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SRSH: realities and potentials in the Maltese context

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Abstract:

The paper will address a number of topics related to sexual and reproductive health in the Maltese context. Following the first Sexual Health Strategy in 2011 the Minister of Health tendered a number of research studies to inform the upcoming strategy document. The latter is expected to be encompassing of current sexual and reproductive health developments. The services provided including those of the Gender Wellbeing Clinic, the Assisted Reproduction Technology Clinic and the Genitourinary Clinic amongst others, attest to the emergent and shifting needs in sexual and reproductive health. Policy debates particularly the emergency contraception pill and more recently pre-implantation genetic testing of embryos and the introduction of were amongst those that brought defining legislative changes. Further debates around the need for comprehensive sex education in educational settings, the decriminalisation of abortion and abortion care and financial State financed contraception and STI protection (PrEP), are taking place in a number of fora. To support the upcoming Sexual Health Strategy a number of initiatives and practices reported by both Belgium and France have potential transferability to address the gaps in policy and practice given their socio-culturally sensitivity and their compatibility with current service provision.

1. Introduction

The first part of the paper briefly describes the situation in Malta when it comes to SRHR in particular regarding sexual education, awareness raising, contraception policies and abortion care. The description is framed in current policy and debated reforms and outlines examples of best practice. The potential transferability of best practices from the two fact sheets provided by France and Belgium is then addressed highlighting cultural sensitive access to implementation. Stratified recommendations precede the concluding remarks.

2. Sexual Education

The National Survey on Sexual Knowledge, Attitudes and Behaviour[1], conducted in 2012, reported that sex education seemed to formally begin towards the start of secondary school, as children become teenagers at the age of 12. Mothers and teachers were the two most important sources of sex education although the information provided from both sources related mostly to the biological aspects of puberty and reproduction. At the time of the study, in 2012, teenagers aged 16 to 18 reported that books, the internet and talks or seminars were the three most useful resources when acquiring their sex education.

An outcome of the above study was the need for sex education that goes beyond than just the biological aspects. The need for more comprehensive, ongoing and facts based sex education has long been felt and discussed in local, often online, fora.

The National Guidelines on Sexuality and Relationships Education in Maltese Schools[2], that have not been replaced since 2013, still strongly promote abstinence. However, over the past decade the rate of teen births in Malta has constantly been the highest when compared to the rest of the EU. This could be interpreted as a sign that current sex education programmes are not effective, not least when it comes to the access and use of contraception in this age group[3].

With the increasing rates of STI across Europe in the last 10 years, Malta, in its limited capacity, struggled to address its own increasing rates of STIs. These rates, affecting mostly young people aged between 15 and 25 years, indicate a lack of sufficient knowledge and awareness related to sexual health. A study[4] conducted in 2019 with young Maltese students aged between 15 and 25 years in state post-secondary education revealed that participants were more knowledgeable about HIV and AIDS then they were on STIs. Females were significantly more knowledgeable then males about STIs, with Chlamydia being the STI both gender cohorts had least knowledge of (See Appendix 1 for more info).

Sexual and gender diversity are amongst the topics to be addressed in sex education, and respect for diversity is listed by the WHO as one of the outcomes of sex education, with schools firmly basing sex education on human rights and the normalisation of diversity. In 2017, the Malta LGBT+ Rights Movement (MGRM) conducted a survey among youth aged 13 to 22 attending State and Church schools, and in 2019

[1] Sexual Knowledge, Attitudes and Behaviour. National Survey, Directorate for Health Information and Research. Department of Health. Ministry of Health. sexual_health_survey_report_2012.pdf (gov.mt) [Accessed July 2022]

[2] Camilleri. S. (2013). National Guidelines on Sexuality and Relationships Education in Schools. Guidelines on Sexuality booklet.pdf (gov.mt) [July 2022]

[3] Doctors for Choice (2021). Malta has the highest teen birth rate in Southern Europe [July 2022]

[4] Buttigieg, S. C., Debono, G. A., & Gauci, D. (2019). Needs assessment for sexual health services development in a small European Union member state. *Health Services Management Research*, *32*(4), 180-190.

published the National School Climate Survey Report[5] that highlighted the absence of LGBTIQ affirming education. The report states that making schools a place where diversity is not only tolerated but celebrated is a challenging feat that requires trained and committed educators and senior management teams who are able to implement appropriate strategies that help to create inclusive environments. One of the initiatives undertaken by MGRM and Aġenzija Żgħażagħ was the development of an interactive and educational activity pack[6] to be used by professionals, aimed at educating young people across Malta and Gozo on the everyday issues experienced by many LGBT+ individuals with the objective of raising awareness and bringing social change. (Malta Good Practice).

