



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Sexual Health News

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Recent Graduates from the Cork FPSHP Course 2012/13

Welcome & Update from the Sexual Health Promotion Team

by Sharon Parkinson- Edition Editor

The HSE South Sexual Health team would like to thank you for taking the time to participate in the FPSHP evaluation. Your support in relation to this

is greatly appreciated as it will help us to ensure continued improvement of the programme. So far, Trinity College Dublin have reported a high response rate with which we are really pleased. Interestingly, findings of the evaluation will fill a gap in the literature in this area both nationally and internationally, so your voice is greatly valued. We look forward to publishing and sharing the findings of the report with you later in the year.

Some of the features in this edition include information on sexual health upskilling days, a report on a new resource for schools called 'Growing Up Lesbian, Gay, Bisexual and Transgender (LGBT)', a recently run seminar on Transsexual health, up to date statistics on STIs and a broad number of resources and research available from the HSE Crisis Pregnancy Programme (CPP). Also included are some interesting articles on topics such as sex, drugs and alcohol, raising the subject of sex and sexuality with your clients and a legal piece on the Children's Referendum.

We have a farewell piece from Cork Family Planning Clinic, who closed late last year following over 37 years of service. I would like to take this opportunity to thank Mary Cummins and all of the staff at the clinic for the provision of contraceptive services at the Youth Health Service over the years. I would also like to acknowledge their pioneering work in establishing their service almost forty years ago in a very different Ireland where sexual health was much more of a taboo than it is now. We wish you all well.



Recent Graduates from the Clonmel FPSHP Course 2012

Upskilling Day – Sexual Dysfunction and Psychosexual Impact

Following on from the success of the Cork Kerry Upskilling Day in 2012, we are pleased to announce another Upskilling Day this year. The theme of this year's day is Sexual Dysfunction and the Psychosexual Impact. The day will be facilitated by an expert in sexual dysfunction.

The Upskilling Day will be run in Cork City on the 19th June (closing date for registration is 23rd May) and in Killarney on the 16th October (closing date for registration is 20th September)

The attendance fee this year is €30.00 per

person. All cheques are to be made payable to the Health Promotion Department.

For application forms and details please contact Martin Grogan on **tel:** 021 4921665 or **email:** Martin.Grogan@hse.ie

In 2013 the South East region are planning an Upskilling Day on pornography.

For application forms and further information please contact Moira Germaine **tel:** 059-9143630 or **email:** moira.germaine2@hse.ie

What's New – Resources, Reports and Updates

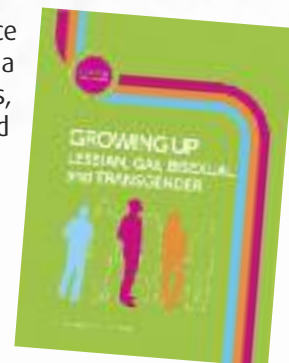
GROWING UP LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT)

by Frances Shearer-SPHE National Co-ordinator, Department of Education & Skills

'Growing Up Lesbian, Gay, Bisexual and Transgender' is a new resource for teachers of SPHE and RSE. These Junior and Senior Cycle lessons are based on the accompanying DVD which describes some young people's experience of growing up LGBT in Ireland.

The aim of the resource is to increase understanding of sexual orientation and gender identity and to reduce stigma and discrimination against people who are LGBT. As these issues can be difficult to cover in a classroom context, it is hoped that this resource, which provides clear support and guidance for teachers, will provide the necessary framework for addressing sexual orientation, gender identity and homophobic/transphobic bullying.

The resource was developed by the Department Of Education and the Health Service Executive in conjunction with GLEN (Gay and Lesbian Equality Network) and BeLoNGTo Youth Services. It is available to post primary schools through attendance at a one day training course delivered by the Regional Manager for SPHE in your area. **For further information go to www.sphe.ie**



Seminar on Transsexual Health-Kilkenny December 2012

by Berni Smyth, Former Development Worker, LGBT Diversity, South East

A seminar on transsexual health was held in December 2012 in the South East, providing information on the issues around transsexual health for health care professionals, trans individuals and organisations, and other interested parties. The day was a combination of presentations and workshops. Justin Harbottle and Nick Douglas from the Terrence Higgins Trust (THT), the UK's leading HIV and sexual health charity, gave an overview of trans terms, the work being done on transsexual health by THT Brighton, and transgender sexual health needs and barriers. James Morton from Scottish Transgender Alliance (STA) gave a summary of the results from trans mental and sexual health research completed in Scotland and Ireland, pointing out that in the Irish research, 78% of respondents had reported considering suicide, while 82% experienced depression and 73% anxiety. Lesley Sherlock concluded the inputs, bringing the conversation up to date with her presentation on the limitations and opportunities around trans-inclusive sexual health in Ireland today.

Discussions revolved around many issues, including fear on the part of health care professionals that they did not have the expertise to properly serve transgender clients. Justin Harbottle reassured attendees that healthcare professionals are familiar with 90% of the healthcare and sexual healthcare issues with which trans people present. He emphasised the importance of demystifying trans health, of remaining open and willing to listen to the needs of the client, and of being willing to upskill and to ask for help. All participants were provided with copies of two new THT publications, TransWomen and TransMen, which address sexual health, HIV and wellbeing issues for trans individuals. **For further information on the above contact Moira Germaine at moira.germaine2@hse.ie**

Counselling: Latest Graduates of the Crisis Pregnancy Counselling Skills Course

The HSE Crisis Pregnancy Programme celebrated the latest graduates of its certificate course in crisis pregnancy counselling skills at a ceremony in the NUI Maynooth on 10th December last. 17 HSE staff workers and crisis pregnancy counsellors completed the year-long, skills based programme. This programme aims to support individuals working, in a paid or voluntary capacity, with those experiencing a crisis pregnancy. This will further enhance their counselling and support skills in this unique field of counselling and to set standards of good practice in the area. The certificate level course is delivered by the Department of Adult and Community Education, NUI Maynooth and was developed in partnership with and funded by the HSE Crisis Pregnancy Programme.



