availability of many services, ordinarily available, to prevent onward transmission of HIV and other STIs.

This has included the suspension of local access to comprehensive HIV and STI screening services, and new entry to the national programme for PrEP.

In light of increasing numbers of newly notified cases of HIV, measures are now required to:

- Expand HIV testing
- Promote prevention, and
- Invest in locally accessible HIV and sexual health services.

These measures are necessary if Ireland is to have any meaningful chance of meeting the targets set out in *Fast-Track Cities* and the UN *Sustainable Development Goals*, with the ultimate aim of getting to zero new HIV transmissions by 2030.

Read more about the campaign at https://www.hivireland.ie/what-we-do/campaigns/now-more-than-ever/

COVID response resource produced for street-based sex workers


Gardaí cannot arrest you for street sex work. BUT during COVID-19 restrictions, Gardaí had extra powers and could ask you to move on. If you refused, they may have arrested you. COVID-19 restrictions have now been lifted, they no longer have these powers.

Any form of contact with anyone could potentially transmit COVID-19. The only way to avoid contact with COVID-19 is to stay indoors and not work.

For peer-led support contact the Sex Workers Alliance Ireland [SWAI]

For free condoms posted out to you in a plain bag, contact Susan from the Sexual Health Centre via text/WhatsApp/email and request The Bag - full discretion, no questions asked and this will be posted free of charge. For more resources search Safe#sexwork on

If you need someone to talk to or are unsure about what supports are available for you, please contact Billie from GOSHH via text/WhatsApp/email

SEX WORKERS ALLIANCE IRELAND

GOSHH

sexual health centre

The Sexual Health Centre was proud to collaborate with GOSHH (Gender, Orientation, Sexual Health, HIV) and the Sex Workers Alliance Ireland (SWAI), on the production of an information card for street-based sex workers who are working during the COVID-19 pandemic. This card, which was developed in co-operation with street-based sex workers, contains practical advice to minimise the risk of transmission while at work.

The Sexual Health Centre's Outreach Worker, Susan Walsh, launched the new resource as part of a collaborative webinar panel discussion with Trish Leahy and Becky Leacy (SWAI), Billie Stoica (GOSHH) and Marguerite Woods (SAOL Project). The panel was chaired by Kate McGrew (Director, SWAI). This collaboration followed the Sexual Health Centre's *#SafeRsexwork* campaign, which was launched in April 2020.

For more information and support, contact Susan at susanwalsh@sexualhealthcentre.com. Individuals who engage in sex work can avail of the Sexual Health Centre's free condom postal service by contacting info@sexualhealthcentre.com / 021-4276676 and asking for 'the bag'. A suitable quantity and variety of condoms and lube will be sent.

National Youth Council Ireland develops new resources for young people and youth workers

Rachael Treanor,
National Youth Health Programme Manager, National Youth Council of Ireland

Let's Talk about Sexting

Romantic relationships comprise intimacy, physicality, emotions, and the overall experience of being close to another. However, for all of us, regardless of our stage of life, our relationships have changed during COVID-19. As the restrictions change over the next few months, the National Youth Health Programme is working with youth workers to enable them to support young people during this period to look after their sexual health and to build and maintain relationships as we move through the different phases of COVID-19. For young people during COVID-19, online communication has become an increasingly important source of interaction and connection with significant people in their lives. However, spending more time online increases the possibility of young people engaging in risky behaviours, such as sexting, which can result in anxiety for a young person.

The National Youth Health Programme, with support from An Garda Siochána, has created a tool, *Let's Talk about Sexting*, to support youth workers to start a conversation with young people around the topic of sexting. The tool provides:

- Explanation of what is meant by the term 'sexting'
- Information on sexting and the Irish Law
- Guidance for young people on what to do if they are involved in a sexting incident in which they are not comfortable
- Guidance for the youth worker if a young person notifies them on a sexting incident
- Additional supports and services for both the youth worker and young people

The tool is available for download through **www.youth.ie**

Let's Talk about Consent

As COVID-19 restrictions ease and evolve, the NYCI National Youth Health Programme wants to engage with youth workers to promote young people's sexual health. This includes supporting young people to build and maintain healthy relationships and to build their communication skills and confidence around their sexual health as we enter a new way of being and living. An important aspect of any relationship is the concept of consent. Evidence from the youth workers who participated in the rapid needs assessment, *Consent and the Youth Sector: What do we know?* indicates that:

- Young people are confused as to what consent means.
- Young people have no confidence to communicate their desires and dislikes in relation to sexual activity.
- The main sources of information for young people on consent are peers, media and school.

Youth workers highlighted the need for a range of support materials and tools to build the capacity and the confidence and competencies of youth workers to support young people in this area. The two new guides aim to support youth workers and young people to start to understand and feel confident to engage in a conversation on the concept of consent. They provide:

- Information on consent and the Irish Law
- Tools to build the communication skills of young people
- Tools to build the confidence of young people in relation to their sexual health
- Guidance for youth workers to start a conversation with young people on the concept of consent
- Guidance for youth workers on how their organisation can support young people and their sexual health
- Additional supports and services for both the young people and youth workers.

These resources are available at https://www.youth.ie/articles/lets-talk-about-consent-new-research-and-guidance-launched/

Launch of FREE resources to support educators in developing LGBT+ cultural competence in health and social care practitioners

Professor Agnes Higgins, Trinity College Dublin

Although some of the issues may be similar for all ageing populations, there is a growing awareness in many societies of the specific needs and issues faced by older lesbian, gay, bisexual and transgender (LGBT+) people. Some of the identified issues include: social isolation, homophobia, stigma and discrimination, disenfranchised grief, as well as the provision of care in services that are often underpinned by heteronormative and cisgendered assumptions. Research findings also suggest that education on gender-sensitive and LGBT+ affirmative care has a positive impact on health and social care practitioners' knowledge, competence and confidence.

BEING ME is a transnational Erasmus+ funded project which aims to promote awareness and support social inclusion for older LGBT+ people in receipt of health and social care. The *BEING ME* project group has launched resources to support educators to integrate and mainstream older LGBT+ issues into their everyday teaching. The resources address a variety of topics such as Human Rights, Life Stories, Identities, Intersectionality, Relationships and Good Care. In addition to providing information on topics, *BEING ME* offers suggestions and practical tips on teaching/learning strategies. Educators can use and adapt the materials to suit their local cultural contexts and the prior knowledge of the learners.

The project group includes partners from Trinity College Dublin (Professor Agnes Higgins and Professor Brian Keogh), Outhouse LGBT Community Resource Centre (Ireland), Middlesex University London, University of Strathclyde (United Kingdom), Stichting Consortium Beroepsonderwijs (Netherlands), Stichting Nationaal Ouderenfonds (Netherlands), and the University of Ljubljana (Slovenia).