The availability of sex education for persons with disabilities, especially those with intellectual disabilities, has locally been studied[7] and consequently reported to be provided at the discretion of educators and parents. Since persons with disabilities tend to be infantalized and often desexualised they experience receiving only limited - if any - information about sexuality when compared to their non-disabled peers. The content of sex education directed at persons with disabilities is often marred by issues of morality and often aimed at controlling sexual behaviours and highlighting the possibility of sexual abuse and the perils of procreation. The National Guidelines on

Sex Education in Maltese Schools refers to students with disability as students with "Special Needs" and automatically frames them as vulnerable. The guidelines suggest that the teacher liaises with the Inclusion Coordinator and the Learning Support Educator when delivering sex education to students with disability. These guidelines claim that this would ensure that information related to very specific topics such as "abstinence, abuse and contraception" are delivered in an appropriate and inclusive way.

Notwithstanding the State's recent liberal positioning, cultural taboos and norms, essentially derived from the strong influence of the Roman Catholic Church and its prohibitions associated with sexual behaviour, as the main barriers to the provision of adequate information and reproductive health services[8].

3. Awareness Raising

Therefore, employing the same strategies for wider sexual health targets is promising. The GU Clinic's website gives practical information and links to online advice and

[5] Malta LGBT Rights Movement (MGRM), Malta National School Climate Survey Report [July 2022]

[6] MGRM. LGBTIQ+ PACKS: Activities for youth. [Accessed July 2022]

[7] Azzopardi-Lane, C. (2022). "It's not easy to change the mentality": Challenges to sex education delivery for persons with intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, *35*(4), 1001-1008.

[8] Buttigieg, S. C., Debono, G. A., & Gauci, D. (2019). Needs assessment for sexual health services development in a small European Union member state. *Health Services Management Research*, *32*(4), 180-190.

information on STIs and related issues. Further information can also be found on the website of the **Health Promotion and Disease Prevention Directorate[9]. The Directorate also has an enquiry service via email or via whats app chat.**

Locally, various NGOs offer support to both LGBT+ individuals and their families (see Appendix 2 for more info). In 2001, the Malta LGBT+ Rights Movement (MGRM)[10] was formed to decrease stigma and increase awareness about LGBT+ issues. The Rainbow Support Services[11] (RSS) branched out of the MGRM in 2013 and offer services for LGBT+ individuals, their families and friends. The Rainbow Support Service continues to liaise with the Ministry for Health and the Gender Wellbeing Clinic through the provision of feedback and referral of service users. Advocacy exercises around trans health are channelled to the Ministry for Health through the Policy Executive responsible for the Gender Wellbeing Clinic. Good Practice

In September 2019, an initiative that built on MGRM's earlier work in the area of HIV activism was spearheaded by launching the sub-committee HIV Malta[12]. The latter provides and disseminates factual information to educate and raise awareness through an informative website amongst other sources. HIV Malta do further work with the community and with other NGOs active in the area of HIV. Lobbying to improve treatment and strategies and ensure people living with HIV are living dignified lives that respect their fundamental human rights is another aim of this sub-committee. In their 2021 Annual Report[9], MGRM claim that there is still a lack of consultation with respect to HIV and LGBT+ sexual health national strategies. HIV Malta remains vocal on its priorities, namely an improvement in testing, distribution of PrEP to at-risk communities and the reduction in the price of PEP.

Malta has experienced a recent increase in extra-European migration. [The term 'migrant' here refers to a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, for a variety of reasons]. Numerous international laws and policies support access to health prevention care for migrants, including refugees. However, migrants' right to quality sexual and reproductive health care in not known to be accessible to migrants throughout Europe. High-risk behaviours, sexual abuse, poor living conditions and barriers to accessing health care may affect migrants' sexual health. Community-based education interventions have been tried in Malta by distributing multilingual educational material in reception centres and via culturally sensitive information sessions targeting different migrant groups. Nevertheless, addressing the sexual health needs of this population is known to be challenging and complex.

