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# **EXAMINING SEXUAL WELL-BEING AS AN ASPECT OF GENDER EQUALITY**

**A narrative study**

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## ABSTRACT

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During the past decades topics around gender and sexuality have gained more public attention. This is also reflected in the progress and efforts to achieve gender equality. Some examples are given in the background chapter in the form of an historical overview of improvements in Finland regarding gender equality. The chapter will further give the reader a basic understanding of sexual trends in Finland since the sexual revolution in the 1960s.

This research investigated the sexual well-being during the life course of one cis-woman in form of a narrative. Therefore, an anonymous semi-structured interview was conducted as a qualitative research method. The seven main topics that were discussed during the interview were sexual education (formal as well as informal), body image, family life, sex life, safety, services relevant to the topic, and age. Thematic analysis was used to interpret the collected data.

During the interview, two main themes emerged: the respondent's belonging to a minority group and her sexual orientation. The themes were analysed with consideration of the key concepts of this research, which are gender, gender-equality, intersectionality, sexual well-being, and the life course. The findings show that the interviewee experienced harassments and discrimination from childhood until adulthood.

Key words: Sexual Well-Being, Gender, Gender-Equality, Intersectionality, Narrative, Life Course

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## 1 INTRODUCTION

In January 2017, the hashtag #metoo gained popularity in social media and was retweeted 7.7 million times in the following thirteen months (Cohen n.d.). The aim of the hashtag was to show how common experiences of sexual aggressions are. Women used #metoo to share their stories of sexual harassment and assault online. The result was the start of a public conversation about “consent, hostile environments, and power”. According to Donegan (2018), sexual aggressions (by men) have since increasingly been recognized as part of social and political patterns. (Donegan 2018.) A survey from 2017 found that more than half of young female respondents have experienced “sexual harassment, patronising treatment, and hate speech”; meanwhile, a majority of men felt that gender equality has already been achieved in Finland (Yle 2018). Hence, this seems to be an appropriate time to discuss issues of sexuality and its correlation to women’s well-being.

This research’s focus is on the sexual well-being of women in the context of Finnish culture. Finland is famous for its high levels of social well-being and gender equality in general (Kontula 2015). Internationally, various studies have established a connection between sexuality and general well-being. According to Rosen and Bachmann (2008), a satisfying sex-life within a relationship can be associated with a better quality of life, including improved emotional well-being and positive health outcomes. (Rosen & Bachmann 2008.) Starting in 1971, nationwide sex surveys (Finsex survey) have been conducted repeatedly to research the sexual well-being in Finland. The number of women who reported a repeated lack of sexual desire has been increasing, just as the number of women who regularly achieve an orgasm has been decreasing. The fact that Finns engage less often in sexual intercourse might be a consequence of this trend. These developments can affect a person’s sexual well-being negatively. (Kontula 2015.)

## 1.1 Aims and objectives

The main aim of this thesis is to examine sexual well-being as an aspect of gender equality from a female perspective in form of a case study. Another aim is to bring some attention to gender aspects of sexuality-related issues in social service contexts. The third aim is to increase the sensitivity of social sector professionals. For example, according to Kontula (2009), the materials that are used for sexual education in schools are focusing mainly on the sexual desire of men and hence neglecting the sexual experiences of women (and people of other genders) (Kontula 2009, 35). He further states that the Finnish culture does not support taking charge of and cultivating one's sexuality (Kontula 2009, 206).

Three objectives were set to reach these aims. The first is to examine gender-equality in Finland. The second objective is to examine the status of sexuality in Finland, with a focus on gender differences. The last objective is to research sexual well-being from a life course perspective.

To achieve these aims and objectives, the experiences of one woman regarding her sexual well-being from childhood until adulthood were studied by means of an interview. The purpose of the interview was to learn about the respondent's use of different social or health services regarding sexuality, such as sexual education, reproductive health services, women's shelters, and different events or activities provided by municipalities or Non-Governmental Organisations (NGOs). If she used any services like this, how did she feel about them and if not, why not? Did she not have enough information on the services available for her or was there just a lack of need? Finally, questions were asked on body image, safety from a gender perspective (e.g. regarding sexual harassment or assault), sex, and other aspects to learn about her personal thoughts and how she evaluates these topic in relation to her own experiences.

## 2 THEORETICAL BACKGROUND

Finland can be called a pioneer in the area of gender-equality. According to the European Institute for Gender Equality, in 2015, Finland scored with 73.0 percent in the equality index, 6.2 percentage points above the European average. This places Finland third, just behind Sweden with the highest gender equality rates and Denmark on the second place. (European Institute for Gender Equality n.d.a.) This chapter will give a brief historical overview of Finland's achievements towards gender equality, followed by an insight into the development of sexuality in Finland since the 1960s.

### 2.1 Gender equality in Finland

In 1906, Finnish women were the first in the world to gain active and passive voting rights. 13 years later, women in Finland achieved the right to join the labour market without the consent of their husbands. Subsequently, a new marriage act was passed in 1930, abolishing the guardianship of men over their wives. In the 1960s, the idea of sharing care responsibilities was brought to public attention. Since the 1970s, the improvements have become more significant; abortion for social reasons was permitted, sex education was included in the primary school curriculum and legislation guaranteed birth control services. Homosexuality was no longer criminalized and Seta ry was founded to enforce the rights of LGBTIQ+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and other sexual and gender minorities) people in Finland. Also, the first women's shelters were established as a result of the growing awareness of gender-based violence. Political improvements include the establishing of the Employment Contracts Act in 1971, which prohibits discrimination based on gender, as well as the creation of the Council for Gender Equality in 1972. In 1980, Finland attained its first governmental gender equality programme. Finland ratified the UN

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1986. In 1987, the Act on Equality Between Men and Women entered into force and in connection to it, the first office of Ombudsman for Equality was established. (Ministry of Social Affairs and Health n.d.) The objectives of the act are to prevent discrimination based on gender, to promote equality between women and men, and thus to improve the status of women, particularly in working life. Furthermore, the Act on Equality Between Men and Women protects individuals from discrimination based on gender identity or gender expression. (Ministry of Social Affairs and Health 1986.) The main duty of the Ombudsman for Equality is to look over the enforcement of the act as an independent authority. The execution of this duty is mainly provided by guidance and advice. (Tasa-arvo n.d.) Marital rape became illegal in Finland in 1994 and has since been treated the same as non-spousal rape (Sexual Rights Initiative n.d.). The general prohibition of discrimination was included in the Constitution in 2000, registered partnerships for same-gender couples became possible a year later and in 2017, the Gender-Neutral Marriage Act came into force. (Ministry of Social Affairs and Health n.d.) Since 2006, the purchasing of sex from a victim of human trafficking or procuring has been illegal in Finland (Ministry of Justice in Finland 2013). It is also prohibited to purchase sexual services or offer sexual services against payment in a public place (Ministry of the Interior 2003).

Finland is currently promoting further progress regarding gender and sexual equality in the area of health. Thus, the National Institute for Health and Welfare (Terveyden ja Hyvinvoinnin Laitos) launched an action plan on sexual and reproductive health for the years 2014 until 2020. Traditionally, women are more likely to be in charge of sexual and reproductive health than their male partners, and services in question seem to be targeting women only. Hence, the new plan aims to involve men more actively by promoting an equal share in the responsibility for sexual and reproductive well-being in heterosexual relations. (The National Institute for Health and Welfare 2014.) The new action plan aims to improve the population's sexual and reproductive health by increasing awareness, developing services, and strengthening sexual education, hence reducing health and social inequalities (The National Institute for Health and Welfare 2014 & The National Institute for Health and Welfare n.d.). Due to the

increasing number of immigrants in Finland, the action plan also has a focus on multiculturalism. (The National Institute for Health and Welfare n.d.)

On a global level, Finland has promoted gender equality by supporting the UN resolution on Women, Peace and Security as well as providing funds for different UN institutions (Ministry of Social Affairs and Health n.d.). One example is the facilitation of services regarding sexual and reproductive health in less developed countries with an additional amount of 20 million Euros (Government Finland 2017). In turn, Finland benefited by adapting international reforms and programmes to promote gender equality on a national level. That way, the UN and the European Union have had a significant impact on Finland's gender equality and non-discrimination policy. (Ministry of Social Affairs and Health n.d.)

