

From Awareness to Action: Advancing Sexual Health Promotion

Health Promotion Annual Conference

26th June 2025, 9:00 – 17:00

Arts Millennium Building, University of Galway

BOOK OF ABSTRACTS



#HPRC2025

#SexualHealthPromotion



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CONTENTS

WELCOME	3
PROGRAMME	4
MORNING PLENARY SESSION	7
AFTERNOON PLENARY SESSION	9
PARALLEL SESSIONS	12
Parallel Session 1: Sexual Health of LGBTQ+ Youth.....	12
Parallel Session 2: Sexual Violence, Consent and Pornography.....	16
Parallel Session 3: Training and Education for Sexual Health Promotion	21
Parallel Session 4: Services and Interventions	26
Parallel Session 5: Settings for Sexual Health Promotion	31
POSTERS	36
Sexual Health Posters.....	36
Health Promotion Posters	52
WORKSHOPS.....	61

WELCOME

It is our great pleasure to welcome you to our Health Promotion Annual Conference, which this year is dedicated to Sexual Health Promotion.

Over the last few decades, there have been important positive and negative changes in sexual and reproductive health, in Ireland and globally. Our keynote speakers, parallel session and poster presenters and workshop leaders will provide vital insights into these phenomena and trends. We are looking forward to the exchange of ideas and insights, involving all delegates. All of us have a role to play in the future of sexual health.

We are fortunate to have continued collaboration with the Department of Health, the Health Service Executive, and the Association of Health Promotion Ireland, and we gratefully acknowledge their support and engagement in planning this year's conference programme.

On behalf of all our colleagues in Health Promotion at the University of Galway, we are delighted to welcome practitioners, policymakers and researchers to this year's meeting. We hope you will have a fruitful day.

Dr András Költő and Professor Saoirse Nic Gabhainn

Conference Co-Chairs 2025

Health Promotion Research Centre, University of Galway

PROGRAMME

FULL PROGRAMME AT A GLANCE: For the full programme, including the oral presentations in the parallel sessions, the poster presentations and the workshops, click here:

<https://tinyurl.com/hprconference2025>

Time	Venue: Arts Millennium Building, University of Galway	Room
8:30	Registration and Coffee	Foyer
9:00	<p>Welcome and Opening Remarks</p> <p><i>Interim President Professor Peter McHugh, University of Galway</i></p> <p><i>Jennifer Murnane O'Connor, T.D., Minister of State at the Department of Health with special responsibility for Public Health, Well Being and the National Drugs Strategy</i></p> <p><i>Deputy Chief Medical Officer Professor Philip Dodd, Department of Health</i></p>	AMB-1021
9:30	<p>Morning Plenary Session</p> <p>Sexual Health Promotion Internationally and in Ireland</p> <p>Chair: Dr András Költő</p> <p>Looking back and thinking ahead: Reflecting on 50 years of sexual health policy and practice</p> <p><i>Professor Kaye Wellings, The London School of Hygiene and Tropical Medicine</i></p> <p>Sexual health policy in Ireland – An overview</p> <p><i>Dr Fiona Mansergh, Department of Health</i></p>	AMB-1021
11:00	Coffee Break and Poster Viewing	Foyer and 1st floor
11:30	Parallel Sessions	
	<p>Parallel Session 1</p> <p>Sexual Health of LGBTQ+ Youth</p> <p>Chair: <i>Professor Elizabeth Saewyc</i></p>	AMB-G005
	<p>Parallel Session 2</p> <p>Sexual Violence, Consent and Pornography</p> <p>Chair: <i>Dr Laurie Décarpentrie</i></p>	AMB-G006
	<p>Parallel Session 3</p> <p>Training and Education for Sexual Health Promotion</p> <p>Chair: <i>Dr Saintuya Dashdondog</i></p>	AMB-G007
	<p>Parallel Session 4</p> <p>Services and Interventions</p> <p>Chair: <i>Dr Lhara Mullins</i></p>	AMB-G008
	<p>Parallel Session 5</p> <p>Settings for Sexual Health Promotion</p> <p>Chair: <i>Dr Allison Dunne</i></p>	AMB-G009
12:45	<p>Lunch and Poster Viewing</p> <p>Take a walk on the campus</p>	An Bhalann

Time	Venue: Arts Millennium Building, University of Galway	Room
14:00	<p>Afternoon Plenary Session From Awareness to Action: Practice and Evidence in Sexual Health Promotion Chair: Professor Saoirse Nic Gabhainn</p> <p>Our journey to reducing Sexually Transmitted Infections in Ireland: How are we doing? <i>Professor Fiona Lyons, St. James's Hospital Dublin and HSE Sexual Health Programme</i></p> <p>Sexual violence and abuse in Ireland <i>Ms Sally Aquilina, Rape Crisis Ireland</i></p> <p>Sexual health across the life course: Evidence from past and future population health studies in Ireland <i>Dr András Költő, University of Galway</i></p> <p>Panel Discussion and Q&A</p>	AMB-1021
15:30	Workshops with Coffee	
	<p>Workshop 1 The Foundation Programme in Sexual Health Promotion (FPSHP): A case study in the successful evolution of a sexual health promotion training programme from regional to national delivery <i>Ms Moira Germaine, HSE Sexual Health Programme & Ms Catherine Byrne, HSE South West</i></p>	AMB-G005
	<p>Workshop 2 Sexual health and wellbeing of older adults in Ireland <i>Dr Martin Power, Discipline of Health Promotion, School of Health Sciences, University of Galway</i></p>	AMB-G006
	<p>Workshop 3 Partner Up! The effectiveness of partnership working to address local sexual health needs <i>Ms Lorraine O'Connell, Sexual Health West</i></p>	AMB-G007
	<p>Workshop 4 Data analysis for impact: Harnessing the Irish National Survey of Sexual Health for secondary analysis <i>Dr Éadaoin Butler, South East Technological University</i></p>	AMB-G008
	<p>Workshop 5 Managing vicarious effects: Practitioner self-care through poetry <i>Ms Stevie Browne, La Trobe University</i></p>	AMB-G009
	<p>Workshop 6 Sexual health treatment and prevention: A doctor's toolkit <i>Dr Ronan Daly, Ms Elisa Belmonte, & Prof. Fergal D. Malone, Department of Obstetrics and Gynaecology, Royal College of Surgeons Ireland and Rotunda Hospital Dublin</i></p>	AMB-G010
	<p>Workshop 7 REAL U: Empowering young people through relationship and sexuality education <i>Mr Michael Kiernan & Ms Aisling Harrington, Foróige</i></p>	AMB-G012

Time	Venue: Arts Millennium Building, University of Galway	Room
	Workshop 8 Breaking the silence: Understanding erectile and sexual dysfunction in men <i>Ms Aoife O'Brien, HSE</i>	AMB-G036
16:30	Closing Session Fruits, Snacks and Music Presentation of the AHPI Most Innovative Posters Awards <i>Ms Aisling Doherty & Dr Ronan Dillon, Association for Health Promotion Ireland</i> Traditional Irish Music	Foyer
17:00	Conference close	-

MORNING PLENARY SESSION

Sexual Health Promotion Internationally and in Ireland

Chair: Dr András Költő (*Health Promotion Research Centre, University of Galway*)

Room: AMB-1021

Looking back and thinking ahead: Reflecting on 50 years of sexual health policy and practice

Professor Kaye Wellings

The London School of Hygiene & Tropical Medicine

Trends in sexual health policy and practice over the past half century need to be seen against a backdrop of the sea change in sexual behaviour and attitudes over the period. Sexual activity begins earlier, cohabiting relationships later, with a corresponding increase in the period when people are single and sexually active. Social attitudes have softened and tolerance of diversity has increased, making it easier to mount public health interventions unopposed by dissenting voices.

In policy terms, the scope of sexual health has been reformulated. The formerly narrow focus on negative outcomes has given way to a broader conceptualization encompassing sexual well-being, and acknowledging the importance of pleasurable and consensual sexual experience to individuals. Alongside this, we have witnessed a shift away from issues-based sexual health promotion towards a more skills-based agenda, embracing concepts such as autonomy, agency and rights. Growing awareness of environmental influences on health has prompted recognition of the need for efforts to address the social structural factors influencing efforts to adopt health-protective behaviours.

We have seen significant successes during the last half century. The HIV/AIDS epidemic is largely under control in the UK and Ireland. Teenage pregnancy rates have fallen dramatically. The scale of the decline over the period 2000–2020 is unparalleled in other areas of health promotion. Not all these improvements can be attributed to health and social policy initiatives. Social contextual changes have enhanced progress and technological and therapeutic advances have played a major role. Yet policy and practice efforts have been essential to ensuring social acceptance of these innovations.

Current trends include a growing recognition of the need to ensure sexual well-being across the life span. The prime concern is still the sexual health of young people but in mid-life, menopause has finally come out of the closet and the sexual health of older adults is attracting more attention. There are challenges to come. The scale of sexual violence has relatively recently become apparent and it is still the case that only one in five cases are reported to the police. Problems are likely to continue to be multifactorial. The recent uptick in abortions for example, may reflect reduced access to sexual health services during COVID and subsequent cost-cutting; negative views of hormonal contraception promulgated by social media; and changes in fertility intentions in an era characterised by a dramatic downturn in the birth rate. Tackling sexual health issues will continue to require joined up thinking and collaboration between researchers and policy makers; between statutory and third sectors; and between health and social agencies.

Sexual health policy in Ireland – An overview

Dr Fiona Mansergh

Department of Health

The National Sexual Health Strategy, 2015–2020 (NSHS) was launched in October 2015. A review of the first NSHS, conducted by Crowe Ireland and published in March, 2023, identified the first Strategy as having been very successful, with a majority of actions successfully progressed.

The Review included recommendations to inform development of a new Strategy, which is currently at design stage and very close to being published. The Strategy will be supported by an Action Plan that will map out implementation in more detail for the first 3 years of its term.

Initiatives successfully delivered under the first Strategy included:

- Widening HIV and STI prevention, testing, early diagnosis and treatment, through the national network of 23 STI clinics and latterly, through expansion of the nationwide free home STI testing scheme.
- Improving sexual health information, education, training and resources, including schools, higher and further education, and combatting stigma through information campaigns.
- HIV prevention, including Ireland joining the HIV Fast-Track Cities programme and launching the Pre-Exposure Prophylaxis (PrEP) scheme.
- Expanding access to free contraception, through the free contraception scheme for women and National Condom Distribution Service (NCDS).
- Monitoring, evaluation and research regarding sexual health.

STI rates, which are rising both nationally and internationally, are a priority focus currently, as are other priorities included in the Programme for Government, Securing Ireland's Future, 2025, which includes additional commitments regarding HIV and STIs and women's health.

AFTERNOON PLENARY SESSION

From Awareness to Action: Practice and Evidence in Sexual Health Promotion

Chair: Professor Saoirse Nic Gabhainn (*Health Promotion Research Centre, University of Galway*)

Room: AMB-1021

Our journey to reducing Sexually Transmitted Infections in Ireland: How are we doing?

Professor Fiona Lyons

St. James's Hospital Dublin and HSE Sexual Health Programme

Ireland, like many other countries, has witnessed increasing Sexually Transmitted Infection (STI) rates and numbers over recent years. The World Health Organization has set ambitious targets for STIs which we are unlikely to meet with current figures. In this plenary, I will present an overview of the national approach to addressing STI rates with particular focus on the work of the HSE Sexual Health Programme including updates on the national condom distribution service, the home STI testing service and the HIV PrEP programme. I will speak briefly around new interventions for addressing bacterial STIs, specifically doxycycline Post Exposure Prophylaxis and the role of Men b vaccination in reducing gonococcal infections. I will pay particular attention to the importance and success of collaborative, multisectoral working in addressing STIs in Ireland.

Sexual violence and abuse in Ireland

Ms Sally Aquilina

Rape Crisis Ireland

Sexual violence remains one of the most under-reported and poorly understood issues in Ireland with profound consequences for health, safety, and social well-being. The data landscape for the sexual violence sector has been inconsistent, presenting considerable challenges in building a comprehensive picture.

At Rape Crisis Ireland we have developed a comprehensive survivor-centred data management system. Our unique Data Collection System, which provides secure, reliable and user-informed data infrastructure to support the essential work of Rape Crisis Centres across Ireland, supports service delivery, research and advocacy. Crucially, it also respects and protects survivor anonymity.

Good data is hard-won, though. It depends on shared definitions, sustainable systems and trauma-aware practices as well as a foundation of trust across all stakeholders. My presentation will explore what good data looks like in the context of sexual violence - not just in terms of statistical rigour, but in how it serves survivors and supports action.

I'll examine how data is currently captured across the sexual violence eco-system, the business and operational challenges caused by inconsistent or incomplete data, and the strategic steps we have taken at Rape Crisis Ireland to build a system that delivers useful, ethical data in a sensitive domain. I'll then turn to what it takes to get this right - credible national statistics, insights into trends and unmet needs, and stronger advocacy for policy and funding decisions – and what's at stake, if we don't.

Ultimately, better data leads to better decisions: credible national statistics, earlier identification of trends, improved services, and stronger advocacy for change. Robust data ought to be the driver of any national response, and that includes action to prevent sexual violence and to support those who have experienced rape or sexual violence - without ever compromising the dignity or autonomy of survivors of sexual violence.

Evidence is the bridge between awareness and action. In this session I'll share how Rape Crisis Ireland has effectively built that bridge and how our unique Data Collection System is enabling frontline services to support survivors of sexual violence across Ireland.