The resources are FREE and can be accessed and downloaded by visiting the BEING ME website www.beingme.eu

Language Matters

Susan Donlon, HIV Ireland

Challenging and eliminating HIV-related stigma is a guiding principle of HIV Ireland. We understand the role that appropriate language use has in reducing stigma. To coincide with Zero Discrimination Day 2020 (1 March), we updated and re-published our *HIV Terminology Guidelines,* and launched an online *#LanguageMatters* campaign.

There have been significant advancements in HIV treatment and prevention in recent years. However, the language used when talking or writing about HIV is often outdated; this can contribute to increased stigma. The *HIV Terminology Guidelines* support and promote the use of language that is inclusive, respectful, non-stigmatising and non-judgemental.

The *#LanguageMatters* campaign encourages people-first and person-centred language; it discourages words that can objectify a person — words that are devoid of thought or feeling. The campaign promotes refraining from using language that is derogatory or that propagates stereotypes about HIV, people living with HIV, or communities affected by HIV. Labels such as 'victim' or 'sufferer' can be construed as patronising, implying that people living with HIV are powerless. The campaign advocates for the thoughtful consideration and avoidance of language-use that could attribute blame or shame to people who acquire, or are more vulnerable to acquiring, HIV. Terms such as 'innocent victims' (often used to describe children with HIV) or 'medically-acquired HIV' imply that people who have acquired HIV in other ways are not innocent.

We can all contribute to ending HIV-related stigma by considering the language we use and challenging inappropriate terminology. HIV Ireland invites you to use the *HIV Terminology Guidelines*. They are a continuous work in progress, and we welcome suggestions for inclusion.

Access the guidelines at www.bit.ly/HIVterminology

This section of the newsletter provides an update of new material that readers may find helpful in their respective roles. If you are aware of any new resources, factsheets, infographics or booklets, please let the Sexual Health news team know, and we can include details of these in the next edition.

Supporting young people's sexual health and wellbeing through evidence and practice

Maeve O'Brien, Interim Programme Lead
Moira Germaine, Education and Training Manager

On 10 November, the Economic and Social Research Institute (ESRI) and the HSE Sexual Health and Crisis Pregnancy Programme (SHCPP) held a joint webinar, *Supporting young people's sexual health and wellbeing through evidence and practice*, to launch new research from the *Growing up in Ireland (GUI)* dataset, and new resources that encourage and support parents and children to talk together about relationships, sexuality and growing up.

The webinar was hosted by the Director of the ESRI, Professor Alan Barrett; and the publications were launched by Minister of State with responsibility for Public Health, Wellbeing and National Drugs Strategy, Frank Feighan TD. The webinar included a presentation of findings by the authors of the ESRI report, Dr Anne Nolan and Dr Emer Smyth, and responses from Moira Germaine, SHCPP Education and Training Manager, and Annette Honan, Education Officer, National Council for Curriculum and Assessment. Over130 stakeholders from the education, youth and NGO sectors attended the webinar, as well as parent groups.

About the research study

The newly published *Talking about sex and sexual behaviour of young people in Ireland* report, discussed during the webinar, used data from the *Growing up in Ireland* '98 cohort at 13 and 17 years of age. The research examines the role of this information in shaping sexual behaviours among Irish adolescents, and sexual activity.

Talking about sex and sexual behaviour of young people in Ireland is the latest in a series of reports based on data from the national longitudinal study of children, *Growing up in Ireland (GUI)*. The reports are the product of a joint ESRI/HSE Health and Wellbeing research programme; it was established in 2019 to undertake and disseminate research on the health and wellbeing of children and young people, in order to inform policy decisions.

In relation to learning about relationships and sex, key findings of the report include:

- At age 13, 55% of young people reported that they had received relationships and sexuality education (RSE) at school, and this proportion had increased to 92% by age 17.
- There was significant variation in RSE receipt across individual second-level schools, which is in line with previous Irish research that found that policy and leadership at the school level play an important role in the timing of RSE provision.
- At age 13, 45% of young people reported that they had discussed sex and relationship issues with their parents. By age 17, this proportion had increased to just under 60%. Young people who had better-quality relationships with their parents were more likely to talk to them about sex and relationships.
- Young people who have had discussions about relationships and sexuality with their parents by the age of 13 were more likely to have used contraception once they reached sexual debut (age 17 and over).
- There was a clear gender divide in reports of ease of discussions with parents about sex; young women found it easier to talk to their mothers, while young men found it easier to talk to their fathers. However, nearly 60% of young men found it difficult or very difficult to talk to their fathers about sex.
- At age 13, 45% of young people reported that they had discussed sex and relationship issues with their parents. By age 17, this proportion had increased to just under 60%. Young people who had better-quality relationships with their parents were more likely to talk to them about sex and relationships.

- Young people who have had discussions about relationships and sexuality with their parents by the age of 13 were more likely to have used contraception once they reached sexual debut (age 17 and over).
- There was a clear gender divide in reports of ease of discussions with parents about sex; young women found it easier to talk to their mothers, while young men found it easier to talk to their fathers. However, nearly 60% of young men found it difficult or very difficult to talk to their fathers about sex.
- At age 13, parents/family were the main source of information about sex, but at age 17, friends were the most commonly cited source (at nearly 50%). At age 17, nearly a quarter of young men and 20% of young women cited the internet/TV/films/books as their main source. Those who had poor-quality relationships with their peers were much more likely to rely on information from the internet/TV/films/books.

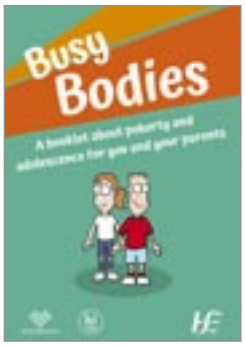
The report also analysed sexual behaviours of the older age cohort:

- At age 17, 33% of young people reported having had sexual intercourse.
- Nearly 90% of young people who had sexual intercourse reported using contraception when first having sex.
- Nearly a quarter of these young people expressed regret over the timing of first sex, and this proportion was substantially higher among young women (31%) than young men (16%).
- Young people who had discussed sex and relationships with their parents by age 13 were significantly more likely to have used contraception at first sex.
- In contrast, those mainly reliant on their friends as a source of information on sex had lower levels of contraceptive use at first sex.
- For those who were sexually active, just under 80% reported 'always' using contraception, and 56% reported using a condom 'all the time'.

