

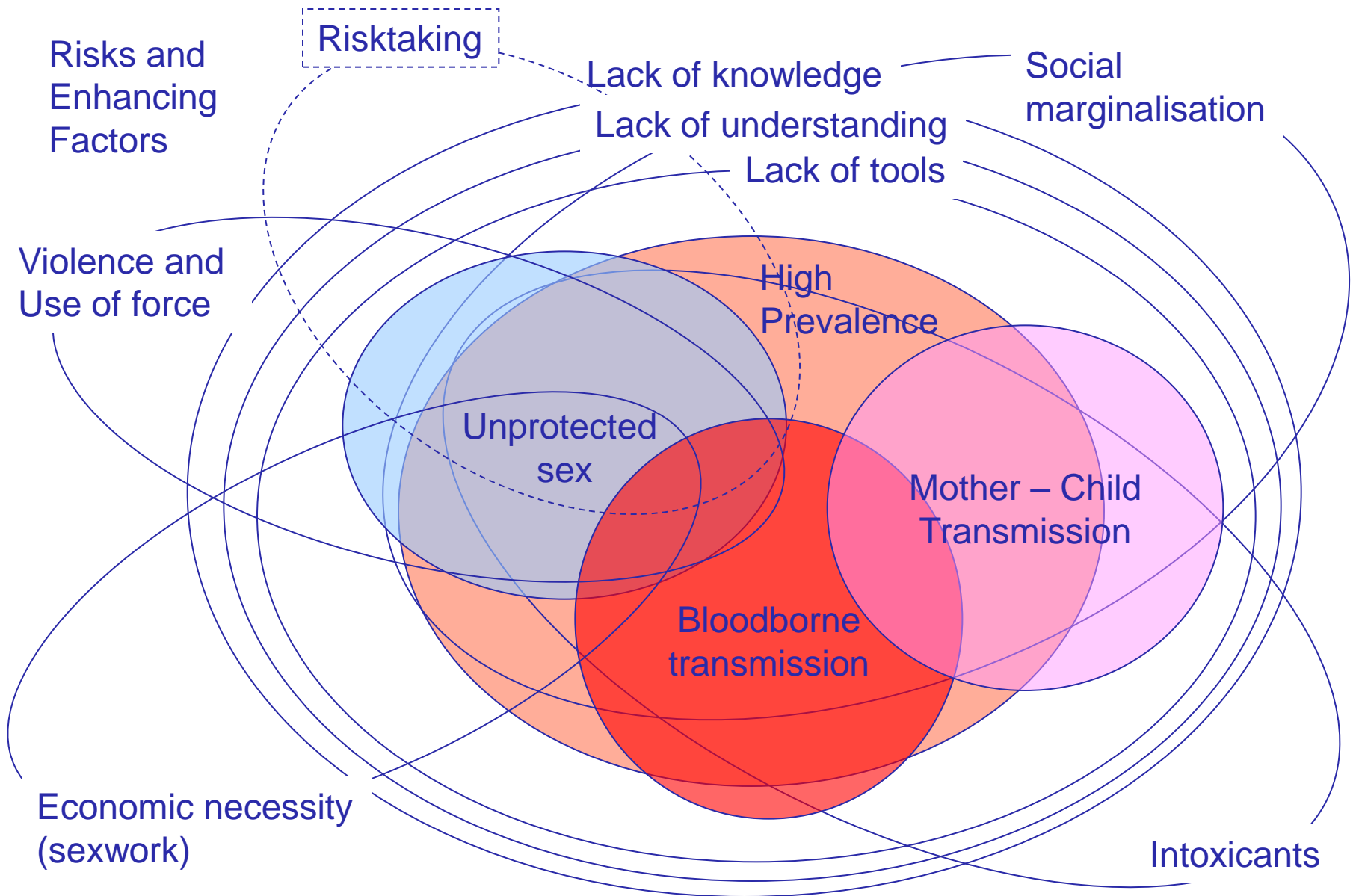


# **Integration of Sexual Health Education and STI/HIV Prevention into the School Curriculum in Finland**

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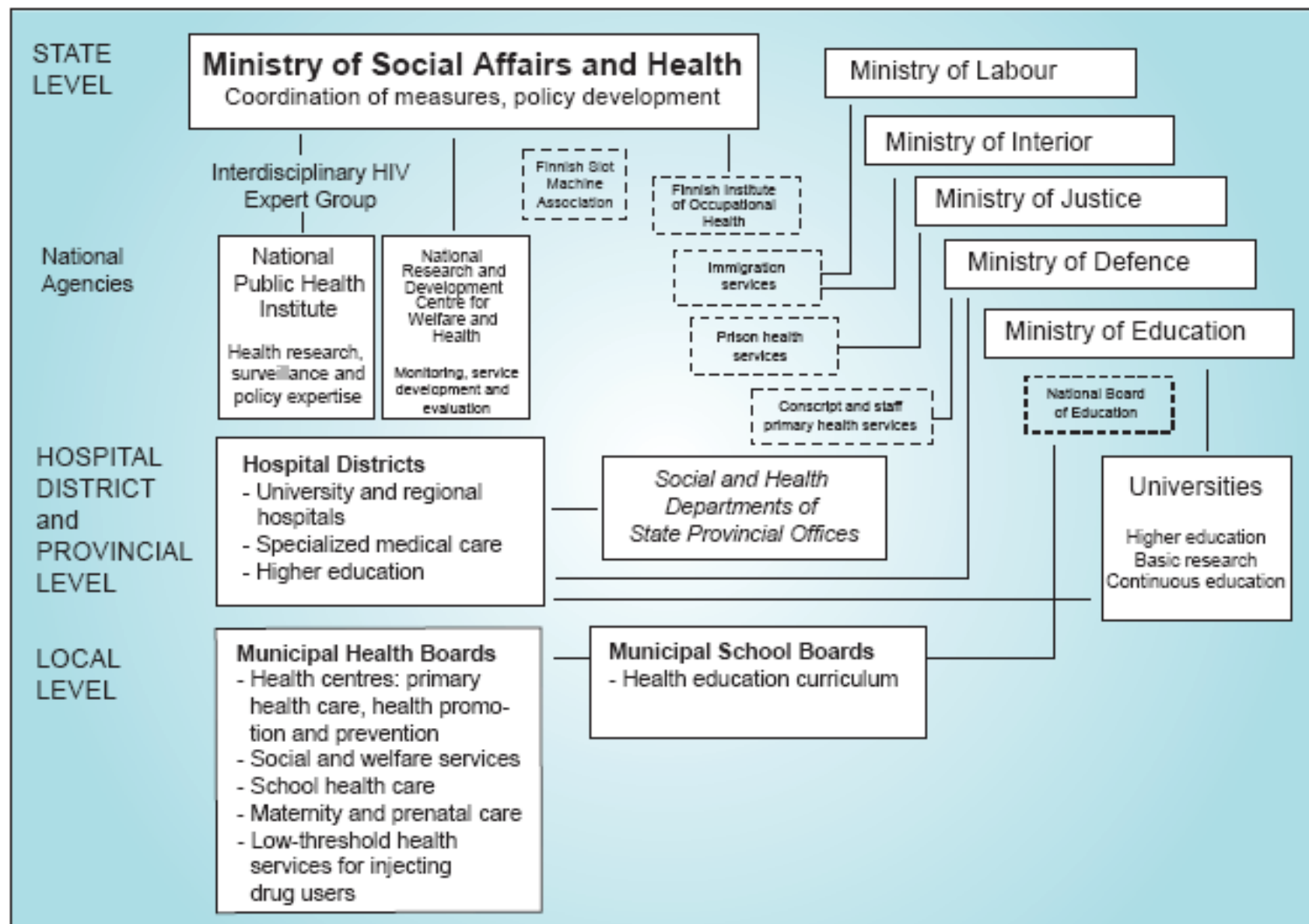
# HIV vulnerability map



# Main objectives of the HIV/AIDS prevention policy

- Prevention of new infections is the key target of policy measures. For those who become infected, there is guaranteed free access to medically indicated treatment and care.
- Support for full social empowerment of persons living with HIV/Aids to reduce vulnerability as an essential part of prevention policies.
- Management of prevention activities through national coordination and a multidisciplinary public/private partnership approach.

