



Barometer

of Women's Access to
Modern Contraceptive
Choice in 16 EU Countries

Key Findings and Policy Recommendations

FINLAND



Väestöliitto



IPPF

European Network
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Introduction

The second edition of the Barometer of Women's Access to Modern Contraceptive Choice aims to provide a comparative policy and status overview on young women's access to modern contraceptive¹ choice across 16 EU member states: Bulgaria, Cyprus, Czech Republic, Denmark, **Finland**, France, Germany, Ireland, Italy, Latvia, Lithuania, The Netherlands, Poland, Romania, Spain and Sweden. Similarly as the first edition², published in June 2013, the 2015 edition illustrates the need and value of re-establishing reproductive health as a policy priority on the EU and national agendas.

Eight different policy areas and corresponding Policy Benchmarks were identified and used as a reference to evaluate and rate the countries' situation with regard to access to modern contraceptive choice.

-  **1 Policy making and strategy**
-  **2 General awareness of sexual and reproductive health and rights (SRHR) and modern contraceptive choice**
-  **3 Sexuality education at schools**
-  **4 Education and training of healthcare professionals and service providers**
-  **5 Provision of individualised counselling and quality services**
-  **6 Existence of reimbursement schemes**
-  **7 Prevention of discrimination**
-  **8 Empowering women through access to modern contraceptive choice**

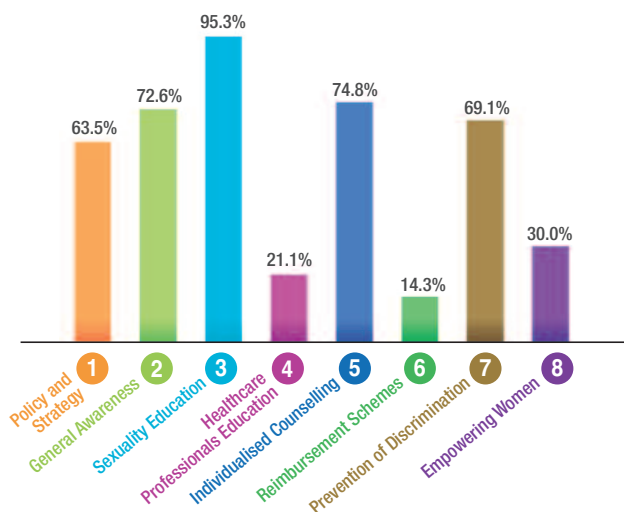
This leaflet presents the Barometer key findings and policy recommendations in each of the eight policy areas considered. The recommendations aim to provide the basis for a road map towards the development of policies addressing the unmet need for improved, equitable access to modern contraceptive methods. To achieve this, the recommendations call for a structured dialogue involving all relevant stakeholders. **The leaflet also includes the country chapter on Finland with an overview of the country specific policies and gaps in access to modern contraceptive choice.**



Overview

- On average, Finland scores high (59.7%) compared to the other 15 countries covered in this report.
- Sexual and reproductive health and rights (SRHR) have been a priority for the government in Finland since the 1970s. The National Programme on Sexual and Reproductive Health is the main framework to address SRHR.
- Although government led awareness raising campaigns are diversified and run effectively across the country, they do not cover all contraceptive methods. As a result, knowledge of the full range of contraceptive methods amongst the Finnish population can be improved.
- The impact of the National SRHR Programme suffers from a lack of appropriate monitoring systems and a lack of full implementation of SRHR policies due to significant local differences.
- There are currently no guidelines on modern contraceptive methods but in April 2014, a working group led by the medical society Duodecim started developing these guidelines.
- Finland scores very low in the field of reimbursement (14,3%) and women's empowerment (30%), due to a complete lack of reimbursement schemes and the absence of references to SRHR in gender equality policies.