Students of the Crisis Pregnancy Counselling Skills Certificate Course pictured at the Graduation Ceremony in NUI Maynooth, December 2012. Five students graduated in absentia.

What's New – Resources, Reports and Updates

Information Guide for Students and Expectant Parents at Third Level launched at Mary Immaculate College

Mary Immaculate College (MIC) is the first college in the country to offer a dedicated service to student parents and expectant parents through the Student Parent Co-Ordinator (SPC) Project. The project is funded by the HSE Crisis Pregnancy Programme (HSE CPP) and Mary Immaculate College Students' Union (MISU). The aim of this Information Guide is two-fold; that pregnant students and prospective and current student parents, will feel supported and empowered by the information provided and that it will serve as a useful template for other Irish third level institutions in their support of student parents and expectant students. The guide aims to capture the reality of the 250 student parents and expectant parents who have engaged with the MIC Student Parent Co-ordinator to date. The Information Guide for Student Parents and Expectant Parents at Third Level is being distributed to Access Officers and Students' Union Welfare Officers across the third level sector. **It is also available to download from www.misu.ie**



B4uDecide.ie Relationships & Sexuality Education Resource Materials for Teachers & Youth Workers

The B4uDecide.ie resource materials are again available to order. B4uDecide.ie is a web-based education initiative that aims to encourage young people to make healthy, responsible decisions about relationships and sexual health, with the ultimate aim of delaying early sex. The lesson plans support this web-based initiative and are targeted at teachers and youth workers. To order B4uDecide.ie Relationships and Sexuality Education Resource Materials for teachers or youth workers visit www.healthpromotion.ie

For more information, visit www.b4udecide.ie

Summary of Research on Teenage Sexuality Now Available

The HSE Crisis Pregnancy Programme has developed a research summary on teenage sexuality in an easy-to-read format to help parents and those who work with young people understand more about how young people in Ireland feel about sexuality and relationships, including: what it is like to be a teenager growing up in Ireland today, how young people learn about sex and relationships and what influences young people's sexual behaviour and learning. It also describes how parents approach sexuality education with their children.

To download a copy of the research summary please visit www.crisispregnancy.ie/publication/research-summaries 101 words



'Sex in Ireland: Recent Research and Policy Implications' Seminar

The Royal College of Surgeons in Ireland (RCSI) held a sexual health research seminar on the 10th of January 2013. The seminar presented new analyses from nationally representative data on sexual health, collected between 2003 and 2010. The research team presented findings in relation to early heterosexual intercourse, parental involvement in sexuality education and crisis pregnancy and sexual health screening in Ireland. An important finding from the research was the key role that relationships and sexuality education plays in increasing the likelihood of using contraception at first sex and reducing the likelihood of experiencing a crisis pregnancy later in life. Policy briefs to inform policy and practice in the area are being developed by the research team. The research project was funded by the Irish Research Council and the HSE Crisis Pregnancy Programme.



Left to right: Prof. Richard Layte, ESRI; Prof. Kaye Wellings, London School of Hygiene & Tropical Medicine; Dr. Ashling Bourke, IRCHSS research team; Dr. Caroline Kelleher, IRCHSS research team; Dr. Karen Morgan (Principal Investigator), RCSI, Maeve O'Brien, HSE Crisis Pregnancy Programme, Gemma Smith, IRCHSS project team; Dr. Derval Igoe, HSE Health Protection Surveillance Centre and Prof. Roger Ingham, University of Southampton, and Director of the Centre for Sexual Health Research.

Cork Family Planning Clinic (CFPC) & Women's Healthcare Clinic Closes

by Mary Cummins, Director of Services

February 11th 2013 should have been the 38th anniversary of the opening of the CFPC; but sadly, on November 2nd 2012 its services to the public ceased and the limited company (with no share capital) entered into voluntary liquidation.

CFPC moved into 23, Tuckey Street, Cork City in 1984, after leasing other premises on Tuckey Street; this move into number 23 was made possible by the personal guarantees of a number of members.



The service flourished and expanded throughout the following years. To recount all of the developments and experiences from a medical, business and social point of view would fill a large manuscript. However, to mention a few: CFPC & Women's Healthcare Clinic achieved the status of a Centre of Excellence in Contraception and Female Reproductive Healthcare which included cervical screening and S.T.I. screening for both male and female patients, a vasectomy service operated on the premises for over 20 years, throughout the late seventies and early eighties three clinical psychologists provided psychosexual counselling (such was the demand for that service).

From the early days the CFPC was recognised as a post graduate training centre for doctors and nurses. The clinic's involvement with the HSE South (then SHB) started back in the mid eighties, expanding to include the provision of a comprehensive service to GMS patients in 1999, this relationship continued until our closure in 2012. Our working relationship was further cemented in 2005 with the delivery of clinical services at the Youth Health Service.

Sadly, declining numbers over the last twelve years, along with increased salary costs, insurances, rates, tax, PRSI, maintenance of IT and equipment made the continuation of the service impossible.