[9] MGRM Annual Report (2021). Annual Report 2021 (maltagayrights.org) [Accessed July 2022]

4. STI Prevention, Detection and Treatment

Currently sexual health services are centralised at the Genitourinary Clinic (GU) Clinic[10] situated on the second floor of the outpatient department at Mater Dei Hospital. The Clinic operates on an important principal of absolute confidentially and services include diagnoses and treatment of sexually transmitted infections[11] and other genital conditions that are not necessarily sexually transmitted. The GU Clinic also offers testing for HIV[12] and subsequent counselling services to anyone who requires it, including a Rapid Test service. Since 2017, HIV self-testing kits have become available in local pharmacies in Malta, so tests can be done at home. Services are available for anyone, irrespective of age whether Maltese, EU or non-EU nationality. Individuals under the age of 18 years can attend the clinic accompanied by an adult. Referral by a doctor or other medical professional is not required, and an appointment at the GU clinic can be made by self-referral over the phone. In case of HIV rapid testing no appointment is necessary.

Recent reports[13] (2018) indicate that only 9% of the general population goes to the GU clinic to get tested for STIs and between 40% to 60% of cases are treated by a private health care provider, such as a family doctor. Private health clinics or health centres reach another 15% of the population, 7% are attended to by family planning clinics, whilst 10% are seen at emergency rooms.

Stabile and Padovese[14] in their preliminary findings of a study (2022) on the occurrence of STIs and risk behaviours among those attending the GU clinic in Malta between 2017- 2020, report that 12,132 persons aged between 10 and 85 tested for STIs over 22,362 visits (see Appendix 3 for more info).

Rates of HIV diagnoses have more than doubled in Malta since 2011. In 2020, 14971 new HIV diagnoses were reported[15] in 29 countries of the European Union (EU) and the European Economic Area (EEA), with the highest rates reported by Malta (82 cases). One of the known causes of on-going transition of HIV in Europe is the late detection of HIV. HIV medication for Maltese and EU Nationals living in Malta who are HIV positive is free and offered at Mater Dei Hospital (MDH). EU Nationals who travel to Malta for a period that does not exceed three months and who are in possession of a European health insurance card also have access to state-provided healthcare during their temporary stay in Malta. EU nationals who stay in Malta for more than three months still qualify for free healthcare, but need to be registered with the Malta

[10] Genitourinary GU Clinic. [Accessed July 2022]
[11] STIs. [Accessed July 2022]
[12] HIV/AIDS. [Accessed July 2022]
[13] Health Committee Report (2018). Minutes of meeting no.6. Parlament ta' Malta - SAĦ 006 - 19.06.2018 07:00 PM [Accessed July 2022]
[14] Stabile, I. and Padovese, V., (2022). Sexually Transmitted Infections (STIs) at the Genitourinary Clinic in Malta: Prevalence and Risk Behaviours, 2017-2020. Poster presented at the 16th Congress of the European Society of Contraception, Belguim
[15] ECDC & WHO report (2020). HIV/AIDS surveillance in Europe. [Accessed July 2022]

Health Department and require a Certificate of Entitlement. Access to free health care for non-EU/ third country nationals depends on whether the Maltese government has bilateral arrangements with the country of origin.

5. Contraception Policies

No family planning clinics that provide service related to contraception as part of community health care are provided free by the state (see Appendix 4). Yet the percentage of teenage pregnancies in Malta is known to be always rising, while the stigma attached to teenage parenthood is less prevalent than in previous generations while family support remains consistent[16]. Dibben reports that in 2016 over 90% of teenage births in Malta occurred outside marriage. Over the past decade rates of teen births have constantly been the highest in Malta when compared to Greece, Spain, Italy, Portugal, Cyprus, and the rest of the EU. In 2019 Malta recorded the highest teenage birth rate at 11.9 per 1,000 women aged 15–19 years compared to the EU average of 8.9 per 1,000 women[17].

A study conducted in 2019 reported that 41% of males and 41% of females aged 15 years stated that they made use of condoms during their last intercourse[18]. Nonetheless when compared to young people from 45 countries across Europe and Canada, condom use or making use of the contraceptive pill among 15 year old Maltese adolescents was the lowest reported[19]. Nonetheless abstinence, natural family planning method and withdrawal have also decreased[20] and replaced by more reliable forms of contraception methods[21].

