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7. Väestöliitto and Sexual Health

The welfare of families and improvement of sexual health have been important aims of Väestöliitto (The Family Federation of Finland) since its founding in 1941. The structure of Finnish society and its attitudes and values have shaped how Väestöliitto's activities have developed.

After the Second World War there were major family and population problems in Finland at both individual and national levels. A positive solution to the population question was thought to be absolutely necessary for the nation. Population goals are still part of Väestöliitto's program, but they have been adjusted to the course of social change in Finland, and currently attention is focused on improving families' financial, psychosocial, and sexual welfare.

Sexual health was considered an important part of family welfare. Central areas of Väestöliitto's activities – public health work, improving families' financial status, improving living conditions, and enhancing children's welfare – also increase people's opportunities for expressing their sexuality independently, satisfactorily, and safely. In the 1990s, a sexual health concept was adopted that had a broader scope than the one in the first decades. Väestöliitto's research, publication, and information activities have promoted sexual health not only in direct and obvious ways but also from the new broader perspective advanced by international organisations.

Väestöliitto's first program addressed maternity protection. At a time when maternity protection did not yet exist, it was radical for Väestöliitto to demand that a working mother's situation should be secure, and that she would not lose her job because of marriage or pregnancy. Väestöliitto also demanded that a woman giving birth should have a paid and sufficiently long maternity leave before and after the baby's birth. Väestöliitto worked to improve the midwife institution, and founded maternity counselling centres in every municipality. In addition, Väestöliitto wanted women's hospitals and delivery hospitals with specialist doctors to be established in different parts of Finland so people suffering from infertility could be treated.

Since the beginning, prevention of abortion was an important part of policy. The consequences, health-related impediments, and even sterility produced by illegal abortions were emphasised. An abortion law was passed, and Väestöliitto actively participated in its preparation. When the law came into effect in 1950, Väestöliitto cooperated with the National Board of Health to prepare a plan for preventing abortion. In 1951, abortion prevention was entrusted to Väestöliitto. The social clinic of Helsinki became the leading

clinic. Based on the Helsinki experience, Väestöliitto's nine other clinics began to specialise in this form of work.

When the Public Health Law came into effect in 1972, the work of Väestöliitto's social clinics was gradually transferred to be primarily the responsibility of local municipalities and their health care centres. Väestöliitto's task was mainly to provide pregnancy tests. Väestöliitto still closely follows the development of the abortion situation, taking active part in public discussion and producing instructional manuals and educational material related to abortion. Väestöliitto has tried to reduce the number of abortions in many ways: lobbying for improved sexual health services, delivering research information, increasing knowledge of contraception, and testing new contraceptive methods.

Väestöliitto can be considered a pioneer in sex education in Finland. As early as the 1940s, there were public lectures about contraceptive techniques. Physicians from the public health office lectured in several secondary and vocational schools, and courses were organised for young physicians to familiarise them with the new diaphragms Väestöliitto had imported. Demands were made for more effective family education in schools and for appropriate sex education for every age group. In 1947, a marriage clinic was founded in Helsinki, and by the 1950s eight more towns had their own clinics. Clinics gave contraceptive counselling to people who intended to get married or were recently married.

Väestöliitto was the first to start mail order sales of condoms in Finland, and later started the VL-Marketing company to take care of contraceptive devices' sales. Due to effective press campaigns as well as outside advertising, everyone became aware of condoms. Väestöliitto proposed to the National Medical Council that condoms should be manufactured using quality control procedures. In association with the mail order sale of condoms, Väestöliitto prepared and delivered educational materials about family planning. Even after oral contraceptives and IUDs became common in family planning, condoms continued to be important in young people's contraception. Therefore, campaigning and publicity have been directed especially to the young. In the 1980s, condoms assumed new importance for preventing AIDS and other venereal diseases. School campaigns conducted by Väestöliitto have emphasised both men's and women's responsibility for contraception.