In closing, on behalf of all the people involved with Cork Family Planning & Women's Healthcare Clinic over many years, I say thank you all, we did good. To all of our partners in service provision, thank you, I know we made a positive contribution to the lives of many people who accessed our services; we achieved what we set out to do, to see the service widely available. We outran our success.

Foundation Programme in Sexual Health Promotion–Health Promotion Department, HSE South, Dates for 2013

Venue	Date
Cork City 2013	September 10th and 11th – October 8th and 9th – November 12th and 13th – December 3rd and 4th and January 14th and 15th 2014. Closing date for Cork registration is 31st May 2013
Clonmel 2013	3rd and 4th September – 24th and 25th September – 15th and 16th October – 5th and 6th and 26th and 27th November. Closing date for Clonmel registration is 31st May 2013
South East 2014	All enquiries regarding the South East FPSHP, spring 2014 may be directed to Ms. Moira Germaine on 059-9143630 or moira.germaine2@hse.ie
Kerry 2014	All going well, we plan to run the Kerry course again in 2014 from January to June. The closing date for Kerry 2014 is November 1st 2013

For further information on a specific course please contact the relevant Health Promotion Officer listed at the back of the newsletter.

SPHE Support Service – Training dates for HSE South Area – Spring 2013

Course	Venue	Date
Sexual Orientation and Homophobia	Limerick Education Centre	16th April
Sexual Orientation and Homophobia	Kilkenny Education Centre	18th April

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

Sexually Transmitted Infections in Ireland

by Danny Quealey, Clinic Nurse Manager, Victoria/South Infirmary Hospital, Cork

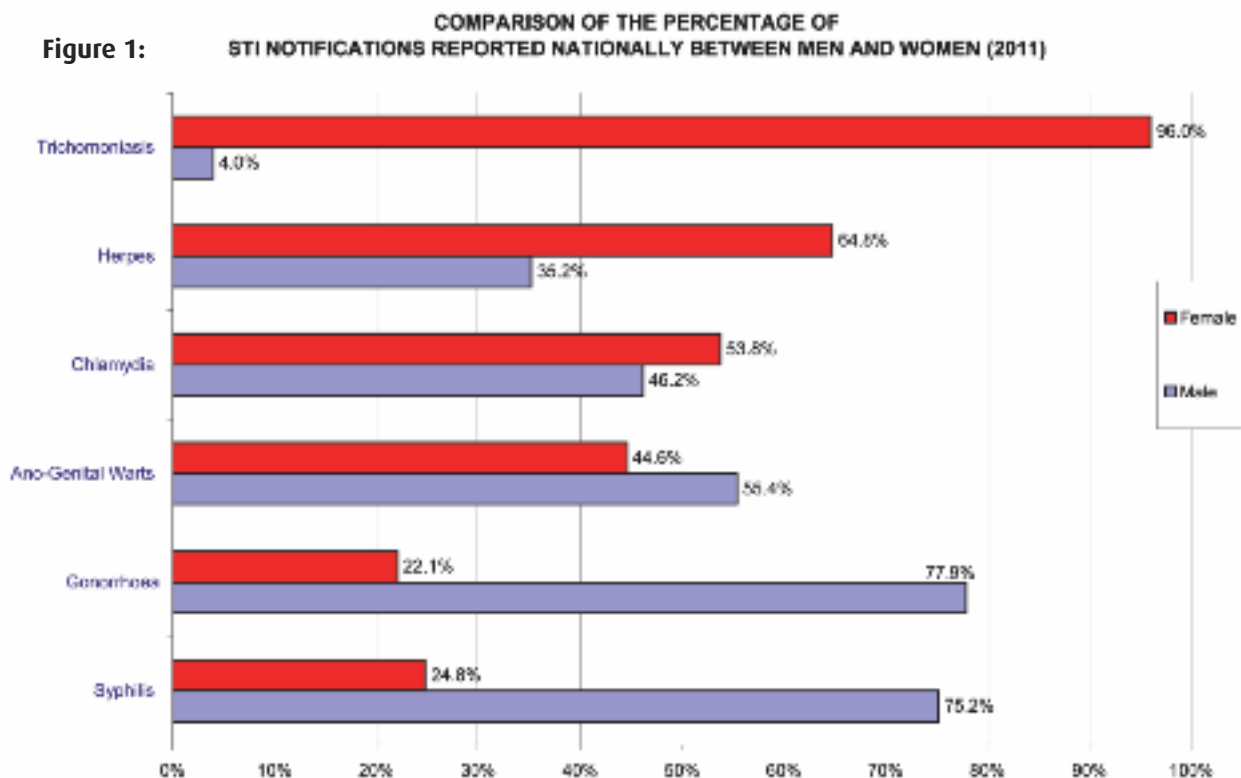
STIs are an ongoing and ever increasing Public Health problem in Ireland and if left untreated, STIs can have serious long term consequences that lead to illness, infertility and, in rare cases, death. The statistics in this article can't even begin to quantify the emotional and psychological impact of a positive STI diagnosis on an individual or relationship.

13,259
yes 13,259, that figure is the total number of Sexually Transmitted Infections (STIs) recorded in Ireland in 2011

While notification rates for many STIs are increasing, the reasons for these increases are not certain. An obvious reason is the result of rising infection rates. Another factor that may contribute is a greater public awareness of how easy it is to contract an infection. Also the only criteria for someone requiring an STI screen is if they have ever had unprotected sex or sexual contact. This in turn leads to an increase in the number of people being tested and with a greater availability of screening in primary care, specialised Sexual Health Screening Units and other centers; the increases are probably a combination of all of the above.

