

SEX EDUCATION IN FINLAND FROM 1970 TO 2010

Information for workers in the social field

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ABSTRACT

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In this thesis, the topic of sex education is viewed from different aspects including how sex education and the services in that field have developed into what they are today. Sex education is explained in terms of what it includes, how it can be taught, and how services provide it in Finland.

The emphasis is to give the reader a clear image concerning how people of different ages received sex education, its level of quality, and the effects different changes in legislation and society have to peoples' values concerning sexuality.

Taking into account that social field workers face clients from different age groups, an aspect of psychology is also included in the form of a life course theory, and how age has an effect to a client's values. In addition to age, political ideology, information sources, religion, cultural habits, education level, laws, etc. have an effect to our sexual health and therefore our understanding of sexuality issues.

Material for this thesis has been gathered from books related to sexual health, Internet pages of sex education related foundations, associations, articles, and legislation. Using the material, tables were made to show the crucial changes and events in Finland from 1970's.

After reading this thesis, the reader will have a comprehensive view of sex education in Finland and its history. When understanding the changes that have occurred since the 1970's it will help social field workers to face clients, reduces the difficulty in talking about sexuality, and develops them as professional workers in the social field.

Keywords: sex education, sexual health, Finland, sexuality, life course, curriculum, social field worker.

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1. INTRODUCTION

Sex education and reproductive health in Finland have changed a lot during the previous decades. The public and private sectors, as well as the non-governmental organizations (NGO's) provide various services to promote sexual health and sex education, but this has not always been the case. The variety of changes and development in this field affect how people from different age groups have experienced sex education in their youth.

Using the material related to the topic, these main questions will be answered in this thesis: how sex education has developed in Finland from 1970 to 2010 and how Finland's legislation and society related to sexuality have changed from 1970 to 2010?

Time period of 1970 to 2010 was chosen, because four decades already show various developments that have taken place in the fields of sex education. Fifth decade would make the thesis broader, but that is not the main topic. The thesis is easier to read and understand when there is a clear time period limit.

Sex education can be official or unofficial. Official sex education is arranged by schools, or other institutions of society, or it can be sexual counseling in the form of campaigns. Unofficial sex education is provided by parents, siblings, friends, and media. It must be taken account people's level of knowing issues related to sexuality has grown since the Internet and openness for the topics in media. Since the society affects to level of sex education, the changes in society and legislation are very relevant for this thesis topic. When knowing these changes, it helps the social field workers such as social counselors (sosiaaliohjaaja) and social workers (sosiaalityöntekijä) to understand what kind of a society people were living in when went through their sensitive period from the age 18 to 25. In this life stage, the young consolidate their values and therefore the experiences and circumstances of sex education can have a lifelong impact.

The thesis is structured in such a way that the reader will get a comprehensive understanding of the topic. First, sex education is described in terms of what issues it includes and how certain legislation is related to it. When understanding what the level of sex education is in Finland today, the next chapter is focused on the history of Finland's sex education, changes of legislation and society and lastly, the age related psychological aspects in the form of a life course approach. In addition, a number of tables were made to summarize the changes in legislation and society in each of the decades covered in this thesis. These tables are presented in appendices 1-4.

Sexuality is an enormous, crucial part of being human and it needs to be taken into account, not only in health services, but also in the field of social services. Social field workers often encounter clients of different ages and their responsibilities often include offering support to clients. A big part of their work is communicating and empowering their clients. This thesis has been developed to aid the social field workers' work. Social field workers can work in various work places, but this thesis is targeted for the ones who might have to talk about sexuality issues with the clients.

Sexuality is a sensitive topic that the social field worker might have to talk about it in surprising environments without preparation. When working as a social counselor in the social office in Helsinki during summer of 2017, I went for a home visit to a young adult's home to talk about their money issues. Soon the client started to ask about sexuality, relationships and prostitution. Luckily, I had a good understanding of these topics and the talk was done professionally by taking into account the client's age and their personal understandings of these topics.

2. AIMS AND OBJECTIVES

This thesis was written in the style of a descriptive type thesis. Descriptive thesis is a general view that can be used to observe wide entireties without too strict limits. Descriptive type of thesis provides a way to create final result that is written in writer's own personal way (Salminen 2011, 6–7). The topic is viewed in many aspects: legislation and changes of it, services on the field today, history of sex education, age related psychology and changes in society of Finland. All these topics are described in the thesis based on the literature based on the topic. Main objectives of the thesis were to find out the changes in Finland in the field of sex education and studying relevant issues that might have effected peoples' values concerning issues related to sexuality.

The first part of this thesis gives a comprehensive idea what sex education is, what it includes, and what is considered good sex education. This gives a good understanding of what kinds of sex education everyone should receive when they are young. As mentioned in the introduction, sex education has not always been comprehensive.

This brings us to an important topic: the history of sex education in Finland. The aim here is to give the reader a good understanding of how sex education was offered in previous decades, what topics were taught, and how it slowly became part of primary and high school curriculums. The aim is to create a picture for the reader concerning what type of society people were living in. As an example, homosexuality was considered to be a crime until it was decriminalized in the 1970's (Sexpo Foundation 2009, 9). This helps to understand why people who lived their youth before that time might still have negative attitudes towards same-sex marriage, for instance.

Another objective was to open the topic of life course approach and sexual life course approach, since these psychological theories help to understand different age groups. These theories were selected to be part of this thesis since social workers and social field workers face clients in different ages. When understanding the

different age stages and what they include, it will help the professional workers to notice if something is lacking such as knowledge and information.

The main objective is to help the reader feel more comfortable discussing issues concerning sexuality. When knowing the information that this thesis includes, it helps the professional workers in handling issues and lowers the bar for talking about sexuality. Social workers and social field workers must be able to handle conversations related to sexuality and this thesis helps to understand the different aged clients.

3. THESIS PROCESS

Since this thesis is a descriptive type of thesis, the start of this thesis was to find relevant literature related to the topic. The amount of literature related to sexuality is large, but since the topic was about sex education the literature was not often related to that topic. As the literature became more recent, I noticed that there was more and more topics related to sex education.

Related literature was gathered using the library at the Diaconia University of Applied Sciences in Helsinki, which has a section related to sexology. The Internet also provided relevant information. Using search words such as “sex education”, “sex education in Finland”, “history of sex education”, “sex education term” among others in academic databases helped me to obtain a large amount of material. Other thesis with similar topics were studied, and psychology and sexology courses taken while I was studying gave me a good understanding of what literature was relevant to the topic. Critical assessment of the material was crucial since the topic was wide, as you soon will discover. Legislation mentioned in this thesis was obtained from the Internet pages of Finlex, which is Internet service that provides public judicial data.

At the start of this thesis the text was supposed to only focus on sex education and how the changes of it has changes peoples’ understandings and values. However, I soon learned that the topic was not so unambiguous. When studying the topic, I had to take into account the events of Finland and changes in legislation, since those related to sexuality have had an impact to Finland’s society and people.

During the thesis process, I contacted to the Population Association and Sexpo Foundation, asking if they could help me with gathering material. Population Association and Sexpo Foundation have done comprehensive research in the sexology field, and they teach sexology for social and health care professionals. Both of them were very helpful and gave me relevant lists of information and literature which to study. A lot of the literature that I was given and what I found was unfortunately focusing on sex education in Finland today, not the history of it. A large input to my

thesis was the study “Pickings from Finland’s sex history from last 500 years”, which Sexpo Foundation had done in 2009.