Settling marital conflicts and resolving questions about sexuality have been central parts of marriage counselling at Väestöliitto clinics (called "family counselling" since the late 1970s). For example, clinic professionals try to assist married couples who have problems in their sex lives, when they cannot have children, and when a couple wants to divorce.

Because marriage and family clinics deal with so many problems in an individual's life, clinics are sometimes the pioneer organisations to confront particular social problems.

When the Public Health Law came into effect in 1972, the tasks of marriage clinics – such as counselling about contraception and abortion – were transferred to the public sector. The law did not apply to arbitration of marital crises, family therapy, genetic counselling, infertility, or research work. In spite of financial problems, clinical work on these issues continued.

Arbitration programs for marital crises were developed, and sex therapy and therapy for individuals, families, and groups were started. International connections guaranteed that the latest international information could be adapted to this work. A special genetic counselling clinic was established in 1971. Since then, the genetics clinic has surveyed and researched unusual diseases, educated doctors and the population, and provided genetic counselling for clients.

The importance and lack of family education was noticed especially in the late 1970s. Väestöliitto, which had traditionally provided these services in association with the church and some municipalities, undertook efforts to develop and provide family education and training for professionals. Teaching materials for instructors of family education and education institutions were also produced. Over the years, hundreds of thousands of family education material such as pamphlets and books have been distributed throughout Finland. A course centre for family education was founded in the early 1980s and was called Väestöliitto's training centre.

In the 1980s, Väestöliitto once again sought new material for its clinical work and infertility treatment, and research became a new focus. Väestöliitto's Infertility Clinic in Helsinki was started in 1986 and is now the largest in Finland. The larger meaning of fatherhood was emphasised in this work, because artificial insemination demanded that the meaning of "fatherhood" be clearly understood. In the 1980s, an important part of Väestöliitto's activities was to encourage men to participate in family planning. Väestöliitto also operates infertility clinics in Turku and Oulu.

Research has always played an important role in Väestöliitto's activities. Over the decades since its founding in 1946, the Population Research Institute of Väestöliitto has conducted population, family, and fertility research. In 1951, Armas Nieminen, who worked in the institute, published his pioneering dissertation *Fight about Sex Morals*, which summarised Finnish discussions of sexuality in the 19th and 20th centuries. In the early 1970s with the support of the Academy of Finland, the Population Research Institute offered a place to work for sexual scientists Kai Sievers, Osmo Koskelainen, and Kimmo Leppo, who undertook a large-scale survey of Finnish sex life.

In the late 1990s, research on sexual health and sexology became an important part of the Population Research Institute's activities. In 1997, FINSEX-research, which studies Finnish sexuality and sex culture, became part of the work of the institute. In some of

this research comparisons are made among sexuality research in Finland, other European countries, and developing countries, as well as and with sexuality research done by international organisations. Young people's sexual issues are a major research subject of the institute.

International Activities

Väestöliitto has been represented in the official delegation of Finland at all UN population conferences (Bucharest to Cairo). It was especially actively involved in the UN International Conference on Population and Development (1994) and its follow-up meeting (1999) and the Fourth World Conference on Women (1995) and its follow-up meeting (2000). It has been an advocate for the implementation of the commitments made in these conferences.

Väestöliitto is a member of the International Planned Parenthood Federation (IPPF), the Confederation of Family Organisations in the European Community (COFACE), and the International Union of Family Organisations (IUFO). In addition, researchers of Väestöliitto are members of the International Union of the Scientific Study of Population (IUSSP) and the European Association for Population Studies (EAPS). The Sexual Health Clinic of Väestöliitto has close contacts with The International Federation of Pediatric and Adolescent Gynecology (FIGIJ). Through these organisations and others, Väestöliitto has extensive international contacts both in industrialised and developing countries. Väestöliitto's expertise has been used in the evaluation of family planning projects in developing countries (Bangladesh, Mexico, Vietnam) and in starting the marketing of condoms in Hungary. It has had close cooperation with the UN Population Fund (UNFPA) since 1986.