The study findings demonstrate that good parental child communication from a young age around relationships and sexuality can be a protective factor for young people's sexual health and wellbeing in later life. The findings support the SHCPP's approach of encouraging ongoing conversations on these topics between parents and children from an early age. The report also shows that a significant group of young people are not receiving information or advice on sex from their parents. Although one source should not replace the other, school-based relationships and sexuality education is all the more important for this cohort of young people. The findings support the current move towards considering sexual wellbeing as part of broader school efforts to support young people's wellbeing.

About the resources

In acknowledgement that parents are the primary educators of their children, and that the home is the place where most children first learn about loving, respectful relationships, HSE SHCPP launched four resources at the webinar to encourage young people and their parents to talk about relationships and sexuality issues. The resources focus on the development of healthy sexuality, rather than the traditional notion of what constitutes 'sex education'. Sexuality wellbeing is a core part of a person's overall development and, although it includes the option of sexual activity in adult life, it is primarily about how a person understands and experiences their sexuality in all its aspects; how they develop the values, behaviours and skills to have a healthy relationship with themselves and their bodies, and a healthy relationship with other people, including the option of sexual relationships in adult life.



For children in the home and school setting

Busy Bodies is a booklet for children about puberty and adolescence. The version that was launched is an updated version of the 2007 publication that has been widely used in homes and schools across Ireland in the intervening years.

This new edition was developed by HSE Health Promotion & Improvement, Cork and Kerry Community Healthcare, and the SHCPP, with advice and input from partners within: Education (DoE Inspectorate; NCCA; PDST) and Health (Dr Deirdre Lundy; HSE, Health Promotion and Improvement, CHO 1; HSE HEAL Programme; HSE National Women and Infants Health Programme), and within NGOs (National Parents' Council — Primary; BeLonG To Youth Services; Sexual Health Centre).

For parents

The SHCPP is further supporting the development of healthy sexuality in children and young people by publishing a series of booklets for parents under the brand, *Making the 'Big Talk' many small talks*. These will encourage parents to talk with their children about relationships and sexuality on an ongoing basis — from early years, throughout adolescence and into young adulthood. The initial books in the series are:

- ***Making the 'Big Talk' many small talks: 4–7 years.*** A rebranded resource, originally published in 2018 as *Talking to your young child about relationships, sexuality and growing up*.
- ***Making the 'Big Talk' many small talks: 8–12 years.*** A booklet developed by SHCPP in association with Dr Sue Redmond, addressing the issues of puberty and early adolescence, to enable parents to expand on the themes covered in the *Busy Bodies* booklet for children.

- ***Making the 'Big Talk' many small talks***: Healthy Ireland Library Collection. A brochure listing the range of commercial and HSE resources on the topic of relationships and sexuality that have been made available through the HI at your library scheme. These are available to parents and young people in all 330 library branches across the country. The initiative was an expansion of the Donegal-based original project, and was developed by the SHCPP, the Local Government Management Agency, Health Promotion and Improvement (CHO 1), Donegal Library Services and Donegal Youth Services.

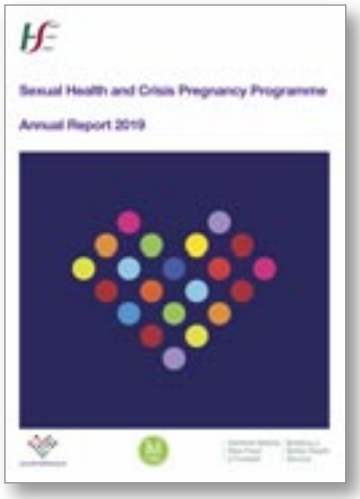
The Talking about sex and sexual behaviour of young people in Ireland **research report can be found here: https://www.sexualwellbeing.ie/for-professionals/research/research-reports/**

The educational resources can be found here: https://www.sexualwellbeing.ie/for-parents/resources/ or ordered from https://www.healthpromotion.ie/

Sexual Health and Crisis Pregnancy Programme's *Annual Report, 2019*

sexualwellbeing.ie

Maeve O'Brien, Interim Programme Lead



In October, the SHCPP published its annual report for 2019, which outlines the significant programme of work delivered last year to progress the goals of the *National Sexual Health Strategy* (2015–2020). This included the following initiatives:

- The commencement of a national HIV pre-exposure prophylaxis (PrEP) programme in November, making PrEP available free of charge to those at substantial risk of sexual acquisition of HIV. By the end of the year, PrEP was available in eight public STI services across Ireland.
- The signing of the HIV *Fast-Track Cities* initiative by Cork, Dublin, Galway and Limerick, which brought together key city authority representatives and NGOs who committed to being part of this international initiative to fast-track city responses to HIV and to reduce HIV-related stigma.
- The commencement of the *My Options* freephone crisis pregnancy counselling service. The introduction of this service has improved access to crisis pregnancy counselling and support for those experiencing a crisis pregnancy in Ireland. In 2019, the service received over 13,000 calls.
- The expansion of the national condom distribution service into third-level settings. This led to service-level agreements being signed with 26 third-level institutions who agreed to make free condoms available on campuses and to promote safer sex information.

- The roll-out of the new out-of-home and digital campaign *Because* in venues, college campuses and digitally. The campaign promotes the consistent use of condoms among young adults and raises awareness about the risk of STIs and unplanned pregnancies.
- The publication of the *Sexual Health Promotion Training Strategy 2019–2029*, to guide work in building the sexual health promotion capacity of parents and of professionals in health, education, community and youth work settings.
- The publication and launch of the *EMIS-2017 Ireland* report with the Health Protection Surveillance Centre and the Gay Health Network. The study findings are valuable in informing the future direction of programmatic and strategic work.

The delivery of the substantial programme of work is testament to the SHCPP team's commitment to improving sexual health and wellbeing for people living in Ireland. Also crucial to its delivery were the effective working relationships the team has developed with our HSE colleagues in health promotion and improvement and public health; colleagues in statutory organisations; and our clinical and NGO partners across the country.

To read the 2019 Annual Report, click here: www.sexualwellbeing.ie

National Condom Distribution Service — Report of Activities 2019

Owen Brennan,
Research Assistant, HSE Sexual Health and Crisis Pregnancy Programme

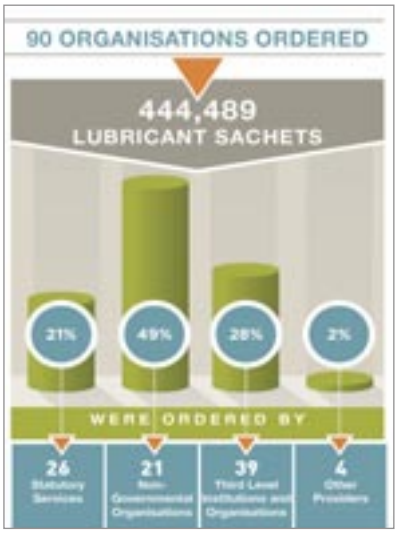
In October 2020, the SHCPP published a report on the activities of the national condom distribution service (NCDS) in 2019.The report contains information on the range of organisations that ordered from the service, and the service-users the organisations work with, as well as providing information on how the products were distributed.

