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13. Measures of The Central Health Care Administration to Promote Sexual Health From The 1970s to the 1990s

In Finland issues relating to sexual health became topics in health care when the related legislation was amended at the beginning of the 1970s. Statistics, research findings, the proposals of the Working Group on Sex Education of the Ministry of Social Affairs and Health, and statements of the World Health Organisation, as well as direct feedback from sexual health professionals have provided the basis for the development work. The focus has shifted from the undesirable consequences of sexuality, such as prevention of abortions and sexually transmitted diseases, to emphasising the positive aspects of sexuality – sexuality as a personal resource and a factor of the quality of life. At the beginning of the 21st century, operational areas of priority are to promote education on human relationships and sexuality for adolescents, develop sexual counselling within health services and family planning services, prevent the spread of HIV infections and other sexually transmitted diseases, and to avert the social and health problems associated with commercial sex.

From Abortions to Prevention of Pregnancies

Lively debates on sexuality related issues occurred in Finland in the early 1970s. Legislation was revised, instructions and plans were prepared by working groups of the relevant authorities, research was carried out, and training arranged. Sexuality issues received much attention in the media as well.

The new, fairly liberal Act on the Interruption of Pregnancy became effective in June of 1970. The number of legal abortions increased rapidly thereafter. There was considerable harsh criticism that a law promoting counselling on general birth control was not enacted at the same time despite the fact that the committee drafting the abortion act had also presented a proposal for such a law. The Act on the Interruption of Pregnancy only provided that advice on birth control needed to be given to abortion patients.

The Decree (such decrees give instructions on how a law is to be applied) on the Interruption of Pregnancy assigned the National Board of Health to direct and supervise the educational activities concerning general birth control as a way to reduce abortions

and prevent illegal abortions. The Act stressed that citizens must be provided information about birth control through various channels.

The National Board of Health was worried about the increased number of abortions. Thus, at the end of 1971 it sent a letter to municipal midwives urging prenatal clinics to intensify their activities to prevent pregnancies in order to decrease the number of abortions. The need for co-operation with the school authorities was emphasised so that young people could receive information at a sufficiently early stage on issues related to pregnancy, childbirth, birth control, and sexuality. The National Board of Health also sent copies of the letter intended for midwives to municipal health boards and school boards. At the beginning of 1972 the National Board of Health sent a letter to the National Board of General Education, which referred to the one sent to midwives, proposing to intensify co-operation by using health care personnel as experts during lessons dealing with birth control.

The Primary Health Care Act that became effective in April of 1972 stated that general counselling on birth control was the responsibility of local authorities. This Act reformed the administration and funding of public health work, and a comprehensive health centre system was established within primary health care. According to section 14 of the Act, municipalities shall maintain health counselling services, which cover health education services concerning primary health care, including advice on birth control, and general medical checks on their residents.

The first National Plan for Organising Public Health Work from 1972 to 1976 urged the local authorities to focus attention on developing health counselling, and in particular to intensify counselling on birth control. It was stated in the plan that health workers at health centres could in the context of counselling on birth control distribute contraceptives, even contraceptive pills, in line with specific instructions issued by the National Board of Health.

In 1972 the National Board of Health sent local authorities instructions on birth control counselling that had been referred to in the Primary Health Care Act. These included the goals for birth control counselling, groups to target, methods to use in giving personal guidance and advice, general educational activities and instructions about the choice of contraceptives, and follow-up procedures for clients. The instructions were accompanied by additional education material for the staff on family planning and contraception methods. The Provincial State Offices arranged educational seminars in central hospitals in order to teach physicians how to fit an intrauterine device (IUD). Large numbers of health care personnel also took part in education programs organised by non-governmental organisations.

The National Board of Health issued a circular dealing with the quality control of contraceptives after provisions on that had been laid down by Decree in 1975.

Accordingly, all contraceptives on sale required approval from the National Board of Health. The National Board revised the circular in 1978.

