

Sexual health education for eighth grade



Kauppila, Tiina
Tuomela, Mari

Laurea University of Applied Sciences
Laurea Otaniemi

SEXUAL HEALTH EDUCATION FOR EIGHTH GRADE

Tiina Kauppila
Mari Tuomela
Degree Programme in Nursing
Bachelor Thesis
May, 2009

Tiina Kauppila
Mari Tuomela

SEXUAL HEALTH EDUCATION FOR EIGHTH GRADE

Year	2009	Pages	37
------	------	-------	----

The aim and focus of the project- based thesis was to become known with relevant facts about the knowledge fourteen- year- olds have toward sex and sexuality. The primary target was to discover the level of knowledge towards sexually transmitted diseases (STD's) and the secondary target was to make the already existing knowledge stronger as well as to reveal more information. Definition was made how sex is understood in this nation by searching theoretical background and how the actions of the generation before affect the generation today. To get the secondary aim of the project fulfilled, a questionnaire was given out to the study group of 20 students in the age of fourteen. At first there was the updated knowledge and statistics from the previous decades to compare the present situation; attitudes towards sex and sexuality. This research was based on intensive search on existing literature, and using statistics of the nation's statistics office (Vastoliitto). Then the conclusions were made according to the interviewed teenagers at the age of fourteen. As the teenagers were interviewed anonymously beforehand with 30 direct questions concerning sex, sexuality, feelings and responsibilities, they were given questionnaires. It was discovered that the teenagers in the age of fourteen have sense of the issues that deal with law of sexual issues, their own sexual rights and the right to make decisions towards your own body. Those teenagers also had an idea of responsibilities they have towards the partner and themselves regarding the consequences from sexual intercourse, but they seemed to lack the necessary knowledge towards sexually transmitted diseases and the possible treatments.

Based on these findings there were two classes created to fill the teenager's missing information. Classes were held during the student's normal school hours. The lectures consisted of sexually transmitted disease, pregnancy, birth control, and abortion, which were discussed in the first class in a form of intensive dialog between the nursing student's (lecturer's) and the teenagers challenging them to be interested and understanding the seriousness of the subject. Second class was held in the form of discussion of sexual rights and feelings and relationships, and in the end of the second class there was concrete practice of condom use done on artificial male organ. The teenagers were given positive feedback toward the issues they already knew correct and encouragement to seek more answers. Feedback was collected from the teenagers as well as they were given paper material about sexually transmitted diseases as well as sexual rights. The outcome of the thesis was to add knowledge of sexual health to the teenagers, and improve the existing knowledge they already had. The project also had the students become aware of the responsibility that comes with sexuality and sexual activities.

Key words: Sex, Sexuality, Feelings and Responsibilities

Tiina Kauppila
Mari Tuomela

SEXUAL HEALTH EDUCATION FOR EIGHTH GRADE

Vuosi 2009 Sivumäärä 37

Opinnäytetyön tarkoituksena on selvittää, mitä 14-vuotiaat tietävät seksistä ja seksuaalisuudesta. Opinnäytetyö on yhteenveto siitä, kuinka nuoret ymmärtävät seksin Suomessa. Yhteenvetoon on etsitty teoreettista taustatietoa ja aiemman sukupolven tekojen vaikutuksia nykysukupolven välillä.

Ensisijaisena tavoitteena oli selvittää tiedon määrä koskien sukupuolitauteja ja toisena tavoitteena oli syventää jo olemassa olevaa tietämystä ja tuoda esiin uutta tietoa. Havaintojen perusteella saatiin tulokset, että neljätoistavuotiaat teini-ikäiset tuntevat seksuaalilainsäädännön ja tietävät omat seksuaalioikeutensa sekä tehdä päätökset omaa kehoaan kohtaan. Nämä teini-ikäiset myös tiedostavat vastuunsa myös kumppania sekä itseään kohtaan sekä mahdollisista seuraamuksista yhdynnän jälkeen, mutta heiltä puuttuu tarpeellinen tieto sukupuolitaudeista sekä niiden mahdollisista hoitomuodoista.

Etukäteen oli päivitetty tieto sekä tilastotieto kahdesta aikaisemmasta sukupolvesta verrataksemme näitä tietoja tämän hetken tietoon asenteesta seksiä ja seksuaalisuutta kohtaan. Sen jälkeen tehtiin yhteenveto 14-vuotiaiden teinien haastattelujen perusteella. Heille oli tehty 30 suora kysymystä seksistä, seksuaalisuudesta, tunteista ja vastuusta. Heille annettiin kyselylomakkeet, joiden vastauksiin perustuen heille pidettiin kaksi seksuaalivalistustuntia. Näille teini-ikäisille annettiin positiivista palautetta asioista, jotka he jo tiesivät aiheesta ja heitä kannustettiin etsimään lisää vastauksia kysymyksiinsä.

Ensimmäinen tunti sisälsi intensiiviset dialogit sairaanhoitaja-opiskelijoiden (luennoitsija) sekä oppilaiden välillä tukien oppilaita ottamaan osaa keskusteluun sukupuolitauteja vastaan. Toinen tunti käsitteli tunteita ja vastuuta kuten myös seksuaalioikeuksia keskusteluna koko luokan ja ohjaajien tukemana ja tunti huipentui käytännön harjoitteluun kuinka kondomi asetetaan muoviseen tekopenikseen. Oppilailta kerättiin palaute ja heille annettiin informaatiolehtiset sukupuolitaudeista, sekä seksuaalioikeuksista. Opinnäytetyön loppulausunto koostuu kahden tunnin oma-arviosta sairaanhoidonopiskelijoiden näkökulmasta, sekä kyseessä olleiden oppilaiden antamasta palautteesta.

Avainsanat: Seksi, Seksuaalisuus, Tunteet ja Vastuu

CONTENTS:

1 Introduction	5
2 Attitudes towards sex and sexuality	7
3 Sexual Rights	9
4 Teenage pregnancies and abortions	11
4.1 History and Law of Abortions	11
4.2 Abortion in Numbers	12
5 Contraception	13
6 Sexually Transmitted Diseases in Numbers	14
6.1 Sexually Transmitted Diseases in Finland	14
6.2 Chlamydia	15
6.3 Gonorrhoea	16
6.4 Syphilis	16
6.5 HIV	16
6.6 Human Papilloma Virus (HPV) and Herpes Simplex Virus	17
7 Research methods	17
8 Knowledge of sexuality among the test group	19
8.1 Sexuality and Feelings	19
8.2 Sexual Rights	20
8.3 Pregnancies and Abortions	21
8.4 Contraception	21
8.5 Knowledge of Sexually Transmitted Diseases Among the Test Group	22
9 Nurses perspective	22
10 Discussion	25
References	28
Appendices	30
Appendix 1. Infoa opiskelijoiden vanhemmille	30
Appendix 2. Kyselylomake	32
Appendix 3. The thesis of the sexual education of the 8th graders	36

1 Introduction

When looking at the statistics of today's situation of sexually transmitted disease (std), it is sad to realize that the numbers are growing. There are few diseases that are above the others, such as HIV and Chlamydia, that vary by regions in prevalence. In the European countries, Chlamydia remains to be the most common sexually transmitted disease (WHO, 2006). WHO reports our neighbouring countries, Sweden, Norway and also Denmark to have the highest incidences of new cases of Chlamydia each year. That rate among those three countries is estimated 440 for every 100 000 people. Chlamydia is the most common sexually transmitted disease in Finland. The numbers of reported Chlamydia infections are growing. In year 2004 there were 13 357 cases reported of Chlamydia. This number has more than doubled the from the year 1995. The worries have in Finland's teenage population, in the year 2005 the reported cases show that 32 percent of all women affected by the bacteria were in the ages 15 to 19.

With HIV, the problems are more intense elsewhere than in Finland, but now is the good time to start worrying of when the problem lands here. World wide statistic show that in the year 2005 an estimated 38.6 million people were living with HIV virus, 4.1 million became infected with the virus and estimated 2.8 million people died due to AIDS. (WHO, 2006.)

World Health Organization (WHO), which is the most accurate source for AIDS statistics, is naming Africa with the highest HIV prevalence and deaths caused by AIDS. WHO also reports that the highest peak was in the nineties and that the appearance of new incidents has declined in most of the worst AIDS epidemic areas due to a behavioural changes, such as increase in condom use. This is what needs to be emphasized in sex education.

