

**Social  
Democrats**



# Sexual and Reproductive Health

Policy Document



# Introduction

The World Health Organisation (WHO) defines health as a state of complete physical, mental and social well-being. The WHO recognises that the concept of health refers to far more than just the absence of disease or infirmity. It includes reproductive health, or sexual health, and addresses the reproductive processes, functions and system at all stages of life.<sup>1</sup> The definition recognises that reproductive health refers to one's ability to conduct a responsible, satisfying and safe sex life. Inherent in that are the rights of people to choose if and when they reproduce. In order to vindicate those health rights, it is incumbent on a society to provide information on and access to safe effective, affordable and acceptable methods of fertility regulation and to appropriate healthcare services that will enable people to go safely through pregnancy and childbirth maximising the likelihood of a healthy birth.

*“The notion of sexual health implies a positive approach to human sexuality, and the purposes of sexual health care should be the enhancement of life and personal relationships, and not merely the counselling and care related to procreation or sexually transmitted diseases.” (WHO 1975)*

### The WHO definition of Sexual and Reproductive Health can be defined under three broad headings:

- Responsible and satisfying sex life
- Reproductive Freedom – the freedom to decide if and when to procreate.
- Safe Motherhood (attaining optimal maternal and new-born health)

The Social Democrats embrace and support these definitions and believe that promoting societal attitudes and behaviours based upon these definitions can help ensure a positive and healthy culture regarding issues of sexuality and reproduction. For too long, issues of sex, relationships and reproductive choice have been either taboo or polarised. We believe that Irish citizens in the modern Republic are capable of having mature conversations which cultivate attitudes that allow for healthy sexual expression and associated reproductive choices. A modern Irish Republic must ensure that healthcare is offered to all citizens equally.

Everyone has the right to the enjoyment of the highest attainable standard of healthcare which is based on the best available evidence in order to deliver a state of physical, mental and social well-being. This document sets out the framework to help deliver on those objectives in the area of sexual and reproductive health.

The Social Democrats recognise that issues regarding sex, sexuality, and reproductive choices are very personal matters. We understand that individual views will differ, and we will always respect those differences. The Social Democrats support a rights-based approach to the issues.

The Irish Human Rights and Equality Commission (IHREC) and other international human rights bodies have been unequivocal in saying “there is a clear human rights, socio-economic equality and gender equality case for a revised and expanded framework for access to abortion services in Ireland”.



For this reason, the IHREC has explicitly recommended the following:

*“The State approach legislation for and regulation of access to abortion services in Ireland primarily as a matter of healthcare policy, in line with its obligation under international human rights law to vindicate the right of both men and women to the highest attainable standard of physical and mental health.”*

Ireland has consistently been rebuked by the UN for breaching International Human Rights legislation when it comes to providing maternal health care. Reproductive rights have long been recognised as human rights and are enshrined in international treaty provisions. Ireland has yet to address the issues raised by UN bodies.

There are many factors that underpin sexual and reproductive health and the decisions that people make. Other policy commitments of the Social Democrats relate to some of those factors, including supporting parenting through extending paid parental leave, affordable childcare, reduction of the cost of living, the eradication of child poverty and supporting people with disabilities and their families.

It is clear that despite very significant advances in equality for LGBTI people in the last number of years, that significant issues remain to ensure the full and equal participation of people in Irish society, regardless of their sexual orientation, gender identity, gender expression or sex characteristics. This extends far beyond sexual health, and the Social Democrats support the development, resourcing and implementation of the LGBT youth strategy and of an overarching equality strategy for all LGBTI people.



# Sexual Health

An adult population with a healthy and informed perspective on sexuality and relationships begins with a good education in the fundamentals of sexualities and relationships for children and adolescents. International research is clear that schools have a role to play, in tandem with families, in educating children on sexual health, development and relationships.