Law Amendment Gave Impetus to Birth Control Counselling

In the 1970s there was much public debate about the Act on the Interruption of Pregnancy. For instance, in 1974 members of Parliament conducted a broad debate on the interpretation and application of the Act. The Act was amended in 1978 so that, in general, a pregnancy should be interrupted prior to the 12th week of pregnancy, instead of the 16th week as was required before. The amendment became effective at the beginning of July 1979. In the process of amending the Act, a directive of Parliament stated that the general public needed to be informed about the new requirement. Furthermore, the Act stated that counselling on birth control needed to be intensified and that co-operation between school, social, and health care authorities in this effort needed to be supported and encouraged. In September of 1978, The Ministry of Social Affairs and Health appointed a working group to facilitate these efforts of intensification and co-operation directed by the Amended Act on the Interruption of Pregnancy. The tasks assigned to this working group were to plan an information campaign, to make proposals for intensifying access to counselling on birth control and the use of contraceptives, to arrange for collaboration of various interest groups, to monitor the impact of the Amended Act and the related action programme, and to make proposals for remedying its shortcomings.

The responsibilities of the working group were later extended, and it subsequently made proposals for facilitating access to contraceptive pills and for amending legislation on sterilisation. The purpose was to harmonise the Sterilisation Act with the Act on the Interruption of Pregnancy by simplifying the handling of sterilisation matters and prescribing age and number of children indications as grounds for access to sterilisation. The act amending sterilisation legislation was in general agreement with the proposal of the working group and became effective in 1985.

The working group assumed the name of a Working Group on Sex Education. It understood its duties to be broad, and considered that it was inappropriate to deal with interruption of pregnancy and birth control as separate matters, but as matters that both related to the field of education on human relationships and sexual health. In addition, the working group made a number of proposals for developing education on human relationships and sexuality. As an immediate measure linked to the enactment of the Amended Act on the Interruption of Pregnancy, the working group prepared and carried out – in collaboration with the National Board of Health an information and education programme.

After the passage of the Amended Act, the National Board of Health provided materials to the local authorities about the handling of abortion matters: instructions for early detection of pregnancy, advice to those considering abortion, and procedures related to performing an abortion. The National Board issued new instructions for counselling on birth control in 1982.

Early in 1979, the National Board of Health arranged a national seminar dealing with education on human relationships and sex, followed by regional seminars in the provinces and, after about half a year, a feedback seminar. After the regional education had been completed, on average, half of the more than 200 health centres of the country and several central hospitals arranged further education on sexual health issues for their staff.

In addition, at the beginning of 1979 the National Board of Health arranged a seminar/education programme on sex education for representatives of the media. Subsequently, the general public was informed about the amendment to the abortion law through press releases and television coverage. A brochure dealing with prevention of pregnancy and the interruption of pregnancy was distributed to young people. Health care personnel were informed of the amendment, apart from the seminars, in a bulletin of the National Board of Health and in scientific journals. Additional sex education materials were also published and distributed to health care personnel.

Monitoring of knowledge of the population about the amendment to the law was achieved through three telephone interviews conducted by Statistics Finland: in spring and autumn of 1979 and in spring of 1980. Knowledge of the amendment was considerably better in the inquiries made after the Amended Act became effective (July, 1979). The number of abortions was followed by analysing the statistics for half a year before and after the Act became effective. Before the Act, 91.9 % of all abortions had been performed before the 12th week of pregnancy, and after it, the corresponding figure was 95.5 %.

Monitoring associated with birth control was accomplished by administering questionnaires at regional feedback seminars. Counselling on birth control had been intensified in two out of three municipalities or federations of municipalities. They had, for instance, started family planning and birth control clinics, increased the number of personnel doing counselling work, broadened the target groups and improved services by, among other things, increasing consultation hours and arranging consultation in the evenings. Additional health education material was also provided for clients.

In sexual health the main emphasis in the 1970s was on establishing competent counselling on birth control in municipalities and training the health care personnel for this task. Municipal counselling on birth control in 1973 covered about 5 % of all women of fertility age, and in 1977 about 18 %. The interruptions of pregnancy dropped simultaneously from the high of 1973: 23,362 (19.6 abortions/1000 women aged 15-49) to 17,772 (14.7 abortions/1000 women aged 15-49) in 1977. In 1998 the number

was 10,744 (8.6 abortions/1000 women aged 15-49), and thus the trend has been very favourable.

From Counselling on Birth Control to Education on Human Relationships and Sex

The proposals of the Working Group on Sex Education for developing education on human relationships and sex provided a basis for the long-term, purposeful promotion of sexual health in Finland. The measures put forward by the working group included the reorganisation of education on human relationships and sex through instructions from the relevant authorities, new sexual health education and information materials, research, and special projects. In this effort to provide better sexual health education, co-operation among health and education authorities, NGOs, and communities was stressed.

