



Barometer

of Women's Access to
Modern Contraceptive
Choice in 16 EU Countries

Key Findings and Policy Recommendations

IRELAND



SEXUALITY, INFORMATION
REPRODUCTIVE HEALTH & RIGHTS



IPPF

European Network
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Introduction

The second edition of the Barometer of Women's Access to Modern Contraceptive Choice aims to provide a comparative policy and status overview on young women's access to modern contraceptive¹ choice across 16 EU member states: Bulgaria, Cyprus, Czech Republic, Denmark, Finland, France, Germany, **Ireland**, Italy, Latvia, Lithuania, The Netherlands, Poland, Romania, Spain and Sweden. Similarly as the first edition², published in June 2013, the 2015 edition illustrates the need and value of re-establishing reproductive health as a policy priority on the EU and national agendas.

Eight different policy areas and corresponding Policy Benchmarks were identified and used as a reference to evaluate and rate the countries' situation with regard to access to modern contraceptive choice.

-  1 Policy making and strategy
-  2 General awareness of sexual and reproductive health and rights (SRHR) and modern contraceptive choice
-  3 Sexuality education at schools
-  4 Education and training of healthcare professionals and service providers
-  5 Provision of individualised counselling and quality services
-  6 Existence of reimbursement schemes
-  7 Prevention of discrimination
-  8 Empowering women through access to modern contraceptive choice

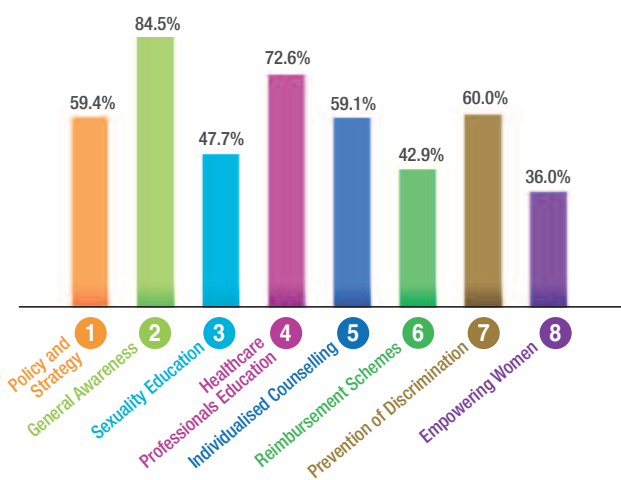
This leaflet presents the Barometer key findings and policy recommendations in each of the eight policy areas considered. The recommendations aim to provide the basis for a road map towards the development of policies addressing the unmet need for improved, equitable access to modern contraceptive methods. To achieve this, the recommendations call for a structured dialogue involving all relevant stakeholders. **The leaflet also includes the country chapter on Ireland with an overview of the country specific policies and gaps in access to modern contraceptive choice.**



Overview

- Ireland has a policy framework to address sexual and reproductive health and rights (SRHR) and access to modern contraceptive choice in place. However, it is not considered comprehensive by stakeholders as it puts significant emphasis on prevention of unintended pregnancies but does not address all SRHR related issues.
- Ireland scores high in the area of general awareness of SRHR and modern contraceptive choice (84.5%), thanks to the implementation of government led awareness campaigns that are regularly evaluated.
- In general, there is a lack of monitoring systems to ensure equal implementation of guidelines for healthcare professionals on contraceptive choice and counselling, and guidelines on sexuality education. Teachers have significant freedom in defining the content of sexuality education which explains Ireland's low score in this area (47.7%).
- Ireland scores lowest in the areas of reimbursement of contraceptives (42.9%) and women's empowerment (36%). Costs often represent a significant barrier to access to contraceptives and gender equality policies do not integrate SRHR components.

Country Results by Policy Benchmark



➤ 1 Policy making and strategy

- A legal framework currently exists in Ireland to address SRHR. Its main aim is to prevent and address unintended pregnancies:
 - The 1979 Health Family Planning Act³ legalised the sale of contraceptives.
 - The Health Service Executive (HSE) Crisis Pregnancy Programme (CPP)⁴ was implemented in 2003. One of its key objectives is to reduce the number of unintended pregnancies through education, counselling and contraceptive services. Under the Programme, the National Strategy for 2012-2016⁵ is currently in place.
- A more comprehensive strategy on SRHR is however expected to be adopted by the government. According to the Irish Family Planning Association (IFPA – IPPF Member Association)⁶, the strategy is expected to broaden the scope by not only focusing on the prevention of unintended pregnancies but also addressing other SRHR issues including screening of sexually transmitted infections (STIs) and sexuality in general.
- In general, stakeholders are involved in the development of SRHR policies, including for the development of the HSE CPP, and to a certain extent in their implementation and evaluation.

