

SEXUAL HEALTH NEWS

WELCOME TO ISSUE 1, SEPTEMBER 2015



Students of Larcy College, Co. Monaghan win National Young Social Innovators Gold Award 2015 for their project "LGBT - Let's Get By Together" Please see page 6

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& Róisín Guiry *HSE Sexual Health & Crisis Pregnancy Programme*

Thank You

The project team would like to thank our colleagues in the HSE Communications Division for their support and guidance throughout this project.

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WELCOME TO ISSUE 1:

Sexual Health News (SHN)

by Ms. Helen Deely, Head of the HSE Sexual Health & Crisis Pregnancy Programme, Health Promotion and Improvement.



On behalf of the HSE Sexual Health & Crisis Pregnancy Programme, I would like to take this opportunity to thank all our colleagues and friends within the HSE Sexual Health Promotion Officers (SHPO's) network and sexual health promotion community for their tireless work over the years in

ensuring the topic of sexual health promotion has been kept to the fore. Issue 1 of Sexual Health News is yet another step in the promotion and sharing of sexual health as an integral component of our overall health. The SHN will allow us to

share our knowledge of new resources being developed, what (and where) sexual health services are delivering and what is happening in the area of research.

The HSE's Sexual Health & Crisis Pregnancy Programme takes a collaborative approach to its work and we will continue to foster, and in some cases drive, the creation of strategic partnerships between related services within existing HSE structures and with partners in other external agencies. Implementing the actions from the forthcoming National Sexual Health Strategy requires a concerted focus on service development, communications, partnership, research, and evaluation, and we look forward to continuing to work closely with all of our partners.

Helen Deely

Thank You All

by Martin Grogan, HSE South West, Health Promotion and Improvement



A huge thanks to everyone who has helped in getting Issue 1 of Sexual Health News to this point; it is great to see it out there for all to read and share with colleagues, friends and our respective service users. It is hoped this new resource will grow into a strong vehicle in keeping us all connected within our respective roles. With your help it is planned to produce two editions yearly, spring and autumn. So, pretty please don't be shy, share your sexual health promotion work with our readers.

I would like to acknowledge all those who contributed to the content of Issue 1, without whose contributions, it would not have happened.

Speak to you all soon about Issue 2!! Martin

Call For Submissions

If you have any feedback on our new newsletter or would like to contribute to the next edition please contact Martin Grogan at martin.grogan@hse.ie

Every effort has been made by the Health Service Executive (HSE), to ensure information in this publication is accurate. The information contained in this newsletter should in no way be substituted for seeking expert advice from the appropriate health professional or agency.

The information that is written by the different contributors in the Sexual Health News is the view of the authors and not that of the HSE. Some photos may have been posed by models for illustration purposes only.

Strategic Approach to Sexual Health Promotion

by Helen Deely, Head of the HSE Sexual Health and Crisis Pregnancy Programme



crisispregnancyprogramme



Since its establishment the HSE Sexual Health and Crisis Pregnancy Programme has built a strong evidence base as its foundation, has sought to improve service capacity and quality, influence both policy and practice, and develop strategic partnerships to achieve improvements in sexual health behaviors and outcomes. The primary function of the Crisis Pregnancy Programme was to prepare and implement a strategy to address the issue of crisis pregnancy, in consultation with relevant stakeholders.

The work of the HSE Sexual Health and Crisis Pregnancy Programme now expanded to encompass the coordination of sexual health services to improve the effectiveness and impact of our services and preventative work in line with the National Sexual Health Strategy 2015-2020. In 2015, the Programme has changed its name to the HSE Sexual Health and Crisis Pregnancy Programme to reflect its broader remit. We are responsible for leading out on the implementation of the majority of actions in this strategy and will develop and implement a sexual health action plan. We welcome the appointment of Dr. Fiona Lyons as clinical lead for sexual health; this is a significant development as Dr. Fiona Lyons

is the first National Clinical Lead for Sexual Health. The National Clinical Lead will be responsible for ensuring that safe, high quality and effective Sexual Health Services are delivered to all clients.

The strategy takes a life course approach, which is a key underpinning concept in the Healthy Ireland (HI) framework, under which this strategy will be implemented. It acknowledges the importance of developing a healthy attitude to sexuality throughout childhood and adolescence and builds on that foundation for positive sexual health and wellbeing into adulthood and older age.

There is significant work taking place in the area of sexual health, in health promotion, sexually transmitted infection services, family planning services, crisis pregnancy counselling services, in general practice, pharmacies, in schools, in youth clubs, community organisations and charities among others. The achievements in these areas are the result of the skills, expertise and hard work of the many individuals and organisations over the years. The National Sexual Health Strategy will provide for co-ordination, integration and strategic oversight of all of this work in the future and develop better and stronger links between state and non-state organisations and agencies.

I would like to take this opportunity to thank all of our colleagues within the HSE and our friends within the non government organisation communities for the strong focus in ensuring sexual health remains to the fore. I look forward to our continued work going forward in delivering on the National Sexual Health Strategy. | Helen

The Foundation Programme in Sexual Health Promotion (FPSHP) – A Capacity Building Model for Sexual Health Promotion

The Foundation Programme in Sexual Health Promotion (FPSHP) training course was initially developed in response to local evidence based need and the national and regional scarcity of generic 'training for trainers' courses of sufficient breadth and duration to develop the sexual health promotion capacity of health, education and community professionals.



The FPSHP was positively evaluated by Trinity College Dublin's School of Nursing and Midwifery in 2013 and has been identified as the national HSE standardised training in sexual health. The roll out of the programme nationally in line with the forthcoming National Sexual Health Strategy is a priority focus for the HSE Sexual Health and Crisis

Pregnancy Programme and Health Promotion & Improvement.

The HSE West has recently been involved in the first roll out outside of the HSE South during the summer months; feedback from this pilot was very positive and encouraging. It is planned to expand the programme throughout 2016 and onwards. The FPSHP will become the national HSE standardised training in sexual health promotion for clinical and non-clinical professionals.

The FPSHP seeks to integrate sexual health promotion into the core work of diverse disciplines within the health, education and community sectors. The course methodology supports the networking and integration of various sectors and disciplines in assisting their mutual clients/service users. The FPSHP training is a key element of an overall capacity building model for sexual health promotion. This model is dedicated to building and supporting a network of practitioners through:

- Providing standardised quality training;
- Updating past participants on topics of interest through email bulletins;

- Publishing a national newsletter through which participants can communicate and be updated on sexual health news;
- Offering on-going support to organisations on policy and intervention/programme development etc.
- Making available a library of sexual health resources and literature; and
- Developing additional, more specialised training as the need arises.

Further information on the FPSHP is available from Catherine Byrne, National FPSHP Co-ordinator on 021 4921674 or Catherine.byrne2@hse.ie

Full details of the FPSHP evaluation and the findings can be sourced at <http://hdl.handle.net/10147/313441>
The full report is available from the TCD School of Nursing & Midwifery's website: <http://www.nursing-midwifery.tcd.ie/assets/publications/pdf/FPSHP-report.pdf>

National Condom Distribution Service

The HSE South West Health Promotion and Improvement and the HSE Sexual Health and Crisis Pregnancy Programme are establishing a national process to distribute condoms to statutory agencies/services and non-government agencies (NGO's) through www.healthpromotion.ie. This new service is scheduled to come into operation in the autumn of 2015. The service aims to support statutory agencies/bodies and NGOs in their respective promotion of condom usage in order to prevent both crisis pregnancy, sexually transmitted infections and to support safer positive sexual health experiences by adults.

The service will support the work of the HSE Sexual Health and Crisis Pregnancy Programme's outreach work, as part of its national work and also the HSE funded man2man.ie outreach programme that targets men who have sex with men.

The application form will be available to download from www.crisispregnancy.ie in the coming months.

For information on this project contact Martin Grogan Health Promotion & Improvement HSE South West martin.grogan@hse.ie & Róisín Guiry HSE Sexual Health & Crisis Pregnancy Programme rguiry@crispregnancy.ie

Minister Varadkar promotes Safer Sex message to festival goers at Electric Picnic 2015

The THINK team and Johnny distributed 2,000 Protection Packs (including a condom and sexual health information) to festival goers on their way to Electric Picnic. The campaign character 'Johnny' who represents the safety and reassurance of using a condom was at the festival promoting his safer sex message. Minister Varadkar encouraged all those at Electric Picnic to "Have fun but be safe. Sexually transmitted infections including HIV are on the increase, which is something we should all be worried about. Take precautions, always have protection and remember to get an STI screen."