In 2019, a total of 730,439 condoms and 444,489 lubricant sachets were ordered by 105 organisations across the country. NCDS condoms and lubricant reached a variety of service-users via local and national organisations. Service-users included STI clinic patients; gay, bisexual and men who have sex with men; students; people living with HIV; migrant communities, including refugees and asylum seekers; and homeless people.

The report demonstrates how the number of products and the number of organisations ordering from the NCDS has increased since 2017 and how more service-users are being reached year by year.

The NCDS functions as a central point for distributing free condoms and lubricant sachets to HSE services and other organisations working directly with individuals and groups who may be at increased risk of negative sexual health outcomes.

For more information, please see here: https://www.sexualwellbeing.ie/for-professionals/research/research-reports/



The Sexual Health Centre's annual report highlights a spike in demand for LGBT and post-termination supports

The Sexual Health Centre's recently published, *Annual Report, 2019* highlighted the high demand last year for post-termination support. The Centre saw a 1.5-fold increase in counselling sessions for people who had a termination, from 157 counselling sessions in 2018 to 236 in 2019.

A number of new initiatives were introduced by the Centre in 2019, including a one-to-one mentoring service for people who are living with HIV. This service assists members of the community who may be facing practical issues such as employment, adherence to medication, and asylum applications. In 2019, 120 support sessions were provided to people living with HIV. The Centre also conducted over 700 free rapid HIV tests. The Centre's peer-led LGBTQIA+ sexual health advisory service was established with a view to providing a safe space for members of the community and their loved ones to discuss issues such as healthy relationships. Sixty-seven support sessions were delivered to members of the LGBTQIA+ community in 2019.

The Centre's Executive Director, Dr Martin Davoren, highlighted that partnership is an ongoing priority for the Sexual Health Centre:

> *'An important development was the establishment of Ireland's first sexual health network which was accompanied by its own web portal to provide a range of information on sexual health, healthy relationships and wellbeing in Cork city. The Centre was delighted to collaborate on this project with a number of agencies in Cork.*
>
> *'Often at the forefront of progressive social change, the Sexual Health Centre has made a number of policy submissions throughout the year. In addition, the Centre's team remain key collaborators and stakeholders on a number of national and local policy implementation groups. Notably, Cork has now signed up to the global HIV fast-track cities initiative. The Sexual Health Centre was delighted to act as co-signatory for Cork and looks forward to supporting its implementation.'*
>
> *'The Centre [was] also very proud to launch its five year plan in 2019, prioritising the delivery of sexual health services for the community,' concluded Dr Davoren.*

Sex worker lives under the law: A community-engaged study of access to health and justice in Ireland

A new report, published by HIV Ireland, gives voice, without prejudice, to sex workers in Ireland. The report was compiled by Maynooth University researchers, Dr Paul Ryan and Dr Kathryn McGarry, with the Irish Sex Worker Research Network, in conjunction with the Sex Workers' Alliance Ireland (SWAI). It was Funded by Open Society Foundations. The report emphasises the impact of the recently amended laws on the sale and purchase of sex, arising from the Criminal Law (Sexual Offences) Act, 2017. The findings are the product of in-depth focus group discussions with sex workers, in which they outlined their suggestions for improving Ireland's existing legislative framework governing sex work. These include ending criminalisation and safeguarding the health and wellbeing of persons engaged in sex work.

Key findings from the research highlight the extent to which sex workers manage their lives within the context of 'structural violence'— a situation which is exacerbated by the current law. Accordingly, sex workers experience:

- Poorer protection from violence and abuse
- Increased risks from unsafe sex, including HIV
- Limited access to key health supports and interventions.

In pointing to the negative impact of current laws on the ability of sex workers to keep safe and reduce harms to their health and wellbeing, the findings of this study are in line with mounting evidence from other jurisdictions where sex buyer laws are in place.

The report can be accessed at www.hivireland.ie

The post-primary school experiences of transgender and gender diverse youth in Ireland

Ruari-Santiago McBride, Aoife Neary and Vanessa Lacey

CAROLINE
UNIVERSITY OF LIMERICK OLLSCOIL LUIMNIGH
IRISH RESEARCH COUNCIL An Chomhairle um Thaighde in Éirinn

The Irish government's *Lesbian Gay Bisexual Transgender Intersex (LGBTI+) Youth Strategy* (Department of Children and Youth Affairs, 2018) explicitly recognises that there is limited research relating to LGBTI+ youth in Ireland, and that this constrains our understanding of LGBTI+ young people's lives and the challenges they encounter. This is particularly true for transgender and gender diverse (TGD) young people in Ireland.

Research in Ireland suggests that TGD youth are increasingly visible in schools. Studies have shown that TGD children and their families encounter challenges navigating everyday life in primary schools in Ireland (Neary and Cross, 2018; Neary 2019) but there is limited published research into TGD youth's experiences in post-primary schools. However, a review of international research has shown that TGD youth commonly encounter difficulties within secondary school settings (McBride, 2020).

To attend to this gap in knowledge, we conducted a qualitative research project that explored the lived experiences of TGD youth and the specific challenges they encounter during their post-primary education. The project, developed in partnership between staff at the School of Education, University of Limerick (UL) and Transgender Equality Network Ireland (TENI), was co-funded by the Irish Research Council and Marie Skłowdowska-Curie Actions as part of the *Collaborative Research Fellowships for a Responsive and Innovative Europe* (CAROLINE) programme. Ethical approval was received from UL's Ethics Committee.

Data were collected via three arts-based workshops that were held with TGD youth (15–24). Twelve young people participated in workshops that explored 'gendered problems' within schools and ways to overcome them, through four creative activities.

We also conducted semi-structured interviews with a total of 54 people. This included 13 TGD youth, 10 parents, 11 educators and 14 stakeholders. Six of the young people who had participated in a workshop were interviewed, meaning a total of 19 TGD youth took part in the project. Data were analysed using qualitative data software, with the aim of identifying the educational inequalities TGD face in Irish post-primary schools and making recommendations for future directions in policy and practice.

Key findings

Analysis of the data revealed 14 key findings, which are summarised below.

The marginalisation of gender diversity

Without exception, TGD youth felt marginalised within their post-primary school. Experiencing marginalisation was connected to the:

- Lack of discussion around trans identities,
- Absence of representation of TGD people, and
- Lack of LGBTI+ supportive spaces.