The total figure for 2011 shows a considerable increase of **12.2%** when compared to 2010. Some infections showed a very notable increase in that short time, for example, Gonorrhoea notifications were up 33.4% and Genital Herpes were up 39.8%. Three particular infections account for the majority (80% +) of infections diagnosed in 2011 and they were: Chlamydia Trachomatis: 6407 cases (48.3%), Ano-Genital Warts: 2459 cases (18.5%). Non-Specific Urethritis: 1657 cases (12.5%). 59.3% of the total diagnoses occurred within young adults (20 – 29 age group) and this would typically be the largest group accessing screening.

Figure 1: Outlines that STI notifications vary between genders too. For example, 75.2% of Syphilis, 77.9% of Gonorrhoea and 55.4% of Ano-Genital Warts were diagnosed in males. While, 53.8% Chlamydia, 64.8% Herpes Simplex and 96.0% Trichomoniasis cases were more frequently diagnosed in females.



In addition, in 2011, 320 new cases of HIV were diagnosed, 73.5% in men and 26.5% in women. Although these are national figures, local statistics would reflect similar trends.

HSE SOUTH STI CLINICS	
Cork & Kerry	South Infirmary Victoria University Hospital Tel: (021) 4966844
	Youth Health Service (under 21s only) Tel: 021 4220490/1
	Kerry General Hospital (booked via Cork) Tel: (021) 4966844
South East	Waterford Regional Hospital Tel: (051) 842646
	South Tipperary General Hospital (booked via Waterford) Tel: (051) 842646
	District Hospital Carlow (booked via Waterford) Tel: (051) 842646

Raising the Subject of Sex and Sexuality - Essential for Patients/Clients Overall Wellbeing

by Martin Grogan, Counselling Psychotherapist BSc MIACP and Facilitator of the FPSHP



The Surgeon General of the USA in 2001 stated that while "sexuality may be difficult to discuss for some, and there are certainly many different views and beliefs about it, we cannot afford the consequences of selective silences" ¹.

Breaking this silence is not easy for any health professional to achieve without first acknowledging and accepting their individual sexuality, and the accompanying values. Health professionals need to be confident about their respective gender, be comfortable and accepting of their individual vulnerability and accepting of how culturally bound they are. In order for the health professional to be sexually healthy and personally and professionally confident, they need to undertake self-exploration about their own sex and sexuality. Some key questions for the health professional to consider are: what is my source of sexual information, who or how was sexuality and sex discussed within my family of origin, what is the purpose of sex in my life past and present and how and to whom do I talk about sexuality and sex now?

These sample questions are not only essential for the health professional to ask themselves in their self-exploration and education, but they are also useful guides in raising sex and sexuality with patients/clients. Health professionals who avoid raising and answering these questions will limit the patient/client in their discovery of their sexuality and well-being ².

Health professionals may avoid raising sex and sexuality due to their own fear, embarrassment and shame and their trepidation at the possibility of raising similar feelings in their clients³. However, health professionals need to be able to hold the professional boundary line, as for any other subject raised by the patient/client and not become blurred by their own innate sex and sexuality issues. In not undertaking self exploration and education around sexuality, health professionals risk exposing their shame, embarrassment and beliefs in an unhealthy manner ⁴.

Health professionals can also be guilty of fitting into the norms of their society and not challenging the "what is normal" views of the society to which they belong. Therefore they could potentially abdicate their professional responsibility in meeting the patient/client unconditionally and as a result the patient/client may be seen as "different" or "other", with negative consequences ⁵. Self-exploration and education will

help in developing more confidence in this area. This may be achieved by accessing the support and views of other health professionals, attending professional clinical supervision, accessing professional training courses and prioritising continued professional development ⁶.

The World Health Organisation (WHO) 1975, states "there are biological, medical, social, psychological, spiritual, cultural and legal aspects to sexuality, and these aspects differ depending on where, when, and how you live; who is raising you; and what is personally important to you". This WHO definition captures the essence of what sex and sexuality is; it allows an individual to relate to and live with his or her individual existence. Research demonstrates how sex and sexuality is not only important to individuals but, has a direct impact on their relationships⁷. Given this WHO definition and the existing research, is it important to understand that sex and sexuality is still being affected by societal influences such as, legislative controls, educational interventions and individual community norms⁸. These norms can clash with people's hidden thoughts, feelings, sexual desires, perceived inadequacies and may not be supported by society or even judged immoral by others ⁹. Irish society, and by definition, Irish patients/clients, enter our professional setting with all these issues affecting them. Patients/clients may be reluctant to speak of sex and sexuality related health issues; they may feel and think about such issues but it can be very difficult to raise such issues with the health professional.

A quotation by the American novelist William Goyen " We are carriers of lives and legends – who knows the unseen frescoes on the private walls of the skull" might give us a clue as to what and how people present to the world, may not be, in reality a true picture of who and what they really are.

Sex and sexuality are essential ingredients to a physically and emotionally healthy life; in acknowledging this, the health professional plays their part in contributing to the client's longevity and positive participation in their relationships with self and others ¹⁰. Sexuality is an "essential part of human nature and its expression needs to be affirmed rather than denied". Sexual health research over the past decade underpins the need to support, create and maintain people's basic rights of dignity, respect and choice in order to sustain a healthy society ¹¹. Sex and sexuality related aspects of the patients/clients life is an essential part of their existence.

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Don't Let Alcohol Cloud Your Judgement

Rose Tinted Glasses or Beer Goggles

by Sharon McGillicuddy, Health Promotion Officer and Past Participant of the FPSHP

Drinking alcohol is part of everyday life in Ireland. It is used to celebrate, to commiserate and to socialise. It is used to enhance positive mood, make a party more enjoyable, avoid social rejection or reduce pain/discomfort of negative emotions. Shortly after drinking a person may become less anxious, more relaxed and confident. This is down to the “disinhibiting” effect of alcohol on the brain which can make people “loosen up” and feel more comfortable initiating or engaging in sex.

