

1. Context and Overall Policy Goals: Our approach has been to put the primary emphasis on the protection and promotion of health and wellbeing at the policy level, allowing for the exercise of personal conscience at the individual level, but not allowing individual conscience to override a human rights based health policy.

1.1 Our guiding principle: In addition to the three core principles of Equality, Inclusion, and Respect for Human Rights, we have sought to work in line with the following principle:

To produce policy that can best promote and protect the health and wellbeing of women, men and young people, giving regard to the need to recognise issues of personal conscience.

Implicit in this principle is a commitment to addressing the broad context and inter-related nature of reproductive and sexual health issues, rather than focusing on a few issues in isolation. We recognise that many people have fears and concerns with regard to these issues; these must be respected and addressed.

We note, too, the following World Health Organisation definition of sexual health/education:

The integration of the physical, emotional, and intellectual and social aspects of sexual being, in ways that are enriching and that enhance personality, communication and love.

1.2 We urge government to ensure that reproductive health policy and services meet the criteria established by Human Rights and Equality legislation. Realising these rights and overcoming current shortcomings in the state's approach to addressing the full range of reproductive and sexual rights issues will require imagination and courage.

We advocate an approach that would promote active and responsible citizenship in relation to reproductive issues and choices, giving people confidence, based upon understanding of issues and an acknowledgement of rights and responsibilities. Rights and responsibilities are completely interdependent –people are empowered by having the tools necessary to make meaningful choices.

“Sexual health is central to everyone’s health and well-being. Sexual health is vital to individuals, family relationships, communities and society itself. Everyone has a responsibility, individually and collectively, to ensure that his or her sexual behaviour does not result in exploitation, oppression or physical or emotional harm.”

1.3 The discriminatory effects of the current situation: We note that the current situation as regards reproductive and sexual rights and choices breaches all three core principles and the working group’s guiding principle. We seek to see redressed the discriminatory effects of the current situation on groups that are already marginalised for social or economic reasons. We note in particular:

- **The particular impact on women's lives:** *As those who currently take primary responsibility for reproductive issues - including contraception, pregnancy and the raising of children - choice and good services that allow women to control their own fertility are of vital importance to realising women's equality (paying particular attention to aggravated discriminatory effects of poverty on some women).*
- **The particular impact on men's lives:** *We would like to see men playing a greater part in parenting and reproductive and sexual health matters. Men are often forgotten or opt out when it comes to these issues. There is a dearth of services addressing the needs of young men, in particular.*
- **Particular disadvantage for lesbians and gay men.** *We believe that the lesbian and gay population experiences significant disadvantage in relation to access to information and the exclusion and isolation caused by homophobia.*
- **The link between 'social deprivation' and economic disadvantage as a cause and a consequence of unwanted adolescent pregnancy.**
- **Regional inequalities** - *Both within NI (e.g., rural vs. urban communities, discrepancies between health boards) and between NI and the rest of the UK.*
- **Age-based discrimination:** *Young people have the right to the information, resources and services they need to safeguard their health and wellbeing, as do older people, whose needs and concerns are often overlooked.*

2. Sex Education and Family Planning Services

2.1 It is the view of the working group that it is knowledge, not ignorance that allows people to safeguard their sexual health and wellbeing. Sex education is not an optional extra; people have the right to the education and information they need to safeguard their sexual and personal health and wellbeing.

2.2 Defining Sex Education: Sex education is a lifelong process, which must be holistic and suited to the individual's needs, based on the principles of empowerment, self-determination and respect for self and others. It should take into account life stage, life experiences, personal and social circumstances, cultural environment and any other influences specific to the person's life. Sex education should foster a positive and balanced perception of sexuality. It should equip individuals to make and act on informed choices about their sexuality and sexual behaviour. We note in particular:

- Knowledge means understanding as well as information;
- Effective sex education is much broader than biological facts: it must help people to develop an understanding of themselves and their bodies, to allow them to make good choices for their lives. It should address issues around personal and sexual relationships, including communication skills and the right to give or withhold consent. It should address issues of body image, self-esteem, and the skills necessary to make decisions that are good for the individual and that will allow people to exercise their right to consent. It should address the risk of impaired decision-making while using drugs including alcohol. Central to this emphasis on personal development is the goal of fostering a sense of respect for self and others;

