Chapter Six

Similarities and Differences within National and Local Level Policy in Scotland and Finland

Introduction

Drawing on the data presented in Chapters Four and Five, this chapter compares the national framework and local level implementation of policy between Scotland and Finland. The main aims of this chapter are two-fold. First to identify the key points of comparison between the various policy areas and second, drawing upon the existing literature as explored in Chapter Two, to identify the potential connections between those policies and their effect on teenage pregnancy rates in both countries. This process of analysis however, actually raises more questions that it has been possible to answer, which raise important avenues for further research, as are discussed in Chapter Eight.

School-based Sex Education in Finland and Scotland

Key similarities and differences

Tables 6.1 and 6.2 below, set out the key similarities and differences between Finland and Scotland in relation to the national policy framework and local level implementation of policy. The following section of this chapter goes on to discuss each of the points highlighted in these Tables.

Table 6.1

Key similarities in sex education policy in Finland and Scotland

- At the school level, in all schools studied in both countries, some degree of sex education was provided for young people,
- At the national and school level both countries provided sex education in mixed-sex classes,
- At the national and local level teachers in both countries had the opportunity to undertake in-service training on sex education,
- At the school level, teachers in both countries used a combination of didactic and small-group based learning methods,
- At the school level both sets of provision have central aims to increase knowledge and effect upon attitudes and behaviour of young people,
- At the school level, in both countries, 'experts' in sexual health were perceived as a valued resource for both teachers and pupils,
- At the national and school level in both countries, the provision of sex education was perceived by teachers of sex education and government and local authority/ municipality officials as an important duty of the school.

Table 6.2 Key differences in sex education policy in Finland and Scotland

- **Guarantee of provision**
  1. In Finland, because sex education permeated through compulsory curriculum subjects, pupils were guaranteed to receive sex education in a number of subjects.
  2. In Scotland, there is no guarantee or curriculum obligation for sex education to be taught at the school level.
- **Location of provision**
  1. In Finland, sex education permeated through the curriculum being taught within Health and Family Education and Biology.
  2. In Scotland, where taught, sex education was provided as a subject separated from the main Scottish Syllabus (national curriculum).
- **Status of biology**
  1. In Finland, biological reproduction within the subject of biology was considered to be a sex education provision.
  2. In Scotland, this was not considered or found to be the case it was considered to be a section of an academic subject.
- **Time allocations for sex education provision**
  1. In Finland, 8th grade pupils were guaranteed 1 hour per week of health education and in the 9th grade, 1 hour per week of family education and a minimum of 3 lessons across the year in biology were also guaranteed.
  2. In Scotland, the amount of time allocated to sex education varied between each school, and, on average pupils would receive 40 minutes per week for 8 weeks in each year per year group.
- **Class set-up**
  1. In Finland, there was a dual system of sex education practised in 3/4 schools studied, enabled by the single-sex set-up of health education classes.
  2. In Scotland, all classes are mixed-sexed.
- **Teaching methods**
  1. In the Finnish schools studied, the use of small-group centred learning was well established.
  2. In Scottish schools studied, use of this method of learning was in its infancy at the time of interview.
- **Content of sex education**
  1. In Finland, government exercised strong directive since the mid-1970s over the content of sex education. The content itself was based on promoting of healthy attitudes to sex and sexuality and incorporated a wide range of perspectives including; biological, social, health and legal.
  2. In Scotland, there was no strong directive from government regarding content until the implementation of the 5-14 programme in 1993. The content itself was in general more limited than the provision in Finland and focused around the issue of teenage pregnancy.
- **Main aims of sex education**
  1. In addition to increasing knowledge and affecting attitudes (found in both countries), Finnish schools also had an aim of promoting sex and sexuality as normal healthy aspects of life, which was only found in one Scottish school.
- **Use of 'Experts' in sex education provision**
  1. In Finland, the school nurse was the only source of sexual health expertise used by teachers.
  2. In Scotland, sexual health experts were brought in from a number of outside agencies.
- **Overall status of sex education in schools**
  1. In Finland, sex education was viewed as an important aspect of young people's education, equal in value to other subjects.
  2. In Scotland, although perceived as an important provision in schools, sex education was not perceived as having the same status as the traditional curriculum subjects.

Curriculum location

The location of sex education at the school level in Finland and Scotland presented two different styles of provision. The provision of sex education in a range of subjects enabled a permeation approach to be adopted nationally by all schools in Finland, including those under study in this thesis. In Scotland, aspects of sex education have never been part of Scottish Syllabus subjects. Therefore to enable provision in the four schools studied, as has been found in other studies of provision in Scotland (Wight & Scott 1994; Shucksmith et al. 1994), sex education had developed as a subject separate from the main curriculum, incorporated into PSE, Social Education or Health Education.

As was discussed within Chapter Two, there are advantages and disadvantages to both styles of provision. The permeation approach enables sex education to be presented from a variety of different perspectives and within different contexts. It can also mean that more time is allocated to sex education when it is contained within a range of subjects, rather than a single subject. Additionally, if the subjects within which sex education is taught, are set within national guidelines of provision, this can help to guarantee the equality of provision to all pupils. Finally, where sex education is taught within traditional curriculum subjects, this can help to 'normalise' the subject, showing young people that it is no different from the learning experience of other subjects and this helps to present sex and sexuality as normal aspects of life (Silver 1998). All of these benefits of permeation were found to be the case within the four schools explored in Finland.

The main benefit of providing sex education as a subject separate from the traditional curriculum is that it is then easier to highlight when something, which should be taught, is not being taught. As there is no current obligation for schools in Scotland to teach sex education, and provision across Scotland has been noted to be patchy and underdeveloped in many areas (Burtney 2000a), instigating a permeation approach may result in sex education subtly disappearing from the curriculum.