As judgment is affected with increased intoxication, people often find themselves doing and saying things they normally would not. Having sex with a stranger, stripping in public and driving while drunk are some examples of how intoxication can affect a person's way of thinking. Failing to use protection such as a condom, can increase the risk of getting a Sexually Transmitted Infection (STI) such as Chlamydia, HIV or Hepatitis or result in an unplanned pregnancy. In a national study of young adults (aged 18 to 45yrs) on the subject of contraception and crisis pregnancy, almost half of the men and a quarter of the women agreed that drinking alcohol had contributed to having sex without using contraception.

Binge drinking or drinking ‘to be out of it’, can be particularly dangerous as it can result in a person taking greater personal safety risks, such as having unprotected sex, being at risk of spiked drinks, drunk driving or drug rape. Indeed, the Rape Crisis Network Ireland reports that alcohol is the most common date-rape drug in the country; while there is little evidence of the use of better known drugs, such as Rohypnol, alcohol is regularly involved in rape and sexual assaults.

The key to minimising sexual health risk is preparation. The decision to take control of your alcohol and drug consumption is an important step in reducing your risk of STIs, unplanned pregnancy and, possibly, being the subject of sexual violence.

Here are some practical tips to plan your evening safely

- Be aware of the possible risks of getting drunk e.g. hangovers, injuries, embarrassment and unsafe sex
- Try not to drink/take drugs when you're feeling angry, sad or confused, as it is likely to make matters worse
- If you are trying to reduce alcohol use, avoid social/trigger situations. Otherwise be aware of these situations and plan strategies to cope with each one.
- Know your limit regarding alcohol, drugs and sex (how far do you want to/plan to go)
- Develop your ability to resist pressure and be comfortable saying “no!”
- Practise safer sex every time you have sex. Take responsibility for protective behaviours (e.g. carry condoms, practise harm reduction methods etc)
- Make arrangements to get home safely-with friends or a pre booked taxi

Note: mixing alcohol with medicines or drugs is very dangerous. The effects of doing so are unpredictable and could lead to overdose

Low Risk Limits

For drinking to be considered “low risk”, the HSE advises:

11 Adult women should drink less than 11 standard drinks per week

17 Adult men should drink less than 17 standard drinks per week

What counts as one standard drink?

One standard drink contains 10g of pure alcohol
1 SD = half pint lager or pub measure spirit or small glass of wine

For more information on alcohol or drugs, contact your local HSE Drugs and Alcohol Service – look at www.hse.ie or www.drugs.ie or call the HSE infoline on 1850 24 1850



Service Profile

Arbour House Youth Programme, Arbour House Treatment Centre & Community Counselling, St. Finbarrs Hospital, Douglas Road, Cork

by Áine O'Sullivan Addiction Counsellor and Creative Groupwork Facilitator and past participant of the foundation programme



**“Anything is possible;
life is what you make it.”**

The quote above very much sums up the energy that is being generated by the participants on our Youth Aftercare Programme at Arbour House Treatment Centre and Community Counselling. It has been so exciting to see how they have made it their own, shaping it as a community space where they are truly empowering each other to move forward in their lives.

I joined the Youth Team in Arbour House as a trainee addiction counsellor in 2010, helping adolescents and their families to find their way through difficulties associated with substance misuse. Issues concerning sexual health often arise as part of this work, particularly helping young people to reduce their risk of unplanned pregnancy and STIs.

My role on the Youth Programme is to run a weekly session in what I call Creative Group work. This is a method I have designed which integrates Relapse Prevention Therapy and Cognitive Behavioural Therapy with a number of Creative Arts activities including Guided Imagery and Drama. As I work with these young people, my aim is to help build their awareness of why they have been behaving this way, and to identify what needs to change before they can behave in a more self-supporting way.

As I have watched them develop on the programme, I have seen that the change in behaviour comes from a change in attitude. I believe that this is brought about by discovering how much fun they can have without the use of chemicals, as well as by spending time with others who support and believe in them.

In March 2011, the Youth Aftercare Programme was piloted following a collaborative review of the aftercare services being provided to adolescents who had completed residential treatment. The programme is based on the Therapeutic Community Model, and is the only one of its kind in the country. It is rolled out over three days per week in addition to one evening session, and includes a weekly family support programme. This is augmented through individual and family review sessions. Each client's aftercare package is customised to facilitate their individual and family needs.

Programme content is based around the development of interpersonal and life skills. The use of Creative Group work, Art Therapy, Process Groups, recreational activities Acupuncture, and Meditation creates a holistic community-based approach. The programme is reviewed on an ongoing basis through consultation with staff and service users.

We are now in a new pilot phase of the programme. The programme is open to clients who have not been to residential treatment, but are involved in community-based drug and alcohol service. Clients enter the programme following an assessment.

Arbour House & Community Counselling Services

Service Aim:	A non-residential Specialist Treatment Service providing services to adults, adolescents and their families who are experiencing difficulties related to drug/alcohol misuse and gambling.
Opening Times:	9.00am - 5.00pm: Monday to Friday
Contact Details:	St. Finbarr's Hospital, Douglas Road, Cork City. Tel: 021 968933 Email: AddictionTreatment@hse.ie

Children's Referendum

by Dr. Catherine O' Sullivan Co-Director, Centre for Criminal Justice and Human Rights and Presenter on the FPSHP

On the 10th of November 2012, the Irish people voted to accept changes to Article 42 of the Constitution and to insert a new Children's Rights Article, Article 42A.