Sexual health across the life course: Evidence from past and future population health studies in Ireland

Dr András Költő

Health Promotion Research Centre, University of Galway

Public health evidence suggests that we are facing a ‘hidden’ sexual health crisis. Sexually transmitted infections are increasing. While acceptance towards sexual and gender minorities has improved, LGBTQ+ people still suffer harassment, bullying and exclusion. Pornography has become accessible on smartphones, practically without limitation; sexually explicit materials are increasingly violent and objectifying. Domestic violence and abuse cases are on the rise and disproportionately impact women and transgender people.

The word ‘hidden’ is important because this crisis is far less salient in public discourse than other facets of health. Sexuality, despite remarkable changes in openness and public attitudes, is still restricted by shame and silence. Sexual behaviours among children and older people remain taboo, although sexual health is important at all ages.

In this talk I will present findings from two population health studies conducted at the Health Promotion Centre, University of Galway that showcase sexual health and wellbeing among the adolescent and adult population in Ireland.

The Health Behaviour in School-aged Children (HBSC) is a World Health Organization cross-cultural study that aims to understand the health-promoting and risk behaviours, and their social contexts. Between 2010 and 2022, we have accumulated evidence on the sexual behaviours of 15- to 17-year-old adolescents in Ireland and internationally, including sexual initiation, age at first intercourse, and condom and contraceptive pill use at last intercourse.

While we have comprehensive data on the sexual health on young people in the Republic of Ireland from the last two decades, evidence for adults is limited. Recognising this gap, in 2022 the Health Service Executive (HSE) Sexual Health Programme announced that they will fund a nationally study on sexual and reproductive health. As the recipients of that research award, our team is conducting the Irish National Survey of Sexual Health (INISH). After consultations with Public and Patient Involvement panels and other stakeholder groups, we are currently running a feasibility study. Its results will feed into a nationally representative survey, scheduled for 2027. We will collect information on the sexual knowledge, attitudes and behaviours of the adult population in Ireland. The findings will be used to inform policy and the clinical services provided by HSE.

Health promoters need to openly and frankly address matters of sexual health to ensure that the population receive the resources and empowerment to make informed decisions regarding sexual and reproductive health. Practitioners, decision-makers and researchers must collaborate to have evidence-based and efficient sexual health promotion services.

PARALLEL SESSIONS

Parallel Session 1: Sexual Health of LGBTQ+ Youth

Chair: Professor Elizabeth Saewyc (*Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia, Canada*)

Room: AMB-G005

Sexual behaviours among sexual minority migrant adolescents in Western Canada over 20 years

Ms Marie Louise Umwangange

Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia, Canada

Co-author(s): Dr Abdul-Fatawu Abdulai, Dr Mauricio Coronel Villalobos, Dr Monica Rana, and Prof. Elizabeth Saewyc (*Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia, Canada*)

Background:

Over 1/3 of newcomers to Canada are young people who arrive during adolescence. Limited research suggests sexual health disparities for migrant adolescents, which could be higher for gay, lesbian, bisexual, pansexual and mostly heterosexual (LGB+) youth, although Canada is a supportive country for LGBTQ+ people. We examined 20-year trends and disparities in sexual health behaviours among migrant adolescents in Western Canada vs heterosexual peers.

Methods:

Trend analyses of five cycles of the British Columbia Adolescent Health Survey (2003–2023).

Results:

Overall, there were significant declines among migrant adolescents of all orientation groups in ever having sex, or oral sex, early initiation, sex with older partners, sex with multiple partners, and also declines in condom use at last sex. Gay, bisexual and mostly heterosexual boys reported increasing trends in alcohol use before sex. Despite these encouraging trends, sexual minority migrant adolescents were more likely to report sexual behaviors compared to heterosexual peers in most years. These observed gaps narrowed or remained unchanged in recent years, but widened re: multiple sexual partners for adolescent girls, and re: use of alcohol/substances before sex for adolescent boys.

Discussion:

We saw promising improvements in sexual health behaviours among LGB+ migrant adolescents vs peers over time, yet gaps still exist. LGB+ migrant adolescents may not be well-served by school-based sexual education, and find themselves excluded from both migrant communities and LGBTQ+ groups. This emphasizes the need for intersectional, culturally responsive, and gender-sensitive sexual health interventions that address the unique needs of sexual minority migrant adolescents.

Keywords: migrants; LGBTQ; adolescents

Is it getting better? Trends in sexual health behaviours among lesbian, gay, bisexual and mostly heterosexual (LGB+) adolescents in Western Canada

Dr Monica Rana

Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia, Canada

Co-author(s): Ms Renée Woodward, Dr Mauricio Coronel Villalobos, and Prof. Elizabeth Saewyc (*Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia, Canada*)

Background:

Research shows LGB+ youth in many countries report disparities in sexual health behaviours vs. heterosexual peers, in part due to stigma and discrimination. With improved human rights law in Canada, has this changed? We report 15-year trends in sexual health behaviours for LGB+ youth in Western Canada, and evaluate both disparities between LGB+ and heterosexual youth and whether these are narrowing or widening.

Methodology:

We analyzed school-based data from four cycles of the British Columbia Adolescent Health Survey (2008–2023). Age-adjusted logistic regression models, separately by gender, examine trends in sexual health behaviours and disparities across orientation groups.

Results:

From 2008 to 2023, Western Canada saw declining prevalence of sexual activity (ever having sexual intercourse and oral sex) across all sexual orientations ($p < 0.01$), pregnancy involvement (except for heterosexual girls) and sexually transmitted infections (STIs) for most groups. Condom use at last intercourse also declined, with significant drops for all but gay and bisexual boys. Disparities between LGB+ and heterosexual youth narrowed over time for several sexual health behaviours and outcomes (sexual activity, contraceptive use, pregnancy involvement, and STIs). Despite improvements, some groups of LGB+ youth still reported lower rates of contraceptive use and STIs in 2023; in that year, 35–40% of bisexual youth and 55–65% of gay/lesbian youth said sexual education they received was not relevant to their orientation.

Discussion:

While sexual health appears to be getting better for LGB+ youth in Western Canada, persistent gaps highlight the need for ongoing monitoring and advocacy for LGBTQ-inclusive sexual health education.

Keywords: gay; lesbian; bisexual; adolescents; trends

The Perception Gap: Sexual health behaviours among trans and nonbinary adolescents vs. cisgender peers in Western Canada

Prof. Elizabeth Saewyc

Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia, Canada

Co-author(s): Dr Mauricio Coronel Villalobos, Ms Renée Woodward, and Dr Annie Smith
(*Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia, Canada*)

Background:

Assumptions that trans and nonbinary adolescents are not sexually active, or alternately, are more likely to be sexually active, than cisgender peers are common, yet research is limited and contradictory, and often focused on skewed clinical samples. We explored sexual health behaviours among trans and nonbinary vs. cisgender adolescents in a population-based survey in Western Canada.

Methods:

The 2023 British Columbia Adolescent Health Survey, a province-wide cluster-stratified school health survey of students ages 12 to 19 ($N = 35,488$). We compared sexual health behaviours between cisgender boys/girls, trans boys/girls, nonbinary and questioning students using complex samples Rao-Scott chi square.

Results:

Trans and nonbinary youth were as likely as cisgender to report ever having sex or oral sex (about 1 in 5), but 1 in 3 reported same-sex partner at last sex; they were less likely to report condom use at last sex, but also reported diverse contraceptive methods, including withdrawal. Although rare, pregnancy involvement was higher among gender diverse youth (3% vs. <1%), as were sexually transmitted infections. Regardless of gender, most youth said their sexual education in school was at the right age, but half of trans and nonbinary youth said the sex ed was not relevant to their gender identity. Other sexual health behaviours will also be discussed.

Discussion:

Gender diverse youth are as likely as their cisgender peers to be sexually active, but sexual health education may not be sufficiently inclusive, and findings suggest higher potential risks for STIs and adolescent pregnancy involvement.

Keywords: transgender; nonbinary; adolescents

Sources of information and their usefulness in relation to sexuality and sexual health of Lesbian, Gay, Bisexual and Questioning (LGBQ) Adolescents

Dr Thelma Begley

Co-author(s): Prof. Agnes Higgins (*School of Nursing and Midwifery, Trinity College Dublin*)

Background:

The provision of sufficient information and education on sexuality and sexual health to adolescents can aid in the development of confident decision making in sexual activity. However, there is a lack of evidence on where LGBQ young people access information on sexuality and sexual health.

Methods: An online cross sectional survey design collected data from LGBQ adolescents aged 14–19 using closed and open-ended questions in three areas LGBQ orientation, Readiness for Safer Sex and Sexual Activity/ Behaviour. Ethical approval was granted by University Ethics Committee. Data analysis used descriptive, inferential statistics and thematic analysis of open-ended questions.

Findings:

No single source of information across all topics was found and sources differ per topic. The sources most often cited were LGBQ Friends, LGBQ Community, LGBQ Focussed Internet Search, Porn (pornography), Mothers/ female guardian and Teachers/ school. Porn was the primary (most reported) source of information for one quarter of all topics. Sources had varying usefulness. Age, gender at birth and living location influenced use and usefulness of information sourced.

Discussion:

Primary sources of information are a combination of in-person and internet/ media sources. Knowing how and young people currently source information per topic can assist in devising sexual and reproductive health promotion materials and programmes. Findings can also be used to influence further research, school-based education and healthcare practices.

Keywords: sexuality; adolescence; information; LGBQ

Parallel Session 2: Sexual Violence, Consent and Pornography

Chair: Dr Laurie Décarpentrie (*Health Promotion Research Centre, University of Galway*)

Room: AMB-G006

Online pornography and condom use among young adults in Ireland

Prof. Anne Nolan

Economic and Social Research Institute

Co-author(s): Prof. Emer Smyth (*Economic and Social Research Institute*)

Background/Context:

In recent years, widespread internet access and mobile phone use have meant that pornography has become increasingly available, affordable, and easier to access anonymously. A particular concern with access to pornography in adolescence and young adulthood is that the display of unsafe sexual practices may promote sexual risk-taking, including condomless sex.

Methods:

In this paper, we use data from the '98 Cohort of Growing Up in Ireland (GUI), the national longitudinal study of children and young people in Ireland, to examine the association between online pornography and use of condoms. Multivariable binary logistic models are estimated, using data from wave 4 of the GUI survey, carried out in 2018, when the young people were 20 years of age.

Results:

Overall, two-thirds of young men use online pornography; in contrast, 13 per cent of young women report doing so. Of those who have had sex and are sexually active (80 per cent of 20 year olds), approximately 35 per cent 'always' use a condom when having sex, 45 per cent 'sometimes' and 20 per cent 'never'. The results of multivariable regression models show statistically significant negative associations between pornography use and condom use.

Discussion:

These results are consistent with the 'sexual script' theory that posits that viewing pornography may provide specific sexual scripts (i.e., symbolic guidelines), which can influence adolescent sexual behaviours. The findings suggest that policymakers may need to reinforce public health messaging around the importance of condom use for prevention of sexually transmitted infections.

Keywords: pornography; condom use; young adulthood

Pornography use and its impact on risk-taking sexual behaviours among adolescents in the West of Ireland

Dr Nicola Murphy

Department of Public Health, HSE Southwest

Co-author(s): Dr Peter Barrett (*Department of Public Health HSE-Southwest, University College Cork*), Mr Emmet Major (*Western Region Drug and Alcohol Task Force*), and Dr Breeda Neville (*National Cancer Control Programme*)

Introduction:

Adolescents are increasingly viewing online pornography, potentially leading to normalisation of sexual behaviours depicted online, which is particularly problematic with regard to risk-taking behaviours. This study aims to investigate pornography use and its association with risk-taking sexual behaviour among adolescents in the West of Ireland.

Methods:

Secondary analysis of the Planet Youth Survey 2022 was performed. Pornography use was the main exposure of interest. Secondary exposures include using pornography as a source of information to learn about sex and feeling pressured to view pornography by a peer/partner. Outcomes include engaging in (i) condomless sex, (ii) sexual activity under the influence of alcohol/drugs and (iii) very early (<15 years) sexual initiation.

Results:

The response rate was 87%. Over one third of adolescents viewed pornography in the previous year. Pornography use was associated with an increased likelihood of all three outcomes. Higher levels of parental monitoring and maternal attainment of a third level education were associated with lower likelihood of outcomes. Being in receipt of sexual health advice from a trusted source increased the likelihood of all three outcomes, which was an unexpected finding.

Discussion:

Adolescents who use pornography are more likely to engage in risk-taking sexual behaviours, which puts them at higher risk of STI acquisition among other negative consequences. The findings highlight the need to update the National Sexual Health Strategy, as well as taking a collaborative approach to sexual health education involving school based education, parental support and public health campaigns to promote safe sexual practices among adolescents.

Keywords: pornography; adolescents; risk-taking sexual behaviours

Mapping sexual harassment and violence in nightlife: Prevalence, contexts, reporting barriers, and implications for prevention

Dr Ann Rousseau

KdG University of Applied Sciences and Arts, Belgium

Co-author(s): –

Background:

Sexual harassment and sexual violence in nightlife are increasingly pressing global issues with serious ramifications for wellbeing, public health, human rights, and gender equality. The development of effective prevention and response strategies requires reliable data on the incidence, nature, contexts, and effects of victimization.

