Abstracts for presymposium of Adolescent Sexual Health

401 Introduction to adolescent sexual health

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Adolescent sexual health is based on three fundamental components: 1. Recognizing sexual rights. 2. Sexuality education and counselling 3. Confidential high quality services. These components all need to be considered. The closer sexuality education programs and sexual health services work together, the better are the results The level of sexual health is relatively good in the Nordic countries in international comparison. Indicators are the relatively low numbers of unintended pregnancies, abortions and sexually transmitted infections. Today's condition has evolved during a long span of time. Sixty years ago the situation in Finland was quite different: illegal abortions and STIs were common, sex education was non-existent and attitudes towards sexuality and contraception were negative. The overall development in society - gender equality, education, development of the health care system, have all made it possible to reach the present situation through extended provision of sufficient and reliable sexuality education, confidential and high-quality services and wide selection of contraceptive methods. The sexual health services for adolescents can be provided in various settings, as long as certain basic principles are observed. The clinic should have a youth-friendly atmosphere. Unquestionable confidentiality is very important. The providers must not moralize the adolescents, but have a positive attitude in changing risk behaviour and treat adolescents with respect indicating that young people are important. In this way self-esteem is strengthened, and adolescents learn to respect and take care of themselves and others. When adolescent sexuality is not condemned but sexuality education and sexual health services instead are provided, it is possible to profoundly improve adolescent sexual health with comparatively small costs. But each year new groups of young people mature, requiring new efforts. If the resources are not provided or cut too much, negative effects are soon evident.

402 Do adolescents have sexual rights?

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The sexual rights of adolescents has proven to be one of the most challenging and controversial aspects of young people's sexual and reproductive health. Despite adolescent sexual rights being articulated as a core component of existing human rights norms, young people remain particularly vulnerable to numerous infringements of their sexual rights and sexual integrity. This paper will highlight how socio-cultural, economic and legal barriers negate the sexual rights of young people and fails to prepare young people to make informed choices regarding their sexuality. In addition the diversity of young people's circumstances, such as differences in levels of education, HIV status, gender, marital status and sexual lifestyle, is hardly addressed in programmes and services.. While the need to understand and respect the sexual rights of young people is an important goal in its own right, the positive correlation between increasing their rights and socio-economic development makes the task more crucial. In light of this, the paper will call on all gynaecologists to protect the rights of young people and accept them as sexual beings. In particular adopting participatory, rights based approaches to youth friendly information education and services, as a matter of utmost importance and urgency.

403 Contraceptive methods for adolescents

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Sexually active adolescents are in need of safe and effective contraception. Unwanted pregnancy risks their sexual health, and often abortion is viewed as the only solution. Adolescents are, as a group, at increased risk of sexually transmitted infection (STI). Therefore, an ideal contraceptive method should provide effective protection both against unplanned pregnancy and against transmission of STI. Side effects and inconveniences of use of contraceptive method are usually poorly tolerated by adolescents; this can be improved by proper counselling. Return to fertility has to be immediate when the use of a method is discontinued. Oral contraceptive pills (OCs) are highly effective, and conditions requiring precautions are rare in teens. OCs have a number of noncontraceptive benefits, such as menstrual improvements. These can be used to increase compliance of use. OCs do not provide any protection against STI; this should be carefully counselled, and encourage the use of dual protection when a risk of transmission of STI exists. Male latex condoms protect against STI and HIV when used correctly and consistently. They can be used alone for prevention of both pregnancy and STI, or simultaneously with other methods as a dual protection. Users of condoms alone should have knowledge of emergency contraception. In general, adolescents can use any reversible method of contraception including the most recent developments. However, there is limited experience or some concerns regarding the use of certain methods, e.g. intrauterine devices and injectables. Successful contraception is only partially dependent on

the method; provider's role with good counselling skills is equally important. It is necessary to communicate the message that every unprotected sexual act risks disease and unwanted pregnancy.

