IFPA submission to the Crisis Pregnancy Agency

June 2002

1. Introduction

The IFPA acknowledges the work now underway by the Crisis Pregnancy Agency to develop a strategy and welcomes the opportunity to contribute to the process.

The perspective offered by the IFPA in this submission is directly related to our expertise in the area of reproductive health and crisis pregnancy.

In making this submission, the IFPA would like to achieve the following:

• A significant reduction in the extent of unplanned pregnancies in Ireland, brought about through education, information and service provision.

• Vast improvements in access to and information about non-directive pregnancy counselling, as well as minimum standards with regard to the quality of pregnancy counselling on offer by agencies.

• A reduction in the number of terminations taking place after 12 weeks of gestation.

• Greater supports for women who have had abortions.

2.0 IFPA Credentials

The IFPA is a national voluntary organisation and registered charity which was founded in 1969. The primary aim of the founder members was to alter the environment in Ireland so that information and services, regarding all methods of family planning, were accessible to everyone. This founding aim is now part of a broader policy to protect and promote individual basic human rights in reproductive and sexual health, relationships and sexuality.

The IFPA employs 64 staff on a permanent basis. In addition, there are eight non-permanent staff members. Staff operate from three main locations: IFPA Headquarters in Pearse St; the IFPA EveryWoman Centre in Cathal Brugha Street and the IFPA EveryWoman Centre in Tallaght.
IFPA staff who deliver our Pregnancy Counselling Service (PCS) outside of the Dublin area operate from the family planning clinics in Limerick and Galway and from the Alliance for Sexual Health in Cork.

Services available from the IFPA include: family planning; emergency contraception; pregnancy testing; non-directive pregnancy counselling; chlamydia testing; information on Sexually Transmitted Infections; vasectomy; menopause and smear testing.

From its combined services, the IFPA has 250,000 registered clients on its books.

Though the provision and development of its services and through its political activity over the past 33 years, the IFPA is acutely aware of the myriad of difficulties which can affect any person in their reproductive health and, in particular, women faced with crisis pregnancy.

3.0 Shaping the Crisis Pregnancy Agency

3.1 Government support
The IFPA believes that if the Crisis Pregnancy Agency is to succeed in its objectives, a political commitment is required from the Government to (i) provide adequate funding for the agency and for programmes aimed at reducing crisis pregnancy; (ii) enact legislation where required and (iii) adopt and implement policy.

To ensure that there is a constant Government focus on issues relating to crisis pregnancy, a transparent structure to enable regular communications and progress reports should be established between the Crisis Pregnancy Agency and the Minister for Health in particular. Such communications structures should also be established with the Minister for Social and Family Affairs and the Minister for Education and Science.

A mechanism for reviewing progress, on an annual basis, by the Agency and the Government in achieving the objectives of the Crisis Pregnancy Agency should be put in place.

3.2 Relationships with existing agencies
The IFPA acknowledges the need for the Crisis Pregnancy Agency to work in partnership with agencies working in the area of crisis pregnancy. However, to ensure that this
partnership is workable, it is important that a clear structure is devised to enable this partnership to function effectively.

An advisory group, comprising representatives of the key agencies dealing with women in crisis pregnancies, should be established. Thereafter, a mechanism should be established to enable other agencies, which have a smaller focus in the area of crisis pregnancy, to feed into the work of the Crisis Pregnancy Agency from time to time.

3.3 How the agency defines a crisis pregnancy
The Statutory Instrument (SI No 446 of 2001), which gives effect to the Crisis Pregnancy Agency, contains a very limited definition of a crisis pregnancy.

According to the Statutory Instrument, crisis pregnancy means *'a pregnancy which was neither planned nor desired by the woman concerned and which represents a personal crisis for her'*. 

However, crisis pregnancy has a much broader definition: Many pregnancies start out as planned and very much wanted, but intervening circumstances can result in such pregnancies becoming a crisis for the woman or couple involved.