The UN Convention on the Rights of the Child states that children and young people have the right to enjoy the highest attainable health, access to health facilities and access to information which will allow them to make decisions about their health, including family planning. Despite this, the delivery of Relationships and Sexuality Education in Irish schools lacks both consistency and objectivity. While there is an RSE curriculum, schools are free to teach in line with their ethos. RSE often lacks emphasis on the positive aspects of sexuality, focuses on sex in the context of the heterosexual marital relationship and fails to provide accurate information on critical issues that run contrary to the ethos of the school, such as sexual orientation and contraception. In the 2015 Department of Education and Skills Life Skills survey, 48% of primary and 55% of secondary schools indicated that they relied to some extent on external agencies, often agencies with explicit religious connections, to deliver RSE.

It is evident that the current provision of relationship and sexualities education is patchy at best and disseminates misinformation at its worst. Some of the consequences of this can be seen in rising STI infection rates. A 2015 report from the European Centre for Disease Control shows a worrying increase over the past decade in Ireland in the incidence of STI transmission and

diagnosis, with gonorrhoea, chlamydia and syphilis on the rise; 2016 showed a record number of new HIV diagnoses. Increased provision of sexual health services, both specialist and GP provided, country-wide availability and promotion of sexual health checkups for all, including the further provision of rapid-test HIV testing, and measures to destigmatize STI testing are crucial to address these trends.

The National Sexual Health Strategy 2015 – 2020 outlines a vision ‘that everyone in Ireland experiences positive sexual health and wellbeing’ and the aim is for the strategy to

*improve sexual health and wellbeing and reduce negative sexual health outcomes by ensuring that everyone living in Ireland has access to high quality sexual health information, education and services throughout their lives.*

This aim is delivered through goals on sexual health promotion, education and prevention; provision of sexual health services and enhanced sexual health intelligence. It is now half way through the National Sexual Strategy 2015 to 2020, and a review of the implementation of the strategy would help to identify areas where priority actions are needed.

It is becoming increasingly obvious that we are failing to promote a culture of consent. We need to build a model of sexualities education fit for contemporary society which ensures that all young people are fully aware of their right to consent to or decline a sexual encounter and which enables young people to recognise where consent is given and where it is not. We also acknowledge that it is not only young people who may need education on relationships and



sexuality and consent, and that adult-orientated resources and supports should be provided that extend throughout a person's whole life.

The Social Democrats firmly believe that we owe it to the next generation to equip them to make safe, healthy, respectful, consensual choices.

**The Social Democrats advocate the drawing up of a holistic comprehensive sexuality education programme that is age-appropriate and that integrates key components such as:**

- Body positivity
- Gender identity and gender expression
- Relationships
- Sexual orientation
- Fertility
- Consent awareness and sexual rights
- Sexual and reproductive health
- Sexual pleasure
- STI Education and prevention
- Safety on social and digital media in the context of sexuality

A schools programme should be developed by the Dept. of Education in consultation with the HSE, TUSLA and relevant bodies, following best practice approaches, with adequate training for teachers or programme providers. Where external agencies are delivering the training, there should be regulation and oversight to ensure that the agreed programme is being delivered. Schools should not be able to opt out or modify the provision of such information. All schools should be obliged to deliver the programme as outlined.

While we acknowledge that there may be some concerns amongst schools or parents around sexuality and relationships education leading to earlier sexual initiation, research consistently shows that adolescents provided with positive comprehensive sexualities and relationships education do not have sex at a younger age than their 'abstinence only' counterparts and are more likely to use appropriate contraceptives and STI protection when they do engage in sexual activity.

There is also significant scope for parallel programmes to provide support to parents or guardians as they provide relationships and sexuality information to their children.



# Reproductive Health

## ***Reproductive Rights***

Reproductive rights have long been recognised as human rights and the ability of a person to choose how, when and if they reproduce is recognised as one of the most fundamental freedoms. It goes to the core of recognising a person's ability to control what happens to their own person, what is commonly referred to as the right to bodily integrity.

Reproductive rights encompass a number of areas, everything from the provision of adequate information and education; addressing infertility; the availability of contraception; the ability to access maternal healthcare guaranteeing a safe pregnancy with the best possible outcome; and the ability to terminate a pregnancy when such an intervention is requested up to a certain point and medically indicated after that point

## ***Reproductive Health***

Reproduction and sexual health are key components of general health and impact not just on people who are sexually active or people who have the potential to procreate. Reproductive health issues can and do impact on people's general health.