Despite all progress, it should be considered, that women are still more likely than men to become victims of sex-related offences such as rape, sexual abuse, or harassment. At the same time, numbers of sex-related crimes are only reliable to a certain extent since the dark figures (the amount of not reported cases) are difficult to estimate. More women than men self-report to be afraid of becoming a victim of violence outside their home at night. This leads to 11.9% of Finnish women restricting themselves by not going outside in the evenings and nights. (Statistics Finland 2016.)

One aspect which is not often talked about in the context of gender equality is prostitution. The buying and selling of sexual services is generally legal in Finland, except in public places. It is illegal to organise sex work, which means "profiting from the prostitution of another person" in any way. (Institute of Development Studies n.d.) Sex work puts women in a vulnerable position. As research shows, women who sell sex show high levels of mental health problems, including depression, suicidal thoughts, anxiety, panic attacks, and the intention of self-injuring. There are various arguments for and against legalized prostitution, e.g. regarding possibilities for monitoring and regulating the trade of sexual services. However, it cannot be denied that prostitution poses an uneven power distribution between men and women, with mostly men using their economic resources to buy access to women's bodies. (Schulze, Canto, Mason & Skalin 2014, 18-19.) In 2007, 17 percent of Finnish men self-reportedly have



bought sex at some point in their lives, which is a slight decrease compared to previous years (Kontula 2009, 178). Some studies found that men who buy sex have a different attitude to women compared to men who do not purchase sex. They tend to objectify women and to consider it their right to require certain services from a woman. (Ministry of Justice in Finland 2013.) Consequently, research also suggests a positive association between legalized prostitution and an increased occurrence of rape (Schulze et al. 2014, 19). How a society frames sex work and treats sex workers therefore easily affects all women/gender minorities.

## 2.2 Sexual trends in Finland

The Finsex surveys have been investigating sexual trends in Finland over the past decades. The respondents of the surveys were contacted randomly, hence there is no specific focus on any sexual orientation or gender identity. However, the research data seems to derive mainly from heterosexual men and women. Professor Osmo Kontula (2009) analysed the results of the surveys until 2007 in his book "Between Sexual Desire and Reality". During the past decades much change has occurred in the bedrooms of the western world. The sexual revolution of the 1960s brought more openness and freedom of choice of sexual partners. However, the whole topic is still understood as a private one, with certain taboos. Sexual intercourse before 16 (the age of consent) can be named as an example for a taboo in Finland. Two-thirds of men and nine-tenths of women think sex before the age of legally admissible consent is only acceptable in the context of a steady relationship. This, however, does not hinder young people from experimenting. Some children show an early interest in sexuality, hence engaging in different kinds of sexual games. (Kontula 2009.) However, teenage pregnancies are rare in Finland, with 1.2 births per 1000 women aged 13-17 years in 2013 (the National Institute for Health and Welfare n.d.).

Sex education in Finland can take place formally at day-cares, schools, health centres and informally at home (the National Institute for Health and Welfare n.d.).

For many parents, it seems a difficult topic to talk about with their children. One-third of childhood homes of younger generations were described as secretive regarding sexuality. (Kontula 2009.) Hence, sex education at schools is important to ensure children and adolescents learn about safe and positive sexuality (the National Institute for Health and Welfare n.d.). Half of the respondents of the Finsex survey 2007 reported receiving enough sex education in school. Comparing the responses of different age groups suggests an improvement of the sex education over time. However, still one-quarter of young men and women had not received enough sex education at home or in school. (Kontula 2009, 83-84.)

The attitude of Finns approaching relationships has changed drastically over the past decades. Many women who are currently considered elderly married their first sexual partner, even without being in love. Today, women have an average of ten years of sexual experiences before getting married or having a child. (Kontula 2009.) Consequently, the average age of first-time mothers has increased to 28 years in 2015, compared to 25 years in ca. 1976 (the National Institute for Health and Welfare n.d.). Since people are more equal and women specifically more independent nowadays, there is no need to stay in an unsatisfying relationship. Hence, people have more short-term – but quite faithful – relationships than previously. Finns are usually wanting one lifelong sexual relationship which is understood as directly linked to lifelong love. According to Kontula (2009), this view makes Finns rather sparing in their love, trying not to threaten current relationships by attracting a potential new partner. The fact that more than 80% of Finns experienced their most recent intercourse with a spouse or steady partner might be a result of this understanding. Most Finns, 89% of women and 92% of men, are only interested in heterosexual relationships. (Kontula 2009.)

A bit more than 70 percent of men and women consider their sex lives at least fairly satisfying, which presents a decrease compared to previous years. One reason for this trend might be the fact that it can be difficult for women to experience an orgasm during intercourse; a comparison of statements in the different surveys suggests that it has been getting even harder for women over the past decades. Most women have their first orgasm a few years after starting

to engage in intercourse. Approximately ten percent of young and middle-aged women have never achieved an orgasm during intercourse. Less than half of all women have an orgasm almost always when having intercourse, opposed to nearly all men. Those difficulties in sexual release affect the way women rate their enjoyment of intercourse. Only twenty-one percent of women who did not have an orgasm during their last intercourse rated the experience as very enjoyable. (Kontula 2009.) Hence, masturbation might provide an expedient alternative or addition to intercourse. While people used to think that masturbation was a moral sin and a medical risk that could cause various negative effects on one's health, this view has changed since the sexual revolution in the 1960s. Now, masturbation is understood as promoting well-being and sexual skill. Consequently, the number of Finns who masturbate has increased significantly over the past decades. In 2007, 97 percent of men and 93 percent of women engaged in masturbation. (Kontula 2009, 97 & 99.)

Nowadays, Finnish men and women evaluate sex quite similarly; they report having almost the same goals, experiences, and emotions regarding sex. This can be understood as a result of contemporary Western culture, in which a strong emphasis is put on individual rights, personal goals, and a right to happiness. Hence, the perception of female sexuality has shifted to a social and human rights issue. This affects how people determine what is "appropriate and inappropriate, desirable and to-be-avoided, as well as the meaning of sex in general in the life of a woman." (Kontula 2009, 224 & 246.) Consequently, various non-governmental organisations were established in Finland as important providers of different social services such as peer support groups for example for single parents, sexual minorities, sex workers, survivors of sexual violence, and people with functional diversities (the National Institute for Health and Welfare n.d.).

### 2.3 Interfaces to other research projects

In his thesis “Sex education in Finland from 1970 to 2010 - Information for workers in the social field” for a bachelor’s degree programme in social services, Virta (2017) analysed the development of sex education in Finland. The information for this thesis was gathered through literature review. Virta discusses the life course theory to illustrate how age can affect one’s understanding of sexuality. The aim of his research was to provide social sector professionals with the opportunity to learn about sexual knowledge in the Finnish society to make it easier to discuss these topics during the professionals’ working life. Virta concludes that sex education has improved in Finland over the past decades but could still become more comprehensive. He recommends that other researchers of the topic consider the increasing internationality of Finland. (Virta 2017.)

Benewaa Kusi (2017) wrote a thesis for a bachelor’s degree programme in nursing with the title “Promoting Sexual Health and Wellbeing among Elderly Nursing Home Residents”. The aim of this study was to investigate the impact of aging on the sexual life of the elderly, their sexual needs, and how those concerns are handled by healthcare professionals. For this purpose, Benewaa Kusi analysed different literature sources regarding sexuality and aging. Her results show that elderly people might suffer from various age-related issues such as physical disabilities, sexual dysfunctions and lack of libido, also as possible side effects of medications. Benewaa Kusi concludes that further research in the field is required but health care professionals should be better educated and prepared for the sexual needs of their clients. (Benewaa Kusi 2017.)