Whilst the permeation approach has been effective in Finland, and has been shown to be effective in other countries such as the Netherlands (Silver 1998), consideration needs to be given to how much of that success lies in the underlying openness towards teenage sexual activity and the willingness to discuss issues relating to sex and sexuality in those two countries. As this openness has not yet been fully embraced within Scottish culture (Burtney 2000a), this may be a further reason as to why this approach has not been developed in Scotland, why it may not be a direction of policy development in the future and why it may not be appropriate to attempt it.

Time allocations

The head teacher at Glendale Academy raised an interesting question with regard to what young people can realistically be expected to learn in any subject, be it Standard Grade maths or sex education, when it is only taught in an occasional lesson, a small block of lessons or one period a week for eight weeks. In other words, it is unfair to expect young people to internalise sexual health messages

with only eight weeks of lessons a year, when pupils would not be expected to pass a Standard Grade exam after only eight weeks of provision a year.

One of the noted differences in the provision of sex education between the two countries was the amount of time allocated to the subject. As suggested in the previous section, the style of provision is likely to affect the amount of time allocated, with a permeation approach enabling more provision than a separate approach. This was found to be the case in Finland and Scotland.

As was shown in Chapters Four and Five, in Finnish schools there was a minimum provision of sex education lessons in grades 8 and 9. Within the four schools explored, most schools provided one to two hours across grades 7 to 9 in addition to what was required. Within the Scottish schools, the amount of time allocated varied across all four schools, averaging forty minutes per week, eight weeks per year.

This meant that young people in the Finnish schools were not only receiving more in terms of actual time allocation than was the case in the Scottish schools, but were also receiving it regularly throughout each grade. This meant that Finnish pupils were provided with a level of continuity of normalised sex education, which has been suggested to me more effective in helping young people to internalise the messages being taught (Silver 1998).

Teaching environment

Class set-up

In both countries, young people receive sex education within mixed-sex classes, which research has suggested is important to enable young people to develop crucial communication skills about sexual issues (Kirby 1995; HEA 1998; Silver 1998).

Research has also highlighted the need to develop an "open and safe" environment (Silver 1998:15). Part of the 'safe' environment for younger pupils will sometimes require the absence of the opposite sex to enable discussion about more intimate issues and concerns that both sexes have. In Finland, three out of the four schools explored did make use of this style of class environment. The ability to do so came as a direct result of the subjects within which sex education was taught in Finland. In the 8th grade (and some other grades) sex education was provided within the subject Health Education, which was taught in Physical Education classes. Nationally, classes are on the whole, taught as single-sex classes. This therefore meant that in three of the four Finnish schools, there was a dual style of provision offering two very different learning environments for Finnish young people. This style of single-sex provision however, was not an option utilised within the four Scottish schools explored and other research on Scottish sex education has noted similar findings (Wight & Scott 1994).

Teaching Methods

The teaching methods employed in Finland and Scotland both contained a combination of didactic, small group-discussion and active learning-based

methods. Research has shown that active learning-based techniques such as role-playing, co-operative learning as well as small-group discussion methods have more success in developing positive attitudes and increasing knowledge amongst young people (Kirby 1995).

Whilst there was evidence of schools in both countries using these more effective methods, they were substantially more developed within the Finnish schools, than was found to be the case in the Scottish schools. In Scotland the main methods used were traditional with a much less use of small-group work. The opposite was found to be the case in Finland, in particular the use of co-operative learning techniques were very popular in two of the schools. The arena within which the more traditional methods were utilised in Finland was primarily confined to the teaching of biology. According to Liinamo (2000) however, more recent research has revealed that the use of active learning-based techniques is not very common throughout Finnish schools as a whole.

Teacher training

Teacher training was not an issue of particular policy focus in either country, although for different reasons. In Finland, although teachers had not generally received specific education in how to teach sex education within their pre-service training, this was because a teacher's pre-service training would cover all aspects of the subject they would go on to teach. If there were elements of sex education in their subject then they would be covered at pre-service level, as it was merely another aspect of the overall subject. The uptake of in-service training in Finland was generally down to the individual teacher and approximately one third of

teachers interviewed had done so via courses provided by *Väestöliittö* and the *Mannerheim Child Welfare Institution*.

In Scotland, pre-service training was limited to those teachers who had undertaken guidance certificates as an extra certificate to their main education training. In-service training was more readily available and encouraged in Scotland than in Finland, although the uptake of such courses was still relatively low. Training priorities for the teachers interviewed focused on the Scottish Syllabus changes in their main subjects, and since PSE and sex education were seen as 'extra' non-core curriculum subjects, training for those subjects was not rated as highly as for curriculum subjects.

Noting that research has highlighted the importance of staff being both willing and able to provide sex education as key ingredients to the success of this provision, it was surprising that the training provision in Finland was not more substantial, as was expected. Teachers did note however, that because they did not provide a separate subject called 'sex education', but that it formed elements of their subject for which they did receive training (be that in Biology, Health Education or Family Education), there was less need to specifically train on this issue of 'sex education'. There was however a general desire amongst the teachers for up-date training and this has been noted in more recent research on sex education provision in Finland (Liinamo 2000).

Content

There were two main differences in the content of the sex education provided in Finland and Scotland. First, there was a higher degree of consistency of content across the four schools in Finland in comparison to Scotland. The consistency in content provided in Finland arose from the detailed guidelines provided by the NBE to teachers about what should be taught in each subject in every school in the country. Within Scotland, although a number of different sex education packages were available to teachers in Scotland, there were no standard content guidelines for teachers to follow, provided by either government or at local authority level until 1993.

