Past Successes and future challenges and needs

Present good level of sexual and reproductive health is due to:
- The organization and content of sexual and reproductive health care services being regulated by legislation and national guidelines.
- The early established and high quality maternity care and other comprehensive primary health care services and highly educated personnel in health care.
- National guidelines for maternity and child health clinics as well as for school and student health care.
- Sexuality education at schools.
- A high degree of gender equality.
- An efficient system of registers and statistics gathering.

New challenges:
- Accumulation of risk factors among a small group of young people. Repeat abortion, the number of induced abortions in the 20–24 age group and Chlamydia infections among young people.
- Postponing childbearing, infertility and fertility knowledge.
- Ensuring gender and social equality in sexual and reproductive health issues. Services need to be tailored closely to specific needs and cultural aspects of immigrants, victims of sexual violence, people with other than a heterosexual orientation and people with disabilities.
- Standardised and high quality education and more comprehensive services which encourage a positive attitude to sexual and reproductive health.

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. Programme will be evaluated and updated by the Sexual and Reproductive Health Unit, which was established at the National Institute for Health and Welfare in 2009.

Sexual and reproductive health in Finland

Finland is a country of 5.4 million inhabitants in northern Europe. The literacy rate is 100% and 31% of Finnish women and 25% of men have completed higher education. In 2010 the GDP per capita was EUR 33 608. Most people belong to the Evangelical Lutheran church (78%). In Finland there are less than 170 000 migrants, being mostly Russians, Estonians, Swedes and Somalis. Immigration has grown significantly during the last two decades.

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An efficient system for registration and collecting statistics
- Medical Birth Register
- Register for Abortions and Sterilisations
- Register on Congenital Malformations
- Hospital Discharge Register and Register of Primary Health Care
- Register for Infectious Diseases
- Statistics on Assisted Fertility Treatments
- Health Services and their use are monitored regularly.
- Sexual and reproductive health questions are included in several national surveys.

Finnish families
- 1 child: 24%, 2 children: 42%, 3 or more children: 34%.
- The average age at first live birth: 28.2 years.
- Of those who give birth: 18% are aged over 35 years; 10% of all first-time mothers.
- Having children in cohabitation is common (over 33% of all births).
- Of all firstborns 54% are born outside marriage.
- Approximately 4% of all children born in Finland are born as a result of fertility treatments.
- 1601 registered same-sex couples. 2010

Sexual and reproductive health is highlighted nationally as being an important issue that requires action.

In international comparisons, sexual and reproductive health and rights are at a good level according to many indicators. This partly due to universal and comprehensive primary health care and specialized medical care.

Children and adolescents receive sexuality education from qualified teachers as a part of their school curriculum.

In Finland sexuality education at schools between 1970 and the 1980s the sexual health knowledge of young people improved. Since 2001, sexuality education has been instated as a part of health education, which is a mandatory subject on school curriculums and is taught by qualified teachers, for schoolchildren age 13–15. Sexuality issues are also integrated into other school topics such as biology. Health Education is a subject taught in high schools and vocational schools.

The cooperation on a central and local level between health and school authorities in regard to health issues has a long tradition.

The Primary Health Care Act (1972) guarantied 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 1970.

The relatively low induced abortion rates are assumed to be partly due to extensive public sexuality education. Sexuality education was integrated into school teaching in the 1980s the sexual health knowledge of young people improved. Since 2001, sexuality education has been instated as a part of health education, which is a mandatory subject on school curriculums and is taught by qualified teachers, for schoolchildren age 13–15. Sexuality issues are also integrated into other school topics such as biology. Health Education is a subject taught in high schools and vocational schools.

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**Total fertility rate** (number of children per woman) is one of the highest in Europe
- In recent decades the total fertility rate has remained relatively stable (1.87 in 2010).

**Perinatal and infant health** is at a very high level
- Premature births (less than 37 gestational week): 5.8% in 2010.
- The number of infants with a low birth weight (less than 2,500 g) has remained steady in recent years: 4.5% of all births in 2010.
- Perinatal mortality rate (stillborns and deaths during the first week of life) was 4.0 per 1,000 births in 2010.

**Maternal and infant deaths** are rare
- Maternal mortality: 2.8 deaths per year and 4.8 per 100,000 live births in 2005–2010.
- Infant mortality rate is among the lowest in the world.

**Smoking, obesity, and alcohol use during pregnancy**
- In the last ten years, some 15% of all parturients have smoked during pregnancy. However, an increasing number of smokers stop smoking during the first trimester.
- In 2010, 34% of all women having given birth were overweight (BMI ≥ 25) and 12% were obese (BMI ≥ 30).
- Alcohol and drug use is a growing problem but exact information on the number of users is not available.

