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SEXUAL EDUCATION FOR ADOLESCENTS IN FINLAND

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The purpose of this bachelor's thesis was to examine the sexual education system and sexual health services in Finland and to discover how the available education and resources impact adolescent's sexual behavior. The sexual behavior in this study was primarily focused on access to contraceptives and the prevention of sexually transmitted diseases and infections.

To do this, a literature review was conducted in order to discuss all aspects of sexual education. The aim was to make use of primary sources, when primary sources were not available, reliable second-hand sources were used after conducting a thorough review of their sources.

Results showed that Finland's progressive model of sexual education allows for a positive learning outcome for adolescents. Access to contraceptives has been deemed sufficient, however, there seems to be room for improvement in making condoms accessible to address the need of reducing sexually transmitted diseases. Access to free condoms in addition to emphasis on the importance of their use every time one engages in any sexual activity would be a benefit in reducing the high number of new sexually transmitted diseases each year.

KEYWORDS:

Sexually Transmitted Diseases, Sexually Transmitted Infections, Contraceptives, Sexual Education methods, Adolescents, Sexually transmitted disease risk factors, sexually transmitted disease risk groups.

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NUORTEN SEKSUAALIKASVATUS SUOMESSA

Opinnäytetyön tarkoituksena oli tutkia seksuaalikasvatusta ja seksuaaliterveyttä edistäviä palveluja Suomessa sekä niiden vaikutuksia nuorten seksuaalikäyttäytymiseen. Tutkimus keskittyi pääasiallisesti nuorten ehkäisyvälineiden saatavuuteen sekä sukupuolitautilien ennaltaehkäisemiseen. Tutkimuksen teoreettisessa osassa käsiteltiin seksuaalikasvatuksen eri osa-alueita.

Tutkielman aineisto koostuu valitusta ja luotettavasta lähdeaineistosta. Tutkimusaineisto analysoitiin käyttäen aineistolähtöistä sisällönanalyysia. Tutkimustuloksena voidaan todeta, että Suomessa toteutettava seksuaalikasvatuksen progressiivinen malli edistää positiivista suhtautumista ja oppimista nuorten keskuudessa. Lisäksi ehkäisyvälineiden saatavuus koetaan riittävän helpoksi. Kondomien saatavuutta ehkäisyvälineenä tulisi kuitenkin lisätä sukupuolitautilähtöisten tartuntojen määrän ehkäisemiseksi. Tutkimustuloksena voidaan myös todeta, että kannustaminen kondomien käyttöön sekä ilmaisten kondomien saatavuuden lisääminen ehkäisisivät uusien sukupuolitautilähtöisten tartuntojen määrää joka vuosi.

ASIASANAT:

Sukupuolitaudit, Ehkäisyvälineet, Seksuaalikasvatus ja menetelmät, Nuoret, Sukupuolitautilähtöiset riskitekijät, Sukupuolitautilähtöiset riskiryhmät.

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LIST OF ABBREVIATIONS

Abbreviation	Explanation of abbreviation
AIDS	Acquired immune deficiency syndrome (Family Planning- A global handbook for providers 2018)
CDC	Centre for Disease Control and Prevention (CDC.GOV 2017)
Chancre	A syphilitic sore (CDC.GOV 2017)
COC	Combined Oral Contraception (Sannisto and Kosonen 2009.)
DMPA	Depot medroxyprogesterone acetate (Family Planning- A global handbook for providers 2018)
ECP's	Emergency contraception pills (Family Planning- A global handbook for providers 2018)
FAM	Fertility Awareness-Based Method (Family Planning- A global handbook for providers 2018).
FP	Family Planning (Sannisto and Kosonen 2009.)
Genotype	Genetic makeup (Dictionary.com 2018)
HCO	Health Centre Organization (Sannisto and Kosonen 2009.)
HIV	Human immunodeficiency virus (Family Planning- A global handbook for providers 2018)
IUD	Intrauterine device (Sannisto and Kosonen 2009.)
LNG-IUD's	Levonorgestrel intrauterine devices (Sannisto and Kosonen 2009.)
Nulliparous woman	Woman who has not given birth/not produced offspring (Babymed.com 2018)
OC	Oral Contraception (Sannisto and Kosonen 2009.)

Parous woman	Woman who has given birth/produces offspring (Babymed.com 2018)
Parturition	Childbirth (Marriam-webster.com 2018)
POP	Progestin only pills (Sannisto and Kosonen 2009.)
STD	Sexually Transmitted Disease (CDC.GOV 2017)
STI	Sexually Transmitted Infection (Sannisto and Kosonen 2009.)
WHO	World Health Organization (WHO int. 2018)

1 INTRODUCTION

There is an overwhelming amount of information available addressing the spectrum of sex, sexuality, and sexual education. Sex education is a vital part of every adolescent's educational experience. It is clear that a thorough understanding of sexual education allows adolescents to make informed decisions regarding their sexual lives. These decisions include when to start engaging in sexual activity, pregnancy prevention, and the prevention of sexually transmitted diseases.

In Finland there is clear evidence of good sexual health education in schools and in health centers. Information on sexuality, contraceptives and sexually transmitted diseases are widely available. However, according to a survey done by Sannisto and Kosonen (2009), Finland sees a high number of sexually transmitted diseases and infections among adolescents. The information for adolescents can be overwhelming and they often don't fully recognize the impact their sexual behaviors have on their long term reproductive health. Sex education can be an uncomfortable topic for many adolescents and they do not pay attention to what is being taught due to embarrassment in the classroom setting. (Quarshie and Naa 2011.)

A major concern for health providers is being able to engage adolescents in a way that the information is put into practice. As adolescents mature, their views and attitudes towards sex and sexual activity changes. Understanding what adolescents view as sexual activity and how disease spreads can be a difficult problem to address. Adolescents don't always realize that sexually transmitted diseases can be transmitted through not only vaginal-penile sex, but also oral and anal sex, therefore making it necessary to use protection during all sexual activity. Adolescents are engaging in sexual activity between the opposite and same sex without understanding the risks that exist. Many adolescents are not using condoms to prevent contracting or spreading sexually transmitted diseases, making them an at-risk group. (Quarshie and Naa 2011.)

Evaluation of the information being taught and resources available to adolescents is vital to reduce the rates of sexually transmitted diseases and help adolescents practice safe sex. To do this, nurse professionals and researchers must examine the resources available and discover ways to improve them. Therefore, the purpose of this bachelor's thesis is to examine the sexual education system and sexual health services in Finland

and to discover how the available education and resources impact adolescent's sexual behavior.

2 SEXUAL HEALTH

According to the WHO (2018), there are four areas that help to define sexual health. Those areas include, sex, sexuality, sexual health, and sexual rights. While all aspects are important in the discussion of sexual education, sexual health is the primary focus discussed here. According to the WHO sexual health is:

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2006a)

As various aspects of sexual health are explored, it is critical that constant evaluation as to the relation and impact on one’s physical, emotional, mental and social well-being is being done. Without such evaluation, health care professionals cannot expect to meet the full needs of patients throughout their sexual lives. This evaluation must begin in adolescents as it is at this critical juncture that healthy attitudes and practices are being formed. (WHO 2018.)

The National Collation of Sexual Health (2018) has identified five key steps to have optimal sexual health. They include:

1. Valuing who you are and making decisions that are right for you
2. Treating partners with respect, and expecting respect as well
3. Positive relationships
4. Learn about your body and protect it
5. Routine sexual healthcare

Each of these steps are important for health care workers to discuss with adolescents to ensure they are in control of their own sexual health.

2.1 Attitudes regarding sexual health of adolescents

Attitudes about adolescent sexuality and sexual health have not been studied extensively. According to Kontula (2009), one in three Finnish homes are secretive when discussing sexual matters with adolescents. This can lead to young people not always getting the correct information or seeking it out elsewhere. Quarshe and Naa (2011) conducted a survey among adolescents in Kuitinmäki, Finland. Their results were fairly telling that many adolescents feel they live in a positive sexual education and sexually healthy environment. Students noted that they felt they were given good sexual education, good support from friends and family regarding sexual health, and that their sexual rights are protected. With regards to sexual rights, one student noted “Yes, but they are not always followed, you can't have sex with someone who doesn't want it. You don't have to have sex if you don't want to. No one can touch you in appropriate ways if you don't want. Sexual rights are good to have, and they should be followed” (Quarshe and Naa 2011).