Second, the content of what was taught in Finland was underpinned by the notion of "positive prevention" (Vilar 1994), whereas in Scotland, the provision was underpinned by the notion of "negative prevention" (Vilar 1994). In other words, the Finnish provision was based on an acceptance of teenage sexual activity and a desire to help young people develop healthy and positive attitudes to sex and sexuality, whereas in Scotland, provision was based on a desire to prevent teenagers from being sexually active and the focus was on the negative outcomes of teenage sexual activity. Previous research has suggested that the most effective sex education is that which does not aim to 'scare' young people, is positive in tone and content and addresses issues that are important to young people (Oakley et al. 1994, 1995; David & Rademakers 1996; Sex Education Forum 1997; Silver 1998), and this was a factor of difference between provision in Finland and Scotland.

The difference in prevention styles is a complex issue and relates to both the status of sex education in schools as well as the cultural attitudes to sex and sexuality in both societies. Silver (1998) suggested that the content of sex education in any given country acts as a reflection of that country's attitude towards sex and ability to discuss sex and sexuality openly. Having acknowledged that the cultural attitudes to sex and sexuality are more open in Finland than in Scotland, this potentially explains the broader content and positive promotion of healthy sexuality which was found in the sex education in Finland, and the narrow and negatively focused sex education in Scotland.

With regard to the specific content, schools in both countries covered common ground from physical maturation and puberty through to human anatomy, sexual intercourse, pregnancy, childbirth, contraception, abortion, STIs, HIV/AIDS and relationships. Of the four schools studied in Scotland only Arbourness High developed the content beyond that detailed above. Of additional interest was the point at which 'relationships' entered the provision in Scottish schools. With the exception of Arbourness High, discussion about relationships came after all the negative effects of sexual activity. When one considers that ideally relationships come before sexual activity, the order of teaching on those subjects is somewhat illogical (Oakley et al. 1994, 1995; HEA 1998).

In Finland, the order of subjects progressed from physical and emotional maturation, puberty and masturbation, to exploring friendships, relationships, attraction, dating, falling in love and having crushes before then progressing to sexual activity (including different levels of activity leading up to physical

intercourse) and all of the implications of having sex, both positive and negative. In addition to this more logical ordering of content, all of these issues were presented from at least three different perspectives, i.e. biological, health and social, due to the location of provision in a number of curriculum subjects.

The wider, positive and ordered progression of the content found in the Finnish provision, adheres to what research has previously defined as more likely to be effective sex education (Oakley et al. 1994, 1995; David & Rademakers 1996; Sex Education Forum 1997; HEA 1998; Silver 1998). The Scottish provision, whilst notably developing in a more positive direction (Arbourness High being an example of that development), still lagged some way behind the Finnish provision on a more general level.

Young men

The issue of sex education for young men has risen in profile in recent academic writings (Meyrick & Swann 1998; Silver 1998; Wood 1998; SEU 1999). In particular in Britain, concern has been raised over the point that sex education often does not meet the needs of young men and by failing to do so, half of the solution to teenage pregnancy (SEU 1999) is not being addressed.

With regard to sex education provision in the Scottish schools explored in this research, the findings concur with previous research findings in Britain - this was an issue not being fully addressed. The overriding focus on pregnancy prevention in Scottish sex education could help explain why young men's needs were not being met. Whilst men obviously play an integral part in the creation of a

pregnancy, 'pregnancy' is often perceived by young men to be a 'female issue' (Hadley 1998). Additionally the overriding negative focus (which as discussed above has been shown not to be an effective method for teaching young men or women) may aid in disengaging young men's interest in sex education from the start.

In Finland, the awareness of the need to educate young men about issues relating to sex and sexuality was acute. There were a number of ways in which teachers and school nurses were deliberate in their approach to engage young men, most notably by discussing issues such as eroticism and pornography, which were perceived as important issues to young men as they develop (Wood 1998). After engaging the young men, discussion then progressed to issues of gender and sexual equality, respect and responsibility and connecting the emotional with the physical. The ability to engage young men in a single-sex arena was perceived as particularly effective within the three schools which utilised this teaching environment.

At the end of Chapter One, the proportion of young men using reliable methods of contraception at first intercourse in Finland (aged 15) and Scotland (aged 15-16) was compared. The difference between the two was striking with no reliable methods being used by 55% of Scottish young men (McIlwaine 1994) compared to 13% of Finnish young men (Papp 1997). Whilst there is no guarantee that knowledge acquired through school-based sex education will be applied to personal behaviour, the combination of a higher level of provision, a single-sexed environment and the more engaging content of sex education for young men in Finland, may have helped those young men to better internalise the sexual health

messages presented to them. Hence this could provide explanation in part for the higher level of contraceptive use by young men in Finland and potentially the lower rate of teenage pregnancy.

Inter-agency collaboration

The use of sexual health experts in the provision of sex education was valued by teachers in both Finland and Scotland. There were however differences in both the type of expert utilised and the reasons as to why they were valued. In Finland, the only expert utilised was an internal expert - the school nurse. Due to her location on-site, the nurse in every school was utilised by teachers as a knowledge base whilst preparing to teach issues relating to sex and sexuality. Only the nurse at *Koskela Peruskoulu* was being used at the time of interview to provide class-based sex education, although all four nurses provided sexual health advice to any pupil who required help, on a one to one basis within the school clinic setting. The teachers in all the Finnish schools perceived the school nurse and her expertise as an extra bonus, complementing what teachers themselves provided for pupils in terms of sex education. In general, the nurses also perceived themselves as an extra provider of sex education.

In Scotland, some schools made use of sexual health experts such as individuals working in health promotion, or individuals from services providing resources for young people outside the school setting, such as local doctors and family planning nurses. In general, all schools noted that they would make more use of such experts if it were not for the financial limitations of both parties and the time limitations of the experts. The reason for their perceived value, was generally not

as an 'extra' as was the case in Finland - instead they were often perceived as a substitution for teachers, especially to cover issues that teachers did not feel comfortable in covering themselves.

