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Health Service Executive

Sexual Health News

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This Issue


Recent Graduates from the Clonmel FPSHP Course 2013

Welcome & Update from the Sexual Health Promotion Team

by Mr. Martin Grogan Edition Editor

Following on from the announcement in the editorial of Issue 7, about the evaluation of the Foundation Programme in Sexual Health Promotion (FPSHP) by Trinity College, School of Nursing and Midwifery, Dublin, we would like to thank everyone who attended our Showcase days in Cork and Waterford. The Showcase Days presented some of the key findings of the FPSHP by members of the Trinity research team, along with presentations from past participants of the FPSHP. These presentations focused on some of the sexual health promotion work being undertaken in the presenter's respective communities. Please contact your local Sexual Health Promotion Officer if you are interested in receiving a PDF copy of the evaluation.

In this issue we focus on legislation and research, with articles on the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012 and on the Report on Sexual Offences and Capacity to Consent (LAW REFORM COMMISSION, 2013). The research articles focus on Alcohol and Breastfeeding; Developmental Challenges Unique to Lesbian and Gay Individuals and finally Sexual Health in Postpartum Women. This issue also continues the tradition of highlighting sexual health services and up-to-date sexual health news, resources and reports.

As always, we would like to thank everyone who has contributed to this edition. If you enjoyed reading, please consider submitting to our next issue, which will be published in the autumn. Please contact your local Sexual Health Promotion Officer, see contact details which are on the back page, to discuss further.


Recent Graduates from the Cork FPSHP Course 2013

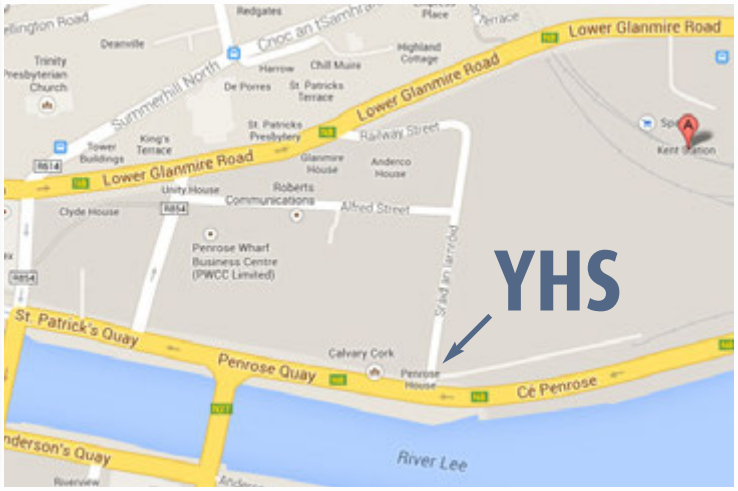
Youth Health Service (YHS) has Relocated

YHS in Cork City has moved to Penrose House, Penrose Quay, Cork City. Tel: (076) 1084150

What is the Youth Health Service (YHS)? The YHS provides sexual health services and support for young people under 21.

The service is free and confidential. Please note we cannot guarantee that the YHS service can remain confidential in all circumstances. Our staff will explain the reasons for this with you on arrival at the YHS before you give any details. Staff at YHS are non-judgemental and the atmosphere is friendly and relaxed.

- Sexually Transmitted Infection (STI) clinic
- Contraceptive clinic
- Crisis Pregnancy counselling
- Advice and support in relation to your health
- Post-abortion counselling-post-abortion medical check-ups
- Youth work support for young people and parents/guardians
- Drug and Alcohol counselling/ support/assessment.



New Co-ordinator appointed: Ms. Toddy Hogan joined the YHS team as Co-ordinator in September 2013. Toddy is very excited about the new premises and says "It gives us the opportunity to further develop the services as we have more space; three clinic rooms, a group work room, a counselling room and a larger waiting area. Also, we have a new Drug and Alcohol Counsellor and a Youth Health Counsellor (focussing on crisis pregnancy and sexual health)".

How to find us: The YHS is located at the end of Penrose Quay (in the direction of the train station). Cross the bridge at the bus station and turn right. Penrose House is the last building on the left.

New Opening Times: Mon 8.30am–1pm and 2-5pm - Tues 8.30am-3pm - Weds 11am-4.30pm-Thurs 8.30-6.30pm and Fri 8.30am-1pm.

"Staff at YHS are non-judgemental & friendly"

Some of the team: Toddy on the left, Liam the Youth Development Officer and Gloria one of the Clerical Officers.

What's New?

Sign up for the new LINC E Newsletter

LINC is a drop-in community centre for Lesbian and Bisexual Women. We provide tea, coffee, information, support, library, Wi-Fi, various groups and activities. Sign up for our e-newsletter by visiting the LINC Facebook page or alternatively by emailing: info@linc.ie

Opening Hours: Tue and Wed 11am–3pm and Thurs 11am–8pm.
Address: 11a White St. Cork Phone: (021) 4808600

Gonorrhoea Campaign

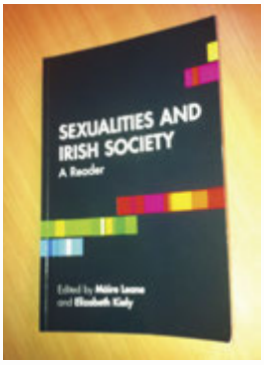
Dublin AIDS Alliance, the Union of Students in Ireland, SpunOut.ie, the HSE Crisis Pregnancy Programme (CPP) and Think Contraception launched a new Gonorrhoea campaign on December 9th 2013. This was primarily a social media campaign. One of the objectives of the campaign was to get Gonorrhoea trending on twitter using the hashtag #OMGsti which the campaign achieved.