“Family planning and fertility control are addressed primarily as part of a policy framework to reduce ‘crisis’ pregnancy and abortion, rather than as part of a rights-based approach to support women’s empowerment and access to contraceptive choice. We call on the government to fulfil this gap and put into place a more comprehensive SRHR framework which better takes into account women’s needs.”

Dr. Caitriona Henchion,
Medical Director of the Irish Family Planning Association (IFPA)

- The Department of Health’s Social Inclusion Unit is in charge of monitoring and evaluating SRHR policies. Regular reports⁷ are published to evaluate the impact of the CPP on the number of unintended pregnancies and use of contraceptive service. The evaluation results are however not systematically taken into account in developing policies.

➤ 2 General awareness of SRHR and modern contraceptive choice

- The HSE CPP runs regular national campaigns. A national health promotion campaign called Think Contraception⁸ targets sexually active 18-24 year olds and 25-30 year olds as a secondary audience. It provides information on all contraceptive methods available in Ireland.
- In addition, the Contraception 35+⁹ leaflet provides specific information to women aged between 30 and 50, including contraception options and information about unintended pregnancies.
- While there are campaigns on equal opportunities, they do not address fertility control.

3 Sexuality education at schools

- Sexuality education in schools is compulsory as part of social personal and health education (SPHE) which covers relationships and sexuality education (RSE)¹⁰, mental health, gender studies, substance use, physical activity and nutrition.
- While there are guidelines¹¹ on the content of sexuality education by the National Council for Curriculum and Assessment (NCCA)¹², they are not compulsory and schools can decide on the content of the courses based on moral or ethical considerations.
- As a result, RSE is not equally implemented across the country and information varies greatly. In particular, not all schools provide comprehensive information on the full range of contraceptive methods.
- There is a lack of national monitoring and evaluation to accurately assess the effectiveness of the RSE programme.
- Similarly, although the government organises trainings on sexuality education for teachers and provides them with useful material¹³, there is no system in place to evaluate their effectiveness and to ensure that they receive adequate support after completion of the training.

“Studies have shown that not all schools implement sexuality education very well. Many adolescents and children are not informed about sexually transmitted infections and contraception. In addition, as it is unclear whether sexuality education can be provided before young people reach the legal age of consent, information is delivered too late and is therefore not effective. There is an urgent need to clearly outline the content of sexuality education as well as the resources that need to be dedicated to it to ensure equal implementation of sexuality education across the country.”

Dr. Paula Mayock,

Senior Researcher of the Children’s Research Centre, Trinity College Dublin

4 Education and training of healthcare professionals and service providers

- Guidelines on modern contraceptives service delivery are developed by healthcare professionals’ organisations including the Royal College of Physicians of Ireland (RCPI)¹⁴, the Irish College of General Practitioners (ICGP)¹⁵ and the National Medicines Information Centre (NMIC)¹⁶.
- Information on the full range of contraceptive methods for healthcare professionals is provided by the HSE CPP, the IFPA and the ICGP.
- While the guidelines are credible and evidence-based, the lack of a single source leads to scattered and inconsistent information.

- Certain cases exist where doctors' rights to use conscientious objection¹⁷ impedes women's access to contraceptive methods¹⁸.
- Education programmes on family planning and modern contraceptive choice are part of the medical curriculum in all medical schools.
- Postgraduate training in family planning is included in the general practitioners (GP) Registrar training programme. The ICGP Certificate in Contraception¹⁹, taken by almost all GPs and the IFPA's Certificate in Contraception Theory for doctors and nurses²⁰, both recognised by the government, enable family doctors and medical practitioners to acquire the knowledge and skills to provide contraceptive services.