The proposals of the working group received broad recognition: altogether 40 different bodies (several ministries, central authorities, universities, the Evangelical-Lutheran Church, central hospitals, trade, municipal and public health organisations) expressed their opinions about them. Its work was considered a significant societal action and an important opening in the field of sexual health. The importance of education on human relationships and sex was underlined, and attitudes towards the proposals of the working group were very positive. It was considered necessary to implement them and to develop them further, to guarantee long-term action, and to allocate adequate resources for these actions. Resources for the national promotion of sexual health had been obtained through an appropriation for health education in the government budget – an appropriation intended for reducing smoking and for other health promotion work carried out by the Ministry of Social Affairs and Health.

In health care the framework for promoting sexual health was created by means of a directive dealing with human relationships and sex education issued by the National Board of Health for health centres and hospitals at the end of 1980. The goal was to make sexual issues a natural part of the holistic care of patients and to develop the skills of health care personnel through education in human relationships, sex, and sexual counselling. The directive presented central considerations and contents of education on human relationships and sex for target groups; gave guidelines for organising activities, on-the-job training and job supervision; highlighted appropriate teaching methods; and stressed co-operation with interest groups. In accordance with the report of the Working Group on Sex Education, the directive listed the following goals of education on human relationships and sex: 1) to enable a person to experience sexuality in him/herself and in others as a natural, integral element enriching personality and 2) to help a person create and maintain lasting and warm human relationships and enjoy as happy and satisfying sex life as possible. At the community level the aim was to promote humanitarian

behaviour, a positive environment for growth, positive attitudes towards sex, and equality between the sexes.

In the 1980s education on human relationships and sex was also included in some health policy documents. It was mentioned as a priority in health education in the National Plan for Organising Public Health Work from 1980 to 1984. It was likewise mentioned in the Governments Public Health Report to Parliament in 1985 and in Finland's Health for All 2000 strategy from 1986. The plan for the development of health education for the years 1984 B 1988 put forward by the Advisory Committee for Health Education included a development programme for education on human relationships and sex. This plan was based largely on the proposals of the Working Group on Sex Education and the feedback regarding the proposals of other professionals. The aim was to intensify education on human relationships and sex for adolescents, young families, and people with disabilities.

Advisory committees or co-operation groups for health education of municipalities and federations of municipalities drew up plans for education on human relationships and sex. Personnel were trained, and co-operation improved within health care and with interest groups. Health education activities were intensified, especially in schools, health care, and youth work.

Research, Education and Information in Support of Activities

Research provided information that was used to develop and evaluate educational programs on human relationships and sexual counselling. At first, priority was given to research on the sexual behaviour of adolescents. The National Board of Health carried out, in co-operation with the University of Helsinki, the KISS study, which provided useful information about young peoples' knowledge, attitudes, behaviour and culture concerning sexuality, as well as their experiences and opinions of the sex education provided at school. The study has been followed up in subsequent years. In the 1990s the same types of information were obtained through a school health study. Further studies that have been supported financially include a study on the use of contraceptive pills and health among teenagers, and a study on sex education in the comprehensive school.

Sexual attitudes, knowledge and behaviour of public health nurses and the sex education they received have been studied in different decades. The purpose of these studies has been to learn more about the skills nurses receive in their vocational education that enable them to give sex education and provide sexual counselling. The National Board of Health contributed to a follow-up study regarding sexual behaviour of the adult population (FINSEX 1990 B 1994), supported mainly by the Academy of Finland, through both financing and representation in the group of researchers. The purpose of

this research was to acquire information about the adult populations sexual attitudes and behaviour, the need for sexual counselling, and the use of the counselling service.

Further topics that have been studied include the nature of jealousy and problems related to it; child sexual abuse, its treatment and prevention, and the threat of AIDS experienced among Finns, their knowledge of HIV infection and AIDS tests and their attitude toward those infected with HIV. Attitudes of Finns about information sent to them about sexual topics have also been investigated. For example, surveys have been conducted about attitudes toward an AIDS bulletin sent by the central health care administration to every home and also about attitudes toward the magazine with sexuality information sent annually to all 16-year-olds. The yearbooks of health education research have published articles on sexuality research. The health education unit of the National Board of Health gave expert assistance and material for sex research carried out by students of universities and health care colleges.