An issue that was raised within the review of literature in Chapter Two was that of the relevant training of experts utilised by schools. In particular with regard to the popular idea of increasing the use of school nurses in Britain (Few et al. 1996; Gulland 1996; Hunt 1996; Sex Education Forum 1996; Lightfoot & Bines 1998), concern had been raised as to the suitability of nurses to undertake sex education without the relevant training either to teach or to work specifically with young people (Whitmarsh 1997).

The issue of training was something which had been effectively addressed within the Finnish system of school nurse provision. All school nurses in Finland undertook their basic training before specialising in school nursing and how to work with young people. The nurse at *Koskela Peruskoulu* who was involved in classroom teaching had also undertaken a considerable amount of in-service training, in order that she was prepared for her teaching role. The training she had undertaken was provided by the same two institutions (*Väestöliittö* and *Mannerheim*) that provide this training for schoolteachers.

The teachers in the Scottish schools could not comment on the training that the experts they had utilised had undergone to enable them to provide school-based sex education. This was not perceived as a particular area of concern by the

teachers however, as it was assumed they would have the knowledge, because of their expert status.

Main aims of sex education

Within both countries, as was expected, the main aims of sex education related to the main content of the provision. Both countries placed a large degree of emphasis on increasing knowledge, affecting young people's sexual attitudes and in Scotland, the development of 'skills' to help young people apply knowledge to behaviour.

The main difference in aims between the two countries was the presence of an explicit aim to promote sex and sexuality as a normal and healthy aspect of life in all four schools in Finland, which was present only within Arbourness High school in Scotland. Noting that Finland's culture is more open in general with regard to sex and sexuality, the positive promotion of sex and sexuality in sex education may be a direct reflection of the general culture and may therefore explain why only one of the Scottish schools explored had adopted this central aim. The existence of this additional aim was a key difference however, as research has shown that sex education is more effective when presented from positive, normalised perspective (Oakley et al. 1994,1995; Silver 1998).

Overall status of sex education at the school level

Almost all of the teachers interviewed in both countries who were involved with the teaching of sex education perceived the school's role as important, although to varying degrees. Generally the teachers in Finland were more positive about the

role that school-based sex education played in teenage pregnancy prevention than was the case in Scotland. The reason as to why it was an important provision was however the same - teachers recognised that for many young people, school was the only reliable source of sex education that they had access to.

In Finland, the provision of sex education was often suggested by the interviewees to be evidence of "good practice" in promoting good sexual health attitudes and in turn decreasing the rate of teenage pregnancy. In Scotland, although the school was seen as having a role in providing sex education, there was a noted pessimism amongst most teachers as to how effective the school could be when the school sex education was so limited and a large proportion of young people's time was not actually spent in school. These comments however, were being made within a context of Scottish school provision that was generally lower in quantity and less diverse in content and overall aims, than that which was provided in Finland.

In both countries, all interviewees from government down to the school level highlighted the role that sex education could play in helping young people to develop more healthy attitudes to sex and sexuality and in relating their knowledge to their personal behaviour. There was a degree of pessimism (more notable from the Scottish interviewees) about the actual effect sex education had on young people's behaviour.

There was a general recognition in both countries that whilst schools had a role to play, this alone would not lead to lower teenage pregnancy rates. Most interviewees noted that young people also needed access to sexual health services

and motivation to use those services and this was perceived to be of equal importance to knowledge about sex and sexuality. Interviewees in Finland however, were more positive than those in Scotland, that the services young people needed, were easy to access.

Sexual health policy

In order to aid the reader's interpretation with regard to the points of comparison discussed in the following part of this chapter, the key similarities (•) and differences (♦) found in relation to sexual health policy are summarised in Tables 6.3 and 6.4 below.

Table 6.3

Key similarities in sexual health policy between Finland and Scotland

- In both countries, primary health care facilities and family planning clinics provide sexual health services where young people can access advice and contraception.
- In both countries, these services are free (or low cost).
- In both countries there are limited but growing numbers of clinics set up for the exclusive use of young people.
- In both countries, abortion is available to young women under Category II conditions (see Chapter One for definition).
- In both countries, consultations with medical professionals remain confidential regardless of age as long as there are no explicit concerns of child abuse.

Table 6.4

Key differences in sexual health policy between Finland and Scotland

- **Strength of political commitment to the promotion of young people's sexual health.**
  1. In Finland, there has been a strong directive from government in the area of sexual health promotion including the sexual health of teenagers since the 1970s.
  2. In Scotland, the first directive from the Scottish Executive on the issue of teenage sexual health came in the form of a quantitative target, set in 1999, to reduce the rate of conception to under 16s by 20% from the base year of 1995 by the year 2010.
- **The provision of school health services.**
  1. In Finland, the school health service has been set up in such a way as to provide all young people in Finland with a primary care resource (including sexual health advice) located on-site in school.
  2. In Scotland, the school health service, although a statutory requirement for all Scottish schools, is not set up as a primary care provision, but is solely concerned with general health screenings and vaccinations.
- **Access to abortion by young women**
  1. In Finland, being under 17 at the time of conception is a specific ground for abortion with the permission of only one doctor (over 17 would require 2 doctors).
  2. In Scotland, no such age priority exists as grounds for abortion.

Sexual health and young people in Finland and Scotland

In both Finland and Scotland sexual health services were available via primary care facilities and family planning clinics, access to which was the entitlement of all citizens, young people included. Additionally, in both countries there were a number of services which had been developed specifically based around the needs of young people. The services available to young people either from the main primary care facilities and family planning clinics or the youth-orientated services were also the same in both countries. In other words, young people in Finland and Scotland had access to confidential sexual health advice, contraception and abortion services (under certain conditions) which were provided either free or at low cost.