Table 1 shows the attitudes adolescents have regarding sexual health. Quarshe and Naa (2011) conducted the survey with primarily 9th graders in the Kuitinmäki secondary school where they held a series of meetings with the students. They conducted interviews, surveys, and held group discussions. The following were their results:

Table 1: Attitudes Towards Sexual Health

Gender	Feelings & Expressions of Sexuality	Perceptions from Minorities & Personal Experiences	Feelings of these misconceptions	Approach on the issues & their feedback	Source of Knowledge & Empowerment
Female	Feelings More than half of the responses said: “ <u>I am okay with</u>	Majority said ‘ <u>People see us as cheap, whores and easy to get</u> ’	Majority said ‘ <u>I don't care</u> ’ Few others said ‘ <u>it is not nice, I don't like it & it is annoying</u> ’	Approaches For most of them who were called whores they said	All responses said their knowledge is ‘ <u>From school</u> ’ Empowerment Most of

	<p><u>my sexuality</u>"</p> <p>The other part said: "<u>I am confident with myself</u>"</p> <p>The few left said "<u>I am comfortable with myself</u>"</p> <p>"<u>Boys are shy and girls do not like it</u>"</p> <p>Expressions</p> <p>Majority said "<u>I wear girls' clothes and feel normal</u>"</p> <p>"<u>I express my sexually openly and normal</u>" "<u>I am myself and feel confident</u>"</p> <p>Two responses said "<u>I am a bit</u>" the other "<u>I am not</u></p>	<p>Others said 'People think Finns are shy'</p> <p>Some added 'People think we live in the forest, lame & careful, blond, have blue eyes'</p> <p>One person said '<u>I don't care what they think about me</u>'</p>	<p>Additional comment: 'Finnish girls feel flattered around foreign boys because they give extra attention to girls and are not shy. So Finnish girls fall on them easily because we have not get used to the kind of treatment"</p>	<p>'<u>I don't care or I walk away</u>'</p> <p>'<u>I defend myself though it's a waste of time because it changes nothing</u>'</p> <p>Feedback</p> <p>Those who approaches the issues said '<u>They don't say anything or they look away</u>"</p> <p>Few said '<u>They laugh if they are in a bigger group or argue</u>'</p>	<p>them said '<u>From friends or families</u>"</p> <p>Few said '<u>From within myself</u>'</p>
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	<u>confident</u> <u>expressing</u> <u>my myself</u> <u>as a girl'</u>				
Males	Feelings & Expressions of Sexuality	Perceptions from Minorities & Personal experiences	Feelings of these misconceptions	Approach on the issues & their feedback	Source of Knowledge & Empowerment
	<p>Feelings All of them said '<u>I feel good about myself, am confident & comfortable</u>'</p> <p>Expressions All of them said '<u>By dressing</u>'</p> <p>Some said '<u>Finns are a bit shy but its normal</u>'</p>	<p>Most of them have not experience any negative attitude but one of them says '<u>I feel negative perceptions every day, but it doesn't bother me</u>'</p>	<p>All of them said '<u>They do not care what others think of them</u>'</p>	<p>It is assumed that since most of them have not experience any negative attitude. Their response came as same as '<u>They feel happy about themselves</u>'</p>	<p>Knowledge They all said '<u>we get knowledge from school</u>'</p> <p>Empowerment Most of them said '<u>From school, family, friends and within themselves</u>'</p>

(Quarshe and Naa 2011).

As can be seen, the majority of adolescents get sexual education through their school but their empowerment from family and friends. Some female adolescents felt that they were viewed as cheap or easy to males while others didn't experience any negativity. When asked how the females handled the negative experiences most said they walked

away or ignored it. If they defended themselves, they felt dismissed or did not feel speaking up changed anything. Male adolescents did not experience the same level of negative misconceptions and did not think there were any. They had confidence in their attitudes and experiences with regards to sexual health. Overall, the study concluded that adolescents have a positive outlook on sexual matters where they felt educated and encouraged to make appropriate decisions for themselves. (Quarshe and Naa 2011).

In the 2009 study done by Kamus and Kortis, they discussed ways to lessen the risk of STDs and that the use of condoms is the best preventative measure. This study had participants from Europe, Asia, and Africa, all of who were living in Finland. The majority of the participants shared a positive attitude that condoms are an inexpensive and easy way to prevent contracting an STD. However, the participants from the African countries held a negative perception of condoms. While they saw the need to prevent STDs, they did not see the use of condoms in a positive light. Participants in this study had positive discussions as to ways to avoid or curb STDs. One participant commented "Young people should quit drinking and ending up having one night stands with different people. Sometimes they don't know these people and have no idea what kind of diseases they have." Attitudes about risky sexual behavior including indulgence in alcohol, drugs, and having multiple partners are important to discuss in sexual education as they have a direct impact on the health of adolescents.

It is important to note how the adolescent brain develops to fully understand how risk-taking behaviors play a role into their day to day lives. Molecular imaging and functional genomics studies have shown that the adolescent brain is in constant development. This plays a significant role in the development of sex hormones during puberty, decision making, self-control, emotions, and risk-taking behaviors. The frontal lobe development directly impacts the cognitive process that adolescents experience. (Sharma et al 2013.) The Science of Adolescent Risk-Taking (2011) discusses the difficulty in truly knowing the impact of brain development and risk-taking behaviors. However, their studies did show that a strong family and friend support system and a positive education environment helps to support adolescents in mitigating the risks they take. Due to this ever-changing cognitive ability, adolescents may be prone to thinking they are invincible and that nothing bad can happen to them. This type of thinking can lead them to place themselves in potentially dangerous situations and engage in risky behavior such as drinking and driving, drug experimentation, and unprotected sex. This is a potential reason as to why adolescents think only of preventing pregnancy with the use of contraceptives and are not always as proactive in protecting themselves against STDs

by using condoms.

There seems to be a lack of interest in formal sexual education among those who participate in it. However, when students are encouraged to be active in their education they can see how education is an important part of prevention. Students who take advantage of the use of media, a school nurse, and sexual education programs have a more positive view of the use of condoms for prevention of STDs. They are more likely to have good support systems in place and are more likely to access medical care when needed. (Kamus and Kortis 2009.)

Kontula (2009) had concluded that having a positive school-based sexual education program tends to help adolescents have a direct influence on the ability of a person to seek out other sources of information such as friends, health centers, or the internet. Development of sexual education programs support what adolescents learn at home and offer another source of information in a positive environment. This is important for adolescents whose parents are not as open about sexual matters. Having a positive and encouraging education program is important when shaping viewpoints and gaining knowledge about sexual health. When an adolescent has a positive learning environment, they can make healthy and appropriate decisions regarding their sexual behavior.

2.2 Contraceptives

Contraceptives and contraception methods

Contraception is the intentional interruption and prevention of ovulation, fertilization, and implantation. There are different forms of contraception which act at contrasting points in the process of conception. (Ott and Sucato 2014.) Contraception can change during a person's lifecycle and often more than one method of contraception must be used to be able to have safe sexual intercourse. When considering contraception many elements such as age, state of health, safety, effectiveness, availability, affordability, and acceptability should be considered. There are mainly two reasons why contraception is used for in sexual relationships; to prevent pregnancy and for the prevention of sexually transmitted diseases. (Curtis et al 2016.)

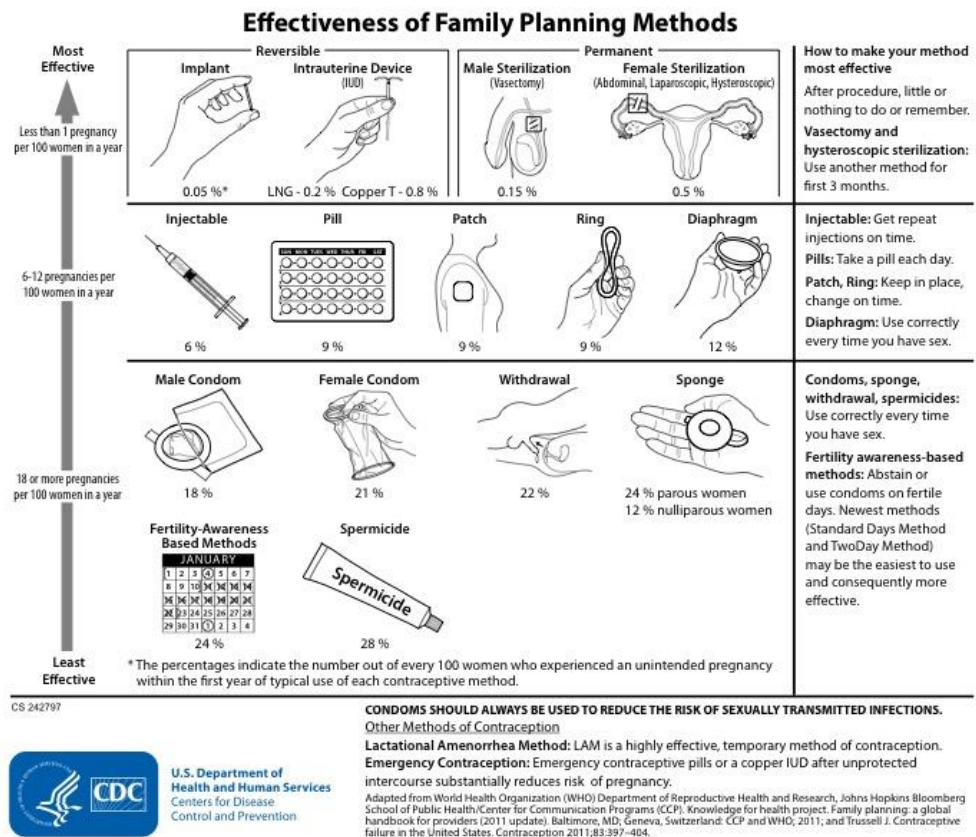
The effectiveness of contraception depends on the method used and if the product is used correctly and consistently. Adolescents can safely use any method of

contraception. A person's age is not a reason to deny them a specific method of contraception, it is more a question of what their individual needs are and what will be the safest method of contraception to use for them. It is recommended that all contraception is used in combination with condoms to help prevent sexually transmitted diseases and infections from spreading. (Family Planning- A global handbook for providers 2018.)