5 Provision of individualised counselling and quality services

- Individualised counselling is an objective of the Irish healthcare system but it is not regarded as a high priority under the Framework for Improved Health and Wellbeing 2013-2020²¹.
- Individualised counselling is taught as a component of the medical curriculum and of certain postgraduate training programmes.
- Guidelines²² for individualised counselling on contraception are provided under the CPP and include information on how to better prevent unintended pregnancies. Guidelines relating to quality provision of individualised counselling²³ are provided by healthcare professionals' organisations.
- Due to the lack of a single framework, consistent implementation of individualised counselling guidelines is lacking. There is also a lack of monitoring and evaluation systems to ensure implementation of minimum quality standards.
- Not all healthcare facilities have trained staff that can ensure application of all types of contraceptive methods.

6 Existence of reimbursement schemes

- All modern contraceptive methods are equally available across the country.
- Women with a medical card receive contraceptives service and most contraceptive methods for free. According to the latest estimates, up to 41% of the population benefit from this scheme.
- People who do not have medical cards can apply to the Drug Payment Scheme under which individuals and families do not pay more than €144 for all prescribed medication each calendar month. Expenses incurred for contraception are tax deductible to some extent.
- The 2010 'Irish Contraception and Crisis Pregnancy Study'²⁴ concluded that the price of contraceptives represents a significant barrier for young people. It also restricts women's choice by leading to opt for less effective contraceptive methods or to dismiss certain methods such as longacting reversible contraception (LARC).

7 Prevention of discrimination

- The National Action Plan for Social Inclusion 2007-2016²⁵ recognises the need to ensure equal access to good quality healthcare for all.
- NGOs have developed specific guidelines and programmes, for example to inform migrant women about available SRHR services²⁶. There are, however, no recommendations issued by the government on how to provide quality SRHR services to vulnerable people for healthcare professionals and service providers.
- A number of studies and reports²⁷ have identified regional disparities in quality and availability of services, costs, stigma and issues of lack of confidentiality as significant barriers to access to contraception for young people.

8 Empowering women through access to modern contraceptive choice

- The National Women's Strategy 2007-2016²⁸ is the main framework for gender equality policies. A strategy review was initiated by the government in 2012 but has not yet been published.
- A National Women's Strategy Monitoring Committee was expected to ensure equal implementation of the Strategy and publish annual progress reports. It aimed to gather a number of stakeholders, including relevant government departments, but has not met since 2013. SRHR are not included under this framework or addressed by the Committee.

“It is crucial to go past debates on religious and cultural sensitivities in Ireland in order to address SRHR adequately, namely as a public health and human rights’ issue which has significant impact on women’s place in society. We call on the government to address SRHR comprehensively and ensure that remaining challenges in access to contraceptive choice are tackled.”

Orla O'Connor,

Chief Executive Officer of the National Women's Council of Ireland (NWCi)

Key Findings and Policy Recommendations

Regrettably, the second Barometer edition confirms the findings of the first edition regarding the unmet need for improved, equitable access to modern contraceptive methods through consistent, targeted policies. The sad fact remains that not all policies improved, and in most countries, the situation has stagnated, or even worsened, over the past years.

We continue to call on all decision-makers to implement, within a broader sexual and reproductive health and rights (SRHR) agenda, a comprehensive approach to contraceptive choice, which is key to ensuring the wellbeing of women. It is a crucial precondition to enable women and couples to decide whether or not and when to have children.

The section below presents the Barometer's key findings and recommendations in each policy area that policy makers need to embrace in order to ensure appropriate policy focus and progress in both access to modern contraceptive choice and the promotion of women's empowerment.

Overview Country Specific Total across all Policy Benchmarks



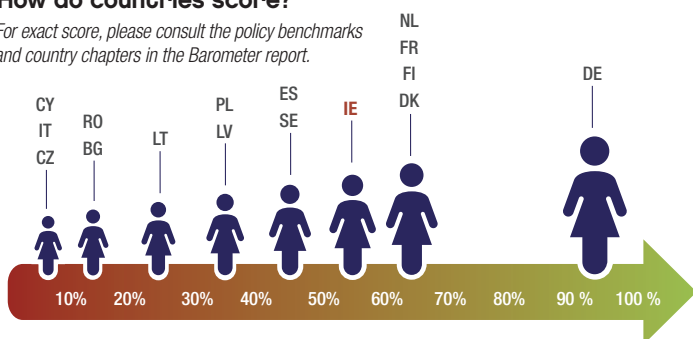
1 Policy making and strategy

Key findings

- Less than half of the countries examined have shaped and implemented a comprehensive SRHR strategy with a specific focus on fertility control and access to modern contraceptive choice.
- In a few countries, plans to develop a strategy were put on hold due to other priorities and political changes.
- Policy measures on SRHR are generally scattered and limited. The lack of or poor political leadership and financial support for SRHR are common obstacles. Religious influence in some countries also presents a barrier.
- The level of stakeholder involvement in the development and implementation of SRHR policies varies significantly across countries.
- Monitoring and evaluation systems of SRHR policies are poorly developed in almost all countries.

