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14. STAKES – Projects on Family Planning

Stakes: Statistics, Research and Development in the same Centre

STAKES, the National Research and Development Centre for Welfare and Health, is part of a group of agencies overseen by the Finnish Ministry of Social Affairs and Health. STAKES produces information and know-how that promote well-being and health and that secure equal access to effective and quality services for everybody in the field of social welfare and health.

The Act on STAKES specifies the following obligations, among other things:

- To follow and evaluate the state and development of social welfare and health care in Finland,
- To produce and acquire Finnish and international knowledge and know-how and to pass it on to users,
- To maintain official and non-official statistics, files and registers in the field,
- To conduct research and development in the field,
- To promote and carry out training in the field.

As far as matters of family planning are concerned, STAKES is the statistical authority maintaining registers and drawing up statistics on abortions, sterilisation, anomalies and reports on treatment. In the field of reproductive health STAKES has conducted a great number of studies and surveys, for instance, on the use of family planning services, on how they should be developed and on screening fetuses. Children's sexual exploitation has also been surveyed and the professionals in the field have been dispensed advice. A project on prostitution is under way. Guidelines for screenings and co-operation in maternity care have been given by a group of experts in family planning and maternity care. In projects related to research and development STAKES employs even outside experts and expert groups.

Direction for Development Work through Negotiations and Surveys

If compared internationally, family planning and sexual health are mostly maintained well in Finland. The hopes of the Finns regarding families have been surveyed and the number of children women wished to have in 1989 was 2,5 and the corresponding figure relating to men was 2,3. In reality though, women have 1,9 children on average. The number of abortions was 10 600 in 1999, i.e. 8.7/1000 females of fertility age. The figure is one of the lowest in the world. Sexual life has been studied in many studies based on the population. Especially women's contentment has increased. By international comparison, the number of sexually transmitted diseases is still low in Finland. On the other hand, deliberate childlessness has risen.

The main responsibility for family planning services is shared by health care nurses and midwives trained for this task. At the beginning of the 1990s there was no precise information about how the services were arranged, since many municipalities had started to follow the principle of population responsibility and the recession cut down resources especially in the area of preventive health care. In this situation the assessment of family planning services was considered important. What also affected the matter was a debate on tightening the stipulations on abortion, which was conducted for instance in Germany, Poland and the USA.

At the end of 1992 there was a public debate alleging that teenage abortions were a problem in Finland. By means of statistics it was shown, however, that in fact the number of abortions and teenage mothers had continuously been decreasing. In the spring of 1993 several negotiations were held under the supervision of STAKES in which experts assessed the situation. At the same time a statistical report on abortions and a survey on the prevention of teenage pregnancies and abortions were being made. An working group of experts including researchers and administrative authorities in the field and representatives of trade organisations and specialist organisations surveyed the state of family planning in Finland and set goals for development. What was considered important by the group was drawing up a basic report on family planning services and supporting research and development. The contacts between those actively involved in the development and research activities in the area of family planning were regarded as extremely important. As far as client groups were concerned, it was emphasised that services ought to take boys and men into account better than before in addition to groups such as the disabled, refugees and those at many kinds of risks. The working group made more detailed suggestions for the training of health care and social welfare personnel in matters related to family planning and for sex education and counselling for the young. It was stated, however, that development work had to be started in collaboration with those who are involved in family planning in practice. The province of Central Finland was linked with the development work as the pilot area.

An extensive group of experts were asked to give a statement on the above-mentioned suggestions. In this way development work was made public and the network was being created for the future research and development in family planning. The group of experts met annually to view the situation and consider plans for further action while pondering over the contribution of their own sector in developing family planning.

A Process as a Course of Action in the Project of Family Planning 2000

The actual development project was launched by STAKES in 1994 and was called Family Planning 2000 according to the guidelines set by the working group consisting of experts. After a three-year period the project continued for an extra two years and finished in 1998. In addition to the project manager, a project secretary and an expert senior physician were also involved in it.

The project was built as a national co-operative programme in which every participant gave his or her own resources for research, development and training. STAKES provided a forum for co-operation while collecting and passing on information and experiences besides maintaining the network of those involved in developing family planning.

The project was launched in the pilot area through practical development work, which was also linked with research if necessary. The partners both in the public and private sector were offered the chance to participate in the project with a focus on developing public services. The role of STAKES can be described as that of a supporter and activator. Regional issues have been tackled at the national level and on the other hand, it has been possible to pass on information nation-wide to be used regionally in the pilot area. A common goal has been to improve the service system and to test new innovative models in addition to providing information. Promoting professional training has been considered important from the very beginning.

What has been essential to the development work is networking and performing development work as a process. There have been endeavours to make more specific objectives, and the enthusiasm and opportunities of the sectors and employees involved in some area of the project have been the basic ground for the development work. The developing process has been structured for instance by arranging meetings at which those engaged in specific areas of the project have introduced their progress and each stage of their task.