The THINK contraception campaign has been running since 2004 with over 155,000 people visiting the www.thinkcontraception.ie website to get information on contraception, STIs and screening in 2014. Johnny's facebook page has over 50,000 followers currently and is growing. Independent evaluation of the campaign shows that 78% of people were aware of the "Johnny's got you covered" advertising in 2014 with almost 9 in 10 people agreed that it is effective in increasing their awareness of STIs and crisis pregnancy as risks associated with unprotected sex.

Connect with Johnny on Twitter [@thinkjohnny](https://twitter.com/thinkjohnny) or on his facebook page [Facebook.com/thinkjohnny/](https://www.facebook.com/thinkjohnny/)



60% Decline in the Number of Births to Teenagers since 2001

According to the Central Statistics Office (CSO) the total number of births to teenagers has decreased from 3,087 in 2001 to 1,253 in 2014, a decline of 60% over 13 years. This equates to a decrease in the teenage birth rate from 20 per 1000 of women aged 15-19 in population in Ireland in 2001 to 9.3 per 1000 of women aged 15-19 in population in 2014.

For more information on these stats please go to <http://www.crisispregnancy.ie/news/consistent-decline-in-births-to-teenagers-in-ireland-for-over-a-decade/>

Slight increase in the Number of Women Giving Irish Addresses at Abortion Clinics in 2014 recorded by UK Department of Health

Figures issued by the UK Department of Health show that there was a slight increase in the number of women giving Irish addresses at abortion clinics in 2014. This increase comes after twelve successive years of declines between 2001 and 2013.

According to the UK Department of Health figures, the number of women giving Irish addresses at abortion clinics increased from 3,679 in 2013 to 3,735 in 2014, however the abortion rate is stable at 3.8 per 1000 women aged 15-44.

Notwithstanding this increase, the number and rate of women giving Irish addresses at UK abortion clinics has significantly declined from 6,673 in 2001 (7.5 per 1000) to 3,735 in 2014 (3.8 per 1000).

The number and rate of abortions to women under 20 has continued to decline, from 324 in 2013 (2.4 per 1,000) to 273 in 2014 (2.0 per 1,000). In 2001 the abortion rate to teenagers was 6.0. The majority of abortions to women under 20 are to 18 and 19 year olds.

For more information on these stats please go to <http://www.crisispregnancy.ie/news/slight-increase-in-the-number-of-women-giving-irish-addresses-at-abortion-clinics-in-2014-recorded-by-uk-department-of-health/>

ellaOne® Now Accessible Direct from Pharmacies Without the Need for a Prescription from a Doctor

In 2015 the European Commission, in a historic ruling, authorised advanced emergency contraceptive, ellaOne®, to be accessible direct from pharmacies without the need for a prescription from a doctor. This is the first ever decision of its type regarding any oral contraceptive product applicable to all EU member states, according to national implementation procedures. ellaOne® is an emergency contraceptive used to reduce the chances of becoming pregnant after unprotected sex or failure of a contraceptive method. ellaOne® can be used to prevent unplanned pregnancy up to 5 day (120 hours) after unprotected sex has taken place. Emergency contraception is more effective the sooner you take it after unprotected sex.

For more information on emergency contraception choices or to find out the facts please visit www.thinkcontraception.ie/Emergency-Contraception.4.1.aspx

National Young Social Innovators (YSI) Gold Award 2015

The Young Social Innovators programme focuses on empowering young people to use their own talents to be social innovators in order to create a fairer, more caring and equal society. The HSE Sexual Health and Crisis Pregnancy Programme is an education partner to YSI sponsoring the 'Relationship and Sexual Health' challenge. Students of Largy College, Clones, Co. Monaghan won the coveted gold award for their worthy project 'LGBT – Let's get by together'. The project categorised under the 'Relationship & Sexual Health' Challenge, aimed to tackle discrimination against the LGBT community including homophobia and transphobia and to create a safe environment for LGBT students and staff in Largy College. The HSE Sexual Health and Crisis Pregnancy Programme interviewed the Largy students and filmed their 'mock LGBT wedding' held in the Monaghan County Museum sponsored by Monaghan County Council as part of their social inclusion week. Videos from the day are available to view on www.B4uDecide.ie, a relationships and sexual health website for young people all over Ireland.

St. Angela's College, Cork also won an award for their project 'REALationships'. This project aimed to promote happy relationships, raise awareness of domestic violence and create a greater understanding, respect and acceptance of happy relationships.

The Sexual Health Centre Launch of Sexual Times – Sex Education booklet for young people

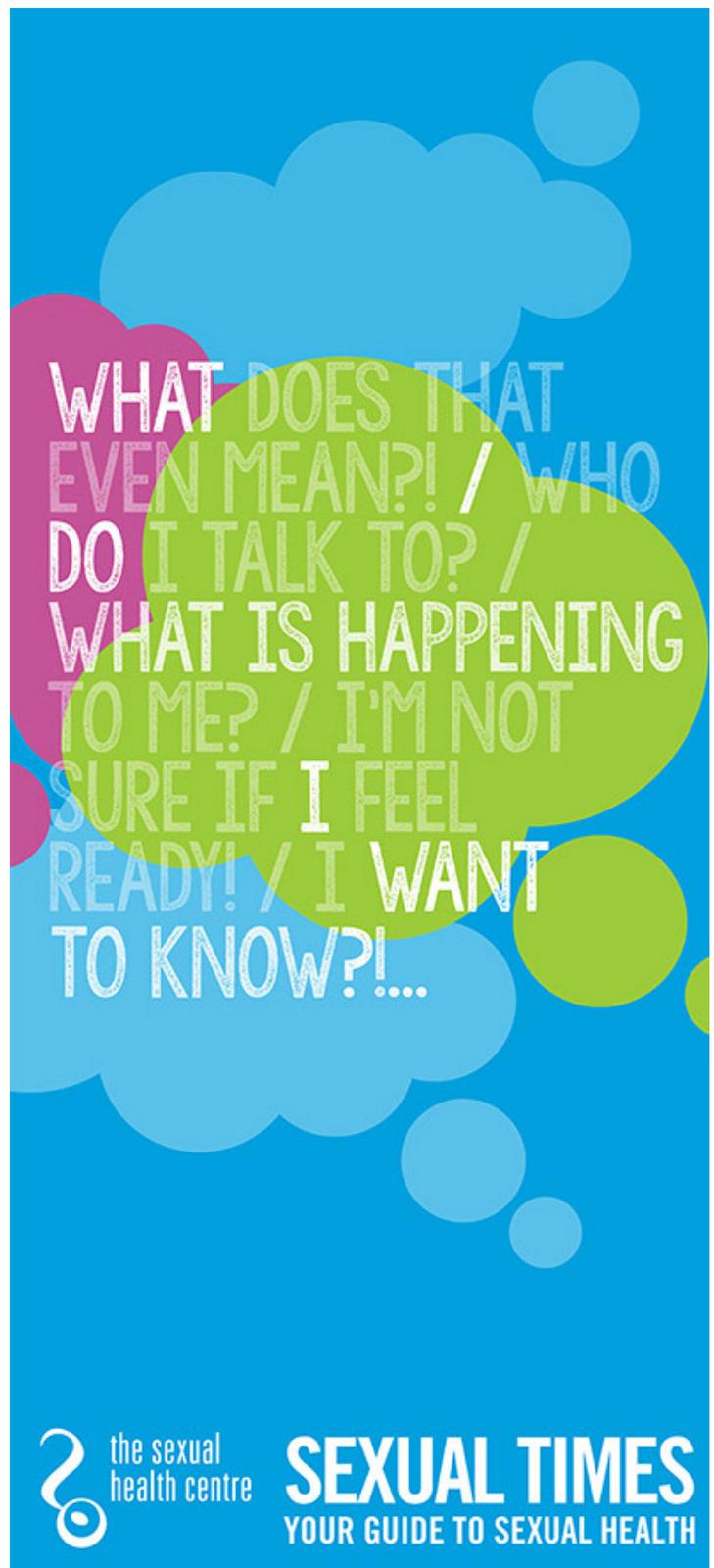
The Sexual Health Centre, which is based on Peters Street in Cork City, has published a teenage (and parent) friendly guidebook called Sexual Times. The topics are selected based on consultations with young people who said they want information that is interesting and relevant—facts not shocks. Topics include: sexual body parts, relationships, dating tips, sexual relationships, same sex relationships, condoms and contraception, STI's, pregnancy and birth, communication (with parents, peers etc.), the influence of alcohol and drugs, social media and pornography. Sexual Times also includes quotes from the experiences of others.