Method:

A survey was conducted with 750 Flemish residents (50% women; aged 18–49; representative by gender, age, and education). It explored experiences with and responses to sexually transgressive behavior over two time periods (past 12 months and lifetime) and across various nightlife contexts.

Results:

Experiences of sexually transgressive behavior are widespread across nightlife settings. Prevalence rates were significantly higher for women (86% lifetime; 44% past 12 months) compared to men (46% and 22%, respectively), and for young adults (18–29-year-olds were nearly twice as often victimized in the past year than older groups). Although multiple strategies are used to cope with feelings of unsafety, incidents are rarely reported (2.5% of victims and 6% of witnesses). Reasons for non-reporting varied by gender, age, and type of behavior. These findings highlight substantial underreporting and underscore gendered and age-specific vulnerabilities.

Conclusion:

The results provide critical evidence to inform public policy and the design of tailored interventions that address barriers to reporting and promote safer nightlife environments for all.

Keywords: sexually transgressive behavior; nightlife; coping

Debunking the Myths - The science behind our sexual health: Advancing youth sexual health education in Ireland through evidence-based practice

Ms Elisa Belmonte

Department of Obstetrics & Gynaecology, Royal College of Surgeons Ireland

Co-author(s): Ms Hollie Byrne, Dr Ronan Daly, and Dr Zara Molphy (*Department of Obstetrics & Gynaecology, Royal College of Surgeons Ireland*)

Background:

Sexual health misinformation and disinformation spread at alarming rates among teenagers and present a unique challenge for care givers, educators and healthcare providers. Viral trends, celebrity-endorsed products, societal stigma, and the normalisation of certain harmful behaviors are steering adolescents away from evidence-based healthcare. The gap between sexual health education and general education creates an urgent need for accurate, expert-led interventions grounded in science.

Approach:

Debunking the Myths: The Science Behind Our Sexual Health is an educational programme designed by healthcare Professionals. It leverages their experience and knowledge to deliver expert-led workshops, evidence-based resources, and social media campaigns to Irish teenagers, parents, and teachers.

Outcomes:

As of April 2025, our workshops have reached 17,708 students from 166 schools in all 26 counties in the Republic of Ireland, both online and in-person. We assessed the workshop impact on students' attitudes towards sexual health through a survey ($n = 795$). Results showed a significant increase in participants' familiarity with the topics covered including Trusted Resources on Sexual Health ($p < 0.001$), Methods of Contraception ($p < 0.001$) and Sexual Assault Treatment Units ($p < 0.001$). Students' awareness of practical emergency contraception resources significantly increased ($p = 0.002$), while perceptions of cost as a barrier decreased ($p < 0.001$).

Discussion:

The significant increase in awareness of key topics and services indicates that the programme is effectively addressing gaps in current health education, providing students with practical support and knowledge of sexual health resources. Qualitative feedback from student focus groups revealed a strong desire for workshops delivered by external healthcare professionals supplementing school-based RSE lessons.

Keywords: misinformation; adolescents; workshops; expert-led; evidence-based

Addressing consent and pornography with young people

Mr Kevin O' Driscoll

National Youth Council of Ireland

Co-author(s): Ms Louise Monaghan (*National Youth Council of Ireland*)

Background:

Young people are growing up in a world where online content—especially pornography—is easily accessible. At the same time, ideas around consent are often unclear or misrepresented in the media and pornography they encounter. These influences can shape how young people view relationships, intimacy, and themselves. Many youth workers and professionals feel unsure about how to address these sensitive topics in a way that is safe, open, and supportive.

Approach:

This two-day interactive training equips youth workers and others supporting young people with the tools, knowledge, and confidence to talk about pornography and consent in meaningful ways. Grounded in real-life examples, current research, and engaging group activities, the programme offers a supportive space to explore these complex issues. It breaks down what pornography is, why young people engage with it, and how it impacts their development. The training also explores consent—what it means, why it matters, and how to discuss it in relatable and age-appropriate ways.

Outcomes:

Participants will leave the training better prepared to engage in honest, respectful conversations with young people. They will gain a clearer understanding of the legal, emotional, and social aspects of both consent and pornography, along with practical strategies they can apply directly in their work.

Discussion:

Talking about consent and pornography with young people isn't easy—but it's vital. This training helps youth workers feel more confident and capable, so they can support young people to make informed, respectful, and healthy choices.

Keywords: consent; pornography; healthy relationships; support

Parallel Session 3: Training and Education for Sexual Health Promotion

Chair: Dr Saintuya Dashdondog (*Health Promotion Research Centre, University of Galway*)

Room: AMB-G007

Consent education for student teachers

Ms Catherine Corbett

Active Consent, University of Galway*

Co-author(s): Ms Tonya Pell (*School of Education, University of Galway*)

Background:

Research highlights many teachers lack the necessary training to effectively and confidently teach Relationships and Sexuality Education (RSE) in post-primary education in Ireland. It is recommended that a foundational element of Initial Teacher Education (ITE) programmes include RSE provision, including consent education.

Approach:

The ITE programme at the University of Galway partnered with the Active* Consent programme, housed in the School of Psychology, to address this issue. Active* Consent promotes a holistic, research-led approach to sex education. Staff from the programme facilitated the first of a two-part workshop series with first-year Professional Master of Education (PME) students in December 2024. This session focused on building a strong foundation in sexual health education and developing the language needed to discuss these topics with confidence. Using sex-positive, experiential pedagogies, the workshop created an open and honest space to bring lightness and humour to what can often be a sensitive subject. A follow-up workshop will be delivered to the same students in the second year of their PME to build on this learning.

Outcomes:

A post-workshop survey was administered to PME students after attending the first Active* Consent workshop. The results indicate how beneficial the workshop was to their personal and professional learning, along with a desire for more information and skills to discuss consent and related topics with their students.

Discussion:

We will share information on the workshops delivered to the PME students, as well as initial findings from the survey, and what the results mean for ITE programmes moving forward.

Keywords: RSE; consent; sexuality; education; students

Tackling misogyny and sexism In Irish schools

Dr Conor Hogan

Scoil Áine, Merlin Park Hospital, Merlin Park, Galway

Co-author(s): –

Background:

Recent academic articles are noting that misogyny and sexism is becoming more common especially among young men. The manosphere that communicates this shows the plethora of online forums, websites, and blogs that are creating Irish and English teachers to be fearful about rising misogyny and classroom sexism. The rising evidence suggests there needs to be some form of positive practical response to stem the tide of this misogyny and sexism in schools.

Approach:

As many of the problems are in schools, it seems only logical to approach the issues where the culprits are acting out this misogyny and sexism. Therefore, after researching this area, a Post Primary school module for Junior Cycle students entitled Philogyny for Relationships and Sexuality Education was created. This module, along with a set of teacher guidelines has formed the proactive basis for which to educate young people in schools about how to positively respect, love, and adore women and denounce sexism in place of fostering better relationships based off respect and compromise.

Outcomes:

This module is being piloted in one Galway school. Current feedback from those that are partaking in the module is positive.

Discussion:

Although this module is in its infancy, the current signs show a willingness by students to partake in this programme of learning. Given that there is no other known module of its type in Ireland, this module serves as the unique test case for this highly sensitive area.

Keywords: misogyny; sexism; Irish schools

Laying the foundations for integrating pregnancy loss and fertility awareness and knowledge within second-level education

Dr Marita Hennessy

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Co-author(s): Ms Zara Harnett (*Pregnancy Loss Research Group, Department of Obstetrics and Gynaecology, University College Cork*) and Prof. Keelin O'Donoghue (*Pregnancy Loss Research Group, Department of Obstetrics and Gynaecology, University College Cork; INFANT Research Centre, University College Cork*)

Background:

Pregnancy and infant loss, including miscarriage, stillbirth or early neonatal death, occurs in 20–25% of all pregnancies. Despite its prevalence, and associated physical and psychological impacts, there remains a lack of public awareness and understanding.

Methods:

Drawing on evidence from a review of peer-reviewed and grey literature, we make the case for enhancing pregnancy loss and (in)fertility awareness, specifically focusing on young people in second-level education. We situate our work within reproductive health and reproductive justice frames, recognising the impact of social factors on people's reproductive lives, and the need for multi-level interventions to enable people to fully realise their reproductive rights and goals.

Results:

While schools provide an important setting to learn about and discuss topics relating to sexual and reproductive health—including pregnancy loss and fertility—current evidence suggests that this is not happening, despite young people's desire to engage in such conversations. Barriers to addressing sexual and reproductive health issues within schools include lack of access to teacher training, continuing professional development, appropriate and engaging resource material, as well as teacher discomfort and lack of confidence. There are opportunities to embed pregnancy loss and fertility education within curricula, and beyond. It is important that interventions are developed in collaboration with all relevant interest-holders, including young people themselves. This will help to ensure that any interventions developed are relevant, acceptable, feasible and effective.

Discussion:

Further research is needed to explore how education around pregnancy loss and fertility can be best integrated within school settings.

Keywords: pregnancy loss; reproductive health; young people

Co-creating educational resources with young people to enhance pregnancy loss and fertility awareness

Dr Laura Linehan

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Co-author(s): Dr Brendan Fitzgerald (*Pregnancy Loss Research Group, Department of Obstetrics and Gynaecology, University College Cork; Department of Pathology, Cork University Hospital*) and Ms Ríóna Cotter (*Pregnancy Loss Research Group, Department of Obstetrics and Gynaecology, University College Cork; Department of Pathology, Cork University Hospital*)

Background:

Despite their prevalence and impacts, there is a lack of public awareness and understanding of fertility and pregnancy loss. While school is an important setting for educating young people about sexual and reproductive health issues, topics such as pregnancy loss and fertility are omitted.

Approach:

Over an academic year (September 2024 to May 2025), the Pregnancy Loss Research Group collaborated with transition year students and staff in an all-girls secondary school to co-create educational resources to enhance pregnancy loss and fertility awareness. Members of the research team – including obstetricians, midwives, a pathologist, a medical scientist and researchers – co-facilitated two-hour sessions over the year, 16 sessions in total. Educational sessions on pregnancy loss, fertility and healthy pregnancy were held during the first term. The students took part in a study day on pregnancy loss hosted at the hospital. Over subsequent terms, students engaged in participatory group activities to generate key messages, content and communication formats. We collaborated with an illustrator, who facilitated a one-day workshop to co-create visuals for the work.

Outcomes:

Through the SPRING (Supporting Pregnancy & Reproductive health INformation for teenaGers) Project, we have co-created various educational resources to increase awareness around pregnancy loss and fertility. Content centres on 12 ‘facts’, priority information identified by the students.

Discussion:

It is feasible to embed education around pregnancy loss and fertility within schools and it is valued by young people. Further work is needed to determine the effectiveness of the resources generated and to support their integration within curricula.

Keywords: fertility; pregnancy loss, reproductive health; education

Beyond ‘Just Talk’: How interactive education is rewriting the script on teen relationships

Ms Ciara Tyrrell

Solas Óg; COPE Galway, Ireland

Co-author(s): –

Background:

The Solas Óg Healthy Relationships Programme was developed as a preventative intervention to address relationship abuse among teenagers, a widespread issue affecting one in four young people in Ireland. Piloted across ten secondary schools in Galway City and County, the programme consisted of six interactive sessions integrated into the Junior Cycle SPHE curriculum. The programme aimed to educate young people on healthy and unhealthy relationships, empower them with skills to navigate relationships, and challenge harmful attitudes and beliefs.

Approach:

A mixed-method evaluation was conducted with three key stakeholder groups: young participants (268 students), teachers, and Solas Óg facilitators. Data were collected through surveys, focus groups, and informal interviews. The evaluation assessed engagement, perceived value, and impact on attitudes, while identifying areas for improvement.

Outcomes:

Feedback highlighted high engagement and positive shifts in young people’s attitudes, particularly around gender stereotypes and toxic masculinity. Teachers praised the facilitators’ ability to connect with students and the programme’s interactive methods, though they recommended expanding topics like consent and pornography. Young people valued the programme’s relevance but suggested fewer video clips and more interactive activities. Facilitators emphasised the importance of classroom setup, elective activities, and clarifying their educational approach.

Discussion:

The programme successfully fostered meaningful discussions and skill development, though adjustments are needed to enhance engagement and coverage of critical topics. Recommendations from students include incorporating elective modules, reducing reliance on videos, and deepening content on boundaries and toxic masculinity. The findings underscore the value of youth-centred, interactive approaches in relationship education.

Keywords: DSGBV; gender stereotypes; masculinity; incel; adolescence

Parallel Session 4: Services and Interventions

Chair: Dr Lhara Mullins (*Discipline of Health Promotion, University of Galway*)

Room: AMB-G008

Delivery and monitoring a national HIV Pre-exposure Prophylaxis (PrEP) programme

Ms Caroline Hurley

HSE Sexual Health Programme

Co-author(s): Prof. Fiona Lyons and Ms Rachael Mtrustry (*HSE Sexual Health Programme*)

Background:

PrEP is medication taken to prevent HIV infection. Ireland established a national HIV PrEP programme in November 2019. PrEP medication is available for free to those at increased risk of acquiring HIV, through HSE-approved public PrEP services, GPs and private providers.

Method:

The HSE Sexual Health Programme monitors the PrEP programme at the national level through a set of key performance indicators (KPIs) outlined in the PrEP Monitoring & Evaluation Framework. The KPIs are monitored annually through data collected from PrEP providers, HSE primary care reimbursement service and existing HIV and STI surveillance data from health protection surveillance centre.