The main difference in the provisions between the two countries relates to the extent to which young people's needs and wants were addressed by different providers, in particular with regard to young people's ease of access to the various services available - the importance of which was highlighted within the review of literature in Chapter Two. The extent of this recognition of young people's needs appears to relate to the amount of concern at government level with regard to the sexual health of young people. These two issues provide the focus for the following part of this chapter.

Strength of political commitment to the promotion of young people's sexual health

Since the 1970s the Finnish government has committed itself to promoting 'good practice' in sexual health in general and considers itself to have been "more successful than many other Western countries in promoting sexual health in its population" (Kosunen 2000a:70). In particular it has made particular efforts to aid in the promotion of young people's sexual health including:

1. Priority grounds for abortion if aged under 17 at time of conception in the 1970 Abortion Law,

2. The Public Health Act of 1972 made available the school health service and school nurse provision in every school in Finland,

3. In the early 1980s, when the government became aware that the abortion rate to teenagers was not declining in line with that of older women, a quantitative target for the reduction in the rate of abortion (not pregnancy) to teenagers by 7% per annum was set in 1983,

4. Additionally in recognition of the abortion rate, the magazine *Sexteen* was introduced and sent to the homes of all 16 year olds from 1987, changing to all 15 year olds from 2001,

5. In the early 1990s the *Family planning 2000* project was instigated to help promote sexuality as a positive power in life and to make sure that every baby born in Finland was both wanted and healthy.

In Scotland, there has not been a strong directive from government level aimed towards the promotion of healthy sexuality for all. Up until the point of devolution from Westminster (1999), the majority of sexual health directives in Scotland were heavily influenced by activities in England.

The 1980s in Britain witnessed a decade of tension around sex and sexuality resulting in policies and laws which were not conducive to the promotion of teenage sexual health rights. Mrs. Thatcher's Conservative government was "highly ambivalent about accepting the reality of teenage sexual activity and the measures needed to meet teenager's sexual health needs" (Hadley 1998:2).

The Gillick legal case in 1984 had a negative effect on young people's willingness to access contraception, and numbers attending clinics witnessed a sharp decline (Hadley 1998). Despite the case being overturned at the House of Lords in 1985, "the climate surrounding the provision of contraception appeared considerably more hostile to young people as a result of the publicity surrounding the case" (Kane & Wellings 1999:60)

The first policy to state an official concern over teenage sexual health in England and Wales was contained within the White Paper *The Health of the Nation* (1992), outlining a policy objective to reduce the rate of teenage pregnancy by 50% by the year 2000. In 1999, the Scottish Executive published the first documentation relating to the sexual health of young people in Scotland. Within this White Paper *Towards a Healthier Scotland* (1999), a quantitative target to reduce under 16 conception by 20% by the year 2010 was set.

As previous research has highlighted, countries with a high level of cultural openness about sex and sexuality, and an acceptance at government level in particular, of teenage sexual activity, have been found to have lower rates of teenage pregnancy (Jones et al. 1985.1986; David et al. 1990; Silver 1998). In Finland, there is both the cultural openness and governmental acceptance of teenage sexual activity (Väestöliittö 1994), reflected in policy and initiatives aimed at promoting teenage sexual health and sexual rights for thirty years (Kosunen 2000a 2000b). In Scotland, concern in this area only began to take off at the local level during the mid-1990s and at the government level since the end of the1990s, and culturally, there remains a lack of openness about sex and sexuality (HEA 1998; Burtney 2000a).

Sexual health services for young people

General services

As noted in Chapters Four and Five and above, young people in both Finland and Scotland are entitled to access sexual health advice and services from general primary care settings and family planning clinics. Additionally in a small number

of areas, clinics have been set up specifically for young people. All of these services, however, have a number of drawbacks (some more than others) in relation to ease of access as discussed in Chapters Two and Five. These drawbacks include limitations of geographical access, concern over visibility of a service to the public/ parental eye, non-youth orientation of a service, unsuitable opening times, perceived lack of confidentiality and the perceived attitude of some providers.

When the sexual health provisions between the two countries are closely examined, it is notable that, whilst some of these limitations may be genuine for young people in Finland (such as geographical access, non-youth orientation and unsuitable opening times) (Liinamo et al. 1997), the majority are the norm for young people in Scotland (McIlwaine 1994; Turner 2000). Noting that there are potential issues of access in both countries with the general services available, the key difference in provision therefore appears to come in the form of the school health service and on-site school nurse in Finland.

School health service

In both Finland and Scotland, there exists a statutory obligation for the provision of school health services, although, as noted in Chapters Four and Five, the intended use of this service differs between the two countries. Whereas in Scotland the service is utilised for general health screening and vaccinations of pupils, in Finland it is utilised as a primary health care resource for young people.

In Finland, the school health service both in theory and, according to all school nurses and teachers interviewed, in practice, is a policy provision which has been a key contributory factor to the reduction in teenage pregnancy and related rates in Finland over the last thirty years. This idea has been further supported by researchers of health care and teenage sexual health in Finland over the last ten years (Ala-Nikkola 1992; Hemminki 1995; Kosunen 1996; Kosunen & Rimpelä 1996a; Rehnström 1997; Kosunen 2000a, 2000b).

In relation to the needs and wants of young people in-service provisions as identified by previous research outlined in Chapter Two, there are noted to be many advantages of this style of provision for young people. First, it is a service which is aimed solely for use by young people, something which young people in Finland have highlighted as a preferred option in health (especially sexual health) care provision (Liinamo et al. 1997).