Väestöliitto has recently expanded its activities in cooperating internationally for improving sexual health. The main aim has been to include sexual health components as part of ongoing projects.

Since 1985 Väestöliitto has been involved in overseas development projects in the field of sexual and reproductive health. The first project was in Mexico working together with Mexfam (Mexican Family Planning Foundation). The collaboration with Mexfam has continued. In 1998 the Finnish Foreign Ministry funded a new project "HIV/AIDS prevention with a gender perspective". Its goals are to prevent HIV/AIDS in Mexico by considering gender issues, providing information, and distributing condoms and Information, Education and Communication (IEC) materials.

In 1998 in rural Malawi, a pilot project funded by the William and Flora Hewlett Foundation was started. The goals of this project are to help primary health care professionals strengthen their family planning services and increase their efforts to offer

programs designed to prevent AIDS and other STDs. A cooperation agreement was made between Väestöliitto and Finland's Mannerheim League for Child Welfare (MLCW) to integrate a sexual health component in their ongoing project in Malawi. The MLCW had established a training health centre in 1993 in the Lungwena area. This Malawian government operated health centre offers primary health care services including family planning, maternal and child health care, delivery care, and STD-prevention and treatment.

Väestöliitto participated in a Contraceptive Social Marketing Project in Vietnam in 1997 and 1998. The local co-operating partner for the project, funded by the Department of International Development Co-operation of Finland, was DKT International/Vietnam, which has specialised in the design and implementation of contraceptive social marketing projects. Contraceptive social marketing uses commercial marketing techniques and the resources of the local private sector to make contraceptives affordable and accessible to target populations.

A South African-Finnish joint cooperation to improve maternal care through training of nurses in KwaZulu-Natal Province started in 1999. It is also funded by Finland's Department of International Development Co-operation. The aim of the project is to decrease maternal mortality by improving midwife training and adolescent sexual health. It is a joint project of Finnish Midwife Teachers, the Finnish Midwife Association, Väestöliitto and Polytechnics of Helsinki, Pirkanmaa and Jyväskylä. Väestöliitto's emphasis area in this project is the prevention and decrease of teenage pregnancies and HIV infections.

In 2000, Väestöliitto became involved in another project, "Support to Namibian fight against HIV/AIDS among children and adolescents", also funded by the Department of International Development Co-operation. Several Finnish NGOs support the Namibian national AIDS program and the AIDS work of local officials and non-governmental organisations. The main beneficiary group of the project are 4-15 year old children. The goal is to reduce the spread of HIV by changing risky behaviour and improving life skills to help people avoid risky behaviour in the future. Providing information about HIV and sexual health to children and adolescents and decreasing child prostitution and substance abuse should reduce behaviour that increases risks of getting a STD.

Väestöliitto in Finland

Väestöliitto works in several rather independent units: 3 clinics (Infertility, Medical Genetics, and Sexual Health Clinic), the Population Research Institute, a Child Care Unit, and Central Office. Väestöliitto has 110 full-time employees.

The Sexual Health Clinic

In 1991, Väestöliitto Family Planning Clinic in Helsinki started its services, and in 1996 its name was changed to the Sexual Health Clinic. The change of name reflects the broadened view of sexual health emphasised at the 1994 Cairo International Conference on Population and Development. In 1998, the Family Clinic (which originated from the Marriage Clinic) became part of the Sexual Health Clinic. A Family Clinic of Väestöliitto also operates in Tampere.