The HSE CPP also distributed leaflets and posters to colleges and other key organisations. If you would like to order the leaflets please visit www.healthpromotion.ie or download the posters at www.yoursexualhealth.ie/inner_page/gonorrhoea/

Resources

Sexualities and Irish Society Book Launched

A new Irish book entitled *Sexualities and Irish Society* was recently launched by University College Cork's Department of Celtic Studies and Social Science. The book's editors, Ms. Máire Leane (PhD.) and Ms. Elizabeth Kiely (PhD.), state the book is "the first large scale study of sexual attitudes and behaviour in Ireland" and "reveals significant changes in sexual attitudes and behaviour since the early 1980s". The book was launched by Senator Catherine Zappone who also presented a seminar on 'Gender Recognition Legislation: A Lawmaker's Journey'



For copies of the book Email:
sales@orpenpress.com or telephone (01) 2785090

The Teen Parent Support Project Toolkit (TPSP)

The TPSP National Support Programme recently launched "The TPSP Toolkit". This is a resource, developed by TPSP staff and designed to promote best practice and to standardise the way in which the TPSP works with pregnant and parenting teens throughout the country.

The resource is available to health professionals who have attended a one - day Toolkit workshop.

For information on the Toolkit resource or the workshops please contact: Ms. Margaret Morris, TPSP National Co-ordinator at tpsp@treoir.ie or (01) 6700167.

Pavee Point Traveller and Roma Centre Launch New Toolkit

Pavee Point Traveller and Roma Centre will shortly launch a new Toolkit that provides a framework for exploring relationships and sexuality education with young Travellers. The toolkit, *Relationships and Sexuality Toolkit - An Education Pack for Working with Young Travellers* will become available in early 2014. The toolkit is underpinned by research undertaken by Pavee Point and funded by the HSE Crisis Pregnancy Programme, entitled *A Pavee Perspective - Travellers attitudes to sexual relationships and sex education* (McGaughey. F. 2011)

For further information on this new Toolkit or the training please contact: Mr. John Williams Pavee Point on (01) 8780255 or email: john.williams@pavee.ie To receive a copy of this toolkit people will have to attend a "Training the trainers course".

Resources Continued from page 3

Trends in Sexually Transmitted Infections in Ireland, 1995 to 2012

The HSPC has recently published an interesting report on the trends of STIs from 1995 to 2012. The report can be found on **http://www.hpsc.ie/hpsc/AZ/HIVSTIs/SexuallyTransmittedInfections/Publications/STIReports/**

Training and Events:

Training dates for HSE South's Foundation Programme in Sexual Health Promotion (FPSHP) 2014-15

Location	Training Dates	Closing Date	Contact Person	Contact Details
Clonmel	Sept 2nd & 3rd, 23rd & 24th Oct 15th & 16th Nov 4th & 5th, 25th & 26th	30-05-2014	Ms. Moira Germaine	(059) 9143630 or moira.germaine2@hse.ie
Cork City	Oct 14th & 15th Nov 11th & 12th Dec 2nd & 3rd Jan 13th & 14th (2015) Feb 10th & 11th (2015)	30-05-2014	Mr. Martin Grogan Ms. Catherine Byrne	(021) 4921665 or Martin.grogan@hse.ie (021) 4921674 or Catherine.byrne2@hse.ie
Kerry	Sept 23rd & 24th Oct 21st & 22nd Nov 18th & 19th Jan 20th & 21st (2015) Feb 24th & 25th (2015)	25-07-2014	Ms. Catherine Byrne	(021) 4921674 or Catherine.byrne2@hse.ie

SPHE Support Service – Training dates for HSE South: Spring 2014

Course	Venue	Date
Role of the SPHE Coordinator	Cork Education Support Centre	03-04-2014
Sexual Orientation and Homophobia	Cork Education Support Centre	04-04-2014
Sexual Orientation and Homophobia	Kilkenny Education Centre	01-04-2014

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

Features:

Report on Sexual Offences and Capacity to Consent

(LAW REFORM COMMISSION, 2013)

The Sexual Health Team of HSE South welcomes the recently published Report on Sexual Offences and Capacity to Consent by the Law Reform Commission (LRC) and sincerely hopes that it will soon inform a change to the 1993 legislation on the issue. The LRC's general approach is that the law should recognise both, the right of persons whose capacity to consent may be at issue (because of, for example, intellectual disability) to express their sexuality and also that, these persons may be at risk of sexual exploitation or abuse.

We are particularly delighted with the Commission's recommendation that reform in this area must be accompanied by appropriate inter-agency co-ordination to provide for national standards of sex education, among other support needs.

The main recommendations in the Report are:

1. Section 5 of the Criminal Law *(Sexual Offences)* Act 1993 should be repealed and replaced because it fails to respect the right to sexual expression of persons whose capacity may be at issue and does not deal with all situations in which exploitation or abuse may arise.