Students from the Gaelcholiste Mhuire Secondary school helped launch the booklet. One student commented on Sexual Times "It explains everything really well in detail; it is not too long and gets right to the point". Another student added "It makes you aware of how easily diseases can be spread and gives people under 18 a more full understanding of sexual health".

While the primary sources of sex education are schools, friends and parents, research findings* indicate that a significant portion of young people access pornography to bridge deficiencies in their sex education. It can be difficult for parents to protect against this as there are so many opportunities to access the internet. One aim of Sexual Times therefore is to support schools and parents to give young people the information they need so that they don't have to look for it on the internet and / or would be misinformed by friends.

In addition to Sexual Times, the Sexual Health Centre offers educational workshops on sex education in schools to support the teachers in the implementation of the SPHE programme. Many schools around Cork city and county regularly book the workshops for their students. One of the students from Gaelcholaiste Mhuire who had participated in a workshop said "They make you feel really comfortable and make you feel like you can ask any questions. Also some people under 18 might be having unprotected sex and they make you aware of the risks involved in this and provide a lot of information you may not have known before".

Emma Hawkett, Sexual Health Promotion Worker, Sexual Health Centre says "we find in our work that young people often have misinformation and our workshops provide space for them to ask their questions and get accurate and reliable information. Every workshop is always fun and enjoyable and the feedback we receive from young people and teachers is consistently positive". The Sexual Health Centre is primarily funded by the HSE and offers a range of counselling, testing and support services.



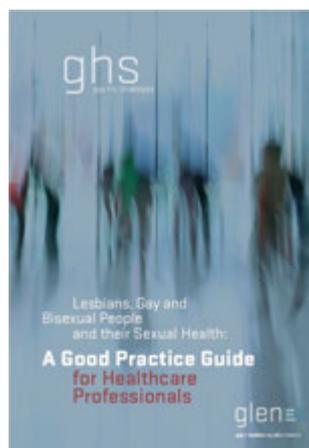
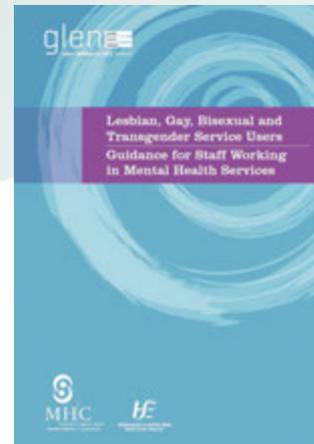
* For more information on this resource and the references mentioned please contact;
The Sexual Health Centre on 021 4276676 or visit the website at www.sexualhealthcentre.com

This section of the newsletter provides an update of new Irish material that the reader may find helpful in their respective roles. If you are aware of new resources, factsheets, infographics or booklets please let the editorial team know.

Lesbian, Gay, Bisexual and Transgendered (LGBT) Users: Guidance for Staff Working in Mental Health

This guide has been produced by GLEN–Gay and Lesbian Equality Network, in consultation with the Mental Health Commission, to provide staff working in mental health services with information to assist them in their day-to-day interactions with LGBT people availing of services. The need for this guidance arose from Irish research that identified increased mental health risk among LGBT people, and younger people in particular, as well as the need to increase awareness amongst health professionals of LGBT persons’ mental health needs. The guide was developed with the support of the HSE’s National Office for Suicide Prevention.

For a copy of the guide please go to: http://www.glen.ie/attachments/LGBT_Service_Users_-_Guide_for_Staff_in_MH_Services_-_FINAL.pdf



Lesbian, Gay and Bisexual (LGB) People & Their Sexual Health: A Good Practice Guide for Healthcare Professionals

This guide has also been produced by GLEN with the support of the HSE to support healthcare professionals, including GPs and Genitourinary Medicine Clinic (GUM) clinicians, to ensure that their sexual health services are fully inclusive of LGB people. Understanding and responding to the fears and barriers experienced by LGB people is crucial in order for them to receive necessary sexual health care. The guide explains these fears and barriers and gives practice advice for clinicians and clinics to optimise sexual health outcomes for LGB people, which is needed more than ever given the marked increase in the level of HIV and STI diagnosis rates amongst gay and bisexual men.

For a copy of the guide please go to: http://www.glen.ie/attachments/LGB_sexual_health_guide.PDF

Had Unprotected Sex? What Next

A new infographic developed by the IFPA, HIV Ireland (formally Dublin Aids Alliance) and funded by the HSE Sexual Health & Crisis Pregnancy Programme, provides information and guidance to young people who may have had unprotected sex.

The tool highlights four key areas to think about following unprotected sex - Sexually Transmitted Infection (STI) testing, Emergency Contraception, Unplanned Pregnancy, and Long Term Planning. The infographics signposts young people to support services available.

For further information on these resources please contact www.ifpa.ie



New Factsheets on Sexual, Reproductive Health & Rights

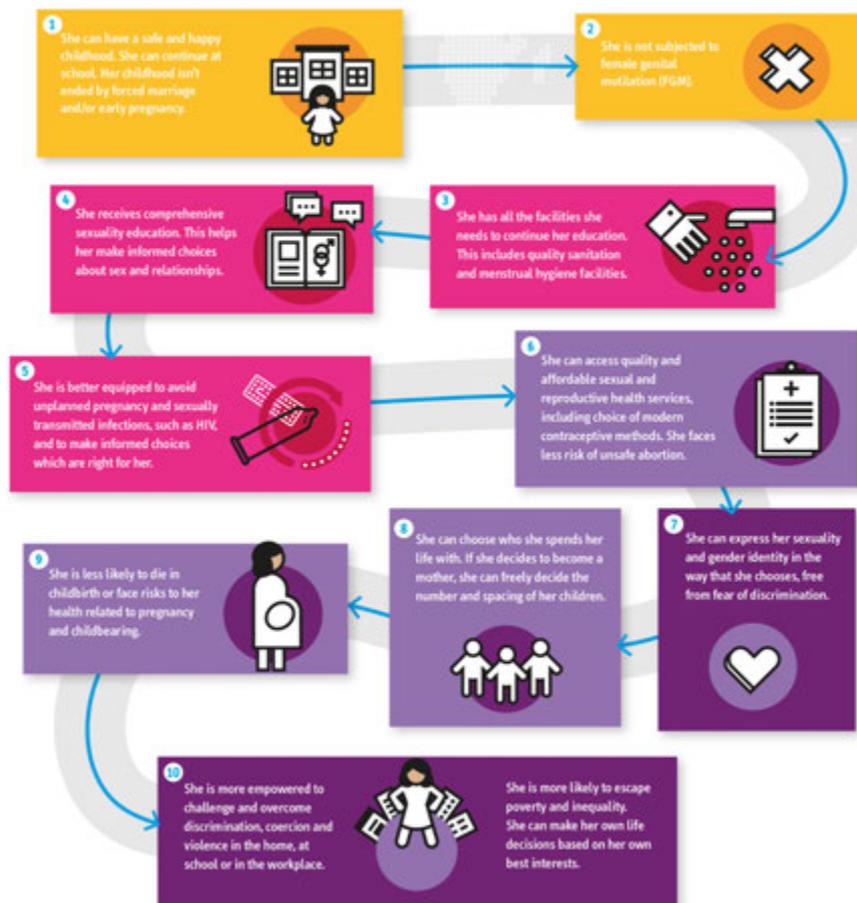
The All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights and Development, of which the Irish Family Planning Association (IFPA) is the Secretariat, has developed a set of factsheets on sexual and reproductive health and rights, and the importance of these rights for the post-2015 global development agenda.