Serious foetal abnormalities, changes in health, financial or relationship circumstances are among some of the reasons which can also result in crisis pregnancies. The letter by Deirdre de Barra to The Irish Times (*appendix 1*) during the abortion referendum in March 2002 highlighted the reality of such a crisis pregnancy.

It is important that the Crisis Pregnancy Agency broadens its scope to include all crisis pregnancies. To ensure that this happens, the relevant Statutory Instrument should be amended to take account of this.

3.4 The remit of the Agency
It is essential that there is no ambiguity with regard to the role and remit of the Crisis Pregnancy Agency. The role and remit should be fully defined in the strategy statement.

The IFPA understands that the role of the agency is in the areas of research, policy formation and co-ordination of services. However, in the past, Government spokespersons, including the Taoiseach, described the agency as having a counselling function.
While the Crisis Pregnancy Agency will have some role in promoting the use and availability of contraception, the IFPA believes that this work should fall under the remit of a separate sexual health promotion unit attached to the Department of Health. Contraception not only provides protection against unwanted pregnancy, but it also plays a pivotal role in protecting people against Sexually Transmitted Infections and in facilitating healthy enjoyable active sexual relationships.

### 3.5 Title of the Agency
The IFPA strongly recommends that the Crisis Pregnancy Agency adopts a new title. The current title has already resulted in some confusion regarding the function of the agency. A new title should clearly identify the agency as not offering services.

While the agency will not provide services to women, instances may arise in the future where women wishing to access non-directive pregnancy counselling may mistakenly contact the Crisis Pregnancy Agency for information. The agency should develop protocols for dealing with such inquiries, and front-line reception staff should be trained to deal with these inquiries, particularly in light of the very desperate circumstances which callers may find themselves in.

### 4.0 Reducing the instance of crisis pregnancy

#### 4.1 Sexual and reproductive health education
Given the Government’s expressed commitment to reduce crisis pregnancy and in view of the increasing rate of Sexually Transmitted Infections, there is a requirement for improved education on sexual and reproductive health.

In spite of advancements in the availability of information on sexual and reproductive health, the IFPA continues to see clients who lack an understanding of bodily functions and the risks posed by casual, unprotected sex.

The IFPA has identified a need for a Sexual and Reproductive Healthcare Programme in schools and communities, covering awareness of the reproductive system and sexual behaviour. In addition, methods of contraception and avoiding unwanted pregnancy should be covered.
It is essential that such a programme is delivered in a way that ensures the fostering of positive attitudes towards healthy sexual behaviour. The programme should also address issues around low self-esteem.

This programme could be delivered to senior cycle students as part of the Relationships and Sexuality Programme in schools. At present, this programme does not cover issues around safe sex and contraception.

The IFPA recommends that an enhanced RSE programme would be compulsory in all schools. At present, there are still a significant number of schools throughout the country who have failed to implement the programme, even in its current form.

The delivery of this programme in schools should not take place in a structured classroom situation. The environment should be such that it enables young people to relax and engage in discussion.

Extending such an education programme into communities would enable early school leavers to benefit. It would also ensure that parents had an opportunity to equip themselves with all of the information required to impart accurate advice on reproductive health and sexual activity to their children.

4.2 **Non-judgmental information on contraception, sexual problems and crisis pregnancy**

A huge information gap still exists about where people can access reliable information on reproductive and sexual health. Young people are often reluctant to approach their family doctor for emergency contraception, for instance, and women with a crisis pregnancy often make the journey to the UK for abortion without any prior counselling.

The Irish Family Planning Association, for the past 25 years, has operated a telephone help-line service providing information on contraception, reproductive health problems and crisis pregnancy. This service is in constant demand, but is under-resourced, under-advertised and understaffed.

This service operates on the basis that impartial and non-judgmental information is provided to all those who access the service. It is accessed by members of the public, General Practitioners and other service providers.
Organisations working with women and young people regularly include the number for this service in their publications, but have complained that the service is only available on a limited basis.

There is an urgent need for the establishment of a National callsave/freephone and web-based sexual health and family planning service centre which is staffed by trained family planning nurses and operates at least 6 days per week from 9am-7pm.