Finally, there is the previously mentioned Finsex-research project which has followed up on the evolution of sexual issues among the general population in Finland (Väestöliitto n.d.). The purpose of this study is to investigate sexual behaviour and how Finns evaluate sexuality (what is “normal” and what is not?). The Finsex project further answers the need for information as a base for improvements in the areas of sexual well-being and health. (Haavio-Mannila & Kontula 2003, 11.) The researchers focused on sexual attitudes, desires, behaviours, problems, and pleasures. There are more than 30 indicators that

have been followed up on in nationwide surveys. These surveys were conducted five times up to this point, in 1971, 1992, 1999, 2007, and 2015, and several books and articles based on the results of the surveys have been published. The most recent examples for publications are the articles “The Impact of Aging on Human Sexual Activity and Sexual Desire” (by Kontula and Haavio-Mannila, published 2009), “Sexuality Among Older Adults” (by Kontula, published 2013), and “Sex Life Challenges: The Finnish Case” (by Kontula, published 2015). (Väestöliitto n.d.)

### 3 KEY CONCEPTS

In this chapter, the four key concepts of this research will be defined and explained by means of appropriate references. Hence, the reader can improve their understanding of the topic. The key concepts are gender and gender equality, intersectionality, sexual well-being, and sexual well-being from a life course perspective.

#### 3.1 Gender

Gender describes the social construct of identities and societal roles according to concepts of masculinity and femininity. These identities or social roles differ based on associated expectations and behavioural patterns. (Runyan & Peterson 2018, 2.) After birth, most people are assigned male or female according to their sexual organs. Later, society teaches them how to act according to their assigned gender. (World Health Organization n.d.b.) What exactly is considered gender-appropriate has changed over time and also differs depending on one's culture. Cis-gender refers to a person who identifies with the gender they were assigned at birth. Some people (and cultures), however, do not assume this gender binary and instead adapt another gender identity. Hence, to truly comprehend the concept of gender, these identities should also be considered, as well as the effects of race/ethnicity, class, sexuality, and other cultural variations that influence how one constructs specific genders. (Runyan & Peterson 2018, 3-4.) Since gender identities outside the binary categories of men and women form a minority, members often face stigma, discrimination, or social exclusion. According to the World Health Organization (WHO), a person's gender can affect their access to and usage of different health services, which again affects the mental and physical health outcomes as well as the person's well-being. (World Health Organization n.d.b.) This shows the significance of the construct of gender. It shapes the way we choose to (and are allowed to) participate in society

and how we are treated by the same. Hence, the aspect of gender always affects research. (Jarviluoma-Makela, Moisala & Vilkkio 2010, 1.)

Society also suggests certain rules regarding sexuality depending on one's gender. Anthropological studies have shown that girls worldwide are taught how to behave in certain ways intended to prevent the sexual attention of boys and men, whereas boys and men are hardly taught to limit their sexual attention. Instead, their masculinity might get questioned by peers if they do not show sexual interest in a woman. Boys are usually more encouraged to explore their bodies and their sexuality while girls learn that their sexual organs are "dirty". "Instead of the pursuit of pleasure, girls internalize restraint and self-protection". This pattern continues in adulthood when men are, for example, expected to take the lead in sexual situations while women are expected to react to the initiation. (Kontula 2009.) This is also reflected in a common definition of heterosexual intercourse as (vaginal) penetration, ending with the male orgasm. "A notion of sex that privileges male needs and desires in a sexual division of labour in which he is the sexual actor while she is acted upon." Several studies suggest that conventional feminine sexuality puts young women at risk due to pressuring, violence, or unprotected sex. Women are usually expected to control their "material, hairy, discharging, [noise] emitting" bodies and to tolerate pain. (Holland et al. 1998.)

These different messages can be confusing for children when they start to explore their own bodies, recognize other genders, and make sense of their own sexual identity (Renold 2004, 1). These learned behavioural patterns that tell men and women how to react to sexual situations are restraining the options for individuals. This can provide guidance in pursuing own objectives. However, these internalized models can also cause negative feelings of, for example, shame for acting against societal expectation. (Kontula 2009.) The over-generalisations of these kinds of patterns or models are gender stereotypes (European Institute for Gender Equality 2013, 14). The assumption of "stereotyped social and cultural roles" as well as unequal rights "in legal, social, and cultural situations" due to one's sex and/or gender are defined as gender inequality or gender discrimination (European Institute for Gender Equality n.d.c).

### 3.2 Gender Equality

Verloo (2006) describes three different approaches towards gender equality. The first one emphasizes the exclusion of women from male dominated spaces. The suggested solution in this approach is to provide women with the same opportunities and rights as men without “challenging dominant patriarchal values”. The second approach does just that by highlighting “the existence of an unquestioned male norm”. This forces women to attempt compliance with this norm. In this case, gender equality could be achieved by acknowledging female identities and thus providing women with equal chances. The third approach views “the gendered world itself” as the problem. Hence, an approach of diversity that recognizes gender as just one aspect of identity would create equality. (Verloo 2006, 23-24.)

The fifth goal of the 2030 Agenda for Sustainable Development - published by the United Nations - is to end all forms of discrimination against women and girls everywhere. The achievement of any of the seventeen Sustainable Development Goals (SDGs) depends on the achievement of gender equality. However, there remains much to be done. According to UN Women, gender-based violence is the most pervasive human rights violations in the world today. (UN Women n.d.) This approach focused on gender equality as a female issue; however, also men experience gender inequalities in the form of lower life expectancy, bad health, lower education levels, and rigid gender norms (European Institute for Gender Equality n.d.b). This still leaves out the experiences of other genders which also need to be recognized in the attempt to achieve gender equality. Hence, a comprehensive understanding of “gender equality implies that the interests, needs and priorities of people of all genders are taken into consideration, recognizing the diversity of different gender groups”. Hence, gender equality is crucial for a “sustainable people-centred development”. (UN Women n.d.)



### 3.3 Intersectionality

Phoenix (2006) defines intersectionality as the aim to account for the various structures and relations of everyday life and “the power relations that are central to it”. The key aspects of intersectionality are to “make multiple identities visible, which are relevant in daily life, and to acknowledge that this does not happen in a power-vacuum”. The concept of intersectionality challenges the idea of a uniform group, based on a single characteristic and thus acknowledges the diversity within any group. It further considers the hierarchies of everyday life and the involved power distributions. Finally, intersectionality also recognizes commonalities of differing groups. Hence, acknowledging intersections makes it possible to consider the multi-layered power advantages as well as disadvantages of different identities or groups. (Das Nair & Butler 2012, 2.)

The use of an intersectional approach in research “enhances critical thinking skills and decision-making practices related to the intersections of race, class, gender, sexual orientation, religious background, ability, and other identities” (Davis et al. 2011, 2). Subsequently, when talking about gender equality, it should be considered that women have different experiences based on the various aspects of their identity (61st Commission on the Status of Women 2017). That is why an intersectional approach is crucial to obtaining (and even discussing) gender equality. For example, one study found that sixty-six percent of women of African descent in Colombia were more likely than white women to drop out in the ninth grade. Further, they were 58 per cent less likely to obtain a university degree compared to white men, and 32 per cent less likely than black men. The researcher observed similar outcomes in the labour market and the health care system. (The Office of the High Commissioner for Human Rights 2017.) I could not find any equivalent research data about Finland.

The fight for LGBTIQ+ equality is also closely linked to gender equality. Homophobia, transphobia, and sexism are all rooted in the prejudice that the sex and gender we are assigned at birth dictates who we are. (McBride 2016.) When labels such as “gay” or “lesbian” are used as insults, they are questioning the masculinity or the femininity of the person in question. Hence, gender stereotypes

are encouraged that limit the possibilities for different individuals. (Lam 2014.) Another example for the relevance of intersectional approaches are women with disabilities who experience double discrimination for example in hiring, equal pay, access to training, credit, and rarely participate in economic decision-making. Furthermore, they face difficulties in attaining access to adequate housing, health, education, vocational training and employment, and are more likely to be institutionalized. (Department of Economic and Social Affairs n.d.) According to a research by Promundo, men who believe in toxic ideas of manhood, such as 'a man must be strong' are also more likely to sexually harass women (Promundo 2018). Consequently, everybody would benefit from an intersectional approach towards gender equality.