Russia, which is the neighbouring country to Finland, WHO reports to be now the leading country in Europe with new infections of HIV. Estonia, close to Finland as well, and very popular place to take trips to among Finns, WHO reports to be the second leading country in Europe with new HIV infections (WHO, 2006). This is a fact that should concern Finnish population, and especially the one's taking care of our juveniles to create a system that makes sure that our children are aware of the danger of HIV.

In HIV we have to be concerned about the travelling and especially today's problem of sex travelling made to countries where prostitution is common. In the teenage population this is important

fact when educating the teens about the infection. It is also important to concentrate on informing the teens of how the epidemic situations form, and how it can be happening with the HIV. Other sexual transmitted disease's do not play a major role in statistics, but need to be brought up in health education, to inform the teenagers of their danger and that they do exist.

Condom is the best way to protect self against sexually transmitted disease. It is researched to be the most common contraceptive used among the teenager's as well. However, it is sad to notice that the statistics in std's show increase in Finland which informs us of the decrease in condom use among the teenagers.

Major role in educating the teenagers falls on to the school system. Together with the health care organizations there should be sexual health education developed and added in to the curriculum of each school. Health care workers should be taught to bring up the prevention of std's and pregnancy as a mandatory conversation with anyone between the age 13-18 to make sure that each gets a chance to consult a professional about the important subject which might not get enough attention. Parents should also be encouraged to discuss the issue with their teenage children.

The thesis project was designed as an individual project belonging to a Uudenmaan Sydänpiiri Ry's (Finnish Heart Association) plan of action. Uudenmaan Sydänpiiri Ry's project is a three year project between Laurea Polytechnic at Otaniemi and Kuitinmäki Middle School, Espoo. There have been several projects done by the Laurea student's and target groups of each projects have been the students of Kuitinmäki secondary school. All the projects have been based on health care issues, and the methods have been following the main guideline which is to organize a project to one of the classes of the Kuitinmäki secondary school and the aim is to improve the knowledge of the teenagers towards the health care matters.

I. Purpose of the thesis: Educational class for eight graders in Kuitinmäki secondary about sexual health.

1. Planning:

- To do research on the following: Existing materials teachers use for sexual education for the target group, such as the subjects that have already been taught for the group. Researches done on sexual education for the secondary school age teens and their over all knowledge. Statistics on sexually transmitted diseases, abortions and pregnancies in Finland, and specifically statistics on the population aged 13-19. Methods used to hold sexual education classes for teenagers. History

of abortions and sexual behaviour in Finland, including laws and sexual rights. Psychological consequences of starting sexual activities.

- To plan a questionnaire for the target group in reference to information gained from the above mentioned research. Submit the questionnaire to the target group in order to get specific information on the knowledge that the target group has on the subject.
- Plan a sexual health classes for the students, concentrating on the needs of the students and the required necessities that the society sets up.

2. Implementation:

- To educate the target group on the needed subjects in a form of sexual health education classes.

3. Evaluation:

- In the end of the classes held, have the students of the target group to fill out the questionnaire to see what they have learned and how well they received the information given.
- To have evaluative discussions with each other about the project.
- Go through notes written through out the project to evaluate professional growth.
- Take feed back from the school on the project and the contents of the sexual health classes.

II. The aims of the project:

1. Increase the amount of knowledge the target group has on sexually transmitted diseases, abortions, pregnancies, contraception, sexual rights and the feelings that go along with sexuality. To improve the information that already exists.
2. Have the students became aware of the responsibility that comes with sexuality and sexual activities.
3. Understanding and respecting the feelings and emotions of selves and the others that come along with sexuality.

2 Attitudes towards sex and sexuality

Often sex and sexuality are defined very specifically around biologic- medical and psychological context. In biological context sex is defined as heterosexual by nature focused on intercourse and reproduction. In medical context the definition would be mainly same with biological with the exception of having separated so-called sick and twisted and perverted ways from healthy sex. Medical connection would also be in how to prevent, treat and cover the "unhealthy" way of sex. In psychological way sex and sexuality is also heterosexual centred and aiming at intercourse and

sexual relationship when the person is adult and "smart" enough to make decisions about sex. (Lehtonen, 2003)

The attitudes about sex and sexuality have changed dramatically during the lifetimes of two last generations. Sex is not only a physical act and intercourse between two people but it has slightly been put to the common frames along with sexuality. Due to that slight change, the meaning of sex and sexuality has become less denied and less frightened subject to discuss. Sex and sexuality carry the elements of individual expectations, needs, desires, dreams and the abilities and resources to achieve those personal hopes (Haavio-Mannila, Kontio, 2001).

Erotic feelings and erotic sexual acts are connected to both, individual needs and desires as well as to the norms the surrounding environment is setting. Some environments are less open in sexual issues- the barrier to deal with sexual issues can be overwhelmingly huge. The norms environment is setting, is highly in responsible with the attitude the majority of the population is accepting and what would be doomed by the society. (Haavio-Mannila, Kontio, 2001).

The forefathers of the generation born in between years 1957-80 are described the generation of sexual inhibition (1917-1936) as well as the generation of sexual revolution (1937-1956). The generation of 1957-1980 is so- called generation of sexual equality (Haavio-Mannila, Kontio, 2001). The youngest generation is more liberal than the generation of sexual inhibition, but the acceptance lays liberal in every other way but in external relationships when one is married.

From the year 1960 it became more liberal to talk about sex and the information flow from previous generation to the generation now was deeper than previous. Also the acceptance from parents to their offspring concerning to the offspring's of relatively more liberal sexuality and sexual life was a breakthrough. No longer was it forbidden to have sexual relationships before marriage or to cause oneself good sexual experiences.

Feelings are essential part of healthy relationship and healthy sexual relationship. To stress this value and the importance in sexual health is essential in relation between two people. Especially the thesis, being focused on fourteen- year- olds and so in a target group in very beginning about issues of sexuality, sex and sexually transmitted diseases. When the relationship in between two people takes under consideration the caring of one another, feelings felt for one another, the focus on emphasizing the importance of the clinical features and consequences of sexually transmitted diseases becomes essential. That would be due to the fact that they have significant af-

fect on the psychological well-being of the juveniles. Secondary it would be to point out the importance of caring and feeling within the relationship and in sexual relationship, as to take concretely care of preventing the possibility to spread any sexually transmitted disease. (Vaestoliitto, 2007).

As it will be mentioned later in the text, the status of "sex- talk" has gained some respect in the field of health care. As the sexually transmitted diseases have alarmingly risen in percentages in Finland (~ approximately from the beginning of 1990 until the millennium) there is an obligation among the health care professionals to discuss and spread the knowledge to the adolescents today. More information exists that a decade and two decades ago and discussion of sexual matters does not exist as embarrassing matter anymore.

3 Sexual Rights

Psychosocial healthiness is important, despite of the fact that services offering guidance and helping in maintenance of psychosocial health are not too easily discovered. (Kaukonen, 2000). Sexually healthy individual is able to enjoy and to be glad about one's own sexuality and is able to participate equal and respecting companionship with another individual. There is no resign to the command of another individual's authority; neither there is to resign to any act that would violate one's sexuality or sexual health in any way. (Kaukonen, 2000).

Those facts are to be gone through equally with girls and boys to assure the equality in between them. Is essential to discover one's own body image, learn to like and/or learn to live with it (one's own body) as much as to respect own body and the manner it functions. Learn to know what is it that one enjoys most in own body and what are the things the individual does not enjoy. The individual's respects toward own body and sexuality (physical and emotional) increases the respect toward individual's respect of another individual. As a result becomes the good self- esteem and those individuals can enjoy healthy relationship by doing those things they both enjoy and need.

As important as it is to emphasize the importance of education concerning the sexually transmitted diseases and prevention of unwanted pregnancies, it is essential to stress that relationships are much more than sexual act, despite of for how long the relationship lasts. Healthy relationship is respecting towards the other individual, towards the needs and desires of another individual. You must give to be able to receive. (Kaukonen, 2000).