Experiences of marginalisation led many TGD youth to feel shameful about their gender identity and anxious about discussing their gender identity with others. Consequently, some TGD youth concealed their gender identity for an extended period of time, which had a detrimental effect on their self-confidence, wellbeing, social connectedness, and academic attainment:

> *'If everybody is telling you you're one thing, and this is how you should act, this is how you should behave, but you want to behave the opposite way, and act the other way, and look the other way, then you're gonna think you're crazy, 'cause you're not like everybody else. And that's a big thing, actually. Not being like everybody else, and not fitting in, it's major.'*
>
> ***Scott (16, single-gender voluntary school)***

Experiences of coming out to educators

The large majority of TGD youth disclosed their gender identity to a member of their school staff. A minority of respondents reported that the staff member to whom they came out invalidated their gender identity and failed to offer any support. TGD youth who received an invalidating and obstructive response felt unaccepted, unheard and that their best interests were not taken into consideration. The majority of TGD youth, however, reported that the member of staff to whom they disclosed affirmed their identity and offered emotional and practical support. Affirming and supportive responses left TGD youth feeling that their voice was heard and that their sense of safety within school was enhanced:

> *'The principal knew I was having trouble, struggling a bit. […] She knew it was something that wasn't really addressed by the school, and needed to be.'*
>
> ***Molly (18, co-education community school)***

Transition challenges

The majority of TGD students who participated in the project transitioned during their post-primary education. Those who transitioned reported experiencing a range of challenges (see graphic on the right). Although some TGD youth encountered minor issues, the majority faced multiple, overlapping difficulties that negatively affected their physical and mental health, sense of safety within school, and their ability to participate fully in their education.

Recommendations for policy and practice

Research findings indicate that TGD youth in Ireland do not have equality of educational opportunity and, as such, there is a need for concerted remedial action within schools and in national policy.

TGD youth's recommendations

TGD youth felt that there was a wide range of initiatives that post-primary schools should undertake to become more inclusive and welcoming for TGD youth. These included:

- Ensuring that TGD youth's preferred name and pronoun is used at all times
- Providing TGD youth and their families with proactive and periodic engagement
- Designating a member of staff to act as liaison between school and the young person and their family
- Educating all members of the school community about TGD identities
- Ensuring that the school has a non-restrictive uniform policy
- Establishing single-stall, gender-neutral facilities
- Working to prevent and challenge transphobic bullying, and
- Supporting students to establish LGBTI+ school clubs.

Future directions and goals in education

In order to support schools to become more inclusive and welcoming environments there is a need to:

1. Establish a 'National Gender Identity and Gender Expression in Education Working Group'
2. Develop a 'National Gender Identity and Gender Expression Policy and Procedures for Schools', and
3. Explicitly include gender identity and expression across (a) the school curriculum, (b) pre-service teacher education, and (c) in-service professional development.

If these goals are achieved, Irish post-primary schools will reduce educational inequalities in TGD youth experience. This will enhance TGD youth's sense of acceptance, belonging and safety while in school, and thus increase the likelihood that they will remain in school, complete their education and achieve their full potential.

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Irish Family Planning Association early abortion service — results of an analysis of service activity data

Dr Caitriona Henchion, Medical Director, Irish Family Planning Association
Alison Spillane, Policy and Research Officer, Irish Family Planning Association

Abortion care is a new, complex and multifaceted area of service provision, and good-quality data are crucial to monitoring and evaluating service quality. To inform service delivery, we analysed anonymised service activity data involving 177 clients, which represents approximately half of our total abortion-care clients in 2019. The results provide valuable insights into early abortion care.

The majority of women were in their twenties. Approximately half were mothers. Most (68.4%) were not using a method of contraception when they became pregnant. By far the most common contraceptive methods used were condoms (20%) and short-acting methods (8%), such as the contraceptive pill. The remainder had used a long-acting method (2.2%) or a contraceptive strategy such as withdrawal or emergency contraception (1.7%). Of those considered, 12% of clients did not continue through our abortion service. Of the remaining 155 clients, the vast majority (94%) were less than 10 weeks pregnant at the time of their abortion.

Roughly half (53%) of clients were referred for ultrasound scanning to confirm gestational age. Of this cohort, 8.5% were unaware of their dates. In 84.2% of cases, the initial dates provided by women were either accurate or their pregnancy was less advanced than they had expected. Scan results for a minority of clients (7.3%) indicated that their pregnancy was more advanced than they thought, in some cases by several weeks.

In almost all these cases, the scan results meant that women could not access community-based abortion care, which is available only up to 9 weeks. They were either referred for hospital care here, or, in some cases, were now outside the legal gestational limit and no longer legally entitled to care in Ireland.

Healthcare providers have no discretion to waive the gestational limit, regardless of a woman's circumstances. The Department of Health's strict interpretation of the legal gestational limit (12 weeks + 0 days) precludes women who are over 12 weeks but less than 13 weeks from accessing care, even if their first engagement with services was before 12 weeks of pregnancy. A significant minority of clients (5%) were close to or just over the legal gestational limit of 12 weeks.

Navigating complex referral pathways under the pressure of a rigid legal cut-off point can be very stressful for both women and healthcare providers. In some instances, despite the best efforts of IFPA staff, it was not possible to arrange care within the time limit. Two women in the sample group subsequently travelled to Britain for abortion care because their pregnancies exceeded 12 weeks.

Our data indicate that abortion care does not constitute a significant burden for hospital services. Only 8% of our clients were referred for hospital-based abortion care; 5% attended hospital to receive Anti-D only, having self-managed their abortion at home; while 4.5% of women in our sample experienced complications and required additional care. In most of these cases, women presented with incomplete abortion and were referred to hospital for treatment.

All clients take a low-sensitivity pregnancy test following an abortion: 10% of women in our sample had a positive test. Approximately one-third of this cohort were referred to hospital by our staff due to real concerns that they would not be eligible for care if any continuing pregnancy were discovered after the 12-week limit. A positive pregnancy test is not of itself a complication.

However, from the perspective of the authors, the gestational limit in the law, as applied to this group, is placing a burden of medically unnecessary hospital referral and investigation onto women, healthcare providers and the health service. This limit applies even to women who started treatment well within the gestational limit — and in spite of the fact that the medication involved may cause adverse effects to the pregnancy.

In the absence of this legal constraint, most of these cases could be followed up with a simple repeat pregnancy test. Hospital referral would not be needed. In our experience, these unnecessary investigations are a significant cause of anxiety to women.