Results:

Since the programme was introduced in November 2019, over 8,000 individuals have commenced PrEP. In 2024, 8,009 individual PrEP users (new and return) had an approval for free PrEP. 6,128 individuals received PrEP medication at least once in 2024, of whom, 1,722 were new PrEP users. A declining trend in first-time HIV infections acquired in Ireland is evident since 2015.

Discussion:

Despite ongoing service capacity challenges, new PrEP users continue to be seen. The HSE is working with services to improve capacity. In December 2024 a PrEP e-learning programme was launched to increase the number of approved PrEP providers, and equip learners with the knowledge and skills to provide safe PrEP care. The HSE is exploring digital solutions to address PrEP capacity challenges and has commenced work with TCD and partners to pilot and evaluate a hybrid PrEP pathway (online and face-to-face).

Keywords: HIV; PrEP; monitoring

Delivery and innovation of the HSE national home STI testing service

Ms Rachel Metrustry

HSE Sexual Health Programme

Co-author(s): Ms Caroline Hurley and Prof. Fiona Lyons (*HSE Sexual Health Programme*), and Mr Justin Harbottle (*SH:24*)

Background:

Access to sexually transmitted infection (STI) testing is an important public health measure. In October 2022, the HSE launched the national free home STI testing service, with the online provider, SH:24, allowing individuals to test for STIs at home. Since its launch, a number of improvement initiatives were implemented including an online prescription for chlamydia treatment, and giving gay, bisexual and other men who have sex with men (gbMSM) the option of ordering condoms and lubricant with their test kits.

Approach:

Programme data (2024) was collated from the SH:24 Admin system as part of service evaluation.

Outcomes:

In 2024, 126,090 STI test kits were ordered, with a return rate of 72.5%. Of returned kits, 9.7% yielded reactive results, requiring referrals for further care. 97.2% of users received their results within 72 hours of samples reaching the laboratory. Of the individuals with a positive chlamydia result, 79% opted for an online prescription for treatment. Additionally, 72% of gbMSM included condoms and lubricant in their orders. In 2024, 41% of users were aged 25–34, and 57% identified as female and 41% as male. 40.5% of users reported they had never previously had an STI test. 93.7% of users rated the service five out of five.

Discussion:

The service has expanded access to STI testing and treatment, successfully reducing barriers and reaching people who have never tested before. It has reduced the number of individuals who need to attend a face-to-face service for chlamydia treatment, and enhanced accessibility to condoms for gbMSM.

Keywords: STI testing; STIs; innovation

How do Gay and Bi men navigate partner notification after an STI? A story completion study

Dr Chris Noone

School of Psychology, University of Galway

Co-author(s): Mr Niall Caulfield (*School of Psychology, University of Galway*)

Background:

Contact tracing or partner notification has been employed as a method for controlling the transmission of STIs for decades. This study sought to explore how gay, and bisexual men navigate partner notification following the diagnosis of an STI using a story completion method.

Methods:

We used an online survey to gather narratives from gbMSM populations in the United Kingdom, the US, and Ireland. To analyse our data, we used reflexive thematic analysis (RTA) informed by a social constructionist perspective. Participants were recruited online via prolific and through social media, and were compensated for their participation.

Results:

78 participants completed the story completion activity. RTA revealed three core themes that focus on how feeling “Dirty, “Ashamed” and “Worthless” underlies the experience of shame and stigma within partner notification stories; how partner notification is seen as “The right thing to do” by those that narrate partner notification stories in ethical terms; and how the fear of hearing that “You gave me an STI” and experiencing blame can be a barrier to partner notification in stories where a decision not to disclose one’s diagnosis was made.

Discussion:

Discourses surrounding societal stigma, moral responsibility, and blame were drawn upon by participants when making sense of partner notification following the diagnosis of an STI to accomplish diverse social goals including preserving relationships, social desirability, maintaining self-esteem, and projecting responsible sexual citizenship.

Keywords: gbMSM; partner notification; STI; stigma

Exploring experiences of sexual health services for Sub-Saharan African women in Midwest of Ireland

Ms Verena Tarpey

GOSHH, Limerick

Co-author(s): Ms Santhi Corcoran (*Mary Immaculate College, Limerick*)

Background:

Collaboration between MMCN (Midwest Migrant Community Network) and GOSHH (Gender, Orientation, Sexual Health and HIV). Experiences of Sub-Saharan African women's access to sexual health services

Aim of research was to provide knowledge, through education sessions on sexual health, STI's and HIV and reproduction

Method:

1. Online survey circulated to migrant networks, email, social media and whatsapp groups
2. Information gathering during education sessions, guided conversations, feedback and evaluation
3. Personal stories accessing sexual health services of five women

Results:

- 53% participants - 26 and 35 yrs
- 37% - Nigeria and 16% - Zimbabwe
- 84% of women had accessed sexual and health services in UHL
- 16% indicated cultural, language, costs barriers
- 32% did not have access to family planning services

Key Takeaways:

Cultural and community norms discourage conversations around sexual health topics

Significant barriers to open discussions on topics

Stigma, shame and taboos surrounding sexual health, sexual and gender identity

Discussion:

5 keys areas for discussion/development identified:

- Staff working in sexual and reproductive services need to provide culturally congruent approaches
- There is a need for collaborative working with local healthcare providers
- Women in rural areas would benefit from having more support groups and links to information and services
- There is a need to provide education sessions sexual, reproductive and self care
- There is a need to provide safe social spaces where communities can come together and host gatherings

Keywords: sexual health; Sub-Saharan women

Understanding LGBTQ+ individuals' awareness and experiences of the Free Contraception Scheme and contraception more broadly

Dr Leigh-Ann Sweeney

School of Social Work and Social Policy, Trinity College Dublin

Co-author(s): Dr Aisling Callan and Dr Susan Flynn (*School of Social Work and Social Policy, Trinity College Dublin*)

To provide context, The Department of Health under its commitment to progressing women's health and in delivering the Free Contraception Scheme has partnered with The National Women's Council and Trinity College Dublin to carry out the research titled: Research on Marginalised Women's Experiences of the Free Contraception Scheme. Phase two of The Women's Health Action Plan 2024–2025 now serves women aged 17–35 years of age. The overarching aim of the research is to investigate marginalised groups awareness and experiences of the Free Contraception Scheme to date, in addition to exploring attitudes towards contraception more broadly. While situated within a women's health framework, the research recognises that many individuals who may benefit from contraception to include those who are lesbian, gay, bisexual, transgender, non-binary, intersex, or queer – have been historically excluded or underrepresented in health strategies, policy, and research on contraception and reproductive healthcare. We report our findings from our LGBTQ+ focus group using an anti-oppressive epistemology, and the constructivist position. The focus group was participant led and employed a stratified sample. We administered an initial survey to establish gender identity, if participants considered themselves trans, or have a trans history, and to describe their trans status and sexual orientation. Participants outlined key barriers and facilitators to include, access, availability, and understanding contraception users' unique needs. We intend to use the findings to produce clear, actionable and realistic recommendations toward promoting awareness, engagement and quality in the provision of the free contraception scheme and contraception more broadly for marginalised communities.

Keywords: LGBTQ+; contraception; health policy; access

Parallel Session 5: Settings for Sexual Health Promotion

Chair: Dr Allison Dunne (*Discipline of Health Promotion, University of Galway*)

Room: AMB-G009

Adolescent perspectives on improving sexual health services in Rajasthan, India

Ms Ruchika Tara Mathur

Health Promotion Research Centre, University of Galway

Co-author(s): Prof. Saoirse Nic Gabhainn and Prof. Colette Kelly (*Health Promotion Research Centre, University of Galway*)

Background:

Adolescents face multiple challenges in accessing sexual and reproductive health (SRH) services, including limited access to accurate information, lack of confidential spaces, and societal stigma. Moreover, their perspectives are not included in the design, implementation, or evaluation of these services.

Methods:

A participatory, adolescent-led research study was conducted in Rajasthan, India, which included workshops, clinic visits, reflective and creative exercises, where the participants were facilitated to design and carry out an evaluation of their local adolescent health clinic.

Results:

This evaluation identified confidentiality, information, security, and non-judgemental attitudes of the staff as some of the most crucial aspects of effective SRH services. The participants also provided pragmatic suggestions for improving the clinic. Findings highlight the importance of creating safe, welcoming environments and actively involving adolescents in service evaluation and design.

Conclusion:

The study demonstrated that adolescents are eager to engage with health services and adults within supportive spaces. It highlighted the value of centring adolescent voices, which could in turn lead to more accessible and effective sexual health promotion services and strategies.

Keywords: adolescent health; participatory research; India

Beyond the Bird Box: Innovative sexual health outreach in Cork's cruising sites

Mr Elshaddai Mahuda

Sexual Health Centre, Cork

Co-author(s): Ms Ella Guebers (*University College Cork*)

Background:

A 2016 study in New York highlighted that cruising venue users reported a high number of male sexual partners, group sex, and unprotected anal sex with a partner with an unknown HIV status (Gama et. al., 2016). Evidence shows that cruising sites play a critical role in increasing risk of HIV transmission among gay bisexual men and men who have sex with men (gbMSM), who frequent them.

Approach:

The Sexual Health Centre (SHC) in Cork delivers sexual health promotion services in cruising sites. This includes the discreet installation of 'bird box' condom dispensers, each featuring a QR code linking to the SHC website for further information. supported by geolocation apps to facilitate engagement. They respond to sexual health related queries and distribute SH:24 home STI test kits to users.

Discussion:

As of May 2025, SHC dispensed 4800 condoms and 5302 lubes at the cruising sites. 16 contacts have been referred or sign-posted to relevant health services. While some initial contacts began as sexual solicitations, staff used these opportunities to redirect conversations towards sexual health education. The main topics of queries emerging for staff included PrEP, STI and HIV testing, chemsex harm reduction, HIV treatment linkage, and social supports. Additional queries addressed PEP, vaccinations, gender dysphoria, transitioning, and healthy relationships.

Conclusion:

Engaging gbMSM within public sex environments offers a discreet and effective method of delivering sexual health services. This approach helps remove barriers such as stigma and limited access, reaching individuals who may not engage with traditional healthcare settings.

Keywords: cruising sites; gbMSM; sexual health

Advancing period equity through local government: The Limerick approach

Ms Tanya Higgins-Carey

Limerick City and County Council; PDip Programme in Construction Innovation, University of Galway

Co-author(s): –

Background:

Menstrual health is increasingly recognised as a public health and social equity issue in Ireland. In alignment with national strategies such as Sláintecare and the National Women's Health Action Plan, Limerick City and County Council has developed a localised, community-led model to advance period equity through public services.

Approach:

The Limerick Period Equity Programme integrates menstrual health into local government services, embedding free product access, education, and sustainability into libraries, community centres, and youth spaces. The initiative is guided by the Health & Well-being Subcommittee of the Local Community Development Committee and engages diverse groups including migrants, Travellers, LGBTQI+ individuals, and women experiencing domestic violence. The programme is sustained through cross-sector partnerships and procurement via the Office of Government Procurement.

Outcomes:

The programme has expanded access from 8 to 28 sites, installed 49 vending machines, and delivered multilingual, culturally sensitive education sessions. Specialised events have reached women with disabilities, survivors of domestic violence, and migrant communities. Libraries now serve as hubs for menstrual health education, and over 45 sessions are planned for 2025. The model has demonstrated strong alignment with national policy and offers a scalable framework for other local authorities.

Discussion:

This work illustrates how local government can operationalise national health priorities through inclusive, sustainable, and community-driven approaches. By embedding menstrual health into everyday services, the Limerick model promotes dignity, equity, and long-term impact—offering valuable insights for health promotion practitioners and policymakers.

Keywords: period equity; local government; community

Barriers, enablers and approaches to parental relationships and sexuality communication between parents and caregivers and children with Intellectual Disabilities and Autism Spectrum Disorder: A scoping review

Ms Fiona Murphy

HSE Sexual Health Programme

Co-author(s): –

Background:

Children and young people with Intellectual and Developmental Disabilities and Autism Spectrum Disorder often have more limited social networks and can rely more on parents and caregivers for relationship and sexuality information than their peers without these diagnoses. This scoping review aimed to identify the barriers and enablers to parental communication on relationships and sexuality and to ascertain approaches that may improve communication in this area.

Method:

A scoping review methodology was adopted using Proquest Health Research Premium Collection, MEDLINE, PsychINFO, and CINAHL databases. PRISMA-SCR guidelines were used to guide the study. In total, 5,118 titles were reviewed and 15 studies met inclusion criteria.

Results:

Five communication barriers were identified including parental concern regarding their child's ability to understand information; beliefs that sexual health information wasn't relevant; parental worries regarding their child's response to sexual health information; a perception they lacked expertise; and experiences of stigma related to disability and sexuality. Communication enablers were a desire to communicate; addressing their own attitudes to sexual health, adopting holistic approaches to sexuality education, such as addressing the broader emotional elements of sexuality; and accessing peer support. Possible educational tools, group techniques and pedagogical approaches were identified.

Discussion:

Findings identify the challenges faced by parents and caregivers when communicating on relationships and sexuality. The review highlights desire and willingness amongst parents and carers to learn and improve their confidence and skills. This study identifies a range of techniques related to parental communication and may serve as a blueprint for future intervention development.