The change has not yet been signed into law, pending a constitutional challenge to the information campaign that was run by the government. If the challenge is unsuccessful, the Children's Rights Amendment will mark a significant change in the position of children in Irish law as it states explicitly that children are independent rights holders and places the best interests of the child on a constitutional footing. The amendment makes a number of changes to the law, but this brief article will focus on when the State will be able to intervene in cases of child abuse/neglect.

Prior to the constitutional amendment, Articles 41 and 42 combined to give marital parents significant leeway in deciding what was in the best interests of their children. This was so even where what the marital parents wanted was not, objectively speaking, in the child's best interests.

The courts would only intervene where the marital parent's/parents' decision constituted an "immediate and fundamental threat to the capacity of the child to continue to function as a human person, physically, morally or socially, deriving from an exceptional dereliction of duty on the part of parents to justify such an intervention" (North Western Health Board v. H.W. & C.W. [2001] 3 I.R. 622). The high degree of harm required before the State could step in to care for marital children was legitimated on the basis of Article 42.5 of the Constitution which provided that the State could only "supply the place of the parents" where "the parents for physical or moral reasons fail in their duty towards their children."

This deference was only shown to marital parents because the family, which has been interpreted as the family based on marriage, is given special protection under Article 41 of the Constitution. Paradoxically therefore non-marital children were better protected by the State than marital children, because their objective best interests were the focus of decision-making.

The 31st Amendment of the Constitution deleted Article 42.5 from the Constitution and effectively substituted it with Article 42A.2.1° which provides:

"In exceptional cases, where the parents, regardless of their marital status, fail in their duty towards their children to such extent that the safety or welfare of any of their children is likely to be prejudicially affected, the State as guardian of the common good shall, by proportionate means as provided by law, endeavour to supply the place of the parents, but always with due regard for the natural and imprescriptible rights of the child."

The language of this Article, equalises marital and non-marital children. Instead of asking if a parent has failed to a very high level to look after his/her child's best interests, the focus now is on the effect of that failure on the child. The hope expressed by many who supported the referendum is that, allowing the State to intervene at an earlier stage in cases of child abuse/neglect will lead to a reduction in the number of cases where the State has to remove a child from his/her parents. Instead the State can turn to the more positive endeavour of supporting families in trouble.

There is however an unanswered problem. It is unlikely that Article 42A.2.1° will be read in isolation. Article 41 was not amended and it still privileges the family based on marriage. It is unclear which set of rights will triumph before the Courts if there is a conflict between a child's objective best interest and what his/her marital parents wish to do, as is often the case where the law is concerned, it is a matter of watching this space to see what happens next.



Interview with a Past Participant of the Foundation Programme in Sexual Health Promotion (FPSHP)

by Mairéad O'Driscoll, Public Health Nurse

It was through the Nursing and Midwifery Planning and Development Unit (NMPDU) prospectus for 2012/2013 that I first became aware of the Foundation Programme in Sexual Health Promotion (FPSHP). I was immediately struck by the compatibility of the course content with my own remit as a health educator.

In contrast to the role of many healthcare professionals, Public Health Nurses engage with clients in relation to their sexual health on a daily basis. The Child Health component of our remit, in particular, encompasses the post-natal period where discussion around contraception and family planning are routine. On a physiological level, physical examination and discussion around the genitalia and breasts are considered to be an essential and usual part of care delivery.

Essentially, however, many of these aspects of care are delivered with a distinctly "medicalised" approach – leaving precious little space for an emotional or psychosexual context. While the practice of Midwifery is based on the premise that childbirth is a normal, healthy life event, this focus on the concept of health as simply being the absence of illness has developed, traditionally, from the "curative" element in nursing training in particular.

It is from this angle that I believe the FPSHP has most benefited my own practice. Even throughout the duration of the course, my own comfort level around sexuality has altered – not especially in the volume of work around sexual health, but in the quality and scope of the interaction.

In terms of clarifying this on a practical level, I would see an enhancement in my practice in certain areas e.g. the conversation around resumption of sexual intercourse after childbirth has broadened; I now relate this to the emotional as much as the physical aspects. My role in the support and promotion of breastfeeding has grown to encompass, not just the purpose of infant feeding, but a deepened awareness of the impact on self-image - the empowerment that this womanly function brings and indeed the element of perceived failure of womanliness when breastfeeding is unsuccessful.

In terms of my own self-awareness as a practitioner, I feel that I have a heightened sense of my own value to the service user, primarily as a result of an increase in knowledge but also due to an augmentation in confidence levels.

The format of the FPSHP is such that the business of open discussion on the topics relevant to sexual health become commonplace, rendering them "taboo-free" by the completion

of the 5th module. Of particular benefit to my practice was the "facilitation" element of the programme. This course was not just directed towards the learning of facts – it was intensely geared towards the concept of the participants developing the skills to deliver sexual health education to individuals and groups of all ages and cultures and across all knowledge levels.

With regard to the breakdown of the modules, the arrangement of five 2-day modules over a five month period is inspired. Due to the intensity of the learning experience, it would be difficult for participants to absorb the content in any shorter space of time.

From my own personal perspective, the most significant feature of the programme was the ability of the facilitators to create a "safe" group situation where the participants were comfortable in sharing knowledge and expressing opinions without fear of professional or indeed personal judgement.

Having undertaken the programme, I would certainly recommend it to any Public Health Nurse, or indeed any healthcare professional with a health promotion remit, as I am confident that the skills and knowledge that I have gained would be of benefit in any healthcare setting.