# Public and State Agencies Working in the Field of HIV/AIDS Prevention



# HIV/Aids Prevention of new infections is key

- Health education and promotion are the main modes of influencing the development of the future epidemic
- Youth are the most important target group and gay and bisexual groups must also be reached.
  - Impact through schools: health education (including sexual health) as a specific subject for grades 7-9 in comprehensive school and grades 1-2 in high school
- Targeted prevention still needed at later ages
  - MSM require dedicated approaches and services
  - Prevention of infection risks and drug use among Injecting drug users are equally important.
  - Special attention need to be directed to prisons, socially marginalised groups, immigrants and sex workers
  - Travelers an emerging heterogenous group
- Prevention of MTCT and a secure blood supply must be as effective and comprehensive as possible

# Finnish approach to health education

- Finnish comprehensive school system fairly uniform
- Grades 1-9 (age 7-15) mandatory with uniform curriculum and weekly subject hours in pre-set plan
- High school grades 1-3 (16-18 y) leading to university also has a basic standardised curriculum
- Standards and guidelines set by the National Board of Education

# Goals

- Provide knowledge that supports the individuals health, wellness and sense of security
- Develop cognitive, social, emotional, functional and ethical skills of the individual
- Build the foundation for a healthy lifestyle at an early age
- Work forms a fact-, not faith-based ethical foundation

# Some principles

- Health seen as a value of its own
- Health education independent subject, but supported by Life sciences group
- Start at relatively early age: grade 7 (12-13y), prime even earlier
- Age-adapted messages
- Repetition and development of themes
- Integration of reproduction, sexuality education, sexual health and rights and STI prevention messages
- Sexual health level with other health issues



# Comprehensive school curriculum (grades 1-9)

## Weekly hours in the Curriculum per grade

Age (y)	7	8	9	10	11	12	13	14	15		
Grade	1	2	3	4	5	6	7	8	9	tot	
Mother tongue	14		14			14				42	
A-level language	-----		-----			8		8		16	
B-level language	-----		-----		-----		6			6	
Mathematics	6		12			14				32	
Environmental sciences	Environment and life sciences										
Biology and Geography			9		3		7				
Physics and Chemistry					2		7			31	
<b>Health education</b>							<b>3</b>				
Religion/life skills			6			5				11	
History and society	-----		-----		-----		3		7		10
Music	Art and skill subjects			4-		3-					
Art	26		4-		30		4-				
Crafts			4-		7-				56		
Physical activity			8-		10-						
Home economics	-----		-----		-----		3			3	
Student guidance	-----		-----		-----		2			2	
Voluntary subjects							(13)			13	
<b>MINIMUM WEEKLY HOURS</b>	19	19	23	23	24	24	30	30	30	222	
Voluntary A-level language	-----		-----		(6)		(6)			(12)	

# Health education in Comprehensive school

- Start at grade 7, 1 weekly hour
- Repetition of yearly themes and subsequent age-adapted deepening of subjects with a practical approach
- Example: my health -> the components of a healthy lifestyle -> health and wellness
- Promotion of health at early age gives the best long-term outcome
- Postponing first intercourse generally promotes the development of good sexual health

# Sexual health education principles

- Early start: priming in grades 5-6 in Biology (human biology, basics of reproduction)
  - Learn the basics before its too late
- Introduced as separate concept in grade 7
- Early knowledge (and understanding) supports development of a good individual sexual health
- Good sexual health is the basis of good STI prevention
- Rights, understanding and equality btw. gender and sexual majority/minorities

# Example curriculum: Grade 7

- Themes: similarity, differences and uniqueness
  - You are born as a sexual being
    - Sexuality is not equal to sex
  - Same pace, different pace, your own pace
    - What is happening with you and why
  - The mirror: friend, foe or your daily companion
  - Menstruation each month
  - Spontaneous ejaculations
    - The purpose of menstruation and ejaculation
  - Masturbation
  - The fantastic world of personal relations
  - Everyone does not have sex
  - Learn to be critical

# Example curriculum: Grade 8

- Theme: sexuality as part of your wellness
  - It's in your head
  - Sexual rights of youth
  - Should we be together?
    - Facts about safe sex
  - Responsibility for contraception lies with both of you
    - Contraception for youth
    - Other contraceptives and prevention methods
    - After intercourse: acute prevention
  - The first time
  - The law on sexual offences
- Good hygiene provides wellness
  - .....
  - Intimate hygiene

# Example curriculum: Grade 9

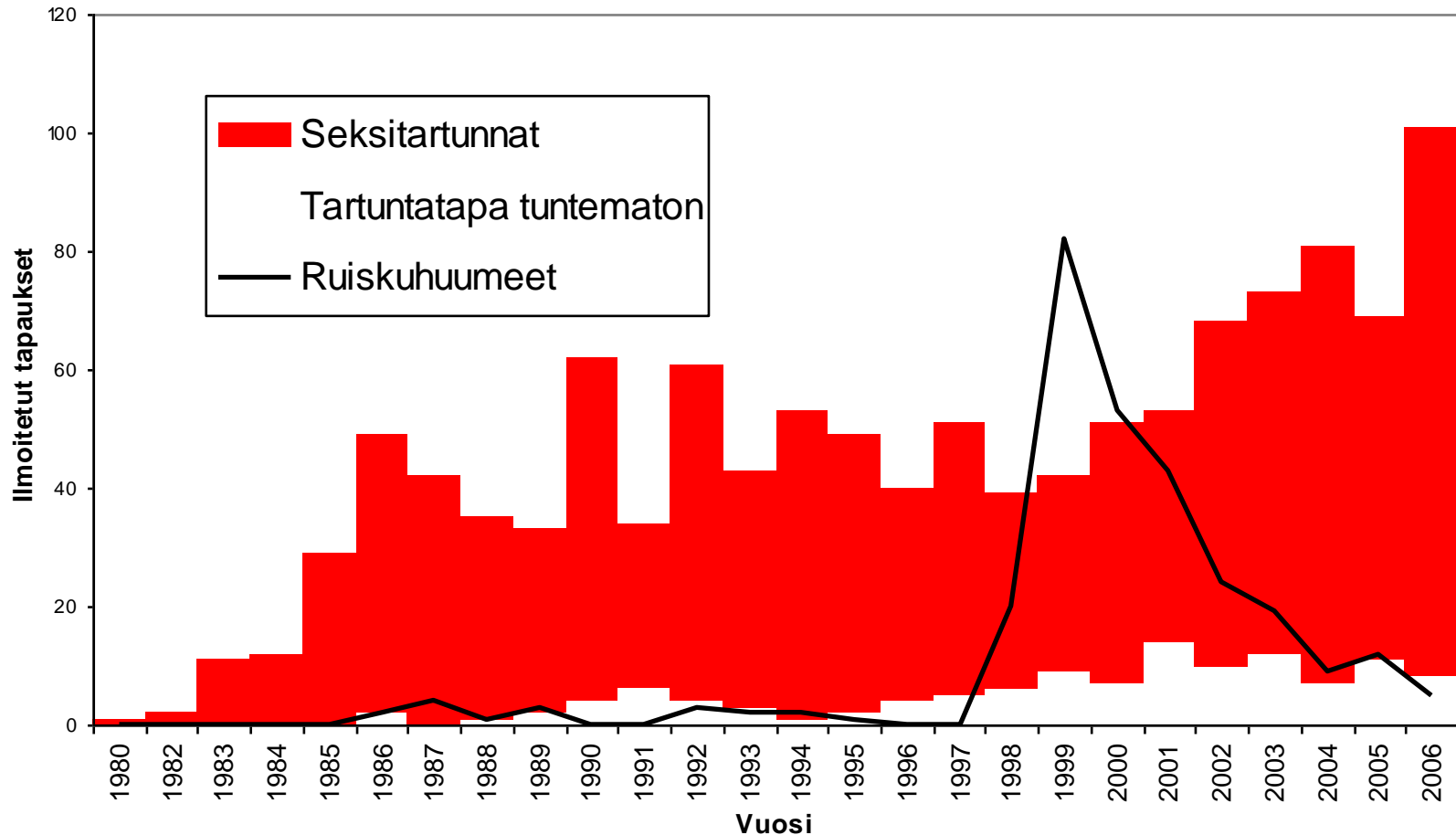
- Theme: the many faces of sexuality
  - Take the good things seriously
  - Interrupted pregnancy or abortion
    - The law on interrupting pregnancy
    - What should you do?
  - Sexual diversity
  - If you get a sexually transmitted infection
    - About the diseases
    - To care for your ability to have children
  - You can go to the doctor even when you are not sick
    - Expectations and thoughts