404 Emergency contraception

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Unwanted pregnancies result in unnecessary suffering as they can be prevented by using effective contraception. Emergency contraceptive pills give a second chance when used within a few days after intercourse, but they should never replace regular contraception as they clearly are less effective. Research on new technologies for emergency contraception has led to the development of methods which are more effective and better tolerated than the standard regimen of combined oral contraceptives (the Yuzpe regimen). During the last five years the levonorgestrel regimen (two tablets of 0.75 mg of levonorgestrel taken at 12-hour interval) has been approved in about 100 countries around the world, and it is increasingly replacing the Yuzpe regimen. As the 12-hour interval between the tablets was not very practical, we aimed to further improve this regimen, and the results from a recent, large multinational trial demonstrate that one dose of 1.5 mg is at least as effective as the divided dose without an increase in side-effects. The same trial suggested that the antiprogestin, mifepristone, may have no advantage over levonorgestrel as the efficacy was similar and women who took mifepristone had their menses later than those who took levonorgestrel. The impact of this research on family planning programs will be measured in the coming years as guidelines are updated and women have access to simplified regimens. Recent meta-analyses suggest that the efficacy of emergency contraceptive pills decreases with treatment delay. This is in line with the findings from research on mechanisms of action of emergency contraceptive pills. These studies show that levonorgestrel can prevent ovulation, but does not seem to have any effect on the events after fertilization.

405 Contraceptive use, abortions and deliveries in the Baltic countries

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Background: Three Baltic countries have joint EU in 2004. When analysing reproductive health (RH) of the population in the enlarged EU one can see major discrepancies between the "old" and "new" Europe.

Methods: The analysis of the indicators of sexual and reproductive health of adolescents in the Baltic countries is based of the date of WHO Health for all date base, data of the national statistics and results of HBSC survey 2000/2001 and compared to the data from the Nordic European Countries.

Results: The percentage of 15-year-old girls who reported having had sexual intercourse is 10.8% in Lithuania, 14.1% in Latvia and 15.8% in Estonia that is much lower than that in other Nordic European countries.The difference of among the same age boys is smaller (20.1% - Estonia, 21.8% - Latvia, 26.4% - Lithuania, 25.3% - Sweden and 23% in Finland). The proportions of sexually active young people reporting the use of at least one method of contraception during their most recent intercourse ranges from 81.6% to 92.2%. The condom use during last intercourse varies among girls and boys; being the lowest among girls in Sweden (57.6%) and the highest among those in Latvia (77.3%). The difference of the use of condoms among boys is smaller, from 72.6% in Finland to 82.2% in Lithuania). Abortions per 1000 livebirths age under 20 years varied in 2002 from 309 in Lithuania to 3834 in Sweden.

Conclusions: Every country is to ensure regular monitoring and evaluation of the contraceptive prevalence and pregnancies in adolescents. More research and analysis of the factors influencing the trends of RH of young people are to be carried out to help governments, NGOs and community to solve the problems identified.

406 STIs in Teenagers in Nordic countries

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Sexual transmitted infections (STIs) are a major public health problem in countries all over the world. Sexually active teenagers are at higher risk of acquiring these infections than any other age group. The potential sequelae include infertility, ectopic pregnancy, genital cancer, infection of the fetus and newborn, increased morbidity and even mortality. The implications for the reproductive health of young girls are obvious. Today teenagers are becoming sexually active at a young age, while women in general are older when they give birth to their first child. The interval in-between is a high risk period for acquiring sexually transmitted infections as well a period for unwanted pregnancies and abortions. Chlamydial infections are the most common threat to fertility of young women. A significant rise is observed in the last years in the Nordic countries. In Sweden in the last decade a doubling of the chlamydial frequency is reported in teenagers, and only 1/3 are detected because of symptoms. The frequency of human papilloma virus (HPV), genital herpes and bacterial vaginosis (BV) are also increasing. It is imperative that screening, treatment and prevention of STI's in teenagers are given priority. Primary prevention, which involves health and sex education, have to be further encouraged. We should strengthen our youth clinics and encourage youth telephone lines. It is important that simple screening programs should be targeted especially on young people, and that those infected are offered free antibiotics and partner tracing.