How do countries score?

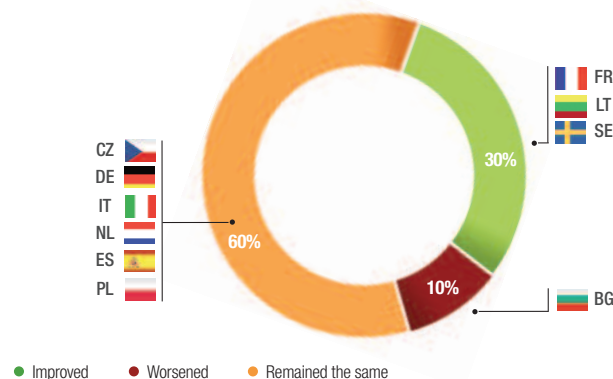
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Develop an integrated and comprehensive national SRHR policy framework addressing all key components of an effective approach to increase access to modern contraceptive choice (see the eight Policy Benchmarks).
- Systematically involve all relevant stakeholders in the development, implementation and evaluation of SRHR policies and strategies.
- Ensure effective implementation of SRHR policies through appropriate funding and efficient monitoring and evaluation systems, including a comprehensive set of relevant indicators.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



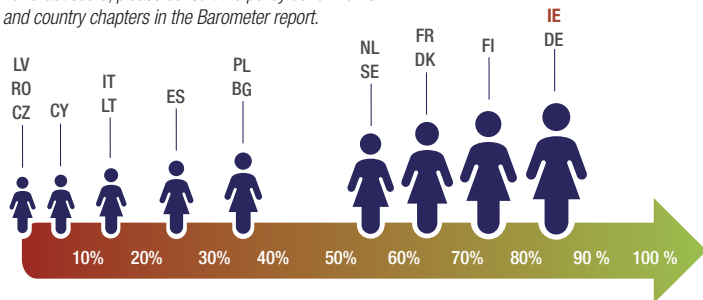
➤ 2 General awareness of SRHR and modern contraceptive choice

Key findings

- In most countries, experts find that public awareness of SRHR and contraceptive choice is low or could be improved, due to lack of government support, lack of resources, and/or lack of a coordinated governmental approach.
- At the time of this survey, only three countries amongst the 16 examined had ongoing government funded SRHR awareness campaigns in place, including comprehensive information on contraceptive choice and how to prevent unintended pregnancies.
- In most countries, not all relevant stakeholders are involved in the campaign development.
- Only in two countries do campaigns on equal opportunities for women refer, to some extent, to the role of fertility control and modern contraceptive choice for women as a way to achieve their professional and personal aspirations.
- In the majority of countries, there are no, or only poorly implemented, governmental monitoring and evaluation systems in place for SRHR awareness campaigns.

How do countries score?

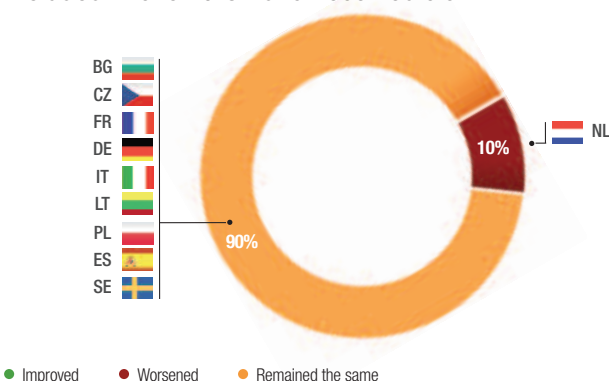
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Ensure regular awareness campaigns on SRHR, including information on the full range of modern contraceptive methods.
- Ensure appropriate involvement of all key stakeholders at all stages.
- Address fertility control in the framework of awareness campaigns on gender equality and equal opportunities for women.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