Presently a wide-ranging availability of contraceptive products can be purchased in Malta, while some available in foreign countries are not available locally. These include the female condom, the cervical cap, the diaphragm, and the contraceptive patch. The emergency contraceptive pill also known as the morning after pill (MAP) was approved by medical authorities in 2016[22]. The approval followed a judicial

[16] Dibben, A. (2015). Teenage Pregnancy and Motherhood in Malta: A Feminist Ethnography. Unpublished PhD thesis. University of Bristol, UK.
[17] Dibben, A (2022). Reproductive Politics; Policy responses to teenage pregnancy and motherhood. In Brown, M. and Brigulio, M. *(Eds)*. Social Welfare Issues in Southern Europe. Routledge
[18] WHO (2016). Growing up unequal: gender and socioeconomic differences in young people's health and well-being (who.int) Copenhagen: WHO Regional Office for Europe.
[19] WHO (2020). Spotlight on adolescent health and well-being Vol 2. Copenhagen: WHO Regional Office for Europe. Copenhagen: WHO Regional Office for Europe. 9789289055017-eng.pdf (who.int)
[20] Savona-Ventura, C. (2012). Contraception use in Malta. *Malta Medical Journal*, *24*(2).
[21] Gravino, G., & Caruana-Finkel, L. (2019). Abortion and methods of reproductive planning: the views of Malta's medical doctor cohort. *Sexual and Reproductive Health Matters*, *27*(1), 287-303.
[22] European Consortium for Emergency Contraception (ECEC). Emergency contraception in Europe – Malta. [Accessed July 2022]

protest filed by Malta's Women's Rights Foundation (WRF)[23]. However, although it is available locally, it is still not stocked in all pharmacies, and is subject to pharmacists' beliefs, where their conscientious objection limits its supply to potential customers. Gravino and Caruana-Finkel in 2019 also claimed that there is still substantial opposition to the legal availability of the emergency contraceptive pill by a medical doctor cohort. Emergency contraception, which is not on the government formulary, is still not stocked in the hospital pharmacy at Mater Dei Hospital and consequently not available in cases of sexual assault.

6. Abortion and Abortion Care

Within the EU, Malta is the only country where abortion is completely legally banned (See Appendix 5). Under the current legislation a person found guilty of undergoing an abortion risks serving 18 months to 3 years in prison. Whoever assists this person, be it medical doctors or other healthcare professionals risks up to 4 years imprisonment and the loss of their professional status. There are no exceptions for cases such as fatal foetal anomaly, rape or incest or risk to the woman's life. Maltese abortion laws remain fixed in the nineteenth century, more accurately in the 1850s when the laws were written and enacted[24].

While abortion is illegal in Malta, this does not prevent Maltese individuals from travelling abroad in order to secure an abortion. However, travel to access abortion depends on the possibility to travel and one's financial situation. In 2019 the Abortion Support Network extended its services to Malta, providing logistic and financial assistance for Maltese residents to access abortion abroad. An estimated 370 women travel abroad for an abortion every year. Although England and Wales have lost some of their earlier popularity due to Brexit, the Netherlands, France, Italy and Spain have become more commonly sought after for their abortion care services. These countries however do not keep statistics regarding how many Maltese nationals visit for abortion care purposes.

Online organisations such as Women Help Women and Women on Web provide information regarding the purchase of medical abortion pills over the internet. The WRF estimates that over 500 women in Malta access abortions each year. Doctors for Choice (DfC – see Appendix 6 for more info) estimate that from 93 pill kits sent to Malta in 2017, the number has steadily risen to 356 in 2021[25]. In their position paper on abortion, DfC claim that the lack of a clear legal framework and policy guidelines

[23] Womens Rights Foundation.[Accessed July 2022]
[24] Gravino, G., & Caruana-Finkel, L. (2019). Abortion and methods of reproductive planning: the views of Malta's medical doctor cohort. *Sexual and Reproductive Health Matters*, *27*(1), 287-303.
[25] How people in Malta went online for abortion. Doctors for Choice.

for when a woman's life is at risk is dangerous and should be revised to protect the life of the woman at risk[26].

In November 2022 Malta's government published[27] a draft law that would ease the country's strict abortion laws by allowing the termination of pregnancies if the pregnant person's life or health were at serious risk. The proposed change in the law follows an outcry over the treatment of a US tourist, Andrea Prudente, who suffered a partial miscarriage while on holiday. She and her partner flew to Spain, where she could access abortion care, but not before the case sparked headlines around the world and protests in Malta. In the wake of her case, more than 130 doctors in Malta filed a legal protest against the blanket abortion ban, warning that it represented an obstacle to proper medical care.