Country Results by Policy Benchmark



➤ 1 Policy making and strategy

- A National Programme on Sexual and Reproductive Health³ has recently been adopted for 2014-2020. It replaces the 2007-2011 programme⁴ and has been developed by the new Unit for sexual and reproductive health of the National Institute of Health and Welfare (Terveyden ja hyvinvoinnin laitos - THL)⁵.
- The programme sets targets and objectives to promote SRHR in Finland and ensure appropriate development and management of SRHR services. The programme covers the full range of contraceptive methods and identifies access to contraceptive services as a priority.
- Stakeholders were extensively involved in the development of the programme. At local level, their involvement in the implementation varies greatly across the country.
- Municipalities are responsible for ensuring access to SRHR services and are therefore in charge of funding and implementing the programme. However, as a result, due to the decentralisation of the system, implementation of SRHR policies varies greatly across the country.
- The Finnish government which entered office in June 2014 announced a reform of the social and healthcare systems which would transfer municipalities' competence in healthcare to five new overarching regions. This is expected to improve centralisation and implementation of SRHR policies.
- Currently, monitoring and evaluation of SRHR policies are limited to population health surveys. Some of them, such as the School Health Promotion study⁶, include a small number of questions on access to contraceptives. This system, however, does not allow for thorough evaluation of the effectiveness and adequacy of SRHR policies.

“While there is a comprehensive national policy framework on SRHR in Finland, there is a need for better monitoring systems and for more efforts to improve a coherent implementation across the country. The decentralisation of SRHR services means that there are as many SRHR policies as municipalities in Finland. We hope that the upcoming healthcare reform will address this gap and introduce better monitoring and oversight of the implementation of SRHR policies.”

Dr. Dan Apter,

Chief physician, Sexual Health Clinic, Family Federation of Finland (Väestöliitto)

2 General awareness of sexual and reproductive health and rights (SRHR) and modern contraceptive choice

- Government funded awareness raising campaigns on SRHR are run regularly in Finland but they mostly focus on condoms. When they exist, smaller campaigns on other contraceptive methods such as LARC are targeted at healthcare professionals.
- Unlike SRHR policies which are implemented by municipalities, SRHR awareness campaigns are generally run across the country and are considered to reach the target audience. However, evaluation of the campaigns is lacking as monitoring systems are not run properly. Scattered information is gathered on the number of people reached or the number of schools willing to participate in specific initiatives.
- Some campaigns are specifically targeted at young people. The annual ‘Summer rubber’⁷ campaign is funded by the Ministry of Health⁸ and conducted in cooperation with the Family Federation of Finland (Väestöliitto - IPPF Member Association)⁹ and other organisations. It aims to raise awareness of condoms.
- No government led campaigns are specifically targeted at vulnerable people. The NGO Monika¹⁰ however develops specific campaigns on SRHR for migrant women.
- Last year, media debates on risks associated with oral contraceptives led to a decrease in the use of hormonal contraception methods due to women’s lack of knowledge of alternatives. According to Väestöliitto, increased efforts by stakeholders are needed to communicate, through media articles and online debates, about contraceptive choice and the full range of contraceptive methods.

3 Sexuality education at schools

- Sexuality education has been mandatory in Finland since 1970¹¹.
- Sexuality education is part of the curriculum for more general health education¹², which is taught on a weekly basis to pupils aged 13 and above¹³.
- Government guidelines provided by the Board of Education¹⁴ and specific training funded by the government for health education teachers ensure that teachers have the right skills and knowledge and that pupils receive evidence-based and credible information about the full range of contraceptive methods.
- Information on all contraceptive methods as well as on the differences between LARC methods is provided. Comprehensive and useful education materials are provided to teachers¹⁵.
- Exams and surveys such as the School Health Promotion Study¹⁶ are used to assess the quality and usefulness of sexuality education. The results of these evaluations are however not necessarily used to inform review.

“Since sexuality education has become mandatory, the number of teenage pregnancies has been steadily declining¹⁷. This shows the importance of sexuality education at schools and its impact on unintended pregnancies.”