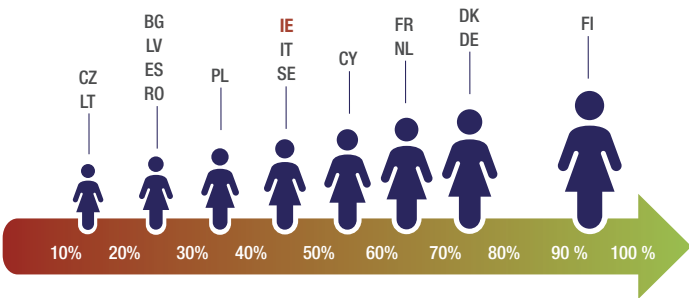
3 Sexuality education at schools

Key findings

- The extent to which sexuality education is provided and the content are heterogeneous across and within the countries examined, as both rely significantly on the personal knowledge and views of individual teachers. Experts in all countries call for improved sexuality education.
- Sexuality education is mandatory in just over half of the countries, but rarely covers complete, scientific information on the full range and use of contraceptives. Experts generally consider that the current sexuality education is insufficient to effectively contribute to prevent unintended pregnancies.
- In some countries, teaching young adults about sexuality is opposed by conservative and religious groups.
- In only a few of the countries, governments have put in place targeted education measures for vulnerable people.

How do countries score?

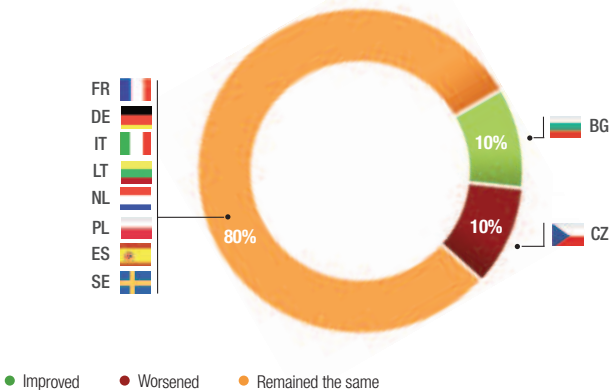
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Ensure evidence-based and mandatory comprehensive sexuality education for all pupils.
- Ensure allocation of sufficient resources to sexuality education across the country.
- Develop content guidelines for comprehensive sexuality education programmes and provide appropriate training to teachers.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



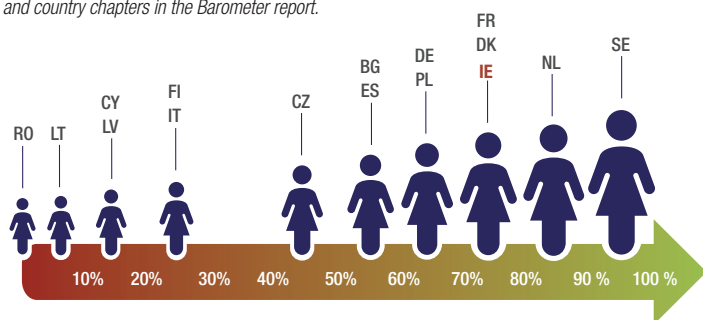
➤ 4 Education and training of healthcare professionals and service providers

Key findings

- In a number of the countries, there is a lack of credible and qualitative guidelines for healthcare professionals and service providers on modern contraceptive service delivery.
- Where such guidelines exist, they are often only partially implemented.
- Experts refer to religious opposition and the right to conscientious objection as key obstacles to access contraceptives in some countries.
- In most countries examined, national authorities do not support sufficiently the development and implementation of education programmes and postgraduate training on fertility control, family planning and contraceptive choice.

How do countries score?