2. Legislation should be enacted to replace section 5 of the 1993 Act that would be based on a functional test of capacity, which is a rights-based approach that is in line with the UN's 2006 Convention on the Rights of Persons with Disabilities and also with the Government's *Assisted Decision-Making (Capacity) Bill 2013.*

3. The legislation to replace section 5 of the 1993 Act should provide that a person has capacity to consent to any sexual act where he or she is able to choose to agree to the specific sexual act involved (including where he or she has been given suitable decision- making assistance) because he or she:

   (a) understands the nature and reasonably foreseeable consequences of the act;

   (b) can use or weigh up relevant information in deciding whether to engage in the sexual act; and

   (c) is able to communicate his or her decision (whether by talking, using sign language or any other means).

4. The new legislation should make clear that no offence is involved where two persons whose capacity to consent may be at issue (such as because of an intellectual disability) engage in a sexual act and where no exploitation or abuse of either person is involved.

5. The new legislation should cover all forms of sexual assault (including sexual assault and rape) and also any other acts that involve exploitation or abuse (such as unwillingly having to watch others involved in sexual acts).

6. The accused should, in general, have a defence of reasonable belief that the person has capacity to consent, but this defence should not be available to persons in a position of trust or authority (which should include close family members and professional carers) in relation to whom there should be a rebuttable presumption that he or she knew that the person did not have capacity to consent.

7. Guidelines should be developed for those working in the criminal justice system to identify current obstacles and examine methods by which the participation in court proceedings of persons covered by the proposed legislation could be enhanced.

8. National standards should be developed by all relevant agencies to ensure a consistent approach to sex education, which should include the risks of exploitation or abuse, for all persons affected by the reforms proposed in the Report.

Further details may be accessed at:
http://www.lawreform.ie/welcome/criminal-law.381.html

Some Developmental Challenges Unique to Lesbian and Gay Individuals by Ms. Ann Kelliher Ph.D., M.A., M. Coun.

Ann is a psychotherapist, supervisor and trainer. She practises in Tralee and Cork. email: annekelliher1@hotmail.com

Sexual Identity Development: Meaningful work with Lesbian and Gay (LG) individuals demands an understanding of their sexual identity development - the process by which they come to know, value and embrace more fully who they are. Such understanding supports the development of an effective therapeutic relationship. Cass (1979) outlines 6 stages in this formation:

Pre-stage 1: Individuals have not yet considered themselves to belong to the LG grouping. The majority culture of heterosexuality is understood to be socially desirable and a non-heterosexual orientation is seen to be stigmatised.

Stage 1: Identity confusion: Individuals have an awareness of personal thoughts and feelings that may be considered to be non-heterosexual. This awareness brings confusion. The central task of stage 1 is to resolve these feelings, to lessen discomfort and to grow in acceptance of one's sexual identity. The result of negotiating stage 1 is the acceptance or rejection of this identity.

Stage 2: Identity comparison: Individuals have begun to accept that they may not be heterosexual. This new self-image may be viewed positively or negatively. The challenges of being different, of feeling alienated, of dealing with the sense of incongruity in their lives, are now paramount. Strategies differ, with some focusing on what is positive in their new self-identity. Others retreat, becoming invisible and devaluing of who they are, for fear of social rejection, including familial rejection (HSE, 2009). This strategy is further intensified for many who belong to religions which denounce all or some aspects of being LG. The deeply felt isolation experienced by some of this group is due to their inability, at this time, to navigate successfully the emotional, psychological and philosophical divide between their religious and sexual identities. Others in this grouping see religion as irrelevant to them, or move to an alternative, inclusive religion when possible.

Stage 3: Identity tolerance: Individuals now acknowledge their sexual identity, though it may be tolerated rather than embraced. This stage includes disclosure of their identity, normally with other LG individuals. Some wish to continue to own a personal spirituality and others want to continue to express this within a formal religion. Frequently, due to the negativity towards religion by the very individuals who are welcoming them into the LG community, this aspect of their lives can be silenced. Members of the helping professions need to be extremely aware of this fact, and be all the more welcoming should clients wish to explore their spiritual identity with them.

Stage 4: Identity acceptance: In early stage 4, individuals continue to have different perceptions as to the acceptability of the self-identity. With on-going contact with other LGBT persons, there develops a stronger and more accepting sense of belonging to a minority sexual orientation grouping. This allows individuals the freedom to 'come out' to selected heterosexual persons. The core work of stage 4 is the owning and positive acceptance of one's sexual identity as an integral and wholesome part of one's self.

Stage 5: Identity pride: Tension between individuals' self-acceptance as LG and the cultural/social rejection of same, characterises stage 5. Individuals immerse themselves more fully in the LG community, seek out supportive heterosexual persons and reject those less tolerant. Pride in one's own identity, combined with anger at society's intolerance, empowers individuals to be 'out and proud'. Strategies to pass as heterosexual are increasingly abandoned.

Stage 6: Identity Synthesis: Individuals now reconcile the tension between social rejection and self-acceptance. Integration of the whole person may follow, with an appreciation that their sexual orientation is one part of a bigger whole/self. Reintegration into mainstream society now becomes increasingly possible.

Some people from the LG community may approach individuals in the helping professions during one or more of these stages. Without due training, professional safety standards, to which clients have a right, cannot be maintained.

Professional training: In Ireland there is currently a dearth of recognised, counselling courses in relation to working with the LG population. This deafening silence is a worldwide situation and stems from a wider social issue. According to Fontaine and Hammond (2010), in a culture "uncomfortable about adult sex and worried about adolescent sexual behaviour, the idea of homosexual sex generates hostile and almost reflexive contempt." The author cannot speak of training in the other helping professions. However, it is hoped that the training landscape is more vibrant there.