Dr. Dan Apter,

Chief physician, Sexual Health Clinic, Family Federation of Finland (Väestöliitto)

4 Education and Training of Healthcare Professionals and Service Providers

- At the time of the Barometer survey, there were only guidelines on emergency contraception and abortion available and no guidelines on modern contraceptive methods.
- Due to a lack of national guidelines on the range and use of all contraceptive methods, healthcare professionals generally base their practice on guidelines developed by the World Health Organization (WHO) and the UK National Institute for Health and Care Excellence (NICE)¹⁸.
- However, in April 2014, a working group¹⁹ run by the medical society Duodecim²⁰ and partly funded by the government started developing guidelines on the full range of contraceptive methods.
- While fertility control and family planning are part of the curriculum for all medical students, there are no education programmes for healthcare professionals and postgraduate trainings on SRHR endorsed by the government. Such programmes are, however, provided by healthcare professional associations such as the Finnish Gynaecological Association (Suomen Gynekologiyhdistys)²¹ and the Finnish Medical Association (Suomen Lääkäriliitto)²².

5 Provision of Individualised Counselling and Quality Services

- Individualised counselling is set as a priority under the National Programme on Sexual and Reproductive Health²³ and under the Healthcare Act²⁴.
- Individualised counselling is part of the general medical curriculum for all medical students, but no postgraduate trainings are made available to healthcare professionals by the government.
- Due to a lack of medical guidelines on the full range of contraceptive methods, the quality of individualised counselling and the information given to women and couples vary across the country.
- In general, facilities are adequately equipped to provide all available modern contraceptive methods. However, in certain cities, women may face difficulties in accessing certain methods, such as LARC, due to a lack of healthcare professionals who can insert them.

“Although there are no national guidelines and no minimum standards for individualised counselling, it is generally considered that healthcare professionals apply very high standards for the quality of SRHR services. There is however an urgent need for national guidelines on modern contraceptive methods and counselling to ensure that the standards are uniformly applied across the country.”

Dr. Dan Apter,

Chief physician, Sexual Health Clinic, Family Federation of Finland (Väestöliitto)

6 Existence of Reimbursement Schemes

- All contraceptive methods are available in Finland, except diaphragms and cervical caps.
- Medical consultations and contraceptives counselling are provided free of charge in primary healthcare.
- There is no national reimbursement scheme for contraceptives in Finland, except partial reimbursement for certain contraceptives when prescribed for medical reasons.
- In most municipalities, the first three to six months of oral contraceptives' prescriptions and, in some municipalities, the first LARC are free of charge. Social services are also providing financial help in individual cases.

7 Prevention of Discrimination

- The Healthcare Act aims to ensure universal access to healthcare. Finnish law makes discrimination on any grounds when delivering SRHR services illegal.
- It also includes some recommendations for healthcare professionals on how to deliver quality SRHR services to vulnerable groups.
- The law on patient rights provides a framework to ensure confidentiality of SRHR services for young people.
- While access to SRHR services is a general provision in Finnish law, there are no specific measures targeted at vulnerable people to ensure access to contraceptive methods, being a municipality competence.

8 Empowering women through access to modern contraceptive choice

- The Non-Discrimination Act²⁵ provides a general framework for equal opportunities. It is implemented across the country and overseen by the national government.
- The 2014-2020 Programme for Sexual and Reproductive Health also includes some specific provisions on non-discrimination and gender equality. Gender equality and SRHR policies are therefore relatively closely linked.
- There are no specific monitoring systems in place or expected in the near future to evaluate the effectiveness of gender equality policies.

Key Findings and Policy Recommendations

Regrettably, the second Barometer edition confirms the findings of the first edition regarding the unmet need for improved, equitable access to modern contraceptive methods through consistent, targeted policies. The sad fact remains that not all policies improved, and in most countries, the situation has stagnated, or even worsened, over the past years.

We continue to call on all decision-makers to implement, within a broader sexual and reproductive health and rights (SRHR) agenda, a comprehensive approach to contraceptive choice, which is key to ensuring the wellbeing of women. It is a crucial precondition to enable women and couples to decide whether or not and when to have children.