# HIV in Finland

- Epidemiological situation
  - Low prevalence country, annual incidence approximately 2.5 per 100.000 population
  - National prevalence estimate approximately 0.02%(based on passive surveillance)
- However, vulnerable groups exist where prevalence and incidence is or has recently been much higher
- Goal must be to prevent new infections in all circumstances

# Sex and IDU

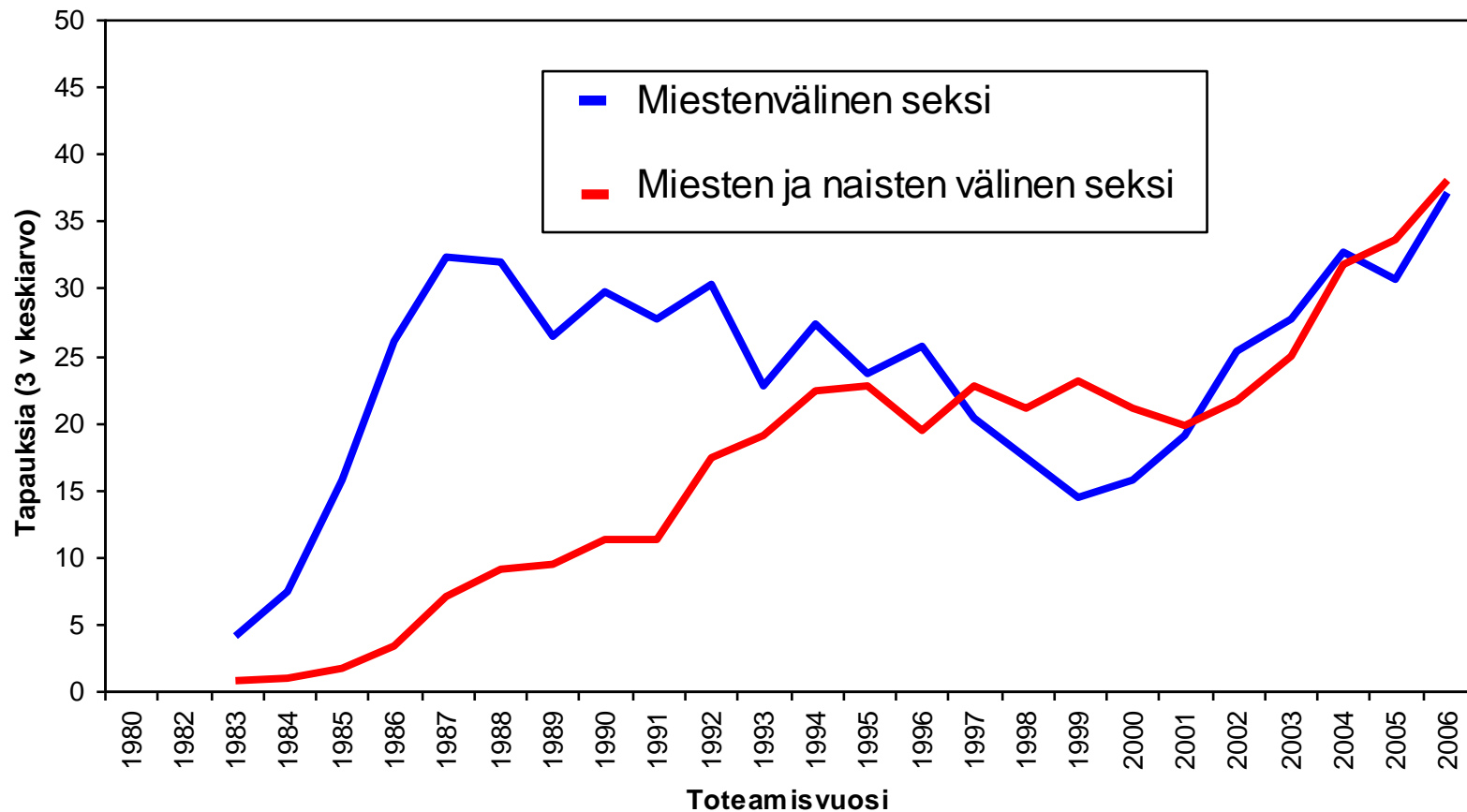
## Seksi ja ruiskuhuumeet



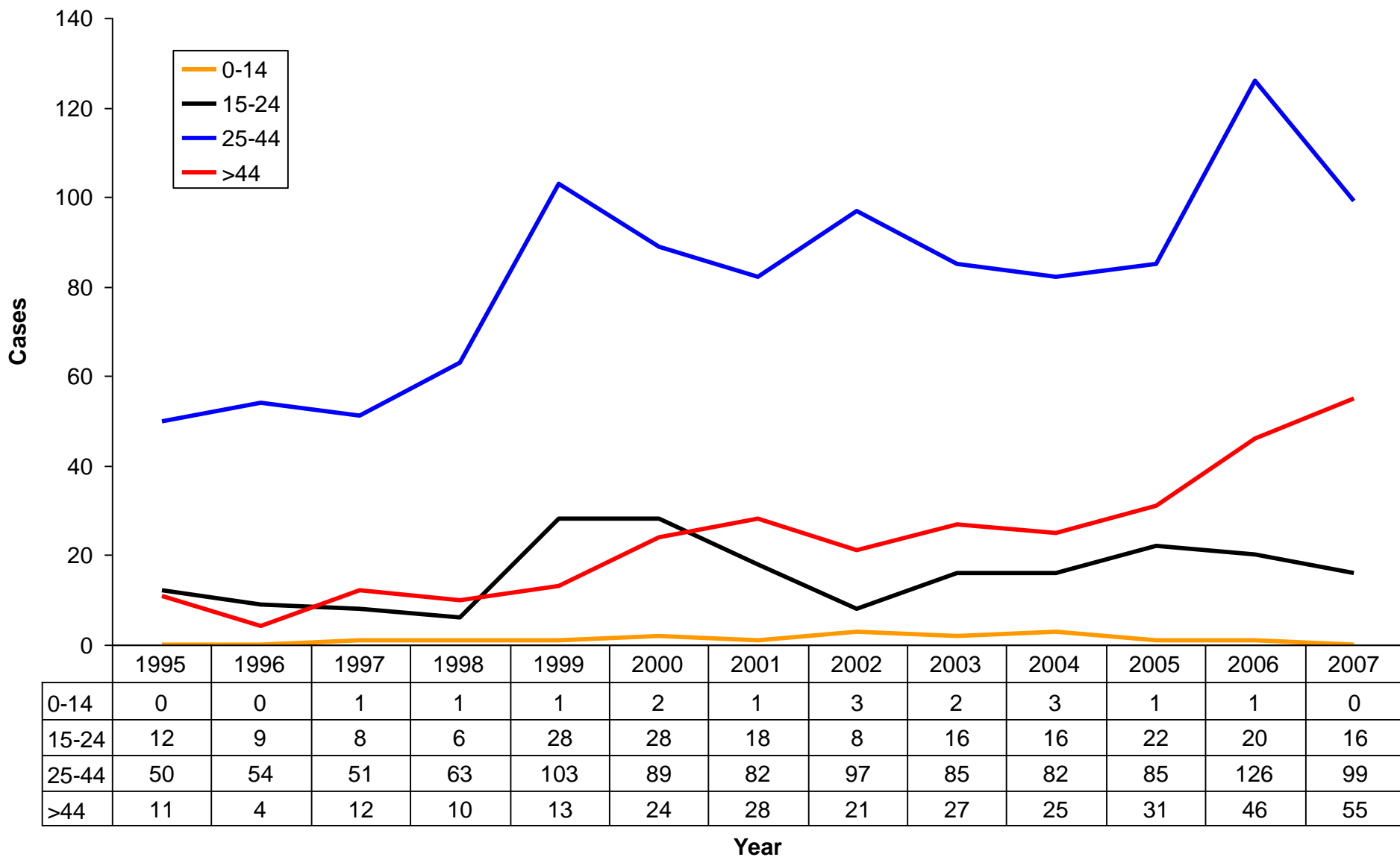


# MSM and sex btw. men and women

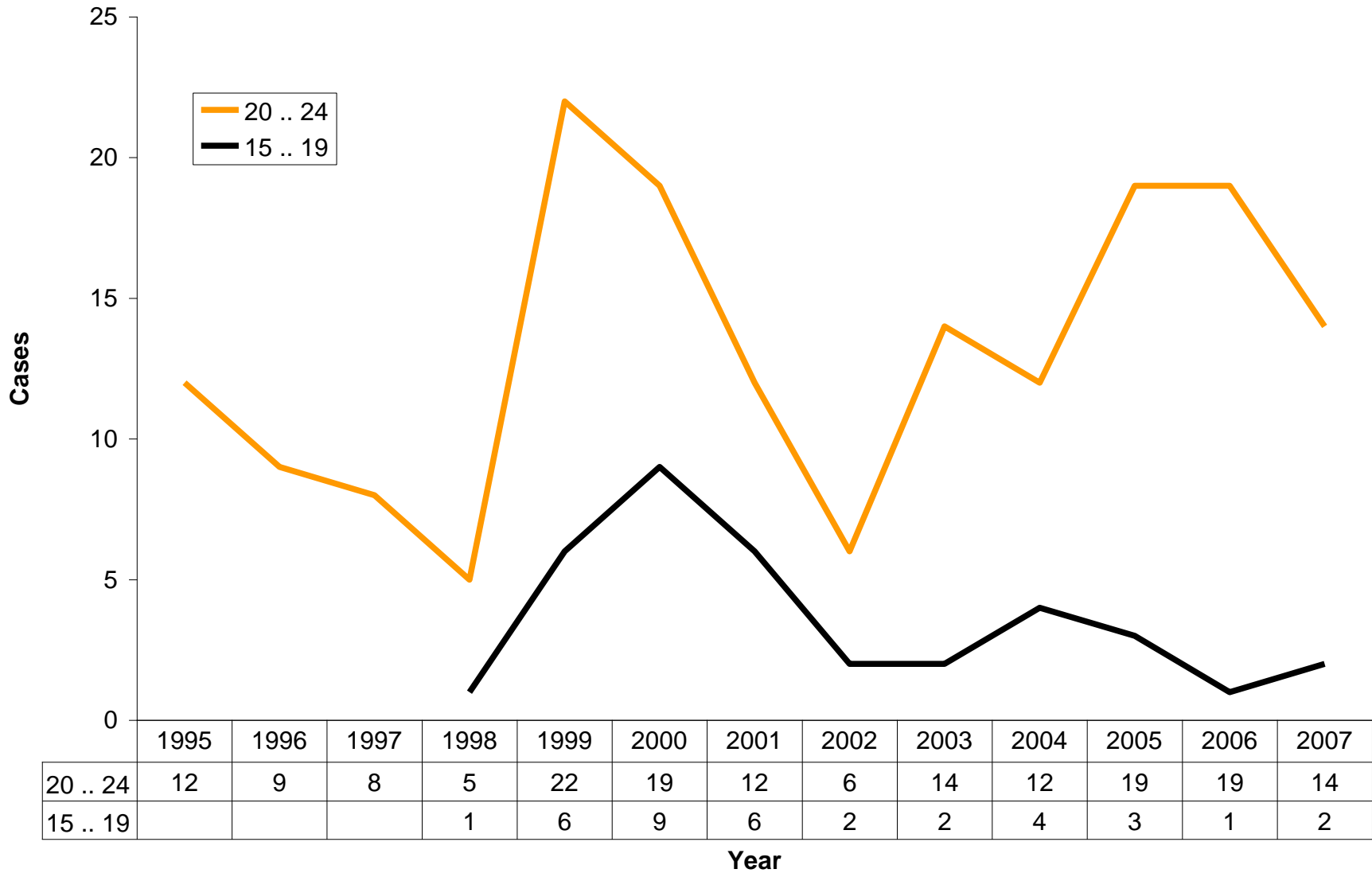
Tartuntaryhmät - trendi