The purpose of further education has been to arouse interest and activity in promoting education on human relationships and sex in various organisations and to develop the related skills of professionals working with different population groups. The aim is also to develop the skills of health care teachers so that they can incorporate sexual issues in their instruction and thus ensure that in vocational education, health care personnel obtain skills that are necessary for the promotion of sexual health.

Following the regional education organised at the turn of the 1970s and 1980s, the National Board of Health initiated and arranged in collaboration with universities and NGOs further education, in particular, for professionals working with young people and people with disabilities. These courses were organised annually for several years. One to two courses in giving education on human relationships and sex were arranged for teachers of health care colleges from 1989 to 1995. In the 1980s the National Board of Health together with other organisations also contributed to arranging one-year education programs in sexual therapy.

The central health care administration has provided expert assistance for the regional seminars arranged by Provincial State Offices and central hospitals and for local seminars arranged by health centres and health care colleges. Expert assistance and sometimes even financial support has similarly been given to education about sexual topics arranged by other organisations. In addition, sexuality was a common theme in seminars arranged solely by the National Board of Health.

The most important group targeted for the provision of information and material has been young people. The central health care administration has produced and distributed free material for sex education for the use of those working with adolescents. This includes, for example, material with the theme growth to man/woman-adult (slides with texts and further education material); AIDS material for adolescents (video, slide series

and support material, stickers, brochures, posters); an education programme for Inter-railers (including a small bag to hang round the neck containing information about sexually transmitted diseases and a condom); a video called *To marry or to Burn*; a brochure *Am I mature enough to begin dating?*, which included a condom; *It depends on such little thing* (a TV and film spot and a brochure) and *Wonderfully embarrassing sexuality* (information with slides and further education material).

During the 1980s, in order to further improve the educational skills of health care personnel, the National Board of Health sent the following materials to all health centres and hospitals: a book on sexology, basic course material in sexology, an issue of the *Duodecim* journal and its own publications dealing with sexology, such as a booklet on homosexuality and bisexuality, a report on eroticism and health, and a video on care takers of those infected with AIDS and a related instruction booklet. In 1995 the Ministry of Social Affairs and Health published a book on Finnish sex which included information about changes in the sex life of Finns. The aim was for professionals in hospitals and health care units to use this book in their work with the adult population.

In the 1980s the central health care administration organised several working groups and projects intended to develop education on human relationships and sex. Examples of activities are subprojects of the national development project, the project of a hospital district that focused on interactions between young abortion patients and personnel, and a development project of a federation of municipalities for developing education on human relationships and sex for young people. Representatives of the central administration have also participated in working groups and projects of various authorities, the Evangelical Lutheran Church, NGOs, and communities. These working groups have focused mainly on 1) providing education and materials and 2) devising plans for development and action.

The Threat of AIDS and Its Prevention

A new, serious disease transmitted through sexual interactions shook the world at the beginning of the 1980s. The prevention of AIDS started in Finland in 1984, when the National Board of Health set up an expert group to make proposals for measures to identify the risk groups, to arrange treatment, and to prevent the spread of the disease. A monitoring group was appointed in accordance with the proposal of the working group, administrative instructions were issued, and research on HIV/AIDS was initiated in 1985. The task of the monitoring group was, among other things, to follow research in the field and to make proposals to the National Board of Health so that information and education aimed at preventing the spread of the disease could be prepared.

In 1987 the National Board of Health set up a 30-member AIDS delegation to deal with and map out the views and needs in society about the medical, social, economic, ethical and other problems related to AIDS. This delegation was also instructed to make any

necessary proposals and take initiatives to solve various problems linked to the disease.

The legislation on communicable diseases was amended in the middle of the 1980s to provide the basis for promoting HIV health education, free tests, and prevention of the spread of the disease without coercive measures aimed at the individual. The coercive methods under the old Act on Venereal Diseases were abandoned, except in the case of syphilis. In December 1986 the National Board of Health issued a circular on organising the work to combat communicable diseases, to stress the importance of health education at the general and individual level, and to highlight the need of providing further training for personnel.

Large-scale education regarding the prevention and treatment of AIDS started in 1985, when five regional seminars were arranged for physicians working at health centres and hospitals, and four seminars were organised to provide support for AIDS patients. In addition to health care staff, representatives of various interest groups participated in these seminars. Education and seminars were also arranged in collaboration with interest groups. Seminars were scheduled for societal decision-makers and representatives of working life, such as shop stewards, personnel managers, and editors of trade union and labour market papers.