Providing information openly has been a crucial part of the project. Even though the project of Family Planning 2000 was targeted at employees in the field, there have been efforts to pass on the information born within the project such as sex education for the young, which citizens might find interesting, through the media. Briefings have been

arranged in connection with meetings and seminars, and journalists have been welcome to attend these events. Employees engaged in practical family planning have been encouraged and supported to be active in passing on information.

The leaflet, meetings and training events make the network

The network leaflet called *Perhesuunnittelu 2000* (Family Planning 2000) was set up by STAKES to promote the collaboration of developers and new connections. What was aimed at was to act as much as possible in two directions: on the one hand, to receive writings and comments from readers concerning various on-going development projects in the field and on the other hand, to pass on collected, topical information, which is easily legible, to readers. However, the number of articles asked and received was rather small and they were mainly extracts of studies. The leaflet has been sent to persons registered in the network free of charge and in addition, it has been distributed at various training events. Besides, it has also been possible to read the network leaflet in the Internet pages of STAKES.

Network collaboration has been strengthened by arranging regional meetings, national seminars and training events. National seminars, such as Finnish sexuality for instance, have been held every year in which issues related to sexuality coming up in the work of the professional staff have been considered together. Long-term illnesses and disabilities were a topic which made the participants talk who seem to be rather alone when these matters come up with their clients.

Making study trips abroad and participating in conferences as one group have especially tightened the co-operation of the core group and created a joint view on matters. The travelling reports drawn up on the journeys have been published in special issues of the network leaflet focusing on a theme (such as the conference on abortion in Holland and the world congress of sexology in Spain). Thus their contribution has been passed on to the whole network.

During the various smaller projects with a focus on a specific theme some more permanent forms of co-operation were advisory boards of Fertility Festivals and the project groups responsible for their planning and realisation. Encouraged by a trip made together to attend a congress an idea to found a sexological association in Finland was born.

Central Finland as the pilot area

The province of Central Finland including 30 municipalities and 250 000 residents was chosen as the pilot area while the group of experts were still working on the project. Central Finland is a clear administrative whole and, as far as development and research are concerned, its centre Jyväskylä has such important units as the hospital district and the central hospital in addition to the university and the polytechnic specialised in the

field. Measured by the number of abortions and sexually transmitted diseases it also represented an average area. What was also important was the fact that the provincial authorities as the co-ordinator and other partners involved were active and enthusiastic about the development work.

The pilot project was launched by arranging a multi-professional meeting to which interested representatives of the primary health care were invited in addition to employees working for the private sector, the university, the polytechnic and organisations. At the meeting the proposals made by the expert group of STAKES were introduced as well as the state of family planning in Central Finland, which was interpreted by means of statistics. The participants' task was to define the main targets to be developed, which included abortion, the first contraception, the treatment of infertility, sex education for the young and the prevention and treatment of chlamydia. At the meeting small groups were set up to focus on these areas.

The fact that the representatives of STAKES and provincial authorities visited all the health care centres in the area proved to be a considerable addition to the pilot project of Central Finland and it gave important feedback to the whole project as well. The negotiations attended by the representatives of the social welfare and educational service gave concrete information about the state of family planning. There was also a discussion on issues that needed to be developed most among the services which the municipality has available.

Fertility Festivals – Making Sex Education More Fun for the Young

The question how to make many small projects visible and beneficial for more extensive use was being pondered over while the pilot project of Central Finland was still going on. An idea put forward was to arrange an event that would be both educational and informational while also being an exhibition. The name chosen for it was Fertility Festival, which also aroused contradictory thoughts. Its purpose was to turn the tone, which used to be warning and to make one feel guilty, into something more positive and joyful. The most prominent part of the event, which lasts several days, is a street performance one afternoon in which health care and social welfare students and related organisations distribute information about sexuality and the family in a wide variety of ways. Pupils can familiarise themselves with various information points with the help of the students. There is information available about contraception, childlessness, various support services for the family as well as about different kinds of sexuality. In addition, musical and dance performances, briefings and various other performances are arranged on stage. Events called "ask the expert" targeted at young people are popular. Besides, special opportunities are arranged for parents where they can talk. In the spring prior to the festival, writing competitions related to the subject are held for schoolchildren to

make the event known in advance. Those representing the army and the church also participate in planning and realising the programme.

In connection with the festival special training is available for employees and teachers in the field. Besides familiarising themselves with the festival participants can acquire new information and stimuli for their work by attending the seminars.

The media have found the fertility festival interesting as an event itself and through the themes introduced. The local papers, regional radio stations and the television have covered various subjects in a variety of ways and matter-of-factly. A few local papers have published special pages focusing on a particular theme beforehand. This is how it has been possible to market the event.