The thesis process included studying psychology theories and the life course approach. The life course approach was very useful in this thesis, since the topic helped to understand people from different ages and this particular theory covers it well. Eric Golanty’s book “Human sexuality” from 2012 included this theory with the emphasis on human sexuality which helped to understand the theory better.

As the process of the thesis continued, I included subtopics that are all connected to the main topic: the study of Finnish high school and primary school curriculums (sex education in biology and health sciences), Finnish culture (sauna culture), as well as television programs related to sex education.

4. CLOSER LOOK TO SEX EDUCATION

To understand the subject, we first need to begin with what sex education includes. Sex education is a professional action that comes to fruition by counselling, informing, teaching, or educating people in terms of sexual or gender issues (Bildjuschkin 2010). Sex education and the promotion of sexual health has improved in Finland during the last few decades and that has had a crucial effect on the level of sex education people have received; but what does sexual health and sex education actually include?

4.1. Sex Education as a Term

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

Kontula and Meriläinen (2007) defined it in “Sex education in schools during the 21st century in Finland” (Koulun seksuaalikasvatus 2000-luvun Suomessa, 10) as a life-long process, where one gathers information, skills, and values of sexual relationships, identities, and intimacies. Sex education is an umbrella term, where sexual counseling and sexual teaching are included as subordinate concepts. In this definition Kontula and Meriläinen used a research done by Raija Nummelin from 1995, “Sexuality in the sex education of the youth” (Seksuaalisuus nuoruusiän seksuaalikasvatuksessa). The conclusion can be made that sex education is a wide term.

Sex education can be divided into two categories depending on the source of the information. Official sex education is arranged by schools, or other institutions of society, or it can be sexual counseling in the form of campaigns. Unofficial sex education is provided by parents, siblings, friends, and media (Pötsönen 1998, 22). The significance of unofficial sources as sex educators, such as the media has increased in society. In the same book Pötsönen also describes a drawback in official sex education as usually only highlighting heterosexuality, sexual intercourse and over-stressing of risks such as unwanted pregnancy or sexually transmitted diseases (STD's).

Young people need a planned and comprehensive sex education, because it gives a comprehensive understanding of sexuality. A well taught sex education improves understanding, supervises one's behavior and decision making. It improves self-confidence and the respect for others. It also supports the development of the young and increases their skills to communicate in relationships and prevents unwanted pregnancies and sexually transmitted diseases, thus promoting the health as a whole (Cowie, Boardman, Dawkins & Dawn 2004, 27).

The need for sex education at a young age is suggested, when the life experience of the youth is not enough to conquer the problems that they face (Bildjuschkin & Ruuhilahti 2008, 20). The primary places that sex education is provided for the young is home and school and these places need to offer a sufficient amount of information. Nevertheless, there are instances where sex education does not happen at home (Kontula, Cacciatore, Apter, Bildjuschkin, Törhönen, Koski & Tiilo 2001, 96). Parents can be insecure with their own sexuality or they are not comfortable talking about issues related it, because they might feel their information is not professional enough. Other times, parents expect the child to be the one to ask about the topic. However, it is hard for a child to ask about a topic that they are unaware of (Greenberg, Bruess & Mullen 1993, 427 – 428).

4.2. Comprehensive Sex Education

Before the next chapter, where we focus on the current sex education services in Finland, it is essential that we have an understanding of what good, comprehensive sex education is. According to “Comprehensive Sexuality Education: Advancing Human Rights, Gender Equality and Improved Sexual and Reproductive Health”, comprehensive sex education must include the following things: foster respect for human rights and diversity, encourage critical thinking skills and young people’s participation in decision-making, nurture attitudes that promote gender equality and inclusion, adapt to suit the age, culture and need of young people, communicate a positive, life-cycle approach to sexuality, contain scientifically accurate information, offer safe and healthy learning environment and address gender equality, vulnerabilities, exclusion and human right violations, including gender-based violence and sexual abuse (United Nations Population Fund. 2016).

4.3. Related Legislation

In Finland, the legislation and laws have an influence on our understandings of sexual health and sexuality. The laws presented in this chapter are essential for social field workers to know, since these apply to all clients and therefore, their understandings. Legislation related to sexuality is also studied in chapter 7, where is presented how the legislation has developed in Finland from 1970 to 2010. This information gives a good understanding of what kind of society the clients were living in when they were young, in a legislation point of view.

The amount of sex education and its level of quality is determined by law, the Health Care Act, (1326/2010, 30.12.2010) which was set by the Social and Health Ministry. Each municipality needs to take care of health counseling and health checks and these services need to be free for the citizens of the municipality. These services include prevention counseling, pregnant women’s and family counseling services.

Of the two types that were previously discussed this can be considered an official type of sex education (Bildjuchkin 2008, 148).

The Primary Health Care Act (66/1972, 28.01.1972) guaranteed free primary health care and prevention for the whole population including the setting up of contraceptive counseling units throughout the country. Good primary health care services, safe and reliable contraceptives and quite liberal abortion law also affect the abortion rate. Although women must seek permission for an induced abortion, the induced abortion rate has declined since the Abortion Act (239/1970, 24.3.1970) of 1970 (National Institute for Health and Welfare).

The Communicable Diseases Act (effective date on 01.01.1987, revised 21.12.2016, 1227/2016) defines sex diseases as communicable diseases and recognizes them as generally dangerous and notifiable infections. This means that laboratories and doctors have to notify authorities with a certain form when Chlamydia, Gonorrhoea, Syphilis, HIV-infection or Chancroid is diagnosed. Tests and medicine for these diseases must be free from a public health center or hospital. (Bildjuchkin 2008, 148).

The Equality Act (1325/2014, 30.12.2014) forbids discrimination based on age, ethnic or national origin, nationality, language, religion, conviction, opinion, health condition, disability, gender orientation, or other mental reasons. This act defines discrimination as direct discrimination, indirect discrimination, harassment, and instruction or order to discriminate someone. Each entity must compose an equality plan, which the Department of Labor have given guidelines (Bildjuchkin 2008, 147). The next chapter includes information about equality plans for schools.

The purpose of the Equality Act is to prevent discrimination and promote the equality of men and women specifically in the workplace. The Ombudsman for Equality, who monitors adherence to the law, has informed that the Equality Act must also protect transgendered people. As example, this includes the discrimination of a person who has fixed their gender and does not get a job because of it (Bildjuchkin 2008, 147).

The Ministry of Social Affairs and Health launched the first National Action Programme for the Promotion of Sexual and Reproductive Health (2007), which put together the goals and recommendations for an expansive and multisectoral collaboration on a national, regional and local level as well as with NGOs (National Institute for Health and Welfare. Sexual and Reproductive health in Finland. 2012). This programme will be evaluated and updated by the Sexual and Reproductive Health Unit. The unit was established at the National Institute for Health and Welfare in 2009.

5. SEX EDUCATION IN FINLAND TODAY

Finland has a comprehensive health and education system. The Social and Health Ministry has created a program for the years 2016-2020 which includes sexual health improvements and national alignments for all municipalities. Finland also supports the development of health systems. Sexual and reproductive health services should be part of the country's primary health care services (Social and Health Ministry 2016).

When thinking of Finland's own experience and expertise in this field, for example, in the development of maternal and child clinics and the field of education, Finland has many services to offer in the field of sex education. Equality, girls' school attendance, comprehensive sexuality education for young people, extensive reproductive health services, and maternal and child clinics all result from the fact that these issues have been considered important and worthy of investment (Ministry of Foreign Affairs of Finland 2010).