Those consequences following the violation of one's sexual rights can be considered as a trauma which is most certainly going to cost the individuals well being in physical, emotional as well as in social and sexual areas due to missing awareness of own equality and happiness toward another person. That would possibly bring out secondary issues so severe that the individual is not able to go through them by oneself. Individual is suffering and bearing in the name of that love which does not include any sexual suffering and violation or crime.

As referring to Tukinainen, a network in Finland which is offering psychological support for those individuals who have been sexually abused as a child- or some who still are abused as adults but discovered the strength to seek and shout for help. It is said at Tukinainen that nowadays the rights and privileges toward the individuals' inviolability are better known and not as a "taboo" (forbidden subject) anymore. (Tukinainen).

Within the last decade it has decreased the threshold to discuss about sexuality with the attitude of the conversation not being hysterical nor underestimating but correct and understanding. There is no end of the era with the misery of the memory of being abused, unless the individual is trying to find a way out. (Kaukonen, 2000)

Sexual rights and respect of another individual's sexual rights is part of balanced and whole adulthood. Violation of one's sexual rights is a crime and is registered as act in human rights and in concrete means that any violation towards one's sexual rights and sexuality is a crime and the person causing the violation is to be punished. For the children and for the adolescents there has to be assured the freedom to grow up as sexually healthy and stable. (Kaukonen, 2000)

The pressure that the environment brings to young females is sometimes covered and is so-called concealed pressure emphasizing intercourse and orgasm- centred relationships, which could be considered as negative assessment. Those pressures make the young females to have false thoughts of what the environment is expecting them to do. Age, in which sexual relationship starts, has changed a lot in the past decades. The greatest change was seen when the sexual revolution started in the Western Europe and with time brought new contraception along with easy availability to contraception's and new attitudes to Scandinavia. Sex started to be more openly discussed. This eventually led the starting point of sex to be in a younger group than before. History also makes us have to

be aware of the fact that the parents raising teenagers in today's world are raising them with about the same attitude that they learned when younger.

Teenagers start dating in about 15-16 years of age. Intercourse is started mostly when in a relationship, however there is a group of people that do not require dating as a rule for the start of sexual intercourse. The studies, used as a reference in this project, run into the problem of finding out the true age for the start of sexual relationship. Reason for this is that most of the people only count intercourse as sexual behavior. Study done in 1999 (Seksin Trendit Meillä ja Naapurissa) showed 17.6 years of age as the age for the first sexual intercourse for women. This age has dropped from 19.7 years of age, which it was in the 70's. More recent studies show that more than $\frac{3}{4}$ start their sexual relationships before the age of 20.

There are different factors that contribute to the decision of starting sexual relationship. It has been studied that people that educate themselves more, also start having sex at a later age. One of the most important factors in the Scandinavia is the use of alcohol. It lowers the starting age to intercourse, since people under the influence of alcohol have lowered morals and are more likely to do things they would not do when sober. Socializing becomes easier. There are plenty of studies that show the connections between alcohol drinking and starting of sex. This is affecting more women than men. 80% of young women that drink at least two times per month were drunk when having sex the first time.

4 Teenage pregnancies and abortions

4.1 History and Law of Abortions

The law to free abortions and assure their availability to women in Finland was established in year 1970. This was also the very first law about abortions and which two decades later was assisted with detailed sections about methods. (STAKES; Aborttitilastot; 2004). In spite of its liberating affect to the lives of the females, the abortion became more acceptable among the population around the year 1990. More difficult it appeared for males to confirm the females right to decide for their sexual act- and their own body also as the attitudes are still changing towards more positive. (Haavio-Mannila, Kontio; Seksin trendit meillä ja naapureissa, 2001). The amount of abortions all together has decreased from the millennium. Despite of that, 10 000 abortions was counted at Stakes during year 2003 as well as the approximate number of abortions from the year 2006; from one semester

slightly less than 5 500 abortions (STAKES; National Research and Development Centre for Welfare and Health). Also the popularity or preference towards medical abortions has gained trustworthiness among females who end up having an abortion. Although, still the old- fashioned way of having a doctor doing a clinical abortion is remaining in fashion.

Usage of emergency contraceptive pills has increased due to the fact they became free from prescription and could be bought without doctor's signature (Under 15 year- old needs a doctor's prescription!). Weak links can be the easy access to emergency contraceptives- as well as they can be too desperately needed. The usage is preferred to limit to three times per year, because of the fact that emergency contraceptive pills interferes the normal menstrual circulation

4.2 Abortion in Numbers

After year 1995 abortion rates have been steadily increasing. In the seventies there was an abortion peak, however the abortion rates decreased continuously all the way to the mid nineties. Where should we find the reason for the increase? In this study, it is essential to point the finger in the decreasing sexual health education in schools.

The numbers show that in the year 2004 the amount of pregnancies, which ended up in abortion due to the reason that the mother was under 17 years of age, was 652. The total number of abortions in the age group of 17 and under was 1 140. The reason for the abortion other than the young age of the mother was 488, whom said the indication for the abortion was social. If we want to look at the abortion rates for the 18-19 year olds it does not look much better. In the age group of 18-19 years old the number of abortions were 1 462 in the year 2004. Teenage abortions are growing. Teenagers have more abortions nowadays that do the group of 30-34 year old women. Once again it is necessary to mention that in the eighties the abortions dramatically decreased among the teenagers. Should we look at what went wrong in the nineties and what right in the eighties?

5 Contraception

The use of contraception is most common in the developed countries. In Africa the level of contraception is the lowest. Other developing countries, such as some countries in Latin America and Caribbean carry smaller percentages in contraception use as well. In Asia the situation is little better. By United Nation's press release in May 21st of 2004 in Asia approximately 64% of the married women or women in relationship used modern contraception. This number is fairly high. Modern contraceptives, such as birth control pills, are most commonly used in developed countries among women in a relationship as well.

In this project the test group was in the age of 14, as well as the age group in which most of the research was done was 13-19 years of age. Among this age group the condom is the most known and mostly used. Other contraception methods were researched, and found to be important to familiarize the test group with. These methods included birth control pills, intra uterine device, and vaginal ring. In the research done on contraceptive use, methods such as female condom, diaphragm and sponge appeared as well, however, these are not methods commonly used in Finland. Condom is the most popular form of contraception among the younger world wide, as well as in Finland. Condom use has increased in Finland since it became easily available in the late 50's, but it was not until the early 90's that it became more common in the first intercourse. In the end of the 90's, though, one study shows decrease in the sale of condoms. Could this be connected to the decrease in the amount of hours of health classes for the students in the middle school? What is alarming that the research done in the 1992 still 40% of the men aged 18-54 years said they needed a condom when having sex. This number was only 27% in the year 1999. (Seksin Trendit Meilla ja Naapurissa).

New study done by Institute for Public Policy Research found that 28% of the 15 year olds in Finland are or have been in sexual intercourse. (Metro no 206, 2006). The same research found that 66% of the same group used a condom. Sexual transmitted diseases are increasing so it does not go along what the study found.

During the research made during the project, it was conducted that the misuse of condom is very common, especially among young men all around the world (western countries). From various little researches it was found that the most common misuses for condoms were not checking the expiration date, not leaving space in the tip of the condom, putting

the condom on after starting the intercourse, and taking the condom off before the end of the intercourse.

What is alarming is that the research done in Finland in the 1992 still 40 percent of the men aged between 18- 54 years old said they needed a condom when having sex. This number was only 27 percent in the year 1999. There could not be found newer numbers, but arisen numbers in teenagers infected of sexually transmitted diseases speak for today's situation.

Studies, done in Finland as well, show that the age of the sexual partner affects the condom use as well. Men who have sex with much younger partner (more that two years younger) are less likely to use condom during intercourse. The same study shows that women used condoms more actively with partners one or two years older than themselves, and when the partner was older also the use of condom was less likely to happen.

Different researches from United States and Europe report most common misuses of condom to be putting the condom on after starting sexual intercourse, taking the condom out before ejaculation, not leaving a space in the tip of the condom, not checking the expiration date and that is needed to hold the condom from its base during the ejaculation. Health care workers, and the ones responsible of the teen's sex education need to bring out these facts.