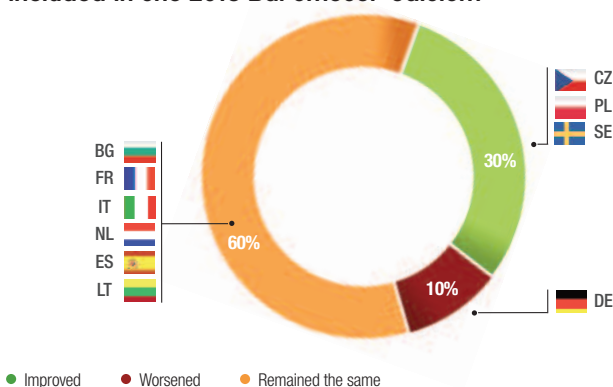
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Develop and implement evidence-based guidelines for healthcare professionals on modern contraceptive choice based on standards set by the World Health Organization (WHO).
- Implement provisions to inform professionals on the latest scientific evidence.
- Develop and implement mandatory education programmes and postgraduate training.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



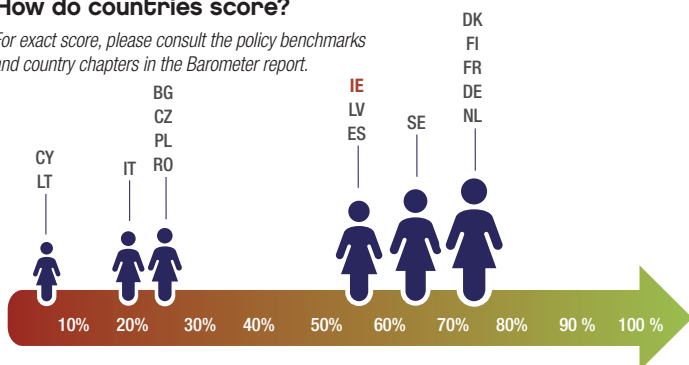
5 Provision of individualised counselling and quality services

Key findings

- Where individualised counselling exists, experts call for improved accessibility and quality of counselling services.
- In almost all countries, there is a general lack of evaluation and monitoring systems to ensure proper implementation of guidelines and quality standards of individualised counselling.
- In less than half of the countries, facilities across the country are sufficiently equipped to provide the full range of contraceptives nation-wide.
- In less than half of the countries, healthcare professionals and service providers receive satisfactory training on individualised counselling. In only 10 countries, postgraduate programmes on individualised counselling exist.
- In some countries, religious opposition influences the delivery of counselling and contraceptive services and further reduces access to quality services.

How do countries score?

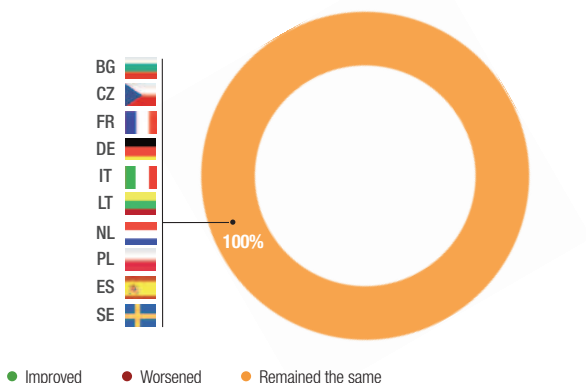
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Implement minimum quality standards and improve accessibility to ensure that individualised counselling is a key component of quality SRHR services.
- Develop and regularly update guidance for healthcare professionals on individualised SRHR counselling.
- Include individualised counselling as key objective of the medical curriculum and practicum.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



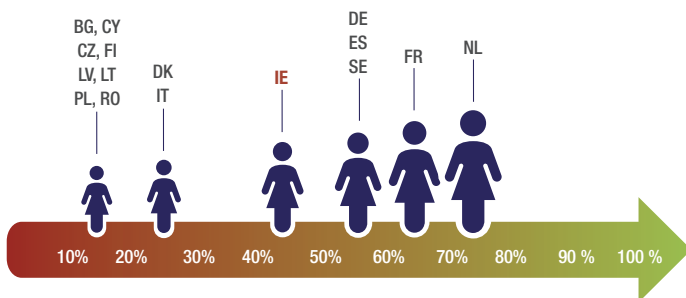
6 Existence of reimbursement schemes

Key findings

- Experts in all countries criticise the persisting inequalities in accessing the full range of contraceptive methods.
- Differences in availability of certain contraceptives within the countries are often listed by experts as key challenges.
- No country ensures full reimbursement.
- Less than half of the countries have some kind of reimbursement scheme in place. Some of them provide reimbursement arrangements aimed at addressing the social and economic barriers faced by vulnerable groups. They remain however insufficient.
- In many countries, financial constraints due to the economic crisis negatively impact reimbursement and prospects of improving reimbursement.