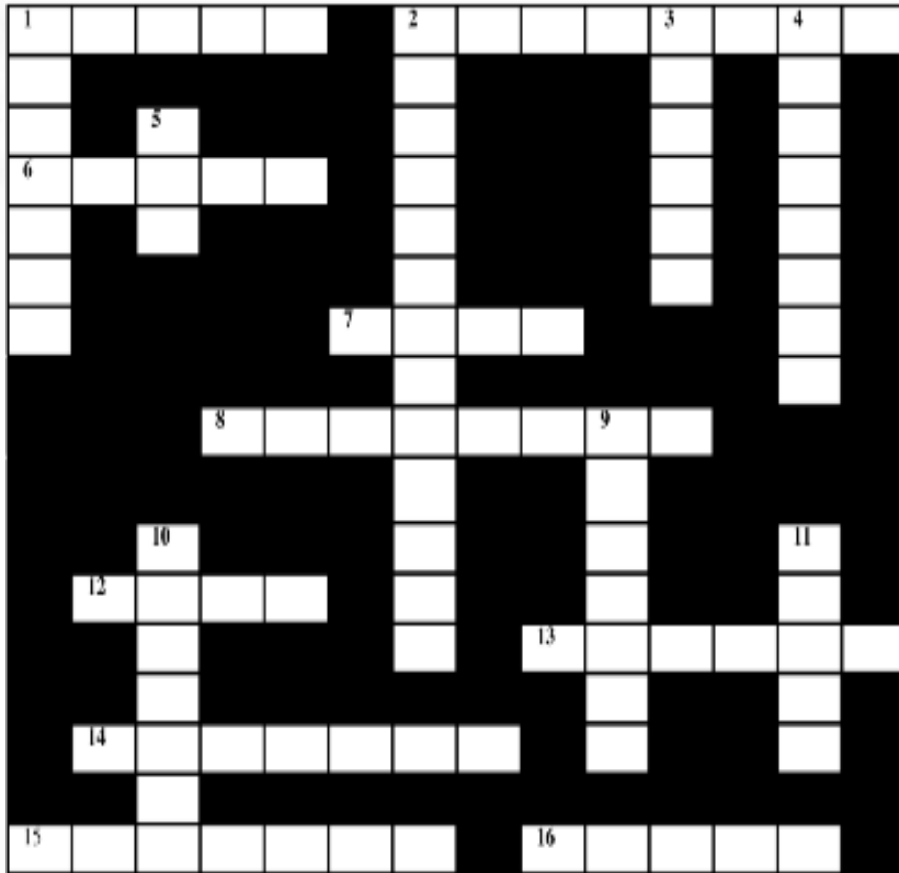
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Having undertaken the programme, I would certainly recommend it to any Public Health Nurse

Sexual Health Brainteasers

Cross Word and Word Search theme is Terminology
 created by Máire O'Leary, Health Promotion Officer and Facilitator of the FPSHP

Test Your Knowledge



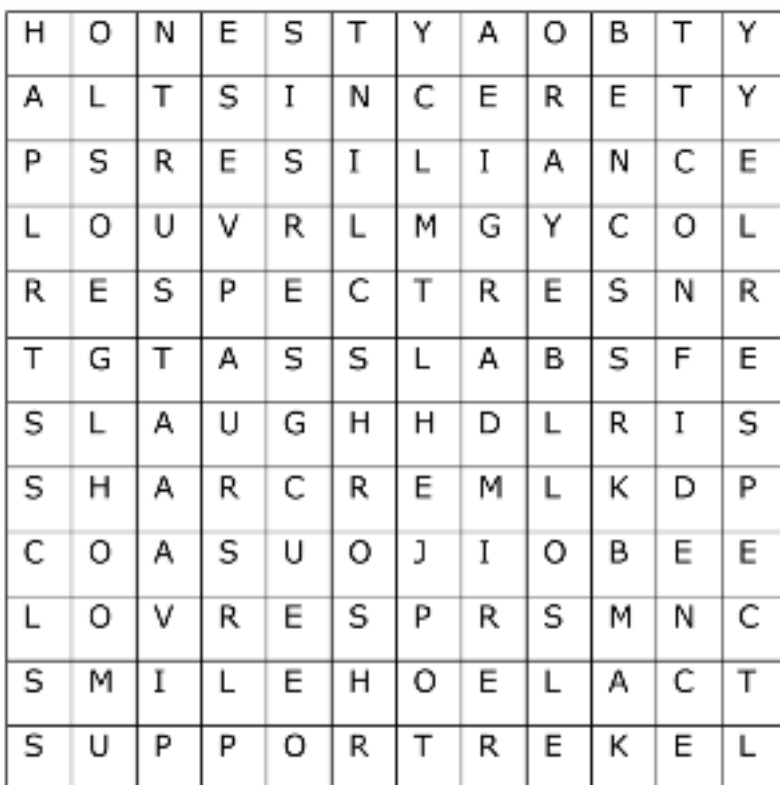
Across

1. 2011 film depicting sexual addiction (5)
2. Female most sensitive erogenous zone (8)
6. Exercises to enhance erection (5)
7. Penis _____ not important to pleasure partner
8. Important for both partners to experience (8)
12. No. of phases in Masters & Johnson sexual response cycle (4)
13. One of three pharmaceuticals that treat erectile dysfunction (6)
14. Emotion associated with sexual addiction (7)
15. May impair sexual desire (7)
16. Form of intimacy (5)

Down

1. Common cause of erectile dysfunction in men under 40 (7)
2. Necessary for good sex (12)
3. To climax (6)
4. Close personal relationship (8)
5. What to think of when considering first sexual experience with another person
9. Contributor to vaginal dryness (7)
10. Generally absent in pornography (7)
11. Diabetes often causes _____ damage reducing sexual function (5)

Word Search can you find the following words?