The four factsheets focus on young people, education, health and family planning, and women's empowerment.

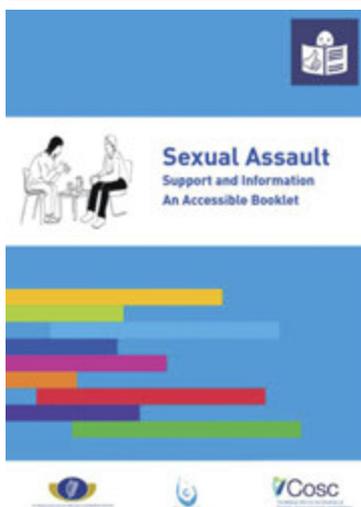
For further information on these resources, please contact www.ifpa.ie

SEXUAL + REPRODUCTIVE HEALTH + RIGHTS ARE CENTRAL TO DEVELOPMENT

These rights can transform a girl's life. Here's how:



Sexual and reproductive health and rights must be at the heart of development policy if girls are to have happy and healthy lives, to reach their full potential as adults, and to contribute to their countries' future.



Sexual Assault, Support and Information, an Accessible Booklet

A new booklet has been produced by Inclusion Ireland. Inclusion Ireland is the National Association for People with an Intellectual Disability. The production of this booklet was funded by the Dept. of Justice under COSC, the National Office for the Prevention of Domestic, Sexual and Gender Based Violence.

It is hoped this booklet will support professionals and organisations providing services and support to people with an intellectual disability and will help them to communicate information effectively with survivors of sexual abuse with an intellectual disability.

For a copy of this new booklet please contact Inclusion Ireland at info@inclusionireland.ie

RESOURCE REVIEW

One of the elements of the Foundation Programme in Sexual Health Promotion's (FPSHP) capacity building model for sexual health promotion, as referenced earlier in the newsletter, is access to a library of sexual health resources and literature. The libraries contain a range of resources and training manuals, which are borrowed by past participants of the FPSHP, in addition to various health professionals.



Dr Paul Duggan, a Senior Clinical Psychologist and Clinical Neuropsychologist with the Cork Mental Health and Intellectual Disability Team agreed to review one of these resources.

Paul recently borrowed Picture Yourself 2 - Me-And-Us: (Dixon. H. 2006) and has gathered his thoughts and experience of using this resource as listed below:

Picture Yourself 2 is a social and sex education teaching resource specifically designed to be used with people with an Intellectual Disability.

Topics covered:

1. Me as an Individual
2. Relationships with Others
3. Puberty, Menstruation and Wet Dreams
4. Sexual Health
5. Pregnancy, Birth and Parenthood
6. Same-Gender Relationships

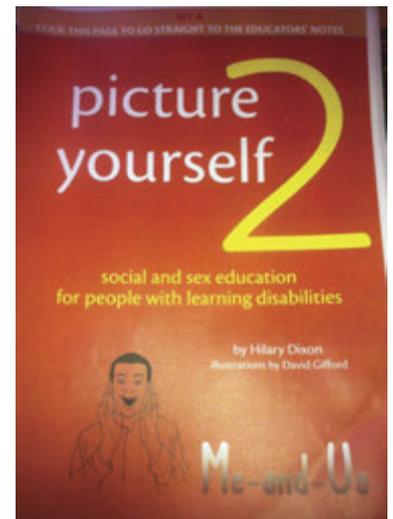
My pros of this resource:

- Very clear and easily recognisable line drawings.
- Very easy to photocopy.
- Addresses typical human scenarios, such as conflict in families due to excessive computer use/smoking, as well as more risky relationship based difficulties.
- It is useful that the sections can be used as stand-alone, based on the needs of the client.
- The sections appear to flow well as they build on the increased understanding of the client.
- The line drawings do not appear to be explicit or too embarrassing for the client.
- It addresses sexual preferences well.

My cons of this resource:

- Predominance of younger, physically able characters in the drawings, without fully addressing that older people or people with physical disabilities may enjoy a healthy and happy sex life.
- The lack of colour in the pictures can be difficult for some clients to equate with "real-life" scenarios.
- There is a level of repetition in the answering, which may be useful for learning, but may also lead to clients answering well, based on the initial feedback of the therapist and not on them fully understanding the concepts. I found it more useful to give some local examples relevant to the client, for instance asking the client "if you were in a local cafe how would you feel if this happened to you?"
- Slight predominant focus on men carrying out the inappropriate touch/sexual encounters.

Summary: Overall I found this a very useful tool, which can be used with a wide range of people to help promote a greater understanding of emotions, relationships and risks.

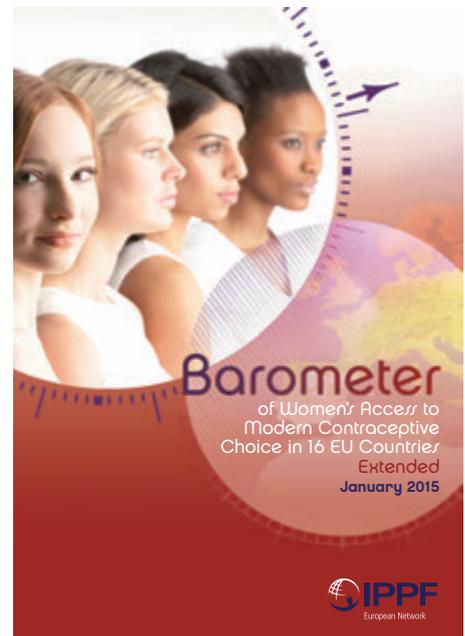


Barometer Report

recently launched by The International Planned Parenthood Federation European Network (IPPF EN)

This report analyses how easily women in 16 EU countries can access modern contraceptives. It finds that overall the situation in most countries has stagnated or worsened in recent years. The EU countries covered by the report are: Bulgaria, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Ireland, Italy, Latvia, Lithuania, The Netherlands, Poland, Romania, Spain, and Sweden. The report's findings are based on information about the national policy landscapes provided by national experts in each of the 16 countries, using a series of policy benchmarks that are key to ensuring access to modern contraceptives. The information was collected, analysed and reviewed over a 7 month period in 2014. The report is endorsed by the European Society of Contraception and Reproductive Health (ESC) and International Centre for Reproductive Health (ICRH).

To download this report, please go to: <http://www.ippfen.org/resources/barometer-womens-access-modern-contraceptive-choice>



Investigation of sexual health in women after birth of their first baby: The MAMMI Study

by Deirdre O'Malley omalled1@tcd.ie

The MAMMI study (Maternal health And Maternal Morbidity in Ireland) is a longitudinal study funded by the Health Research Board (HRB) which will follow more than 2600 women through their pregnancy and for one year after the birth of their first baby. The study is being carried out by a research team within the School of Nursing and Midwifery Trinity College Dublin, led by Professor Begley. It is the first study of its kind in Ireland to gather information and experiences on a range of important women's health issues, including sexual health, urinary incontinence, mental health issues, pelvic girdle pain and caesarean section from a large group of women, at five time points. Identifying the existence of these health problems, causes and interconnections could potentially help guide women and health professionals design strategies to prevent their occurrence and develop appropriate treatment plans.



Women who participate in the MAMMI study will answer questions specific to their sexual health and intimate relationship at five time points; early pregnancy, at 3, 6, 9, and 12 months after the birth of their first baby. Questions relate to types of sexual activity, frequency of sexual activity, pain during sexual intercourse, type of pain experienced, reaching orgasm during sexual activity and satisfaction with their intimate relationship. This part of the study will give invaluable data on prevalence rates of sexual health problems and identify risk factors. It will also identify what may be considered normative changes to the sexual and intimate relationship after birth.

Since the commencement of the study, over 1800 women have been recruited from the Rotunda Hospital and the University College Hospital Galway. A 3rd site, the Coombe Women and Infants University Hospital Dublin will begin recruiting women in September.

To view the surveys, preliminary findings, presentations and publications please visit the website www.mammi.ie



TRINITY COLLEGE DUBLIN
COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH

THE
UNIVERSITY
OF DUBLIN

Findings from analysis of a dataset of over 42,000 women attending the Coombe Hospital published in International Medical Journals

Two peer reviewed journal articles, outlining findings from a recent analysis of a patient information dataset of over 42,000 women attending the Coombe Women and Infants University Hospital, have been published in international medical journals. The first article, titled 'A Longitudinal Study of Unplanned Pregnancy in a Maternity Hospital Setting' explores women's use of contraception following an unplanned pregnancy.