Conclusion: This article has skimmed the surface of the challenges met by LG clients, and by professionals, as this client body journeys towards personal identity, including sexual identity, and sexual integration. These challenges affect individuals' perceptions regarding self, the world, and the Transcendent. Professionals need to be ready and able to work with clients in any of these areas (Hermann and Richter Herlihy, 2006). This demands basic and ongoing training.

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The Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012

by Dr. Catherine O'Sullivan, Law Faculty, University College Cork
and former presenter on the FPSHP

The Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012 creates two new offences–the offences of withholding information on certain offences against children (s.2) and against vulnerable persons (s.3). Although it came into being following the publication of a number of reports into clerical child sexual abuse, the *2012 Act* is not directed only at members of the Church, but applies to anyone with such information. Neither is the statute focused exclusively on sexual abuse. In addition to various sexual offences, Schedule 1 to the *2012 Act* also criminalises withholding information on murder, manslaughter and a variety of non-fatal offences including assault and false imprisonment.

The focus of this brief article will be on s.2 and how it fits with the *Children First Guidelines*. It will be written with the obligations of a HSE worker in mind (i.e. someone who is not related to the child).

> "If a HSE worker "knows or believes" that a scheduled offence has been committed against a child, it is an offence for him/her to withhold information".

If a HSE worker "knows or believes" that a scheduled offence has been committed against a child, it is an offence for him/her to withhold information which could lead to the "apprehension, prosecution or conviction" of the perpetrator". The worker is obligated to disclose this information to the Gardaí "as soon as ... practicable" (s.2). The inclusion of the word "believes" is significant. Knowledge usually requires direct evidence or a formal allegation. Belief on the other hand can be based on an unverified but strongly felt suspicion. The inclusion of the word "believes" therefore allows, indeed requires, a HSE worker to report concerns to the Gardaí at an earlier stage than might have been the case previously. In doing so it gives weight to the non-statutory *Children First Guidelines* where HSE workers are encouraged to make informal contact with the Gardaí where a case lacks sufficient grounds for formal notification (para. 7.5.1). The obligatory nature of the disclosure in the *2012 Act* also strengthens the protection provided to workers against potential civil liability claims by s.3 of the *Protections for Persons Reporting Child Abuse Act 1998*. It is clearly "reasonabl[e]" to report in circumstances when you could be charged with a criminal offence if you did not.

> "The obligation to disclose to the Gardaí is in addition to any other disclosure obligations that the worker may have (s.2(5)).

The obligation to disclose to the Gardaí is in addition to any other disclosure obligations that the worker may have (s.2(5)). Put simply, this means that reporting to a designated person under the *Children First Guidelines*, is not sufficient to discharge your obligations under the *2012 Act*. Similarly, reporting to the Gardaí does not replace your obligation to report to a designated person. This section also strengthens the protection given by s. 4 of the 1998 Act, where an employee cannot be penalised by their employer for reporting a suspected case of child abuse to the Gardaí.

Section 4 of the *2012 Act* provides a number of defences to a s.2 charge. First, the obligation to disclose can be negated if the child, who has attained the age of 14 and has the capacity to decide for him/herself, requests that the matter not be disclosed. It is presumed that a child under the age of 14 does not have the capacity to make such a decision for him/herself (s.4(2)). However this presumption can be rebutted with reference to the specific abilities of the child in question. This would be similar to the *Gillick* competence test. Second, the worker may rely on the request of a parent/guardian of the child not to disclose (s.4(4)), as long as that request was made "*bona fide* in the best interests of that child" (s.4(6)). However if the parent/guardian is related to the suspected abuser/offender, such a request cannot be relied upon (s.4(7)) unless the worker has "reasonable grounds" for believing that non-disclosure is in the best interests of the child (s.4(11)). Similarly health professionals who are treating the child for the physical and mental effects of the harm in question can decide not to disclose the crime if s/he determines on "reasonable grounds" that disclosure would be contrary to "the health and well-being of the child ..." (s.4(12), (13)).

The *2012 Act* therefore represents another step in the right direction where the protection of children is concerned. This is because the focus of the statute is the best interests principle, as evidenced not only by the inclusion of the word "believes" to increase the breadth of the disclosure obligation, but also by the presence of defences which allow for non-disclosure where it would compound the harm done. The latter in particular is important as the criminal law should be an added weapon in the arsenal of child protection rather than a blunt instrument that creates further trauma.

Sexual Health in Postpartum Women

by Ms. Deirdre O'Malley, HRB Research Fellow, School of Nursing and Midwifery, Trinity College Dublin

The issue of women's sexual health after birth is an area of growing interest for women and healthcare professionals alike. Parenthood is a unique and demanding experience for any mother; it is a time of dramatic changes to: roles, intimacy, sexual lives, levels of energy and priorities. Many changes are a normal part of transition, yet some changes have the potential to cause undue anxiety and to negatively impact on women's postpartum sexual health.