A study conducted with 1578 medical doctors in Malta concluded that the vast majority of survey respondents do not agree with the total legal ban on abortion and support its legalisation in limited circumstances[28] (See Appendix 7 for more info). Caruana Finkel[29] further claimed that due to the COVID 19 pandemic there was an even greater demand for abortion. This need stemmed from a global shortage of contraceptives, a rise in domestic violence and financial implications related to employment. Due to travel restrictions imposed because of COVID 19, an increase in online medical purchase or abortion pills was experienced together with a surge in requests for support by pregnant women[30].

7. Transferability

Transferability: Belgium

Sex Education

- Science-based and age specific guidebook on sexuality for professionals co-created with practitioners

Awareness and education

- Web-based tool to facilitate access to information for general public.(https://www.macontraceptiondurgence.be)'business cards' flyers during main festivals over the summer and social media.

[26] Doctors for Choice Position Paper on Abortion (2020)

[27] https://www.theguardian.com/world/2022/nov/21/malta-drafts-law-allowing-abortion-if-mothers-life-or-health-at-risk

[28] Gravino, G., & Caruana-Finkel, L. (2019). Abortion and methods of reproductive planning: the views of Malta's medical doctor cohort. *Sexual and Reproductive Health Matters*, *27*(1), 287-303.

[29] Caruna Finkel, L. (2020). Abortion in the time of Covid 19: perspectives from Malta. *Sexual and Reproductive Health Matters.* Vol. 28*, (1),* pp. 54-56

[30] Doctors for Choice (2020).[Accessed July 2022]

Contraception

- Contraception available free of charge for all women under 25 years as well as for vulnerable persons (unemployed or low income).
- Reimbursement of contraception to everyone regardless of gender (trans-inclusive).
- Accessing emergency contraception, free of charge and without prescription
- A set of tools that facilitate information on emergency contraception, a guidebook for professionals with the latest information on international and national recommendations and state-of-the-art scientific literature as well as a decision tree for the best option of care and confidentiality.
- Information and counselling for contraception falling under primary health care.

Transferability: France

- A strategy based on the following fundamental principles: autonomy, satisfaction and security, and aimed at changing the perception on sexual health especially aimed at young people in a comprehensive and positive approach, promoting gender equality, fighting discrimination and sexual violence.
- The policy objectives promoting sexual and reproductive health are: to educate from the earliest age to relational and sexual life in respect for gender equality and human rights; to improve the impact of sexual health information, especially among young people; and to strengthen sexual health training for health and medical/social professionals and the educational and judicial sectors. to inform various publics (especially the youth in schools) about access to sexual and reproductive rights and to accompany them in their emotional, relational, and sexual life. A founding conviction of these services is that sexuality education among young people is a major tool for preventing gender-based violence, fighting sexism and promoting equality between girls and boys, women and men and between sexualities.
- A national toll-free number informed and directed by trained professionals aimed to reduce difficulties in accessing information and providing guidance about contraception, pregnancy, the prevention of sexually transmitted infections and abortion.

8. Concluding recommendations

Sexual Education

- The delivery of sex education needs to be updated and scientifically based and that professionals working with young people require adequate training in order to deliver this content.

- Apart from focusing on safer sex practices, sex education should include giving consent, disclosing sexual boundaries and preferences and effectively expressing a decision, such as to withhold from having sex[31] and meaningfully explore the notion of pleasure and desire.
- Recommendations from both local studies and foreign studies[32] underline the need for ongoing, sex-positive sex education to be delivered in all environments and services related to persons with disabilities.
- Although the focus is often primarily on the adolescent years, it is being increasingly recognised that sex education is a lifelong process[33]. Since sexuality is a lifelong experience, sex education should be available to individuals of different age groups and of different social levels in various accessible contexts[34]. It is imperative that sex education reaches those who are possibly in a position of vulnerability, such as individuals from marginalised groups[35], those with low literacy levels and limited educational backgrounds, migrants[36], sexual minorities and persons with disabilities[37].