It was published in the International Journal of Gynaecology and Obstetrics in November 2014.
[http://www.ijgo.org/article/S0020-7292\(14\)00481-0/abstract](http://www.ijgo.org/article/S0020-7292(14)00481-0/abstract)

The second article titled 'The Clinical Outcomes of Unplanned Pregnancy in Severely Obese Women' explores unplanned pregnancy and prenatal complications among severely obese women.

It was published in the Journal of Maternal-Fetal and Neonatal Medicine in March 2015
For further information <http://informahealthcare.com/doi/abs/10.3109/14767058.2015.1015414>

The research was funded by the HSE Sexual Health and Crisis Pregnancy Programme in 2012 and 2013. The study was led by Dr. Aoife McKeating, Research Fellow of the UCD Centre for Human Reproduction, Coombe Women and Infants University Hospital.

For further information please contact Dr. McKeating at aoifemckeating@gmail.com.

The Rainbow Report – LGBTI (Lesbian Gay Bisexual Transgender Intersex) health need & experiences and health sector responses

The HSE's Community Health Office (CHO) Area 5 (South East) Social Inclusion Unit commissioned a piece of research in order to better understand the experiences of LGBTI people of the health services in the region and to better support health professionals to respond effectively to the needs of LGBTI clients. The research was launched in the spring of 2015 by Mr. Jerry Buttimer TD and Senator Katharine Zappone in Kilkenny. The research for the report was conducted by Mr. Niall Crowley, and involved an extensive consultation process with LGBT people, General Practitioners, Primary Care Teams and Hospital Staff across the South East.

The report provided insight into the negative experiences and challenges that this community have had to endure to access the very essential healthcare need for themselves and their loved ones. The report allowed for the development of pathways and guidelines for transgender people and providing service providers with the essential skills training to enable them to have an insight and knowledge to address the needs of transgender people and their families.



The steering group for the project included; HSE Primary Care & Social Inclusion, Tusla, Community Development Wexford and FDYS Wexford. An integrated plan of work will be developed that will address the recommendations of the report for the South East Community Health Organisation Area 5.

**The report is available on www.hse.ie/eng/services/publications/SocialInclusion/rainbowreport.pdf
 HSE Social Inclusion Lead CHO Area 5 for this work is angela.joy@hse.ie**

Tipperary Regional Youth Service (TRYS) an Innovative Youth Project

by Ms. Teresa Normile (Youth Justice Workers, TAR Project, TRYS) and Ms. Shirley Byrnes (20:20 Co-Ordinator) Past Participants of FPSHP

In partnership with the Department of Social Protection, TRYS has initiated an innovative project in Thurles which offers young adults, aged 20-25yrs a route back to the workplace. This is ongoing and involves combining work experience and job specific training over a 12 month period; 4 days in the workplace and 1 day at college each week. Alongside studying for their FETAC award, this group of young adults have completed personal development and health programmes delivered by trained TRYS staff. Programmes include 'Mind Out-Mental Health Awareness', 'Drug and Alcohol Awareness', 'Domestic Violence Awareness', 'Health & Nutrition', 'Money Matters', 'Journey Through Art' and 'Sexual Health'. The TRYS sexual health programme ran over four weeks and topics covered: values and attitudes, contraception, pregnancy, STIs (including HIV), gender and sexual orientation.



After the initial workshops were delivered, the young adults were asked to work on group projects to illustrate their learning. These projects were locally positioned and required the participants to really push themselves in terms of becoming comfortable with the topic of sexual health and taking ownership of their own sexual health. The participants showed huge enthusiasm for their chosen areas of interest and below are a few examples of projects undertaken.

One group investigated how local pharmacies delivered emergency contraceptive services to younger women in the community. They sourced information about prices, availability, age restrictions and personnel attitudes. According to the group the varying costs of Emergency Contraceptive Pills (ECP) in the Thurles area would be a deciding factor as to whether they availed of this option or not. They also brought new information back to peers in regards to the effectiveness of ECPs in women over 12 stone (76.20Kg) and they facilitated a discussion about this issue.

A similar project looked at the issue of affordable contraceptives and their availability in Thurles and Templemore. Condoms and the contraceptive pill were found to be more affordable than other forms of protection. The injection (Depo-Provera) is cheaper and lasts 3 months but does not include the price of the GP consultation. The implant (Implanon) is quite expensive, however, although this may still be out of some people's reach, under the Drugs Payment Scheme, the maximum price an individual or family has to pay for prescribed drugs per month is €144 at present and, for those with a Medical Card, all prescribed contraceptives are covered. This information proved to be of great importance for the young adults who are on lower incomes.

Another man in the group went to the STI clinic in Limerick to get tested and he reported back to the group. This challenged assumptions around testing in men and was a hugely powerful, personal and brave experience to share.

Another very creative project involved an idea for a beer mat which doubled as a board game similar to snakes and ladders: the snake representing well known STIs and the ladders advocating condom use and contraception. This really challenged the idea of 'chance' and 'luck' in regards to STIs. It pushed the 'it won't happen to me' theory for many and provoked a lot of conversation.

Another participant designed a leaflet, 'Keep Calm and Use Condoms'. This leaflet went through different types of condoms, female condoms and dental dams as well as locations to access free condoms in the North Tipperary area. Finally, two young women focused on LGBT services for people in the Thurles area and they designed a leaflet to support people coming out; encouraging them to remember that they are not alone in this process.



tipperary regional youth service

As workers and facilitators with TRYS attending the FPSHP has helped us in working with our service users in order for them to become more empowered and gave responsibility back to the group; valuing their knowledge and skills.

The FPSHP proved to be an extremely effective method of engaging people in sexual health promotion.

Hello from your sexual health colleagues



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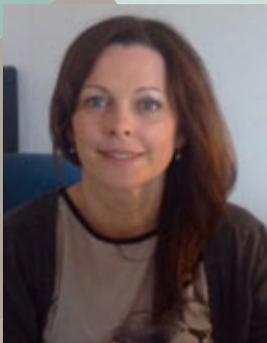
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Recent Graduates of the National Foundation Programme in Sexual Health Promotion (FPSHP)



FPSHP Graduates-Ferns Diocesan Youth Services Summer 2014



FPSHP Graduates-Kilkenny Spring 2014

It is planned to roll out the FPSHP in different locations throughout the country from 2016 onwards; please contact Catherine Byrne, National Co-ordinator at catherine.byrne@hse.ie for further information

Foundation Programmes Sexual Health Promotion (FPSHP) dates for 2016.

Killarney Spring 2016:

January	26th & 27th
February	23rd & 24th
March	29th & 30th
April	26th & 27th
May	24th & 25th

Closing date for applications is 06-11-2015.

Please contact Máire O'Leary on 064-6670773 or mairem.oleary@hse.ie

Portlaw, Waterford Spring 2016:

February	2nd & 3rd
February	23rd & 24th
March	15th & 16th
April	5th & 6th
April	26th & 27th

Closing date for applications is November 27th 2015.

Please contact Moira Germaine on 059-9143630 or moira.germaine2@hse.ie



FPSHP Graduates-Waterford Spring 2015



FPSHP Graduates- Kerry FPSHP 2015

Professional Development Service for Teachers (PDST) Support Services




Courses Autumn 2015

Note: Course dates may be subject to change in unavoidable circumstances. Any changes will be displayed on the website and notified by email to course registrants.

Introduction to SPHE – 2 Day Course

Participants will become familiar with the SPHE course content, methodologies and resources. The focus is on experiential learning and personal development.

Full attendance by the same teacher is required on both days.