- Television, films, magazines, videos and the Internet all mean that young people are exposed to a greater diversity of lifestyles and sexual practices than ever before. It is irresponsible to deprive them of the knowledge and tools they need to negotiate these messages, to distinguish fact from fiction, and to make responsible decisions about whether and when they are being offered good models by the media;
- Sex education should provide the tools needed to make informed decisions about the possible consequences of one's actions, addressing the positive aspects of different choices as well as the risks - it should enable people to make responsible decisions that are right for them;
- Effective sex education involves practical social and personal life skills (e.g., decision-making, negotiation, and communication) as well as information and education.

Cross-national evidence shows that comprehensive sex education, combined with access to contraceptive information and services, is effective in reducing the rate of unintended pregnancies (and therefore, abortions), including teenage pregnancies. Many people fear that teaching about sex promotes sexual activity among young people. However, international studies show that sex education does not encourage youthful experimentation and can even delay the age of first intercourse. Properly delivered, sex education can be an important element of personal development, providing young people with the skills necessary to negotiate within relationships.

2.3 Where and how is sex education delivered? Sexuality and reproduction is an intimate aspect of our lives. Good sex education is essential to promoting active and responsible citizenship among young people.

- Public authorities must take lessons from models of good practice in other countries;
- To be effective, sex education must be delivered in a way that respects people and the realities of their lives, particularly those of young people, including the diversity of their lives: rural or urban, culture, age, family situation, etc. Sex education is a life long process.
- Sex education should address the diversity of relationships in a respectful manner;
- Parents can and should play a vital role in delivering sex education and should be supported to do so through widespread access to information and parenting courses. DENI's responsibility for delivering sex education includes the need to educate parents about the importance of school-based programmes.
- Youth leaders, teachers, head teachers and school governors need clear guidelines, adequate resources and ongoing training, support and supervision to deliver sex education in schools, and youth and community groups. NIWC awaits with interest the publication of the new CCEA guidelines.
- Sex education, appropriate to age and maturity, must begin in primary school. Children need to be prepared for puberty before it occurs. Similarly, sexuality and relationships education must begin *before* young people become sexually active and patterns of behaviour are established.
- Young people get a lot of information (and misinformation) from their peers. Therefore, peer education, if properly delivered, can play an important role in sex education;
- The availability of information must be standardised across Northern Ireland, eg. in public libraries.

- Popular media-based education should be used to disseminate information, particularly to those who will not be reached through schools or other formal programmes.

We believe that DENI and the Dept of Further & Higher Education, Training & Employment must treat the development and implementation of a **comprehensive** strategy of sex education as an urgent priority. Optional guidelines are not enough

2.4 Meeting the needs of particular groups:

- Sex education must emphasise the health needs and responsibilities of both boys and girls. It is vital to recognise that boys and girls learn about sex in somewhat different ways and tend to be given somewhat different information. Gender stereotypes must be recognised, addressed and challenged;
- The rights and needs of gay as well as straight youth must be addressed as part of mainstream sex education and parenting programmes.
- Those with disabilities of any kind have an equal right to fully accessible sex education and information.

2.5 Access to contraception and contraceptive services

- Free and universally available contraception, including emergency contraception, and contraceptive services must be protected and enhanced;
- Contraceptive advice and services must be well-publicised and made truly accessible to all;
- Everyone has the right to complete and reliable information about the full range of possible options, including information about potential side effects, to enable them to exercise responsible choices;
- Access must be supported with training, support and guidance for service providers;
- We recommend the further development of services designed in accordance with the diverse needs, preferences and lifestyles of young people, including those “looked after” by local authorities, those with learning or physical difficulties, homosexual youth, etc. These should take account of the restricted hours in which young people in full time education can avail of services;
- Contraceptive services for young people should be integrated with those providing STI advice, testing and treatment;
- Service providers should take account of the local social context when planning services and programmes;
- We acknowledge that some people have concerns about the provision of this information and these services to young adolescents. However, we believe that people have the right to information and services free of harassment by protestors.
- Emergency contraception must be readily available to anyone who needs it and its availability publicised widely. Good locations for information might include chemists’ shops, toilets in public places and where young people gather, as well as at all hospital Accident and Emergency Departments. We urge government to consider extending the ‘over the counter’ provision of Emergency Contraception in pharmacies, following from its successful trial in Manchester. This trial found that making Emergency Contraception more easily available did not promote irresponsible sexual behaviour.