Abstinence is the only way to fully protect against sexually transmitted diseases and pregnancy. Abstinence is when a person does not engage in sexual activity; although there can be different views as to what is considered being abstinent. While some people would argue that it is to abstain from vaginal-penile sexual intercourse, those who support abstinent only sexual education conclude that it is all forms of sexual contact including oral, anal, and vaginal sexual contact. (American Pregnancy Association 2017.)

Contraception is an important part of comprehensive sexual health education. Not only does it help to protect adolescents against unplanned pregnancies, but it also protects both the male and female reproductive systems and prevents the spread of sexually transmitted diseases and infections (Family Planning- A global handbook for providers 2018). Figure 1 gives examples of various contraception methods and their effectiveness.

Figure 1: Effectiveness of Family Planning Methods



(CDC.gov 2017)

Contraceptives most commonly recommended to be used by adolescents:

Birth control pills: Progestin-only pills (POP) or mini pills, contain very low doses of progestin, which is similar to the natural hormone progesterone found in a woman's body. POP's should be used by taking one pill every day and there should not be a break in-between each pack. POP's can be safely used by breastfeeding mothers. (Family Planning- A global handbook for providers 2018.)

Combined oral contraception (COC), are combination pills which contain both estrogen and progestin, and must be taken every day at the same time. COC work by preventing the release of eggs by the ovaries. Blood pressure can increase slightly when using COC making it not recommended in women who are smokers and over the age of 35 years old, or who experience migraines with an aura. (Family Planning- A global handbook for providers 2018.)

Male and female condoms: The condom is the only contraceptive which provides protection from sexually transmitted diseases during vaginal, oral and anal intercourse and prevents pregnancy. A condom creates a barrier between two people in which semen and vaginal fluids cannot come into contact with another person. This prevents infections from spreading and prevents pregnancy from occurring. (Family Planning- A global handbook for providers 2018.)

Male condoms are coverings usually made from thin latex rubber but can also be made from nitrile, polyurethane, polyisoprene, or lambskin and fits over a man's erect penis (Family Planning- A global handbook for providers 2018).

Female condoms fit inside a woman's vagina, and are made of a thin, transparent, soft film such as latex, polyurethane, and nitrile (Family Planning- A global handbook for providers 2018).

Implants: A small, progestin releasing device which is placed under the skin of a woman's upper arm in a minor surgical procedure. There are different types of implants available lasting from 3-5 years. (Family Planning- A global handbook for providers 2018.)

Vaginal ring: A ring that a woman places in her vagina and leaves in place for three weeks and then is removed the fourth week to allow for menstruation. The ring contains both progestin and estrogen, which is absorbed into the bloodstream from the walls of the vagina. It works by preventing ovulation from taking place. (Family Planning- A global handbook for providers 2018.)

Emergency contraception may be used when contraception has failed or after unprotected sex. A single dose of the progesterone product, Levonorgestrel is taken orally within 72 hours of sexual intercourse. Another product in tablet form is a progesterone receptor modulator and can be taken within 120 hours of sexual intercourse. The third option is a Copper IUD which can be inserted within 120 hours of unprotected sex and is the most effective form of emergency contraception. (Family Planning- A global handbook for providers 2018.)

The WHO's Family Planning handbook (2018) recommends giving women an advance supply of emergency contraception pills (ECP's). The handbook states that "women are more likely to use ECPs if they already have them when needed. Also, having them on

hand enables women to take them as soon as possible after unprotected sex, when they will be most effective." (Family Planning- A global handbook for providers 2018.)

If over the age of 15 years old, emergency contraception pills can be bought without a prescription. For persons under the age of 15 years a doctor's prescription is needed. (Sannisto and Kosonen 2009.)

Contraception that are either unreliable or not commonly recommended to be used by adolescents:

Sterilization, male and female: A permanent surgical procedure in which the male vas deferentia and female fallopian tubes are cut or blocked during a surgical procedure (Family Planning- A global handbook for providers 2018). This is not optimal for adolescents as reversal is not guaranteed to be effective.

IUD's (Intra Uterine Devices):

The Copper IUD does not contain any hormones and is inserted into the uterus. Copper IUDs can cause heavier, longer menstrual bleeding and cramps especially in the first 3-6 months after being inserted; therefore, it is not suitable for everyone. The copper IUD works by damaging both the sperm and the egg before they can meet by causing a chemical change. Copper IUD's can be used as long-term pregnancy protection and has been shown to be effective up to 12 years. It can also be used as emergency contraception. (Family Planning- A global handbook for providers 2018.)

Hormonal IUD or Levonorgestrel intrauterine devices (LNG-IUD's) are T-shaped and steadily releases the progestin hormone, Levonorgestrel, each day. A trained healthcare provider inserts the LNG-IUD into a women's uterus through her vagina. Hormonal IUD's with different amounts of progesterone are marketed under brand names such as; Jaydess, the Mirena and Kyleena. (Family Planning- A global handbook for providers 2018.)

Depot medroxyprogesterone acetate (DMPA) injections: are available in Depo-Provera, and Petogen intramuscular and Uniject subcutaneous injection form. The injection contains progestin and works primarily by preventing ovulation. It is necessary to get an injection every 2-3 months. (Family Planning- A global handbook for providers 2018.)

Patch: The birth control patch contains two hormones, estrogen and progestin, which the body absorbs to prevent ovulation. The patch needs to be changed once a week for 3 weeks, and then removed for a week to allow for menstruation. (Family Planning- A global handbook for providers 2018.)

Sponge: Inserted into the vagina before having sexual intercourse, it fits against the cervix, blocking the entrance to the uterus to prevent sperm from getting to the egg. The sponge is not an effective way of contraception. (CDC.gov 2017.)

Diaphragm: A diaphragm is a latex cup that covers the cervix and stops sperm from joining the egg. For a diaphragm to work best, it must be used with spermicide. If a woman desires to use a diaphragm, it must be fitted by a doctor for it to be the correct size to ensure it is effective. (Family Planning- A global handbook for providers 2018.)

Spermicide: Spermicide is a contraceptive substance that kills sperm. It is inserted into the vagina before sex. Spermicides are more effective with condoms than alone. Spermicide can be bought from the pharmacy, though the selection in Finland is very small. It is not a reliable method of contraception. (Family Planning- A global handbook for providers 2018.)

Coitus interruptus: Also known as the withdrawal method or pull out method. Occurs when the man removes his penis from the vagina prior to ejaculation. It is not a reliable method to prevent pregnancy. (Family Planning- A global handbook for providers 2018.)

Fertility Awareness-Based Methods (FAM) also known as Natural Family planning or Calendar-based methods, is done when a woman tracks her menstrual cycle using basal temperature and cervical mucous to chart when ovulation should occur and then avoiding intercourse during that time (Ott and Sucato 2014). It is not a recommended contraceptive method for adolescents.

As shown in Table 1., implants, IUD's, and male and female sterilization are some of the most effective methods of contraception whereas the FAM, sponge, and spermicides methods are some of the least effective methods of contraception. However, sterilization is not appropriate for adolescents as it would prevent any chance for future pregnancies. It is again clearly stated that condoms should be used in combination with all contraceptives to reduce the risk of sexually transmitted diseases. (CDC.gov 2017.)

2.3 Sexually Transmitted Diseases

Sexually transmitted diseases or STDs are infections that are passed from one person to another through sexual contact. For this thesis, the term sexually transmitted disease or STD will be primarily used; however, it should be noted that throughout literature it may also be referred to as sexually transmitted infections (STI) or venereal diseases (VD). (UHC 2009). Sexual contact includes vaginal, oral, and anal contact. Sexually transmitted diseases include chlamydia, gonorrhea, genital herpes, human papillomavirus, condyloma/genital warts, hepatitis, syphilis, and HIV/AIDS. Typically, STDs are transmitted through the exchange of bodily fluids although some can be transmitted through skin contact. (CDC 2017).

Sexually transmitted diseases can be difficult to diagnose as many people show no signs or symptoms. It is common for men to not show symptoms of an STD and pass it to their partner. Women are more likely to contract an STD due to biological factors such as the cervix and vaginal tissue. It is common for there to be small tears in the tissue of the vagina making it easy for infections to occur. Adolescents are at higher risk for sexually transmitted diseases as they may change partners more frequently, both partners may not be monogamous, or do not use condoms consistently or correctly every time or with all forms of sexual contact. (Family Planning- A global handbook for providers 2018).