Second, school nurses in Finland were trained specifically to work with young people which increased the likelihood that third, the school nurses had the various qualities identified as important by young Finns such as being friendly, non-judgemental, approachable and objective (Liinamo et al. 1997).

Finally, this style of service satisfied the various factors identified in previous research by young people as important to encourage their likelihood of accessing a service. In other words:

- The location of the service in-school means that it is hidden from the public and parental view,
- The location also means that geographically it is easy to access,
- Additionally, the location means that the service is open at times which suit young people,
- Finally, the service is confidential.

In relation to the last point about confidentiality, the fact that a confidential resource is brought to the young people instead of the young people having to go out into the community to find such as resource is also important. A desire for a confidential service of some sort in school has been noted in research of young people needs and wants (FPA 1994; SEU 1999; Turner 2000).

In Chapter Two it was highlighted that on the whole, there is a general lack of sound methodological evaluations of school-based health provision coupled with the provision of sex education as a means to aiding pregnancy prevention amongst young people (Oakley et al. 1994, 1995). The fact that there is such a service available in every school in Finland, providing equality of access for young people, which also satisfies their identified needs and wants and is perceived by young Finns as their first port of call with regard to their sexual health needs (Kosunen 1998; 2000b), does suggest that there is merit to this style of provision in relation to aiding the reduction of teenage pregnancy.

Despite the many positive aspects that can be drawn from a service provision such as the Finnish school health service, the issue of pregnancy prevention cannot be

solved with easy access to contraceptive advice and provisions alone. There is the need for knowledge about sex and sexuality as addressed at the beginning of this chapter, but there is also a need to be motivated in order to apply the knowledge and access the services available.

Education Policy

As was discussed within Chapters Two, in addition to knowledge and access to services, the final prerequisite to effective contraceptive behaviour is motivation. As was further highlighted in Chapters One, Two and Four, there exists a significant relationship across Western and Northern European countries between high rates of continued education and lower rates of teenage pregnancy (Jones et al. 1985; Bynner & Parsons 1999; SEU 1999).

Additionally, high levels of educational achievement and aspiration were found to be strongly related to a higher age of first intercourse (Westall 1997; Kane & Wellings 1999; SEU 1999), higher and more effective use of contraception (Hoffman 1984; Morrison 1985; Kraft et al. 1991), increased likelihood of abortion if pregnancy occurred (Kane & Wellings 1999) and delayed timing of first birth (Westall 1997; NHS CRD 1997; Beets 1999a, 1999b).

The proposition under exploration from the start of this thesis has therefore been the extent to which education offers young people, women in particular, some degree of motivation to avoid pregnancy and parenthood. In Chapters Four and Five it was noted that there existed considerable differences at the national and

local level with regard to the proportions of young people remaining in education beyond the age of sixteen.

In Chapter One, an exploration of the relationship between unemployment and the likelihood of continuation in education was explored as it would appear logical that if the employment situation was not favourable for young people, this may increase the likelihood that young people would chose to remain in education for longer. There was not, however, a significant relationship between these two variables at an European level and whilst the growing numbers of young people remaining in school beyond 16 in Scotland, may in part be a result of the changing employment situation, in Finland there has always been a high continuation rate post-16 regardless of the levels of unemployment amongst its young people.

Therefore, this thesis explored a number of other potential explanations for the high stay on relate in education, including, school structure and the provision of careers guidance, in order to derive some form of explanation as to why the differences in stay-on rates exist.

In relation to the national policy framework and the local level policy, Tables 6.5 and 6.6 below highlight the key similarities (•) and differences (♦) found in relation to education policy which form the focus of this final area of discussion.

Table 6.5

Key similarities in education policy between Finland and Scotland

- Young people in both countries are legally obliged to be educated up to the age of 16 and most would attend an equivalent lower and upper comprehensive level of schooling in order to fulfil that obligation.
- In both countries this educational provision is provided by the state free of charge.
- In both countries, young people are expected to sit certified examinations of equivalent level in their final year of compulsory schooling.
- In both countries, pupils receive careers guidance (student counselling) at some point prior to the end of compulsory schooling.

Table 6.6

Key differences in education policy between Finland and Scotland

- **Age at which compulsory schooling begins.**
  1. In Finland, compulsory schooling begins at the age of 7 (occasionally 6), therefore prescribing on average 9 years of compulsory schooling.
  2. In Scotland, compulsory schooling begins at the age of 5 (occasionally 4), therefore prescribing on average 11 years of compulsory schooling.
- **Structure of careers guidance (Student counselling).**
  1. In Finland, there exists a consistent and detailed structure for student counselling across all schools, as set out within national guidelines.
  2. In Scotland, there is no equivalent set structure or defined content for careers guidance. What is taught and how often it is taught is decided at the school level.
- **Aims and Focus of careers guidance (Student counselling).**
  1. In Finland, the primary aim was to make sure every pupil had a place to continue their education post-16. The main focus therefore was on **education:** different ways of learning, value of education, education options post-16 and how educational interests related to potential careers.
  2. In Scotland, the primary aim was to make sure every pupil was able to pursue whatever it was they wanted to do when they turned 16, be that to leave school get a job, or continue at school and pursue continued education. The main focus therefore was on **career options:** options at school, potential careers, different types of employment, using careers libraries and continuing education.
- **The structure of post-16 education.**
  1. In Finland, at the end of the 9th grade, pupils have the choice to undertake a further 3 (or 4) years of continued education at either a high school (*Lukio*), or at a vocational school (*Ammattikoulu*). If grades are not sufficient to do either, pupils can attend a 10th grade to improve their options.
  2. In Scotland, at the end of 4th year, pupils have the choice to remain in the school they are attending (or change schools) to complete a 5th and a 6th years. Pupils may also choose to continue their education at a college of further education.
- **Focus of post-16 education.**
  1. In Finland, pupils in post-16 education have the choice of pursuing academic pursuits at the *Lukio*, or vocation pursuits at an *Ammattikoulu*.
  2. In Scotland, until 1990, the only option post-16 at the school level was to undertake academic pursuits. To undertake vocational education, pupils would have to attend a college of further education. Since the introduction of SCOTVEC modules and later GSVQs, pupils now have more choice at the school level to undertake either academic or vocational, or a combination of both pursuits.
- **Status of vocation education.**
  1. In Finland, vocational and academic education are both valued educational pursuits. They are viewed as different types of education.
  3. In Scotland, vocational education is still perceived to be second rate at the school level in comparison to academic pursuits. It is stigmatised as education for pupils who are not clever enough to undertake traditional academic subjects.
- **Normalised progression route for post-16**
  1. In Finland, the normalised and expected route of progression at 16 was to continue in education for at least 3 years.
  2. In Scotland, there did not appear to be any particular normalised route of progression, although there was a high uptake of Higher and Further education among those who remained at school to do 5th and 6th years.
- **Welfare incentives**
  1. In Finland, if a pupil leaves at 16 and has no job to go to, to qualify for benefit, s/he must be applying for a place in education (up to age 24).
  2. In Scotland, benefit is only available to 16-17s if they can prove exceptional hardship, and from age 18, only if they are actively seeking work.