There are four key components to reproductive health that this policy focusses on:

### **1: Prevent, Diagnose and treat infertility**

Every person must have the right to choose whether or not they wish to plan and found a family and whether or when to have children. Unfortunately, for those experiencing fertility

issues, that choice is removed from them. It is estimated that one in six Irish couples struggle with fertility.

While there are many causes of infertility, improvements in some areas of provision may reduce fertility issues for some people. These include increased availability and promotion of regular sexual health check-ups; improved gynaecology services for younger women and improved services for women who suffer from issues that may affect fertility, for example, endometriosis.

With regard to fertility treatments, the Social Democrats believe that everyone has the right to the benefits of scientific progress including that all clients of sexual and reproductive health services have access to new reproductive technologies which are safe and acceptable, including IUI, IVF, donor gametes and other technologies. Such services should be available for all through the public health system.

Public information programmes on the services available in this area of medicine are crucial to ensure that people are free to make informed choices regarding their reproductive options.

Currently Assisted Human Reproduction (AHR) is not regulated in Ireland. The Social Democrats support the regulation of AHR and the development of codes of conduct for fertility services, whether publicly or privately provided.

### **2: Reduce unmet need for Contraception**

After good quality, age appropriate sexual health education the next step in guaranteeing reproductive healthcare choice is the provision



and accessibility of contraception - both preventative and emergency contraceptive options. It is vital to tackle misconceptions and mistruths regarding some methods of contraception and ensure that the widest possible range of evidence-based and effective methods are accessible and affordable to those seeking them.

To truly ensure that, in so far as is possible, every pregnancy is a wanted pregnancy we must ensure that all barriers to the availability and affordability of preventative and emergency contraception are removed – particularly for vulnerable, disadvantaged and traditionally hard to reach groups.

Ireland currently is one the most expensive places to buy condoms in the EU. As a barrier method of contraception, condoms not only prevent pregnancy they also significantly reduce the risk of sexually transmitted infections (STIs). Yet condoms, and other barrier methods such as barrier gels, are subject to a VAT rate of 13.5%. Conversely, oral contraceptive methods which are effective in preventing pregnancy but have no preventative role in the transmission of STIs attract a 0% VAT rate. The most effective ‘Morning After Pill’ on the market currently costs €65 in Ireland in early 2018, thus putting it outside the reach of many, particularly younger people. Other forms of contraception, including long-acting reversible contraceptives are unaffordable for very many. Additionally, pre-exposure prophylaxis (PREP), recognised as a crucial factor in preventing new HIV infections is now available in generic form, but is still prohibitively expensive for many who may need it.

### The Social Democrats believe that contraception should be:

- **Affordable** – including widely available free to those who need it
- **VAT exempt** & subject to maximum pricing limits, when to be paid for
- **Readily available** from a variety of sources designed to eliminate any stigma associated with their procurement.

### 3: Ensure Maternity Care which guarantees safe motherhood

Maternity care in Ireland is not standardised. Depending on the hospital or a person’s geographic location, access to scans and other elements of best practice maternal health care varies considerably. In a recent submission to the Oireachtas Committee on the 8th Amendment Professor Fergal Malone (Master/CEO Rotunda Hospital Dublin; Chairman Department of Obstetrics and Gynaecology, Royal college of Surgeons in Ireland School of Medicine; International Fellow of Obstetrics and Gynaecology; and practicing obstetrician) noted that “screening for foetal abnormalities is quite limited in Ireland compared with most other developed countries.” He further noted that the provision of a simple blood test as early as 9-10 weeks of pregnancy could detect 95-99% of chromosomal abnormalities. At the moment that test is only available to patients in Ireland as an opt-in service for those who can afford to pay for it. This means that some parents are missing out on vital interventions that could ensure optimal maternal and new-born health.