Overall, our audit found that most abortion care can be successfully managed in the community: 92% of our clients self-managed medical abortion at home. Uptake of post-abortion contraception was high. There is substantial demand for specialist pregnancy counselling and STI screening, which highlights the importance of providing a comprehensive service. The data indicate that our complication rate is in line with international evidence. The Irish model of community-based abortion care, therefore, compares well with services in health systems where women are routinely scanned.

Ongoing monitoring and evaluation are crucial to the delivery of high-quality, patient-centred care. However, there is limited data collection within the state at present. Detailed statistics on abortion access — including availability at the county level — and on quality of care are vital to ensuring that high-quality abortion care is accessible to all who need it.

Review of the *Rainbow Report*

Dr Niall Crowley

Five years ago, HSE Social Inclusion, South East Community Healthcare (SECH) commissioned a report on the health needs and health service experiences of LGBTI people in the region and on the health service responses to these needs. Titled the *Rainbow Report*, it was ground-breaking at the time, and set out recommendations for the health services to enhance their provision to LGBTI people. This year, HSE Social Inclusion (SECH) has commissioned and published an independent evaluation of the implementation of these recommendations by Niall Crowley of Values Lab.

Acknowledging that valuable progress has been made, the evaluation noted the development of a strong infrastructure to drive forward the recommendations of the *Rainbow Report*. Central to this infrastructure have been:

- An LGBT+ steering group
- The employment of two dedicated workers based in Clonmel Community Resource Centre and Ferns Diocesan Youth Services
- The involvement of the TENI Health and Education Officer and the HSE Health Promotion Officer.

Positive progress has been made by HSE Social Inclusion (SECH) in implementing the public sector equality and human rights duty in its work, and valuable leadership on this was noted. There was a positive evaluation also of the extensive training done to build LGBT+ awareness and develop skills on trans issues among health service staff, and of the use of creative materials to signal an LGBT+-friendly service provision.

Resources have been developed on LGB and on trans issues for health service providers, and these were positively evaluated. The evaluation pointed to the importance of the work done in supporting and expanding the LGBT+ community infrastructure in the region, with four LGBT and transgender groups being supported by the workers.

The core recommendation of the evaluation is to sustain and continue to grow the work being done in implementing the recommendations of the *Rainbow Report*. While progress has been made on developing a template equality policy for health service providers, the report recommends further initiatives from the HSE at national level. The recommendations emphasised the importance of developing follow-up actions to support those who have done the training to put the learning into practice in their area of work.

Copies are available from Marie.Moran2@hse.ie

The features section is made possible by the 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.

Encouraging migrant community participation in health

Yvon Luky,
Migrant Plus project, ACET IRELAND

When addressing public health issues, mainstream participative approaches may not work for the migrant community. Migrants need to be encouraged and supported to participate actively in processes that result in better health for their members.

Defining a community

A community can be defined as a group of connected people who share common characteristics. These might include, for example, one or more of the following:

- Living in a geographical location
- Having a common interest
- Facing the same type of problems
- Having the same experience
- Sharing the same culture
- Being from the same ethnicity
- Sharing the same faith
- Being from the same country or area
- Speaking the same language, etc.

In this article, we use the term 'migrant community' when talking about the overall migrant entity; we use 'migrant communities' when we want to place emphasis on the diversity within that entity. We specifically refer to migrants from ethnic minority backgrounds, because the particular level of health inequalities to which they are exposed hinders their participation.

Health, an asset that can be influenced

Health is probably the most important asset that we have in life. The World Health Organization defines health as a state of complete physical, mental and social wellbeing; it's not merely a lack of disease or infirmity. The complete wellbeing should include not only what can objectively be observed or measured, but also the perception or feeling of an individual about their own health. This could be seen as an aspirational goal, but we should aim to approach it as best we can. We have to work towards that, at both individual and collective level.

Health status can be influenced by various factors, such as poor social and economic circumstances, lifestyle, genetics, health-seeking behaviour, belief about health, social exclusion, employment, housing, education, access to health services, access to information, quality of the environment, various policies, etc.

The community can influence the health of individuals

A community may have an impact on the health of its members. This is particularly true for communities with strong bonds, where people are connected and interdependent, with a high degree of socialisation. This is usually the case with migrant communities. Facing similar challenges, being a minority in a foreign country, they try to cling together as a community to deploy a protective safety net. They know that, when in need, they can count on the support of other members of their community. So, through social connections, supportive environment, and strong relationships, a community can contribute to shaping the health of its members.

In communities where identity preservation, cultural norms, beliefs and social approval exert a constraining pressure on people's behaviour and practices, members' health choices may be significantly impacted. The level of that impact may vary. For example, it might be high when it relates to sensitive issues such as stigma, HIV/AIDS, sexual health or mental health.

> Working with influential migrant figures may help to ensure that community influence on the health of its members remains positive, which will maximise the health outcomes.

Mobilising the migrant community for better health

For several reasons, mobilising the migrant community on health may be challenging. Some of these reasons are outlined below:

- For some migrants, choices about sensitive issues, such as sexual health and HIV testing, are highly influenced by community views.
- For many migrants, health is not a top priority. They have more pressing issues to cope with, such as social instability, financial hardship, unemployment, lack of housing, the challenge of settling in a foreign country, living in a new environment, etc.
- As long as they do not perceive an imminent threat to their wellbeing, some migrants will be reluctant to embark on any proactive process to protect or improve their health. This attitude is often based in deep-rooted cultural practices, where people are accustomed to reacting to health issues, and not inclined to take precautionary actions to prevent them.

Despite the challenges, it is possible to mobilise the migrant community on health, if we take the right course of action. Most migrant communities are structured, whether in a formal or informal way.

There are diverse grassroot groups, cultural associations, associations of people coming from the same country or the same region, sport organisations, faith groups, etc. that influence people's lives. Working with the leadership of these groups (both faith and secular) can be instrumental in mobilising their communities towards better health.

Supporting the migrant community

Migrant communities need to be encouraged to take actions that could improve the health and wellbeing of their members. Community-centred approaches may be needed to provide effective support. It is necessary to mobilise valuable skills, knowledge, networks and other assets available within communities.

To achieve a meaningful outcome, community leaders, health activists and other influential community members need to be supported and equipped. Peer-led interventions are essential as sensitive issues cannot be adequately addressed unless the right cultural codes are used. A network of trained migrant 'community health mediators' (acting as a bridge between health service providers and the migrant community) could also be formed and deployed. These initiatives need to be funded to make them sustainable.

The HSE *Second National Intercultural Health Strategy 2018–2023* aims to strengthen partnerships working to enhance intercultural health. Goal 5 of the strategy recommends that we 'actively promote participation of service users from minority ethnic groups in the design, planning, delivery and evaluation of services'.