### 3.4 Sexual well-being

The WHO (n.d.) defines sexual health as somebody's physical, emotional, mental, and social well-being in relation to sexuality. Hence, good sexual health is more than just the absence of health problems or impairments, it describes the opportunity to enjoy safe sexual experiences. (World Health Organization n.d.a.) Furthermore, being sexually active is suggested to promote positive general health outcomes. Different studies have found a connection between an active sex life and health benefits such as a possibly lower risk for cancer and cardiac disease. Orgasms also reportedly ease migraines and menstrual pain and decrease the risk of endometriosis (growth of tissue that resembles uterine tissue outside of the uterus). These benefits are probably results of the release of oxytocin, dehydroepiandrosteron (DHEA) hormones, and endorphins due to sexual arousal, orgasms and the reduction of stress. Orgasms also can have a sedative effect that helps people sleep. (Kontula 2009, 14.) However, to achieve good sexual health, everybody's sexual rights must be recognized by for example providing protection against discrimination and violence. According to the WHO (n.d.), public health policies and practices often lack this insight. (World Health Organization n.d.a.)

Nowadays, consumers of traditional as well as digital media are regularly exposed to sexual content. Representations of responsible sexual behaviour (e.g. consent and condom use) and different risks (e.g. STDs and pregnancy) are rare. The effects of an exposure to such content in digital media has not been examined much yet. However, a few studies associate the posting of and looking at sexual content on social media sites with a problematic shift in personal beliefs and behavioural patterns. Also, the consuming of pornography from online sources seems to affect adolescents more negatively compared to offline sources. However, also the exposure on traditional media appears to influence the understanding of how to act in sexual situations. Generally, the consumption of sexual content evidently influences “attitudes about sex and gender, earlier progression to sexual activity, pregnancy, and sexually transmitted infection among adolescents”. Thus, the effects of such media content on sexual-wellbeing needs to be researched further. (Collins et al. 2017.)

There are various aspects that can affect one’s sexual well-being. For example, female survivors of sexual abuse during childhood (in cases of penetration or attempted penetration) are less likely than their peers to experience good sexual well-being during adulthood. Instead, they are at higher risk of being “sexually revictimized”. Lemieux and Byers (2008) also found that these women engaged to a greater extent in extreme sexual behaviour than their peers (e.g. “casual sex, unprotected sex, and voluntary sexual abstinence”). They further reported on an average “fewer sexual rewards, higher sexual costs, and lower sexual self-esteem”. (Lemieux & Byers 2008.)

People in (heterosexual) relationships can have problems with their sexual well-being due to an imbalance of sexual desire. As previously mentioned, women can find sexual intercourse less enjoyable due to the absence of orgasms. This can lead to a decrease in sexual desire just as much as for example a long marriage, dissatisfaction with one’s partner, a large number of children, and financial worries. A lack of sexual desire can also be an indicator of unhappiness, illness, or dissatisfaction with the quality of intercourse. Since men in a relationship on average desire sexual intercourse more often than their female partners, this tends to cause an imbalance. Women often engage in intercourse only to satisfy their partner. (Kontula 2009.)

This explains Kontula's (2009) findings, that men are often not aware of the lacking desire of their female partner. According to Kontula (2009), this originates from women not wanting to hurt the feelings of their male partners and their wish "to protect their own sexual image". These issues have the potential to affect a relationship negatively if the couple does not communicate openly. When women engage in sexual intercourse, they additionally have to assess the risk of a pregnancy, which tends to make women more passive when initiating sex. (Kontula 2009.)

Sexual enjoyment increases the desire for intimacy and positive feelings for the partner. For women, sex usually becomes more enjoyable after some years of experiences. They understand better what they like and need, hence they get aroused more easily. Another aspect that might increase somebody's sexual well-being is masturbation. The previously described change towards the increased popularity of masturbation in Finland shows a greater wish for sexual satisfaction. However, it could also be an indicator for a lack of enjoyment from intercourse. Either way, masturbation provides an alternative for experiencing sexual pleasure without being exposed to any of the concomitant effects of sexual intercourse. Masturbation has received some public attention as a possibility to claim ownership of one's sexuality, especially to women as a means of emancipation from men. (Kontula 2009.)

### 3.5 Sexual well-being from a life course perspective

Traditionally, the life course is understood as four sequenced stages that individuals live through. Those stages are infancy, childhood, adulthood, and old age. The progressing through the stages is usually measured in the number of years somebody has lived. This number determines when somebody is considered old enough to engage in sexual intercourse, to vote and to drive. At the same time, some attention should be given to citizenship since some individuals (children, elderly people, people with disabilities) might have less agency than others. (Hockey & James 2003.)

During the 20th century, however, new ideas emerged in western societies suggesting that there are more life stages. These stages are connected to turning points in the life course, such as leaving home, marriage, and childbirth, instead of the numeric age. The transition between life stages often represents a fluid process. However, structuring the life course like this does not reveal much about individual experiences while adopting these different identities. (Hockey & James 2003.)

The concept of family should be considered in the life course approach since it is an important aspect in many people's lives. At first, it is a vehicle while developing identity. Later, the meaning of family might shift, especially when individuals start their own families. (Hockey & James 2003, 158.) This also correlates with the process of ageing which is fundamental to the life course. Consequently, people's social status experiences change just as their connection to their surroundings does. Ageing is accompanied by various stereotypes depicting old age as a problem and even "a social threat to younger people". The lack of appropriate media representation contributes to this image. (Manderbacka, Leppo & Topo 2005, 17.)

Societies usually have certain expectations towards individuals in different life stages. There are notions of what one is supposed to do when entering a new stage and what should not be done anymore. A good example for this is sexuality. Children are asexualized, they are supposed to be 'innocent' and not express sexual feelings or an interest in sexual practice. (Hockey & James 2003, 142; Kontula 2013, 196.) This concurs with experiences of children that were discovered by their parents while engaging in sexual play. As Kontula (2009) describes, the parents usually reacted with punishments as a result of their own incapability to cope with the situation constructively. The outcomes were oppressive memories for the children due to feelings of e.g. shame. These experiences had the potential to affect their sexual beliefs and behaviours even in adulthood. (Kontula 2009, 82.) Opposed to this, the bodies of adolescents become sexualized (Kontula 2013, 196). Hence, sexual intercourse is also understood by some as the pathway to adulthood by "claiming ownership of one's sexuality" (Kontula 2009, 92).

People of old age are again considered asexual, even though “regular sex may actually be therapeutic and prevent some of the negative physiological effects of ageing” (Hockey & James 2003; Kontula 2013, 195). Sexuality in old age is just starting to receive more public attention. Currently, there is still stigma and a lack of understanding of the topic since the physical appearance of elderly is not considered sexually attractive (Syme n.d.; Kontula 2013, 195). However, sexuality is present in most people’s life throughout the life course as an important aspect of relationships and personal well-being, even though the meaning usually changes during the different stages (Syme n.d.). The sexual well-being of individuals can be impaired due to age-related challenges such as erectile dysfunction, problems with vaginal lubrication, illness, libido loss due to medications, or disabilities; or if there is simply a lack of a sexual partner, which is a greater issue for heterosexual women since they tend to live longer than men. (Kontula 2009.) Besides these physical aspects also “emotional, social, and cultural aspects of aging sexuality” needs to be considered. This includes “body image, mental health, sexual self-esteem, partnership status, relationship satisfaction, and cultural sexual values”. (Syme n.d.)

## 4 METHODS

For this research, two qualitative research methods were used. The research data was recorded in form of a narrative. The method of data collection was a semi-structured interview. These two methods will be further described in this chapter.

### 4.1 Narrative research

Bold (2012) believes that narratives “help people to construct and understand their own social world” (Bold 2012, 13). Hence, they are omnipresent in our daily lives and form a substantial aspect of any culture. This is also reflected in the definition by Geertz (1975) of the construction of culture as the “ensemble of stories we tell about ourselves”. Telling stories is a way for individuals to structure personal experiences according to their significance in a particular cultural context. (Fraser 2004, 180.) Riessman (2008) writes that also on a social level, stories presumably “create possibilities for group belonging” (Riessman 2008, 73). Hence, narratives support “human sense making”, represent experiences (and not the reality), and promote a development of the involved parties (Squire 2008).