5.1. Variety of services

Children and adolescents receive sex education from teachers as a part of their school curriculum (National Institute for Health and Welfare 2012). Finland has an efficient system for registration and collecting statistics, which improves collecting the data and aids in gathering updated material for sex education from different authorities. This system includes registers for births, abortions and sterilizations, congenital malformations, hospital discharges, infectious diseases, and primary and health care. The system also includes the statistics on assisted fertility treatments and health services. Furthermore, sexual and reproductive health questions are included in several national surveys (Population Association 2012, 1-2). Utilizing the registers and monitoring of the services is essential. As an example, if the register of abortions is increasing, information concerning prevention and prevention aids

could be made available in order to combat the trend. Another example would be if an STD begins spreading widely, for example campaigns can be created to battle the infection by giving condoms and sharing information.

The public sector, the private sector, and non-governmental organizations (NGOs) all promote sexual health and sex education in their own areas. Finland provides free health care. This is crucial when it comes to the sexual well-being of the citizens of Finland. The primary free health care services are universal maternal and child health care services, school and student health care services, contraceptive counselling, testing and treatment of sexually transmitted diseases, counselling and referrals for abortions and sexual counseling and therapy services in specialized medical care (Population Association 2012, 2-3).

The private sector can, as an example, offer services from gynecologists and therapists. NGOs are significant service providers, especially for certain target groups such as lone parents, sexual minorities, sex workers, victims of sexual violence, people with disabilities etc. concerning informing and developing work methods related to sexual and reproductive health (National Institute for Health and Welfare).

5.2. Development of the services

Next, we will discuss how Finland has developed the level of the services that were discussed in the previous section. Firstly, the legislation and law has had a crucial affect. The organizations and their sexual and reproductive health care services are being regulated by legislation and national guidelines. Secondly, Finland has established and maintained high quality maternity care and national guidelines for maternity and child health clinics, as well as school and student health care. As mentioned before, the education in Finland is at a high-level. In 2012, 31% of Finnish women and 25% of men had completed higher education (National Institute for Health and Welfare). This brings us to the third point, which is sex education in schools and a

high degree of gender equality. Nevertheless, the sex education material could not be accomplished without relevant data such as what was discussed in the last section.

Currently, official sex education can also take place online. One way to reach young people is through websites that have information on sexuality related issues. For example, the Family Federation of Finland maintains a website where questions can be asked anonymously and visitors can chat with experts online (Ministry of Foreign Affairs of Finland & Population Association 2010, 3). People can ask anonymously sex related questions in chat rooms and forums but the information should be critically assessed. There is plenty of false information on the Internet and people, especially young people can get understandings that are far away from the truth. There are reliable web pages and phone numbers where questions can be asked anonymously and confidentially. One example is Boys' Phone (Poikien Puhelin) which is provided by Population Association. Boys can anonymously call and ask what is on their mind and the people answering are professionals who are familiar with the topic of growing up (Population Association 2017).

5.3 Sex Education in Primary Schools and High Schools

In the thesis of Sini Savolainen "WE SHALL SKIP THIS – Rainbow youth and sex education in schools", she has researched the curriculums of primary and high schools when it comes to sex education and sexual health (Savolainen 2016). The curriculums of primary schools are renewed approximately every ten years. In 2004, the curriculum included sex education and gender diversity and was taught as part of environmental studies. These also included content related to health sciences as well as sexual development and understanding of one's sexuality (Board of Education 2004, 176-177).

As of 2014 curriculums were renewed and approved, so that equality and parity questions were increased notably. After the Equality Act schools were also obligated to prevent discrimination based on gender identity or displaying one's gender. The new curriculum also recognized different ways for discrimination and it promoted equality (Board of Education 2014, 14). When the Equality Act was established, an equality plan was added to schools in order to decrease discrimination of the young sexual minority. The new curriculum also recognized the diversity of individuals and the factors that cause it. In the curriculum, the growth of a youth's identity, sexuality and gender has been recognized and therefore the school is seen as an actor that needs to support the development of the youth's identity. This process is aimed to be supported by solutions based on learning environments, work habits, teaching material, and by giving space for diversity and showing respect (Board of Education 2014, 30).

In high school curriculums sexuality is taught as part of biology and health science courses. In biology, the focus of the content is on sexual development, fertilization, pregnancy and birth. This topic is taught as an advanced course, which is not part of the compulsory studies (Board of Education 2003, 134). In health science, this topic is taught by focusing on sexual health and relationships. In addition to the compulsory course of health science, sexual health is also taught in the second health science course, which is an advanced course (Board of Education 2003, 211-212). Unfortunately, the curriculum does not include instructions concerning how the topic should be taught, leaving the responsibility to the teachers (Savolainen 2016, 23).

6. HISTORY OF SEX EDUCATION IN FINLAND

In this chapter, the history of Finland will be viewed in the view of changes of sex education, quality of it and how it was taught. The time period after war is also viewed briefly. The topic was avoided, then slowly it was brought to daylight and later, adapted in the schools as part of curriculum. Finland's culture related to nudity is discussed which bring us to the topic of sauna. People's own experiences of the sex education will be discussed and we also take a glance to children's television program "What? Where do children come from?" from 1970.

6.1. Sex Education after Second World War

In her thesis, Sini Savolainen writes extensively about the poor level of sex education in Finland during the 1950's. Before and after the wars, sexuality was not much discussed, since it was considered to be part of marriage. The free time of youngsters that spent with each other was expected to be friendly exchange that had no room for sexuality, because "a decent citizen was also a moral citizen" (Ritamies 2006, 153). Nevertheless, in 1944 school governments had sent letters about sex education to biology teachers as well as the teachers who taught health and hygiene. In the letters, there was a recommendation for teachers to provide sex education, but it did not tell how it should be done, nor did it say what it should include (Ritamies 2006, 245-246).

The quality of sex education in schools was also low in the 1950's. Some content that can be considered as sex education was included in curriculums of elementary schools, but the material in the books avoided the topic and the style of the text was more so "the birds and the bees". Material in some higher level schools did include the anatomy of sex organs. Sex education could have been taught, for example in biology or gym classes, but the teachers likely would not have been willing to do that.

The teaching was focused on the ideals of the time, such as basic health and taking care of one's hygiene (Ritamies 2006, 170).

In the 1950's, booklets were published with strong negative phrasing towards masturbation. Sex education was strongly based on intimidation. In confirmation camps in the 1950's youngsters were told that masturbation causes hair-growth to palms, blindness, and stupidity (YLE, Finland 2017).

The amount of interest to the topic has grown enormously. In the television documentary series Sex History of Finland (Seksi-Suomen historia) a man tells a story of how he was taught that ejaculation would damage his brain. All these things might sound comical to people today, but for the people who were unaware, the fear was real (YLE, Finland 2017). When thinking about this, it can be imagined what kind of dread the people during this time were experiencing. It is not a surprise that every third person born in the beginning of the 1970's believed that masturbation damages one's health (Haavio-Mannila & Kontula 2001). The Sex History of Finland includes interviews of the elderly, giving information how the society was when they got or did not get sex education. For this thesis, the documentary series was helpful and relevant.

6.2. Sex Education Adaptations in Schools After the 1970's

Sex education was integrated into Finnish school programs in 1970 to ensure the practice of safe sex, which refers to avoiding unwanted pregnancy and sexually transmitted diseases, and to permit the development of a positive sexuality. Because of intensified sexuality education in schools during the 1970's and 1980's, the sexual health knowledge of young people improved.