Date	Venue	Time
14 th - 15 th Sep	Mayo Education Centre	9.30 - 15.30
14 th - 15 th Sep	Cork Education Support Centre	9.30 - 15.30
14 th - 15 th Sep	Kilkenny Education Centre	9.30 - 15.30
15 th - 16 th Sep	Athlone Education Centre	9.30 - 15.30
15 th - 16 th Sep	Dublin West Education Centre	9.30 - 15.30
16 th - 17 th Sep	Monaghan Education Centre	9.30 - 15.30
16 th - 17 th Sep	Limerick Education Centre	9.30 - 15.30
17 th - 18 th Sep	Drumcondra Education Centre	9.30 - 15.30
17 th - 18 th Sep	Springfield Hotel, Leixlip	9.30 - 15.30
17 th - 18 th Sep	Co. Wexford Education Centre	9.30 - 15.30

Senior Cycle RSE – 2 Day Course

This course is for more experienced teachers of SPHE who have attended prior SPHE / RSE training. Topics include relationships, sexual health, STIs, fertility and contraception. Participants receive a copy of the TRUST DVD and lesson pack. Teachers attending this course should have completed the Introduction to SPHE 2 Day course.

Full attendance by the same teacher is required on both days.

Date(s)	Venue	Time
5 th - 6 th Oct	Limerick Education Centre	9.30 - 15.30
5 th - 6 th Oct	Co. Wexford Education Centre	9.30 - 15.30
5 th - 6 th Oct	Navan Education Centre	9.30 - 15.30
6 th - 7 th Oct	Athlone Education Centre	9.30 - 15.30
6 th - 7 th Oct	Dublin West Education Centre	9.30 - 15.30
7 th - 8 th Oct	Oriel House Hotel, Cork	9.30 - 15.30
8 th - 9 th Oct	Mayo Education Centre	9.30 - 15.30

Further information on all our PDST support services courses and booking details may be found at www.sphe.ie

HSE Health Promotion & Improvement Training Calendar

HSE Health Promotion & Improvement are pleased to offer a training programme with a variety of courses to support the crucial role that health professionals and community groups play in the promotion of health around the country. These courses are designed to provide the skills, knowledge and information to support health promotion in the community and in your professional setting. Some courses also provide health professionals and community groups with an opportunity to explore and reflect on their own health needs.

Information on some of the training courses offered throughout the country are available online at www.hse.ie/healthpromotiontraining

The Irish Family Planning Association's Certificate in Contraception

This Certificate Course in Contraception for Nurses and Midwives takes place on Saturday 10th and Sunday 11th October in Dublin.

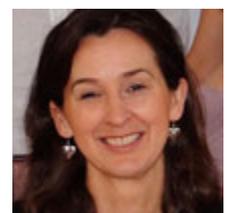
This two day course provides the knowledge and skills in order for nurses and midwives to provide a family planning service of high medical standard. It comprises both theoretical and practical training and is approved by the Nursing and Midwifery Board of Ireland. Places are limited so early booking is advisable. **For further information on this course please contact www.ifpa.ie**



'Relationship Sexuality Education (RSE) For Parents'.... Parents need education too - supporting parents in their role as educators.



SouthWest
Counselling
Centre Ltd



SouthWest Counselling Centre has been delivering 'Healthy Sexuality' workshops (supporting the RSE work in schools) to approximately 50% of post-primary schools in County Kerry for the last three years. The focus is on educating and supporting parents.

From autumn 2015, SouthWest Counselling Centre plans to deliver RSE For Parents to parents of 1st years in post-primary schools in the county.

For further information on the 'RSE For Parents' workshop, please contact Anna Marie O'Shea, Psychotherapist, South West Counselling Centre and former participant of the FPSHP annamarieshea10@gmail.com

The features section is possible by the following authors giving of their time and expertise in their respective fields; for any queries or further information on the features in this section please contact the relevant author.

Sexualisation in a Technological Age

by Colman Noctor, Child & Adolescent Psychoanalytic Psychotherapist.

Colman is also a Registered Advanced Nurse Practitioner (RANP) in St. Patrick's Mental Health Services



Sexual desire has not changed in the last number of decades but our availability of access to material online has. What is uniquely different about online platforms is that on the whole they are not, and cannot be, regulated. The technology is fundamentally different to all that has gone before because this medium is no longer passive. Television and magazines are censored passive mediums, by this you have to be exposed to what is there and you do not interact with it. However, much of the online technologies available today are interactive forums, i.e. you can bring your desires into a space where there is an element of activity or involvement and this poses a fundamentally different challenge to mediating desire and maintaining safety.

Another challenge of online forums is that they are largely limitless in terms of content and access. In this instance, desire may not be any different than it was before but the potential 'impact' of the volume and graphic nature of the content available deserves exploration. A core unique aspect of the internet is that it cannot be regulated. Content cannot be filtered going up; it can only be taken down after the fact. If we consider the impact of this lack of regulation on young people we must remind ourselves that a core task of child development is regulation. As children and adolescents we learn to regulate mood, sleep and desire as we adjust to the world around us. If that world is limitless and not regulated then do children learn the skills of regulation adequately? Therefore, what currently exists is a combination of a dysregulated population 'hanging out' in an unregulated online world which is often bereft of adult supervision or mediation.

What is the impact of the sexualised culture?

Researchers have explored the area of the impact of sexualisation and these early commentaries suggest that young girls can report that they feel that they are failing to meet the 'pornified' visual of perfect femininity. They report that there is a need to present themselves as 'sexually active' and 'sexually available' ¹. Both sexes report a pressure to align themselves with a 'hetero-normative ideal' of both femininity and masculinity which communicates that females are sexually competent and passive and that males are sexually dominant and aggressive.¹ Young people describe a pressure to display themselves in this manner in order to 'fit in'.

A 2008 YouGov ² survey of 11-17 year old boys revealed that:

- 27% accessed pornography weekly
- 58% view pornography on mobile phones
- 40% accidentally clicked on pornography sites
- 25% received pornography by junk mail
- 10% were sent pornography by peers

It would therefore seem to be that it is not a case of 'if' a child will encounter pornography but rather 'when'.

A Move to a Digital World

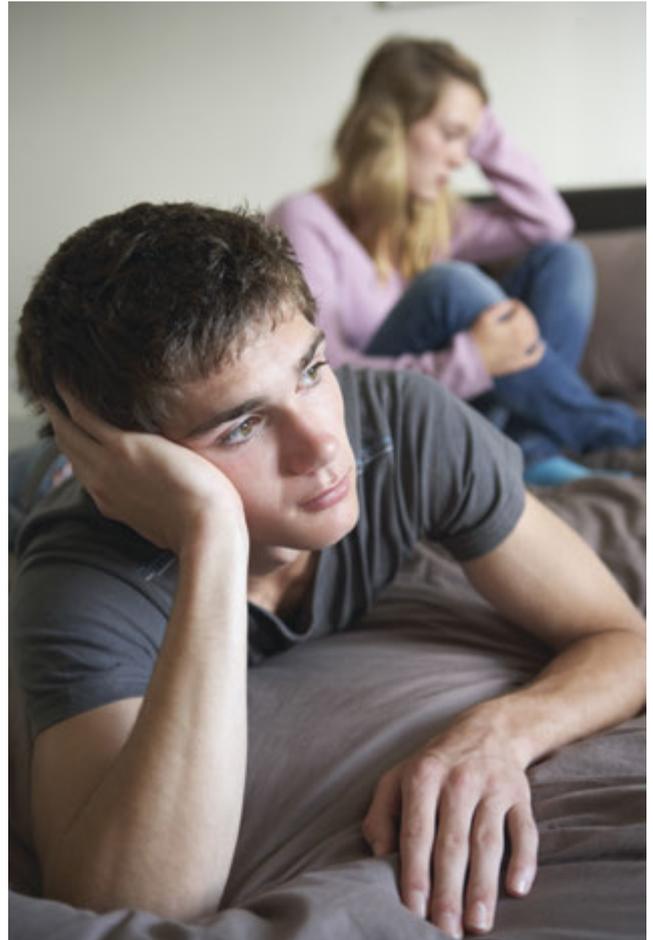
The year 2009 marked a watershed for the internet as globally more money was spent on online advertising than on television advertising. ³ This indicated the ubiquitous nature of the online world and how it was becoming pervasive and woven into the fabric of western society. In terms of social networking sites and sexuality a recent study revealed that 25% of 8-11 year olds were presenting themselves in a sexually provocative way on social networking site's profile pages ¹.