Table 2 gives examples of STDs, transmission and their curability. Early detection is important, but as mentioned, it is not always possible. Nurses and doctors have a responsibility to do a thorough history. Questions such as sexually history, presence of genital sores, and unusual discharge are important to ask in order to fully assess the risk of STDs. Following an assessment, discussion regarding sexual practices, signs and symptoms to look for, and how to prevent STDs is necessary so that the client is proactive in their sexual health. (Family Planning- A global handbook for providers 2018).

Table 2: Sexually Transmitted Diseases and Infections

STI	Type	Sexual transmission	Nonsexual transmission	Curable?
Chancroid	Bacterial	Vaginal, anal, and oral sex	None	Yes
Chlamydia	Bacterial	Vaginal and anal sex Rarely, from genitals to mouth	From mother to child during pregnancy	Yes
Gonorrhea	Bacterial	Vaginal and anal sex, or contact between mouth and genitals	From mother to child during delivery	Yes
Hepatitis B	Viral	Vaginal and anal sex, or from penis to mouth	In blood, from mother to child during delivery or in breast milk	No
Herpes	Viral	Genital or oral contact with an ulcer, including vaginal and anal sex; also genital contact in area without ulcer	From mother to child during pregnancy or delivery	No
HIV	Viral	Vaginal and anal sex Very rarely, oral sex	In blood, from mother to child during pregnancy or delivery or in breast milk	No
Human papilloma-virus	Viral	Skin-to-skin and genital contact or contact between mouth and genitals	From mother to child during delivery	No
Syphilis	Bacterial	Genital or oral contact with an ulcer, including vaginal and anal sex	From mother to child during pregnancy or delivery	Yes
Trichomoniasis	Parasite	Vaginal, anal, and oral sex	From mother to child during delivery	Yes

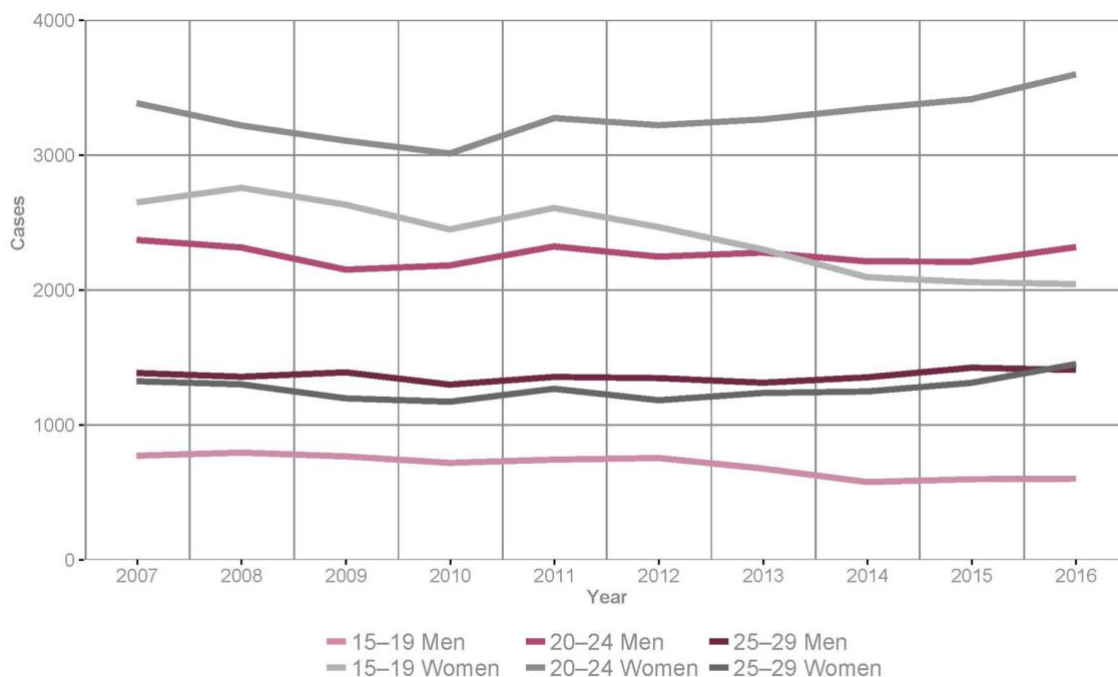
(Family Planning- A global handbook for providers 2018)

The following are examples of common sexually transmitted diseases, information regarding them, and their impact on adolescents in Finland.

Chlamydia: A bacterial infection that is the most common STD in Finland with 80% of new cases reported among adolescents. It is also more common among young women at 59% of new cases. (Jaakola et al 2017.) Chlamydia is transmitted through the mucous membranes during oral, vaginal, or anal sexual intercourse. It is often not symptomatic in males, but symptoms may include burning or painful urination, or penile discharge. In women, symptoms include pain when urinating, frequent urination, and increased vaginal discharge. When untreated, chlamydia can cause scarring of the Fallopian tubes and cause infertility. Testing for chlamydia is done through a urine test. It is possible to have the infection in the rectum or throat and samples are taken from those areas with

a cotton swab. Chlamydia is treated with one dose of azithromycin, an antibiotic. (Lanjouw et al 2015.) Figure 2 was published in the Infectious Disease report in 2016, it shows the upward trend of chlamydia that has been seen in Finland the last few years.

Figure 2: Chlamydia cases in Finland

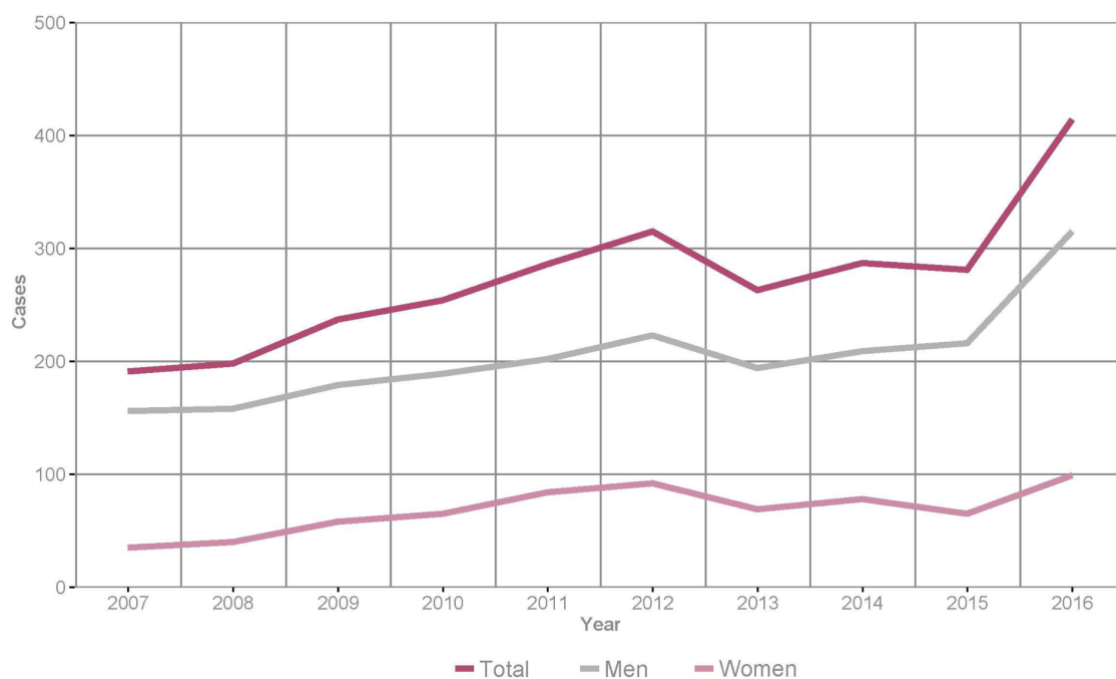


(Jaakola et al 2017)

Gonorrhoea: A common infection in adolescents which has been on the rise throughout Finland. 76% of all cases are diagnosed in men, and half of all cases are diagnosed in adolescents. Gonorrhoea is becoming more common among homosexual males with 64% of cases reported in this group. It is possible that the increase of Gonorrhoea is due to more effective and ease of testing. Current testing for Gonorrhoea is often done at the same time with Chlamydia. (Jaakola et al 2017). A bacterial disease that can occur in the genitals, rectum, and throat, symptoms for males include burning or painful urination, yellow or green discharge from penis, and possibly painful or swollen testicles. In women, symptoms include painful or burning with urination, increased vaginal discharge, and vaginal bleeding between periods. If the infection is located in the rectum, men and women may experience discharge, anal itching, soreness, bleeding or painful bowel movements. Oral infection may have symptoms of a sore throat. It is possible to not show any symptoms in all possible locations of infection. Testing for genital infection is done through a urine test. For oral and anal infections, samples taken from the throat

and rectum is needed. Treatment is a single dose of intramuscular injection of ceftriaxone and a dose of oral azithromycin antibiotics. (Bignell and Unemo 2012.) Figure 3 was published in the Infectious Disease report in 2016 to show the upward trend of gonorrhoea in Finland in recent years.