# Mean age at HIV diagnosis



# Youth

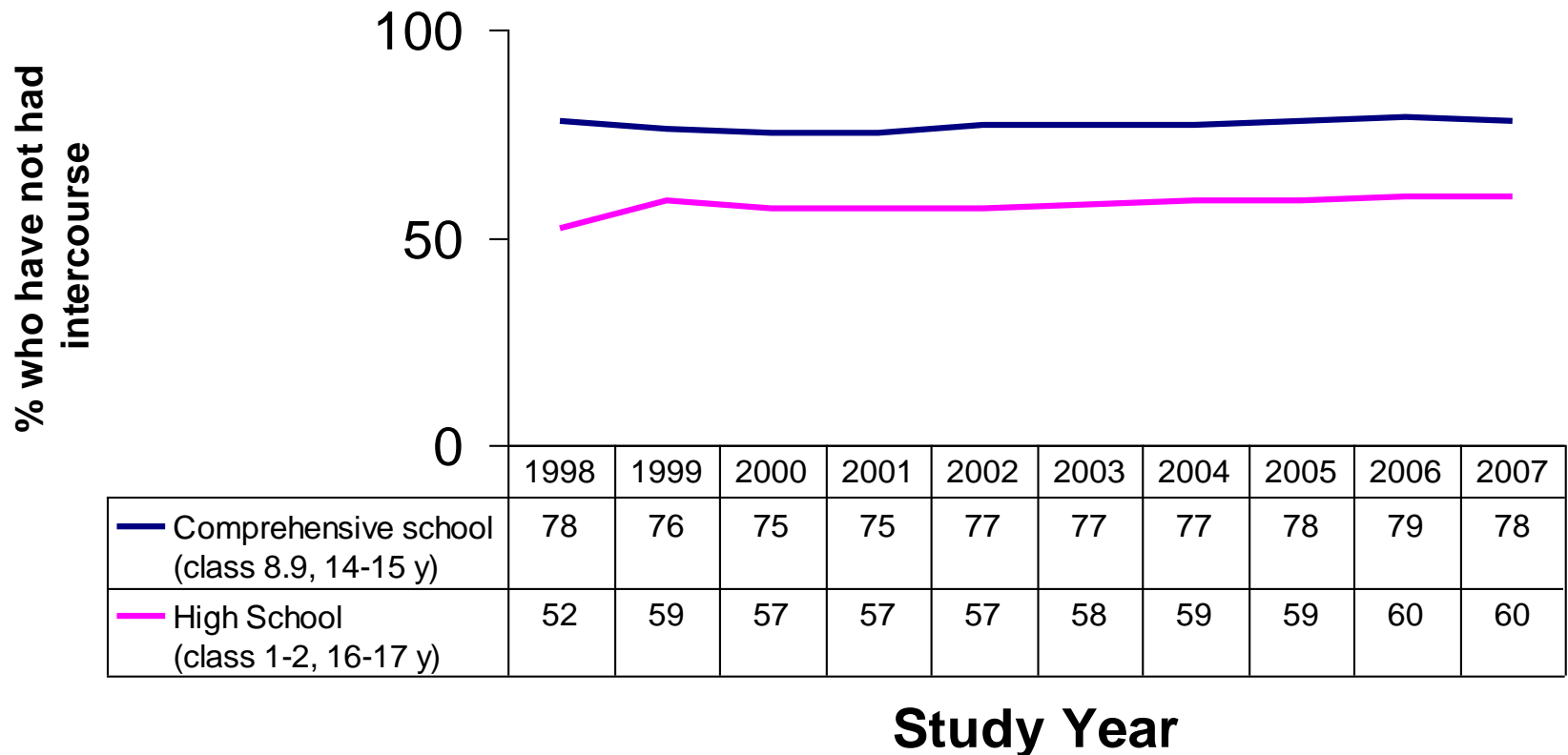


# School health survey

<b><i>The School Health Survey 1995–2006</i></b>						
<i>Year</i>	<i>Participating Municipalities</i>	<i>Comprehensive schools</i>	<i>High schools</i>	<i>Vocational schools</i>		<i>Respondents</i>
1995	25	58	10	8		10081
1996	96	255	155	77		53000
1997	117	193	122	79		46000
1998	136	285	159	78		59000
1999	179	324	186	95		82200
2000	156	334	200	88		79000
2001	173	244	161	3		59000
2002	150	416	219	-		82000
2003	219	352	205	-		71600
2004	145	432	222	-		84763
2005	212	398	207	-		73900
2006	148	431	228	-		88200

