



NEWSLETTER

@ Newsletter from The **E**uropean **S**ociety of **C**ontraception



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Intro from the Chief Editor

Dear members and colleagues,

At the end of a year it seems appropriate to take a moment to consider the events of the past 12 months and see what they brought us. 2005 has been very successful. Really a lot has happened!

As a result of the new statutes and rules decided in Edinburgh new activities have started as you have read in the last newsletters. Due to the indefatigable efforts of our president new connections with other societies have been established, new committees and expert groups have sprung to life, new activities have started.

Due to the good work of our former and present treasurer finances are in balance and last but not least the organization of the Society is handled smoothly by the Central Office.

Apart from these there are many other members in and outside the Board who spent a lot of time and energy on the Society and its activities. Thanks to all of you!!

So we'll start 2006 happily and will try to continue the good work. Please remember to pay your contribution and stimulate co-workers and colleagues to become members as well, maybe even from other European countries.

We hope to meet many of you during the congress in Istanbul and wish all of you a happy, healthy and peaceful 2006.

Olga Loeber, The Netherlands

IFPA launches campaign for safe and legal abortion in Ireland

S. Jones, Ireland

Irish women who wish to have an abortion have to travel to Britain or other European countries, as abortion is not available in Ireland.

The Irish Family Planning Association launched a major campaign for the introduction of legal abortion services in Ireland in August.

The 'Safe and Legal in Ireland' campaign comprises a range of activities, including a legal initiative to challenge the status quo on abortion; a political lobbying campaign and sustained programme of national and international advocacy.

IFPA's Chairperson, Lawyer Catherine Forde said, "this campaign is of unique significance, as it represents the first major initiative aimed at moving forward on abortion in this country. Previous campaigns on abortion have always been lead by anti-choice groups

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seeking further regressive and unworkable responses to abortion.

“Since the first Constitutional referendum on abortion in 1983, which gave protection to the unborn, Ireland has changed: more women living in Ireland access abortion services and more women feel angry and frustrated that they have to travel to Britain and others countries to secure these services. The only thing that has not changed is the lack of courage and leadership demonstrated by successive Governments in dealing with abortion in a realistic and rational way”.

The IFPA’s ‘Safe and Legal in Ireland’ campaign is all about ending the hypocrisy of exiling women in crisis pregnancy that choose to have an abortion. Last month, UK Ministry for Health statistics showed that 6,217 women who travelled from Ireland had abortions in England in 2004. We know that potentially hundreds more women secured abortion services in countries such as the Netherlands, France and Spain last year. This highlights the hypocrisy of our legal ban on abortion, which is among the most restrictive in the world.

Since its foundation, the IFPA has always challenged the restrictions that have prevented women and men making choices about the spacing of their children and caring for their own health. When we first opened our doors as a service provider and advocacy organisation in 1969, our great challenge was making contraception available. After decades of dealing with women with crisis pregnancy, we have decided to make our campaign for safe and legal abortions services in Ireland a priority. And we are confident that this campaign will have results.

As a core activity of the campaign, the IFPA is facilitating a group of three women to challenge the Irish Government’s ban on abortion in the European Court of Human Rights.

A group of women living in Ireland – all of whom have had recent experience of a crisis pregnancy – have lodged a complaint to the European Court of Human Rights.

The IFPA will be seeking a meeting with the leaders of each of the political parties over the coming months to explain the rationale for safe and legal abortion, with a view to securing a commitment to move forward on the issue should they form part of the Government after the next general election.

The Crisis Pregnancy Agency

The Crisis Pregnancy Agency (CPA) is a planning and co-ordinating body established to formulate and implement a strategy to address the issue of crisis pregnancy in Ireland through;

- (a) a reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services
- (b) a reduction in the number of women with crisis pregnancies who opt for abortion by offering services and supports which make other options more attractive
- (c) the provision of counselling and medical services after crisis pregnancy.

The Agency carries out work under three areas:

The Funding Programme administers funding to Agencies that provide prevention based initiatives, crisis pregnancy counselling and post-abortion counselling services.

The Research Programme commissions research to fill the gaps in research evidence in the area of Crisis Pregnancy in Ireland and works to maximize the impact of research findings on policy, practice and knowledge.

Many of the CPAs research findings are exploding long-held myths about crisis pregnancy. One particular large scale study, among 3,317 Irish men and women and representative of the general population, reveals that:

- In most crisis pregnancies (75%) the woman went on to give birth
- 15% chose the option of abortion
- 70% were in a relationship, of some kind, at the time of conception
- Over half went on to raise the child with the father
- Failure or non-use of contraception is the determining factor

Fourteen research reports are available for download on www.crisispregnancy.ie

The Programmes and Communications function develops advertising campaigns and information resources to educate and inform various audiences about contraception, sexual health and the availability of Crisis Pregnancy Counselling services.

In 2004, the Agency developed a new resource for parents, to

assist them in communicating with their children (11-15 year olds) about sexual health and relationships called "You Can Talk To Me".

The resource was developed in consultation with an expert working group, which included representatives of the Department of Health and Children, the Department of Education and Science and the National Parents Council. It was focus tested and extensively researched during the development process.

For more information on the work carried out by the Crisis Pregnancy Agency, please visit www.crisispregnancy.ie. For further information on "You Can Talk To Me" click "Parenting Resource".

Non-contraceptive health benefits of combined oral contraception

Published by Human Reproduction Update (vol. 11, No. 5, September/October 2005) and initiated by the ESHRE Capri Workshop Group.