6 Sexually Transmitted Diseases in Numbers

6.1 Sexually Transmitted Diseases in Finland

Sexually transmitted diseases have been common in Finland for years. Now we are more worried than before of the growing numbers of STD's in the younger age groups. The statistics show sad numbers of growing infections especially in the twentieth century. There are over 30 bacteria, viruses and fungus that can be transmitted sexually. (P.Ruutu, KTL). It has been noticed that something needs to be done to prevent the spreading. In the eighties when the fear of HIV spread and during the 90's when the money was tight, the schools lacked sexual education. This might be one cause for the growing numbers. One fact that may not be even close to obvious to common people but is a important fact to know about sexually transmitted diseases as well is that every single sexually transmitted

disease enables the infection of HIV. The estimation to get HIV from one single intercourse is less than 10% of chance but already existing std in the body makes the HIV easier to infect.

6.2 Chlamydia

Chlamydia is the most common sexually transmitted disease in Finland. The numbers of reported Chlamydia infections are alarmingly growing. In year 2004 there were 13 357 cases reported of Chlamydia. It is most common in the Helsinki area, and in Lapland. The highest number of infections were among young people ages 20-24. 30-40% of all infected women and 10-15% of all the infected men were under the age of 20. Chlamydia is a sexually transmitted disease that originates in Finland. Only 10% of the infections are brought from abroad.

Chlamydia infections have doubled between the years 1995 and 2003. Last year the Chlamydia cases reported was 12 720, when in the year 1995 the number of the reported new Chlamydia infections was 8 032. (KTL, tartuntatautirekisteri). This shows a large growing problem. Now it has been predicted that about three percent of the woman in Finland in the childbearing age are carriers of the disease without knowing it. Women show more rapid growth in the infections than men do. Last year 60 percent of the infections were among women. However, it is believed that the infections are evenly growing among males and females.

(http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/nuoret/tietopankit/seksitaudit/klamydia/).

Worries have turned on to the teenage population in the new infections of Chlamydia. In the year 2005 the reported cases show that 32 percent of all women affected by the bacteria were in the ages 15 to 19. (KTL, tartuntatauti rekisteri). In the same age group of males the amount of infections only shows 13 percent. One of the reasons for this is that males start their sexual relationships older. One factor proving this is that in the age group of 20-24 years the difference in the Chlamydia infections is smaller. Of all the women testing positive for Chlamydia 42% belong in the age group of 20-24 and males 43% belong in to that age group. We also have to remember that males in that age are more likely to not go the doctors to get tested.

6.3 Gonorrhea

Gonorrhea is not as common as Chlamydia is in Finland and it is hardly ever diagnosed in people under the age of 20. In year 2004 there were 251 reported cases. 80% of infected were male. In year 2004 32% of infections in males were brought from some other country than Finland. Mainly from Far East and Russia. Infections met in women are mainly from Finland. Gonorrhea infections have been slowly decreasing in the past ten years. However, it is still met as local epidemics every once in a while.

(http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/nuoret/tietopankit/seksitaudit/tippuri/)

6.4 Syphilis

Most of the people reported carrying syphilis in Finland have been infected abroad. 58-75% of men got infected in some other country, mainly in Russia. 55% of all infections are in men. 26% of all syphilis cases were in male over the age of 70.

Syphilis is also met in local epidemics. Over all the numbers are decreasing. In the year 2004 only 109 new cases were found.

(http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/nuoret/tietopankit/seksitaudit/kuppa/).

6.5 HIV

HIV infections have been slowly increasing from the 80's. Most of the people contracted the virus through sexual interaction. In year 2004 there were 129 new cases of HIV infections. 44 of these cases were contracted through homosexual contact and 53 of the cases through heterosexual contact. HIV infections have close connection to traveling. Most of the new cases gotten through heterosexual contact were from somewhere else than western countries. Out of all male infections 66 percent had gotten the infection while traveling. In women the same percentage was 70.

(http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/nuoret/tietopankit/seksitaudit/hiv/).

As briefly discussed in the introduction of this paper, the danger of HIV lies behind the borders in the neighboring countries of Finland. Russia being the leading country in Europe

with HIV, and Estonia being the second leading in new HIV infections. This is a fact that should concern Finnish population. As a well developed country, Finnish teenagers travel a lot, which means that Finnish society is responsible of the knowledge of these teens, for them to know of the dangers that lie in foreign countries. Especially the one's taking care of our juveniles to create a system that makes sure that our children are aware of the danger of HIV. It is reported by WHO that in changes in behavior, such as increase in condom use, decreased the new infectious in epidemic areas.

6.6 Human Papilloma Virus (HPV) and Herpes Simplex Virus

Very few European countries keep a record of these two sexually transmitted disease. A vaccine for Human Papilloma Virus was recently introduced and is hopefully soon to become part of Finnish vaccination program. It is said that Herpes Simplex Virus will have vaccine coming out soon as well.

(http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/nuoret/tietopankit/seksitaudit/papilloomavirus_kondylooma/).

7 Research methods

Extensive information gathering was done by studying a board variety of researches already done about the subject. Health organizations were used to help to get statistics and information on current status on health education, as well as school district to find out the health education curriculum and what it consists of.

The thesis of sexual education for the eight graders; planning, implementation and evaluation was based on anonymous questionnaire which was designed for the eight graders as to evaluate their knowledge towards sexually transmitted diseases and secondary issues relevant to the actual topic. Essentially importantly the parents of the teenagers of the target group were informed with a letter to announce about the theses project and about the questionnaire their children were wished to answer. The parents were given information about the nature of the project and a change to deny the child's participation to the project but the denial did not take place. That meaning that every member of the class was able to take part in the questionnaire. As the thesis is a project based; questions designed to meet the needs of the teenagers and to give concrete base for the lectures planned and designed for the same group of pupils, those questions were quantitative; evaluating the direct, factual knowledge of the teenagers and were based on the essentials of sexually transmitted diseases (" Question number 2. Which of the fol-

lowing are sexually transmitted diseases?"). As the informants were then given the alternatives to choose, they were exact as well, ("Chlamydia, Syphilis, Gonorrhoea, Human Papilloma Virus, HIV, Hepatitis"). The informants were asked direct questions, which were chosen over qualitative questions due to the fact of alternative answers being exact.

Questions included the essential sexually transmitted diseases, the possibilities of those sexually transmitted diseases to be noticed and cured (" Questions number 18, 19, 21 and questions between 24 and 27") and which methods are to be used to avoid unwanted pregnancies (" Questions number 5., 7., and 12.") as well as the methods to be safe from sexually transmitted diseases ("Question number 8.). The informants were asked questions of responsibilities according to safe sexual act and the post- sexual care (" Question number 12.; Woman takes the emergency contraceptive pill.. Until the questions between 13., and 16."). Questions about responsibilities ("Questions between 3 and 5") and the international sexual rights of the juveniles ("Questions 22 and 23") were given space in the questionnaire due to the fact that the informants as being adolescents and under 16 so it makes it essential for the juveniles to know the responsibilities of sexual acts and the sexual rights which protect the juveniles when being under sixteen of age.

In the questionnaire there can be found questions (with alternative answers) dealing with common issues such as "When choosing the best choice for contraception, the decision should be made according to..." and "Where can one buy condoms from?" as well as " If not been prepared for an intercourse, the contraception can be forgotten due to the reason..?". The answers from these questions stand for the amount of the information flow the teenagers have about essential matters of contraception and the best choices of alternative contraception forms for each individual teenager. At the end of the questionnaire there was given free space for a question in mind, which enabled the each member of the target group to write an anonymous question that was in mind. Sex and alcohol are raised as an issue in the very end of the questionnaire due to the fact of alcohol being a huge risk factor in failure of the decision making process. Those questions would do the base for the classes to be held for the informants.

Base for the Planning of the Classes

The base for the classes is the questionnaire of "Questions of sexually transmitted diseases and prevention". The questionnaire was planned according to Väestöliitto's (2003) questionnaire of sexually transmitted diseases and did also include questions invented by the students behind the thesis of the sex education classes for the eight graders. The questionnaire as attachment. The classes therefore were planned according to the answers of

the students in the target group. The knowledge of the target group about sexually transmitted diseases and responsibilities according to sex was analysed and the classes were planned such way, that those matters the target group did not specifically know, were under detailed explanations to the target group during those two classes. Instead those issues the target group knew better according to the percentages counted from the answers, were gone through roughly and with mostly headlines. Aim to plan the classes was to design two tight classes according to the lack in the present knowledge of the target group and to promote or better the knowledge of those issues the target group already have.