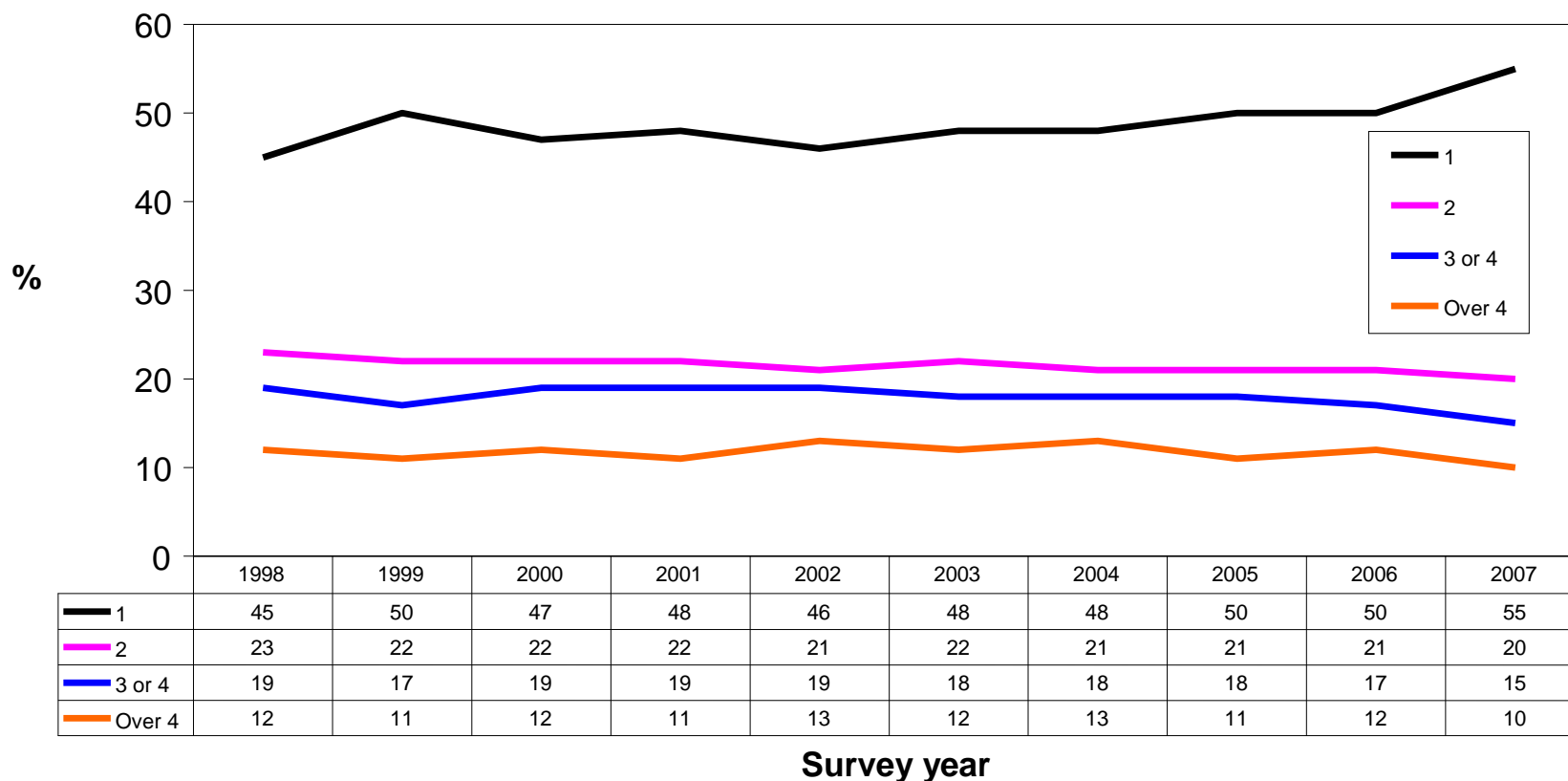
# 14-17 y, no intercourse

## School health survey Proportion of adolescents and youth who have not had intercourse



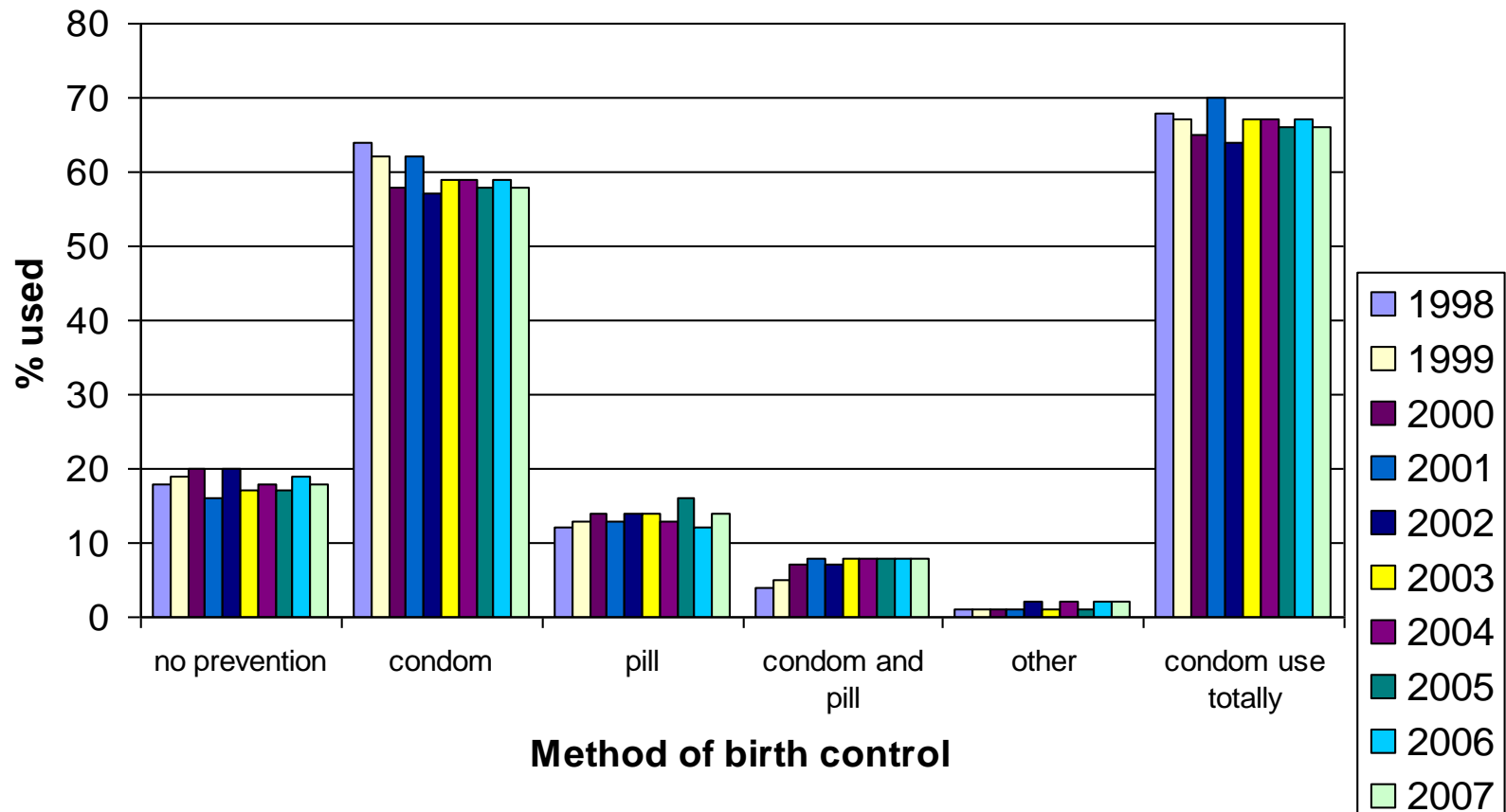
# Partners

## School health survey Number of sexual partners among those who have intercourse, High school classes 1-2 (16-17 y)



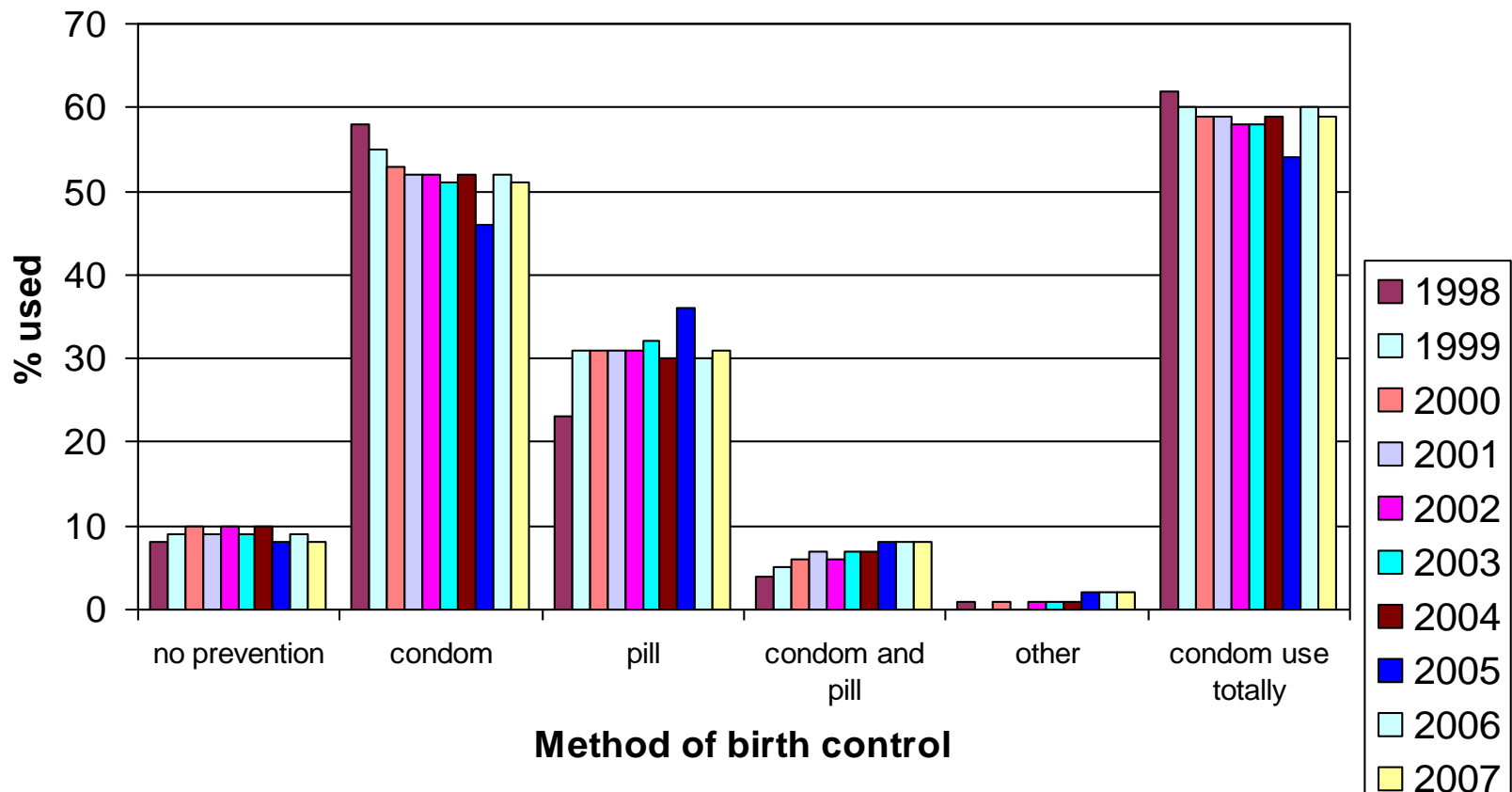