Keywords: sexual health communication; neurodevelopmental; autism

Bridging the gap: A campus-based sexual health model at Technological University of the Shannon

Ms Laura Tully

Technological University of the Shannon

Co-author(s): Dr Thomas Walsh (*Technological University of the Shannon*)

Background:

Sexual health remains a significant public health challenge, particularly among young adults. In response to high rates of sexually transmitted infections (STIs) and poor engagement with off-campus specialist services, the Technological University of the Shannon (TUS) established a nurse-led sexual health, contraception and health promotion service in 2020. Serving 7,000 students, predominately aged 18–24 and classified as high-risk for STIs, the service was developed in a region previously identified as geographically underserved.

Approach:

The nurse-led service is available throughout the academic year, delivering on-campus, student-focused sexual health care, including STI testing and treatment, contraception provision, and comprehensive health education. By situating the service within the university, key barriers such as travel distance, cost and academic disruption have been reduced.

Outcomes:

In 2024, the service delivered 1,066 consultations, demonstrating a strong uptake and growing trust within the student body. Student feedback indicates increased comfort, reduced stigma and improved access to timely and appropriate care. The initiative has strengthened peer engagement and health-seeking behaviours across campus.

Discussion:

This model illustrates the value of integrated, accessible sexual health services in higher education settings. By aligning clinical care with education, inclusivity and national policy goals such as the upcoming National Sexual Health Strategy 2025–2035 and Sláintecare, the TUS service offers a scalable approach to advancing sexual health promotion among young adults in Ireland.

Keywords: sexual health promotion; campus-based services

POSTERS

Sexual Health Posters

Room: Foyer

(Poster 1)

Can walls really talk? Case study outlining the creation of a breastfeeding wall mural on a university campus in Ireland

Ms Margaret Mc Loone

Atlantic Technological University, Ireland, HEAL Research Centre, ATU & University of Galway

Co-author(s): Prof. Saoirse Nic Gabhainn and Prof. Colette Kelly (*Health Promotion Research Centre, University of Galway*)

Background:

The WHO recommends that infants are exclusively breastfed for the first six months with continued breastfeeding up to 2 years and beyond. Using the arts as a tool for promoting health can have positive outcomes and encourage health-promoting behaviours. Visual representations of breastfeeding such as wall murals can create health promotion opportunities.

Methods:

This is a case study outlining the processes involved in advocating and achieving the creation of a breastfeeding wall mural on a university campus. A multi-stakeholder Infant Feeding Committee in the region developed a proposal to advocate for a breastfeeding wall mural in a public space in the region. A partnership was agreed between the committee and the University.

Outcomes:

This partnership resulted in the creation of a large-scale exterior breastfeeding themed wall mural on campus. An official launch and research showcase took place at the University. The key findings of a post-evaluation online questionnaire are also presented. A thematic analysis resulted in five key themes. These were: 'personal perspectives', 'sense of community', 'baby friendly & inclusive', 'enlightening research' and 'clarifying context'. It is hoped that the impact of this case study will instil confidence in others to consider using wall murals and other arts-based methods to stimulate conversations about health and well-being.

Discussion:

Increasing the visibility of breastfeeding through various forms of representation can help build a supportive culture around breastfeeding in Irish society and beyond. By incorporating arts-based mediums, we can spark meaningful conversations and cultivate environments that embrace and celebrate breastfeeding.

Keywords: breastfeeding; wall mural; partnership; case-study

(Poster 2)**Healthy choices: Empowering women to make informed health decisions throughout key hormonal stages of life****Ms Siobhán Morrissey***HSE***Co-author(s): –****Background:**

The Women's Health Taskforce Evidence Base highlights midlife as a critical period that significantly impacts long-term health, while adolescence is a key developmental phase for establishing a foundation for lifelong health. Healthy Wexford launched a community-based program targeting women in disadvantaged areas as part of its Healthy Ireland Funding application for 2023–2025. The HSE Health Promotion and Improvement Officer from the Chronic Disease Hub supported the development of four workshop sessions for women and adolescent girls.

Content:

The program was delivered through a self-care and empowerment model, emphasising a safe and supportive learning environment. The objectives were to engage women and adolescent girls, helping them understand the changing nature of health across the life cycle, raise awareness of hormonal health, and promote strategies for mitigating chronic disease. For women, a key focus was the impact of perimenopause and menopause on cardiac health, while for adolescent girls, the focus was on the menstrual cycle and the effect of hormones on physical and mental well-being as well as self-image.

Learning outcomes:

Participants reported an increased understanding and greater knowledge of how hormones affect health and mental well-being. They also gained greater confidence in advocating for their health when seeking support to address symptoms in healthcare settings. The sessions also encouraged them to discuss hormonal health with other family members or friends. They also gained knowledge of supports and resources available to them.

Keywords: women's health; perimenopause; menopause; hormonal

(Poster 3)**Sociocultural barriers to HPV vaccination of women in low-income countries: A scoping review****Dr Nahom Megerssa Negasa***University of Galway, MA Programme in Health Promotion***Co-author(s):** Dr Aoife Howard (*University of Galway, Discipline of Health Promotion*)**Background:**

The uptake of HPV vaccines is limited in developing countries, where HPV associated cervical cancer continues to be the cause of morbidity and mortality. Despite logistical improvements in these nations, HPV vaccine coverage remains low. This scoping review aimed to identify the sociocultural barriers to the uptake of the HPV vaccination among women in low-income countries.

Methodology:

This scoping review was guided by Arksey and O'Malley's framework and presents its findings using the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). Literature published from 2006 to 2015 was sourced from Medline, SCOPUS, CINAHL, and Embase. Empirical quantitative and qualitative studies published in English focusing on women living in countries classified as low-income countries were included in the study.

Results:

A total of 515 articles were retrieved, 213 duplicates were removed, 221 were left out after title and abstract screening, leaving 81 research articles for a full-text screening. Of the 42 articles that underwent full-text screening, 11 were included in the study after meeting the inclusion criteria and were thematically analysed.

Discussion:

This scoping review shows that limited or no knowledge of the HPV vaccine, widespread misconceptions and misinformation, particularly related to infertility and population control myths, and strong parental influence shaped by low education and religious thoughts are some of the sociocultural barriers to uptake of the HPV vaccination of women in low-income countries.

Keywords: HPV vaccination; women; low-income countries

(Poster 4)**Unequal exchanges: Gendered attitudes toward sexting and the challenge for health promotion in digital spaces****Ms Aoife O'Brien***HSE***Co-author(s): –****Background:**

Sexting has become a normalised form of sexual expression and communication, particularly among young people. However, growing evidence suggests that societal responses to sexting remain deeply gendered. Women are disproportionately judged, stigmatised, and slut-shamed for engaging in sexting, while men often face fewer consequences and are sometimes socially rewarded. These double standards reflect broader patterns of gender inequality and the influence of hegemonic masculinity in digital culture. Research indicates that sexting can have both positive and negative implications for individual health and wellbeing—particularly mental health, emotional safety, and relationship dynamics—depending on the context and response.

Approach:

This poster presents findings from a review of literature on sexting, gender norms, and digital health. Drawing from public health, gender studies, and media research, it explores how gendered power structures shape attitudes toward sexting in online environments. Using a feminist and health promotion lens, the poster examines how current narratives and responses to sexting contribute to unequal digital spaces.

Outcomes:

The review highlights that gendered responses to sexting can cause mental health challenges, reinforce toxic masculinity, and inhibit sex-positive discourse. These patterns pose significant challenges for health promoters working to support digital consent, agency, and wellbeing. The findings emphasise the need for targeted, gender-informed interventions in Irish contexts.

Discussion:

To effectively promote sex positivity and online safety, health promotion must address unequal gender dynamics. Inclusive sex education, digital literacy that emphasises consent and respect, and safe, open conversations about sexuality are essential to fostering equitable and healthy digital cultures.

Keywords: sexting; gender; health promotion; hegemonic masculinity

(Poster 5)**Foundation Programme in sexual health promotion: Case studies from Community Healthcare Cavan Donegal Leitrim Monaghan Sligo, 2016–2024****Ms Lisa O'Hagan***HSE***Co-author(s):** Ms Bridget McHugh and Ms Caoimhe Rudden (*HSE*)**Background:**

The FPSHP, the HSE's national Sexual Health Promotion Programme, is a named action within the National Sexual Health Strategy and is delivered in all Health Regions by HSE Health Promotion & Improvement (HP&I) and partner NGOs, supported by the Sexual Health Programme. The aim of this 6-day course is to enhance participants' capacity to incorporate sexual health promotion into their work through the development of their confidence, knowledge and skills in relation to sexual health. HP&I FPSHP Course Facilitators were interested in capturing how participants used their learning from the FPSHP in their Professional practice.

Approach:

An individual guided interview process with interested past participants was initially carried out online to discuss how participants have integrated their learning into Professional practice. A process of reciprocal co-production was used to develop 8 case studies in a variety of different Professional practices.

Outcomes:

The process has resulted in a booklet of 8 case studies, which illustrate how the learning from the FPSHP has been embedded into a diverse range of professional practices including Primary Care Social Work; Hospital Gynaecology; Disability Supports; Drug & Alcohol Outreach; Counselling Young Women; Therapeutic Employee Support; Intellectual Disability Education and Community Counselling.

Discussion:

The stories contained within the booklet highlight how the programme has enhanced participant's ability to support patients'/ service users' sexual health and wellbeing.

<https://publuu.com/flip-book/51584/1840082>

Keywords: foundation programme; sexual health promotion

(Poster 6)**The HSE National Condom Distribution Service in Ireland: A service update****Ms Dara McDonald***HSE Sexual Health Programme***Co-author(s): –****Background:**

The National Condom Distribution Service (NCDS) was established in October 2015 to improve sexual health and reduce unplanned pregnancy and sexually transmitted infections (STIs). The NCDS distributes free condom and lubricant sachets to HSE services and organisations that work with key populations at increased risk of negative sexual health outcomes. The NCDS recently expanded to provide a discreet condom postal service to enable gay, bisexual and other men who have sex with men to order condoms and lubricant with their home STI testing kits.

Method:

The number of condom and lubricants is tracked monthly by the product distribution service StoreAll. The type of organisations that make orders to the NCDS are categorised.

Results:

The NCDS has seen a year-on-year increase in the number of condoms and lubricant distributed since its inception. Data shows since 2022 there was 3,569,892 condoms and 2,089,969 lubricant sachets provided. In 2024, 72% of gbMSM included condoms and lubricant in their home test kit orders. NGOs who provide sexual health information and third-level institutions ordered the highest quantities of condoms in 2024, followed by HSE Public Health and other providers of healthcare, health promotion and social care services.

Discussion:

The NCDS has expanded equitable access to condoms and lubricant to people living in Ireland, reaching key populations at increased risk of HIV, STIs and unplanned pregnancies, and has removed the associated cost barriers. In 2024 the service was extended to GPs.

Keywords: HSE; condoms; lubricant

(Poster 7)**HSE My Options service evaluation****Ms Dara McDonald***HSE Sexual Health Programme***Co-author(s): –****Introduction:**

Following the introduction of Termination of Pregnancy (ToP) services, the My Options service was established in 2019. It is funded by the HSE Sexual Health Programme (SHP). It is a free phonenumber and webchat service operating for anyone affected by an unplanned pregnancy. It provides contact information for GPs that provide abortion services; offers counselling and listening support; signposts to services; and provides a 24/7 nursing service for women during or after an abortion.

Methods:

Since commencement, the helpline has recorded the calls received.

Results:

My Options has received approximately 70,000 calls since its establishment. The average number of calls taken per day is 30-35. In 2024, 70% of calls related to ToP information-seeking, 19% were directed to the nursing line seeking ToP medical advice, 11% of calls provided listening support and 0.5% of calls were counselling. Over 97% of the calls to the My Options service were from personal callers and 3% of calls were received from health care Professionals.

Discussion:

Most callers to My Options are seeking contact details for GPs that provide abortion services. The low numbers seeking counselling is in-keeping with international research, which finds that most women are supported sufficiently by their partner, family and/or friends, and do not require counselling. At the same time, it is important that counselling continues to be available for those who require it. Crisis Pregnancy Counselling services are being re-configured to address emerging health needs of women, as part of the new National Sexual Health Strategy.

Keywords: unplanned pregnancy; abortion support services

(Poster 8)**Sexual health signposting training: For professionals working with International Protection Applicants****Ms Caoimhe Mc Clafferty***HSE Sexual Health Programme***Co-author(s):** Mr Ben Lindsay (*HSE Dublin North City and County*)**Introduction:**

International Protection Applicants (IPAs) living in temporary accommodation settings require information on sexual health. At the request of local HSE Social Inclusion, the HSE's Community Health Organisation 9 (CHO 9) Health Promotion and Improvement division and the HSE's Sexual Health Programme (SHP) developed a one-day training for frontline staff. It seeks to develop confidence in staff to engage with the topic of sexual health in order to signpost IPAs to relevant resources and services.

Method:

Training was piloted in CHO 9 in April 2023, refined and manualised. The pilot was extended and by November 2024, seven trainings were delivered across four CHOs. This was supported by the development of an online signposting resource. A pre- and post-evaluation was developed and measured participants' perceived levels of knowledge and confidence in responding to services users' sexual health queries (measured on Likert scale 0–5).

Results:

Participants' knowledge of Irish sexual health services increased from an average of 2.6 to 4.6 between the pre- and post-evaluations. Their ability to signpost to required sexual health services increased from 3.4 to 4.7 between the pre and post-evaluations.