Väestöliitto's Sexual Health Clinic is the only broad sexology unit in Finland. Its programs are in a continual state of development and involve the cooperation of a multidisciplinary professional group. The Clinic's personnel consist of health care providers with many different specialities: psychologists, professional nurses, midwives, physicians, social workers, and students of different professions. Highly educated personnel work in the sexuality research and treatment unit. In the multidisciplinary group, consultation is convenient. Therefore, the group's knowledge and professional skills can be used effectively. The aim is to improve sexual health in Finland in many different ways. The human sexuality field is continuously changing, and is holistic, individual, and multifaceted. Sexual health is related to people's ability to experience their own sexuality as an inseparable and natural part of their humanity. The expression of sexuality is a unique, valuable, private, and continuously developing resource belonging to every stage of life. Having a well-fulfilled and healthy sex life contributes to the development of healthy self-esteem and gives security and pleasure.

Services, Functions and Characteristics of the Sexual Health Clinic

1. Creating new ways to work

Creating new effective ways to work has been the basic principle of the Sexual Health Clinic. Needs for sexual health services in society have been identified, and new methods for dealing with them have been developed. With the support of the Slot Machine Association (RAY), the Open House youth project was founded in 1988 in Helsinki. Today the project is a major source of sexual health care for people under 18. The Full Life-project concerned the sexuality of aging people; it operated from 1996 to 1998, and later became a part of the clinic's activities. In 1998, the Family Network project was begun with three years of financial support from the Slot Machine Association. This project works to improve the welfare of families with small children. People can also contact the Family Network if they have questions about parenting or sexual health.

In daily clinical work, old methods are improved, and new ones created. New treatments – for example, better contraceptive alternatives – are developed through research.

2. Education and training

The clinic's educational and training efforts focus on three groups: clients, professionals in the health and education fields, and students. These are explained next.

Client education

Open House personnel provide sexuality education for schoolchildren and students. Sex education is given in schools, but groups can also visit the clinic. Over the past several years, it was hoped that education would be provided to younger age groups, because children in preschool and lower grades are interested in some aspects of human sexuality. When children receive information at a young age about sexual health and about the human body and how it changes as they get older, they are much better prepared as adolescents to make independent and responsible decisions about their own sexuality. Information given at the right age helps form sexual identity, supports self-esteem, and reduces risky behaviour.

The purpose of articles and public lectures is to increase people's knowledge of sexuality and related topics of current interest. As a result of these lectures and articles, people's attitudes toward sexual health can change. The intent is to help people understand the value and meaning of sexual health, discard myths and taboos, and adopt healthy and responsible sexual attitudes.

Continuing training offered to health care and education professionals

Health professionals are regularly invited to training sessions and seminars designed especially for them. Midwives and nurses participate in their own training sessions, for example. Phone consultations provide information to different professional groups. The clinic also offers professionals an opportunity to practice new skills, such as the technique of non-scalpel vasectomy. The Sexual Health Clinic's personnel provide training in the workplace when it is considered appropriate. The basic principle is sharing know-how and skills.

Education offered to students

The Sexual Health Clinic also participates in the education of health care students by offering training and teaching in the clinic. In addition, the Clinic has provided sexology education during the past several years as part of university medical education.

3. Publishing

Publishing is an important part of the clinic's activity. Over the years, Väestöliitto has created broad-based sexology education materials that are well known nationally. The aim is to keep the prices of the publications low, so that circulation to health care centres, schools, clinics, hospitals, and private individuals can be as wide as possible.

Publications are evaluated and updated regularly. Väestöliitto also has a website that includes articles about sexual health, particularly for boys, including discussions about the structure and function of the penis, masturbation, relationships, and contraception. The Sexual Health Clinic's personnel have written several health care publications.

4. Advocacy

As an independent special-interest group supporting the welfare of families, Väestöliitto works to influence the development of society, so that the family's interests and people's sexual and reproductive health and sexual rights are always considered in political decision-making. Sexual development involves a long and vulnerable chain of events in an individual's life. In society today, benefits provided to people are central for their well-being. The requirements for adequate parenthood can never be emphasised too much. The needs of parents and their children must be taken into consideration by makers of social policy, so that parents have the opportunity to work in the community without endangering their families. The importance of an individual's sexual rights and integrity must also be emphasised.