# Contraception: grades 8-9

**School health survey:  
primary school class. 8-9, birth control usage  
(20-23 % have had intercourse) at last intercourse**



# Contraception: High school grade 1-2

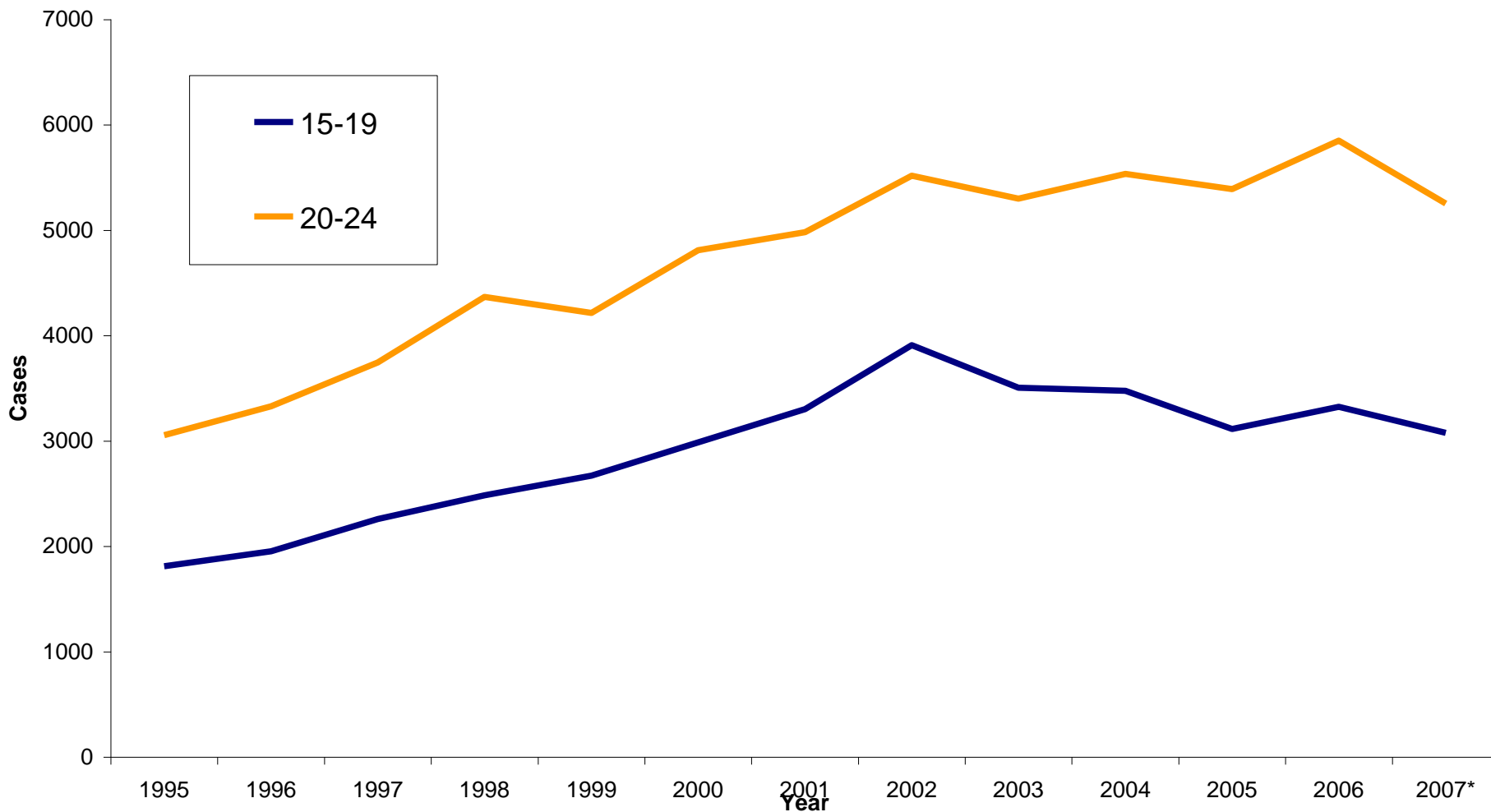
**School health survey:  
secondary school class. 1-2, birth control usage  
(41-49 % have had intercourse) at last intercourse.**