The purpose of narratives as a research method is the exploration of social phenomena by recognizing “people’s strengths and engage them in active, meaning-making dialogues” (Fraser 2004, 181). According to Bold (2012), the benefit of narratives is that they usually encourage the narrator to reflect on their experiences. Hence, narratives do not provide an objective report of events. Instead, they depict an interpretation of events regarding the narrator’s personal perspective and understanding. The perception of a story is always also influenced by the social context. This provides narrative researchers with a special insight in “contextual influences”. (Bold 2012.)

The aim of using biographical data in research is to reflect the reality as closely as possible (Bold 2012, 11). Hence, certain features should be considered, such as those identified by Clandinin and Connelly (2000): temporality, people, action, certainty, and context. Most research methods focus solely on the present. Narrative research additionally acknowledges the past and possible future of people and events. The collection of narratives can happen by means of various methods that are traditionally not necessarily understood as a story. Examples are “drawings, photographs, poetry, plays, video recordings, interview scripts, ad hoc conversations, and sequential observations”. Currently, social science researchers preferably collect narrative data with “interviews, ethnographic observation, and conversations” as research methods. (Bold 2012.) The data collection method that was used for this research was a semi-structured interview, which will be further described in the following chapter.

#### 4.2 Semi-structured interview

“Researchers of social contexts usually choose to interview people when they are interested in their lives: their experiences, their emotions and their thoughts about their situation.” Hence, a researcher can study what effects political and social changes can have on different people. (Bold 2012, 96-97.) There are two major styles of interviewing, the structured and the semi-structured interview. The first one describes a pre-determined set of questions in a fixed order. In a semi-structured interview, however, the research has more freedom. The questions can be phrased differently, asked in a varying order, and the researcher can probe for more information by asking further questions. The interviewer might even initiate a discussion by expressing their own opinion on the topic. Structured interviews are used when the researcher is able to anticipate the results regarding the research topic, so that extensive answers are not required. The flexibility of a semi-structured interview is preferred when the research area presents new ground. (Fielding & Thomas 2008, 246-247.)



Semi-structured interviews are usually guided by some main questions. This allows for the flexibility to ask further questions to clarify the interviewee's answers, while at the same time maintaining focus. Hence, the interviewer is required to already analyse the importance of occurring themes during the actual interview. (Bold 2012, 95.) The use of follow-up questions – verbal and non-verbal – are called probing. Probes are tools for achieving comprehensive answers, therefore they should be phrased as neutrally as possible. Interviewers can also share their own experiences or opinions. (Fielding & Thomas 2008, 250.)

Fielding and Thomas (2008) described two principles that should be followed when conducting an interview. Firstly, the researcher should ask open-ended questions to motivate spontaneous and elaborate answers. Secondly, the questions should motivate answers about “underlying attitudes, beliefs and values”. The conversation should be in a clear and open manner. However, there are some challenges that could occur during interviews. Respondents can get distracted by an insecure researcher or try to give the answer they believe the researcher wants to hear. That is why the interviewer should be self-aware and conscious of the information the interviewee receives in advance. In an interview situation, some respondents might avoid talking about aspects of themselves which they do not appreciate. Another tactic to avoid talking about own opinions and views can be to resort to “socially acceptable responses”. It can be helpful to personalize the conversation to get a connection to the respondent. (Fielding & Thomas 2008).

The researcher will automatically have some effect on an interview. This can be due to the individual structuring of the interview or the phrasing of the questions, as well as through the researcher's behaviour. According to Bold (2012), that is why an interviewer should clarify their own position regarding the research topic right away. (Bold 2012, 101.) Other aspects that were found to affect the interaction of interviewer and interviewee are ethnicity, age, sex, social class, and religion (Fielding & Thomas 2008, 255).

For this research, a semi-structured interview was used to collect qualitative research data in form of a narrative. The flexibility of this structure gave me the opportunity to respond to the reactions of the interviewee and to go further into

detail when necessary. I also argue that a semi-structured interview was best suited to acknowledge the sensitivity of the research topic. I structured the questions into seven different topics which are subject to different stages of the life course. The topics are sexual education (formal and informal), body image (through puberty and in adulthood), family life, sex, personal safety, any services specifically for girls or women, and aspects related to the ageing process. The structure and the exact interview questions can be found in appendix 2. During the interview, however, the questions were not necessarily asked in the same order or phrased the same way. Furthermore, some probing occurred, which is naturally not reflected in the prepared questions.

## 5 PROCESS DESCRIPTION

This chapter provides a detailed description of the research process. There is an introduction of the interviewee Aino, as well as an explanation of the data acquisition for this research and the method of data analysis. The chapter also includes the ethical considerations and limitations that are subject to this research.

### 5.1 Aino – the Interviewee

I was searching for an interviewee in the approximate age range of 40 to 60 years. The purpose of the minimum age was to ensure that the respondent has passed through three life stages from the traditional life course approach already (childhood, adolescence, and adulthood). Furthermore, this increased the likelihood of the respondent having experienced various turning points, for example studying, employment, and relationships. This gave me the opportunity to research the sexual well-being of the respondent in a variety of situations according to the life course approach. However, I also wanted the interviewee to be raised during the aftermath of the sexual revolution in the 1960s. Hence, there was already some kind of public awareness regarding the relevance of sexual well-being during the whole life of the respondents. One example for this is the sexual education which emerged in the 1970s in Finland and has been improving since. I believe that this makes the data collected from the interview more relevant. Another criterium was that the interviewee was born and raised in Finland since the study focused on the Finnish context. Finally, the respondent needed to be a woman, since this research was supposed to reflect on a female perspective.

The interviewee that I found for my research is a Finnish cis-woman in the beginning of her fifties. I will call her Aino, not to reveal her identity. I found her

through my private contacts, although I do not have a personal connection to her. She grew up in a foster family in Helsinki. Aino is a lesbian and currently in a steady relationship. She belongs to a minority group. The term “minority” in this context refers to a group with little to no power in a society. This can for example apply to racial or ethnic minorities, gender and sexuality minorities, religious minorities, or people with disabilities. (Lumen n.d.) Aino engages professionally with issues of equality and minority rights. Her belonging to two minority groups was not a requirement for this research, but also not an obstacle in achieving the research aim, since the experiences of members of these minorities belong to the research topic as well.

## 5.2 Data acquisition

The method of data collection was the previously described semi-structured interview. The interview was conducted in September 2018. I audio-recorded the interview, not to disturb the flow of the conversation by taking notes. The respondent gave her permission to being recorded. I then transcribed the audio file in a narrative style instead of a conversation. This depicts a sole focus on the narrator’s story, while the attendance of the interviewer disappears. (Riessman 2008, 58.)

## 5.3 Data analysis

Working with qualitative research data is necessary to get a deeper understanding of specific events and the way different people make sense of them (Bold 2012, 120). To be able to analyse the effects of culture and social structures in narratives, researchers need to have some understanding of the social context of the narrative in question (Fraser 2004, 182). One example can be the statement by Kitzinger (2013) that the experiences of women are subject

to “social discourses such as heterosexism and patriarchy” (Kitzinger 2013, 116). This should be considered when analysing research data. This is also where the concept of intersectionality shows in practice, as qualitative approaches allow researchers to explore how different facets of one’s identity shape one’s experiences of, for example, gender specific services and spaces.

The research data for a thematic analysis can be gained from stories for example from interviews, group meetings, or written documents. There, the researcher concentrates mainly on the *content* of the received information. (Riessman 2008.) Thematic analysis is most useful when the research project has a clear focus. This should be reflected in the questions during an interview and hence produce the corresponding answers for the research question. According to Bold (2012), themes for the analysis will then automatically emerge. (Bold 2012, 131.) When using thematic analysis, no or only little attention is paid to the manner of storytelling. Hence, it is not relevant what language is used, or to whom and why the respondent is telling something. (Riessman 2008.)