Discussion:

The training has shown promise in increasing frontline IPA staff's knowledge and confidence. Future plans include: the expansion of the programme's delivery; the further monitoring of its effectiveness; and an exploration of the value of adapting the programme for Professionals working with other specific population groups, e.g. the Traveller community or the Roma community.

Keywords: International Protection Applicants; sexual health signposting

(Poster 9)**Enhancing integration of adolescent family planning and post-abortion care in Northern Uganda: A citizen science, gender-transformative approach****Dr Amir Kabunga***Lira University, Uganda***Co-author(s):** Dr Barnard Omech, Dr Odette Murara, Dr Samson Udho, Dr Maxson Anyolitho, and Dr Judith Abal (*Lira University, Uganda*)**Background:**

Uganda had made progress in reducing teenage pregnancy, yet Northern Uganda, particularly the Lango sub-region, remained disproportionately affected, with a teenage pregnancy rate exceeding 30% compared to the national average of 25%. This study assessed, co-designed, implemented, and evaluated an integrated Comprehensive Adolescent-Friendly Family Planning and Post-Abortion Care (CAFFP-PAC) model using a citizen science-gender transformative approach (CS-GTA) to improve access to and utilization of sexual and reproductive health (SRH) services among adolescents in Lira, Northern Uganda.

Methods:

The study employed a mixed-method, quasi-experimental waitlist design combining quantitative and qualitative approaches. CS-GTA engaged adolescents and caregivers in co-designing and implementing interventions to enhance ownership, effectiveness, and sustainability. The study was conducted in three phases: baseline assessment of FP and PAC knowledge, attitudes, and barriers; co-design and implementation of integrated CAFFP-PAC interventions; and endline evaluation and dissemination of best practices.

Results:

The intervention led to a 25% increase in adolescents' knowledge of FP and PAC. Service utilization improved by 40%, with a significant reduction in stigma associated with seeking SRH services. Gender norms shifted positively, with increased male engagement in FP discussions. Adolescents reported greater confidence in accessing SRH services, and health facilities improved their adolescent-friendliness. The study demonstrated the effectiveness of CS-GTA in promoting sustainable, youth-centered SRH services.

Conclusion:

Integrating adolescent-friendly FP and PAC services within existing healthcare frameworks can lead to improved accessibility, reduced stigma, and increased service uptake. Future interventions should focus on scaling up this model and addressing persistent gender and cultural barriers to ensure sustainable impact.

Keywords: post-abortion care; citizen science

(Poster 10)**Developing a multi-stakeholder sexual health promotion resource to support Irish teachers with Professional development and reputable information****Dr Leighann Ryan Culleton***Children and Young People's Services Committees (CYPSC)***Co-author(s):** Ms Katie Dillon Keane (*HSE Health Promotion & Improvement*)**Background:**

Sexual health education is a cornerstone of young people's wellbeing and development. In Ireland, Relationships and Sexuality Education is embedded within Social, Personal and Health Education (SPHE). However, research consistently highlights variation in how it is delivered, with teachers citing gaps in training, confidence, and access to quality resources. Teachers are often expected to navigate complex, evolving topics such as consent, pornography, digital intimacy, and gender diversity, often without consistent support.

Approach:

In response to these challenges, and to complement existing national supports, a dedicated regional resource is being planned for development to centralise information on reputable sexual health content and available Professional development opportunities for teachers in the Kilkenny Region. This initiative will be led by Kilkenny Children and Young People's Services Committee (CYPSC) with support from local HSE Health Promotion & Improvement. CYPSC is an ideal leader for this initiative given the unique and pivotal role they play in coordinating cross-sector collaboration to implement actions from local CYPSC plans. The development process will prioritise a multi-stakeholder approach, including healthcare Professionals and youth and community organisations, ensuring the resource is practical, evidence-informed, culturally sensitive, and aligned with curricular objectives.

Expected outcomes:

By fostering collaboration, this resource hopes to provide support to education providers for the provision of inclusive, and confident sexual health education delivery in schools.

Discussion:

The resulting resource hopes to empower teachers while reinforcing Ireland's broader commitment to child and youth wellbeing.

Keywords: sexual health; youth; education setting

(Poster 11)**The impact of an educational program on challenging rape myths and misconceptions in adolescent males****Ms Margo Noonan**

Sexual Assault Treatment Unit, South infirmary Victoria university Hospital and University College Cork

Co-author(s): –**Background:**

The male experience of sexual violence is evident in the literature, but due to poor disclosure rates, it is difficult to capture the extent of the issue (Alaggia et al., 2019). The WHO determines sexual violence against men as being a significant public health problem but official statistics vastly underrepresent the number of male rape survivors (WHO, 2019). Given the prevalence of sexual violence experienced by women, most studies, interventions and policy formation including legal legislation have focused on rape as a predominantly female experience (Reed et al., 2020). Research has shown that rape myths have an impact on not only how victims are treated by their family and friends but also by the community, society, educational, health, law enforcement and the judicial systems. Sivagurnathan et al (2019) advocates that by challenging societal and cultural beliefs and norms we can provide a culture that will challenge rape myths and deter the incidence of violence.

Research objectives:

To measure the impact of an specifically developed educational intervention on rape myth acceptance among male adolescents in Cork.

Methodology:

Quantitative research was conducted using a quasi-experimental design with anonymous surveys completed by 140 male students aged 15–17.

Outcomes:

The intervention led to a significant rejection of male rape myths, informing the development of the ASSUME program, which is now implemented in many schools in Munster.

Future plans:

The program has formed the basis of my PhD research developing effective educational interventions about sexual violence and sexual safety for adolescents.

Keywords: education; adolescent males; rape myth

(Poster 12)**Raising awareness of STIs in a university setting****Ms Mags Carey***UCD Sustainability, University College Dublin***Co-author(s):** Dr John Gilmore (*School of Nursing and Midwifery, University College Dublin*) and Dr Cathal O'Broin (*School of Medicine, University College Dublin*)**Background:**

Sexually Transmitted Infections (STIs) are a public health concern, with Ireland observing an overall increase in STI rate in 15–24 year olds of 38% compared to 2022. The HSE National Condom Distribution Service provides free condoms and STI Testing kits nationwide and recent preliminary reports show promising early signs of a downward trend, however further focus is required to target those most at risk.

Approach:

Healthy UCD collaborated with the HSE in Autumn 2024, launching an STI awareness campaign in Autumn 2024 on temporary construction hoarding on the Belfield campus. During Sexual Health Awareness and Guidance (SHAG) week in October 2024 students were invited to complete a short survey to assess their knowledge and awareness of STIs.

Outcomes:

After one month in situ, an increase of over 40% was observed in traffic to the Healthy UCD website compared to the same period the previous year. The survey ($n = 109$) showed that 51% of respondents did not know how to arrange an STI test and only 29% were very confident about their sexual health knowledge. A follow up poll carried out in April 2025 ($n = 105$) identified that 33.7% of respondents considered STI testing as a result of the campaign and that 21.4% clicked through to find out more information on STIs.

Discussion:

These findings illustrate that despite supports being available, there is a need to better understand how to reach students through different communication channels to raise awareness about the supports available and improve their knowledge of sexual health.

Keywords: STI awareness; communication channels

(Poster 13)**Teachers' experiences of mandatory reporting, an Australian perspective****Ms Stevie Browne***La Trobe University, Australia***Co-author(s): –****Background:**

Failures to report suspected child abuse is recognised as a key concern for teachers and schools in meeting their obligations to young people (Alazri & Hanna, 2020; Bourke & Maunsel, 2015; Falkiner et al., 2017; Nohilly & Treacy, 2024). Owing to their time in the classroom, teachers' capacities to notice the subtleties of child sexual abuse (CSA) position them well as designated Professionals (Mathews & Walsh, 2014). This presentation offers an Australian perspective on mandatory reporting laws, exploring how systemic oppressions (re)produce conditions that silence victims. Framed by a feminist theory of stigma (Tyler, 2020; Link & Phelan, 2014; Remedios & Snyder, 2018), it examines the barriers faced when reporting suspected CSA.

Method:

Drawing from a doctoral project, I explored the lived experiences childhood adversity of 36 Australian school-teachers. The research is mixed-methods, utilising online questionnaires and in-depth interviews. It centres participants' positionality as insiders; those with insider knowledge of a range of experiences of child abuse, neglect, and household complexities.

Results:

Historical power asymmetries continue to impact young people, interrupting their help-seeking, and failing to disrupt cycles of abuse. The findings contribute to understanding how child protection policy is enacted in school settings, and the barriers teachers face as mandated persons.

Discussion:

It shows that participants' lived experiences of childhood adversity positioned them to notice the signs of abuse and believe children's disclosures. This research argues that meaningful prevention requires not just new policies, but an orientation toward problematising how systems of oppression operate to nullify those advances.

Keywords: child protection policy; disclosure; stigma

(Poster 14)**The importance of an intersectional approach to sexual health promotion: A narrative reflection for public policies****Dr Ana Luísa Patrão**

Center for Psychology, Faculty of Psychology and Education Science of the University of Porto, Portugal

Co-author(s): Prof. Colette Kelly and Dr András Költő (*Health Promotion Research Centre, University of Galway, Galway*), and Prof. Pedro Nobre (*Center for Psychology at University of Porto, Faculty of Psychology and Education Science of the University of Porto, Portugal*)

Background:

Sexual health is a fundamental human right, but it is affected by several social inequalities. The intersectional approach considers that different personal and social characteristics, such as gender, race, class, sexual orientation, and disability, interact simultaneously and affect the achievement of full and healthy sexual health and wellbeing.

Method:

This work is a narrative literature review. Articles were searched in the PubMed, Scopus, Web of Science, PsycINFO, and Scielo databases using the descriptors “intersectionality”, “sexual health promotion”, and “social determinants of sexual health”. Articles published between 2015 and 2025 in Portuguese, English, and Spanish were included. After a critical reading of the abstracts, 23 articles were selected for analysis.

Results:

Interventions and strategies based on intersectionality have contributed to: (1) a greater understanding of the different determinants of sexual health depending on the contexts in which people and groups are included; (2) increased access to and use of sexual health services by vulnerable populations; (3) greater recognition of sexual and reproductive rights in the context of inequality; (4) greater community participation as postulated in the basic principles of Health Promotion; and (5) the development of fairer, more effective public policies that combat stigma in accessing health services.

Discussion:

An intersectional approach in sexual health promotion can challenge and combat structural discrimination in sexual health promotion interventions. This approach to sexual health promotion supports fairer, more effective, and inclusive actions.

Keywords: sexual health; intersectionality; equity; rights

(Poster 15)**Taps, woofs and growls: Utilising geolocation apps to reach gbMSM community for sexual health promotion****Mr Elshaddai Mahuda***Sexual Health Centre, Cork***Co-author(s): –****Background:**

Geolocation apps such as grindr are widely used by gay, bisexual, and other men who have sex with men (gbMSM), presenting a unique opportunity for targeted sexual health promotion (Alarcón-Gutiérrez, et al., 2022). A 2019 study in England highlighted broad support among gbMSM for using these platforms to deliver sexual health messaging (Kesten, et al., 2019).

Approach:

The Sexual Health Centre (SHC) in Cork delivers outreach support to gbMSM via geolocation apps including Grindr, Scruff and Growlr. SHC staff clearly identifying their roles and purpose, created professional profiles and responded only to user-initiated contact. They offered factual, non-judgmental information and resources on sexual health topics based on user inquiries. A content analysis was conducted on the topics raised.

Outcomes:

In 2024, the SHC team received 356 contacts across Grindr (299), Growlr (21), and other platforms. While some contacts began as sexual encounter solicitations, the staff used these opportunities to redirect conversations towards sexual health services. The main topics of queries emerging for staff included PrEP, STI and HIV testing, chemsex harm reduction, HIV treatment linkage and care, and social supports. Additional queries addressed PEP, vaccinations, gender dysphoria, transitioning, and healthy relationships.

Discussion:

Use of geolocation apps has proven to be a critical outreach tool for engaging gbMSM, as well as individuals who might not otherwise access traditional health services. While not suitable for every context, this model offers a promising avenue for tailored, client-led sexual health engagement.

Keywords: geolocation apps; gbMSM; sexual health

(Poster 16)**In bed together: Flexible patient and public involvement in the Irish National Survey of Sexual Health****Ms Ruchika Tara Mathur***Health Promotion Research Centre, University of Galway***Co-author(s):**

Mr Dean O'Reilly (*INISH Public and Patient Involvement Panel for the General Population*), Dr András Költő, Prof. Colette Kelly, and Prof. Saoirse Nic Gabhainn (*Health Promotion Research Centre, University of Galway*)

Background:

The Irish National Survey of Sexual Health (INISH) will collect nationally representative data on sexual knowledge, attitudes and behaviours of the adult population in Ireland. The study will deepen our understanding of sexual health and well-being in Ireland and inform policy and services. The study has two Patient and Public Involvement (PPI) Advisory Panels, representing the General Public and Special Populations. The latter involves representatives of organisations who work with, or advocate for, marginalised groups and populations.

Approach:

Recruitment combined open calls and purposive sampling to ensure diversity across gender, age, ethnicity, sexual identity, and geographic location. Over 100 expressions of interest were received. Following random selection, an open, fluid panel was formed with 20–25 members, participating regularly. Meetings are held online to improve accessibility, with interactive tools like Padlet and breakout discussions encouraging open dialogue. Panel members receive symbolic compensation.