Research in the area, although relatively recent, has explored the impact of pregnancy and birth on a variety of outcomes, such as, resumption of sexual intercourse, levels of desire and arousal, orgasm, vaginal lubrication, sexual satisfaction and the presence of pain during intercourse (dyspareunia). Findings from these studies suggest that by eight weeks postpartum, 65% of women had resumed sexual intercourse, increasing to 78% by week 12 and 94% by 24 weeks (McDonald 2013). Levels of desire and arousal, decreased slightly immediately postpartum, resumed to pre-pregnancy levels between 6 and 12 months. Dyspareunia was experienced by up to 62% at three months, 31% at six months and 11% at 12 months after birth. For the majority of women this did not significantly impact on their quality of life, but for a few it was considered a major problem (Barrett et al. 2000., Schytt et al. 2005, Baksu et al. 2007)

In addition to using a variety of measurement tools, qualitative research on women's experiences provides some other important insights into issues of body image, fatigue, communication with partner, changing intimacy and changing roles. Physical changes such as weight gain, breast changes, abdominal striae, varicose veins and a lack of sleep can all affect a woman's self-perception of her body image, post birth. Both Woolhouse (2012) and Olsson et al. (2005), in a series of qualitative interviews, identified that women felt unattractive and self-conscious about their bodies and this negatively impacted on their perception of their sexual self and their sexual relationships.

Possible risk factors for altered sexual health in postpartum women: Operative vaginal birth (forceps or vacuum) strongly correlates with impaired postpartum sexual function. In a systematic review, including six non-randomised studies that focused on the relationship between mode of birth and sexual health in postpartum women, an increased delay in resumption of sexual intercourse, increased dyspareunia, sexual problems and perineal pain were found in women who underwent operative vaginal birth compared to women who had spontaneous vaginal birth or caesarean birth (Hicks 2004). Women who had an episiotomy (incision in the perineum) or a second degree tear, compared to those who had an intact perineum were more likely to delay resumption of sexual activity, had lower levels of arousal, orgasm and sexual satisfaction and had dyspareunia three months after birth (Williams 2007). In van Brummen et al. (2006), one of the strongest indicators for women being sexually inactive 12 months postpartum was a third or fourth degree perineal tear during birth.

One might assume then that caesarean birth would provide a protective element to women's sexual health, as damage to the pudendal nerve and the musculature of the pelvic floor is avoided. However, research findings have been inconclusive. Barrett et al. (2005) and Klein et al. (2009) conclude that any protection offered by caesarean section to sexual health, is short term only; there were no differences noted in outcomes from vaginal birth versus caesarean section at six and 12 months.

Another factor that may impact on women is oestrogen levels. Postpartum oestrogen levels are low in breastfeeding mothers, resulting in reduced vaginal lubrication and atrophy of the vaginal epithelium leading to vaginal dryness and associated dyspareunia. However, it is important to note this resolves once breastfeeding ceases and simple practical advice on the use of lubricants can resolve this discomfort for women.

Sexual health in postpartum women is multifaceted; as healthcare professionals it is our responsibility to provide information to women during the antenatal periods, recognise changes that might occur in the postpartum period, and provide reassurances and practical advice to women. Equally as important is our role in recognising pathological changes that may require counselling and referral to multidisciplinary services.

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Alcohol and Breastfeeding

by Dr Tanya M. Cassidy, Medical Sociologist
affiliated with the Anthropology Department at NUI Maynooth.

Consideration of the effects of alcohol and breastfeeding needs to take into account various factors, such as how much alcohol is consumed, patterns of consumption, the time between consumption and nursing an infant, and the age of the infant. What a mother eats and drinks affects the taste of her milk and this can create nursing issues. Research has also shown that alcohol impairs the 'let-down' reflex, making it harder for an infant to get milk to come out. Although more research is needed in this area, we can argue that biological delays regarding the release and volume of milk can have direct effects on infants, and can lead to decisions to introduce formula feeding.

> "What a mother eats and drinks affects the taste of her milk and this can create nursing issues".

There is much research available illustrating that health outcomes, including reductions in infectious morbidity, childhood obesity, type 1 and type 2 diabetes, leukaemia, and sudden infant death syndrome, are substantially different among mothers and infants who formula feed compared with those who breastfeed. It is unsurprising, therefore, that mothers are seeking evidence-based information regarding optimal post-pregnancy behaviour and lactation.

Consensual policy advice in the western world recommends total abstinence during breastfeeding. However, anthropologists and other researchers have found that alcohol consumption in child-bearing women appears to be the cultural norm among women of child-bearing age globally. In Ireland a study conducted at the Coombe Women's Hospital found that almost two-thirds (63%) of the 43,318 women surveyed said they drank alcohol during their pregnancy. The situation is shown in stark relief when the number of women who stopped drinking during pregnancy 13.2% is contrasted with the almost 50% who gave up smoking.

> "63% of the 43,318 women surveyed said they drank alcohol during their pregnancy".

It is significant that Ireland has one of highest rates of alcohol consumption in Europe, and one of the lowest breastfeeding rates. However, the national breastfeeding survey showed that very few women stated explicitly that they stopped breastfeeding in order to be able to drink alcohol. In Northern Ireland however, similar research found that some of the mothers interviewed never initiated breastfeeding, so that they might accommodate a drinking lifestyle.

Interestingly, separate research has demonstrated that women who consume alcohol during lactation are not necessarily women considered by health professionals to be at high risk of alcohol intake. Norwegian, New Zealand and Australian data all indicate an association between alcohol intake during lactation and a higher level of education and household income. Women with a higher education level and income are the women most likely to breastfeed as well as being more likely to consume alcohol daily, with direct effects on their breastfeeding.