2.6 Prevention and reduction of adverse effects of unwanted adolescent pregnancies:

Unwanted adolescent pregnancy is a sign of our collective failure to meet the needs of young people in our society, as are the negative social, economic and health effects that follow from teenage pregnancy and motherhood.

Promoting a culture of openness: Cross-national research suggests that cultural openness and a general ability to talk about sex are key factors in the rate of unintended conceptions. Such openness refers to communication within families as well as education in schools. While it is difficult to change an overall cultural climate, it may be possible to draw lessons from countries with low rates of unintended conceptions, such as the Netherlands, where young people have comparatively high levels of competence in communicating and negotiating about sexual issues within relationships. *The myth that providing information encourages sexual experimentation can itself act as an impediment to reducing the numbers of unwanted teenage pregnancies by discouraging such openness.*

Politicians and policy makers can take a lead in fostering ‘a culture of openness’ by taking an approach led by young people’s needs rather than one which moralises about young people and their lives.

- We need to address the role of “social exclusion” and economic deprivation as a cause of teenage pregnancy and work to redress the marginalisation resulting from teenage pregnancy. A truly effective strategy requires a real commitment to eradicating social and economic inequality in society as a whole;
- ◆ We support the provision of flexible tuition for mothers of school age, enabling them to continue their education;
- We advocate a person-centred approach to these issues, rather than an approach emphasising social control and censure;
- Adolescent fathers’ rights and responsibilities must be recognised and addressed in policy and services;
- Adolescents showing signs that they are “at risk” of unintended pregnancy (for example, those requesting emergency contraception) should be offered information and support.

2.7 Preventing the spread of sexually transmitted infections (STIs) and HIV

- A greater emphasis on ongoing (as opposed to one-off) public information and awareness-raising campaigns may be warranted, making imaginative use of mass media and other means of communication;
- STIs should be treated as a basic health issue;
- Young people have a need for and a right to detailed, explicit and accurate information about effects of STIs and their prevention;
- Contraceptive and STI testing and treatment services should be combined on the same premises;
- People need greater education about the practice of safe sex and must be made aware of the fact that condoms can prevent the spread of STIs, including HIV, as well as pregnancy, whereas non-barrier methods offer no protection against STIs.

3. Abortion

Abortion is an emotionally charged issue. The members of the NI Women's Coalition, like the population of Northern Ireland, hold diverse, even conflicting, views on how the issue should be handled in policy and legislation. Nevertheless, NIWC members share a great deal of common ground:

1. The NIWC priority is to reduce the need for abortion through *positive* means: by reducing the number of unwanted pregnancies through effective family planning and education; by ensuring people have all the support they need to fulfil their parenting roles; by realising that society has a collective responsibility for raising children; and by working to achieve the full equality of women and men. We deplore the tactics of those who would manipulate women's decisions through guilt or other forms of emotional blackmail.
2. We believe that abortion cannot be treated as an isolated issue. It must be addressed in the context of an overall commitment to protect and promote reproductive and sexual health and well being, and the full equality of women and men.
3. We believe there is a need for a broad-based, informed and open discussion on the realities of abortion in Northern Ireland.
4. We would like to live in a society where women are not faced with pregnancies they cannot afford, pregnancies for which they are not ready, or pregnancies by people they do not love. We do not want to see people forced into parenthood without their active consent. Women have the right to decide not to have children and to have that decision fully respected. We are committed to working for the social, political, policy and legal changes that would bring us closer to such an ideal.
5. Women facing an unwanted pregnancy have the right to full information about all the possible options. Such women must have access to nondirective counselling, supporting them as they think through the consequences of each option for their lives.
6. The status quo as regards abortion legislation and provision in Northern Ireland is insupportable. The need to travel and pay for abortions places unacceptable financial and emotional burdens on many women. It adds unnecessary health risks and prevents NI women from obtaining medical abortions (using drugs to induce a miscarriage) which are available at the earliest stages of gestation. In the worst cases, it can lead women to seek back-street abortions or to attempt to self-induce. It forces some women to continue with an unwanted pregnancy. The current law leaves doctors vulnerable to fears of criminal prosecution.
7. A significant number of abortions are provided annually in Northern Ireland, mostly in cases of genetic abnormality of the foetus. Making this the primary condition under which a pregnancy can be terminated could be interpreted as a form of discrimination on the basis of disability.
8. Whatever our individual views on abortion, we agree that, when performed, terminations should be performed under conditions of least possible risk, at the earliest possible