Figure 3: Gonorrhoea cases in Finland

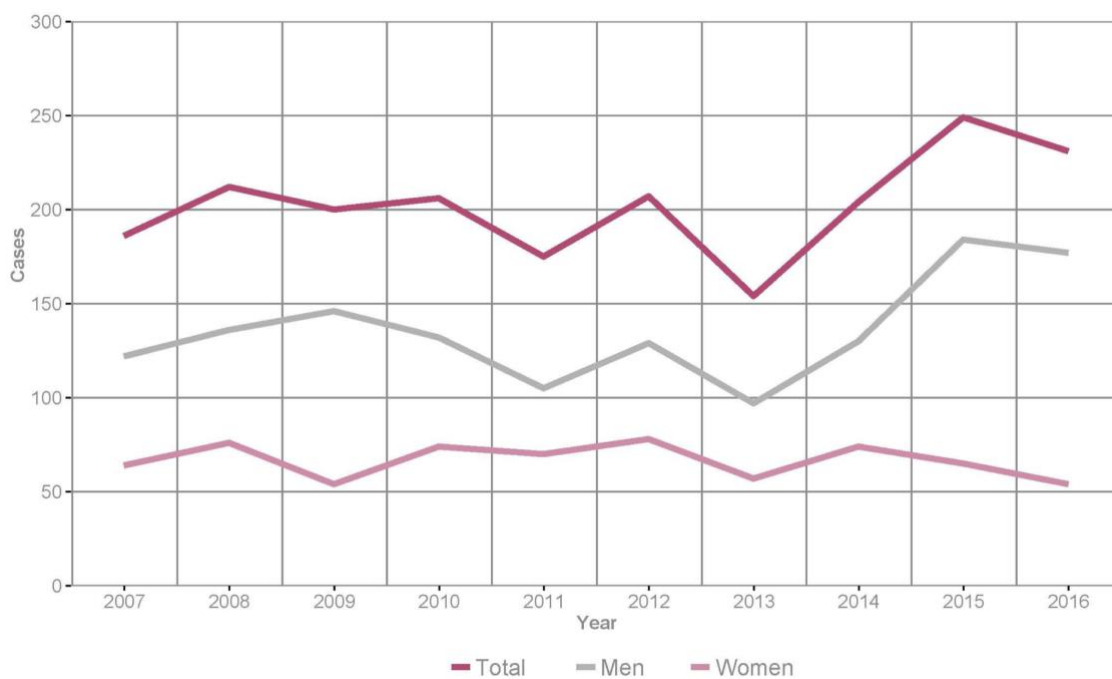


(Jaakola et al 2017)

Syphilis: A bacterial disease that is spread through direct contact with a syphilitic sore or chancre (Janier et al 2014). Figure 4 published in the Infectious Disease report in 2016 showed fewer cases of Syphilis in Finland, however, it is the second highest sexually transmitted disease reported to the National Infectious Disease Register. It should be noted that 77% of cases are among the ages of 25-44 and therefore outside of the adolescent age range that is being discussed here. (Jaakola 2017). A Chancre can be found on or in the genitals, anus, or mouth and can be spread through vaginal, anal or oral sex. There are four stages or periods of syphilis making the incubation time between 10-90 days. The primary stage is the presence of a chancre which are typically painless. The second stage is the presence of a rash or open sore in the mucous membranes. Treatment is necessary during these stages to prevent the last two stages. The latent stage is when there are no visible signs of syphilis, but the bacteria is still in the body. The fourth stage is Tertiary Syphilis which, while rare, can be fatal as it affects multiple

organs. Diagnosis is typically done through a blood test. Treatment includes one dose of Benzathine Penicillin administered intramuscularly. (Janier et al 2014.)

Figure 4: Syphilis cases in Finland



(Jaakola et al 2017)

Condyloma or Genital Warts: Condyloma is caused by the Human Papilloma virus (HPV) and can be seen on the hands, feet, or genitals. Diagnosis of condyloma is fairly easy as they cause visible cauliflower-like clusters in the genital area. Condyloma can be transmitted easily through sexual intercourse. Treatment for condyloma includes freezing the clusters or warts to remove them or a prescription medicated cream. However, it is important to note that the removal of the clusters only removes the visible presence of them but not the virus itself. (Lacey et al 2011.)

Human Papilloma Virus, HPV: HPV is a virus that is transmitted through vaginal, oral, or anal sexual intercourse. HPV infections are one of the most common STDs but are not symptomatic. HPV infections are diagnosed through Pap smear and the presence of abnormal cells. If abnormal cells are detected through a Pap smear, a doctor will likely monitor the situation and re-test in 6-12 months to ensure the infection heals on its own. If not, then further testing will be done. (Cdc.gov 2018.)

Genital Herpes: A common chronic sexually transmitted disease caused by the herpes simplex virus transmitted through sexual contact. The obvious signs of infection include blisters, pain, and redness. However, it is possible to not have symptoms and pass the virus to a partner without knowing. Herpes simplex virus cannot be eliminated from the body and is a lifelong disease. It is possible to have very few or never have a recurrence of symptoms, but approximately 80% of people who carry the virus will show recurrent symptoms. Testing is based on topical symptoms, usually due to blisters forming on the genitals. Viral cultures can be taken from a blister. Treatment is symptom based. During the first outbreak a course of antivirals will be given and can be taken for recurrent outbreaks to lessen the duration and intensity of the outbreak. (Patel et al 2017.)

HIV/AIDS: HIV or Human Immunodeficiency Virus is a virus that attacks the body's immune system and is a lifelong infection (Workowski and Bolan 2015). HIV infections are most common among Finnish men and in the age group 25-49, 77% of reported cases, which is outside of the scope of adolescents that is being discussed here (Jaakola 2017). HIV is transmitted through blood, vaginal fluids, or semen. It can be spread through vaginal, anal, or oral sex, although less likely through oral. It is unlikely to be spread through kissing alone. Testing for HIV is done through blood tests that should be repeated if a person suspects they may have been infected. The most common symptoms are flu-like and may disappear after a few weeks. HIV can lay dormant for many years. AIDS or Acquired Immunodeficiency Syndrome is the later stage of an HIV infection. Treatment includes taking a combination of Highly Active Antiretroviral Therapy drugs for the duration of a person's life. It is a lifelong process of protecting the immune system. (Workowski and Bolan 2015.)

According to Finland's Department of Health and Welfare, there was a record number of chlamydia, gonorrhea, and syphilis in 2016 most of which were acquired in Finland. (Jaakola et al 2017.) The increase in STDs may be due to the trend of changing sexual partners often, more frequent casual sexual relationships, and non-monogamous relationships (Family Planning- A global handbook for providers 2018).

The practice of abstinence is the only real way to prevent contraction of a sexually transmitted disease, however, the use of male and female condoms has been shown to greatly reduce this risk when used consistently and correctly. It is common for adolescents to think primarily of preventing pregnancy, therefore, choosing an appropriate contraceptive method without giving much thought to the prevention of STDs. Nurses should discuss the importance and advantages of dual protection. Dual

protection is the use of a condom to prevent both pregnancy and STDs. According to the Family Planning- Global handbook (2018), there are five strategies for the use of dual protection:

- Strategy 1 is the use of a condom, male or female, correctly with every sexual act.
- Strategy 2 is the use of a condom plus another pregnancy prevention method such as the pill. This offers an extra protection from pregnancy to reduce user error with a condom.
- Strategy 3 is when both partners have tested negatively for STDs, use other pregnancy prevention methods, and maintain a monogamous relationship.
- Strategy 4 is to engage in other forms of sexual intimacy that does not include the exchange of semen or vaginal fluids. This is not as recommended as it does not prevent the spread of skin to skin infections that may occur with genital herpes, syphilis, or human papillomavirus.
- Strategy 5 is to avoid or delay sexual activity. Abstaining from sexual contact is the only way to fully prevent the risk of contracting an STD.

Having access to knowledge, testing, and condoms is necessary to reduce the risk adolescents have of contracting an STD (Family Planning- A global handbook for providers 2018).

3 PURPOSE AND RESEARCH QUESTION

The purpose of this bachelor's thesis is to examine the sexual education system and sexual health services in Finland and to discover how the available education and resources impact adolescent's sexual behavior. In doing that we plan on creating an attention grabbing but simplified information handout available in Terveystieto, that can be placed throughout schools, health centers, and anywhere adolescents may view it. The aim of this study is to raise awareness to the importance of continuous sexual education for adolescents and provide nursing professionals with another resource for reaching them.

RESEARCH QUESTIONS:

1. What is being taught to adolescents in regard to sexual education?
2. What resources are available to adolescents and how are those resources being made more readily available?