Braun and Clarke (2006) suggest a six-phase framework for executing a thematic analysis, which I conformed to. The first phase is to get familiar with the research data. This was done by listening to the recording of the interview, transcribing it, and proofreading the transcript. The next phase is the generation of initial codes. I used colour-coding for this purpose. The third and fourth phase consist of searching for themes and reviewing them. Here, I organized the coded text into themes. In the fifth phase, these themes are defined and named. I identified Aino’s belonging to a minority group and her sexual orientation as the main themes in her story. Other themes that came up in connection to her sexual well-being were the health issues of her partner, repeated experiences of harassment and discrimination, and her fight for equality. I analysed these themes against relevant literature and the earlier defined key concepts of sexual well-being, gender, gender-equality, intersectionality, and the life-course. The final phase consists of the reporting of the findings, which is fulfilled with this thesis report. (Braun & Clarke 2006.) Since this research had a clear focus, thematic analysis was most suitable to study the experiences of Aino in a social context.

## 5.4 Ethical considerations

Following certain ethical rules or guidelines is crucial to every research to guarantee respect for the rights of the participants and to ensure their human dignity. Since professionals in the social sector can affect service users with their actions, they always need to recognize a set of ethics. Bulmer (2008) lists as examples for such ethical considerations: informed consent, respect for privacy, safeguarding the confidentiality of data, avoiding harm to subjects and researchers as well as deceit and lying. Researchers might also self-censor their own work before publication to protect their participants from harm. This is especially the case when researching disadvantaged social minority groups. (Bulmer 2008.)

The ethics of my research are in line with the six key principles specified by the Economic and Social Research Council (n.d.). The first principle mentions the voluntary participation of the interviewee and the protection of their rights and dignity. The research should further have a greater value than the accompanying risks. In line with the third principle, I ensured that Aino had comprehensive information about the purpose of this research and the use of her data before the interview started, as the consent paper in appendix 1 demonstrates. To guarantee the anonymity of my respondent, I changed her name and treated all information I have about her with confidentiality (fourth principle). According to the fifth principle, the standards of integrity should be recognized as well as the “transparency and quality” of the research. The last principle emphasizes that the independence of the research should be clear, and any conflicts of interest or partiality should be explicit. (The Economic and Social Research Council n.d., 4.)

The topic of this research of sexual well-being can be considered of a sensitive nature. According to Hydén (2008), the sensitivity of a researched topic needs to be considered and recognized. What is understood as sensitive depends on cultural norms as well as the personal view of the people involved. Topics around sexuality are usually not discussed in public or with strangers and thus are by many regarded as sensitive. In addition, the uneven power distribution between

a social worker – as representative of a culturally valued position – and a service user can make many topics sensitive. (Hydén 2008.)

A sensitive research topic requires some further considerations regarding privacy and issues of confidentiality. According to Bulmer (2008) and additionally to the above described ethics, the interviewee should be mentally prepared for the topic, have a “scope for self-expression”, and should be aware of the option to withhold information from the researcher (Bulmer 2008, 150). Hence, several days before the interview, I provided Aino with the main topics that I wished to discuss with her. As the consent paper (see Appendix 1) shows, I also specified the possibility of withholding information. I kept a scanned copy of the signed paper and made the signature unrecognizable, then I disposed of the physical copy. Before starting the interview, I inquired whether there are any topics I should not address at all, to prevent triggering any traumatic memories or flashbacks. However, there was no such topic that Aino wished to avoid. The scope of expression was somewhat limited by the timeframe and since the data was collected by means of an audio-recorded interview, the main channel of expression was verbally. The audio file and the transcript of the interview are protected against access by others. The recording will be destroyed after the publication of the thesis.

During the interview, Aino talked comprehensively about her working life, sharing personal information that could make it possible to identify her. This raised for me the question of self-censoring. I decided to leave out some information from the transcript and to conceal Aino’s minority group. It was rather challenging to decide which information can be used and what should be kept confidential, especially since I could have analysed this aspect of her life more comprehensively than it was now possible. Due to Aino’s engagement in advocacy work, she did not seem to worry about this issue herself. However, since this is an academic research, the previously described ethical guidelines need to be followed and thus the privacy and confidentiality of the interviewee and sensitive data need to be secured. The thesis was shown to the interviewee prior to publication.

## 5.5 Limitations of the research

The use of narrative as a research method is accompanied by certain limitations a researcher needs to recognize. Narratives focus on a limited number of individuals, hence there are many untold stories of others, “which involves the researcher in denials, repressions and displacements”. When listening to self-reported stories, there is always the question of truth content. Everybody has their own perspective of events, and memories can be flawed. Furthermore, an interviewee might be more interested in presenting themselves positively than in being accurate. (Andrews, Sclater, Squire & Tamboukou 2013, 102 & 114.) Interview topics might also put the interviewee into a vulnerable position, if they are, for example, ashamed of something that is culturally stigmatized. “An interviewer is always at risk to be viewed as superior by the interviewee”. Hence, they might avoid talking about certain issues, leading to a lack of information for the research. (Hydén, 2008, 123.) Especially semi-structured interviews require the researcher to be flexible and to intervene if necessary. This requires some training and is therefore usually difficult to accomplish for novice interviewers (such as myself). (Bold 2012, 101.)

The biggest challenge while conducting this research was to find a respondent for the interview. This was probably influenced by the private nature of the topic which is usually not discussed with strangers. Thus, I needed to get creative in approaching possible interviewees. Additionally, the above described issues are also subject to this research. I conducted only one interview with one respondent to get a deeper insight into her experiences. Therefore, the experiences of others (in similar situations) could not be considered.

Since I am a novice researcher, my lack of experience was bound to have some impact on the research, in terms of my rather newly acquired questioning and probing skills. A more experienced researcher might have received more or simply different information. Furthermore, it should be considered that the interview language was English which is the native language of neither Aino nor of me. Hence, there was an increased chance of misunderstandings and the danger of a loss of meaning. The setting of the research is Finland; however, my



Finnish language skills are not advanced enough to analyse potential resources that would have been relevant to the topic but were not available in English. Finally, according to Kitzinger (2013) there might be a “discrepancy between feminist and non-feminist ways of understanding experience” (Kitzinger 2013, 120). Thus, a reader might want to consider that this research is influenced by the feminist theory I applied, and that the outcome would have been different if my focus had, for example, been informed primarily by anti-racist studies or other theory. While I approached the thesis with an objective mindset, my personal choice of political theory necessarily impacted how I analysed the academic research results and different studies discussed.

## 6 FINDINGS

The interview with Aino generated two main themes, her belonging to a minority group and her sexual identity as a lesbian. Three other themes that occurred repeatedly were sexual aggressions Aino experienced, the health condition of her current partner, and her career. These themes are further explained and analysed in this chapter.

### 6.1 Minority group

Maybe the most prevailing theme in Aino's narrative is her belonging to a minority group. The significance of this part of her identity becomes visible throughout her life-course. Aino lived in a home for children from a minority background until she was almost seven years old. Then she came into a Finnish foster family. In her foster home, Aino started early on to take over most cleaning tasks. She tells that it was normal for girls and women in families of her minority group at the time to take care of the household. As a child, Aino experienced sexual harassment by men regularly. Aino felt that her minority background increased the sexual interest men had in her. For the same reason she also experienced discrimination. Hence, Aino attempted to hide her belonging to the group when she was young. The experiences of sexual harassment are shared among many women because of patriarchal structures and norms. However, the example of Aino's story shows that these experiences differ according to various aspects of one's identity, as the intersectional approach states.

During adulthood, the theme of Aino's minority background is closely intertwined with her sexual orientation. Her minority group disapproved of her lesbian identity. This affected different areas of her life. Aino did not share her sexual orientation with the community, but even the suspicion that she might love women was enough for the minority group to talk about her negatively. She describes her life

during adulthood as hell-like due to the treatment by the community. Hence, she moved twice to another country with her partner. At that point in her life, Aino was too young to talk about these issues openly. This shows the relevance of a life-course perspective. At this stage of her life her minority group had certain expectations that she was supposed to follow. Since her sexual orientation posed an aberration from the script, Aino was punished by her own community.