Finland is one of the leading nations in the world regarding the general level of sexual health of its citizens and the implementation of sexual rights. Väestöliitto works in close cooperation with members of the Finnish Parliament, the media, NGOs, and public sector organisations that implement health policy. During the past few years, Väestöliitto has increased the knowledge of members of parliament about sexual rights, sexual issues in general, and possibilities for maintaining and improving a high Finnish standard of sexual health for the population.

Väestöliitto's international unit has been an important part of the Sexual Health Clinic, and in 1999 it became a separate unit. International advocacy takes place at several levels. First, it is important that sexual health care at the national level be of high quality and be implemented as planned. Improved knowledge among members of parliament and among citizens has brought more prestige and influence to international work. Väestöliitto has been represented in official Finnish delegations to numerous international meetings. In addition, professionals from Väestöliitto have independently participated in several international forums. Striving to implement sexual rights globally is a huge challenge. The Nordic countries including Finland are pioneers in this effort. Danish, Finnish, Icelandic, Norwegian, and Swedish associations working in the field of sexual health and rights together prepared "The Nordic Resolution on Adolescent Sexual Health and Rights" for the follow-up meeting to the International Conference on Population and Development in Cairo. The Nordic experience shows that with persistent and committed action, many problems can be prevented or reduced in magnitude. It seems likely that the Nordic approach to sexual health problems of adolescents can be applied to programs and legislation for young people in other parts of the world.

Advocacy work includes publishing articles, participating in public discussion, acting as a professional, and giving interviews to the media. Professionals of Väestöliitto actively participate in discussions of problems and political issues that affect sexual health.

5. Clinical work

In the Sexual Health Clinic, the client is examined and treated in a holistic fashion. Important components of client care are support for individual sexual development and functioning and reinforcement of sexual identity. The focus is always on individualised counselling and not only about diseases or problems.

Gynecological clinical reception

Women of all ages come to the gynecology clinic. Gynecological examination and counselling, questions about different life situations, and choosing contraception always involve unique situations, in which medical and personal matters are considered. The physician works as a counsellor and specialist, while the woman makes her own decisions about treatment and contraception. Clients with contraception problems are often referred to the clinic from their health care centres.

Perimenopausal women are a large client group. Hormonal replacement therapy and facts and beliefs linked to it have recently created much public discussion. The clinic's personnel give professional information about different alternatives and their effects, and try to make it easier for the client to make her own decision. Decision-making often takes time, and written material can then be of great value.

Treatment of sexual problems in the clinic is steadily increasing because it is easier to talk about problems to a reliable gynecologist and also because clients have not found help elsewhere.

Nurse's appointment

The clinic's specially trained nurses do physical examinations, take pap smears, and give guidance. Nurses also provide emergency contraception to clients. These different services make it easier for clients to obtain the care they need. During the past decade some health care services have decreased in Finland. The availability of contraception has decreased and prices of contraception have increased. Therefore, it is important to develop alternative approaches to guarantee that services are available.

Open House for adolescents

The Open House for adolescents under 18 was founded in 1988. It provides free-of-charge counselling, sexuality-related services, and support for building an individual's identity. Adolescents can come to the clinic without an appointment or can telephone to

make a future appointment. Appointment with physicians and psychologists need to be made in advance, but a nurse is available for walk in appointments when a young person needs help, support, or conversation with an adult. Subjects discussed in the clinic include growing up, maturation, dating, sex, sexually transmitted infections, and pregnancy.

Young women have used this service regularly for several years. They trust the clinic's personnel and share with them the joys and sorrows of growing into womanhood. There is no minimum age. If a young person is old enough to need our help, she/he is old enough to get it. If the client is very young, she/he is encouraged to discuss problems with the parents too. The Open House is meant for girls and boys. However, the majority of clients have been girls. In the spring of 1998 we opened a Service for Young Men with male employees. The intention was to increase boys' sexual knowledge and help them know their bodies. Questions about relationships and problems connected with sexuality are different for boys and girls. Väestöliitto's websites include articles about sexual health that are targeted especially for boys. In addition, conversation can take place through email. Professionals from the Open House also participate in community events for young people.