**Caesarean section rate** is one of the lowest in Europe
- 16% of all deliveries in 2010.

**Use of contraceptives**
- Around 20–30% of fertility age women reported using oral contraception in 2007.
- Every fifth woman used an intrauterine device (IUD) in 2007.
- 22% of the 14–15 years old had had sexual intercourse and 65% of them had used a condom in their last intercourse (2010).

**The number of sterilisations** is decreasing
- In 2010 the total number was 3,900 (of which 37% were male sterilisations).

**Use of menopausal hormone therapy**
- Women aged 45–75 years reporting current use of menopausal hormone therapy was 23% in 2007.
- Proportion of women reporting long-term use of hormone therapy (> 10 years) out of all users was 36% in 2007.

**Induced abortions**
- Total number of induced abortions in 2010: 10,240 = 8.8 per 1,000 women of fertile age (15–49 years).
- Teenage induced abortions are rare: 12.1 per 1,000 among women aged 15–19 years.
- Majority of induced abortions are medical, in 2010 almost 90%.

**Hysterectomy** (removal of the uterus)
- Approximately 20% of women aged 45 to 64 years have undergone hysterectomy.
- In 2009, total number of hysterectomies was 5,652.

**Sexually transmitted infections (STIs)**
- In 2011, there were 13,658 (255/100,000) detected Chlamydia cases. Most cases are diagnosed in young adults (20–29 years).
- In 2011, there were 288 (5.4/100,000) gonorrhea and 183 (3.4/100,000) syphilis cases. Half of them are imported.
- New HIV infections numbered 180 (3.4/100,000) in 2011. An increasing number of HIV infections were contracted through sexual contact. The majority of heterosexuals were infected abroad.
- Infants’ HIV infections are rare due to the universal pre- and perinatal prophylaxis. Transmission of infection to child is prevented by medication.

**Infertility**
- About 13–16% of Finnish women have reported an experience of infertility.
- Finland, together with the other Nordic countries, has the highest number of assisted fertility treatments in Europe.
- Nearly 15% of all the treatment cycles started in 2009 used donor gametes.

**Service providers**
- Municipal authorities have a local-level responsibility for the provision of health and social services, which are financed by tax revenues. Promotion of sexual and reproductive health as well as prevention and treatment in regard to the same are integrated into public services.
- Primary health care provides free of charge:
  - Universal maternal and child health care services.
  - School and student health care services.
  - Contraceptive counselling; client herself pays for contraceptive methods.
  - Testing and care of sexually transmitted infections.
  - Counseling and referrals for abortions.
- In recent years sexual counseling and therapy services have increased in specialized medical care.
- The private sector offers services especially by gynecologists and therapists. Non-governmental organizations (NGOs) are significant service providers, especially for special groups (tore parents, sexual minorities, sex workers, victims of sexual violence, people with disabilities), in informing and developing working methods related to sexual and reproductive health.

**Investment in the know-how of sexual health**
- Topics related to sexuality are being integrated in the training of various occupational groups, especially in health care. Further training has been arranged for professionals in sexual counseling and sexology, which follows the Nordic model. Universities of Applied Sciences and NGOs are responsible for the training.

**Focus on young people**
- Investing in youngers is one of the most cost-effective and influential ways to promote health.
- Sexuality education has been part of the school curriculum since 1970.
- Adolescents’ sexual knowledge and behaviour has been monitored every two years since 1995 as part of the School Health Promotion Study.
- Most young people are covered by easily accessible school and student health services.
- Extensive information about sexual health is available on the web as well as phone services, with possibilities for interaction with experts, as well as phone service especially for boys (organized by NGOs).

**Benefits for families with children**
- A Maternity Grant is provided to all mothers who have undergone a medical examination at a maternal welfare clinic or a doctor’s office before the end of the fourth month of pregnancy. The Grant is provided either in the form of a cash benefit or as a maternity package. Nearly all pregnant women choose to receive this Grant.
- Traditionally, maternity leave has been long in Finland and it is complemented by parental leave, the daddy month and care leave. During care leave the parent staying at home receives an allowance that is not earnings-related and without losing her or his job.
- Child Benefits is paid for children under 17.
- Additional family benefits are available for special groups.
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Total fertility rate (number of children per woman) is one of the highest in Europe

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More information:

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Finnish success story
In relation to the number of women of fertile age, Finland has had the lowest number of induced abortions in the Nordic countries since 1980. A majority of all induced abortions are performed on social grounds.

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