Later, when she moved back to Finland, the minority group did not care about Aino's sexual identity anymore. Due to her advanced age, Aino entered another life-stage and thus her position in the community changed. Now, she has the respect of her community and the previous issues have vanished. Furthermore, Aino has been actively promoting the rights of minorities the whole time; this helped her to be accepted back into the community. Members of this particular minority group acquire more respect and rights with age. Hence, Aino is now old enough to have gained the social status to be able to talk openly about sexuality, even though this is usually not discussed in this minority community. Thus, she became a support person for young lesbians who belong to the same minority group as herself.

Aino's life has been strongly impacted by her minority group. This also expands to her sexual well-being. The minority group did not allow her to express her sexuality the same way her heterosexual peers could. This poses a violation of Aino's sexual rights according to the definition of sexual well-being as well as a constrain to her social well-being. This discrimination also had the potential to affect her emotional and mental well-being.

## 6.2 Sexual identity

When she first started to explore her sexuality with others, Aino was only dating boys. This was in the 1970s and 80s, when there was not yet much awareness about homosexuality which was only legalized in Finland in 1971 and no longer treated as an illness from the 1980s (Equaldex n.d.). The national human rights

NGO Seta was founded 1974 to promote equality, with a special focus on sexual and gender minorities (Seta n.d.). Hence, it was still confusing for Aino to understand her sexual orientation when she had her first girlfriend at the age of nineteen. Her foster mother has not accepted that part of her even now. Aino recalls how her foster mother asked her what kind of person she was. This question kept her busy for a while, which shows that she was confused about her identity during that time. The fact that Aino did not have any support by her family, community, or at school made the development of a good sexual well-being even more challenging.

This shows how important comprehensive sexual education is. The Finsex survey found that more than 50% of adolescents received enough sexual education in the 1980s (Kontula 2010, 384). However, this was not the case for Aino. She studied various topics independently though, such as everything surrounding sexuality that she could find in specific magazines. For example, she tells that her menstruation started earlier in her childhood compared to other girls. Hence, she learned to handle it by herself and at an earlier stage than the girls around her. However, according to the findings of Vartio (2017), the sexual education in Finland has improved since then (Vartio 2017). Currently, sexual education provides information on aspects of “physical, psychic, and social development”. Classes about sexual and gender minorities are also intended according to the curriculum. The main aim of the Finnish approach is to enable adolescents to make informed and responsible decisions. (Kontula 2010.)

When Aino was between thirty and forty, she remembers encountering some problems due to her femininity. She reports that some people had difficulties believing that she was a lesbian. Since Aino is very feminine, it was apparently strange for some that she did not want to live with a man. This reflects a certain gender expectation by the mainstream society that associates femininity with heterosexuality. At the time, adopting a child together in a same-sex relationship as well as marriage were not possible, both just became legal in Finland in 2017 (Equaldex n.d.). Hence, the rights of lesbians and gays were restricted for a long period, depriving people like Aino from the possibility of choosing to get married or have children. This probably originated from a traditional and stereotyped

understanding of family as consisting of heterosexual couples (and their children).

Aino's story shows the importance of an intersectional approach to achieve gender equality. Her experiences were strongly influenced by her identity as a lesbian and a member of another minority group. Aino experienced discrimination and sexual objectification by the society. Instead of finding refuge in her community, she was excluded because of her sexual orientation. An aspect that Aino did not experience – since she cannot be considered as elderly – but that poses a challenge for elderly members of the LGBTIQ+ community is the threshold of accessing different services due to previous “experiences of discrimination and victimization”. A possible solution would be to establish specific services that consider such experiences. (Kontula 2013, 200.) As Benewaa Kusi (2017) concludes, there should be generally more awareness and sensitivity towards the sexuality of elderly by professionals in the field (Benewaa Kusi 2017). This should be done with an intersectional approach to consider the diverse aspects of the identities of elderly people. Therefore, topics around sexuality and gender could be covered more comprehensively in the curriculum of students from the social sector or employers could offer possibilities for further trainings.

### 6.3 Sexual aggressions, Aino's relationship, and her career

In Aino's story, I identified three other themes that influenced her sexual well-being during her life course. She mentions early contact with sexuality when witnessing inappropriate sexual behaviour – possibly abuse – in the children's home. The staff did not intervene but instead completely ignored this behaviour. When her own body changed during puberty, she was sexualized by others. The result were regular incidents of sexual harassment while Aino was growing up. This is an experience that more than half of Finnish women under the age of 35 shared with her during the past two years (Yle 2018). Aino did not have the opportunity to get support during this stage of her life, since there were no

appropriate services and sexual aggressions were just not talked about according to her. In this context, Aino also mentions the #metoo-movement which has received particular attention in 2017. Metoo is a hashtag which has been used in social media while sharing stories about sexual harassment to raise public awareness.

Aino does not approve of mixed saunas. For about two thousand years, going to sauna has been a well-established tradition in Finnish culture. Since sauna is enjoyed without any kind of clothing, public spaces provide separate saunas for men and women. Family members usually go to sauna together. (Valtakari n.d.) However, Aino did not grow up with her relatives. According to her, mixed saunas can provide an opportunity for inappropriate behaviour. This thought is probably influenced by her early experiences of sexual aggression and the lacking support to cope with it. This theme is dominant in her childhood and adolescence but vanishes during adulthood. The topic is highly gendered, since the majority of victims and survivors of sexual aggressions are female, while the majority of perpetrators are male. The experiences of LGBTIQ+ people require extra attention as a more vulnerable group.

Aino has now for five years been in a steady relationship. Her partner is chronically ill, so Aino is taking over caring responsibilities for her. This has some effects on their relationship. Much of the free time they spend together is invested in the illness. Aino often does not have much energy left to be sexually intimate with her partner. Also, the intense care taking decreases the romantic feelings. The health condition of Aino's partner seems the most challenging aspect to her sexual well-being currently. I do not know whether the illness of Aino's partner is age-related; while chronic conditions can affect people of every life-stage, such issues become more prevalent later in life as a negative impact on sexual well-being. It would be probably beneficial for Aino's sexual well-being if a health care professional would take over most or all care taking responsibilities for her partner. Hence, Aino and her partner could share more intimacy together, thus increasing the satisfaction within the relationship.

Due to her experiences as a member of a minority and being a lesbian woman, Aino is passionate about issues of equality – especially regarding sexual and

other minorities. She faced discrimination for a big part of her life, since childhood and through adulthood. At the time, she did not have the opportunity to make use of support services. Hence, she spent most of her adulthood promoting the rights of minorities. She has been volunteering and advocating for equality, and also her career is focused on these issues. Aino said that she will continue to work towards equality for the rest of her life.

## 7 CONCLUSIONS

This final chapter will provide an assessment of the findings of the research, as well as a reflection on my personal learning process. I conclude with some suggestions for further researches.

### 7.1 Assessment of the findings

Aino belongs to two minority groups, which makes her experiences quite unique in a Finnish context. Hence, her story probably cannot be understood as a mainstream experience of a Finnish woman. However, both minorities are well-established in the Finnish society and thus need to be considered as well. Furthermore, Finnish citizens can be marginalized due to various reasons and there is not one typical Finnish story. Examples of such reasons could be health conditions or economic status.

“Sexual desire, activity, function, attitudes, beliefs, values about identity, and self-concepts” are all important aspects of sexuality and thus intimacy (Kontula 2013, 195). The story of Aino shows that sexuality is part of all stages across the life course, as also described by Kontula in different publications. This manifested in form of the sexual interest by other children in the children’s home, the sexualisation of Aino’s body during youth by others, the judgment of her sexuality by her minority group during adulthood and the acceptance of her autonomy by the same group during later adulthood.

The interview has confirmed for me my hypothesis that topics surrounding sexuality should be discussed more openly, such as for example sexual harassment. There are many individuals, like Aino, who have experienced sexual harassment throughout their life course. This used to be (and often still is) considered normal, and naturally a part of women’s lives. Previously mentioned research and also the #metoo-movement with the subsequent public



conversation support this statement. When Aino grew up, there were no services in place to support victims and survivors of sexual violence. Nowadays, since the topic is gaining more attention, the state and NGOs in Finland are providing a range of services for different kinds of issues regarding sexuality. Examples are the previously mentioned Seta, as well as Sexpo and Pro-tukipiste. The municipality of Helsinki offers, for example, counselling at health stations, maternity clinics, school and student health care providers, and at a centralised contraceptive advice service (City of Helsinki n.d.). However, according to Aino, there is still stigma surrounding the use of such services. Hence, more needs to be done by raising awareness and discussing the topic openly. This would lower the threshold for accessing such services.