- RESILIENCE
- ADMIRE
- TRUST
- SUPPORT
- TALK
- SINCERE
- HONESTY
- COPE
- SHARE
- LAUGH
- CONFIDENCE
- RESPECT
- SMILE

Cross Word Solution
 Across: 1. Shame, 2. Clitoris, 6. Kegal 7. Size, 8. Pleasure 12. Four, 13. Viagra, 14. Despair, 15. Fatigue 16. Touch
 Down: 1. Smoking 2. Communication 3. Orgasm 4. Intimate 5. Age 9. Rushing 10. Consent 11. Nerve

National Health Events

MAY	May 1-31	European Brain Month Neurological Alliance of Ireland Phone: 01- 8724120 www.nai.ie/ www.epilepsy.ie
	May 1-31	Bealtaine Arts Festival for Older People Age & Opportunity Phone: 01-8057709 http://bealtaine.com/
	May 5	World Hand Hygiene Day WHO http://www.who.int/gpsc/5may/en/ www.hse.ie
	May 7	World Asthma Day Asthma Society of Ireland Phone 01-8788511 Email: office@asthmasociety.ie http://www.asthmasociety.ie/
	May 8	Young Social Innovators Conference Phone: 01-6458030 Email: info@youngsocialinnovators.ie www.youngsocialinnovators.ie
	May 9-11	Happy Heart Weekend Irish Heart Foundation Phone: 01-6685001 www.irishheart.ie
	May 15	Sunsmart Skin Cancer Awareness Irish Cancer Society Phone: 01-2310 500 www.cancer.ie
	Mar 21	World Day for Cultural Diversity for Dialogue and Development www.un.org/en/events/culturaldiversityday/index.shtml
	May 24-26	Community Games National Final Phone: 090643388 Web: www.communitygames.ie
	May 31	World No-Tobacco Day WHO Phone: +41227912108 Email: tobaccofree@euro.who.int www.euro.who.int/tobaccofree
JUNE	June 1	National Trails Day www.nationaltrailsday.ie
	June 3	Dublin Women's Mini Marathon Phone: 01 2930 984 Email: info@womensminimarathon.ie http://www.florawomensminimarathon.ie/
	June 5	World Environment Day UNEP www.unep.org/wed/
	June 10-16	International Men's Health Awareness Week Men's Health Forum in Ireland www.mhfi.org
	June 14	World Blood Donor Day WHO http://www.who.int/mediacentre/events/annual/world_blood_donor_day/en/ www.giveblood.ie
	June 15-23	National Bike Week www.bikeweek.ie
	June 20	World Refugee Day UN www.un.org www.un.org/en/events/refugeeday/
	June 26	International Day Against Drug Abuse and Illicit trafficking UNODC www.unodc.org

Health Promotion Local Offices, HSE South

County	Office	Telephone	Times Available
Wexford	Health Promotion Dept., HSE South, Whitemills Industrial Estate, Wexford Town, Wexford	053 9123522	Mon - Fri: 10am -12 noon
Waterford	Health Promotion Dept., HSE South, St Catherine's Hall, Waterside, Waterford	051 842911	Mon: 9am - 5pm Tues - Thurs: 9am - 1pm
South Tipperary	Health Promotion Dept., HSE South, South. Tipperary Community Services, Western Road, Clonmel, Co. Tipperary	052 6188276	Wed & Thurs: 9am -5pm Fri: 9am -12 noon
Kilkenny	Health Promotion Dept., HSE South, Dean St., Kilkenny	056 7761400	Mon - Fri: 9am -5pm
Carlow	Health Promotion Dept., St Dymphna's Hospital, Athy Road, Carlow	059 9143630	Mon - Fri: 9am - 4pm
Cork	Health Promotion Department, Eye Ear and Throat, Hospital, Western Road, Cork	021 4921641	Mon - Fri: 9 am -5pm
Killarney	Health Promotion Department, Block 1, St. Columbanus Hospital, St. Margaret's Road, Killarney, Co. Kerry	064 6670773	Mon - Fri: 9 am -5pm
Tralee	Health Promotion Department, Kerry Community Services, Rathass, Tralee, Co. Kerry	066 7195617	Tues - Fri: 9am - 5pm
Skibbereen	Health Promotion Department, Coolnagarrane, Skibbereen, Co. Cork	028 40418	Tues & Wed: 9am - 5pm

HSE South Sexual Health Promotion Team

Cork:
Sharon Parkinson, Senior Health Promotion Officer. **tel:** 021 4921661
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Catherine Byrne, Health Promotion Officer. **tel:** 021 4921674
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Martin Grogan, Health Promotion Officer. **tel:** 021 4921665
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Cork Address:
Health Promotion Department, Eye Ear and Throat Hospital, Western Rd, Cork.

Kerry:
Máire O'Leary, Health Promotion Officer. **tel:** 064 6670773
email: mairem.oleary@hse.ie

Kerry Address: Health Promotion Department, Block 1, St. Columbanus Hospital, St. Margaret's Rd, Killarney, Co. Kerry

South East: Moira Germaine, Senior Health Promotion Officer.
tel: 059 9143630 or 087 4102915 **email:** Moira.Germaine2@hse.ie

South East Address: Health Promotion Department, St. Dymphna's Hospital, Athy Road, Co. Carlow.