The section below presents the Barometer's key findings and recommendations in each policy area that policy makers need to embrace in order to ensure appropriate policy focus and progress in both access to modern contraceptive choice and the promotion of women's empowerment.

Overview Country Specific Total across all Policy Benchmarks



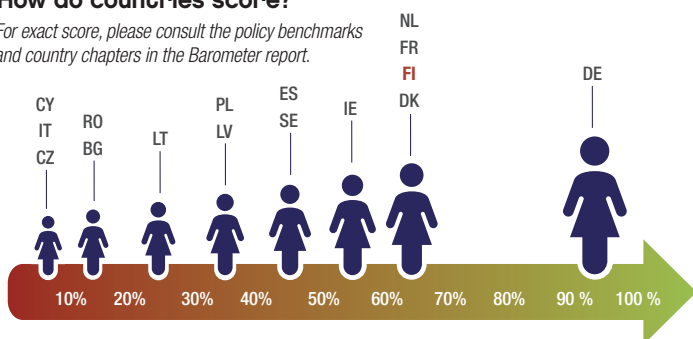
1 Policy making and strategy

Key findings

- Less than half of the countries examined have shaped and implemented a comprehensive SRHR strategy with a specific focus on fertility control and access to modern contraceptive choice.
- In a few countries, plans to develop a strategy were put on hold due to other priorities and political changes.
- Policy measures on SRHR are generally scattered and limited. The lack of or poor political leadership and financial support for SRHR are common obstacles. Religious influence in some countries also presents a barrier.
- The level of stakeholder involvement in the development and implementation of SRHR policies varies significantly across countries.
- Monitoring and evaluation systems of SRHR policies are poorly developed in almost all countries.

How do countries score?

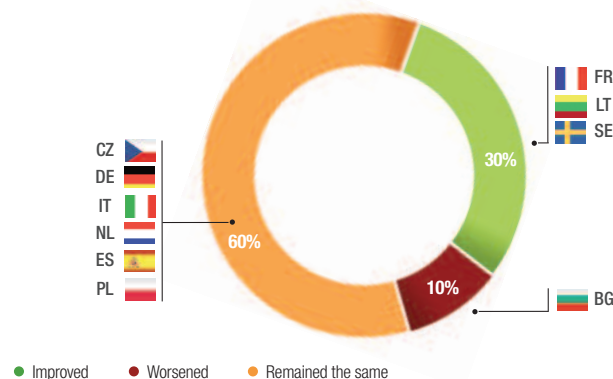
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Develop an integrated and comprehensive national SRHR policy framework addressing all key components of an effective approach to increase access to modern contraceptive choice (see the eight Policy Benchmarks).
- Systematically involve all relevant stakeholders in the development, implementation and evaluation of SRHR policies and strategies.
- Ensure effective implementation of SRHR policies through appropriate funding and efficient monitoring and evaluation systems, including a comprehensive set of relevant indicators.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



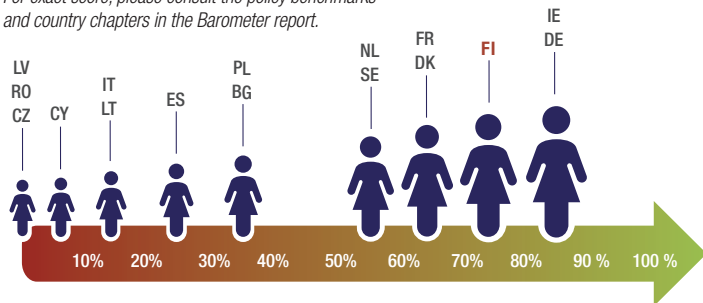
➤ 2 General awareness of SRHR and modern contraceptive choice

Key findings

- In most countries, experts find that public awareness of SRHR and contraceptive choice is low or could be improved, due to lack of government support, lack of resources, and/or lack of a coordinated governmental approach.
- At the time of this survey, only three countries amongst the 16 examined had ongoing government funded SRHR awareness campaigns in place, including comprehensive information on contraceptive choice and how to prevent unintended pregnancies.
- In most countries, not all relevant stakeholders are involved in the campaign development.
- Only in two countries do campaigns on equal opportunities for women refer, to some extent, to the role of fertility control and modern contraceptive choice for women as a way to achieve their professional and personal aspirations.
- In the majority of countries, there are no, or only poorly implemented, governmental monitoring and evaluation systems in place for SRHR awareness campaigns.