It is estimated that Hollywood produces approximately 400 mainstream movies a year. The pornography industry, on the other hand, produces around 11,000. These productions raise revenues of around 14 billion dollars annually in the USA. It is claimed that not alone was the pornography industry bigger than the movie industry, but is bigger than the football, basketball and baseball industries combined.³

What are the effects of online access to pornography on children?

The concerns are largely with regards to what impact these images have on the developing mind of a child or teenager who is viewing this material without the psychological maturity of an adult. What is noticeable is a rise in 'Gonzo' or 'Hardcore' pornography that is being viewed. These scenes depict images of activity free from pretence. Much of the content shows female participants being pushed to the limits of their physical capabilities. This imagery often plays with notions of consent, youth, innocence, pain, violence and incest. There are therefore valid concerns that young people are internalising these images and normalising or blurring the lines of aggressive sexual behaviour. It is also believed that children and teenagers access these sites to formulate an understanding of sexuality and sexual behaviour. The young people who took part in the RTE documentary 'We need to talk about porn' described accessing these sites to find out more about sex and sexuality and to fill in the gaps that the parental 'birds and the bees' conversation and the sexual education classes in school left out.



A Question of Fantasy

The whole premise of pornography is based on FANTASY! The attraction and magnetism of this material is that it often represents something vastly different from 'real life' experiences. It is reasonable to assume that younger teenagers and children do not know this fact and are assuming that what they are viewing IS real life and represents everyday experiences of sexual intimacy. An alarming statistic suggested that 14% of perpetrators of Sexual violence in Ireland were under 18 years of age.⁴ This may indicate that young people are developing a skewed reality in terms of what constitutes age appropriate sexual intimacy and in fact may be getting it epically wrong. We also know that viewing pornography is a psychoactive activity that one can become dependent on. Like gambling there are neurons being fired in the brain when watching these images that cause the viewer to return to engage in more intensive or high grade imagery. People's pornography viewing habits tend to become more intense the more imagery that they consume and so the material being viewed tends to escalate into more hardcore works.

What can be done?

It is my view that we need to provide 'quality' education for all young people and their parents. This needs to be done and delivered effectively and meaningfully in order to increase an awareness of contemporary influences in society and online which were previously not present. We need to encourage an openness of discussion with young people around the topic of sexuality that encourages honest and informed discussions not only about the mechanics of sexuality and the risks of pregnancy and STI's but also teaches about intimacy and closeness and positive sexual experiences. There needs to be a counter discussion around sexuality because if young people are going online to sites to find out about intimacy and sexuality then they are going to get a gravely misguided message in terms of what those concepts mean. We need to introduce a sense of balance and try to provide another option because if we leave our parenting and our teaching roles to Dr Google then we must be aware that there may be consequences.

Footnotes

- 1) Ringrose, J. (2010) Sluts, whores, fat slags and Playboy bunnies: Teen girls' negotiations of 'sexy' on social networking sites and at school, in C.Jackson, C. Paechter and E. Renold (eds). *Girls and education 3-16: Continuing concerns, new agendas*, Basingstoke: Open University Press.
- 2) Sex Education Survey (2008), Conducted by YouGov for the Sex Education Show, Channel 4, www.yougov.co.uk/extranets/yougov/content/pdf/Channel%204_topline_sexed.pdf
- 3) Internet Advertising Bureau www.iabuk.net/en/1/adspendgrows300909.mxs (accessed May 2013)
- 4) Rape Crisis Network Ireland (2013) <http://www.rcni.ie/category/press-release/>

Sexuality and young people-let's balance the conversation

by Dr. Jennifer Twyford, Clinical & Counselling Psychologist.



Does popular culture promote the inappropriate sexualisation of young people? Or do the media and services working with families overly highlight the harm associated with sex?

It can be easy to forget the normative and positive aspects of sexuality. Parents can be supported and encouraged to engage in balanced conversations about risk and safety which include mentions of the excitement and opportunity sex can bring and its role in relationships.

Our beliefs and assumptions as professionals and parents can greatly affect how we relate to young people about these issues. It's useful to ask ourselves questions such as: Is it ok to masturbate? How young is too young for sexual intercourse or any type of sexual activity? Can you consent if you have been drinking alcohol? Conversations about sex and sexuality can begin in early childhood rather than waiting until puberty. One simple starting point is to teach young children the correct anatomical names for genitals and body parts, as often they use very different words than their peers. It may help reduce confusion and an unhelpful sense of mystery and help them feel more in control of their bodies. Critically, if there is a later concern about sexual abuse, children are better able to explain what may or may not have happened to them.

Professionals can also help parents understand what can constitute normative sexual behaviour (which can be very diverse). For example, sexual play can occur between peers and siblings in middle childhood (3-5). Parents can be encouraged to think of non-fearful ways to respond, for example: "I see you've discovered that some parts of your body can feel very good. But it is very important that this is only done in private, by yourself, and that no one is allowed to touch you there."



Masturbation can represent a healthy part of young people learning about their bodies, but conversations between

parents and their children can help them to understand the importance of privacy and boundaries. At adolescence, if conversations about sex have been happening for years, it is much easier for parents and carers to begin to broach complicated topics such as consent, risk, internet use and so on. A teenager's internet usage is often a manifestation of a drive to explore, but just as there are limits to allowing the exploration of a mountain or forest, there needs to be a balanced approach to safety and privacy. Happily, most teenagers successfully and safely navigate early sexual experiences. Unfortunately, sometimes harm does occur. If a child or young person discloses that something happened to them or their bodies that they didn't like, it is important that this is taken seriously by parents and professionals, and that they are supported in talking about their concerns. It is best if the parent/adult does not overly question the specifics, as this could later jeopardise an assessment of credibility or Garda investigation.

Each family will differ, and parents can be supported to impart their particular beliefs and values. Sometimes parents worry that acceptance or acknowledgement of sexuality in young people equates to approval or encouraging risky behaviour. A dialogue that is well balanced between risk and enjoyment can help to open up communication with young people and parents, which is a key factor in young people being safe and well.

Self-Assessment Framework for Crisis Pregnancy and Post Abortion Counselling Services

by Janice Donlon, Funding Officer HSE Sexual Health & Crisis Pregnancy Programme

The development of a Self-Assessment Framework for crisis pregnancy and post abortion counselling services was set out in the HSE Crisis Pregnancy Programme Strategy 2012-2016 'Participating in a national approach that promotes good sexual health, informed decision making, evidence informed practice and access to high quality services'. The development of standards in the area of crisis pregnancy counselling is an important step in ensuring a quality service is available to all who access it.

The standards were designed in line with the National Standards for Safer Better Healthcare (HIQA) and consist of 8 themes broken down into 28 essential elements.

There are 4 incremental levels of quality for each standard and at each level there is a set of guiding prompts which assist a service in selecting their level of quality.

- Emerging Improvement (EI)
- Continued Improvement (CI)
- Sustained Improvement (SI)
- Excellence (E)

The Framework seeks to establish a reference scale on which a provider can establish its current status against key indicators of service quality.

The Framework helps the service to identify the quality improvement actions it may need to put in place to address any gaps identified during the assessment process in order to progress through the levels of quality.



The graphic illustrates the 8 themes that encompass the National Standards for Safer Better Healthcare (HIQA).

Sexual Health Promotion in Action

Interview with a Past Participant of the Foundation Programme in Sexual Health Promotion (FPSHP) and Independent SPHE Facilitator by Ms. Phil Prendergast



By way of introduction may I start by saying my background is in nursing and midwifery. However, about 20 years ago I also got involved in politics, serving in the Borough Council, the County Council, the Irish Senate and finally as an MEP representing Munster. In addition to this, I have had a long history of supporting schools to deliver the RSE element of the SPHE curriculum. I thoroughly enjoy working with young people and endeavour to deliver a programme that is fun, informative and non-judgemental.

My interest in promoting sexual health stems from my years in midwifery, during which I noticed an increasing trend in young girls presenting with unplanned pregnancies. Around the same time, a teacher friend, concerned about her students' need for additional sex education, asked me to come and talk to them and it all started from there. This interest continued into my political career; within the Joint Oireachtas Committee on Health and Children whilst in the Senate and as a member of the LGBT Inter Group in the European Parliament whilst an MEP. This latter role, gave me a unique opportunity to meet LGBT people from all countries and discuss the issues that affected them.

