

# Volt Malta Manifesto 2022

**Sexual & Reproductive  
Healthcare  
& Rights**



**Ivvota Aħjar.  
Ivvota Volt.**

*Is-Sibt, 26 ta' Marzu*

# Sexual and Reproductive Healthcare and Rights

## Education

- **Develop a Standard Factual & Inclusive Sexual and Reproductive Health & Rights Curriculum.** Misinformation at educational institutions must not be tolerated or accepted.
  - **Mandatory for all educational institutions in Malta.** All schools would be allowed to teach more than the national curriculum, but not less, and may not contradict the national curriculum.
  - **The curriculum should be contextual to the age group,** starting from late primary school, and completed throughout secondary school. Refreshers should be provided at post-secondary and tertiary institutions.
  - **Inclusive** is defined as ensuring that;
    - LGBTQI+ related matters are taught by well-informed qualified individuals,
    - Persons with physical and/or mental disabilities receive high-quality relevant education on the subject,
    - In co-education schools, genders are not segregated.
  - **Support services for students** who may be questioning their sexuality & gender identity, and have any questions.
- **Offer Adults access to educational material and courses** on their sexual and reproductive rights, types of available contraception, protection against sexually transmitted diseases etc.
  - Make use of state media channels & collaborate with private state media channels to provide SRHR lessons during commercial breaks.
  - Provide mandatory SRHR training for employees in the public sector to be taught over a period of time.
  - Encourage and facilitate the creation of SRHR classes for the private sector to be taught over a period of time.
  - Create free and public SRHR courses for the public to attend.

## Contraceptives

- **Classify Contraceptives as Essential Medicines & Products.** During the beginning of the pandemic, there was a lack of availability of several contraceptives. There are numerous adverse effects on physical and mental health caused by an interruption for individuals who take hormonal contraceptives (among other types), and these can and must be avoided at all costs.

- **Access to Contraceptives.**
  - **Free from public healthcare facilities & hospitals.** By making contraceptives more accessible, it can prevent unwanted pregnancies. Especially for youths and low-income earners.
  - **Adopt the Fraser Guidelines for youths under 16.** These are guidelines used in the UK to address the specific issue of giving contraceptive advice and treatment to those under 16 without parental consent.
    - They have sufficient maturity and intelligence to understand the nature and implications of the proposed treatment.
    - They cannot be persuaded to tell their parents or to allow the doctor to tell them.
    - They are very likely to begin or continue having sexual intercourse with or without contraceptive treatment.
    - Their physical or mental health is likely to suffer unless they receive advice or treatment.
    - The advice or treatment is in the young person's best interests.
  - **Reimbursable after purchasing from pharmacies.** The majority of contraceptives are female-orientated, causing an imbalance of purchasing power. (e.g. Regular contraceptive pills are a regular cost and don't necessarily correlate to sexual activity). Furthermore, it would be low-income earners and youths who would primarily benefit from having contraceptive purchases reimbursable.
    - Create provisions to avoid abuse of the system (e.g. resale of reimbursed products) by creating reasonable limits on reimbursements.
  - **Integrate hormonal contraceptives into the Pharmacy of Your Choice scheme.**
  - **Condoms should be freely accessible from post-secondary, and tertiary education institutions.** The distribution would be varied;
    - Through student organisations, health and wellness centres, and dispensers.
  - **Morning After Pill should be available at all pharmacies** and provided without prejudice.
- **Introduce the Copper IUD** as an emergency contraceptive, and ensure accessibility akin to the Morning After Pill.

## **Abortion**

- **Decriminalise Abortion.** Neither the person having an abortion, nor any doctor involved should be criminalised. Abortion should be a health policy issue, not criminal.
  - **Legalise Medical Abortions up to the first trimester (12 weeks).** Medical abortions account for a growing share of how abortions are done in many countries. It involves the use of 2 types of pills; Mifepristone & Misoprostol.
    - **Accessible & free through telemedicine, public & private healthcare facilities.**

- Aim to ensure the process is as anonymous as possible.
  - **Classify Mifepristone & Misoprostol as an essential medicine.** To ensure there is always accessibility at the national level.
  - If for health reasons the individual is unable to have a medical abortion, then give the choice for a surgical one.
- **Legalise Surgical Abortions in exceptional circumstances, even at a later stage in the event of a/an;**
  - unsuccessful medical abortion;
  - a non-viable foetus;
  - pregnancy endangering the pregnant person's life;
  - pregnancy has a significantly negative effect on the mental health of the individual and may risk the person's life;
- **Introduce Abortion Aftercare services.**

## Facilities

- **Invest in Malta's Genitourinary Clinic.** Increase the dedicated budget to ensure proper training, and work toward increasing the number of permanent staff at the clinic. Furthermore, ensure its capacity to meet a growing number of patients & enable telemedicine services
- **Invest in Gozo's Genitourinary Clinic.** Increase the dedicated budget. The frequency at which people may visit the GU clinic in Gozo should increase. An afternoon every 2 weeks is insufficient. At a minimum, there should be a full day of availability per week and then increased further.

## Period Poverty

- **Menstrual products should be free** from all educational institutions, public healthcare facilities and hospitals, foodbank, prisons, homeless shelters, and public bathrooms.
  - A combined offer of pads and tampons in all institutions would be ideal.
    - Sanitary pads can be used when hygiene conditions are poor, this access should be prioritised. Tampons can pose a risk of toxic shock syndrome if used incorrectly or changed late.
    - It is easier for young menstruating people to handle sanitary pads.
- **Menstrual products should be reimbursable.** From retail outlets and pharmacies, they should fall on the 0% VAT bracket, and be reimbursable.
- **Integrate menstrual products into the Pharmacy of Your Choice scheme.**
  - This would first start by integrating first environmentally sustainable options such as menstrual cups, period underwear and reusable pads to encourage persons to use sustainable options.
  - Once uptake stabilises then the latter menstrual products would be introduced.

## ***Transgender Rights***

- **Make gender-affirming procedures**, such as hormone treatment, surgery and psychological support, free & accessible for transgender persons.

## ***PrEP & PEP***

- **PrEP & PEP should be free** from public healthcare facilities.
- **PrEP & PEP should be reimbursable** after purchase from pharmacies.