4 DATA AND RESEARCH METHOD

4.1 Research Method

A literature review was conducted by searching for current, relevant information with theoretical and methodological contributions to the topic in question. A literature review was done through a review of scholarly articles, books, journals, and media sources. (Libguides.usc.edu 2018). Following the collection of the literature, a synthesis of the findings was conducted (Guides.library.jhu.edu 2018). The literature review synthesis that was conducted offered an overview of reliable literature published on this specific topic. The references in each source were hand searched to confirm and gain more information. The aim was to make use of primary sources where obtaining primary sources was not possible, reliable second-hand sources were used. Sources were no more than 10 years old, however; reference to the two primary surveys conducted in 1990 and 2006 as well as the two national sexual health quizzes given to adolescents in 2000 and 2006 were used as they are the framework for the national curriculum and legislation regarding sexual education.

4.2 Data Collection

The following electronic databases accessible from the Turku University of Applied Sciences network FINNA were used: DynaMedPlus for peer-reviewed articles, Duodecim for Finnish Guidelines, Medline, and CINAHL complete. The use of scholarly articles, books, websites, and other relevant sources with reliable up to date information, including but not limited to The World Health Organization, Centers for Disease Control and Prevention, The National Institute of Health for guidelines and practice, The Family Federation of Finland/Väestöliitto, The Social Institute of Finland/Kela, The National Institute of Health and Welfare in Finland/THL, The Ministry of Social Affairs and Health/Sosiaali ja Terveysministerio/STM and the National Core Curriculum for general upper secondary schools 2015.

4.3 Analysis

A literature review was done followed by synthesis to find the implications, concepts, themes and details of the content. This was done to summarize, evaluate, and find the commonalities between the literature. (Libguides.usc.edu 2018.) This thesis is published in Theseus, where it will be accessible for students and educators to refer to when needed. A project resulting in an informative handout is available through Terveysnetti in PDF form for health care professionals and educators to use.

5 RESULTS

5.1 What is being taught to adolescents in regards to sexual education?

Out of the Nordic countries, Finland is the only country where sexual education has been evaluated through two national surveys. First it was conducted in 1996 and then again in 2006. The two surveys were aimed at health education and biology teachers. (Kontula 2010.)

In addition to the national education studies, adolescent's sexual knowledge has been appraised in two national sexual health quizzes, once in 2000 and again in 2006. There were responses from 339 schools in 2006 which included the reaction from both teachers and students. The study found that for boys, sexual education played a vital role in relation to their sexual knowledge and behavior. However, for girls, performing well in school was a more valuable indicator of a greater level of sexual knowledge and behavior, than the amount of time spent on sexual education in school. (Kontula 2010.)

Students sexual knowledge was boosted by teachers who found it easy to talk about sexual matters, had a positive attitude towards sexuality, included personal experiences, gave students the chance to present lessons, and who used role-play and drama in the classroom as teaching techniques (Kontula 2010.)

Sexual education starts early in Finland, with some elements being introduced to kindergarteners and at Grades One – Six (ages 7 to12). In these grades, the sexual education curriculum places a focus on basic biological and emotional issues surrounding sex. Most schools educate their Seventh-grade students (ages 12-13) about reproductive organs and their functions, menstruation, ejaculation, puberty, emotional life and communication skills. In the Eighth grade (ages 14-15), students are educated on topics such as contraception, abortion, sexually transmitted infections and diseases with an emphasis on AIDS, intercourse, first coitus, masturbation, dating, emotional life, communication skills, sexual and gender minorities, sexual vocabulary, sources of sexual knowledge, sex in the media, sexual rights, sexual harassment, and sexual legislation (Kontula 2010). In the Government Decree, 28.6.2016, it shows that for the children in grade 1-6, the subject of health and sexual education is taught as part of integrated environmental studies. From grades 7-9, health education is taught 1 hour per week every year (Distribution of Lesson Hours in Basic Education.) The National Core

Curriculum for General Upper Secondary School guidebook (2016) has a very limited guideline for what needs to be taught. The curriculum for sexual health includes fertilization, pregnancy and parturition, sexual development and sexuality and the significance of genotype and the environment. Having a very generalized requirement as to what needs to be taught allows for each municipality to determine what the needs are for their population. Each school can then tailor their sexual education to meet the needs of their students.

According to a research done by Sannisto and Kosonen (2009), school nurses in secondary schools contributed to sexual education by giving lessons and helping to plan sexual education. This could include arranging a trip to the family planning clinic if the nurse felt it necessary or helpful to the students. In the study it was found that having sexual education information directed to each municipalities population was offered in 28 health care organizations. However, it mostly involved nurses educating parents on sexual matters. (Sannisto and Kosonen 2009.)

In essence, Kontula (2010) mentions that Finland portrays a progressive model of comprehensive sexual education in Europe. This is due to the early sexual education that children are exposed to at an early age. As the children age, their sexual education is expanded on giving adolescents' the tools necessary to navigate their sexual lives.

5.2 What resources are available to adolescents and how are those resources being made readily available?

According to authors Sannisto and Kosonen in their article "Promotion of adolescent sexual health in primary care: survey in Finnish health centers", there is an increasing interest in adolescents reproductive and sexual health in Europe. This was determined through researching 63 health center organizations (HCOs) in Western Finland covering 107 municipalities. Adolescents are bombarded with mass media which provide them with confusing messages about sex and sexual relationships, which can affect their sexual behavior and well-being. In addition to this, there is still the prevalence of alarmingly high STD's rates and unintended pregnancies. (Sannisto and Kosonen 2009.)

An essential component of sexual education is accessibility to adolescent-friendly sexual health care services which provide education, counselling and support when required. In Finland sexual health care services for adolescents are publicly funded and are a part of

the primary health care system. According to the Primary Health Care act of 1972, every municipality is required to initiate a health care center which would provide public health services for its population, this includes preventative and curative services. (Sannisto and Kosonen 2009.)

Each municipalities services for adolescents differ slightly, but they generally include the following; school health services, family planning and maternity care. Public health nurses and general practitioner doctors usually work together to provide the above mentioned services. (Sannisto and Kosonen 2009.)

Besides the school health services, open access youth clinics for adolescents with fully integrated sexual health services are rarely available as stated by Sannisto and Kosonen (2009). Sannisto and Kosonen found there were only 3 open access youth clinics out of the 63 HCO's they researched. Adolescents were generally attended to with other clients in the general health centers. Non-profit youth organizations outside the public health care was in short supply. While an open access clinic designed for adolescents may be ideal, it is not seen as necessary as long as the health centers offer accessible and adequate services. (Sannisto and Kosonen 2009.)

Although sexual health for adolescents in Finland is over all seen as good, and teenage abortion and pregnancy rates are low, there has been a rise in the number of several STDs. Chlamydia rates have risen since the mid 1990's, which brings attention back to service provision and accessibility for adolescents in Finland as well as raises the question if it is sufficient and if services meet their immediate needs. (Sannisto and Kosonen 2009.) Finland has high rates of chlamydia, gonorrhea, and syphilis (Jaakola et al 2017). While all of these can be treated with antibiotics, repeated infections can cause pelvic inflammatory disease and infertility (CDC.gov 2017). It is important that adolescents protect themselves from STDs in order to protect their reproductive health and ability to have children later in life. This should be stressed to adolescents as it seems they not fully understand the impact even treatable STDs may have on their future health.

According to the research done by Sannisto and Kosonen (2009), it varies from each municipality if school health nurses provide contraceptive counselling in schools. Of the HCOs they researched, contraceptive counseling was offered in only half. One third of schools had doctor's services available. 12 HCOs mentioned providing students with initial contraception, or a starter pack, however, most students were referred to their local

family planning clinics (FP) by their school nurses. Services about assessment for abortions were not included in contraceptive counselling.

Adolescents could seek help from their FP clinics in nine HCO's for advice about STD's and to apply for abortions. In the majority of HCO's, doctors in outpatient clinics were responsible for abortion applicants and STD services. (Sannisto and Kosonen 2009.)

When looking at access to services, the waiting time for a nurse's consultation was generally around 4 working days; however, to meet with a doctor it was up to 12 working days on average for an appointment. Adolescents in need of contraception could seek for help from nurses without an appointment in 31 of the HCO's, a walk-in-service was accessible in 10 HCO's, but it was only obtainable in school health care. Nurses from family planning clinics in 23 HCO's provided fixed hours when they were available for telephone counselling. (Sannisto and Kosonen 2009).

Combined hormonal contraception initiation for adolescents in 2 HCO's was set to start at the age of 13-15 years if requested. This included the vaginal ring, combined oral contraception and transdermal patch. Doctors set their own age limit for combined oral contraception in 13 HCO's where the ages ranged between 13 – 16 years. Most often pelvic examinations were done on adolescents starting contraception at their initial visit but in almost one third of the HCO's it was delayed and only done at the follow-up visit. Alarmingly only 24 HCO's tested for chlamydia trachomatis when combined hormonal contraceptives was introduced. (Sannisto and Kosonen 2009.)