Dr. Roslyn Giglia from Curtin University in Perth, Australia and I have conducted a systematic Cochrane review of research on alcohol and lactation. As we examined the available data, it was clear that many studies mention the issue of alcohol and breastfeeding as an extension of pregnancy and there has been limited work on alcohol and breastfeeding specifically. This is not surprising given the complexity of the issue; the social and cultural barriers around the accuracy of self-reported alcohol consumption and the inherent pressures on any mother to play down her level of alcohol consumption in order to meet perceived cultural expectations. Two American studies have argued that education intervention by health care providers for at risk mothers can reduce consumption. If a mother is told not to drink at all, she might be discouraged from breastfeeding in the first place, or it may influence a decision to end breastfeeding early. Advice needs to recognise that breastfeeding rates are generally low and that, on a population level, there are societal benefits if more babies are breastfed for longer than is currently the case. The issue might better be considered one of parenting and alcohol consumption, as someone needs to be "sober for the sake of the children".

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

Ms. Heather Purcell, Senior Occupational Therapist, HSE South

Describe the work of an Occupational Therapist (OT) and your particular role with the Health Service Executive

OTs work with people to promote health, prevent disability and develop or maintain their abilities. This is achieved through; education in which a person learns a new skill to enable them to continue with their daily activities; adapting their home, school or work environment to facilitate their productivity and the provision of equipment to enable them to continue with their lives.

My role as an OT: I am a senior occupational therapist (OT), working in a community hospital for older adults in the HSE South. My patients would have conditions such as stroke, Parkinson's disease, heart disease and other age related diseases. They may need help with the following;

- Self-care, such as, bathing, dressing, shopping, cooking and eating.
- Being productive, such as, paid or unpaid work, housework, play and school.
- Leisure activities, such as, hobbies, social and extra - curricular activities.

What attracted you to the FPSHP programme?

I chose to do the FPSHP as I wanted to develop skills in active listening and open communication to enable me to support my patients. As an OT it is important to identify and discuss clients' concerns.

Considering the sexual health aspects of a client's needs was a strong part of my training in the UK. However, working in the Irish context where the subject is almost taboo, I wanted to further develop my ability to address these issues within the holistic ethos of occupational therapy.

Can you give some examples of your clients' sexual health issues?

I am seeing many more people who, following an adverse medical event, are experiencing a range of difficulties in relation to sexuality. These include, but are not restricted to, those associated with sexual functioning. Indeed, some clients question their entire role and worth because their notion of what it is to be a man or a woman is challenged in a variety of ways. They may experience stress, low self esteem and depression as a response to the disconnection between what they see as their current situation and what they perceive as their previous identity. Partners can also experience difficulties in the changed circumstance and may not be able to relate to the person in the same way as before. Many of these sexuality health issues require a multi-disciplinary approach to provide the fullest support available with the intervention of medical, psychotherapy and OT personnel as appropriate.

As an OT, I would also be aware that sometimes, in an effort to provide for a person's physical needs, seemingly small, but vital, things may be overlooked or may be unavailable without private financial resources e.g. the usual practice of providing a single rather than a double hospital bed to a client living at home may necessitate their partner sleeping in another bed or perhaps another room. The enforced loss of habitual intimacy, which may or may not include sexual activity, can be devastating for all concerned. Also, if a move into residential care is required or the person has to live in the family home, then privacy to allow for sexual intimacy can be a problem.

More attention needs to be paid to these topics as the health benefits of a positive sense of self and having a desired level of intimacy and sexual activity are well known and there are many practical things that can be done to support clients in these important aspects of their lives. In my experience, given the opportunity, 99.9% of people want to speak about their intimate lives; some may need information or further support but others just need to speak and know that they have been heard.

Did the FPSHP enhance your ability to integrate sexual health into your work?

I found the networking with people who work in other disciplines and agencies really useful. In addition, although I sometimes questioned the use of experiential methodology, I have since seen the benefits in some real life situations. I am now able to deal with various sexual health issues or at least open up the conversation. I also refer on and work in partnership with other disciplines as the situation requires.

In 2014, I will be cascading my learning by running a short sexual health programme for my colleagues. This will include exploring the benefits of the following in relation to sexual health promotion:

- Active listening without being hampered by a need to fix or save
- An open approach which considers the determinants of health and tries to avoid judgement or acting on assumptions or stereotypes
- Reflective practice which looks at personal values and attitudes in relation to sexual health and how these might impact on the work with clients.

I believe that sexual health is fundamental to a person's wellbeing. It is not just about sexual activity but about being at peace with yourself. Health professionals need to find ways to embrace sexual health as a part of our everyday work. Completing the FPSHP is one way of overcoming generations of silence.

Service Profile

Teen Parent Support Project (TPSP) Cork City

by Ms.Trish Hurley, Project Worker, RGN, BSc Nursing, MA (hons)

The Teen Parent Support Project (TPSP) has been providing services and supports to young parents and their families in Cork city and county for the past eight years. There are 11 TPSPs throughout the country. Each project is individually managed by a sponsoring organisation within the community, but all have the same ethos and focus. The TPSP in Cork is funded by the Child and Family Agency called Tusla and managed by St Anne's Day Nursery which has a long history of working with young families.

The TPSP'S philosophy is to facilitate the young parent to build life-skills, parenting skills and to support positive self-development and well-being for both themselves and their children.

The TPSP target group consists of pregnant and parenting teenagers (mothers and fathers) who are 19 years old and under, and their children up to the age of two years. Grandparents of teenage parents are also supported.