How do countries score?

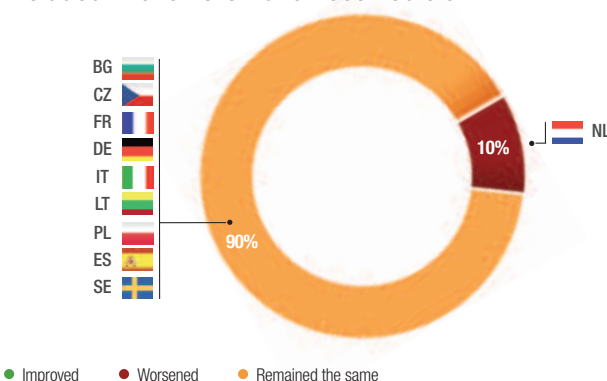
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Ensure regular awareness campaigns on SRHR, including information on the full range of modern contraceptive methods.
- Ensure appropriate involvement of all key stakeholders at all stages.
- Address fertility control in the framework of awareness campaigns on gender equality and equal opportunities for women.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



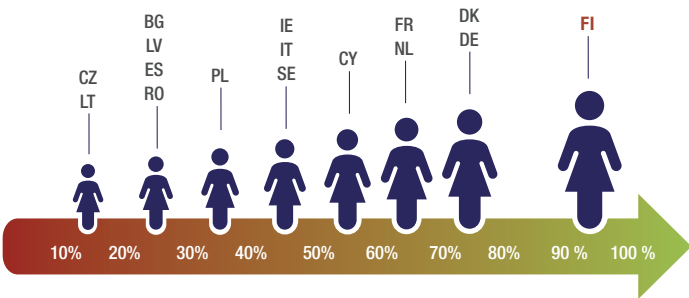
3 Sexuality education at schools

Key findings

- The extent to which sexuality education is provided and the content are heterogeneous across and within the countries examined, as both rely significantly on the personal knowledge and views of individual teachers. Experts in all countries call for improved sexuality education.
- Sexuality education is mandatory in just over half of the countries, but rarely covers complete, scientific information on the full range and use of contraceptives. Experts generally consider that the current sexuality education is insufficient to effectively contribute to prevent unintended pregnancies.
- In some countries, teaching young adults about sexuality is opposed by conservative and religious groups.
- In only a few of the countries, governments have put in place targeted education measures for vulnerable people.

How do countries score?

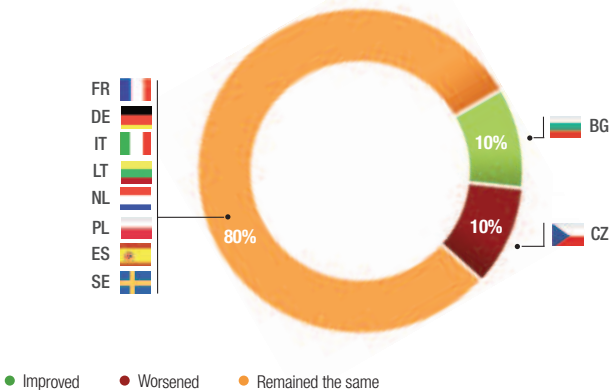
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Ensure evidence-based and mandatory comprehensive sexuality education for all pupils.
- Ensure allocation of sufficient resources to sexuality education across the country.
- Develop content guidelines for comprehensive sexuality education programmes and provide appropriate training to teachers.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