The National Maternity Strategy 2016-2026 says:

*“All women must have equal access to standardised ultrasound services, to accurately date the pregnancy, to assess the foetus for ultrasound diagnosable anomalies as part of a planned Prenatal Foetal Diagnostic Service, and for other indications if deemed necessary during the antenatal period.”*

The National Maternity Strategy makes no provision for first trimester screening which is standard practice in most other European countries. First trimester screening can allow for the detection of a range of foetal abnormalities which can inform the medical care offered for the duration, if any, of the pregnancy. It also allows for the person to make informed choices regarding the continuation of the pregnancy or indeed the future plans for the pregnancy, delivery and post-partum period. Such advanced screening can be purchased privately at significant cost thus putting it outside the reach of many pregnant people. Currently a person in Ireland is generally only offered a ‘dating scan’ which does not screen for other issues that may arise in pregnancy and the point in pregnancy where this is offered varies widely depending on the hospital attended; the geographic location; the doctor on duty; and many other variables, which ensure that some people are not getting access to the first scan until roughly 20 weeks.

The National Maternity Strategy does reference scans for ‘diagnosable abnormalities’ - the anatomy scan which is generally referred to as ‘the big scan’ performed between 18-22 weeks. In practice however the availability of this scan is also ad-hoc. Presenting to the Oireachtas Committee on health in February 2017, Prof

Louise Kenny and Dr Peter Boylan, presenting on behalf of the Institute of Obstetricians and Gynaecologists noted:

*“Overall in 2016, more than a third of women attending antenatal services in Ireland, some 23,000 women, did not receive a foetal anomaly ultrasound.”*

Healthcare in pregnancy cannot be variable depending on your postcode or bank balance or your capacity to access information. There should be consistent provision of the variety of services across the country, including of midwife-led care and options for home births, and including other areas of maternity care, such as breastfeeding support. Information on all of these services should be provided in an accessible way, including in languages that reflect the diversity of Irish society. The Social Democrats support every pregnant person to access the best practice medical care allowing them to make informed decisions regarding their maternal care and will ensure that best practice medical care is available, in a timely fashion, to ensure every pregnancy is brought to the most successful outcome possible.

Perinatal mental health care is another area in which provision is sorely lacking in Irish maternity care. Currently there are just three part-time perinatal psychiatrists available in Ireland – one attached to each of the three Dublin maternity hospitals. Demand far outstrips supply and ensures that people outside of Dublin have little, if any, chance of receiving adequate perinatal mental health care. In addition, Ireland has no mother and baby treatment units for the treatment of mothers suffering from postnatal depression or postpartum psychosis.





### The Social Democrats propose:

- Ensure all funding provisions are made available for the full implementation of the National Maternity Strategy
- Timely access to dating scans for everyone
- Free and accessible first trimester screening for chromosomal abnormalities for every pregnancy as the minimum standard
- Free and accessible second trimester screening before 20 weeks to allow for the detection of any foetal abnormalities
- The establishment of a minimum of six specialist perinatal multidisciplinary mental health teams
- The creation of regionally based mother and baby treatment units around the country

#### 4: Provide safe, rights-based services for those seeking to terminate a pregnancy.

The World Health Organisation states that:

*“In countries where induced abortion is legally highly restricted and/or unavailable, safe abortion has frequently become the privilege of the rich, while poor women have little choice but to report to unsafe providers, causing deaths and morbidities that become the social and financial responsibility of the public health system.”<sup>2</sup>*

In 1983 the 8th Amendment to the Irish Constitution copperfastened the absolute restriction on abortion in Ireland.<sup>3</sup> Since then, research has shown that nearly two hundred thousand women have travelled abroad to have an abortion. They risk significant illness or death without access to adequate health care, including pre, during, and post termination, in their own country.

The vast majority of medical professionals and medical representative bodies who have presented to both the Citizens Assembly on the issue and to the Oireachtas Committee on the 8th Amendment to the Constitution agree that the Amendment effectively ties the hands of medical practitioners in Ireland when it comes to providing healthcare services to people in maternity care. Evidence accumulated by the WHO increasingly shows that, where abortion is decriminalised is discussed in consultation between a pregnant person and their doctor, and where safe services are accessible, both unsafe abortion and abortion related mortality and morbidity are reduced. Recognising that laws and policies that facilitate access to safe abortion do not increase the rate or number of abortions, fifty-seven countries have now integrated abortion services into the health system and those procedures are governed by the laws, regulations and medical standards that apply to all health services.