National guidance on sex education was reduced after the recession in the 1990s (Ministry of Foreign Affairs of Finland and Population association 2010, 3). The Ministry of Foreign Affairs suggested that the cuts to sex education taught at schools might have been the reason for the increase in abortions and sexually transmitted

diseases observed after a long period of decline. As of 2001, sex education has been instated as part of health education and biology, which are mandatory subjects in school curriculums and are taught by teachers, for schoolchildren aged from 13 to 15 years old. Health education is a subject taught in high schools and vocational schools (National Institute for Health and Welfare).

6.3. Sauna Culture

A typical cultural issue in Finland is the sauna. The sauna has a very a special place in our sexual culture and it is often considered a holy place. As mentioned before, unofficial sex education is provided by parents, siblings and friends and therefore this is typical way for Finnish people to have sex education: going to sauna teaches us to know the body naturally. Being naked in the sauna is not generally considered erotic, but it helps to understand the human body. If a child has been going to sauna with their parents, it is easier and more natural for the child to understand sex education later in their youth (Kontula & Haavio-Mannila 1993).

Even though the sauna and nudity is considered to be generally a natural part of Finnish culture, a research made by Helsingin Sanomat in 2013 shows that this is not the case. According to the article from 2013 "Less than half of the Finns considers mixed sauna as natural" (Vajaa puolet suomalaisista pitää sekasaunomista luonnollisena), approximately half of the people who answered the straw vote thinks that a mixed sauna, in which men and women go to sauna at the same time, is natural but the other half considers it unacceptable (Mykkänen & Mäkinen 21.06.2013).

6.4. Peoples' Reflections

Readers of *Ilta-lehti* (tabloid newspaper published in Helsinki, Finland) were asked to send their own experiences of sex education and the article "Showering is enough for prevention" (Suihkuttelu riittää ehkäisyksi) was written on 19.12.2011. The experiences were written anonymously by using nicknames and there were more negative than positive experiences. However, it is necessary to note that people are more likely to write about negative things they experienced than the positive ones. People were writing about the lack of education, wrong information or skipping certain topics. One reader "lieksalainen" sent the following text:

"In the 1970's in a comprehensive school our gym teacher, an old man, told in a health lecture "Go in front of the mirror, you'll figure out those gender things". Other education about that topic never took place"

In another article from *Ilta-lehti* "Were we more prudish? This was kids' sex education in the 1970's" (Ennen muka häveliäämpää? Tällaista oli lasten seksivalistus 70-luvulla) written in 12.12.2011 readers were able to answer the study that measured people's thoughts if sex education used to be more accurate. Readers were able to vote yes or no. The study got 4795 votes and the majority (75% of the votes) thought that sex education used to be more accurate. This is an interesting outcome, because even though people thought the education was accurate, based on this thesis we know that in the 1970's sex education was not complete and many topics were likely not discussed.

6.5. "What? Where Do Children Come from?"

When focusing on the media in the 1970's, the censorship of television and the film industry was very strict and therefore the level of information concerning sexual health from the media might have been low. Still, one good example concerning this topic is the TV-program "What? Where do children come from?" (Mitä? Mistä lapset

tulevat?), made in 1970 and can be found from the video database of the YLE television channel. It shows that sex was not always taught by covering the sensitive topic, but showing clear pictures of sexual intercourse. In this 1970's TV-program the use of terms such as erection, menstrual cycle, fucking, intercourse, etc. were used, and TV-program did use a lot of pictures to demonstrate the topic (Figure 1).

This TV-program covered many topics, such as growing up, changes in body, sexual arousal, ejaculation and it was hosted by two adults, while there were many children in the studio at the same time. The topics were discussed slowly, children were able to ask questions when they did not understand the topics, and the pictures that were shown were done in a way that child could easily understand them. The program follows the story of Timo and Sinikka, how they grow up, fall in love and develop sexually (YLE, Finland 2016). Timo and Sinikka tell how intercourse feels good, but it is not always the right time to have a child. Sinikka tells that she takes birth control pills, so she would not get pregnant. In the studio, the children are told that a girl and a boy is easiest to differ when they are naked, but “nothing forbids Sinikka to put trousers on”. One child in the audience tells that he can differ Timo and Sinikka by their names (YLE, Finland 1970).



FIGURE 1. YLE, Finland, 1970. “What? Where do children come from?” Television program for children taught about sexuality and relationships. On the background picture Timo and Sinikka are holding hands.

7. LEGISLATION AND SOCIETY DEVELOPS

Because different events, legislations and changing attitudes in media and politics change the environment and community where we live, it has an effect not only on our behavior but also on our attitudes, values and sexualities. In the book *Sexual Health in Finland (Seksuaaliterveys Suomessa)* from 2001, writers Kontula and Lottes have listed features that affect our sexual health: political ideology, stability, gross domestic product, information sources, religion, cultural habits, education level, laws and norms. These are all bound to the time period. For example, in the 1990's, during the time of depression restaurants tried to lure clients with topless waitresses, erotic restaurants and massage parlors were opened, phone sex was advertised in television, digital cameras came to the market and the Internet made porn a huge industry (Sexpo Foundation 2009,18-19).

7.1. Changes in Finland Since 1970

The Sexpo Foundation published a study in 2009 "Pickings from Finland's sex history from the last 500 years" (Poimintoja suomalaisen seksin historiasta 500 vuodelta), which includes important changes in Finland's history that could have affected the quality level of people's sex education. In appendixes 1-4 including tables 1-4, decades from 1970's are presented in table forms. Each table includes events and happenings that have changed the legislation or society of Finland. Using the material gathered for the thesis, the tables were made to show the crucial changes and events in the Finland from 1970's. The material was assessed critically, considering if the material is related to the thesis topic. Every table that represents one decade includes different topics. Pornography and access to it, changes in legislation and homosexuality are topics that had many changes during these decades (for example, pornography was prohibited in the 1980's but then liberalized on 1990's),

but most of the tables include particular, individual events (for example media topics and sex services).

When pondering these changes, it helps to understand people's understandings and perspectives in different decades. Finland has taken enormous steps forward in becoming what it is today. Each of the events have their own part, large or small, in how they have affected people, their perspective and understanding of sexual content as well as their affect to Finland's sex education. Since the thesis is focusing on the time period from 1970 to 2010, the events presented are important for a social field worker to know. When considering the tables in the appendixes and the whole thesis it can be seen that Population Association and Sexpo Foundation have had a great, positive impact to Finland's sex education quality level. Population Association and Sexpo Foundation have done a great amount of research related to sexuality and therefore they are essential and relevant sources for this thesis.

7.2. Why Are These Events Relevant for a Social Field Worker?

It can be seen from Tables 1-4 (see appendixes 1-4) that legislation and the society of Finland have changed enormously. The rights of the homosexuals, media topics, access to pornography, and other issues have developed since the 1970's. Legislation has taken big steps to become gender neutral and discrimination has been criminalized.

Let's consider this material and how it is linked to the thesis title; why are these topics useful to a social field worker? As mentioned in the chapters before, social field workers' encounter clients of different ages often, even daily. A social field worker's job description often includes giving support to clients and a big part of their work is communicating and empowering the client. If a social field worker is working among the elderly, it helps the worker to understand what changes those clients have gone through when living in Finland during those decades. As an example, a client who

was born in the 1940's and is a homosexual may have had a very different life than a homosexual client born in the 1990's.