8 Knowledge of sexuality among the test group

8.1 Sexuality and Feelings

The thesis questionnaire given to the fourteen-year-olds was revealing in the sense that those juveniles of the test group of the thesis are still conservatives with their attitudes towards sex and even if the result was showing their good knowledge according to the rights and responsibilities according to sex and the partner, their first sexual experience was still to come and their knowledge towards sexually transmitted diseases and contraceptives appeared to be quite narrowed. The aim of the questionnaire was to make clear picture of the level of knowledge those adolescent's have towards sexually transmitted diseases. Also to discover the amount of knowledge those youngsters have about their rights and responsibilities and privileges in sexual acts. The thesis questionnaire did not include any specific questions of feelings and relationships but the attitude to take under consideration the feelings of another was shown in the answers. The knowledge towards rights and responsibilities and privileges can be detected from the answers. Excluding the questions of feelings and relationships would be due to the fact of the major challenge in answering to them briefly and the aim to concentrate to those exact questions of sexually transmitted diseases. The questionnaire for the test group about sexually transmitted diseases did not include direct questions about feelings and caring due to the fact those issues being abstract and therefore would be included into the planning of the classes as an interactive talk.

Feelings and aspects and interests towards one's own sexuality is increasing and the juveniles of today have more specific knowledge about their own primary interests and focus on interest and care according to the answers in the thesis questionnaire given to the fourteen-year-olds. The focus in the questionnaire was to reach to the level of knowl-

edge and understanding of those juveniles towards sexually transmitted diseases. Secondary there can be noticed the interest towards contraceptive equipment and the actual knowledge towards their own rights and responsibilities as well as the importance of feelings and caring in the relationship- especially when the relationship is including the actual sexual intercourse.

8.2 Sexual Rights

The questionnaire given to teenagers involved with the thesis project of sex education for the eight graders, revealed the fact that most of those young adults are being aware of the right to say no when someone is asking for sexual intercourse and to protect their own body as importantly as to deny any sexual interference until the individual reaches the age of sixteen. 12.5 percent of the answers in the questionnaire referred to the knowledge of knowing that anyone over the age of 16 having sex with the person under the age of 16 is sexual abuse. In the questionnaire we could not implicate the fact that do they also know that this is against Finnish law and punishable act. The questionnaire tells us that 62.5% of the test group understand that sexual abuse is when someone is forcing the person to perform sexual acts against the person's will. The questionnaire reveals the virginity of the subject of sexually transmitted diseases among the sixteen members of the class as well as the limited amount of sexual experiences each individual admitted to have gone through until the age of fourteen.

In the questionnaire of the thesis concerning the sexual education for the fourteen- year-olds it is possible to notice that the juveniles are not just aware of the sexual rights they still are protected with but they also know their rights and responsibilities toward the person they imagine to be in relationship with. They know their own rights and it seems to be essential for a fourteen- year- old juvenile. All the students involved with the project and answering the questionnaire replies that they are aware of the fact that another person, such as their boy- or girlfriend, can only touch them if they want it themselves.

The group of teenagers that were involved with the questionnaire of sex education for the eight graders, none had started sexual relationship. As mentioned in the above, sexual relationship is mostly only considered sexual intercourse. This is what is applied in the results of the questionnaires. It was found that none of the test group had been in sexual intercourse. The questionnaire indicates that alcohol use, which is a big factor in starting sexual relationship, is low among the test group. 75% of the participants said they have

never drunk alcohol. 18.75 percent admitted to drinking every once in a while, without indicating specifically how often is "once in a while". This question was admitted to the participators in a form in which they could answer with their own words.

8.3 Pregnancies and Abortions

The questionnaire, with its 30 questions, also included questions surrounding the decision-making privilege of the females toward their body, such as "Who is responsible in the decision making when dealing with unwanted pregnancies?". Among the answers there was found to be certain disagreements on who decides about the continuance of the pregnancy. 43.75% of the answers indicated that the person knew that it is up to the girl to decide if the pregnancy was to continue. 56.25% teens said it is up to the girl and the boy to decide. One added that it is also up to the parents of the teens to decide. As the number of unwanted pregnancies and abortions have increased, it is essential among health-care workers to point out the fact that abortion or emergency contraceptive pills are not a contraceptive method. Among the test group there was few whom knew how to use the emergency contraception and where to get it. It was not indicated in the questionnaire if the 14 year olds knew that they had to be 16 or older, in order for them to get it without prescription.

8.4 Contraception

As mentioned above, the participants involved in the project had not yet started sexual intercourse. Therefore, there are no supportive arguments that could be added to this section, except the knowledge the test group had of the contraception's.

All of the participants are well aware of who is responsible of protection during sexual intercourse. All the answers indicated that the answerers know that it is the responsibility of both, boy and the girl participating in sexual intercourse, to take care of the contraception. One person had also included in the answer that it is also the responsibility of the parents of the teenagers to take care of the correct contraception.

Teenagers are also well aware of whom to turn to when contraception is needed. 100 percent of the answers indicated that teenagers know that they can turn to any healthcare professional to receive help in getting the right type of contraception, as well as they all

knew where to buy condoms. All of the answerers also knew that the best way to avoid a situation where contraception might be forgotten is to always carry a condom with you. Sadly, 12.5% said that contraception could also be taken care of by interrupting the sexual intercourse before ejaculation. Unawareness of which protects against pregnancy, condom or birth control pills, was indicated by the juveniles. Also the answers stated that there was lack of knowledge of other birth control methods. Mainly the information received by the students about contraception was gained from school and the magazines, some from friends. Only few mentioned parents and the school nurse as the source of information.

8.5 Knowledge of Sexually Transmitted Diseases Among the Test Group

It was truly found that this area is least known among the participants involved in the project. In the end of the questionnaire was a space for the students to write what would they like to know more about. 31.25% of the students submitted a question indicating that they would like more detailed information about sexually transmitted diseases as well as how to protect themselves against them. All of the students knew that HIV is a sexually transmitted disease, but only 50% of the students were able to identify all of the std's handled in the questionnaire. 37.5% also knew that HIV could be totally symptom less, however rest of the students could not identify other symptom less sexually transmitted diseases. None of the test group knew of the infertility that can be caused by std's. Test group also was not familiar with the symptoms of the diseases. Students were quite familiar with ways of receiving sexually transmitted disease, and they were aware of the fact that it is extremely hard to truly know if the partner is a carrier of sexually transmitted diseases.

9 Nurses perspective

Nurses meet teenagers of different ages and in different matters. There should be developed guidelines of how to approach a teen when talking about the awareness of sexually transmitted diseases and pregnancy. It is every nurse's responsibility, no matter what is the nature of their job, to bring up these issues with the teenager. It is the main responsibility of the school system, since they are the one's creating the health education, but it is also the nurse's job to at least verify with each teen that they have been present and have received the information required.

The goal of the programme on sexually transmitted infections (STI) and HIV/AIDS is to reduce the transmission of, vulnerability to and impact of STIs, HIV/AIDS and hepatitis in the European Region. Supporting the development of capacity in the health care sector to scale up all aspects of prevention, care and treatment to achieve a comprehensive, large-scale, effective and appropriate response to the epidemic.

(<http://www.euro.who.int/aids>).

This is a subject that is not emphasized enough among nurses. In the end it is the health care faculty that answers to the questions when epidemical situations arrive. There are plenty of opportunities for the nurses to reach for the teenagers, as sex and sexuality are very personal and individual subjects and the professionals can answer into questions about intercourse, about the growth into males and females and the sexual relationship brought by those issues. Professional can bring out issues that they know that does and will exist in the lives of the teenager but those young people are too afraid to ask and wonder aloud. As issues are spoken aloud and they are not taboos anymore, the adolescents feel like respected and important with their concern towards the questions about the reproductive system and that is essential sense reproductive issues are plenty of more than actual intercourse, sexual act; they are issues to enormously affect in to the happiness and self- esteem of the juveniles. As professionals can tell in detail more about the sexuality, sex and the actual organs as well as the physiological function of the body and the sexual organs, they may also have a way to talk about sex issues with a deeper knowledge and to encourage the juveniles to discover their sexuality first and then the sexuality of the partner. The professional can therefore also encourage the significant others to talk about sex with the teenager and give guides how to react on difficult issues. If one person does not know, it means that the next one may have the knowledge and therefore the teenagers should not be left alone with the difficulties. The right attitude and tone of voice as well as the right, well-chosen words can do a lot in preventive work as well as in after- care.