Master of the National Maternity Hospital Dr. Rhona Mahony’s conclusions in her submission to the Oireachtas Committee provide a good summation of how a policy intervention in Ireland should facilitate best practice:

*“We believe that the procedure should be subject to regulatory and professional standards in line with other medical procedures, rather than criminal sanctions. Abortion services should be regulated; however, abortion – for women, doctors and other healthcare professionals – should be treated as a medical, rather than a criminal issue. Women require access to safe health care and to sound clinical decision making.... A woman herself must have an input in to her care management and both she and her doctor must have the flexibility to make sound clinical decisions in good faith.”*



The Social Democrats believe that repealing the 8th Amendment to the Constitution is the single biggest critical factor underpinning how reproductive and sexual healthcare is delivered in Ireland. It is vital that it is removed from the Constitution.

*The Social Democrats strongly support the holding of a referendum to repeal the 8th Amendment to the Constitution and will campaign strongly in favour of a repeal vote.*

We agree with the IHREC that

*“legislation and regulation, rather than Constitutional provisions, are a more appropriate means of creating a framework for access to reproductive health services, including abortions.”*

Most European countries, including Belgium, Germany, the Netherlands and Switzerland, which have some of the lowest abortion rates in the world, have taken a health systems approach to the regulation of abortion, recognising that allowing people to access abortion services legally early in pregnancy is a public health imperative. The vast majority of EU Countries which have taken a health systems approach to the regulation of abortion have adopted regulatory frameworks legalising access to abortion services on request in early pregnancy – generally around 12 weeks of pregnancy. All countries’ laws permit a scenario whereby once this initial on-request period has passed, medical professionals may perform a termination later in a pregnancy where the life or health of a person is at risk or where there is a fatal foetal abnormality.<sup>4</sup>

We also recognise the difficult moral and personal questions that arise for each individual regarding termination of pregnancy. It is therefore incumbent on us as political party to frame a policy that can realistically be applied to an Irish setting which will drastically improve the current situation whilst also ensuring any and all interventions are based on medical best practice. We believe it is vital to make provision for a regime which make the possibility of meaningful and timely access to reproductive health services a realistic option.

We understand that any decision regarding the future of a pregnancy is a personal decision that can be fraught with difficulties and conflicting emotions and thus adequate time for research, advice, counselling and access to support services where necessary, must be factored into the timeframe of any ‘on request’ period for abortion services. With that in mind, the Social Democrats believe a regime where abortion services are available on request up to 12 weeks provides for a system whereby people are free to make informed choices regarding their personal situation, having had adequate time to avail of any necessary advices or supports they may require.

*We will advocate for legislation which allows **termination on request up to 12 weeks gestation**, which would be provided within the public healthcare system. After this 12 week period, we believe legislation should allow terminations on the advice of medical professionals where the mental and/or physical health of a woman is at risk or where there is a fatal foetal abnormality.*



## Footnotes

- 1 Taken from World Health Organisation definition of reproductive health:  
see [http://www.who.int/topics/reproductive\\_health/en/](http://www.who.int/topics/reproductive_health/en/)
- 2 Safe Abortion: Technical and legal guidance for health systems  
[http://apps.who.int/iris/bitstream/10665/173586/1/WHO\\_RHR\\_15.04\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/173586/1/WHO_RHR_15.04_eng.pdf)
- 3 See research overview on <https://www.ifpa.ie/Hot-Topics/Abortion/Statistics>
- 4 “A health and rights based approach to abortion in Ireland”, Irish Family Planning Association submission to the Citizens’ Assembly.  
[https://www.ifpa.ie/sites/default/files/ifpa\\_submission\\_to\\_the\\_citizens\\_assembly.pdf](https://www.ifpa.ie/sites/default/files/ifpa_submission_to_the_citizens_assembly.pdf)

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