Supports provided by the TPSP:

- Parenting support and information
- Health and wellbeing/teen yoga classes
- Accessing education/training and employment
- Childcare issues
- Babywise Programme*
- Relationships with partner/family
- Accommodation needs
- Managing money and entitlements
- Inter-cultural issues
- Interagency collaboration.

* The "Babywise Programme" is offered to all parents at the pre-natal stage. This is a custom-made programme aimed at building practical parenting and personal development skills. Knowledge and skills developed during these "Babywise" sessions are then put into practice after the birth. TPSP maintains contact with the young parents on a regular basis to ensure support and information is available when needed and problems are dealt with before they escalate and become bigger issues.

The TPSP can advocate on behalf of the client where appropriate, if they feel that the voice of the young parent is not being heard.

A clients' journey through the service

The ethos of the TPSP is based on a holistic approach and therefore aims to work with the young person as part of the greater family unit where possible. Support is offered to the young parent and her/his child, the baby's other parent, the grandparents and other family members where necessary.

The young parent can self refer or they can be referred through a more formal route via social workers, public health nurses, GPs, youth/community workers, schools, community based services etc. The period of support can commence anytime from the early pre-natal period up until the child is two years old.

Clients can engage with the TPSP on a one-to-one basis through office appointments or home visits, by phone/text or by email.

TPSP also provides various group activities at different stages of the year:

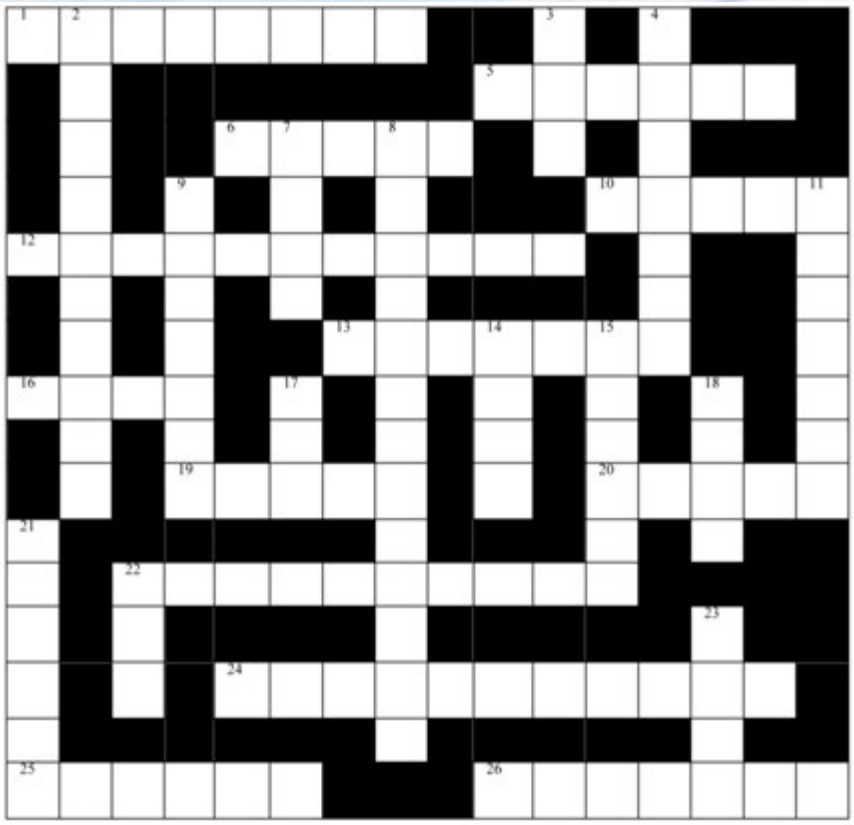
- Evening parenting courses
- Infant and child first aid
- Basic cooking and independent living skills
- Talks given by guest speakers on various topics relevant to young parents.

The contact details for TPSP Cork City are: 34 Paul Street (2nd floor) Tel: (021) 4222987.

Sexual Health Brainteasers

Cross Word Theme is Lifecourse

This Crossword and Word Search are suitable for use with young people in Junior Cycle and above. They can be used to explore terminology and themes or to facilitate discussions on the importance of the lifecourse in relation to sexual health promotion.



Across

1. Can be affected by mood and hormones (8)
5. A form of human expression from birth to death (6)
6. Teens may seek this as they assert their personal independence (5)
10. Common source of sexual reference for adolescents (5)
12. Method of learning and discovery (11)
13. Space required for freedom for sexual activity (7)
16. Careless remark that may hurt (4)
19. Nuptial choice (5)
20. Sensation associated with an STI (5)
22. Key to being comfortable in ones skin (10)
24. Needs to be age and developmentally appropriate (11)
25. A pleasurable outcome of sex (6)
26. Absorbance of sexual messaging starts in...(6)

Down

2. A normal childhood activity often frowned upon by adults (8)
3. A word that implies consent (3)
4. Everyone has to go through it to get to adulthood (7)
7. Can accompany menstruation (4)
8. Informational requirement during the reproductive years (13)
9. Parent who is open to questions is said to be an _____ parent (7)
11. Influences and reinforces sexual values and attitudes (7)
14. Optional wedding attire (4)
15. Alternative or option (6)
17. Children begin to develop awareness of gender at this age (3)
18. Sexually titillating (4)
21. May decrease with age (6)
22. Not a predicator of sexual activity in adults (3)
23. Entering the world (4)

Word Search Theme is Lifecourse

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

This Word Search is suitable for use with young people in Junior Cycle and above. They can be used to explore terminology and themes or to facilitate discussions on the importance of the lifecourse in relation to sexual health promotion; created by Mr. Martin Grogan Health Promotion officer and facilitator of the FPSHP.