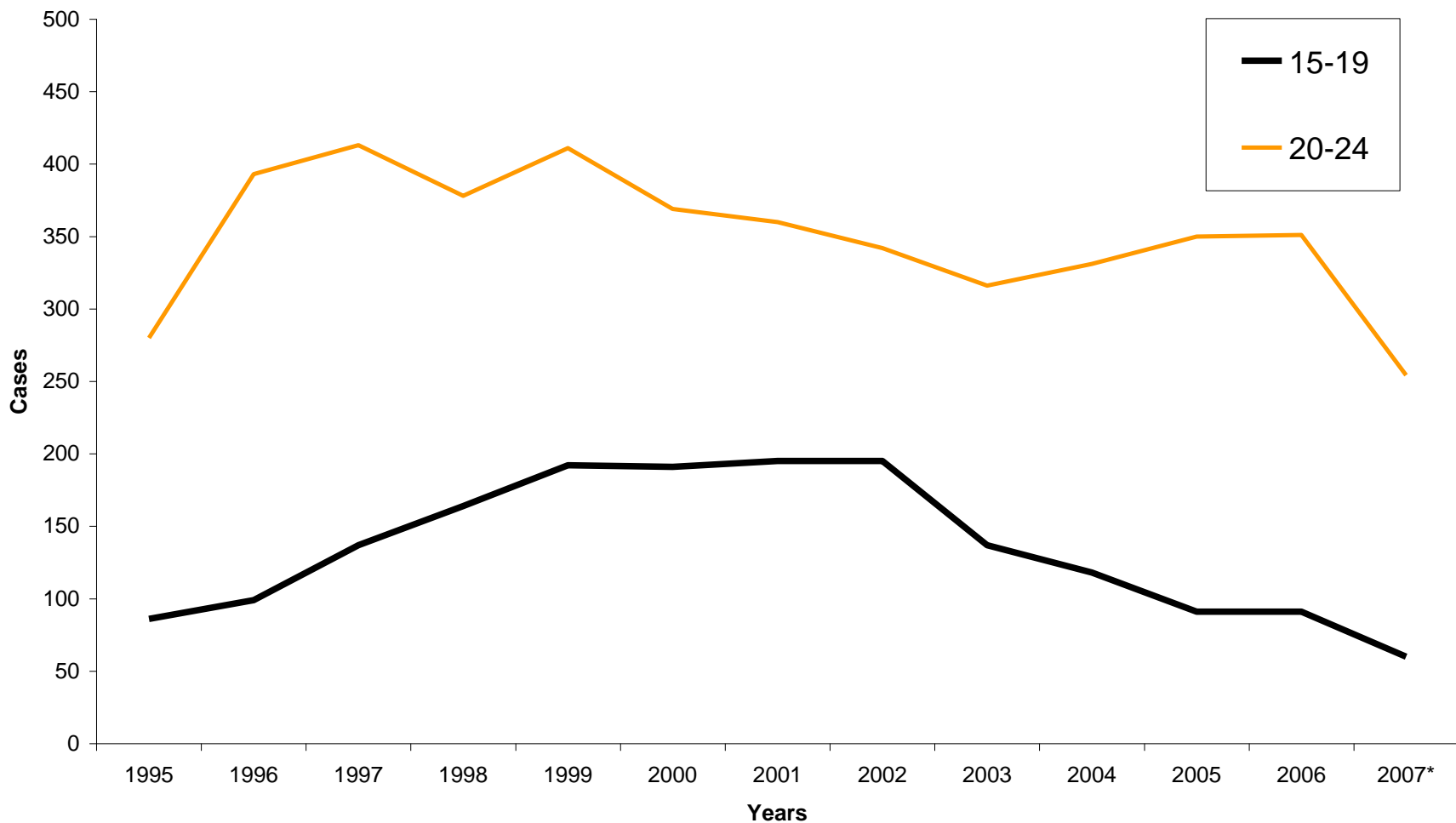
# Chlamydia among youth

## Chlamydia trachomatis infection among youth




# C-hepatitis among youth

## Hepatitis C infection among youth



# HIV among vulnerable groups

- **MSM prevalence estimate 4.6 %**
    - Passive surveillance
    - Directed anonymous surveys
    - Incidence strongly increasing in recent years
  - **IDU: 1-1.5 %**
    - Passive surveillance
    - Directed anonymous surveys
    - Incidence strongly declining in recent years
- 

# Health service role

- A comprehensive health and social service system is an essential part of HIV prevention
- For those living in Finland diagnostics, treatment, care and support are all free of charge, including ARV-treatment. Health service access is not tied to employment.
- The threshold to seeking AND offering HIV testing must be kept low, but strictly voluntary (excp. Blood & tissue donors).
- Anonymous testing outside the established health system fulfils an important role and must be supported.

# Risk perception and awareness

- Risk groups as a term give false pretence: "If I do not belong to a certain group, I'm not at risk"
- Risks dependant on risktaking time
- AIDS/HIV prevention messaging fatigue may over time lead to loss of awareness
- Constant struggle to keep up awareness of risks
- Safe sex promotion has to be constantly kept up with

# IDU

- **Since 1998 outbreak**
  - Epidemic tapering off, prevention works
  - Approximately 30 Low Threshold Health Service Centers directed to IDU around the country
  - In 2008 approx. 12.000 clients and 2.2 million needles and syringes exchanged
  - prevalence approx. 1-2 %
- Cases related to outbreak but with sexual transmission: 15

# MSM

- 52 % increase in incidence since 2000
  - Most in the capital area
  - prevalence n. 4.6 %
- Slow increase in mean age at diagnosis during 20 years
  - 1980:ies mean 33 years, 2006 mean. 40 years
  - Transmission among those under 25-years decreased during the mid 1990:ies

# IDU health policy implementation

- Estblishment of a Network of Low Threshold Health Service Centers (LTHSC) for IDU in Finland
  - Trust-based function: voluntary, not based on beeing drug-free, personal information not recorded
  - Close and accessible to target group
  - Services include smallscale healthcare provision, counselling & guidance to detoxification, VCT & HIV-testing, vaccinations (tetanus, HBV, HAV), condom distribution and exchange of injection equipment
  - Base for outreach work among IDU
  - Close collaboration with detox- and primary health care services, social services and law enforcement



# Law (and ordinance) on Infectious Disease Control

1.1.2004 (free translation from Finnish)

- **Law on communicable diseases 25.7.1986/583** (with changes 2004)
- **Ordinance on communicable diseases 31.10.1986/786**
- **6 § ....**The municipal authority responsible for communicable disease control and as its subordinate, the municipal health care physician responsible for communicable diseases, must as a task specified by the Law on Communicable Disease also:
  - 1) Organise communicable disease control activities in the municipal health care area, such as communicable disease information distribution, health education and health advice, including health advice services and exchange of injection equipment for injecting drug users as specified by the need for communicable disease control.

# LTHSC Helsinki "Vinkki"



# Drug users – targeted information – reach the population



Kesän kuluessa on pääkaupunkiseudulla todettu useita ikaisten ruiskujen ja neulojen tai itse huumeen väilyksellä saatuja HIV-tartuntoja. **HIV tarttuu helposti käytettyjen ruiskujen ja neulojen väilyksellä.** Myös muiden välineiden jakamiseen saattaa liittyä tartuntariski.

## Puhtaat välineet

Käytä aina uutta puhdasta ruiskua ja neulaa sekä puhdasta klökkikuppia ja filteriä. Välineiden puhdistamisella voit vähentää tartuntariskiä, mutta mikään puhdistusmenetelmä ei ole täysin varma.

### Keittäminen on paras puhdistusmenetelmä:

Huuhtele ruisku ja neula aina ensin kylmällä puhtaalla vedellä mahdollisimman pian pistämisen jälkeen. Keitä vähintään 15 minuuttia kaikki osat irtallaan. Varmista, että kaikki välineet ovat veden alla.

### Kloriitti-liuoksen käyttö (kuvat):

Talousteräksien kloriitti (Klorite, Super-Kloriitti, Klorin) myydään tavallisissa ruokakaupoissa. Kloriittipitoiset aineet tuhoavat jossain määrin viruksia.



**1** Huuhtele ruisku ja neula ensin kylmällä juoksevalle vedellä. Veda vettä ruiskuun. Varmista, että ruisku on täynnä vettä.



**2** Ruiskuta vesi laavaanin.



**3-4** Toista huuhtelu vedellä.



**5** Kaada kloriittiliuosta puhtaaseen astiaan (esim. kertakäyttömuovi). Veda koko ruisku neulan läpi täyteen liuosta. Varmista, että ruisku on täynnä. Pidä neula kokonaan upotettuna liuokseen. Anna liuoksen vaikuttaa noin 1/2 minuuttia.

## Hävität käytetyt välineet

Jos et voi palauttaa ruiskuja ja neuloja keräilykeskukseen, hävitä ne turvallisesti.



**1.** Poista mäntä ruiskusta.  
**2.** Irrota neula.  
**3.** Puhota neula ruiskun päälle.  
**4.** Laita mäntä takaisin ruiskuun.  
**5.** Laita ruisku esmittiin.  
**Pidä huoli, etteivät lääkärit, poliisi ja muut henkilöt näe neuloja ja ruiskuja.** He eivät osaa varoa niitä, vahingossa pistää itseään.

## Tietoa ruiskuhuumeita käyttäville

Kesällä on todettu huumeiden käyttäjillä Suomessa saatuja HIV-tartuntoja.