STI Prevention, Detection and Treatment

- Recommendations coming out of the local study[38] on HIV include an HIV control strategy that allows for early detection and treatment, reduces individual complications, and prevents onward transmission, thus improving awareness in migrants about STIs and HIV risk and testing. Such strategy should include the setting up of a European standard for migrants' sexual health testing at reception

[31] Grasso, K. L., & Trumbull, L. A. (2021). "Hey, Have You Been Tested?" The Influence of Comprehensive or Abstinence-Only Sexuality Education on Safer Sex Communication and Behavior. *American Journal of Sexuality Education*, *16*(2), 257-281.
[32] Frawley, P., & Wilson, N. J. (2016). Young people with intellectual disability talking about sexuality education and information. *Sexuality and disability*, *34*(4), 469-484.
[33] Sexuality Education is a Lifelong Process. *The Gerontologist*, Volume 55, Issue Suppl_2, November 2015, Page 479.
[34] WHO. Standards for Sexuality Education in Schools (2010). Standards for Sexuality Education | BZgA WHO-CC (bzga-whocc.de) [Accessed July 2022]
[35] Muscat, K., Cremona, C., Melillo Fenech, T., Abela, M., & Padovese, V. (2022). Sexually transmitted infections epidemiology and risk assessment at the main correctional facility in Malta (2017–2019). *Journal of the European Academy of Dermatology and Venereology*, *36*(1), 113-118.
[36] Padovese, V., Farrugia, A., Almabrok Ali Ghath, S., & Rossoni, I. (2021). Sexually transmitted infections' epidemiology and knowledge, attitude and practice survey in a set of migrants attending the sexual health clinic in Malta. *Journal of the European Academy of Dermatology and Venereology*, *35*(2), 509-516.
[37] Azzopardi Lane, C. L., Cambridge, P., & Murphy, G. (2019). Muted voices: the unexplored sexuality of young persons with learning disability in Malta. *British Journal of Learning Disabilities*, *47*(3), 156-164.
[38] Padovese, V., Farrugia, A., Almabrok Ali Ghath, S., & Rossoni, I. (2021). Sexually transmitted infections' epidemiology and knowledge, attitude and practice survey in a set of migrants attending the sexual health clinic in Malta. *Journal of the European Academy of Dermatology and Venereology*, *35*(2), 509-516.

phase and during settlement. Access to antiretroviral treatment independently of the migrants' legal status is yet another recommendation.

- The study highlights the overlap between genitourinary conditions and S/ GBV in the migrant population and concludes that STIs and HIV prevention strategies in migrant communities should be linked with interventions tackling human trafficking, Female Genital Mutilation (FGM) and other forms of Sexual or Gender Based Violence (S/GBV) or exploitation.
- Stabile and Padovese[39] recommend targeted prevention strategies that both promote safer sexual behaviour and increase testing rates among key populations. To better address sexual health interventions in Malta, self-testing and home testing, combined with digital health and digital engagement models are endorsed by the study's authors as potentially leading to the provision of reliable and accessible sexual services in Malta.
- Gender differences on sexual health awareness and knowledge with regard to both STIs and sexual health service provision were remarkable findings in research, with women being by far better informed than men. This indicates that a specific focus on sex education provision of school aged boys is required. It also points towards more strategic sexual health promotion and education campaigns, as well as service provision aimed at boys and men.
- The location of sexual health services where young people meet, close to nightlife and possibly avoiding the usual clinic settings is deemed the most effective strategy by the authors of the research[40].

Abortion and Abortion Care

- In order to provide abortion care as part of sexual health services, the recommendation[41] is for this procedure to be regulated by healthcare policy and not by criminal law.

[39] Stabile, I. and Padovese, V., (2022). Sexually Transmitted Infections (STIs) at the Genitourinary Clinic in Malta: Prevalence and Risk Behaviours, 2017-2020. Poster presented at the 16th Congress of the European Society of Contraception, Belguim.
[40] Stabile, I. and Padovese, V., (2022). Sexually Transmitted Infections (STIs) at the Genitourinary Clinic in Malta: Prevalence and Risk Behaviours, 2017-2020. Poster presented at the 16th Congress of the European Society of Contraception, Belgium.
[41] Doctors for Choice Position Paper on Abortion (2020)