School structure in Finland and Scotland

Differences in the structure of education systems perhaps herald the greatest contrast in education policy between Finland and Scotland. The main similarities between the two are that both systems have a national framework of provision, which includes free compulsory schooling up until the age of sixteen - made up of a primary and secondary level. Additionally, in both countries young people at age 16 (occasionally 15) would sit formal qualifications of a similar level.

The age at which the compulsory schooling begins was the first noted difference between the two systems in that young people in Finland start school on average two years later than in Scotland. This meant that even although the average number of years spent in education is similar[1] (Kane & Wellings 1999), a higher proportion of Finnish pupils would remain in education until at least the age of eighteen (usually nineteen) than was the case in Scotland.

The qualifications that can be gained at the end of the comprehensive level of schooling in Finland were not considered to be preparatory qualifications for entering the labour market, rather they were perceived as a means to accessing a place in continued education at a *Lukio* or *Ammattikoulu*. Both of these levels of schooling take on average an additional three years of study, by which point pupils would be on average nineteen years of age.

All interviewees in Finland from government through to school level acknowledged that gaining employment without a further three years of education

is very difficult. This was believed to be well known amongst young Finns and was proposed to be the main reason as to why 95-99% of pupils in the four schools examined and 95% nationally, go on to complete a further three years in education.

In Scotland, schooling begins at a younger age and therefore the compulsory aspect lasts longer in terms of actual years at school. The level of qualification that can be gained at the S4 (15-16) level is not dissimilar from the comprehensive leaving certificate in Finland. Despite this fact, considerably fewer Scottish pupils remained at school post 16, both nationally (64% S4-S5, 51% S4-S6) and in the four schools studied (68-86% S4-S5, 51-68% S4-S6), than was the case in Finland.

Explanation as to why so many Scottish pupils have chosen not to remain in school post-16 may in part have been that, until developments in assessment and certification increased the availability to undertake more vocationally based qualifications at the secondary school level (late 1980s) as discussed in Chapter Four, the only courses on offer at the S4 level and through S5 and S6 were entirely academic. Therefore, if a pupil did not want to undertake, or was not capable of undertaking the more academically based qualifications, there would be less incentive to remain in school voluntarily beyond the compulsory level.

A further structural difference between the two countries was found in relation to qualification at the national level for state benefits beyond the age of compulsory schooling. In Finland, on leaving school at sixteen, a young person who has no job

[1] Kane & Wellings (1999) did not break down the countries that make up the UK with reference to average number of years in education, and as there was no independent figure available for Scotland, Kane & Wellings' (1999) UK has been used as a proxy measure for Scotland.

to go to is classed as never-employed post-compulsory schooling. In such cases, until the age of twenty four, to qualify for state benefit that young person must be seen to be applying for a place in education. In Scotland, state benefits can only be obtained by young people aged sixteen-seventeen if they can prove exceptional hardship and from the age of eighteen upward, if they can prove that they are actively seeking work. Such measures essentially inform young people in their respective countries, what activity they are expected to be pursuing at the age of post compulsory schooling. In other words, in Finland, they are expected to be in education and in Scotland, employment.

Careers guidance (Student counselling)

In both Scotland and Finland, there has been a long tradition of providing careers guidance (student counselling) at the comprehensive school level. Despite the fact that both countries have this provision outlined within a national policy framework, substantial differences exist within the provision outlined at both the national and the school level, as were detailed within Chapters Four and Five.

The national framework within which teachers had to work at the school level in Finland was more detailed in structure than was the case in Scotland. This was reflected both by a more substantial level of provision and more consistency across schools in the content provided at each grade level, than was found in Scotland.

Additionally, guidelines for the provision of careers guidance (student counselling) in both countries encouraged teachers to promote further and higher education as an option for pupils beyond the comprehensive school. There was however,

considerably more emphasis on continuing in education as opposed to entering employment directly from school in Finland than was the case in Scotland.

As was discussed in Chapter Five, in Finland all student counsellors stated that the overriding focus of student counselling in their schools was to make sure that every pupil was aware of the educational opportunities beyond the *Peruskoulu*. The main aim of student counselling therefore was to make sure that every pupil had a place at which to continue his or her studies post-sixteen. Consideration was given to career options, in relation to what education was needed to pursue those careers in the future, but the primary focus was continued education.