### 4.3 Free Access to sexual and reproductive health services, including family planning

The cost of a doctor’s appointment and contraception can be a real issue for young people on low incomes.

In addition, young people may feel a sense of embarrassment in approaching their family doctor in relation to their contraceptive needs. As a result, young people are still reluctant to access sexual and reproductive healthcare services.

The IFPA advocates free access to sexual and reproductive health services for the 18-25 year old age group. This would increase the take up of contraception and provide opportunities for doctors to discuss the implications of casual and unprotected sex with young clients.

Free access would provide choice to young people about the doctor or family planning service they can access.

Making condoms available free of charge at national sporting events, musical events and locations where there are large numbers of young people socialising would help promote safe sex. The IFPA is also of the view that price controls or a state purchasing scheme could help to reduce the price of condoms in Ireland.

At a more general level, all General Practitioners operating under GMS contract should be obliged to make family planning services available to their clients. Otherwise, there should be alternative choices of doctors for people in their locality if they wish to access contraception under the medical card scheme. The Crisis Pregnancy Agency should carry out an analysis of access to contraception and reproductive health services to GMS clients nationwide and make recommendations to The Minister for Health on the basis of its findings.

### 4.4 High Profile media advertising

Greatest demand for emergency contraception and pregnancy counselling occurs following major sporting events, bank holidays and Christmas. This would suggest that
when people are socialising more and drinking, there is a greater risk of having unprotected sex.

There should be sustained investment in a high-profile publicity campaign during ‘peak periods’ of sexually activism. Such a campaign should highlight the risk of contracting a Sexually Transmitted Infection, as well as the risk of an unwanted pregnancy.

Responsibility for running campaigns of this nature should rest with a Sexual Health Promotion Unit, but the Crisis Pregnancy Agency should feed into its work.

5.0 Improving access to quality pregnancy counselling

5.1 Information on options for women in crisis pregnancy
Women and girls in a crisis pregnancy situation face huge difficulty in accessing accurate information on their options.

Shock, fear and panic are often the immediate reaction to an unplanned pregnancy. Given the level of distress, it is important that there is good quality information available to women which will provide them with information on all their options.

The IFPA recommends that the Crisis Pregnancy Agency produce an easy-to-read booklet which details information on all of the options, including useful information about social welfare payments and allowances available to lone parents.

The publication should also alert women to the various agencies who can offer supports and counselling services.

With regard to pregnancy counselling services, it would be important that readers were clear about which agencies offered information on the various options, so that women could decide which counselling service they wished to opt for.

This booklets should be widely distributed through health boards, doctor surgeries, youth information centres, libraries and post offices.

5.2 Standards in counselling services
The quality and standards of pregnancy counselling varies from agency to agency. The IFPA is of the view that there should be across-the-board standards in all services which receive State funding for pregnancy counselling services. Such standards should set minimum qualifications for counselling personnel.

There should not be competition among service providers which receive State funding. As it stands, some agencies have greater advertising budgets than others for their counselling services. The IFPA believes that information should be presented in a non-biased way which enables women to make an informed decision about the agency or agencies she would like to attend for pregnancy counselling.

In addition, the IFPA has identified a need for a licensing system for people and organisations who operate or claim to operate pregnancy advisory services. Licensed agencies should offer non-directive counselling which is governed by legal requirements and minimum standards. Unlicenced services should be restricted.

6.0 Reducing later terminations
While the gestation period at which Irish women are having abortions has decreased in the past ten years, Irish women are still having abortions later than women from England and Wales (see appendix 2).

For women who choose to have an abortion, it is critical that steps are taken to (i) ensure that women access counselling prior to travelling so that they do not leave the country in panic or unprepared; (ii) to reduce the number of terminations taking place after 12 weeks.

### 6.1 Increasing the availability of non-directive pregnancy counselling services

As already pointed out in this submission, there is poor access to information about supports for women in crisis pregnancy. As a result, the majority of women who travel for abortions do not receive counselling before they travel.