9. Appendices

9.1 Appendix 1

A study[42] conducted in 2019 with young Maltese students aged between 15 and 25 years in state post-secondary education revealed that participants were more knowledgeable about HIV and AIDS then they were on STIs. Females were significantly more knowledgeable then males about STIs, with Chlamydia being the STI both gender cohorts had least knowledge of Sources of information identified by respondents as their preferred source were friends and the internet, followed by parents/guardians and television programmes, leaflets and magazines. Interestingly, school was not one of their preferred primary sources of information. Although 63.9% of respondents referred to the GU clinic as the currently available primary sexual health service, they had limited knowledge on how to access this service, and did not know whether the services were free. The study underlines the importance of identifying the actual needs of service users through empirical research when planning sexual health services. The study also claims that the main shortcoming when planning for health services is failing to consider the different needs of the service users and instead basing services upon normative needs.

9.2 Appendix 2

Locally, various NGOs offer support to both LGBT+ individuals and their families (see Appendix for more info). In 2001, the Malta LGBT+ Rights Movement (MGRM)[43] was formed to decrease stigma and increase awareness about LGBT+ issues. The Rainbow Support Services[44] (RSS) branched out of the MGRM in 2013 and offer services for LGBT+ individuals, their families and friends. This service strives to improve the quality of life of service-users through the provision of information, consultation and psycho-social welfare services. The social welfare team working at the RSS offer support to individuals and families requesting face-to-face and online sessions to discuss issues around LGBT+ identities, family relationships and dynamics, coming out, HIV related health matters and Trans specific health issues, among others. RSS services include social work services, a Youth Group for LGBT+ persons aged 13 to 17 and psychological support services. The Rainbow Support Service further supports and refers trans individuals to the Gender Wellbeing Clinic for appropriate trans health care.

[42] Buttigieg, S. C., Debono, G. A., & Gauci, D. (2019). Needs assessment for sexual health services development in a small European Union member state. *Health Services Management Research*, *32*(4), 180-190.
[43] MGRM Malta. [Accessed July 2022]
[44] Rainbow Support Service Malta.[Accessed July 2022]

9.3 Appendix 3

Stabile and Padovese[45] in their preliminary findings of a study (2022) on the occurrence of STIs and risk behaviours among those attending the GU clinic in Malta between 2017- 2020, report that 12,132 persons aged between 10 and 85 tested for STIs over 22,362 visits. The authors give details of the patients being predominantly male (66%), Maltese nationals (67%), heterosexual (70%) and asymptomatic (47%). The study reports that the age of patients at first intercourse was between 12 to 30 years with the modal age being 16 years. The patients reported being predominantly sexually active in the previous 6 months (75%) with 16% having casual partners, 30% of patients disclosed never having used condoms and 20% used illicit drugs. A number of patients had multiple STIs (between 2 to 5).

9.4 Appendix 4

The first family planning clinics in Malta were set up in 1962 by the Church to promote what is known as the family planning method, a natural form of contraception. Other forms of contraception were not approved by the Church[46]. State-managed family planning clinics were available later in 1982, providing a number of contraceptive methods without payment[47]. This service ceased in the late 80's. The availability of intrauterine devices remained available free-of-charge up to 1993 but were stopped following pressure from local anti-choice campaigners[48]. There are currently no such clinics that provide this service as part of community health care and contraception is no longer provided by the state for free. Nevertheless, a number of leading organisations, including the WHO[49], the Council of Europe[50] and the United Nations[51] regard access to a full range of contraception as a woman's right.

9.5 Appendix 5

What brought the abortion debate on the public agenda in recent years in Malta was the Council of Europe's Commissioner for Human Rights' claim in 2017 that Malta needed to reform its abortion laws. He specified that these laws need to be changed on grounds of human rights, right to health and to equality. He urged Malta to bring its legislation in line with "international human rights standards and regional best

[45] Stabile, I. and Padovese, V., (2022). Sexually Transmitted Infections (STIs) at the Genitourinary Clinic in Malta: Prevalence and Risk Behaviours, 2017-2020. Poster presented at the 16th Congress of the European Society of Contraception, Belguim.
[46] Savona-Ventura, C. (1995). "Family planning in a Roman Catholic community." *Planned parenthood in Europe= Planning familial en Europe 24*(1), 20-22.
[47] Savona-Ventura, C. (2010). History of gynaecology in Malta.
[48] Savona-Ventura, C. (1995). The influence of the Roman Catholic Church on midwifery practice in Malta. *Medical history*, *39*(1), 18-34.
[49] WHO, B. C. (2015). Medical eligibility criteria for contraceptive use. *WHO, editor. WHO. Genebra, Suíça*. Medical eligibility criteria for contraceptive use (who.int) [Accessed July 2022)
[50] Council of Europe (2017). Women's sexual and reproductive health and rights in Europe. Conseil de l'Europe - brochure A4 portrait (coe.int)[Accessed July 2022]
[51] United Nations (2019). Contraception and family planning, OHCHR | Sexual and reproductive health and rights [Accessed July 2022]