gestation and with the fully informed consent of the woman. Abortions should be performed in accordance with the conditions laid out in the Royal College of Obstetricians and Gynaecologists (RCOG) *Evidence Based Guideline on the Care of Women Requesting Induced Abortion* (March 2000).

The Women's Coalition notes that women's right to control their own fertility has been endorsed, explicitly or implicitly, in world population conference agreements since the 1974 Bucharest conference. In particular, NIWC shares the view of the Programme of Action Adopted at the International Conference on Population and Development (Cairo 1994):

Reproductive health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family-planning of their choice as well as other methods of their choice for regulation of fertility which are not against the law... (para. 7.2).

Furthermore, we believe, as stated in the Platform for Action agreed at the Fourth World Conference on Women (Beijing, 1995) that,

...the neglect of women's reproductive rights severely limits their opportunities in public and private life, including opportunities for education and economic and political empowerment. The ability of women to control their own fertility forms an important basis for the enjoyment of other rights. Shared responsibility between women and men in matters related to sexual and reproductive behaviour is also essential to improving women's health (para. 97).

On a personal level, attitudes to abortion are a matter of conscience. The Women's Coalition recognises and respects the right of our members to hold a diversity of moral views on this issue, including complete opposition to abortion on the basis that life begins at conception. However, the Women's Coalition, as a party, must address abortion as a health policy issue. Declining to take a clear policy position is not a responsible option. With due respect for the moral opposition of some of our members, and in keeping with points 1-8 above, the party position of the Women's Coalition is that access to safe, legal and affordable abortion is crucial to safeguarding women's health and to promoting gender equality.

The NI Women's Coalition supports the immediate extension of the Abortion Act (1967) to Northern Ireland. We do so in the context of a commitment to reducing the overall abortion rate through policies that would reduce the numbers of unwanted pregnancies. The 1967 Act requires a woman to consult with 2 General Practitioners prior to being referred for an abortion. NIWC supports the RCOG recommendation that women be given all the information they need to give fully informed consent, and that provisions be made to meet the needs of women who require more support than can be given in the clinic setting.

We recognise that many people, including those who most strongly advocate women's right to choose, believe this legislation is imperfect and that abortion should be moved from criminal law to health policy. We share this perspective. We recognise that medical advances which have taken place since the '67' legislation was introduced, raise some new concerns. However, we believe that extension of the 1967 Act offers the most immediate means of redressing the blatant inequities of the current situation. These include the regional discrimination that currently forces Northern Ireland residents to pay for a service available to women in the rest of the UK free of charge on the NHS and Northern Ireland residents' inability to access medical abortions, even if they travel to Britain.

Additional notes:

- "The legal status of abortion correlates much more strongly with its safety than with its incidence" (Alan Guttmacher Institute, 1999). Nowhere in the world does banning stop women from having abortions. The main effect is to put women's health and even their lives at risk;
- World-wide, complications from unsafe abortions are a leading cause of maternal death, accounting for 13% of the 600,000 such deaths annually;
- A 1994 survey of GPs in Northern Ireland found that 11% had seen patients suffering the consequences of amateur abortion ("Birth Control and GPs in Northern Ireland," by Dr. Colin Francome, unpublished MS.);
- Some of the countries with the lowest abortion rates in the world also have the most liberal laws and provide abortions free of charge. Many countries with heavy legal restrictions have much higher abortion rates;
- Properly performed, abortion is a very safe operation. Statistically, it is safer than continuing a pregnancy to term (RCOG *Guideline*, March 2000);
- There is no evidence that abortion is linked to subsequent infertility (RCOG *Guideline*, March 2000). However, lack of proper follow-up care can add health risks. Anecdotal evidence suggests that some Northern Ireland women neglect to get the follow-up care they need because they do not want their GP to know they have had an abortion;
- Abortion is safer when carried out at earlier gestations. Residents of Northern Ireland are more likely than their counterparts in England and Wales to have abortions after the first trimester;
- The vast majority of women do not experience long-term psychological problems as a result of abortion, however there is evidence of long-lasting negative effects on both mothers and their children in cases where abortion has been denied. RCOG *Guideline* March 2000).