Outcomes:

Since November 2023, the panels have contributed to setting research priorities for the survey tools and developing dissemination strategies. They have meaningfully shaped the survey's content, adherence to ethical processes, and inclusivity.

Discussion:

The PPI Panels were implemented in a flexible manner to maximise input from the participants. Despite challenges in scheduling, digital engagement and other administrative hurdles, the panels have enriched the study by adding diverse perspectives and lived experiences to the research process from the outset.

Keywords: sexual health; PPI; engaged research

Health Promotion Posters

Room: First floor gallery

(Poster 17)

Cross-sector partnerships in Health Promoting Universities: Mapping the university parkruns in Ireland

Dr Allison Dunne

Discipline of Health Promotion, University of Galway

Co-author(s): Ms Geraldine Sheils (*School of Nursing and Midwifery, University of Galway*)

Background:

The Okanagan Charter for Health Promoting Universities and Colleges recommends health promotion implementation using cross-sector partnerships. One such partnership is with the community initiative parkrun, a weekly 5-km running and walking event. Participation in parkrun has been shown to support physical, mental and social wellbeing. Previous research has suggested that participants at the University of Galway parkrun are more likely to be young and female when compared to other parkrun events in Ireland. This study aims to map and profile parkruns in other university settings across Ireland.

Method:

The online map for each parkrun site in the Republic of Ireland was visually examined to determine if the parkrun was sited within the grounds of a university. Publicly available participant data was noted for each parkrun.

Results:

Five parkrun events in Ireland are situated in universities. On 10/05/2025, 588 runners and walkers participated in the university parkruns in Cavan, Dundalk, Galway, Limerick and Waterford. This represented 5.5% of participants from the 106 total parkrun events across Ireland. Brief analysis of publicly available data for the five university parkruns did not suggest a consistent pattern of demographic data (gender and age) when compared to non-university parkruns.

Discussion:

A mixed-methods study would be an appropriate next step to understand more about the demographics of each university parkrun event and explore the connection between the university parkrun participants and their interaction with the local community. The results would be of benefit to the university, parkrun organisers and the wider community.

Keywords: community; campus; physical activity

(Poster 18)**A whole campus approach to wellbeing: The HEA Self-Evaluation Tool****Ms Caroline Mahon***Higher Education Authority***Co-author(s):** Ms Kristen Venianakis (*Higher Education Authority*)

The Higher Education Authority is responsible for the progression of the Healthy Campus Charter and Framework across the higher education system in Ireland. The HEA Self-Evaluation Tool enables institutions to assess the current landscape in relation to a whole campus approach to health and wellbeing at their institution. This includes 5 pillars including Leadership, Governance and Strategy, Campus Environment, Campus Culture and Communication, Personal and Professional Development and specific Health Focused Areas (including Sexual Health and Wellbeing).

The HEA ran a funding award process to commission the development of the Tool. The successful project team led by Professor Catherine Darker at Trinity College Dublin included colleagues from MTU, UL and UCC, who worked with the HEA. The team carried out a literature review, stakeholder engagement and testing a prototype.

A comprehensive Self-Evaluation Tool was developed, which includes a resource repository of 250+ resources. The Tool was launched at a national event at Trinity College Dublin. To date it has been used by the majority of higher education institutions in some capacity.

The development of the Tool is a significant development in national policy for student and staff health and wellbeing; it has provided a roadmap for institutions to evaluate their work as well as an opportunity to shape their strategic objectives for wellbeing. The Tool also demonstrates the HEA's leadership globally in relation to government policy, wellbeing and higher education.

Keywords: whole campus; higher education; evaluation

(Poster 19)**A large scoping review of policy-relevant research on children and young people in Ireland****Dr Elena Vaughan***Health Promotion Research Centre, University of Galway***Co-author(s):** Ms Rachael Maloney and Prof. Colette Kelly (*Health Promotion Research Centre, University of Galway*)**Background:**

To support Action 8.1 of the Young Ireland 2023–2028 policy framework, this study conducted a research landscape and gap analysis to inform a Cross-Government Children and Young People's Research Programme. Funded by DCEDIY, the project mapped research conducted in Ireland (2011–2023) on children, adolescents, and young people to the Better Outcomes Brighter Futures (BOBF) framework (2014–2020), identifying key gaps.

Methods:

Using a co-creation approach with DCEDIY, a large scoping review was conducted. Six search strategies were developed under the Population-Concept-Context (PCC) framework – five aligned with BOBF outcomes and one targeting 0–5-year-olds. Searches covered Medline, PsycINFO, Scopus, and structured Google searches for grey literature. After independent piloting by two researchers, a Large Language Model supported data extraction with concurrent human checks. Extracted data were tabulated, capturing study details, BOBF alignment, and identified gaps. A PRISMA flow diagram tracked the review process.

Results:

A total of 449 unique sources were identified, comprising 312 peer-reviewed and 137 grey literature items. Outcome 1 (health and wellbeing) was the most researched; Outcome 5 (connected, respected, and contributing) was the least. Research output has grown steadily since 2011. Of peer-reviewed studies, 74% were quantitative, 14.4% qualitative, 9.3% mixed methods, and 1.6% other.

Conclusion:

Key gaps include sexual health, and participation in sport, children's rights and civic participation, impacts of poverty, long-term outcomes for children in care, school attendance and early school-leaving.

Keywords: gap analysis; children; young people; research gaps; cross-government

(Poster 20)**Digital health literacy and health behaviours in adolescents: A scoping review protocol****Ms Hannah Linney***Atlantic Technological University, Galway***Co-author(s):** Dr Sinead Keogh and Dr Ken VanSomeren (*Atlantic Technological University, Galway*)**Introduction:**

Adolescence is a key developmental period during which new health behaviours are often initiated that track into adulthood. In the age of digitisation, adolescents are frequently exposed to and actively seek health information from digital sources, necessitating the ability to critically evaluate reliability of sources. Evidence suggests an association between digital health literacy and health behaviours among adults; however, the concept has been sparsely investigated among adolescents.

Methods:

A scoping review will be conducted informed by the Joanna Briggs Institute framework. Searches for relevant studies using predefined search terms will be conducted on electronic databases (Pubmed, Cinahl, Web of Science, Education source and Scopus). A manual search of reference lists of relevant studies to identify further studies for inclusion will be conducted. Data will be collected and analysed in an iterative thematic approach using NVivo software.

Objective:

The objective is to understand the extent, breadth and type of evidence available on the association of digital health literacy and health behaviours among adolescents and to identify gaps in research. A secondary objective is to map all available evidence of interventions to improve digital health literacy specifically for adolescents. The findings of this review could inform future research, health and education policy.

Inclusion criteria:

Published and unpublished quantitative and qualitative studies examining the associations of digital health literacy and health behaviours among adolescents (aged 10 to 19 years) will be included.

Keywords: digital health literacy; behaviour; adolescents

(Poster 21)**Policymakers' research priorities for the next cross-governmental research programme for children and young people in Ireland****Dr Aoife Howard**

Discipline of Health Promotion, University of Galway

Co-author(s): Dr Elena Vaughan, Ms Rachael Maloney, and Prof. Colette Kelly (*Health Promotion Research Centre, University of Galway*)**Background:**

Action 8.1 of the Young Ireland 2023–2028 policy framework calls for a research landscape and gap analysis to inform a Cross-Government Children and Young People's Research Programme. Funded by DCEDIY, this project supported Action 8.1 and aimed to identify policymakers' priorities for the Research programme and their perspectives on using data and research in policy-making.

Methods:

Fifteen semi-structured interviews were conducted with Irish policymakers and one international policymaker between Dec 2023 and May 2024. Purposive and snowball sampling guided recruitment. Interviews were recorded, transcribed, and thematically coded.

Results:

Irish policymakers identified research gaps and priorities for the next cross-governmental research programme. Key themes include the impact of Covid-19 on well-being, addressing poverty and inequities, and how technology/social media affect health. A need for diverse methods, data linkage, and implementation science, especially evaluation was emphasised. Challenges include navigating an oversaturated data landscape and unequal access to research across departments. Effective communication and collaboration with researchers are essential. Barriers include time constraints, capacity issues, and departmental culture. Facilitators include fostering evidence-based policy-making and establishing shared structures. Incentives and mandates for evaluation may strengthen research integration.

Conclusion:

Investment is needed to bridge evidence gaps and improve the approaches used to address them. Data are lacking in areas such as play/sports participation, out-of-school settings, early school leavers, experiences in care, deprivation, and inequalities. Research on children's rights and participation is also needed. Enhancing use and linkage of existing research and administrative data would support open scholarship principles.

Keywords: policymakers; children; young people; research gaps; cross-government

(Poster 22)**Assessing the feasibility of food-based guidelines for homeless services****Ms Divya Ravikumar-Grant***Health Promotion Research Centre, University of Galway***Co-author(s):** Prof. Colette Kelly (*Health Promotion Research Centre, University of Galway*)**Background:**

On a national level, there are no standardised food-based guidelines to aid homeless services in food provision. Previous Irish research has shown a high consumption of fast food, takeaways and low fruit and vegetable intake within homeless services (1; 2). Food-based guidelines were developed in conjunction with a public patient involvement (PPI) panel, comprised of homeless service providers and academics with experience working with the homeless population (3).

Methods:

Homeless services across the island of Ireland were recruited using snowball sampling. Following a 2–4 week period to implement the food-based guidelines, on-site semi-structured interviews were conducted with service providers to assess whether food-based guidelines were feasible for staff to use. The second phase of data collection included an observation of a meal service in each recruited homeless service, using a predeveloped checklist. Data were stored on NVivo and analysed thematically.

Results:

Seven services across the island of Ireland were recruited for this study. All participants found the food-based guidelines easy to understand. Barriers to implementation included the availability of cooking facilities, and the need to make use of donated food. Resources on how to stock a pantry, the Eatwell Plate, basic knife skills and reading food labels were also considered useful by participants.

Conclusions:

Service providers reported that these food-based guidelines have the potential to benefit homeless service users, given that service providers do not always have previous experience with food provision. Full implementation of these guidelines should be tested in other services providing food to marginalised groups.

Keywords: homelessness; diet; nutrition; social inequalities

(Poster 23)**Perspectives on synthetic opioid preparedness from Irish and American substance use experts****Ms Margaret Hester***Health Promotion Research Centre, University of Galway***Co-author(s):** Dr Catherine Anne Field, Prof. Margaret Hodgins, and Prof. Saoirse Nic Gabhainn
*(Health Promotion Research Centre, University of Galway)***Background:**

Synthetic opioids have been the driving force behind the ongoing overdose crisis occurring in the U.S. Synthetic opioids emerged in the drug market in Ireland, with several overdose clusters related to the synthetic opioid Nitazene occurring in 2023 and 2024. This research seeks to understand synthetic opioid preparedness through semi-structured interviews with Irish and American substance use experts.

Methods:

Semi-structured interviews ($n = 10$) were conducted between June 2024 and October 2024. Substance use experts in Ireland ($n = 5$) and the U.S. ($n = 5$) participated in this study. Reflexive thematic analysis was used in combination with the Epidemic Preparedness Index to guide the analysis.

Preliminary findings:

Communication across sectors is important for understanding drug trends and responses. Harm reduction measures and expanded low-threshold treatment options were noted as important aspects of the continuum of care and the use of technology may help to expand services. Participants reflected the need for resources to address burnout in the workforce. Political support for ground-up innovation rather than punitive approaches was viewed as crucial for timely response to fatality events. Adequate funding for these approaches was considered necessary. Participants described differences between synthetic opioids and heroin that required public health messaging and overdose education. As analysis continues, themes may be added or refined by the time of publication.

Conclusion:

Shifts in drug market towards synthetic opioids can increase public health risk. This research, once complete, will offer important insights into synthetic opioid preparedness that can help to inform policy and practice in Ireland to reduce overdose risk.

Keywords: drug policy; harm reduction

(Poster 24)**Realist evaluation of HSE-funded social prescribing services in Ireland****Dr Saintuya Dashdondog***Health Promotion Research Centre, University of Galway***Co-author(s):** Dr Verna McKenna, Ms Katie Howell, and Mr Adam O'Callaghan (*Health Promotion Research Centre, School of Health Sciences, University of Galway*)**Background:**

Social prescribing (SP) connects individuals with community services through support from link workers to enhance their mental health and well-being. Research indicates SP improves mental and physical health, health behaviours, and reduces social isolation and loneliness. This realist evaluation aims to identify the key elements of SP in Ireland and understand for whom and how it is most beneficial. It will help identify facilitators/barriers for high-quality SP implementation and inform the development of training and best practices for SP in the Irish context.

Method:

This project applies a realist evaluation approach to test context-mechanism-outcome (CMO) hypotheses and refine an initial programme theory (IPT) to determine 'what works, for whom, under what circumstances, and how?' This qualitative study collected data from a purposive sample of 24 HSE SP services across nine Community Healthcare Organisations using semi-structured interviews with service users, link workers, managers, referrers, and community organisations. Thematic analysis is underway, comparing participants' experiences to the IPT and exploring connections between CMOs to explain how, why, and in what circumstances SP might be (or not be) beneficial to service users.

Results:

In total, 135 interviews were conducted. Preliminary results show link workers' central role in engaging with and providing person-centred care to service users and highlight positive impacts on social isolation, mental health and wellbeing, and health literacy of service users. Findings also indicate a need to promote a greater awareness of Social Prescribing across health and social care providers.