Youngsters today have access to pornography in their pockets: smartphones are a common item nowadays and easily accessible. In comparison, pornography for the older generation may have been only accessible by, for example, the porn magazine *Jallu* in the 1970's. When talking about different aged clients, it is important to remember that sexuality stays as a part of your life when getting older. Sex and skin contact maintain the relationship together even though number of times making love might decrease. (Aarnio et al. 2012, 169.). Sexuality does not stop when people get older.

Understanding and knowing these events of the tables (see appendices 1-4) help social field workers to also understand conflicts the clients might encounter as well as questions and confusion they might have. Social field workers may also perform home visits related to discussions concerning money issues, but the meeting could evolve into discussions concerning sexuality and relationships, as told in the example in the introduction. It cannot be emphasized enough that these topics are very sensitive and the client to who social field worker is talking with can be very fragile. Therefore, the social field worker must be professionally aware about the legislation and the society that Finland has today or had while the client was growing up.

7.3. Understandings Between Generations

A study made by the Pew Research Center from 2003-2013 focused on the changes in peoples' attitudes concerning same-sex marriage (Figure 2). This study was done in the United States of America, but this particular study shows exactly what this thesis is about: different understandings. It also must be taken into account that there are many factors that affect to peoples' opinions. In this case generation group (millennial, gen X, baby boom or silent generation) can have a strong impact.

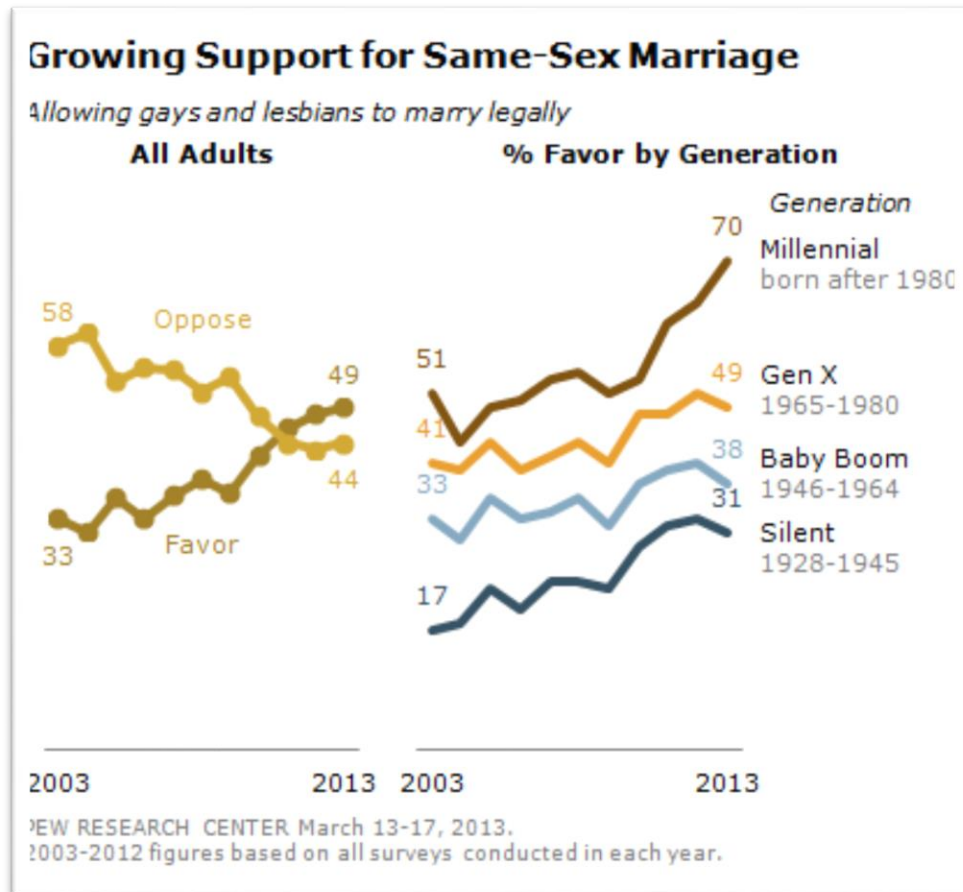


FIGURE 2. Study made by Pew Research center shows how attitudes towards same-sex marriage have grown among different generations (Pew Research Center 2013).

In the figure 2, there are four different generations: silent (born in 1928-1945), baby boomers (born in 1946-1964), gen x (born in 1965-1980) and millennial (born after 1980). The study shows a comparison between the generations' support of same-sex marriage in 2003 then again in the 2013. It can be seen that the support rises in 2013 when compared to 2003 across all the generations. On the left, there is another table showing the total oppose-favor scale where it can also be seen how the opposing view decreases and favoring view increases towards the 2013 (Pew Research Center 2013. Growing Support for Gay Marriage: Changed Minds and Changing Demographics).

The study shows that 70% of “Millennials”, born after 1980, favor same-sex marriage. That is far higher than the support among older generations of the study. But two other factors also make the views of this group significant. Millennial support for same-sex marriage has grown substantially over the study, from 51% in 2003 to 70% in 2013. Support for same-sex marriage also has increased among older generations over the past decade. In 2013, 31% of those in the Silent generation, born between 1928 and 1945, favored same-sex marriage, compared to 17% in 2003.

When thinking about the topics already covered in the thesis, this could possibly be explained by the changes of society and legislation. It can be easier for young people to approve same-sex marriage since it was more of a common topic in their youth than, for example the silent generation (Pew Research Center 2013). It could also be explained that due to a society where being outwardly homosexual was not commonplace, having gay acquaintances therefore was minimal, leading to the situation where homosexual marriage would be something foreign and unacceptable. In more recent generations, homosexuality has become more commonplace and the concept of same-sex marriage is more acceptable since a larger percentage of people have openly homosexual relatives, friends, or acquaintances.

8. SEXUAL LIFE COURSE

Social field workers work with people in different life stages. This chapter focuses on the psychological aspect, helping to understand different life stages and sexuality issues related those age stages. The sexual life course describes the general and typical way people of a certain society and generation have ordered their major life course. The general trend is for a “prolonged youth”, the transition to adult family life involving cohabitation, marriage, and/or children is increasingly postponed or altogether avoided. In late adulthood, there is an increased use of the concept of “second chances” involving remarrying and starting a new family. Even so, many features of the sexual life course have remained stable, such as the cycles of romantic and companionate love (Haavio-Mannila et al. 2002, 8).

8.1. Life course approach

A life course approach considers an individual’s entire progress through life to explain why certain outcomes occur. The outcome depends on the interaction of multiple protective and risk factors throughout a person’s life. Different life stages are individualistic, most of them are transferred into by sliding instead of immediately transitioning (Aarnio et al. 2012, 22). A life course approach examines how biological (which also includes genetics), social, and behavioral factors throughout life and across generations act independently, cumulatively, and interactively to influence health outcomes (Berger 2017, 44).

This approach provides a more comprehensive vision of health. It provides an aspect that shows opportunities to intervene to improve health in one’s later life and highlights the importance of services that focus on the needs of the individuals in each stage of life (World Health Organization 2015, 4-5). Why is childhood and adolescence covered in this chapter; sexuality does not only develop in adulthood. In the

life course approach, the age stages are divided as following: infancy (0 to 2 years old), early childhood (2 to 6 years old), middle childhood (6 to 11 years old), adolescence (11 to 18 years old), emerging adulthood (18 to 25 years old), adulthood (25 to 65 years old) and late adulthood (65 years and older) (Berger 2017, 44). The ages in these stages stated are only a rough guide. Different sources may not have the same exact ages boundaries. For example, emerging adulthood, defined as ages 18 to 25, is not a period accepted by all scholars. Many prefer dividing adulthood into early adulthood for ages 20 to 40, middle adulthood for ages 40 to 65, and late adulthood, said to begin at age 60, 65, or even 70. As emphasized time and again, birthdays are an imperfect measure of aging. (Berger 2017, 44).