## 7.2 Assessment of the implementation of the aims and objectives

The main aim of this thesis was to research the sexual well-being of one woman during her life course as an aspect of gender-equality. I understand this aim as fulfilled by the interview with Aino. Her experiences from childhood until now (in her fifties) were researched. The results are an example of the strong impact somebody's community (in this case a minority group) can have on sexual well-being. Aino's story also confirms the lacking public attention to the topic, by e.g. barely any sexual education at school. It also proves the poor understanding of LGBTIQ+ issues as an important aspect of sexuality at that time. This became visible due to the reaction by the foster mother and the minority group to Aino's sexuality, as well as the absence of any social services.

The second aim was to bring some attention to gender aspects of sexuality related issues in social service contexts. I understand this aim as fulfilled with this report. The theoretical background chapter gives an overview of some gendered aspects of sexuality. The chapter on the different key concepts of this research provides the reader with some explanation of topics that deserve some consideration when discussing sexuality. Finally, Aino's story gives some examples of the intertwining of sexuality and gender in form of her experiences

of sexual harassment and objectification as well as expectations to her as a woman.

The last aim was to increase the sensitivity of social sector professionals. It was a bit of a surprise that Aino did not access any social services – except the foster system in her childhood – despite the challenges she experienced. Furthermore, the staff at the children’s home did not do anything to promote a healthy sexual understanding of the children, even though there was an obvious need. Hence, her story shows the need to acknowledge sexuality as an important aspect of well-being and vice versa. Thus, I hope, reading this report will increase the sensitivity of professionals of the social sector.

The first objective was to examine the gender-equality in Finland, which was done as part of the theoretical background in the second chapter. The information was retrieved from various relevant sources. The data proves Finland to be very progressive in terms of gender equality. However, the information also reveals the persisting inequality in safety issues and the vulnerability of female prostitutes in Finland.

Secondly, I wanted to examine the status of sexuality in Finland, with a focus on gender differences. This objective was reached with the chapter on sexual trends in Finland during the last decades. The data for this chapter mainly came from literature based on the Finsex surveys, but also on information from the National Institute for Health and Welfare. The literature shows that the sex life of Finns has on average become less satisfying and less active.

The last objective was to research sexual well-being in relation to the life course. This was fulfilled by chapters 3.4 sexual well-being and 3.5 sexual well-being from a life course perspective. These chapters present a definition of sexual well-being and of the transformation of sexuality throughout the life span. This manifests strongly in the different societal expectations regarding sexuality during childhood, adulthood, and old age.

### 7.3 Professional development

The first challenge I had to overcome was to find a topic I wanted to research and narrow it down to make it a realistic project for a thesis on a bachelor's level. The research on hand was the first extensive qualitative research I executed. To be able to conduct this research, I studied relevant literature on the Finnish history of gender equality and sexual rights and the development of different services that are currently in place in Finland. Hence, I got a comprehensive understanding of the topic which enabled me to put Aino's story in context.

The process of this thesis helped me to further develop some of the competencies set for graduates of the Bachelor programme of Social Services. Since this thesis was a qualitative study, I trained to comply with ethical principles and guidelines. With this research, I produced information to promote a gender sensitive approach towards the topic of sexuality. Since women represent a more vulnerable group in terms of sexuality than men, this report aimed to advocate for the sexual rights of this group according to ethical competencies in social services. A patriarchal mindset is part of national and global structures that keep gender inequalities in place, thus impairing the well-being of many. Hence, the analysis in this report is part of critical societal competencies. (Diaconia University of Applied Sciences n.d.)

### 7.4 Suggestions for further research

I suggest to conduct further research regarding the quality of services concerning sexuality today and the threshold for approaching such services. During her childhood, youth, and much of her adulthood, Aino was lacking any kind of support with her experiences of bullying, sexual harassment, and discrimination. However, she also talked about the progress in Finland in form of different services. Hence, it would be interesting to learn about the experiences of younger

generations. How about the stigma of using these kinds of services? What helps to lower the threshold when seeking help?

Another research project could study whether children and adolescents today receive enough support and empowerment to have a healthy sexual lifestyle. Do the nowadays high levels of exposure to digital media affect their sexual well-being, attitudes, expectations, and so on? Do they understand the concept of consent? Would an internalization of the concept decrease e.g. unwanted sexual advances and offences?

Another focus could be the perspective of different minority groups in Finland and the status of their sexual well-being. Do individuals of sexual minorities commonly experience a confusion about their identity? Do schools teach enough about these issues? Aino's mother still does not accept her sexual orientation. Are there services to help parents understand and support their children? Members of ethnic minorities might have a different understanding of sexuality than the mainstream Finnish society. How does that influence their sexual well-being? Are there services in place to support them if needed? While my study has demonstrated a positive development towards more services, more sexual education in schools, and more openness in Finland, it has also demonstrated the relevance of continued research, as much remains to be done to fully establish safe environments for healthy sexual life-styles throughout society.

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## APPENDIX 1: PAPER OF CONSENT

I am Johanna Knautt, a bachelor's degree student of Social Services at Diaconia University of Applied Sciences in Helsinki. I am conducting a research on sexual well-being during the life course of one interviewee.

The aim of the research is to investigate the respondent's sexual well-being in different life stages from girlhood until now in a Finnish context. Hence, I wish to learn how the Finnish culture shaped her sexual understanding and how different services influence/d her well-being.

I want to find out how the respondent learned about sexuality, how she experienced her sexuality, what are her experiences with social and health services regarding sexuality (e.g. sex education, reproductive health services, NGOs, ombudsman), and how she feels about different topics such as safety, sex, and body image. If certain topics are too sensitive, the interviewee has no obligations whatsoever to depict those. The interviewee has the right to review the transcript of the interview before publication and to alter or remove information.

The research is for purely academic purposes and will be treated accordingly. The results will be documented and published anonymously in form of a bachelor's thesis on theseus.fi.

The interviewee hereby confirms to have read the information on hand and agrees to the use of her data which was collected during the interview for the described purpose.

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Signature and Date

## APPENDIX 2: INTERVIEW QUESTIONS

### **Sexual education (formal and informal):**

- How did you develop an understanding of sexuality? Have there been any taboo topics?
- How did other children express their understanding of sexuality?
- What did you learn about sexuality in school? (e.g. in biology, religion, about safe sex, abortion) Do you think the information were enough?
- How have you been prepared for menstruation, including problems and side-effects (school, peers, mother)?

### **Body image:**

- How did you feel about your body and it's change through puberty?
- What was the attitude towards body hair during your youth?
- Could you tell me about your body image today? (Are you comfortable with your body? Accepted by others?)
- How are your experiences of sauna in relation to body image? Do you think it affected your body image?

### **Family:**

- Can you tell me about the interrelations in your family while growing up? (e.g. regarding expectations or roles)
- What about your current relationship? (expectations, roles)

### **Sex:**

- How would you evaluate your sex life?
  - ➔ Do you talk about needs and desires with your partner?
  - ➔ Do you think you and your partner matter equally?
  - ➔ Do you ever feel shamed for your sexual desires?

**Safety:**

- How do you feel about your personal safety (inside or outside the home)? Do you think other women feel the same?
- How do you understand sexual harassment? Would it be ok for you to share some experiences? How do you feel people in Finland talk about these kinds of things?
- Have you experienced any kind of discrimination due to your gender (school, working life, private life)? Do you have the feeling e.g. the ombudsman could help with this?

**Social and health care services:**

- Did you use any services or participated in activities/events specifically for girls or women, provided by your municipality or NGOs (e.g. girls' house, reproductive health services, peer groups, counselling, child care services)?
  - ➔ How would you evaluate these services?
  - ➔ If no, why do you think that is?
  - ➔ How do you feel these services are viewed by the public?

**Age:**

- How do you feel age is impacting your sexuality?
- How do you think society evaluates sexuality in different ages?