The National Board of Health considered it important to reach all adolescents, and in 1987 sent all those aged 16 to 21 a paper describing how to avoid AIDS, herpes, genital warts, chlamydia and gonorrhoea. The National Board also wanted to inform adolescents about the results of the KISS study, and thus, in collaboration with the school authorities the KISS paper was distributed in schools to all eighth-graders in 1988. In 1989 the above-mentioned paper dealing with how to avoid venereal diseases was sent to all 16-year-olds. In addition to adolescents, military conscripts have been a central target group for sex education. The National Board has co-operated with the Defence Forces and the conscripts committee to reach this group. There has also been close co-operation with the non-heterosexual organisation SETA, which has been extremely active in informing its members about HIV infection, and AIDS, and safe sex.

In addition to materials designed for young people, the central health care administration has produced several brochures and information materials dealing with the prevention of sexually transmitted diseases including HIV. They include an HIV/AIDS bulletin sent to every home in 1986, an AIDS information booklet for tourists, sexually transmitted disease materials, and the latest brochure, produced in 1997 entitled Remember while you are travelling information about prostitution and sexually transmitted diseases. Furthermore, it has produced a series of slides and videos; information spots for radio, TV and cinema; placards and posters; and outdoor advertising campaigns (e.g., one for the First of May celebration). The central health administration has also sponsored theatrical performances and radio and TV programmes, and maintained a telephone information service.

As of the 7th of February 2000, 1,104 people had been infected with HIV in Finland. Of these, 306 have fallen ill with AIDS and 225 have died. By international comparison, the situation in Finland has been good. The efficient information and health education and the easy access to services, including free tests to detect an infection, have all contributed to the low rate of HIV. Nevertheless, increased drug abuse in just the last couple years has led to an increase of HIV infections in Finland. Finnish authorities and experts have taken an active part to deal with this new situation. These professionals have also used their expertise to help combat AIDS internationally.

Development of Sexual Health in the 1990s

At the end of the 1980s the Advisory Committee for Health Education appointed by the Government wanted to give an impetus to public discussion about the connections between sexuality and health, and thus commissioned a group of experts to make a Report called *Eroticism and Health*. This report, published in 1989, contains research-based data on the impact of sexuality on health, a description of Finnish sexual culture, and ways to improve sexual health and well-being. The report aroused broad and heated debate in homes and workplaces. In the media the report was spotlighted everywhere: in news segments, columns, cartoons, special programs, interviews, and letters to the editor. Foreign media also showed an interest in this topic when the proposal for enriching the relationships between couples by a sex holiday was publicised out of context before the report itself was completed.

A magazine for young people was developed in the late 80s and early 90s to cover adolescent sexuality more broadly, although information about sexually transmitted diseases was still a major theme. Other topics of the magazine were dating, first sexual intercourse, prevention of pregnancy (including clear instructions on how to use a condom), sexual orientations, and commercial sex. The magazine contains a condom sample and a separate letter to parents dealing with adolescent sexuality. This magazine, updated every couple years, has been funded from a grant for communicable diseases in the government budget. Attitudes of parents and young people about this magazine have been investigated twice, and feedback has been positive.

The promotion of sexual health of special groups has also been considered important within the central administration. For example, health education grants have been used for supporting the preparation of sex education material for mentally handicapped young people, birth control information in English for foreigners and immigrants, and publications on menopause in easy-to-read language and Braille, and a textbook on sexual minorities.

At the beginning of the 1990s the central health care administration underwent several organisational reforms. For example, the National Board of Health was abolished. The role of the Ministry of Social Affairs and Health in directing and guiding health promotion

and health education at the national level was strengthened. The Ministry continued the national work for the promotion of sexual health in accordance with the earlier guidelines. It is responsible for preparing the magazine about adolescent sexuality sent to all 16-year-olds and organising national seminars in collaboration with the National Research and Development Centre for Welfare and Health (STAKES). In the 1990s seminar themes included Finnish sexuality, male sexuality, middle age and sexuality, long-term illness or disability and sexuality, adolescents and sex, and sexuality today – where are we heading?

The task of the Ministry of Social Affairs and Health is to plan the strategy for sexual health and to decide on the grants for health education. The operational side of the promotion of sexual health has been delegated to the National Research and Development Centre for Welfare and Health. Various bodies can also apply for financial support for the implementation of projects intended to promote sexual health. Projects whose goals are to promote education on human relationships and sex for adolescents or to improve sexual counselling within health care services and family planning are given priority.