In *Entre Neus*, the European magazine for sexual and reproductive health (No.82, 5-6) published by the World Health Organization (WHO), life course approach is published in terms of sex education and sexual health. The magazine covers all the age stages. Regardless of age and health status the human being always has a need to express their sexuality in some form (Mattiasson & Hemberg 1998, 531).

8.2. Infancy and Early Childhood (0 to 6 years old)

Since the topic of this thesis focuses on people's understandings concerning sexuality, these age stages will not be included in this thesis. Critically thinking, those in the stages of infancy and early childhood, are not yet able to develop cognitive skills to gain values. According to developmental psychologist Jean Piaget's "Periods of cognitive thinking", cognitive thinking before the age six is sensorimotoric and symbolic. Thus, the topic of this thesis is not relevant for these age stages. According to Piaget, after the age of six the child starts to understand logic, grasp concepts of conservation, number classification, and many other scientific ideas (Berger 2017, 46).

8.3. Middle Childhood (6 to 11 years old)

As children grow, they develop an identity and a sense of self. Research has demonstrated the lifelong importance of positive parenting in creating the social and emotional foundations on which to build healthy and safe relationships. Here, when it comes to sex education at home as mentioned in chapter 4.1, there is a risk that parents are not giving sex education at home because they either want to avoid the topic or they feel that their knowledge level is not professional enough (Greenberg et al. 1993).

School remains an important location for both the educational attainment and social development for children. An age appropriate universal education on personal health, social, economic, sexual and relationship education has been shown to add to their knowledge and resilience as well as helping them to learn at school (World Health Organization 2015, 5). Sexual development in middle childhood is characterized principally by learning about gender, the sexual body, emotional experience, expression, and social skills (Golanty 2012, 158).

8.4. Adolescence (11 to 18 years old)

Adolescence is a time of great change both physically and emotionally. It is a time when it is vitally important that the young person has a high quality education and skills developed around negotiating personal relationships alongside access to age appropriate services and a supportive social and emotional environment in which to grow and develop their personal and sexual identity. An age appropriate universal education on sex education is beneficial. Creating safe environments for young people to develop their sexual identity is key to enable a healthy sexual and reproductive life in both the short and long term. There is a growing understanding concerning the impact of bullying and discrimination on long term physical and mental health and well-being and how this interacts with sexual risk taking, particularly for lesbian, gay, bisexual and trans youth. Tackling homophobia and transphobia in schools is a good

example of why addressing the wider determinants is fundamental to promoting positive sex education. (World Health Organization 2015, 5).

In adolescence, the body changes from the child to the adult form, individuals begin to experience sexual (erotic) sensations, thoughts, fantasies, and desires, and they begin to explore acting on their sexual feelings (Golanty & Edlin 2012, 142). This stage involves a lot of changes and it is crucial that sex education in this stage is provided. A youngster's curiosity to try new things makes their life exciting and interesting. The challenge here is that the risk evaluation by the youngster is weak. When the excitement takes control, the youngster might underestimate the risks. Impulsivity can lead to actions that can cause dangerous situations where the youngster might harm themselves (Santalahti 2016, 81-82). Proper sex education helps to prevent these situations.

8.5. Emerging Adulthood (18 to 25 years old)

The years from 18 to 25 constitute a sensitive period when a certain type of development is most likely to happen or happens most easily, although it may still happen later with more difficulties. For example, early childhood is considered a sensitive period for language learning or consolidation of political values for emerging adulthood. Critical thinking, experiences and circumstances during this life stage have a lifelong impact. Consider attitudes about same-sex marriage, which were presented in the figure 2 of chapter 7.3. A few decades ago, many homosexual people were "in the closet." This leads to the result that young heterosexual adults were likely unaware that any gay or lesbian person might want to be married. The generation of today is more approving of same-sex marriage than the generation of a decade ago. Those who were young adults 60 years ago mostly disapproved compared to young adults of the youngest generation. Critically thinking, recent trends affect every age stage, but emerging adults are much more likely to be influenced by current trends than any other age stage, even one immediately preceding them. (Berger 2017, 46-

47). For a social field worker who encounters clients of different ages, this is important to notice. How was Finland's society when the client lived through their sensitive period from 18 to 25 years old? What could have they adapted from the values of that society?

8.6. Adulthood (25 to 65 years old)

Sexuality in adulthood tends to occur within the context of relatively stable pair-bonded sexual/romantic relationships. This age population is a diverse and heterogeneous group who may experience a range of significant life events from marriage, pregnancy, and parenting, to buying a house and changing employment or becoming unemployed. All of these life events are associated with significant impacts on mental health and well-being. There are also physiological changes as individuals grow through adulthood. For women, issues such as pregnancy, cervical cancer screening, and menopause may present opportunities for healthcare professionals to recognize and support improved sex education. (Golanty & Edlin 2012, 158).

As women go through menopause, men go through andropause, which should be used to signify age-related lower testosterone, which reduces sexual desire, erections, and muscle mass. Even with erection-inducing drugs such as Viagra and Levitra, sexual desire and speed of orgasm decline with age, as do many other physiological and cognitive functions. (Berger 2017, 585).

Other factors that can cause impacts to sexual health in the adulthood are obesity and alcohol or drug abuse. Sexual health and education services for adults should cover contraception, pregnancy, termination of pregnancy and diagnosis and treatment of sexually related health issues. As we can see, people experience different experiences and changes as adults than in the previous age stages. It needs to be taken into account that these changes can have various impacts and they may not

all be individual. As an example, not all adults experience alcohol abuse in their lives, but all adult women experience menopause.

8.7. Late Adulthood (65 years and older)

The main purpose of sexual activity in one's later life is driven more by desire and libido than by procreation because of the physiological reproductive changes of age. It is a period in which adults may become more socially isolated as they leave the workplace, develop impairments, or become bereaved. Although there is some evidence that sexual activity declines with age, there is also a clear view that many adults remain sexually active well into late adulthood, adjusting and adapting to disability and disease to continue to enjoy fulfilling sex lives. As mentioned earlier, sex and skin contact can maintain a relationship even though the number of times making love might decrease. (Aarnio et al. 2012,169). As people grow older, sex may not be the same as it was at a younger age. Accepting and understanding these changes in how the body functions is important, as it can allow a couple to continue to have a fulfilling and rewarding sex life (Sexual Advice Association 2011).

It has been suggested that although not all older people want an active sex life, for those that do, sexual dysfunction can have a significant impact on mental health and well-being. Sexual dysfunction is not an inevitability of aging for either gender, but rather a reflection of the burden of accumulated risk factors and immediate stressors. Sexual activity in late adulthood continues to carry a risk of STD's and yet it is an area that is under-researched and under-discussed in the medical arena (World Health Organization 2015, 6). In late adulthood, people may maintain significant interest in sexual expression, although sexual interest and activity may decrease with declining health and the absence of a suitable sex partner (Golanty & Edlin 2012, 158).

9. PROFESSIONAL DEVELOPMENT

Studying of literature related to the thesis gave me a good understanding of the sex education in Finland and its development. During the process of producing this thesis, I observed that I had some preconceptions that changed by the end of the process and these are relevant for social field worker work. In the beginning of the process, I did not find psychology necessary for this thesis but as the thesis started to form, I found it very important (life course approach, chapter 8) and it also gave a better understanding to the topic.