National improvement program of the health of the sexual and reproductive system, first of its nature in Finland. Done in between years 2007 and 2011. The aim is to better the reproductive health of the nation, couples and individuals. Especially the young people. The programme is focused on to the professionals working with social- and health care system, as well as to their leaders, associates. Sexual education is to be integrated as a part of basic health care system, preventive work and to nursing. In each health centre the is planned to be working a therapist with a sexual education background. Annual

magazine of sexual and reproductive health is pointed at the young teenagers. The services should be organized as a part of the community health plan.

The young people should be able to reach information and help for pregnancy preventive issues within a week. For females under 20 the abortion should be free of charge. The appropriate psychosocial aftercare is organized in medically done abortions. Special attention, preventive work, in case there are repetition of the abortions. Improvement in the knowledge of the sexually transmitted diseases and encouragement to use condom. Chlamydia is to be screened from each under 25 year olds and coming to the attention of birth control issues. Focusing to notice and react on cases of sexual violence's, especially when targeting at minors. Bettering the chain of care, aftercare as a long term observation and possible affections afterwards. To improve the information gathering, the questionnaire of the sexual issues is also targeting to students the age between 16-18. The questionnaire is to be done regularly. Hospital districts will take responsibility to arrange the education on their districts as well as STAKES and KTL are arranging questionnaires. (Seksuaali- ja lisääntymisterveyden edistäminen. Toimintaohjelma 2007-2011. Helsinki 2007. Sosiaali- ja terveystieteiden ministeriön julkaisu, ISSN 1236-2050, 2007:17)

Health promotion in nursing is extremely important and needs motivation from the healthcare worker. Health promotion goes beyond health care, which nurses are mainly doing in their work. That is why the extra motivation is needed from the side of the nurses. Health promotion is the process of enabling the people to increase control over, and to improve, their health. (WHO). The point in health promotion is to increase the information of the people so they have the base and the acknowledge to change their life styles in their own benefit.

The responsibility of health promotion is among the government, healthcare workers, families and individuals. Health promotion supports personal and social development, through providing information and education for the individuals.

Health has to be part of other goals in life. Health is or at least should be part of life. Health promotion works through effective and concrete community actions. Nurses can be part of this by adding their motivation by studying and keeping track of the newest problems in the community. Nurse is the one whom always talks to the patient and she or he is the one who often has the time and the ability to discuss with the patient of other things than just the health problem they are trying to get help at that particular time.

Enabling people to learn throughout their life, to prepare themselves to different stages of life is part of health promotion. In this paper, it is brought out that it is important to provide the teens with knowledge of sexual health, for them to understand how important part of life and health it is to take under consideration the consequences of sex and exercising sexual behaviour.

It is often the lack of nurse's motivation to crab on to the problems that come secondary to the actual problem that is the main at that time. Health promotion is part of nurses job and every nurse runs into this daily in their work.

10 Discussion

The teenagers in the class chosen, were given a questionnaire, which was to remain anonymous. No one had signed it and there was no moment when the researchers would have learned the names of the informants nor known any single detail about them. The questionnaires were kept strictly in the reach of the researcher and no outsider would have any change to study the results. The information of those questionnaires was kept in between the researchers. The parents were informed about the project based thesis with its questions to the teenagers and their parents had a change to deny the child's participation. None of them forbided the participation of the child.

The assisting sources such as RFSU Finland, who would kindly give 90 condoms, with different brands too see in to the informative usage of those teenagers during the educative lessons, did not under any circumstance hear which school, nor which class was the target group. Suomen Punainen Risti (The Red Cross of Finland) gave the informants leaflets about sexually transmitted diseases and The Red Cross of Finland did hear neither which school nor which class was the target group. More equipment to assist the concrete education how to put on the condom correctly, was given to the project by Sincity erotic equipment store. Sincity's staff would also not know any details about the project more than the purpose of Sincity- erotic store itself in the project based thesis. To the researchers the school was unfamiliar as well and all the identifications would be kept in secret. The informants would only know the names of the researcher, not the other way.

The evaluation of the classes is done briefly after every class and the evaluation of the all two classes will be done at the very end of the process with the assistance of the feedback of the target group.

1. With increasing the amount of knowledge the target group has on sexually transmitted diseases, abortions, pregnancies, contraception, sexual rights and the feelings that go along with sexuality. To improve the information that already exists.

To fulfill the requirements of the first purpose, the classes were planned according to the answer of the questionnaire of the knowledge of the target group towards the sexually transmitted diseases. The diseases would be gone through during the first class, the detailed information of each sexually transmitted disease and the prevention mechanisms. Abortion was explained in detail, as well as the target group was explained how to recognize that a female is pregnant. Different methods of contraception were discussed and the sexual rights were in detail during the second class. The target group had enormous lack in the knowledge towards the sexually transmitted diseases, so therefore those were mostly discussed during the first class.

2. Have the students become aware of the responsibility that comes with sexuality and sexual activities.

The students were active in sharing their knowledge with their own method, using slang and testing the instructors knowledge also. The discussion during second class went peacefully, the informants appeared to have interest towards sex issues and have their rights and responsibilities well understood.

3. Understanding and respecting the feelings and emotions of selves and the others that come along with sexuality.

The target group was semi-active in the discussion during the second class. The discussion was about the sexual rights and responsibilities each have towards one self and towards the partner. The target group was given an opportunity to express their opinions, but almost every second opinion had to be pointed out by pointing to a single student to answer. The students did have a sense of respecting an individual, an individual's emotions in such things as in a relationship. The discussion turned to be fruitful as well as the end of the class as it was the trying on a condom to an artificial penis. The students did turn out to need assistance or explanations but they took the situation easy and calm.

As we have grown professionally during this project with the teenagers my experiences have been mainly positive with all of the contact we had with the test group. In the beginning of the project we met with the target group and gave out the questionnaires. This first meeting with the students was great even though we were extremely nervous. However, it went so great that it build

up our confidence to prepare ourselves to the main classes, which we kept spring 2007.

Professional growth happened much during the preparation for the actual class. Our advantage during the actual classes was that we had enough time to prepare for them and we were ready to go in front of the class. We had divided the subjects of the topics, which gave us both the chance to talk. I think it is important that during the process we got to know each other so well that when keeping the classes we were able to fill each other's sentences, and if one of us lost the track of what was going on the other one was able to continue.

The thing that should have been done differently was that the subjects talked about in the first time was little too heavy for the fifteen year olds to listen for an hour and a half. We managed it well but it was noticeable how the teens got distracted in the end.

I think me and my partner in this project learned a lot. We both understand the importance of teamwork for projects like this to work out. I learned to form a communication bond with the teens, and that will help me in my future jobs as well.

Purpose of this study was to research the knowledge of the test group of sexual health and plan classes for them based on the information gathered. It included sexually transmitted diseases, abortions, pregnancies, contraception, sexual rights, and feelings and attitudes toward sexuality. The aim was to increase the knowledge of the test group on those matters. In the end of the study it was concluded that the test group had a major lack of information on sexual transmitted diseases (STD's). Study group knew how to get infected by the disease, but less than half knew how to recognize the symptoms. Other areas of the study were equally familiar to the test group. It became clear that sexual health education is important, and it needs to be emphasized during the teenage years to prevent teenage pregnancies and spreading of sexual transmitted diseases. Sexual health education is the responsibility of the school, parents and healthcare workers. Nurses play an important role in this matter and should be aware of the situation. Nurses should be educated of how to bring out these subjects, since they often are in a situation where they have a good chance to educate teens of sexual matters. It was clearly seen that nurses role in sexual health education should be emphasized. Guideline should be developed of how nurses can proceed in a situation when meeting with a teenager to promote sexual health. In further studies it would be important to study the matter from nurses perspective and how they could improve their working styles on such matters

References

Haavio-Mannila, E., Kontio, O. 2001. Seksin trendit meillä ja naapureissa. WSOY.