- INFANCY
- NO
- CHILDHOOD
- ADOLESCENCE
- LOVE
- LIFE
- SELF-ESTEEM
- DEATH
- COURSE
- OLDER
- YES
- GENDER
- BIRTH
- ROLES
- VALUE

Cross Word Solution

Across: 1. Emotions. 5. Sexual. 6. Space. 10 Peers. 12 Questioning. 13 Privacy. 16 Barb. 19 Elope. 20 Itchy. 22 Acceptance. 24 Information. 25 Orgasm. 26. Infancy.

Down: 2 Masturbate. 3 Yes. 4 Puberty. 7 Pain. 8 Contraception. 9. Askable. 11 Society. 14.Veil. 15 Choice. 17 Two. 18 Racy. 21 Libido. 22 Age. 23 Born.

Health Promotion and Improvement, Health and Wellbeing Division, HSE South Local Offices

It is essential to ring in advance to reserve a library item and to arrange a visit to the library.

County	Office	Telephone	Times Available Appointment only
Wexford	Wexford Health Promotion and Improvement, HSE South, Whitemills Industrial Estate, Wexford Town, Wexford	(053) 9185784	Monday – Friday 10am – 12 noon
Waterford	Health Promotion and Improvement, HSE South, St Catherine's Hall, Waterside, Waterford	(051) 842911	Monday 9am – 5pm Tuesday – Thursday 9am – 1pm
South Tipperary	Health Promotion and Improvement, HSE South, South. Tipperary Community Services, Western Road, Clonmel, Co. Tipperary	(052) 6188276	Monday – Thursday 9am – 5pm Friday 9am – 12noon
Kilkenny	Health Promotion and Improvement, 1st Floor St. Canice's Hospital, Dublin Road Kilkenny.	(056) 7761400	Monday – Friday 9am – 5pm
Carlow	Health Promotion and Improvement, St Dympna's Hospital, Athy Road, Carlow.	(059) 9143630	Monday – Friday 9am – 4pm
Cork	Health Promotion and Improvement, Eye, Ear and Throat, Hospital, Western Road, Cork	(021) 4921641	Monday – Friday 9am – 5pm
Killarney	Health Promotion and Improvement, Block 1, St. Columbanus Hospital, St. Margaret's Road, Killarney, Co. Kerry	(064) 6670763	Monday – Friday 9am – 5pm
Tralee	Health Promotion and Improvement, Kerry Community Services, Rathass, Tralee, Co. Kerry	(066) 7195617	Tue, Wed, Thur 8.30am – 5pm Friday 8.30am – 4.30pm
Skibbereen	Health Promotion and Improvement, Coolnagarrane, Skibbereen, Co. Cork	(028) 40480	Monday to Wednesday 8am – 4pm

Health and Well-Being Events 2014

APRIL	April 1-30	Bowel Cancer Awareness Month Irish Cancer Society Phone: 01-2310 500 www.cancer.ie
	April 5	National Public Speaking Finals Mental Health Promotion in Schools P 01-2841166 www.mentalhealthireland.ie
	April 7	World Health Day WHO http://www.who.int/campaigns/world-health-day/2014/event/en/index.html
	April 7-11	National Stroke Awareness Week Irish Heart Foundation Phone: 01-6685001 www.irishheart.ie
	April 24-30	World Immunisation Week WHO http://www.who.int/campaigns/immunization-week/2014/event/en/index.html
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 1	Sunsmart Skin Cancer Awareness Irish Cancer Society Phone: 01-2310 500 www.cancer.ie
	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 7	Young Social Innovators Conference Phone: 01-6458030 Email: info@youngsocialinnovators.ie www.youngsocialinnovators.ie
	May 12-16	Active School Week Active School Week http://www.activeschoolflag.ie/
	May 15,16,17	Happy Heart Weekend Irish Heart Foundation Phone: 01-6685001 www.irishheart.ie
	May 21	World Day for Cultural Diversity for Dialogue and Development www.un.org/en/events/culturaldiversityday/index.shtml
	May 28	World MS Day :MS Ireland www.ms-society.ie/blog-articles/1492-world-ms-day-2014 Phone 016781600
	May 31	World No-Tobacco Day WHO Phone: +41227912108 Email: tobaccofree@euro.who.int www.euro.who.int/tobaccofree
JUNE	June 1-30	Skipathon Schools Campaign Irish Heart Foundation Phone: 01-6685001 Email: info@irishheart.ie www.irishheart.ie
	June 2	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 9 -15	International Men's Health Awareness Week Men's Health Forum in Ireland www.mhfi.org
	June 9 -15	National Carers Week http://www.carersweek.ie/ www.carersireland.com Phone 1800240724 Email info@carersireland.com
	June 14	World Blood Donor Day WHO http://www.who.int/mediacentre/events/annual/world_blood_donor_day/en/ www.giveblood.ie
	June 14-22	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
JULY	July 11	World Population Day United Nations Population Fund www.unfpa.org/public/world-population-day
	July 28	World Hepatitis Day World Hepatitis Alliance www.worldhepatitisalliance.org/en/who-what-where-when-and-how.html

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