The festival itself with its specialist training is just a climax of the work accomplished in the area during the previous year. The major participants representing educational institutions, provincial authorities, the hospital and the primary health care, various organisations and the army have set up groups for planning. Students at the health care and social welfare polytechnic have familiarised themselves with the themes of family planning and sex education for a year with a view to the coming festival. The event has been supported by the advisory boards which have met under the supervision of the provincial authorities. What is regarded as the starting-point is that each sector does its own share as part of its normal work and students as part of their studies. However, it has been necessary to release one person, who can fully concentrate on his or her task, and who is responsible for co-ordinating such a big event of 2-3 days and even 5000 participants. This has been possible since the Ministry of Social Affairs and Health has supplied funds for the event as part of the task of developing sex education for the young.

The significance of the festivals lies in collecting the various participants to plan and realise a prominent event. Co-operative relations that are born during the project have also functioned well after the festival. Besides, the event has inspired both young students and their teachers to start looking for working methods for health education that would combine theory and practice. This is how employees have acquired new information and new models for their work. The event has also raised the subject of sex education for the young under public discussion through the media. For the first time the fertility festival was arranged in Central Finland in 1996. It has become an event which takes place every spring and only the location of the event has occasionally been changed.

Developing Professional Skills

The expert group of STAKES regarded the strengthening of one's professional skills as one of the most important tasks. The view that gained ground during the project was that the attitudes, knowledge and skills of the personnel to deal with sexuality were essential in developing the services in the field of family planning and sexual health.

Whether or not family planning and sexual health should be included in the health care and social welfare education were surveyed at the beginning and at the end of the project. What the reports clarified was that there were rather few and sporadic studies focusing on a particular subject. However, a better direction is to be seen because in various parts of Finland more organised complementary education has been arranged in the field of sexual health.

There have been efforts to enhance professional skills in the project of Family Planning 2000 by arranging free meetings and national seminars. They have stimulated discussion and co-operation while encouraging the participants to look for new information and to test new working methods. New learning materials, videos, literature and ideas for development, born in various smaller projects, and experiences gained at work, have been introduced at exhibitions linked to the training events. Through the network leaflet information has been passed on more extensively to those belonging to the network. The training calendar included in the leaflet has served well in informing about the coming training events.

Various working methods, adaptable even more widely, have been tested with purpose of increasing employees' knowledge and skills. The methods have included group interviews, descriptions of local treatment practice as part of quality assurance, and festivals.

The response received from the employees in Central Finland highlights the following aspects: their attitudes to sexuality have widened, their courage to talk about even very intimate affairs has increased, their willingness to participate and their participation in complementary training have also increased. These changes in attitudes are remarkable results as far as the permanence of the changes is concerned.

In recent years the subject matter of sexuality has been increased especially in the basic vocational education of health care and social welfare provided by the polytechnic in the pilot area. As the only educational institution specialised in health care it has included matters on sexuality in the actual studies. The polytechnic has commenced to provide complementary and further education in sexology for those who have completed the adaptable basic degree. Besides, it also collaborates actively with domestic and Nordic partners to develop the educational content and structure. Moreover, wider contacts with related international instructors have been made. A brave opening to sexological education has been the building of a special set-up for study called Adam and Eve in the polytechnic with literature, videos, music, aids and other material on family planning and sex education. Adam and Eve aims to familiarise students engaged in various studies, such as health care and social welfare and those intending to become teachers or doctors, as well as employees working on the crisis telephones, with a variety of sexuality. The visits are supervised by teachers trained in sexual therapy. Adam and Eve is becoming a facility for SAR (Sexual Attitude Restructuring). Other activities, such as research and guidance by telephone together with the hospital and the department of psychology at the university, are being linked with the centre.

Abortions at the Focus of Development

Abortion is not completely free in Finland. The main indications for abortion are social (85 %), other indications include the mother's or the foetus's illness, the mother's age (under 17 or over 40) or the number of children in the family (4 or more) or pregnancy resulting from rape. Two physicians have to recommend termination. Pregnancy has to be terminated before the end of the 12th week of pregnancy. In special cases the National Board of Medicolegal Affairs may allow abortion until the 24th week of pregnancy. There is no evidence of illegal abortions in Finland and nowadays just a few miscarriages occur every year when there is no knowledge whether they were abortions or spontaneous.

Every now and then abortions are debated about publicly in Finland. This has often taken place during the parliamentary election when it is usually a sector related to the church that chooses the subject as their election theme. The development project of family planning was launched by this kind of public debate on young girls' abortions at the end of 1992. Terminations of pregnancies were not considered a problem in Finland then: the number of abortions had been reduced by half within 25 years and the down-going trend seemed to continue. Compared internationally, the abortion situation in Finland was extremely good and the opinions of Finns to abortions were neutrally liberal and there was no pressure for changing the legislation. On the other hand, termination was seen as a routine measure in health care and altering the practices was not paid any attention to.

Figure 1. Abortions and teenage deliveries in Finland, 1976–1998