Even though I study the field of social services, I consider my knowledge of the health services decent. Still, when listing and studying the sex education in the health care fields, it was interesting to find out the various services Finland has to offer. Since the fields of social services and health care are often connected, I found this important and useful.

One objective of the thesis was to lower the bar and make it easier to talk about issues related to sexuality with the clients. When studying the changes in Finland's society and legislation, I think I managed to lower my personal bar and I feel it is now easier to talk about sexuality, especially if the client belongs to an older age group. While completing the thesis I made a conclusion that sex education is a much wider area and includes more topics than those discussed in primary and high schools.

Since I am interested in sexology, I am personally worried because the curriculum of a bachelor of social services does not include sexology related studies and during my education the topic was rarely discussed. Fortunately, this was not an obstacle; I completed a placement focusing on sexology in Poikien Talo, which is an NGO that promotes sexual health and sex education for young boys and men among other services. I also took the optional course "Basic Sexology" at the Arcada University of Applied Sciences in Helsinki and read about the topic on my own time. Although the degree programme does not include the studies of sexology in its core curriculum, it does not stop students from studying it. As it can be seen from this thesis, I

personally think that sexology is an important topic and some aspects of it should be, by default, included in the degree program as part of compulsory studies in order to help future social field workers become more aware of this important topic.

10. DISCUSSION

This thesis was created to show how sex education in Finland has changed, how events from the 1970's have affected our society, and which factors have modified the understanding of the sexuality issues in Finland. The amount of information when gathering the texts together surprised me, since I thought I selected a topic that might have very little literature of it; in some measure, I was correct. There is a lot of literature about sexuality that is based on the society of Finland today, but the amount of literature concerning the history of it was not large.

I find the thesis comprehensive and very thought provoking. It is interesting to read all the events that have happened in Finland and imagine living in that era. Strong events like legislation changes and the access to information are things that have affected my understanding of issues related to sexuality (for example homosexuality being normal instead of considering it as a mental illness, or accepting topics related to sexuality being normal, since they are often presented in the Internet and media).

As I have read from many sources, sexuality is a major part of each of us as human beings. This thesis has helped me to understand the people in different ages in a new way. When knowing the history of Finland in terms of this topic, it has allowed me to be braver in talking about sexuality issues.

The observation can be made that even though sex education in Finland is flourishing, it can still be improved and become more comprehensive. The time period this thesis is focusing on is the time before the immigration boom in Finland. In the future, the topics discussed in this thesis could be expanded to include a multicultural point of view. As mentioned before, sexology is not included in the degree of bachelor of social services as a compulsory study and therefore the need for sexology in different degrees programmes could also be studied. These studies could contain material how to provide sexology courses for multicultural class and how to take into account the different understanding that the students from different countries might have.

I would like to leave you on the thought by a psychoanalyst Bruno Bettelheim in his article "Our Children Are Treated Like Idiots", "You cannot have sex education without saying that sex is natural and that most people find it pleasurable" (Bettelheim 1981).

REFERENCES

- Aarnio, K. et al. (2012). *Kehityopsykologia (first edition)*. Bookwell Oy.
- Berger, K.S. (2017). *The Developing Person Through the Life Span* (10th edition). Worth Publishers, New York.
- Bettelheim, B. (1981). *Our Children Are Treated Like Idiots*. Psychology Today.
- Bildjuschkin, K. & Ruuhilahti, S. (2008). *Seksiä vaatteet päällä*. Vammala: Vammalan Kirjapaino Oy.
- Bildjuschkin, K. (2010). *Puhutaan seksuaalisuudesta*. Kirjapaja.
- Board of Education (2003). *Lukion opetussuunnitelman perusteet 2003. Nuorille tarkoitetun lukiokoulutuksen opetussuunnitelman perusteet*. Available http://www.oph.fi/download/47345_lukion_opetussuunnitelman_perusteet_2003.pdf
- Board of Education (2004). *Perusopetuksen opetussuunnitelman perusteet 2004*. Available http://www.oph.fi/download/139848_pops_web.pdf
- Board of Education (2014). *Perusopetuksen opetussuunnitelman perusteet 2014*. Available http://www.oph.fi/download/163777_perusopetuksen_opetussuunnitelman_perusteet_2014.pdf
- Cowie, H., Boardman, C., Dawkins, J. & Dawn, J. (2004). *Emotional Health and Well-Being. A Practical Guide for Schools*. London: Paul Chapman Publishing.
- Golanty, E. & Edlin, G. (2012). *Human sexuality*. Jones and Bartlett Learning, LLC.
- Greenberg, J., Bruess, C. & Mullen, K. (1993). *Sexuality – Insights and Issues* (third edition). Dubuque: Brown & Benchmark.
- Haavio-Mannila, E. & Kontula, O. (2001). *Seksin trendit meillä ja naapureissa*. WSOY.

- Haavio-Mannila, E. et al. (2002). *Sexual lifestyles in the twentieth century a re-search study* (first edition). Palgrave.
- Iltalehti (12.12.2011) *Ennen muka häveliäämpiä? Tälläistä oli lasten seksivalistus 70-luvulla*. Available http://www.iltalehti.fi/seksuaalisuusjasuhteet/2011121214934137_se.shtml
- Iltalehti (19.12.2011). *Suihkuttelu riittää ehkäisyksi*. Available http://www.iltalehti.fi/seksuaalisuusjasuhteet/2011121914970862_se.shtml
- Kontula, O. & Haavio-Mannila, E. (1993). *Suomalainen seksi*. WSOY.
- Kontula, O. & Meriläinen, H. (2007). *Koulun seksuaalikasvatus 2000-luvun Suomessa*. Population Association.
- Kontula, O. (2000). *Seksuaaliterveys Suomessa* (first edition). Tammi.
- Kontula, O., Cacciatore, R., Apter, D., Bildjuschkin, K., Törhönen, M., Koski, S. & Tiilo, L. (2001). *Koululaisten tiedot seksuaaliterveydestä*. Population Research Institute. Reviews E11/2001.
- L 1227/2016. Tartuntatautilaki (Communicable Diseases Act). Available <http://www.finlex.fi/fi/laki/alkup/2016/20161227>
- L 1325/2014. Tasa-arvolaki (Equality Act). Available <http://www.finlex.fi/fi/laki/alkup/2014/20141325>
- L 1326/2010. Terveystieteidenlaki (Health Care Act). Available <http://www.finlex.fi/fi/laki/alkup/2010/20101326>
- L 239/1970. Laki Raskauden Keskeyttämisestä (Abortion Act). Available <http://www.finlex.fi/fi/laki/ajantasa/1970/19700239>
- L 66/1972. Kansanterveyslaki (Primary Health Care Act). Available <http://www.finlex.fi/fi/laki/ajantasa/1972/19720066>
- Mattiasson, A.C., & Hemberg, M. (1998). *Intimacy–meeting needs and respecting privacy in the care of elderly people: What is a good moral attitude on the part of the nurse/carer?* Nursing Ethics. 531.