Discussion:

The final report will be completed in December 2025.

Keywords: social prescribing; link workers; community

(Poster 25)**Strengthening communications during patient discharge processes:
Improving patient experienced quality of care and patient safety****Ms Ellie Patterson***Health Promotion Research Centre, University of Galway***Co-author(s):** Dr Verna McKenna and Dr Lorraine Duffy (*Health Promotion Research Centre, University of Galway*), and Dr Yvonne Finn (*School of Medicine, University of Galway*)**Background:**

Safe discharge from hospital requires effective communication between healthcare providers and service users. In Ireland, discharge (or transfer) has been identified as the lowest-rated stage of inpatient care. Experience-based Co-design (EBCD) is a service improvement approach which emphasises the value of service users' collaboration with staff in designing service improvement. This study aims to co-design strategies and to implement solutions to strengthen communications during service user discharge from Galway University Hospitals (GUH).

Methods:

This project employs the 4-stage EBCD toolkit developed by The Point of Care Foundation: 1. Capture the experience; 2. Understand the experience; 3. Improve the experience; 4. Measure improvement. These stages incorporate a mixed methods approach which involves gathering the experiences of service users (including carers) and hospital staff through observations, interviews, and group discussions, and identifying priority areas in the patient pathway that impact their experience of discharge. Interviews involved the creation of a short video with some service users which conveys their experience of discharge and communication at GUH, which has been shared with stakeholders in the study.

Results:

Stages 1 and 2 of the methodology are complete. Discharge summary, patient profiling, and medications were identified as common priority areas for improvement in communication. Co-design groups comprising both hospital staff and services users were formed to address each area. Following a number of meetings, each co-design group has proposed solutions for their respective area.

Discussion:

The next methodological stage will see the co-designed solutions piloted and evaluated.

Keywords: hospital discharge; communication; service improvement

WORKSHOPS

(Workshop 1)

The Foundation Programme in Sexual Health Promotion (FPSHP): A case study in the successful evolution of a sexual health promotion training programme from regional to national delivery

Ms Moira Germaine

HSE Sexual Health Programme

Co-author(s): Ms Catherine Byrne (*HSE South West*)

Room: AMB-G005

Note: *The workshop is not intended for those who are familiar with or have already completed the HSE Foundation Programme in Sexual Health Promotion.*

Background:

The HSE Foundation Programme in Sexual Health Promotion is a national, 6-day training programme for health, education, youthwork and community professionals. It is managed by the HSE Sexual Health Programme and delivered by HSE Health Promotion and Improvement and NGO partners. It aims to introduce participants to the concept of holistic sexual health and enhance their confidence and capacity to integrate sexual health promotion into their core work, as appropriate. It was originally developed in the former HSE South (SW&SE) and is now run in various locations across the country. The programme has been evaluated as successful multiple times by external and internal processes. It is in its 16th year of delivery.

Content:

The FPSHP will be presented as a case study in the evolution of a successful regional programme into a long-standing national programme that is specifically referenced in both the original and updated National Sexual Health Strategy. Participants will also get an opportunity to engage in a participative exercise on the breadth of sexual health/sexual health promotion which will give them a short taster of the FPSHP's content and methodology.

Learning outcomes:

Participants will gain FPSHP-specific and some generic learnings on project initiation, development and expansion, and have a sense of the FPSHPs content and methodology.

Keywords: professional training; sexual health promotion; national sexual health programmes

(Workshop 2)**Sexual health and wellbeing of older adults in Ireland****Dr Martin Power***School of Health Sciences, University of Galway***Co-author(s):** –**Room:** AMB-G006**Background:**

The EduSexAge project was an Erasmus+ funded project that sought to tackle stereotypes of older people as asexual. The project partners included non-governmental organisations working with older people, research centres and universities from France, Ireland, Slovenia, Germany, Italy and Spain. In spite of the proportion of older people increasing in many societies or that intimacy and an active sex life contribute to physical, mental and emotional health, a focus on older people is generally conspicuous by its absence from discussion, policy and research. Indeed, in Ireland a particularly striking example was the 2023 review of the National Sexual Health Strategy that recommended action be targeted at older people, which the review categorised as those over 40 years of age. The EduSexAge project surveyed over 200 older people and key findings included that older people often felt that while societies had become more open there remained a taboo around discussing older people and sex, that health and social care professionals often held negative views, and that older people themselves were often reluctant to discuss such topics.

Content:

Participants of the workshop will get an insight into the methods and results of the EduSexAge project, nationally and internationally.

Learning outcomes:

- Appreciation of the extent to which a stereotype of older people as asexual is prevalent across societies.
- Understanding of the barriers that older people and health and social care professionals can confront around discussing sex and sexual health.

Keywords: older people; aging; life course approach

(Workshop 3)**Partner Up! The effectiveness of partnership working to address local sexual health needs****Ms Lorraine O'Connell***Sexual Health West***Co-author(s): –****Room:** AMB-G007**Background:**

Sexual Health Promotion can face many challenges. Collaborative efforts are needed if we are to tackle the obstacles our service users encounter, with individuals and groups bringing their unique skills and knowledge. A key task of service and support providers in all areas of health, education and community, is to reduce stigma associated with the provision of accurate sexual health education, information and services. Accessing vulnerable and at risk groups can present its own unique obstacles, therefore addressing potential barriers to services and adapting information to specific needs, is essential to empower individuals to make informed choices about their sexual health.

Content:

This workshop explores how different entities can collaborate effectively to achieve sexual health promotion and information based on local needs. Through the establishment of the Galway Sexual Health Forum which gathered partner organisations from Galway city and county, it will be demonstrated how common goals can be realised. Examples will be given throughout to highlight the collaborative work with schools, youth services, probation services, disability groups, LGBTQI+ services, third level institutions, and many more. Highlighting, how fostering youth participation within services is vital to the work Sexual Health West carries out, giving an opportunity for the voice and views of young people to be heard.

Learning outcomes:

You will be invited to share your ideas and experiences of working with both local and national networks, and how this can improve the provision of Sexual Health Promotion.

Keywords: partnerships; collaboration; sexual health

(Workshop 4)**Data analysis for impact: Harnessing the Irish National Survey of Sexual Health for secondary analysis****Dr Éadaoin Butler***South East Technological University***Co-author(s): –****Room:** AMB-G008**Background:**

The Irish National Survey of Sexual Health (INISH), funded by the HSE Sexual Health Programme and conducted by a study team at University of Galway, will entail a nationwide, representative survey of sexual health in Ireland. Since the last national survey on sexual health was conducted in 2010, INISH will provide much-needed up to date empirical evidence on the sexual knowledge, attitudes and behaviours of the adult population in Ireland. The quality and breadth of data to be collected in INISH means it will be well-placed for secondary data analysis to answer research questions beyond the initial focus of the current research.

Content:

Workshop participants will be informed about the work phases and methods of the survey, and the structure and categories of data to be collected in INISH, data-sharing arrangements, and potential avenues for funding to facilitate secondary analysis. Participants will be invited to share their ideas for secondary analysis of INISH data and discuss how these analyses could relate to the priorities of the National Sexual Health Strategy 2025–2030 or other research priorities.

Learning outcomes:

Participants will get an insight into the data structure and topics of INISH, will become familiar with the data sharing arrangements, and are invited to exchange ideas on how this novel nationally representative dataset can be utilised to achieve its full potential.

Keywords: sex research; population health survey; INISH

(Workshop 5)**Managing vicarious effects: Practitioner self-care through poetry****Ms Stevie Browne***La Trobe University, Australia***Co-author(s):** –**Room:** AMB-G009**Background:**

As an embodied practice, poetry has long been used by to communicate and translate lived experience. This interactive session offers a safe and welcoming space to explore poetic inquiry as a strategy for practitioner self-care. The vicarious effects of working with the stories of victim-survivors can take a toll on practitioner wellbeing. In a global climate facing mounting crises, we are called to grow our capacities for resilience. Stevie will share her own process of writing poems and poetic prose for research, data translation, and self-care. This approach was borne from her time teaching poetry as a high-school English teacher, and in her doctoral research on the lived experiences of victim-survivors of trauma.

Content:

We will explore the role of poetic writing as a strategy for self-care, for deeper inquiry, and as a tool for facilitating reflexive practice. Through poetry writing exercises, participants have the opportunity to play with a variety of forms and find their own voice and style. Researchers and practitioners from diverse occupations are invited to bring quotes, memories, articles, policy documents, or papers to assist in their creative writing process.

Learning outcomes:

By the end of this session, participants will have a variety of strategies and concrete tools to use in their own work. These tools can be applied in research, developing skills for arts-based therapies, and for personal wellbeing and self-care. Participants will also have the opportunity to share a poem written during the workshop.

Keywords: self-care; wellbeing; victim-survivors; poetry

(Workshop 6)**Sexual health treatment and prevention: A doctor's toolkit****Dr Ronan Daly***RCSI Department of Obstetrics and Gynaecology and Rotunda Hospital Dublin***Co-author(s):** Ms Elisa Belmonte, Dr Zara Molphy, and Prof. Fergal D. Malone (*RCSI Department of Obstetrics and Gynaecology and Rotunda Hospital Dublin*)**Room:** AMB-G010**Background:**

The workshop “Sexual Health Treatment and Prevention: A Doctor's Toolkit” aims to provide a comprehensive understanding of how public health policies in Ireland are implemented at the ground level. Led by a clinical doctor, it focuses on the practical aspects of delivering sexual health services, emphasizing accessibility and optimisation.

Content:

The workshop covers current sexual health issues faced by frontline medical staff, such as sexually transmitted infections, online misinformation, and menstrual health. Current public health policies will be presented, including national guidance on sexual health. Practical information on accessing sexual health services will be discussed, including home testing kits for sexually transmitted infections (SH:24) and the HSE Free Contraception Scheme. The real-world application of sexual health policies will be highlighted, alongside other aspects including provision of HIV prophylaxis and national sexual assault service provision. An interactive component involves small group discussions identifying barriers to delivering sexual health programs (e.g. gender, age, sexual orientation, education, socioeconomic status and disability) and how to address them. Group discussion will emphasise issues affecting access to sexual health services and how these services may be optimised from policy and clinical perspectives.

Learning Outcomes:

Participants will:

- Gain practical insights into the delivery of public health policies.
- Discuss factors and knowledge gaps hindering delivery of sexual health programs.
- Understand key clinical issues affecting access to sexual health care.
- Explore strategies to optimise sexual health care from policy and clinical perspectives.
- Engage in knowledge exchange with peers, fostering collaboration and shared learning.

Keywords: sexual health; healthcare barriers

(Workshop 7)**REAL U: Empowering young people through relationship and sexuality education****Mr Michael Kiernan***Foróige***Co-author(s):** Ms Aisling Harrington (*Foróige*)**Room:** AMB-G012**Background:**

Real U (Relationships Explored and Life Uncovered) is a holistic relationships and sexuality education (RSE) programme for young people aged 12–18. Developed in 2012 and regularly updated, it addresses key topics such as consent, relationships, puberty, gender, sexual health, and mental wellbeing. Delivered through a non-formal, discussion-based approach, Real U encourages open dialogue, builds critical thinking, and supports informed decision making. It is implemented widely across Ireland in youth services, schools, and adult disability programmes.

Content:

This interactive workshop introduces the Real U programme's structure, methodology, and key components. Participants will engage in sample activities as young people would, gaining direct insight into how the programme fosters reflection and discussion on issues such as boundaries, relationships, sexual health, gender and mental health. The session highlights effective facilitation strategies, inclusive practice, and the impact of Real U on youth engagement and sexual health education across diverse contexts.

Learning outcomes:

- Understand the core principles and components of the Real U programme.
- Experience and reflect on selected Real U activities from a youth perspective.
- Recognise how inclusive, evidence-based RSE enhances young people's sexual health, wellbeing, and relationships.
- Recognise the programme's adaptability across diverse settings.

Keywords: youth engagement; holistic sexual education

(Workshop 8)**Breaking the silence: Understanding erectile and sexual dysfunction in men****Ms Aoife O'Brien***HSE***Co-author(s): –****Room:** AMB-G036**Background:**

Erectile dysfunction (ED) affects approximately one in three Irish men over 40, with prevalence increasing with age. Contributing factors include cardiovascular disease, diabetes, stress, and lifestyle choices. ED can significantly impact mental health, relationships, and overall quality of life. Erectile and sexual dysfunction affect a significant portion of the male population but are often left unspoken due to stigma, embarrassment, or cultural expectations of masculinity. Conditions like erectile dysfunction (ED) not only impact physical health but can also lead to psychological distress, relationship difficulties, and feelings of shame or inadequacy.

Content:

This workshop addresses the importance of open conversations around sexual dysfunction, focusing on education, destigmatisation, and access to support. With increased exposure to unrealistic online sexual narratives and hyper masculine ideals, it is more important than ever to create safe, informative spaces for men to reflect, learn, and seek help.

Learning Outcomes:

On completion participants will:

- Have a broad understanding of the common causes, prevalence, and types of erectile and sexual dysfunction.
- Recognise the psychological and social pressures contributing to male sexual health issues.
- Have an awareness of the need to debunk myths and reduce stigma associated with sexual dysfunction.
- Identify support pathways and treatment options for those experiencing ED and be empowered to seek help or support others.

Keywords: sexual dysfunction; stigma; psychological, support