It is our experience that women who access counselling prior to travel, are less likely to require counselling when they return because they were prepared and had thought through their decision.

While the IFPA advocates some reform of the Information Act to remove the bias against agencies which provide information on abortion, it is vital that the availability of non-directive counselling services around the country increases.

The IFPA’s counselling services are under-resourced and the lack of funding is preventing us from expanding the service.

The IFPA has identified that our Pregnancy Counseling Service needs to be expanded in Galway, Limerick, Cork and Dublin. We have identified further needs in Dundalk, Sligo, Athlone and Donegal.

Since 2000, the IFPA has been forced to withdraw its counselling service from Waterford and Clonmel due to resource limitations. Resources are urgently required to reinstate these services.

### 6.2 Training and education of health workers

It is generally accepted that women travelling for later-term abortions are women who have experienced a change in personal circumstances or whose foetus has been diagnosed as having severe abnormalities.

However, more recently through our Pregnancy Counselling Service, the IFPA has noticed an increase in the number disadvantaged, young girls in vulnerable situations
who are accessing our service. Some of these clients have been in care and some are unaccompanied minors seeking asylum in Ireland. In all cases they have experienced difficulty in identifying non-directive pregnancy counselling services.

Based on our recent experience, there is a need to provide care workers and those dealing with vulnerable girls and women with the information required to ensure that greater expedience is exercised in coming forward for non-directive pregnancy counselling.

In addition, medical professionals encountering women with foetal abnormalities should have the training to ensure that they can advise patients of the non-directive pregnancy counselling services available, should they require such information.
7.0 Post Abortion Support

The IFPA welcomes the brief given to the Crisis Pregnancy Agency to ensure the provision of post-abortion services and supports for women.

7.1 Post abortion medical check-ups
At present, such supports and services are patchy and many women do not access post-abortion medical check-ups because they fear being judged by their GP. The result is that an opportunity is lost for women to discuss their contraceptive needs with trained medical personnel.

The IFPA recommends that the Crisis Pregnancy Agency compile a directory of General Practitioners and family planning clinics throughout the country who provide non-judgmental post-abortion medical check-ups.

In addition, we recommend that post-abortion medical check-ups be available of charge.

7.2 Post abortion counselling
There is currently no public funding available for post abortion counselling services, although the IFPA makes every attempt to see women who contact us after they have had an abortion.

The IFPA recognises that some women who attend for post abortion counselling on a long-term basis may experience problems in their lives, such as relationship difficulties. As it stands, our post abortion counselling is so over-stretched that it is impossible to provide women with any extra counselling that may be required.

Clearly greater funding is required to meet the current demands for post-abortion counselling. In addition, the availability of post-abortion counselling services should be increased nation-wide.

The IFPA operates a post-abortion support group in Dublin. We have identified the need for such groups in a range of locations throughout the country and believe that the Crisis Pregnancy Agency should earmark funding to allow such groups to operate.
8.0 Setting targets

The success of the Crisis Pregnancy Agency must be measurable against clear targets.

In this submission, the IFPA has highlighted gaps in the areas of sex education, provision of contraception and access to pregnancy counselling services. The Crisis Pregnancy Agency should devise targets and timescales for the implementation of programmes to address these gaps.

We have also highlighted the need for an increase in the number of women accessing non-pregnancy counselling services and have called for measures to bring about a reduction in the number of women having abortions later than 12 weeks. The impact of the work of the Crisis Pregnancy Agency in addressing these issues should be measurable through an increased number of women attending pregnancy counselling at an earlier stage in their pregnancy.

The clear consensus that exists around the need to reduce the number of women who experience crisis pregnancy in the first instance should be the over-riding priority for the Agency. However, a lack of detailed statistics around crisis pregnancy in Ireland will make it difficult for the Agency to gauge its success in this area. Data collection in Ireland on crisis pregnancy is essential to ensure that the impact of any prevention programmes can be assessed and areas of greatest need can be identified.

ENDS.