Although I had been working with schools for about 17 years, I applied for the Foundation Programme in Sexual Health Promotion (FPSHP) in 2014 as I felt a comprehensive programme would be a good overall refresh....I wasn't wrong. I got so much out of this course, more than I expected; from the facilitators to the rich wealth of the experience of the other participants. I got to explore my attitudes and various opportunities to evaluate and discuss ethical issues. Each two days gave me food for thought, and an opportunity to look at all sides of situations. I learned to listen; both how and when. I would highly recommend the programme and I really feel anyone in the rushed areas of busy clinics, labour wards, hospitals and those offering counselling, should take part in this programme

In terms of my work with young people, the FPSHP provided an update on legal aspects of sexual health, new methods of contraception and web-based and hard copy resources,. This has added a significant and very important element to the sexual health school programme that I deliver in schools, around the South East. However, I am firmly of the opinion that it is not enough to educate young people; they also need access to free and confidential sexual health services, e.g. screening and contraception. I further believe that these should be provided in community/youth settings, countrywide (not just located in the urban areas) as this would normalise access and maintain confidentiality.

Through my years of working in schools I have witnessed an on-going improvement in sexual health education; my hope is for this to continue and be underpinned by the development of a sexual health infrastructure which will support young people to make sound decisions with regard to their relationships and sexual activity.

Smoking and Erectile Dysfunction (ED) by Ms. Patricia Good, Smoking Cessation Officer Health Promotion and Improvement HSE South west

Erectile dysfunction also known as impotence is characterised by the inability to develop or maintain an erection of the penis for satisfactory sexual intercourse, regardless of the capability of ejaculation. Men who smoke are twice as likely to develop erectile dysfunction as non-smokers. The risk for all smoking related diseases increases with every year a person smokes. Smoking affects every system and organ in the body including sexual functioning. It causes plaque build-up in the arteries which obstructs the blood flow through the vessels causing a lot of circulatory problems throughout the body, such as erectile dysfunction. When a man has an erection the blood flows under pressure into the arteries of the penis in large quantities. So in order to get and keep an erection this function is vital. Hence any disease of the heart or cardiovascular system that interferes with the pumping and or flow of blood can lead to erectile dysfunction.

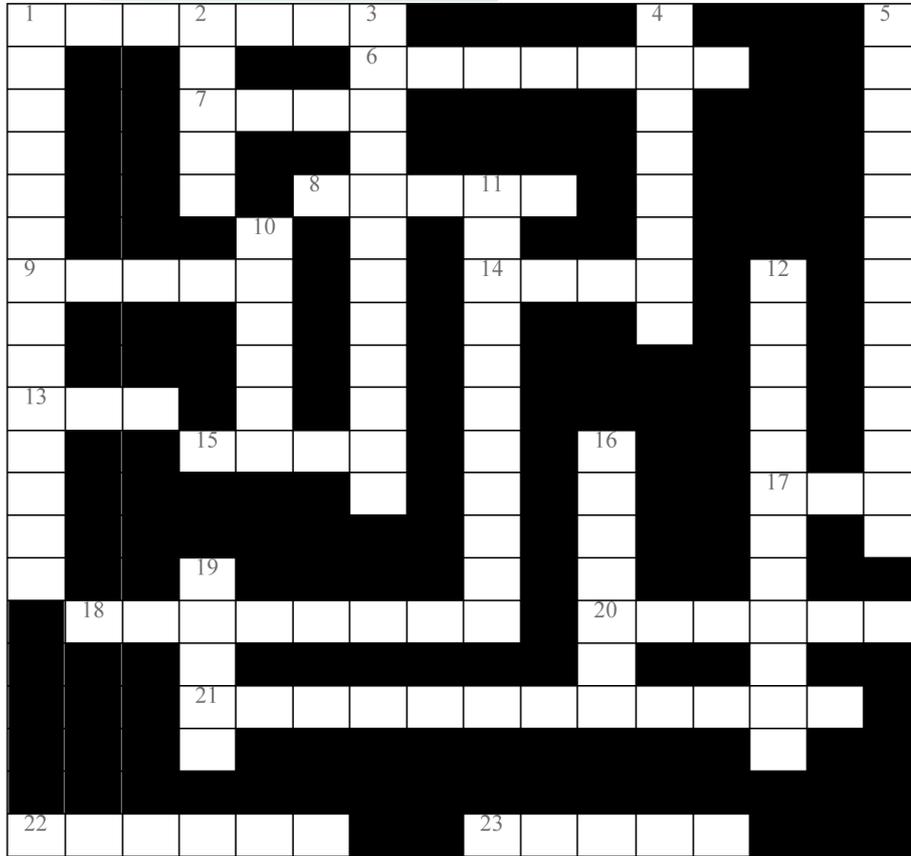
Quitting smoking is one of the most important things that can be done to improve ED and health in general. It can be a very difficult change to make, so that is why there is support available. Remember it is never too late to make this change. Any smoker wanting to quit will greatly increase their chances of success by getting support from a health professional.

Support is available from National Smokers Quitline: 1800 201 203 or www.Quit.ie or [facebook.com/hsequit](https://www.facebook.com/hsequit)

Sexual Health Brainteasers

by Martin Grogan, HSE Health Promotion and Improvement HSE South West

Crossword Theme female and male genitalia *



Across

1. Where the testes are located (7)
6. A common duct for urination & ejaculation (7)
7. A close neighbour of genitalia
8. Collective name for female sexual genitalia (5)
9. A word to link minora and majora (5)
13. Length of epididymis, in metres, if rolled out (3)
14. The illusive G
15. The epididymis storehouse section for spermatozoa (4)
17. An old term for an old foe (3)
18. Female sexual erectile tissue (8)
20. A nurturing place to stay for a while (6)
21. Hormone produced by testis (12)
22. Opening into uterus (6)
23. External male sexual organ (5)

Down

1. Male accessory sex gland (7-7)
2. One of the paired sexual gonads in females
3. The uterus can sometimes be referred to as (8-4)
4. Male accessory sex gland that increases rapidly during puberty (8)
5. Another name for bulbo-urethral gland (7-6)
10. Passage between the vulva and cervix (6)
11. A muscular tube from the scrotum to the pelvis (3-8)
12. Completes preparation of and maintains endometrium for pregnancy (12)
16. Another name for foreskin (7)
19. Percentage of seminal fluid produced by seminal vesicle (5)

P	E	N	I	L	E	C	M	Y	O
R	E	Q	R	A	M	A	E	E	B
O	N	U	S	N	M	I	L	K	V
S	D	O	V	A	R	I	A	N	F
T	O	R	A	B	N	J	H	H	F
A	M	P	G	O	N	A	D	R	B
T	E	S	T	I	C	U	L	A	R
E	T	E	Y	E	T	E	S	G	E
U	R	E	T	H	R	A	L	A	A
H	I	T	E	S	T	Z	X	V	S
V	A	G	I	N	A		L	A	T
U	L	N	O	S	E	Q	Y	G	S
L	S	C	E	R	V	I	C	A	L
V	S	I	S	E	U	G	H	B	I
A	A	R	I	N	L	K	Q	V	A
R	E	C	T	A	L	I	D	C	D

Wordsearch

Sexual Health Related Cancers

- ENDOMETRIAL
- ANAL
- RECTAL
- PROSTATE
- URETHRAL
- TESTICULAR
- VAGINAL
- PENILE
- VULVAR
- BREAST
- CERVICAL
- OVARIAN

*Answers taken from: Everett, S. (2004) Handbook of Contraception and Reproductive Health (2nd Ed) Baillière Tindall, London

Cross Word Solution
 Across: 1. Scrotum, 6. Urethra, 7. Anus, 8. Vulva, 9. Labia, 13. Six, 14. Spot, 15. Tail, 17. STD, 18. Clitoris, 20. Uterus, 21. Testosterone, 2. Cervix, 23. Penis
 Down: 1. Seminal vesicle, 2. Ovary, 3. Muscular wall, 4. Prostate, 5. Cowpers glands, 10. Vagina, 11. Vas deferens, 12. Progesterone, 16. Prepuce, 19. Sixty

#thinkjohnny



Condom in the pocket. Ready to rocket.

Protect yourself from unplanned pregnancy and STIs. Get tested and always use a condom.



www.thinkcontraception.ie