Treatment for people experiencing sexual violence

Women who have experienced sexual violence usually obtain acute treatment at a local health care centre or in a hospital. These places usually have time and resources for treating acute injuries, but nothing more. Long term effects of trauma and violence might not receive attention. If a woman does not need acute care for injuries, she may not seek health care help at all, nor even tell anyone about the incident. At the Sexual Health Clinic, treatment of people who have experienced sexual violence is integrated with the clinic's other activities. Thus, a person can come without fear of being labelled. The goal is to help women who do not get help anywhere else. The gynecological examination can be therapeutic and can support the healing process. Often treatment in the clinic is limited to discussing feelings and thoughts that the violence has caused: hurt, guilt, impurity, and the view that sexuality is no longer a positive part of life.

Erectile dysfunction

The clinic examines and treats factors that influence men's erection problems. New treatments, developed in the past several years, have brought remarkable help and have opened up the discussion of men's sexual problems. Counselling that considers the whole life situation and men's relationships is an important part of the clinic's work.

Men's sterilisation

Non-scalpel vasectomy is done at the Sexual Health Clinic under local anesthesia. Väestöliitto's Sexual Health Clinic was the first to introduce this technique to Finland. The new technique causes notably fewer complications and less pain. Sick leave is not

needed, and recovery is very quick. If the man wishes, before the operation he can save a semen sample in Väestöliitto's sperm bank for later possible artificial insemination.

Psychologists

There are four psychologists and psychotherapists in the clinic. They have specialised in family dynamics, relationships, and sexuality. The goal is to develop and test new ways and approaches for improving people's abilities to survive difficult situations, independently or with professional help.

Family counselling tries to improve the welfare of those with problems in relationships or in family crises. The types of counselling offered include psychotherapy for individuals, couples, and families. Psychologists also offer counselling, education, consultation, and advanced training.

Sexual counselling

Sexual counselling is an essential service of the Sexual Health Clinic. The clinic's phone service is free of charge and operates four days a week. Counselling is also given by e-mail. Often it is easier for the client to make first contact by telephone. Much of the time, phone discussions provide sufficient treatment, because permission and information can often solve a sexual problem. Calls come from all over Finland.

Sexual therapy

Sexual therapy helps clients with functional sexual disorders. At the moment, there are three clinical employees educated in sexual therapy. In the course of therapy, it is important that different types of professionals work in the same place so that their consultations are facilitated. It is easier for the client to have sexual therapy in the unit of the physician who suggests it, rather than changing the place of treatment.

Research

Scientific research has always been an important part of the work at the Sexual Health Clinic. The first research about contraception was done at the beginning of 1980. Results of Finnish development work that have reached the market include Nova-T-IUD, Norplant-implants, and the Levonova/Mirena-hormone releasing IUD. Väestöliitto has served as a research centre in clinical studies of these new contraceptives.

Research work has been done in cooperation with the medical industry, the Population Council, and WHO. Intensive research into hormonal contraception for men and new delivery systems are continuing. Research into women's functional sexual disorders and the development of adolescent sexuality are new and interesting research themes.

Summary

Väestöliitto serves as a broad and continuously developing centre of expertise on sexuality, with the important task of increasing the appreciation of sexuality. Väestöliitto's goals include accepting the diversity of sexuality, improving sexual health, and respecting sexual rights at individual, national, and international levels. Väestöliitto's work at the individual level is also important in order to increase the credibility of its advocacy work. The national work provides a justifiable basis for international tasks. Väestöliitto's Sexual Health Clinic illustrates models showing how sexual health care can be integrated into primary care. There are no sexology research and development units in Finnish universities. Thus, Väestöliitto attempts to participate in sexology research and development along with its other duties.

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