In most HCO's, nurses could test for chlamydia infections without the doctor being present. This was normally done in connection with school health care or family planning clinics. There were on-site instructions for systematic screening of genital chlamydia trachomatis infections in just 11 HCO's. When chlamydia was diagnosed in adolescents, doctors usually asked their patients to inform their partner or partners and urge them to get tested, only 3 HCO's contacted partners directly and advised them to get themselves tested. (Sannisto and Kosonen 2009).

Some methods of contraception were not available to adolescents in all HCO's; injections were available in 32 HCO's, subdermal implants were available in 17 HCO's, transdermal patches were available in 3 HCO's and copper IUD's were available in only 1 HCO. Levonorgestrel-releasing IUD's, combined oral contraception, progestogen only pills and vaginal rings were available to adolescents in all HCO's. (Sannisto and Kosonen 2009.)

According to Sannisto and Kosonen (2009), 62 HCO's supplied information about offering free contraception and 61 of these organizations offered oral contraception when introducing contraception to adolescent females. The free supply of OC was offered for between 2-9 months but on average for 4.3 months. In 26 HCO's free OC was offered when changing the type of contraception medication being used. In 21 organizations free OC was offered to adolescents after an abortion. 46 HCO's supplied transdermal patches or vaginal rings for 1-9 months, but generally for 3.7 months. In 40 HCO's, a copper IUD was free for initial users and levonorgestrel releasing IUD's was only available for free in 4 organizations. In rare circumstances such as social economical difficulty, an additional free supply of contraception could be obtained in 13 organizations. Only 21 HCO's supplied free emergency contraception. Shockingly condoms were only free in one HCO and it was restricted to only two condoms per person (Sannisto and Kosonen 2009). With the high rates of chlamydia and other STDs, this raises a serious concern over how the HCOs are encouraging the use of condoms and counseling adolescents in safe sex practices.

When it comes to sexual health education and counselling, it was found that nurses brought the themes of STD prevention, sexual problems, contraception and relationships with partners up more actively than doctors did. Recent studies show that services offered by nurses rather than doctors could be easier to obtain and reduce teenage pregnancy rates and sexually transmitted diseases even more. Seeing as there is a shortage of doctors in health care centers and schools, and nurses' services are easier to access, this seems logical since nurses play an important role in service provision. But there still lies the problem that it is primarily doctors who can prescribe contraception in Finland. (Sannisto and Kosonen 2009.)

In secondary schools, school nurses contributed to sexual education by giving lessons and helping to plan sexual education. This could include arranging a trip to the family planning clinic if deemed necessary or beneficial to the students. Nurses services also included counselling student's parents in sexual education in almost 28 organizations. (Sannisto and Kosonen 2009.)

Access to sexual health services in Finnish primary health care which included STD and contraception counselling, and assessment for abortion were deemed as sufficient. Nonetheless, services especially designed for adolescents outside of school health care was found to be minimal. Affordable access to condoms, the ability to acquire

contraception, and waiting times for a nurses' consultation was found to be acceptable, although to meet with a doctor took much longer. (Sannisto and Kosonen 2009.)

A wide variety of contraception was available in HCO's, yet a free supply of contraception was usually limited to initial users only, and infrequent systematic screening for chlamydia was found (Sannisto and Kosonen 2009.)

There is a range of programs and resources available for adolescents in Finnish and Swedish. As Finland is starting to be home to people from many different countries and cultures, more and more information is being translated and available in other languages including English to reach immigrants, refugees and asylum seekers.

The main information and service providers are as follows:

The Family Federation of Finland/Väestöliitto is one of the most active and well-known organizations. Their work is primarily in health and social affairs concerning the population and family policy matters. They provide free sexual education for adolescents through their "Open House Youth Counselling Service" which offers counselling by telephone and in-person, professional help and advice about contraception, dating and sexuality. It also runs programs in schools to emphasize sexual and reproductive health and rights. (Vaestöliitto-fi.directo.fi 2017.)

One program that the Family Federation of Finland provides is the Kumita campaign. The Kumita campaign is a prevention project which is part of school health care services. The Kumita campaign helps to promote condom use by adolescents to prevent STD's and unplanned pregnancies. Beginning from the fall of 2014, 8th grade students each receives a Kumita condom by their school nurses. Additionally, there is a Kumita app available which can be downloaded to phones, with handy information about dating and how to give advice to a friend. (Kumita 2017.)

Infopankki.fi, "Finland in your language" offers information to immigrants, asylum seekers and refugees on various services. Services includes sexual health services which are available for adolescents in Finland and on how to obtain them. (Infopankki 2014)

The Finnish Student Health Services or FSHS, is a website which provides students with information about sexual health, STD's, contraception and sexuality. The website is very informative and easy to access as it offers information on how condom use can prevent the spreading of STD's, how to choose the right contraception, and how prescriptions

can be renewed. FSHS also gives information on how to order a home testing kit if a student suspects that they have a STD. (FSHS Finnish Student Health Service 2018.)

As mentioned above there is an increasing interest in adolescents reproductive and sexual health in Europe. This is evident in Finland, as seen in a recent Yle news report from 18.1.2018. The news article stated that female residents from Helsinki below the age of 25, will receive free, long term contraception. This will include; birth control implants and IUDs. This initiative was made by Greens political party counsellor Reetta Vanhanen, who believes that women between the ages of 20-24 are more likely to have unplanned pregnancies and abortions. She expects that this initiative will bring down costs due to fewer abortions. (YLE 2018.)

It is these kinds of initiatives and research that is crucial to help create the necessary services and information needed by adolescents. Services such as those mentioned above are more accessible to adolescents which can help to decrease the rising rates of STD's and unplanned pregnancies.

6 ETHICS AND VALIDITY

There are several issues that can occur when considering data collection and information used. The primary concern was the lack of current research into this topic. There was two large scale studies done in Finland, the first in 1996 and then again in 2006. These studies have been the basis for legislation, curriculum development and other matters concerning sexual education and health for adolescents in Finland. There have been additional smaller studies done in relation to the topic and they all use the above studies as their base.

With regards to the specifics of what is being taught in schools, we discovered that the national curriculum for secondary schools has very little guidelines as to what is taught regarding sexual education. It appears that as the guidelines are very limited, it is up to each municipality as to what is being taught and how. This does give each area the ability to teach based on the needs of their population and not on matters that do not apply.

Another concern was the sensitive nature of discussing sexual topics with adolescents, as the age range of adolescents includes minors. However, due to this sensitivity we elected not to use primary interviews, and instead made use of existing surveys and data collection that had been done in other thesis and research sources. There will be no need for personal contact with patients, minors, or the writers of the research articles we are using. Ethical consideration is used when reviewing and evaluating these articles and sources to ensure they were done within the proper manners of collection and no plagerism took place. (Tutkimuseettinen Neuvottelukunta 2012.)

The topic was presented to the supervising tutor at Turku University of Applied Sciences and was approved. After which, a literature review was done to collect the information necessary to write this thesis.

7 DISCUSSION

The purpose of this bachelor thesis is to examine the sexual education system and sexual health services in Finland and to discover how the available education and resources impact adolescent's sexual behavior. By creating an attention grabbing but simplified handout available in Terveystieto, we are hoping to grab adolescents' attention and create awareness to the importance of contraception and condom use to prevent the spread of STD's and unplanned pregnancies.

Overall, it was found that sexual health services and sexual health education for adolescents living in Finland is adequate. In secondary schools, school nurses play an active role in sexual education from participating in the planning of sexual education to giving lessons. Services especially aimed at adolescents outside of school health care services was found to be minimal and only available in 3 HCO. Contraception counselling for adolescents was often provided in maternity or family planning clinics. It seemed that services in the different HCO's was not consistent and that they varied greatly based on municipality. Because of geographical circumstances, small rural municipalities and high expenses, dedicated sexual health clinics are not always possible. Studies have shown that adolescents do not expect to have their own sexual health clinics providing the clinic is in an accessible location and provided undiscriminating, open minded, high-quality care and services. (Sannisto and Kosonen 2009.)

Nonetheless services specifically designed for adolescents were minimal. The supply of long-term or continuous free contraception for adolescents is not common practice in Finland. A free supply was usually limited to initial users only and for a limited period. If adolescents were offered condoms, they were typically given 2 when they were given their initial contraceptive. Infrequent systematic screening for chlamydia was found, which given the alarming rates of chlamydia, seems irresponsible at best, negligent at worst for health care professionals. With such high rates of chlamydia, it seems necessary to have routine, systematic screening for all adolescents. Waiting times for a doctors' consultation was nearly twice as long than for a nurses' consultation (Sannisto and Kosonen 2009), which can be a concern as doctors are the only ones who can write prescriptions for contraceptives and antibiotics needed to treat STDs. Although information on websites were available in both Finnish and Swedish, only a limited amount of information was available in English or other languages. Finland is becoming

more and more international which leads one to see the need for important health information to be available in more languages.