- Ministry of Foreign Affairs of Finland & Population Association (2010). *Freedom to Choose. Sexual and reproductive Health and Rights in Finland's Development Policy*. Erweko Painotuote Oy.
- Mykkänen, P. & Mäkinen, E. (2013). *Vajaa puolet suomalaisista pitää sekasaunomista luonnollisena*. Helsingin Sanomat.
- National Institute for Health and Welfare & Population Association (2012). *Sexual and Reproductive health in Finland*. Available https://www.thl.fi/documents/189940/1496849/sexual_reproductive_health_in_finland.pdf/937657c1-1fd8-44c8-8b05-a1631eeee70f
- Nummelin, R. (1995). *Seksuaalisuus nuoruusiän seksuaalikasvatuksessa*. Pedagogy institution. University of Helsinki.
- Pew Research Center (2013). *Growing Support for Gay Marriage: Changed Minds and Changing Demographics*. Available <http://www.people-press.org/2013/03/20/growing-support-for-gay-marriage-changed-minds-and-changing-demographics/>
- Pötsönen, R. (1998). *Naiseksi, mieheksi, tietoiseksi*. Jyväskylä University Printing House ja Lievestuore: ER-Paino Ky.
- Ritamies, M. (2006). *Sinappikylvystä ehkäisytablettiin. Suomalaisen perhesuunnittelun historia*. Population Research Institute publications D 44/2006. Helsinki.
- Salminen, Ari 2011. Mikä kirjallisuuskatsaus? Johdatus kirjallisuuskatsauksen tyypeihin ja hallintotieteellisiin sovelluksiin. Vaasa: University of Vaasa. Available http://www.uva.fi/materiaali/pdf/isbn_978-952-476-349-3.pdf
- Santalahti, T. & Lehtonen, M. (2016). *Seksuaaliterapia*. PS-kustannus.
- Savolainen, S. (2016). *TÄMÄ ME HYPÄTÄÄNKIN YLI - Sateenkaarinuoret ja koulujen seksuaalikasvatus*. Mikkeli University of Applied Sciences. Available http://www.theseus.fi/bitstream/handle/10024/113787/Savolainen_Sini.pdf;jsessionid=71BB608D7EF29E8EA88FC9914DE7F428?sequence=1

- Sexpo Foundation (2009). *Poimintoja suomalaisen seksin historiasta 500 vuodelta*. Pages 17-23.
- Sexual Advice Association (2011). *Sex and Psychology of Growing Older*. Available <http://sexualadviceassociation.co.uk/wp-content/uploads/2016/02/Sex-and-Psychology.pdf>
- Social and Health Ministry (2016). *Edistä, ehkäise, vaikuta - Seksuaali- ja lisääntymisterveyden toimintaohjelma 2014-2020* (third edition). Suomen Yliopistopaino oy. Available <https://www.julkari.fi/handle/10024/116162>
- United Nations Population Fund (2016). *Comprehensive Sexual Health Education*. Available <http://www.unfpa.org/comprehensive-sexuality-education>
- World Health Organization (2006). *Defining sexual health*. Available http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/
- World Health Organization (2015). *Entre Nous the European magazine for sexual and reproductive health*. No.82. Available <http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/entre-nous/entre-nous/a-lifecourse-approach-to-sexual-and-reproductive-health.-entre-nous-no.82,-2015>
- YLE, Finland (production) (1970). *Mitä? Mistä lapset tulevat?* (video). YLE TV1 1970. Available <https://yle.fi/aihe/artikkeli/2011/06/01/mita-mista-lapset-tulevat>
- YLE, Finland (production) (2016). *70-luvun seksivalistuksen parhaat palat* (video). YLE TV1 2016. Available <https://areena.yle.fi/1-3323201>
- YLE, Finland (production) (2017). *Seksi-Suomen Historia* (video). Episode 1. YLE TV1 2017. Available <https://areena.yle.fi/1-420284>

APPENDIX 1

Table 1. Legislation and society changes on the 1970's

| 1970's | Legislation | Society |
|-----------------------|---|---|
| Schools | | The schools had to teach about sexuality, values and self-control as a natural part of being human. |
| Abortion | | Abortion could be done because of mental and social reasons and sterilization was made easier to get. |
| Homosexuality | Homosexuality was no longer concerned as a crime. In gay relationships, the age limit was set to 18 years old by psychiatrics and Christians. | |
| Adult age | Adult age was set to be 18 years. | |
| Seta ry | | SETA ry was established. |
| Prevention counseling | | Prevention counseling was set to be done by municipalities. |
| Sexology studies | | The first book about sexology, Seksologia (Hytönen, Raitasalo & Tähtinen), was done by the workers of Sexpo Foundation. |
| Adult magazines | | Adult magazine Jallu was established. |
| Sex with animals | Sex with animals was no longer concerned as a crime. | |

(Sexpo Foundation 2009, 17-23)

APPENDIX 2

Table 2. Legislation and society changes on the 1980's

| 1980's | Legislation | Society |
|----------------------------|---|---|
| Homosexuality | | Homosexuality was no longer concerned as mental illness. |
| AIDS and HIV | | News about AIDS in media caused hysteria. In Finland, there was registered 12 new infections. |
| Adultery | Adultery was no longer concerned as a reason to get a divorce. | |
| Access to pornography | | First personal computers appeared to work places. |
| Women's rights | A woman could keep her surname when getting married. | |
| Information for youngsters | | Medical board sent to all 16 years old sex education magazines and condoms. |
| Pornography | Spreading porn was prohibited by law, and therefore Swedish porn industry flourished. | |

(Sexpo Foundation 2009, 17-23)

APPENDIX 3

Table 3. Legislation and society changes on the 1990's

| 1990's | Legislation | Society |
|----------------------------|--|--|
| Media topics | | Sensitive topics as pedophilia and child porn were often mentioned in headlines in media. |
| Divorce rates | | Towards 24,700 marriages were 12,820 divorces. 65,400 children were born, every third in non-married family. |
| Discrimination and rape | Discrimination based on sexual orientation and rape inside the marriage were criminalized. | |
| Gender neutrality | Gender neutral crime law was set | |
| Age limit for sex | Age limit for sex was set to the age of 16. | |
| Association of Sexology | | Finland's Association of Sexology was established. |
| Homosexual acts | Ban of encouraging to homosexual acts was removed. | |
| Sexology education | | Jyväskylä University of Applied sciences started the sexology education. |
| Pornography | Porn laws were liberalized. | |
| Manifesto of sexual rights | | World Association of Sexology (WAS) gave the manifesto of sexual rights. |
| Phone sex | | Beginning of 2000 advertising of phone sex ended. Phone sex and sex workers moved to Internet. |
| Access to pornography | | Personal computers at homes became more in common. |
| Commercials | | Sanitary towel advertisements became a normal part of commercial breaks. |

(Sexpo Foundation 2009, 17-23)

APPENDIX 4

Table 4. Legislation and society changes on the 2000's

| 2000's | Legislation | Society |
|--|--|--|
| Politics and women | | Tarja Halonen, foundation member of Sexpo, was selected to be the first female president. |
| Literature | | The book "Sexual health in Finland" (Seksuaaliterveys Suomessa) by Kontula & Lottes was published in Finnish and English. |
| Sex services | Sex services and paying for sex was prohibited in public places. | |
| Transgender | The law about confirming the gender made it easier for transgendered to change their social security number. | |
| Schools | | School curriculums adapted new material, where part was focused in sexual health. |
| Media topics related to politics and church. | | Seven congressmen were sued about sexual harassment. Vicar of Imatra announced to go to sex change operation. Priest Liisa Tuovinen blessed a lesbian couple. Lutheran priest announced publicly being a lesbian. |
| Adoption | Gay and lesbian couples got a right for inside family adoption | |

(Sexpo Foundation 2009, 17-23)