How do countries score?

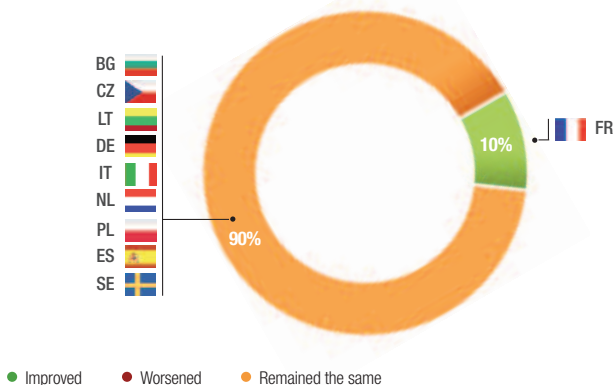
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Ensure equal access and availability of all modern contraceptive methods across the country.
- Develop adequate reimbursement schemes for modern contraceptive methods that address financial barriers of young women and vulnerable groups.
- Ensure regular review of reimbursement schemes.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



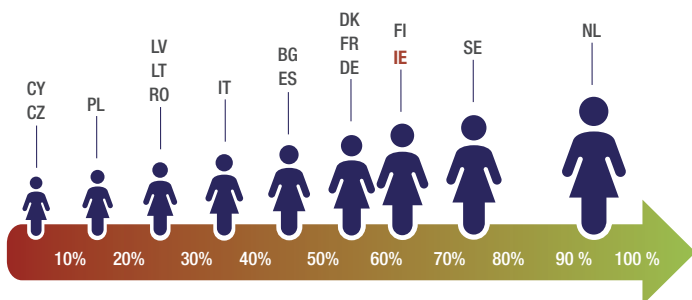
7 Prevention of discrimination

Key findings

- Among the countries examined, economic and social barriers are generally not fully taken into consideration in policy measures aimed to ensure equal access to modern contraceptive choice.
- In most countries, access to contraceptive choice for vulnerable groups is not a political priority.
- Stigmatisation remains an important obstacle to the access to and provision of SRHR and counselling services.
- In several countries, budget cuts in healthcare systems due to the financial crisis seriously compromise the quality of SRHR and family planning services, in particular for vulnerable people for whom the cost of modern contraceptives can often represent a barrier.

How do countries score?

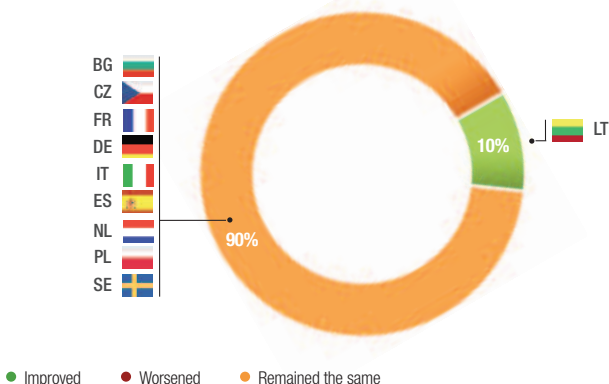
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Develop targeted provisions to address social and health inequalities in all SRHR policies.
- Address stigma as a barrier to seeking and providing SRHR and counselling services.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



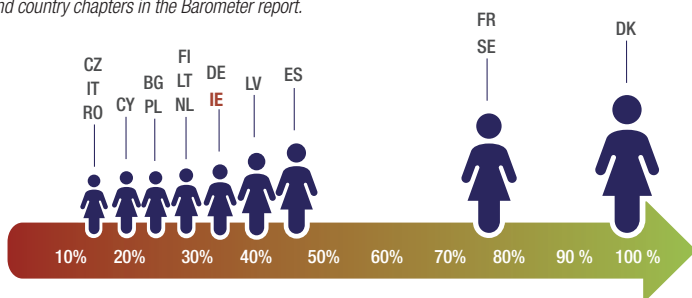
8 Empowering women through access to modern contraceptive choice

Key findings

- Fertility control and access to modern contraceptive choice are only included in 3 of the 16 countries examined as components of gender equality policies to help women realise their personal and professional aspirations.
- In most countries, gender equality and women's empowerment policy measures mainly aim to improve women's participation in the labour market and enhance work-life balance for women with children through family friendly policies at work.
- Monitoring and evaluation systems for gender equality policies are in place in half of the countries examined. However, the results are generally not taken into account to inform policy review.