Kaukonen, Toim., Raijas, Silver, Valkama. 2003. Seksuaalinen väkivalta ja hyväksikäyttö- selviytymiskertomuksia. Ps- Kustannus.

Kansanterveyslaitos. 2006. Tartuntatautirekisteri.

Lehtonen, J. 2003. Seksuaalisuus ja sukupuoli koulussa. Helsingin yliopisto, väitöskirja.

Metro- newspaper, # 206. 2006

National Research and Development Centre for Welfare and Health, STAKES. 2004. Statistics in abortion.

National Research and Development Centre for Welfare and Health, STAKES. 2006, 2007.

Red Cross Finland. 2007 (Procures)

RFSU Finland. 2007 (Procures)

Ruutu, P. 24.1.2007. Kansanterveyslaitos.

Seksuaali- ja lisääntymisterveyden edistäminen. Toimintaohjelma 2007-2011. Helsinki 2007. 200 s. (Sosiaali- ja terveysministeriön julkaisuja, ISSN 1236-2050, 2007:17

Sincity, Espoo, 2007 (Teaching material)

Tukinainen. 2006. http://www.tukinainen.fi/seksuaalinen_vakivalta.html. (22.1.2008 klo 14:39)

World Health Organization. 2006. Trends in Sexually Transmitted Diseases in European Region in 1980-2005

World Health Organization. 2006. Report In Global AIDS Epidemic.

Väestöliiton koulukampanja 2000. Seksuaaliterveystietokilpailu peruskoulun 8. luokkalaisille.

ELECTRONIC REFERENCES

WHO; Ottawa Charter for Health Promotion, 1986 (verkkojulkaisu) (25.4.08 klo 13:30)

http://en.wikipedia.org/wiki/health_promotion (24.4.08 klo 13:45)

http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/vanhemmat/seksuaalioikeudet/ (22.1.2008 klo14:40)

www.vaestoliitto.fi (22.1.2008 klo14:41)

http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/nuoret/ (22.1.2008 klo14:41)

<http://www.euro.who.int/aids> (22.1.2008 klo14:42)

http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/nuoret/tietopankit/seksitaudit/klamydia/ (29.1.08 klo 11.06).

http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/nuoret/tietopankit/seksitaudit/tippuri/ (29.1.08 klo 11.08).

(http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/nuoret/tietopankit/seksitaudit/kuppa/ (29.1.08 klo 11.09).

(http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/nuoret/tietopankit/seksitaudit/hiv/ (29.1.08 klo 11.13).

(http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/nuoret/tietopankit/seksitaudit/papilloomavirus_kondylooma/ (29.1.08 klo 11.14).

http://www.vaestoliitto.fi/seksuaaliterveys/seksuaaliterveysklinikan_nettipa/nuoret/tietopankit/ihmissuhteet/seurustelu/ (29.1.08 klo 11.24).

<http://www.poliklinikka.fi/?page=8745304> (24.5.08 klo 17.59)

<http://www.who.int/mediacentre/factsheets/fs243/en/> (24.5.08 klo 17.50)

<http://www.guttmacher.org/pubs/psrh/full/3524603.pdf> (24.5.08 klo 18.00)

Appendices

Appendix 1. Infoa opiskelijoiden vanhemmille

Hyvät Vanhemmat,

Olemme kaksi sairaanhoitajaopiskelijaa Laurea Ammattikorkeakoulusta Espoon Otaniemestä ja meillä on meneillään opinnäytetyö- projekti, jonka aiheena on seksuaalikasvatus 8. luokkalaisille oppilaille. Projektin päätarkoitus on kolme seksiin ja seksuaalisuuteen liittyvää oppituntia jotka pidämme luokalle ensivuoden alussa.

Tarkoituksenamme on ensin kartoittaa oppilaiden tietämystä edellä mainituista asioista kyselyn avulla. Aihealueina ovat seksuaalisuuteen liittyvät kysymykset, kuten sukupuolitaudit, ehkäisy, raskaus ja seurustelu. Asiat, joissa ilmenee tiedon puutetta, käsittelemme pidettävillä tunneilla. Kyselyssä on myös kohta jossa oppilaat voivat kirjoittaa anonyymien oman kysymyksen, joka askaruttaa ja mietityttää.

Teidän lapsenne kuuluu luokkaan, joka on osallisena projektissa. Jos teillä on syy minkä takia lapsenne ei voi osallistua projektiin, pyydämme teitä ilmoittamaan asiasta Kuitinmäen koululle keskiviikkoon, 29.11. 06 mennessä, puh.nro.: 09-8164 3141. Pelkkä ilmoitus riittää, syytä ei tarvitse kertoa.

Teiltä vanhemmilta toivoisimme myös ideoita, aiheita ja kysymyksiä nuorten seksuaalisuuteen liittyvistä asioista, jotka te kenties toivoisitte lapsenne tietävän paremmin. Kysymykset ja kommentit otamme kiitollisena vastaan sähköpostitse, puhelimitse tai postitse. Ja nimettömänä voi osallistua myös. Palautteet saapuvat perille seuraavilla yhteystiedoilla

tiina.kauppila@laurea.fi tai soittamalla numeroon 050 927 7064 (Mari)

Postin voi laittaa osoitteeseen:

Mari Tuomela & Tiina Kauppila

SNG03

Laurea - Ammattikorkeakoulu

Metsänpojankuja 3

02130 Espoo

Kaikki kyselyn vastaukset, kysymykset sekä vanhemmilta tulleet palautteet ja kysymykset ovat täysin luottamuksellisia.

Ystävällisin terveisin Mari Tuomela ja Tiina Kauppila

Appendix 2. Kyselylomake

Kysymyksiä sukupuolitaudeista ja niiden ennalta ehkäisystä. valitse yksi TAI useampi vaihtoehto! =)

- 1) Olen saanut tietoa ehkäisykeinoista sukupuolitauteja vastaan
 - Oppitunneilta
 - Lehdistä/kirjoista
 - Kavereilta
 - Vanhemmilta/hoitajalta
 - Kouluterveydenhoitajalta

- 2) Mitkä seuraavista ovat sukupuolitauteja
 - Klamydia
 - Tippi
 - Kuppa
 - Kondylooma (Human Papilloma Virus)
 - HIV / AIDS
 - Hepatiitti

- 3) Voiko ensimmäisestä yhdyntäkerrasta tulla raskaaksi ?
 - Kyllä
 - Ei
 - En osaa sanoa

- 4) Voiko yhdestä sukupuoliyhdyntäkerrasta saada sukupuolitaudin?
 - Kyllä
 - Ei

- 5) Kenen vastuulla on nuorten raskauden- ja sukupuolitautilien ehkäisy?
 - Tytön
 - Pojan
 - Vanhempien
 - Molempien: sekä tytön että pojan

- 6) Ehkäisykeinoa valitessa valintaan tulisi vaikuttaa
 - Menetelmä, jota kaverit käyttävät
 - Ottaa selvää kaikista menetelmistä, ja valita itselle sopivin vaihtoehto
 - Valita taloudellisesti edullisin vaihtoehto

- 7) Mikä seuraavista ehkäisymenetelmistä ehkäisee varmimmin raskauden?
 - E-pillerit
 - Kondomi
 - Keskeytetty yhdyntä
 - Varmat päivät
(Mikään ehkäisymenetelmä ei kuitenkaan ole 100% varma!)