407 HIV situation in Estonia

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408 Adolescent sexual behavior

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In Finland, research data on adolescent sexual behaviour is available since 1986. Different surveys showed no significant changes in age at first sexual intercourse during the next ten years. The National School Health Promotion Study has been carried out every other year in eastern Finland (since 1996) and every other year in western Finland (since 1997), always in April and in a similar format. The pooled data for two consecutive years represent the whole country, giving us four checkpoints: 1996/97, 1998/99, 2000/01 and 2002/03. Annually, about 30,000 comprehensive school pupils and 7,000 senior secondary school (SSS) students participated in the study. The data comprised 8th grade (mean age 14.8 years) and 9th grade (15.8 years) comprehensive school pupils as well as 2nd year SSS students (17.8 years). The proportion of adolescents who had experienced their first sexual intercourse increased significantly from 1996/97 to 2000/01, but not beyond that point. In 2002/03, 17% had experienced sexual intercourse among 8th grade girls; among boys the figure was 15%. In the 9th grade, the respective figures were 33% and 24 % and in SSSs 56% and 43%. The proportions of adolescents who had had at least 10 coital events or at least 5 sexual partners slightly increased in almost all sub-groups. Both genders in the 9th grades and in SSSs increased use of oral contraceptives. The use of condoms decreased respectively. In 2002/03, 16 - 21% of comprehensive school pupils reported that they had not used contraception in their last intercourse. In SSSs the figures were 7% for girls and 11% for boys. The non-use of contraception increased slightly among the youngest groups in the first surveys, but not since then. In the presentation, the Finnish results will be compared to the data available from other Nordic countries.

409 Effectiveness of Adolescent's Sexual Education programs

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Worsening trends in adolescent's sexual health indicators, pregnancies, abortions and STIs, in Finland have quite widely in public discussion been seen due to decrease in school's sexual education. The research of the effectiveness of sexual education is very limited in Finland and also in other Nordic countries. Effectiveness has been studied in USA, Canada, UK and Australia. Sexual education has an important role in adolescent's sexual health promotion, but also wider social and societal factors determine adolescent's sexual health. The effectiveness of sexual education seems to depend on the comprehensiveness, quality and duration of programs, as well as contextual and cultural issues. The results of effectiveness studies and challenges of adolescent's sexual health promotion in Finland will be discussed.

410 The role of the media

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Television brings violence to children in form of cartoons, videos, series and news. Adult sexuality and even pornography is available in Internet, music videos, and computer games. To sell better, sex and violence are connected. Children and adolescents are naturally interested, trying to find answers to their questions. They would need age appropriate information, but now children's language, behaviour, attitudes, focuses of interest and dressing have started to resemble more and more adult models. Also a positive self-esteem is at risk. Before, there were only the people of surroundings to take model of, to envy or to admire. Now children compare themselves and their life with media persons. The normal life of a normal man or woman with normal virtues and flaws does not interest the media. The life of a common family-loving man is pictured as ridiculous. There seems to be only two possibilities to be a man: to be a loser or an extreme winner. The common mother looking, always busy but reasonable woman is as well pictured stupid. In media only attractive, young looking women with lots of time, sweeten other people's existence. Children handle information through immature thinking and reasoning. Their personality, inner structure and self-esteem grow with the help of interaction, imagination and information. Do children anymore dream to grow up to be same kind of adults as their parents are? Many children find the media picture too hard and supersexy so they become distressed. They also misunderstand that violence and sexual activity are normal ways to be in contact always and in all case. Should we return the right for the children and adolescents to mature in peace and to build a healthy personality? Can we at least give them right answers, to their curiosity and questions of how to be a human.