How do countries score?

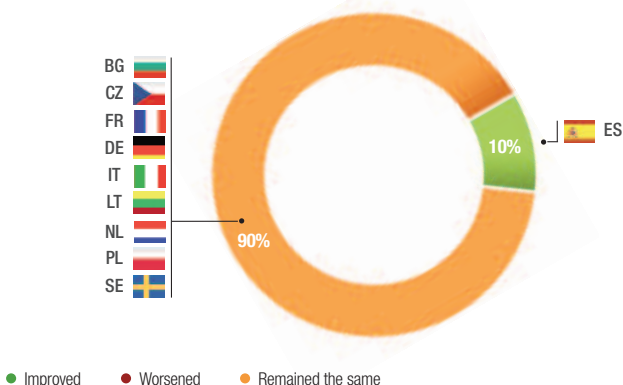
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Develop specific measures to improve access to contraceptive choice in the context of gender equality policies.
- Implement nation-wide monitoring systems to assess the effectiveness of gender equality policies, including a comprehensive set of relevant indicators.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



References

1. 'Modern contraceptives' in this report refers to all non-emergency, reversible contraceptive methods enabling young people and young adults to prevent unintended pregnancies. They include a range of different methods, namely, male and female condoms, diaphragms, oral contraceptives, vaginal contraceptive rings, contraceptive patches, depot injections, and long-acting reversible contraception (LARC), e.g. intra-uterine systems (IUS), intra-uterine devices (IUD), and sub dermal implants (SDI).
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About the Partners



The International Planned Parenthood Federation European Network (IPPF EN) represents one of the six regions of the International Planned Parenthood Federation, the strongest global voice safeguarding sexual and reproductive health and rights (SRHR) for people everywhere. IPPF EN led the development of the Barometer reports.

For more information about IPPF EN, visit
www.ippfen.org

The data collection in the countries was led by the following:

IPPF member associations:

- Bulgarian Family Planning and Sexual Health Association (BFPA), Bulgaria
- Cyprus Family Planning Association (CFPA), Cyprus
- Czech Family Planning and Sexual Health Association (SPRSV), Czech Republic
- Danish Family Planning Association (DFPA), Denmark
- Väestöliitto, Finland
- Pro familia, Germany
- Irish Family Planning Association (IFPA), Ireland
- Papardes Zieds, Latvia
- Family Planning and Sexual Health Association (FPSHA), Lithuania
- Rutgers, The Netherlands
- Family Planning Association (TRR), Poland
- Romanian Society for Education on Contraception and Sexuality (SECS), Romania
- Spanish Family Planning Association (FPFE), Spain



Lead experts or organisations:

- Italian Medical Society for Contraception (SMIC), Italy
- Dr. Elisabeth Aubény, France
- Dr. Lena Marions, Sweden

List of consulted experts:

- **Dr. Catriona Henchion**, Medical Director, Irish Family Planning Association (IFPA)
- **Helen Deely**, Director, Crisis Pregnancy Programme, Health Service Executive (HSE)
- **Evelyn Geraghty**, Director of Counselling, Irish Family Planning Association (IFPA)
- **Orla O'Connor**, Chief Executive Officer, National Women's Council of Ireland (NWCi)
- **Maeve Taylor**, Senior Policy and Advocacy Officer, Irish Family Planning Association (IFPA)
- **Dr. Paula Mayock**, Senior Researcher of the Children's Research Centre, Trinity College Dublin

Endorsed by:



www.escrih.eu



www.icrh.org

The European Society of Contraception and Reproductive Health (ESC) and the International Centre for Reproductive Health (ICRH) are not accountable for the quality of the data collection and analysis.

Methodology

To ensure consistency in both Barometer editions, the same methodology was used for the increase from 10 to 16 countries regarding the collection of information, analysis and rating of countries' input.

Country data were collected via an online multiple choice questionnaire by IPPF EN Member Associations and other independent national experts. Respondents selected the multiple choice answer that best described their country reality.

The full Barometer report*, multiple choice questionnaire and scoring overview can be found at <http://www.ippfen.org/resources/barometer-2015-womens-access-modern-contraceptive-choice>.

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