- 8) Mikä seuraavista menetelmistä suojaa varmimmin sukupuolitaudeilta
 - E-pillerit
 - Keskeytetty yhdyntä

- Kondomi
 - Ehkäisyrengas
- 9) Mikä seuraavista ei ole oikein kondomia käytettäessä
- Kondomin päähän jätetään tilaa siemennestettä varten
 - Jokaiseen yhdyntään otetaan uusi kondomi
 - Laitetaan kondomi paikoilleen juuri ennen siemensyöksyä
- 10) Kondomeja voi ostaa
- Apteekeista, ruokakaupoista, kioskeista, huoltoasemilta
 - Vain automaateista
 - Vain seksiliikkeistä
 - En tiedä
- 11) Mihin otat yhteyttä, kun haluat aloittaa säännöllisen ehkäisyn
- Kouluterveydenhoitajaan
 - Lääkariin
 - Ehkäisyneuvolaan
 - Keneen tahansa edellisistä
- 12) Nainen ottaa ehkäisytablettien
- Silloin tällöin
 - Ennen ja jälkeen yhdynnän
 - Säännöllisesti 21 päivää (3 viikkoa), jotta pillerit toimivat tehokkaasti
- 13) Jälkiehkäisytablettien
- Suojaavat myös sukupuolitaudeilta
 - Voit hankkia apteekista ilman reseptiä
 - Sopivat vain yli 16 vuotiaille
- 14) Jälkiehkäisytablettien otetaan
- Viikon kuluessa suojaamattomasta yhdynnästä
 - Viikon kuluttua kuukautisten poisjäännistä
 - Viimeistään kahden tunnin kuluttua suojaamattomasta yhdynnästä
 - Niin pian kuin mahdollista, mutta viimeistään 72 tuntia suojaamattomasta yhdynnästä
- 15) Mitä pitää tehdä, jos epäilee olevansa ei-toivotusti raskaana?
- Odottaa, että vielä parit kuukautiset jäävät tulematta
 - Tehdä raskaustesti (ostaa apteekista kotona tehtävä raskaustesti tai käydä terveyskeskuksen laboratoriossa antamassa virtsanäyte)
 - Kirjoittaa lääkäri tai yleispolstalle ja kysyä neuvoa
 - En tiedä
- 16) Kuka ensisijaisesti päättää saako jo alkanut raskaus jatkua?
- Nuoren vanhemmat
 - Lääkäri
 - Tyttö
 - Poika
 - Tyttö ja poika yhdessä

17) Ehkäisy voi unohtua, jos ei olla varauduttu yhdyntään, tämän voi välttää

- Valitsemalla kumppani, jonka arvelee huolehtivan ehkäisystä
- Kuljettamalla itse aina kondomeja mukana
- Aloittamalla e-pillerit heti yhdynnän jälkeen
- Keskeyttämällä yhdyntä ennen siemensyöksyä

18) Sukupuolitaudit tarttuvat

- Kun sukupuolielimiä koskettelee käsin
- Limakalvokontaktissa limakalvolta toiselle
- Suudeltaessa
- Kaikilla edellisillä tavoilla

19) Mistä tietää, ettei kumppanilla ole sukupuolitautia?

- Kun on tuntenut hänet jo usean kuukauden ajan
- Kun hänellä on kaveripiirissä hyvä maine
- Hän itse kertoo, ettei hänellä ole sukupuolitautia
- Ei mistään näistä

20) Mikä seuraavista väittämistä on totta?

- Kierukka ja ehkäisyrenkas suojaavat tartunnoilta
- Jos kumppanilla ei ole näkyviä oireita, hänellä ei ole sukupuolitautia
- Kondomi on paras ehkäisykeino silloin, jos kumppani vaihtuu usein

21) Missä sukupuolitaudin voi tutkituttaa ja saada sille hoitoa?

- Koululääkärin vastaanotolla
- Terveyskeskuksessa
- Sukupuolitautien poliklinikalla
- Kaikissa edellä mainituissa

22) Toista henkilöä voi kosketella ja hyväillä vain

- Jos hän sitä itse haluaa
- Molemmat haluavat sitä

23) Seksuaalista hyväksikäyttöä on

- Jos on yhdynnässä alle 16 vuotiaan kanssa
- Jos pakottaa toisen yhdyntään vastoin toisen tahtoa
- Jos ottaa maksun seksuaalisesta kanssakäymisestä
- Kaikki edellä mainitut

24) mikä sukupuolitaudeista voi olla täysin oireeton

- Klamydia
- Hiv
- Tippuri
- Kuppa
- Kondylooma

25) mikä sukupuolitaudeista voi aiheuttaa lapsettomuutta

- 1 Klamydia
- 2 Kondylooma
- 3 Tippuri
- 4 Kuppa
- 5 En tiedä

- 26) mikä sukupuolitauti aiheuttaa visvasyyliä
- 1 Klamydia
 - 2 Tippuri
 - 3 Koppa
 - 4 Kondylooma

- 27) mikä sukupuolitauti hoitamattomana vaurioittaa keskushermostoa
- 1 Koppa
 - 2 Hepatiitti
 - 3 Klamydia
 - 4 Tippuri

- 28) oletko ollut sukupuoliyhteydessä
- 1 En
 - 2 Kyllä
 - 3 En ole varma

- 29) jos vastasit edelliseen "kyllä", olitko alkoholin tai muiden päihteiden vaikutuksen alaisena?
- 1 Kyllä
 - 2 En

SEURAAVAAN KYSYMYKSEEN VASTAA LYHYESTI OMILLA SANOILLA:

- 30) kuinka usein käytät alkoholia tai muita päihteitä?

SUPERHYPER KIITOS VASTAUKSISTASI ☺ ☺ ☺ OLEMME TULOSSA KESKUSTELEMAAN NÄISTÄ AIHEISTA KANSSANNE LÄHITULEVAISUUDESSA, JA TOIVOISIMME ETTÄ KIRJOITTAISIT LOPUKSI AIHEESEEN LIITTYVÄN KYSYMYKSEN (TAI USEITA), JOKA MIELTÄSI ASKARRUTTAA. KYSYMYSTENNE AVULLA SAAMME KOOTTUA TEILLE MIELENKIINTOISEN SEKSI JUTUSTELU TUOKION!!! ☺ (ja tämä kyselyhän on luottamuksellinen, ja vastaatte nimettömänä.....)

Appendix 3. The thesis of the sexual education of the 8th graders

Sexual Education for the 8th graders includes the following three classes:

1st Class

Introduction, which is to remind the informants of; planning, implementation and evaluation. Reminding the informants about the anonymous questionnaire given to them and the fact of those classes being based on the questionnaire. (5min.)

The pupils will be given empty sheets of paper in case they come up with questions they are ashamed or afraid to ask, they can write down the questions during the class and the papers will be collected in the end of the class. The possible answers will be given to the class during the following class.

Sexually Transmitted Diseases will be taken into closer and deeper look. The follow format will take place in the class, the instructors will ask questions and support the teenagers to answer and the instructor writes down the answer. There will be discussion of each sexually transmitted disease with explanations such as what are the clinical features of each sexually transmitted, if they can be cured, how does that happen and what issues has to be thought concerning the aftercare. The pupils will be given info sheets of the Sexually Transmitted Diseases. The following sexually transmitted diseases will be discussed:

Herpes (10min), Syphilis (10min), Gonorrhoe (10min), Chlamydia (15min), Hepatitis (b+c) (10min), HPV (Human Papilloma Virus) (15min), HIV (aids)(15min).

Pregnancy and hiiva will be gone through and there will be explained that hiiva is not a sexually transmitted disease. (15min)

Short discussion about all the methods how to prevent the pregnancy; ehkäisylaastari, .ehkäisypilleri, ehkäisyrengas. Reminder of the previously mentioned prevention mechanisms against pregnancies will not protect against sexually transmitted diseases (15min).

2nd Class

Short discussion in the beginning of the second class to bring into memory the contents of the first class. Briefly going through the topics of the second class and giving the pupils empty papers sheets so the students can express their opinions in written about the classes (5min). Also there will be asked how were the classes organized and how was the performance of the organizers.

Abortion will be brought out as it can possibly be the result of an intercourse where are not used any method of contraception and the possible pregnancy cannot take place for a reason or another.

Emergency contraceptive pills will be talked about as well as they may be needed when being in sexual intercourse without contraception. (To both of the previously asked questions, the students will be supported to answer and the fellow students are supported to joint the ongoing conversation) (30min).

There would be briefly and formally about the outer sexual organs of the males and the females.

A chat about feelings and relationships (the instructors have supporting questionnaire to come out wit relative questions to the subject) (30min).

Ultimately there will be brought in the condoms and there is a change to those teenagers to practice the correct use of condoms; starting from how to open the package correctly and how to perform the correct way to put the condom on. The teenagers will be given the remaining of the condoms (30min).