Abstract submitted by P. Crosignani (Italy) for publication in the ESC Newsletter

Contraception is one of the keystones of reproductive health. The availability of effective contraception has helped to change dramatically the structure of the world's population during the last 50 years, through a demographic transition involving lower fertility rates and longer survival. As the transition evolves more slowly in developing countries, different effects on population structures contribute to civil strains. Oral contraception (OC) is an extremely effective method of contraception that also confers health benefits beyond pregnancy prevention. Notable effects on the reproductive system include relief from troublesome symptoms associated with menstruation such as heavy periods, painful periods and irregular bleeding. Many women also have improvement in acne and hirsutism. Moreover, OCs may be used to treat menorrhagia or symptomatic endometriosis. Use of OCs is associated with a long lasting reduction in the risk of developing cancer of the ovary and the endometrium. The effects on benign breast disease (BBD), bone health and colon cancer are less clear and merit further investigation.

Sex and the under 25's

O. Loeber, The Netherlands

In September 2005 a survey was published in the Netherlands, based on 4900 questionnaires (a representative sample) electronically completed by young people between 11 and 25 years of age. Questions were asked about behaviour, sexual orientation, norms and attitudes, sexual violence, knowledge, sources of information, communication with the partner and so on. The results then were looked at by different groups (age, ethnicity, level of education) and also with the results of another survey published 10 years ago.

The most important results in my opinion are the following:

In 2005 almost one third of the high school students have had a coitus, compared with 24% in 1995. Also other forms of sexual behaviour started somewhat earlier than before.

The protection the adolescents use is even better that it was 10 years ago.

At first sex 46% of the girls use the pill, 79% use a condom and 37% use both. (in 1995 these numbers were 36%, 69% and 24%) Only 10% of the boys and 7 % of the girls say they used no protection the first time.

With the last partner 80% always use contraception, 13% sometimes use contraception and 7% never use contraception.

Protection against STI was a little less: In one night stands 85 % of the boys always use a condom and 74% of the girls.

The preferred sources of information on sexuality are mainly school and parents. A warm family home corresponds with a healthy sexual lifestyle. But what one wants in sex is mainly discussed with friends and a lot of information is sought on the internet.

Still there are problems in certain niches.

7% of the adolescents of 12-14 years of age have had a coitus and they do not protect themselves as well (31% of the boys and 15% of the girls use no protection the first time), they are more likely to be coerced (33% of the girls and 8% of the boys).

In the whole group homosexuality is poorly accepted. One in 5 of the girls and more than half of the boys think male homosexuality is dirty behaviour.

Finally girls have more sexual problems than boys. One in 6 of the girls has at least once been forced to do something they did not want to do, They often have a negative sexual self image. One in 4 regularly does not climax and more than half

sometimes has pain during sex.

Over time sexual contentment in girls increases, in both boys and girls feelings of guilt and shame decrease and interest in sex and appreciation of their own body increase.

Other results are that in spite of all the available information there is still a lack of knowledge, but there is no relation between a high level of knowledge and the quality of protection against pregnancy and STI.

Flirting and dating via mobile phones and internet is something new. 4 out of 5 boys and girls use their mobile phones to send flirting messages. Dating via the internet is less frequent, but 1 in 10 boys and 1 in 20 girls has had sex with someone they met via the internet. In the group that dates through the internet the quality of the interaction and communication is worse and there is more coercion in this group.

The results of this survey will be used to develop new programmes and interventions or adapt existing programmes.

Source: 'Seks onder je 25' Rutgers Nissogroep en Soa-Aids Nederland 2005 / www.seksonderje25e.nl



Students and moderators, Youth Forum Warsaw Seminar

Chief editor: Olga Loeber, The Netherlands

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All Newsletters are also to be found on the website of the Society:
<http://www.contraception-esc.com>
 (go to 'News')

Open letter

from Dora Sebestyen (Hungary) who participated as a student in the Youth Forum at the Seminar in Warsaw (September 2005)

I would like to share my experiences with the ESC Members who did not have the opportunity to participate in the Seminar in Warsaw.

My name is Dora Sebestyen, I am 22 years old and I am a medical student in Hungary. At the same time, I am also a young woman and a mother-to-be. I am also working as a peer educator. I feel responsible for myself, for my friends, for my generation. I participated in the Youth Forum of the ESC Congress 2005 in Warsaw.

During the Youth Forum I understood how complex sexual education is. It is a task that needs full participation of the teacher. It means that I cannot just walk into a classroom full of teenagers as a peer educator saying: "I am a medical student and I am going to tell you about sexuality." They need my 22-years-of-age, my medical knowledge, my responsibility for them, my personal experience, they need my understanding...

Sexual education is about being devoted, taking care of others, helping them to find their way and it is very hard in most of the cases. Unfortunately it is easy to forget how difficult this struggle used to be when we are over it.

That is why I was very glad to be able to participate in the Youth Forum. Here we had the chance to highlight those fields of sexual education that we find worrying and to focus attention on them. I was pleased to see that our audience was very open-minded, interested in and devoted to the topic. The Forum reached its objective: we, youngsters became the central issue during this short one-and-a-half hour session.

I hope our views and opinions will be useful for the ESC members during their future work. Personally I benefited much from this congress. My horizon concerning sexuality has widened. Sexual development is a long process and all of its stages are beautiful. What should be taught to youngsters is how they can find the beauty in it.

I hope that we can keep in touch with all participants of the Youth Forum and that we can accomplish international co-operation to exchange our experience.

I would like to say thank you in the name of the student-participants of the Youth Forum for the opportunity to be there and I wish you success in your work!