When looking at the study done by Quarshe and Naa (2011), regarding attitudes adolescents have about sexual health, it was concluded that they generally have a positive outlook on sexual matters where they felt educated and encouraged to make appropriate decisions for themselves. This speaks to the importance of having a positive and thorough sexual education system in place. As adolescents grow, they can develop healthy attitudes regarding sex and sexual health. They are encouraged to not begin sexual activity before they are ready to, and are provided with the knowledge and information regarding contraceptives and STD prevention. Teaching sexual education in a positive manner can help adolescents develop a healthy attitude regarding sex. Encouraging adolescents to take an active role in protecting their sexual health is vital to the prevention of STDs and unplanned pregnancies. Helping adolescents understand that they are in control of their sexuality and sexual health is vital if we want them to make healthy sexual decisions. They need the knowledge followed by access to contraceptives and condoms to make the best decisions for themselves when they decide to engage in sexual activity.

The Family Planning handbook provided by the WHO stresses the importance of having access to information, routine sexual health testing, and access to and use of condoms is invaluable in reducing the risk of contracting an STD. The effectiveness of contraception depends on the method used and if the product is used correctly and consistently. Adolescents can safely use any method of contraception. A person's age is not a reason to deny them a specific method of contraception, it is more a question of what their individual needs are and what will be the most appropriate method of contraception for them. It is recommended that all contraception is used in combination with condoms to help prevent sexually transmitted diseases and infections from spreading. (Family Planning- A global handbook for providers 2018.) Sexual education and health centers should encourage this practice and emphasize the importance as it reduces the risk of STDs greatly.

It can be suggested in order to decrease the number of STDs amongst adolescents and to keep the number of unplanned pregnancies low, that it can be beneficial to enhance Finnish services by increasing the amount of sexual health clinics specializing in adolescents' problems and needs. It would be helpful if clinics offered free, long-term contraception for adolescents, including an adequate supply of condoms, in all

municipalities. While condoms are inexpensive, adolescents can experience embarrassment when purchasing them. Making them freely available in health centers or schools could be an easy way to reduce the number of STDs seen each year.

The WHO's Family Planning handbook (2018) recommends providing women an advance supply of emergency contraception pills (ECP's). The handbook states that "women are more likely to use ECP's if they already have them when needed. Also, having them on hand enables women to take them as soon as possible after unprotected sex, when they will be most effective." (Family Planning- A global handbook for providers 2018.) By providing Finnish adolescents over the age of 15 years with free ECP's may be another way to cut down on unplanned pregnancies in Finland.

Research has been done on the development of the frontal lobe in the brain of adolescents and its impact on decision making (Sharma et al 2013). Adolescents are not fully able to grasp the impact reckless sexual behavior has on their reproductive systems, including the ability to get pregnant in the future, and their overall health. Unfortunately, the damage that some STD's causes cannot be reversed, and some viruses are incurable, even with the advanced medical technology available. For the STDs that can be treated with an antibiotic, the reoccurrence of STDs can cause permanent damage to the reproductive system, leaving a person infertile. (CDC.gov 2017)

It has been shown that school nurses already play an important role for adolescents. They provide information, counseling, contraceptive starter packs in some areas, and bridge the gap between the student and health center when needed. By increasing the scope of services nurses could provide, they can help to make services more accessible to adolescents and cut down on waiting times. Translation of information into more languages to reach all adolescents in Finland's ever changing cultural environment will only help reduce the number of STDs and unplanned pregnancies in Finland.

More research needs to be done in this area. Possible areas of research could include how to provide more access or free access to condoms for adolescents, the ability of school nurses to provide contraceptives, and free ECP's. Further research into why fewer teens use condoms to prevent the spread of STD's is necessary to find solutions to the epidemic adolescents seem to be experiencing in Finland.

8 CONCLUSION

1. Finland has been shown to have a progressive model of comprehensive sexual education. Sexual education is taught in age appropriate ways which allows for adolescents to be able to have the knowledge to make appropriate decisions in their sexual health.
2. Overall sexual health services and sexual health education in schools and health care centers seems to be comprehensive and adequate for adolescents living in Finland, a wide variety of contraception appears to be available.
3. Nonetheless services especially designed for adolescents were minimal. The supply of long-term or continuous free contraception for adolescents is not common practice in Finland
4. Sexually Transmitted Diseases and infections can cause serious damage to a person's reproductive system; potentially causing permanent damage and infertility if left untreated or not treated early enough. This includes treatable infections such as chlamydia which is treated with an anti-biotic.
5. Sexual education should emphasize the importance of using both contraceptives to prevent pregnancy, and the use of condoms to prevent sexually transmitted diseases. This type of dual protection should be encouraged. It appears that the focus is more on preventing pregnancy and less focus on preventing sexually transmitted disease.

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APPENDIX A: TERVEYSNETTI HANDOUT

Printable brochure available through <http://terveysnetti.turkuamk.fi/eng.html>

SEXUAL HEALTH GUIDE FOR ADOLESCENTS

5 Key Steps to Sexual Health

1. Valuing who you are and making decisions that are right for you
2. Treating partners with respect, and expecting respect as in return
3. Positive relationships
4. Learn about your body and protect it
5. Routine sexual healthcare



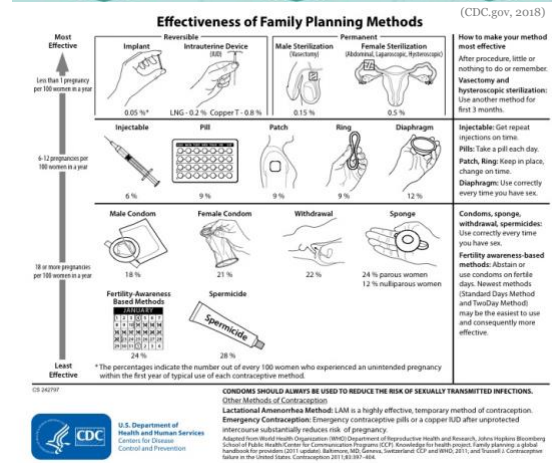
Why Use Contraception?

Contraception is the **intentional interruption and prevention of ovulation, fertilization, and implantation.**

Age, overall health, safety, effectiveness, availability, affordability, and acceptability should be considered when choosing the right contraceptive.

Two main reasons for contraception: to **prevent pregnancy** and for the **prevention of sexually transmitted diseases.**

Additional Resources



Sexually Transmitted Diseases / Infections (STD/STI)

- STDs are infections that are passed from one person to another through the exchange of bodily fluids
- Sexual contact includes vaginal, oral, and anal contact.
- Sexually transmitted diseases can be difficult to diagnose as many people show no signs or symptoms.
- It is common for men to not show symptoms of an STD and pass it to their partner.
- Women are more likely to contract an STD due to biological factors such as the cervix and vaginal tissue.
- Chlamydia is the most common STD in Finland. It is easy to cure, but must be treated early as it can cause infertility in women!



(CDC.gov, 2018)

STI	Type	Sexual Transmission	Nonsexual Transmission	Curable?
Chancroid	Bacterial	Vaginal, anal, and oral sex	None	Yes
Chlamydia	Bacterial	Vaginal and anal sex. Rarely, from genitals to mouth	From mother to child during pregnancy	Yes
Gonorrhea	Bacterial	Vaginal and anal sex, or contact between mouth and genitals	From mother to child during delivery	Yes
Hepatitis B	Viral	Vaginal and anal sex, or from penis to mouth	In blood, from mother to child during delivery or in breast milk	No
Herpes	Viral	Genital or oral contact with an ulcer, including vaginal and anal sex; also genital contact in area without ulcer	From mother to child during pregnancy or delivery	No
HIV	Viral	Vaginal and anal sex. Very rarely, oral sex	In blood, from mother to child during pregnancy or delivery or in breast milk	No
Human papilloma virus	Viral	Skin-to-skin and genital contact or contact between mouth and genitals	From mother to child during delivery	No
Syphilis	Bacterial	Genital or oral contact with an ulcer, including vaginal and anal sex	From mother to child during pregnancy or delivery	Yes
Trichomoniasis	Parasite	Vaginal, anal, and oral sex	From mother to child during delivery	Yes

(Family Planning – A Global Handbook for Providers, 2018)

5 Strategies for Dual Protection

1. Use a condom, male or female, correctly with every sexual act.
2. Use a condom plus another pregnancy prevention method such as the pill, giving extra protection from pregnancy and protection from STDs
3. Both partners have tested negatively for STDs, use other pregnancy prevention methods, and maintain a monogamous relationship.
4. Engage in other forms of sexual intimacy that does not include the exchange of semen or vaginal fluids. The risk of skin to skin infections may still occur with genital herpes, syphilis, or human papillomavirus.
5. Avoid or delay sexual activity. Abstaining from sexual contact is the only way to fully prevent the risk of contracting an STD.

If you do have sex, use DUAL PROTECTION.

Each time you or your partner is using another form of birth control, agree to use a condom every time you have sex, to reduce the risk to both of you for HIV and other STDs.



(CDC.gov, 2016)

This project is done in conjunction with the Bachelor's Thesis: "Sexual Education for Adolescents in Finland" by Mary Ann Merrill & Linda Pietilä, May 2018