practices". In 2018, the Women's Rights Foundation (WRF) published a position paper[52] on sexual and reproductive health, advocating for the decriminalisation and the legalising of abortion at least in certain circumstances. According to international and European human rights law, European States have a duty to ensure that women's sexual and reproductive rights are protected and respected. More recently, in 2019, the UN's Committee on the Rights of the Child called on Malta to ensure safe access to abortion and post-abortion services for adolescent girls, and to decriminalise abortion in all circumstances. The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has further discussed the situation in Malta. The establishment of a pro-choice movement in 2019 led to an increase in public debate and activism[53]. However, abortion remains a stigmatised topic and a cultural taboo[54] and debates surrounding abortion both in the public and private sphere in Malta, are described by Dibben as typically engulfed in guilt, sin, blame, promiscuity and shame[55].

9.6 Appendix 6

DfC[56], a non-profit organisation registered in Malta in 2019, mainly composed of qualified medical professionals and medical students, argue that abortion should be regulated under healthcare policy and not under criminal law. DfC advocate for safe, equitable, and accessible sexual and reproductive healthcare in Malta. The organisation is part of a wider coalition of civil rights organisations and individuals that campaign for reproductive rights in Malta by the name of Voice for Choice[57], an umbrella organisation that advocates for changes in the law and the elimination of social stigma.

9.7 Appendix 7

Gravino and Caruana-Finkel claim that religion plays an important role in the polarised views on abortion in Malta. This is particularly the case for medical professionals, whose official national ethics and regulations[58] specify that "in all matters bearing on faith or moral the Catholic member of the profession shall abide by the tenets of the Roman Catholic Apostolic Religion". Contrastingly, the regulations also underline "the importance of preserving human life from the time of conception until death".

[52] Womens Rights Foundation Position Paper on Abortion(2018).
[53] Caruna Finkel, L. (2020). Abortion in the time of Covid 19: perspectives from Malta. *Sexual and Reproductive Health Matters.* Vol. 28*, (1),* pp. 54-56
[54] Vella, MG. (2018). Abortion: Breaking the Barriers of Patriarchy.
[Accessed July 2022]
[55] Dibben, A. (2015). Teenage Pregnancy and Motherhood in Malta: A Feminist Ethnography. Unpublished PhD thesis. University of Bristol, UK.
[56]Doctors for Choice. [Accessed July 2022]
[57] Voice for Choice.[Accessed July 2022]
[58] Malta Medical Council (2012). The ethics and regulations of the medical and dental professions.

A study[59] conducted with 1578 medical doctors in Malta concluded that the vast majority of survey respondents do not agree with the total legal ban on abortion and support its legalisation in limited circumstances. Two circumstances in which the majority of participants agreed with the legalisation of abortion, at all stages of pregnancy, was when the women's life is in danger (54.2%) and when there was a nonviable foetal anomaly (50.2%). Legalisation of abortion up to a 12-week gestation in the case of the woman's life being in danger was supported by 66.8% of respondents while non-viable foetal anomaly was supported by 63.0% of respondents. In all other circumstances, the majority of respondents were not in favour of the legalisation of abortion. Support for legalisation in case of rape or incest was supported by 35.3%, preservation of a woman's physical health 30.0% and preservation of a woman's mental health was supported by 26.8%. Viable foetal anomaly was supported by 24.6% of respondents. A majority of 68.7% of respondents disagreed with legalisation of abortion in the case of a person who is aged under 16 years and 74.0% disagreed with legalisation of abortion due to economic and social circumstances. The largest opposition (78%) was to the legalisation of abortion upon the pregnant person's request, which may include any circumstance.

[59] Gravino, G., & Caruana-Finkel, L. (2019). Abortion and methods of reproductive planning: the views of Malta's medical doctor cohort. *Sexual and Reproductive Health Matters*, *27*(1), 287-303.