Mainstream participative channels may not be appropriate for the migrant community. Migrants are scattered throughout the country but are usually part of various community groups. There is a need for an active partnership through, for instance, a dedicated framework that could allow communities to come together and try to influence policies and practices that might have an impact on their health.

Things the supported migrant community can do

The way the COVID-19 pandemic is being tackled illustrates how a public health issue can be addressed more effectively at the community level, when people who are, or may be, affected are informed and involved. People understand that both individual and collective actions are needed to protect themselves and protect others.

If supported, the various migrant community groups could become involved in activities such as:

- Raising awareness about what affects health and wellbeing
- Encouraging engagement on health
- Discussing a particular health issue of common interest
- Promoting healthy attitudes and behaviours
- Relaying and disseminating public health messages
- Establishing partnerships with other organisations
- Building an alliance to act collectively.

In short, if encouraged and supported, the migrant community can actively participate in processes to protect, preserve and improve the health of its members. This will benefit the entire society in which they are living.

COVID-19, HIV and isolation

Nicole McGuigan,
Support Service Coordinator, Sexual Health West

The last six months have been an intense and frightening time for many people, none more so than those with health vulnerabilities and the people who care for them. Galway, as a city and county, has had low rates of COVID-19, which has meant that most of us have been watching the health crisis with a level of remoteness that would be a luxury in many parts of the world. The exception to this is the people who have health vulnerabilities and have been isolated from the world, 'cocooning'. In some cases, they still are.

Before COVID, it was found that people who live with HIV are at greater risk of experiencing social isolation, with 64% experiencing at least a moderate amount (Marziali, Card and McLinden, 2020). Now with social isolation on the menu for all of us, many PLHIV are enduring an even more extreme version of this,

Fergus, a 50-year-old PLHIV in Galway, describes his experiences of the COVID lockdown:

> *'the impact Covid has had on me has largely been the isolation from the rest of Galway, the people, my kids' friends that they had play-dates with; the work I used to get to do, which had me meeting and chatting to all manner of interesting characters, and the routine I got to have through my week, including even those mundane, but hugely important to me, encounters I would have with strangers who might give me a friendly nod.'*

Fergus goes on to say:

> *'[The COVID-19 pandemic] played havoc with my mental health. It still does: the endless news cycle; warnings about spikes and second waves, and the possibility of tighter restrictions returning.... It won't last forever, for sure; but the longer it goes on, the deeper and more damaging will be the erosion into our collective peace of mind.'*

Liz, another PLHIV in Galway, was grateful that she is

> *'too young to be worried about being swept off in the first wave of Coronavirus'.*

In these difficult times, PLHIV can take some comfort in the most current (September 2020) research conclusions which tell us that PLHIV, who are on effective HIV treatment, are no more susceptible to COVID than the general population as a result of their HIV status (Blanco et al., 2020; Richardson et al, 2020; Inciarte et al. 2020; Shalev et al. 2020); and that PLHIV who contract COVID have a similar clinical disease course to those without HIV (Gervasoni et al, 2020; Härter et al, 2020; Aydin et al., 2020).

The majority of research also states that PLHIV do *not* have a higher risk of mortality than others (Chilimuri et al., 2020; Bhaskaran et al., 2020; Davies et al., 2020; Park et al., 2020; Patel et al., 2020; Mirzaei et al., 2020). The exception to this positivity is that, in some studies, those who have a very low CD4 (immunity level measure) (Dandachi et al., 2020) are impacted upon more than the general population by COVID; this is often those in the very early stages of diagnosis or treatment.

However, whilst PLHIV are generally not further at risk as a direct result of their HIV, there are many people who live with HIV who have co-existing conditions that increase their vulnerability to COVID. Furthermore, there are other health determinants that have a significant impact on who contracts COVID and the outcome if they do. Some examples are people living in crowded housing situations, people who can't work remotely, people who can't access testing or afford healthcare, people with language barriers, people who care for others, people whose medical care or medication provision is threatened by COVID practicalities, and people who engage in riskier behaviours. In many communities, PLHIV are also impacted upon by these other determinants, and these factors increase their risk.

It is, however, good news that the people in our communities and families who live with HIV are no more vulnerable than people who live without HIV in the same circumstances. They need not be more significantly impacted on by having to cocoon, or by hearing social isolation messages. But those social isolation messages do exist for us all, and being in the firing line of a potentially deadly virus is the reality for all of us. The Coronavirus pandemic will end one day and it's unlikely there will be much nostalgia for these lonely times.

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How GOSHH has continued to support clients and operate during COVID-19

GOSHH (Gender Orientation Sexual Health HIV) is a voluntary organisation, based in the mid-west, which provides services to people in the areas of gender, orientation, sexual health and HIV, as well as in many other interconnected areas. The services we provide include counselling, personal support, support groups, professional development, education and training, condom distribution, rapid testing and information provision.

As for many other community and voluntary organisations around the country, the restrictions imposed nationally in March had a profound impact on the clients who use the GOSHH services, as well as on the service itself.

In the beginning

The initial restrictions in March meant first and foremost that the office — the safe, welcoming and confidential space — was closed and we were unable to provide some of our services, such as the drop-in service, education and training workshops and face-to-face personal support and counselling. We could no longer provide a walk-in condom distribution or testing service and we could no longer visit clients in hostels or at other agencies.

Although the GOSHH office doors remained closed for five months, we continued to operate, albeit remotely, and most importantly we continued to provide support to clients. We quickly adapted a number of services to try to meet the needs of clients, including:

- Providing telephone and online video call support for clients
- Providing socially distant one-to-one support for some clients in an outdoor/outside space
- Moving our group support, including the youth group, online
- Referring all inquiries for testing to the University Hospital Limerick STI Clinic
- Supporting professionals working with clients with additional support needs remotely, through the development of Sexual Health Session plans using up-to-date and accurate information
- Providing a HSE-branded condom and lube via a postal distribution service
- Developing accurate information for dissemination through our website, newsletter, podcast and social media channels.

During that time, we increased our social media presence to communicate to clients and the community that although our doors were closed, support and information were still available.

Challenges and opportunities

Feedback from clients illustrates that the restrictions in general, as well as the significant change in the way the services were provided, were often quite challenging. The challenges included:

- Lack of a private, safe and confidential space at home to receive online or telephone support.
- Further isolation and loneliness. Many of our clients feel isolated and lonely, and the restrictions compounded these feelings.
- Variability in the way video call supports were received. Some of the younger clients struggled with the video and some young people stopped engaging with the service at that time. Those who did engage, though, were very grateful for being able to see each other. They saw the service as a lifeline, when otherwise they would have had very little social contact with their peers from the group.
- Sufficient access to the technology that was required to receive online or phone support. In some instances, we were able to partner with other local organisations to provide this technology and support.
- Difficulty in maintaining close relationships with peers — including those living with HIV. Clients missed having the option of meeting up for activities such as coffee and chat, weekends away, etc. The relationships formed during this time have faded a little even with the availability of other means of communicating, such as through telephone, text, emails or Zoom calls. These are not the same as physically meeting someone.