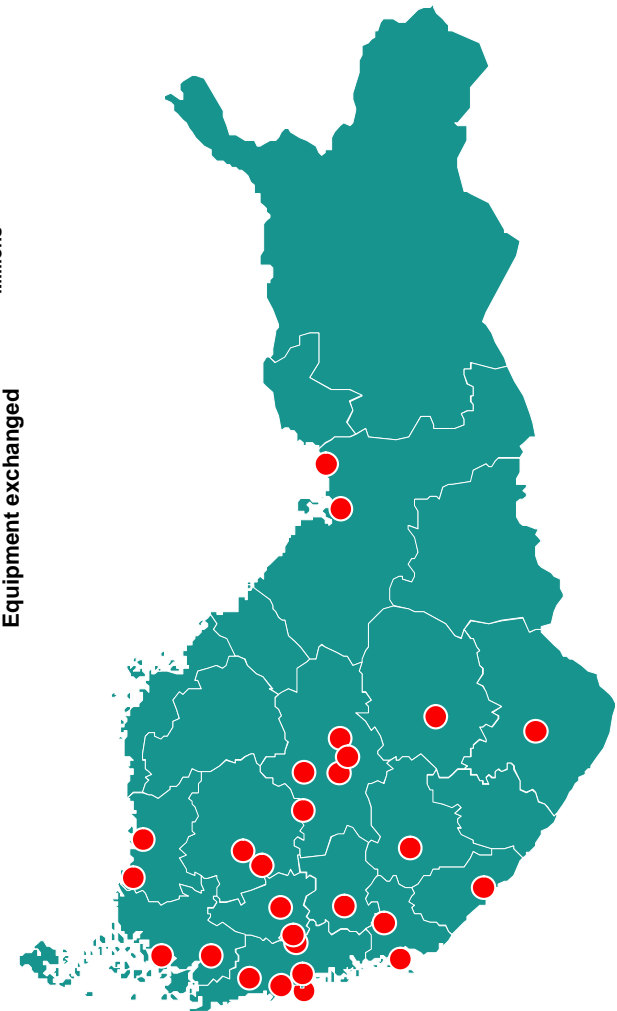
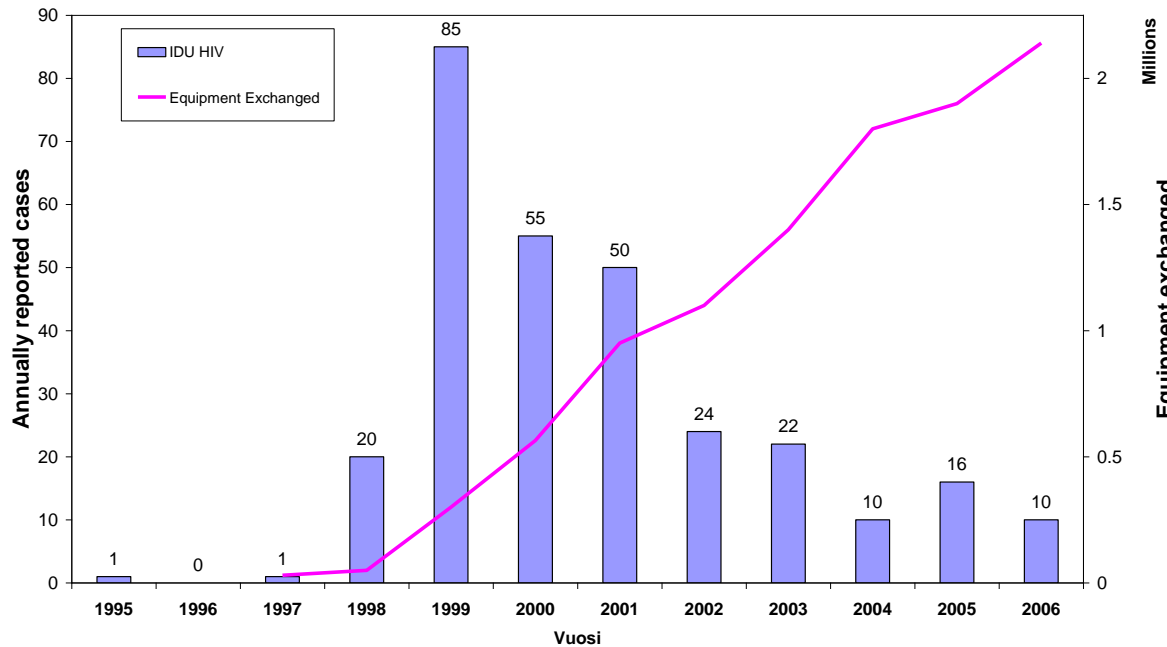


**Huolehdi itsestäsi ja käytä vain puhtaita ruiskuja ja neuloja.**

**Älä käytä yhteisiä välineitä!**

# Effectiveness of LTHSC

IDU-associated HIV-infection and equipment exchange



# Organisations of Civil Society Involved in the Field of HIV/AIDS Prevention



[www.aidstukikeskus.fi](http://www.aidstukikeskus.fi)

The Finnish Aids Council is a national NGO established 20 years ago.

The Council provides support and psychosocial help to those who are already infected, their close friends and to those who suspect they could have been infected.

In addition to support services the Council provides education and prevention services. HIV/AIDS material is produced and education services are provided especially to professionals working in the social and health care sector.

Additional target groups served in prevention are: 1) the migrant population, 2) men who have sex with men and 3) youth.



[www.redcross.fi](http://www.redcross.fi)

The Finnish Red Cross is one of the largest civic organisations in Finland. We have:

- 94 000 members
- over 20 000 volunteers
- 12 districts and 550 local branches

The voluntary social services of the Finnish Red Cross aim at preventing different forms of social exclusion. Every year, 10,000 volunteers participate in the activities.

The Finnish Red Cross is also involved in HIV work and runs helpline and counselling centres. In addition, HIV prevention is included in the first aid training.



[www.positiiviset.fi](http://www.positiiviset.fi)

FBPA is a peer organisation and the only association for people with HIV in Finland.

The fundamental idea is by people with HIV for people with HIV.

Main purposes of FBPA:

- to promote the well being of its members and their families
- to increase the self-esteem of its members
- to fight against discrimination of people with HIV and AIDS
- to participate in the forming of AIDS policies
- to offer correct and unprejudiced information about HIV and AIDS.



[www.pro-tukipiste.fi](http://www.pro-tukipiste.fi)

A registered non-profit organisation which supports and promotes the civil and human rights of individuals involved in sex work. The association follows and makes statements on the treatment and the legal status of sex workers in Finland.

A social support and health care organisation which maintains and runs professional social and health care service units and outreach units in Helsinki and Tampere.

A nation-wide expert organisation offering consultation and education on issues concerning prostitution and sex work.



[www.hdl.fi](http://www.hdl.fi)

Helsinki Deaconess Institute is a foundation for public utility now almost 140 years old. It produces social and public health care services and offers educational programmes in these fields.

The Deaconess Institute is an ethically responsible entity, whose expertise has enabled it to evolve into a significant producer of welfare services in the metropolitan area.

HIV/AIDS specific services offered by the Deaconess Institute

Walk-in-Clinic for HIV Positive Drug Addicts is open daily 9 am–7 pm. The threshold to this service is low. No referral is needed. Clients can come to day-time functions either on their own initiative or after being referred by staff of the unit where his/her HIV infection has been detected or found to be probable.

Mobile Harm-Reduction Unit ("Ambulance") unit.

The Mobile Harm-Reduction Unit services are intended for persons using injected drugs. The unit is targeted to IDUs who do not visit the fixed location Low Threshold Health Service sites.

The unit is on the move six days a week, mainly in the evenings and during the weekend in Helsinki and Vantaa. It provides health- and hygiene-related advice, HIV testing, vaccinations, nurse's services, exchange of syringes and needles and referral services.



[www.a-klinikka.fi](http://www.a-klinikka.fi)

A-Clinic Foundation is a non-profit, non-governmental organisation providing treatment services mainly through municipal public-private partnership. It is the leading substance abuse service provider in Finland.

- 19 outpatient and inpatient service units: youth clinics,
- Therapeutic communities
- Low Threshold Health Promotion Service Centres for injecting drug users
- Järvenpää Addiction Hospital
- Activities in the areas of prevention, training, research and information provision.
- Staff of 700

For the last ten years the A-Clinic Foundation has been an active developer of low threshold services. Health and social advice centres provide needle exchange, medical services, condoms, Hepatitis vaccinations, HIV and Hepatitis testing and counselling. Working methods also include outreach and different peer work models.

A-Clinic Foundation actively engages in societal dialogue with the specific aim of improving the conditions for underprivileged groups, including people suffering from alcohol and drug-related

Other NGOs and Civil society actors involved

- Finnish Centre for Health Promotion
- SETA ry (Sexual Equality in Finland)
- Väestöliitto (The Family Federation)
- The Evangelical Lutheran Church of Finland



**Prevention works, and it is  
worthwhile**