The National Research and Development Centre for Welfare and Health (STAKES) has co-ordinated family planning and education on human relationships and sexuality within the framework of its Family planning 2000 co-operative project. In the pilot region of the project, Central Finland, the National Research and Development Centre for Welfare and Health, the Provincial State Office of Central Finland, the University of Jyväskylä, and the Health Care College of Central Finland have in collaboration developed family planning services and sex education for adolescents. Several other bodies have taken part in the work. As a result of this work a centre of excellence for family planning has been established in Central Finland. The polytechnic of Jyväskylä has provided education in family planning and sexuality since 1994. A degree programme of 40 credits, the first of its kind in Finland, for supplementary studies in sexology was introduced in the autumn of 1997. The establishment and development of the first centre of excellence for family planning has been supported for several years from the government appropriation for health education. The Family Planning 2000 project of the National Research and Development Centre for Welfare and Health has also received funding from this government source.

In the 1990s commercial sex was often in the spotlight in Finland. Measures to prevent the social and health-related problems caused by commercial sex have been undertaken within health care. The Ministry of Social Affairs and Health has examined these problems, and its representatives have taken part in various working groups and committees of the relevant authorities dealing with these problems and making proposals for preventing and solving them. In accordance with the Government Equality Programme, in spring 1998 the Ministry started a five-year national project to reduce violence against women and prostitution. The goal of the project, apart from combating prostitution, is to reduce the harm associated with it and to promote a positive sexuality in society. Representatives

of several ministries, regional administration, the National Research and Development Centre for Welfare and Health, the National Public Health Institute, NGOs, and local authorities are all involved in this project. Finnish social and health authorities are also working to combat prostitution and child sexual abuse in various international projects and other contexts.

Evaluation and Development Needs

In the field of sexual health many situations which previously caused great concern in Finland have improved: the need for abortions has reduced, the rates of diseases transmitted through sexual intercourse are relatively low, young people receive sex education, the equality between men and women in sex life has improved, and according to survey findings, people in the 1990s were more satisfied with their sex life than they were at the beginning of the 70s.

There are still, however, many improvements needed. Many do not receive needed sexual counselling by trained health care professionals, and the skills of health care staff to counsel their clients are not adequate. In addition, health authorities are concerned that the rate of abortions for young women is now slightly increasing after a long period of a steady decline. Nevertheless, pregnancies of those below the age of 20 have remained at the same level for the last six years. In the 1990s, for financial reasons, local authorities reduced preventive health care services, such as birth control and family planning services and school health care. For example, opportunities for school health nurses to serve as experts in sexual health lessons have been reduced due to a decrease in time nurses spend in a school. The sex education provided in schools is likewise undergoing a major change. Some changes in the middle of the 1990s contributed to weakening the status of sex education in schools. According to various studies many schools have not developed comprehensive sex education programs for their students.

Many health policy documents have addressed the sexual health of adolescents. For example, the Governments Public Health Report to Parliament suggests development of sexual health as one of the challenges for promoting the health of young in the next few years. Development of education on human relationships and sex for young people has been included in the National Plan for Organising Social Welfare and Health Care Services from 1999 to 2002. Regional projects to promote adolescents sexual health are being supported out of the governments appropriation for health education.

There is a constant threat that rates of sexually transmitted diseases will increase. The spread of HIV infections has been accelerated by increased drug abuse. The incidence of syphilis which had almost been eradicated in Finland has somewhat increased. The frequent travel by Finns to neighbouring countries such as Russia and Estonia where rates of sexually transmitted diseases are high has increased the risk of getting such a disease for Finns.

In recent years, commercial sex has become more and more common and its marketing has become more visible. Identifying people and their sexuality as a product or object that is on sale and can be marketed impacts negatively on sexual health, human dignity, human rights, and equality. The reduction of commercial sex, especially prostitution, is a demanding task, both nationally and internationally.

In health care the development of education on human relationships and sexuality and counselling on sexual matters has been long-term, purposeful work that has had good results. This work must, however, be continually intensified in order that the progress continues. New challenges continually present themselves – probably as a result of globalisation, the development of information technology, and the ageing of the population. However health care has good opportunities to promote sexual well-being and to prevent and reduce problems in sexual life.

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