However, clients valued being able to receive face-to-face support in an outdoor space. They also felt more of a connection with nature, which they felt improved their sense of wellbeing. It enabled clients to access support in a new way, and to experience how it felt to express their feelings in a confidential but public forum. We are now continuing to provide support in this way to some of the clients.

Although we have always offered a postal condom distribution service, more people availed of this during the restrictions and appreciated it, given the cost of condoms.

What about now? What has changed?

As some of the restrictions were lifted, protective measures were put in place within the building, public health measures were implemented and new policies and procedures were developed and enforced. We were once again able to start providing services in the GOSHH building and, on 14 September, we re-opened our doors.

The protective and public health measures put in place throughout the building have ensured that we can once again provide face-to-face personal support and counselling. However, clients can still avail of remote support.

The rapid testing service has undergone some changes to ensure the safety of clients and staff, but we are delighted that this service is once again available at GOSHH. Rapid testing, along with some of the other services, is now available by appointment only; a booking is made by phone, text or email.

HSE condom and lube dispensers have been placed in the entrance hallway of the office. We still provide a postal service for clients.

The LGBT youth group is now meeting weekly in an outdoor space, and Genderwise will continue to meet online.

We are adapting the training and education services we provide to professionals, and will continue to support them remotely, or through the use of online training. We hope to provide face-to-face training in the very near future.

As we continue to live, operate and provide services to clients in uncertain times, our clients can be certain that we will do our utmost to continue to provide a service that meets their needs.

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Developing the Sexual Wellbeing of Prisoners in Ireland

Deirdre Betson GCSSHE BNS(Hons) RGN RPN.

When people ask me where I nurse, they are always surprised when I say that I nurse in a prison. However, with approximately 3,700 prisoners in custody in the country's twelve prisons (IPS, 21 September 2020), I am one of 151 nursing staff spread throughout Ireland. Prisoner healthcare is administered from the Irish Prison Service Care and Rehabilitation Directorate and delivered in a primary-care setting in each prison, two of which house females.

Prisoners have been identified in the *National Sexual Health Strategy* (2015) as a vulnerable and at-risk group for poor sexual health outcomes. Chaotic lifestyles, lower socioeconomic status, and pre-existing health issues, together with stigma and marginalisation through social exclusion, compound poor health outcomes for incarcerated people. There are also marginalised groups within the prison community itself, whose sexuality and gender identity may put them at further risk of negative sexual health outcomes. This applies particularly to prisoners who identify as LGBTQI+.

Training

The World Health Organization (WHO, 2010) recommends a shift in policy from treating sexual ill-health to promoting sexual wellbeing on a rights-based platform in prisons. Strengthening of resources and training is required, so that nursing staff are best positioned to develop sexual health education programmes for both staff and prisoners (WHO, 2008).

The *National Sexual Health Strategy* (2015) recommends that professionals working with prisoners receive specific training in sexual health. The *National Sexual Health Needs Assessment* (2018), completed in response to that strategy, reported the total lack of information around the sexual health behaviour of prisoners (Sexual Health and Crisis Pregnancy Programme, 2018). This is an incentive for the upskilling of prison nurses in the area of sexual health, in order to comply with national best practice.

With that in mind, in 2018, I completed the HSE Foundation Programme for Sexual Health Promotion. This ten-day capacity-building training programme was a very solid base from which to develop my skills in this area. The facilitators were incredibly well informed, and the interactive nature of the training made for memorable learning. Beliefs and thought processes were challenged and critical skills in sexuality information developed.

That led me on to DCU in 2019, where under the guidance of Dr Mel Duffy, Assistant Professor in Sociology and Sexuality Studies, I completed the Graduate Certificate in Sexuality and Sexual Health Education (NFQ level 9). The purpose of the qualification is to develop sexual literacy and sexual health educators, which will enable those they work with to make healthy decisions, regardless of their position in the life span (DCU, 2020). This is particularly relevant for nurses who care for people who have been in prison.

Policy development

Training can be effective only when it operates within a policy framework that protects both the prisoner and the healthcare professional. The Health Service Executive (HSE) (2016) has developed a national framework to regulate the development of organisational policy, procedures and guidelines.

The need for a comprehensive robust sexual health policy to address the diverse and unique needs of prisoners in Ireland is clear. Applying it in the context of a national framework will support IPS in meeting required national standards.

Having a cohesive approach set out in policy would ensure consistency in standards of care for the prisoner and a clear pathway for the staff in the decision-making process (HSE, 2016).

Greater efforts are also needed to maintain prisoners' relationships with their communities. They come from communities into prison and will return to those communities on release. The development of links with NGOs and community support services will further strengthen their ability to achieve sexual agency.

Specific challenges

In a prison setting, another consideration that needs to be made relates largely to male prisoners. There has been a rise in the number of sex offenders committed to prison (IPS, 2019). These prisoners also have unique sexual healthcare needs while in custody. It is not unreasonable, therefore, that security is a vital precursor to all healthcare practices and has constant implications for the delivery of care.

Sometimes, there is a conflict of interests between meeting the prisoners' medical needs and security needs. Prison rules may unintentionally serve to obstruct the development of a comprehensive sexual health policy. One example is the provision of condoms and dental dams as recommended in the *Prison Rules* (2007). While it was considered several years ago (Carr et al., 2016), this recommendation has not been implemented.

The provision of condoms as a measure to reduce infectious disease was recommended by the World Health Organization (WHO, 2008). The National Condom Distribution Service (NCDS) was established in 2015 by the HSE, working directly with groups identified as at increased risk of negative sexual health outcomes, in keeping with the *National Sexual Health Strategy* (2015). The implementation of this approach certainly has practical implications, but organisational change and thinking are required if IPS is committed to adhering to national strategies

Conclusion

It is acknowledged that the delivery of healthcare to prisoners is a complex and unique challenge. However, the Irish Prison Service, in its *Strategic Plan* (2019), not only strives to conform to international standards, but aspires to become a global leader in penal practice.

Equivalence of healthcare with the community is a fundamental right of prisoners in Ireland (IPS, 2011). There are several important changes which need to occur to facilitate this outcome. The development of a robust, comprehensive, sexuality and sexual health education policy, based on International Human Rights, has the potential to place the Irish Prison Service as a future global leader in penal practice.

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