In Scotland, the main focus was placed on raising pupils' awareness of the different career opportunities available to them. Although continuing in education was presented as one of those career options, it was not the primary focus of careers guidance in Scotland. The main aim of careers guidance was to make sure that every pupil had the opportunity "to pursue whatever it was they want to do when they reach sixteen".

To a degree the aim of the Scottish schools careers guidance makes the Finnish aim sound as if pupils were not given the opportunity to pursue what they wanted to, unless it was in education. This was however, not the impression that was given at the school level. Rather, continuing in education for at least three years post-sixteen, was the 'normal' thing that every pupil was expected to do.

The fact that continuing in education in Finland was normalised was a key difference between Finland and Scotland, and the fact that it occurs voluntarily in Finland, implies that young people understand the value of continuing in education and that they have both the aspiration and motivation to make use of the opportunities presented to them at age sixteen. Additionally, it means that young women in Finland have reason and incentive to delay pregnancy and parenthood.

In Scotland, continuation in education is also a voluntary choice, although, as already noted, considerably fewer pupils do so in comparison with Finland. The only point at which continuation in education (to university or college) was presented as normalised in Scotland, was for those individuals who had already chosen to continue at school to complete their 5th and 6th year level of the comprehensive school, which only accounted nationally for 64% and 51% respectively in 1997.

The extent of this process of normalisation appears to derive both from the focus and explicit aims of careers guidance (student counselling) and the structuring of pre and post-sixteen educational options in both countries. As will be discussed in the conclusion, this is a particular issue warranting further research.

Summary

Throughout this chapter a range of important issues of comparison have been raised in relation to each area of policy under study in this thesis, with tentative suggestions as to the importance that the key differences may have in relation to the teenage pregnancy rates in each country.

This chapter has indicated that young people in Finland have been provided with: knowledge about sex and sexuality in a format of sex education that previous research has identified as more likely to be effective; a health service provision that is tailored to young people's expressed needs and wants in a sexual health provision as identified by previous research; and an education system that has actively encouraged voluntary continuation for a very high proportion of young people.

What has been implemented at the local level in Finland appears to be strongly driven and supported in many areas by policy developed at the national level with guidelines for schools regarding: the location of sex education within core curriculum subjects as well as the content, teaching methods and time allocations that schools should provide; the role of the school nurse as a school-based health provider; the provision of student counselling (content, teaching methods and time allocations) and it's primary focus on continued education. In addition, the structure of the education system itself and the development of the dual system of vocational and academic schools offering wider post-16 choice at the school level are all policies developed at the national level.

Aspects of all three of these areas policy (sex education, school health service and the *Peruskoulu* style of school education) were developed and implemented during the 1970s at a time when Finland's teenage birth rate (24.2 per 1000 women aged 15-19 in 1977 (UN 1981)) was very similar to the rate in Scotland in 1996 (29.6 per 1000 women aged 15-19 (UN 1997), by 1994 and with little change to these

three policy areas over that 20 year period the teenage birth rate had steadily declined to a low of 9.0 per 1000 women aged 15-19 (Gissler et al. 1999).

In relation to Scotland, this chapter has indicated that in a number of areas of policy under exploration, in particular, the provision of sex education and careers guidance, national policy development and guidance has for the most part been absent. In turn what had been implemented in the form of sex education and careers guidance provision at the local level, varied considerably between schools in focus, content and time allocation. Therefore, without a strong directive from national policy, the development of practice at the school level has been neither uniform across Scottish schools, nor provided any level of equality of provision for young people in Scotland.

With regard to sexual health provisions in Scotland, although this research highlighted that there are a number of different provisions that young people can utilise and access for advice and contraception, none of the provisions met all of the needs and wants of young people as identified by previous research and therefore reality and equality of access for Scottish young people was also absent.

Finally, with regard to the provision of education in Scotland, focus until the 1990s in Scottish schools had been primarily on academic, examination based qualifications, effectively excluding those who were not able, or interested in undertaking academic pursuits, from continuing at the school level. Previous research has highlighted that increasing the educational choices available to young people is likely to encourage continuation at school.

Whilst the presentation of comparative analysis appears to favour Finland as the more positive, it is important to recognise that it was not the case that Scotland does not have adequate provisions. In relation to both sex education and sexual health services, the basic provisions in both countries are similar, but Finland goes one step further in providing sex education and services that are more tailored specifically to the needs of young people as well as guided by policy developed at the national level. Therefore, the basis for future development and implementation in Scotland is already in place in order to incorporate many of the policy options the Finnish case offers.

With regard to education policy, not all areas that have been highlighted in this thesis could necessarily be translated into policy options in Scotland, the main example being that of school structure. The structuring of the education system in Finland does appear central to the continuation of education rates in Finland. As noted above however, the continuation is voluntary and therefore whilst options need to be available structurally, there also needs to be the aspiration and motivation at the individual level to continue, and this cannot be derived from structure alone.

The tailored development to young people's needs in Finland, both in sex education and sexual health services derives in part from the recognition at government level of the rights and sexual health needs of young people, as well as an acceptance of teenage sexual activity. Recent developments within Scotland at government level in relation to the recognition of young people's needs and rights appear to be

moving more in the direction of acceptance of teenage sexual activity (Burtney 2000a, 2000b) and therefore the potential for tailoring future policy to young people's needs is increasing.

Additionally, there have been changes within the provision of educational options at the school level in Scotland - towards the increased availability of vocational education, which could potentially increase the desire of more young people to remain in education at school beyond the age of sixteen.

The change in direction in relation to some of the policy areas explored has not been confined solely to Scotland; there have also been changes within the various policy areas in Finland. Therefore, before going on to conclude this thesis, Chapter Seven first explores the direction of change in both countries. Particular attention is paid to the potential effect those changes could have on the rate of teenage pregnancy in Finland and Scotland, in light of the analysis presented within this chapter.