4. Sexual Orientation and human rights

- The age of consent for homosexual and heterosexual sex must be equalised and the age of consent should be brought into line with the rest of UK.
- We need to raise awareness of and counteract homophobic attitudes throughout society.
- We deplore in particular the effects on young people of homophobic bullying and call for a legal requirement on public institutions to counter its expression and effects.

- We believe that we must educate and inform young people and the general public in issues of sexuality, giving due consideration and respect to sexual diversity. Lack of good, age-appropriate sex education is a problem common to gay and straight population, but it aggravates an experience of isolation and exclusion for the lesbian, gay and bi-sexual communities. It reinforces dominant heterosexist assumptions and subjects young LGBT people to stress and anxiety, which can undermine their health and wellbeing around the time of puberty. The effect can be hugely damaging and can have a long-term negative impact.
- Lack of sound and easily accessible information on the diversity of sexualities denies a right to information, which can empower individuals to make responsible decisions in relation to sexual activity and relationships. It also reinforces public ignorance and perpetuates myth and prejudice. Pervasive stereotypes and intolerance support a culture, which the LGBT population experiences as hostile, beginning at an early age. This is a fundamental infringement of human rights and is one that can only be countered by a comprehensive and ongoing campaign of education and information, aimed primarily at young people, but also at society as a whole.
- Lesbian and gay needs and concerns must be included in all areas of government policy and practice. Representatives of the LGBT community are best placed to express these. We must acknowledge the injustice of sustaining a divisive and wasteful oppression of the gay and lesbian community in Northern Ireland.
- Homosexual and heterosexual couples must have the same legal rights and entitlements, including adoption, fostering and infertility treatment.

5. Maternity Care and Support for Parenting

We endorse the approach of the Royal College of Midwives as expressed in their “Vision 2000” document. The document addresses the future development of maternity services across UK.

RCM is committed to reform based actual needs of women and owned by those who use, work in or care about maternity services. RCM is looking to health departments to help build an environment conducive to excellence and innovation.

It looks to the NHS for support in developing expertise, skills and responsibilities. RCM is committed to develop creative partnerships with fellow professionals, to build and sustain a strong profession, which will meet the needs of women and their families.

RCM have identified principles, which must form the basis for successful reform.

- Service must listen to women;
- must focus on public health;
- must be community orientated;
- must be integrated across acute and community sector;
- must promote childbirth as a natural process;
- must press for midwife-led care;
- must emphasise need for continuity of care and one-to one midwife care in labour;
- must be family orientated while promoting clinical excellence; strong midwifery leadership and partnership.:
- NIWC calls for the implementation of government policies, which would meaningfully support and encourage fathers to play a more active and equal part in parenting.

6. Infertility Treatments

- We note that infertility affects one in six couples in Northern Ireland. One medical director based in the Regional Fertility Centre in the Royal Victoria Hospital sees some 500 couples every year.
- The National Health Service Patients Charter states: “you have a right to receive treatment on the basis of your clinical diagnosis not your ability to pay or any other factor.” Although huge advances have occurred in treatments for infertility over the past few years and Northern Ireland is a region which boasts one of the top infertility clinics in United Kingdom, access to some of these treatments in NI is actually dictated by the individual’s ability to pay.
- The current situation vis-à-vis NHS-funded infertility treatment discriminates against residents of Northern Ireland. Women in Northern Ireland must have access to treatment available elsewhere in UK on the National Health Service.
- We believe that women have the right to full information about all the options, the realistic prospects of success, and the impact of treatments on health.

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