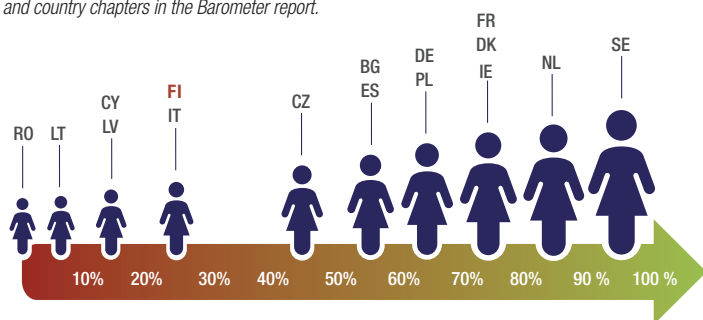
4 Education and training of healthcare professionals and service providers

Key findings

- In a number of the countries, there is a lack of credible and qualitative guidelines for healthcare professionals and service providers on modern contraceptive service delivery.
- Where such guidelines exist, they are often only partially implemented.
- Experts refer to religious opposition and the right to conscientious objection as key obstacles to access contraceptives in some countries.
- In most countries examined, national authorities do not support sufficiently the development and implementation of education programmes and postgraduate training on fertility control, family planning and contraceptive choice.

How do countries score?

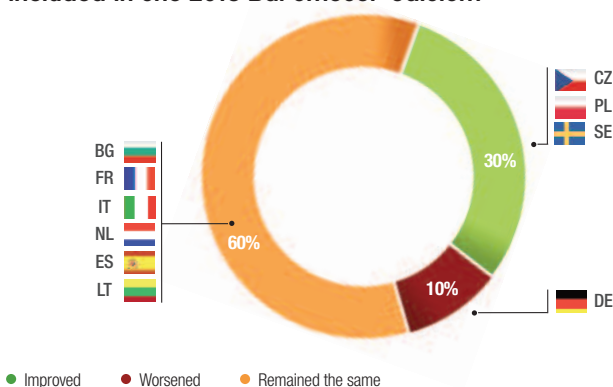
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Develop and implement evidence-based guidelines for healthcare professionals on modern contraceptive choice based on standards set by the World Health Organization (WHO).
- Implement provisions to inform professionals on the latest scientific evidence.
- Develop and implement mandatory education programmes and postgraduate training.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



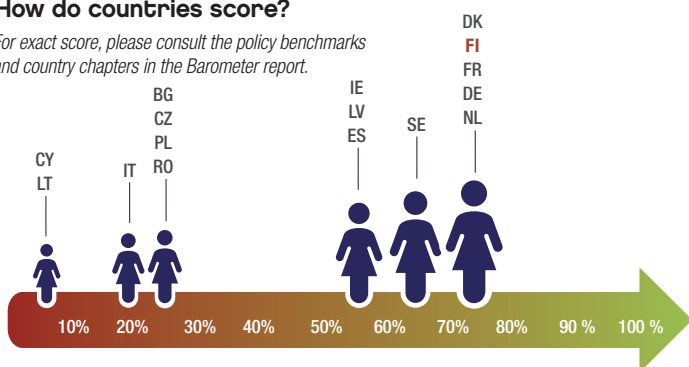
5 Provision of individualised counselling and quality services

Key findings

- Where individualised counselling exists, experts call for improved accessibility and quality of counselling services.
- In almost all countries, there is a general lack of evaluation and monitoring systems to ensure proper implementation of guidelines and quality standards of individualised counselling.
- In less than half of the countries, facilities across the country are sufficiently equipped to provide the full range of contraceptives nation-wide.
- In less than half of the countries, healthcare professionals and service providers receive satisfactory training on individualised counselling. In only 10 countries, postgraduate programmes on individualised counselling exist.
- In some countries, religious opposition influences the delivery of counselling and contraceptive services and further reduces access to quality services.

How do countries score?

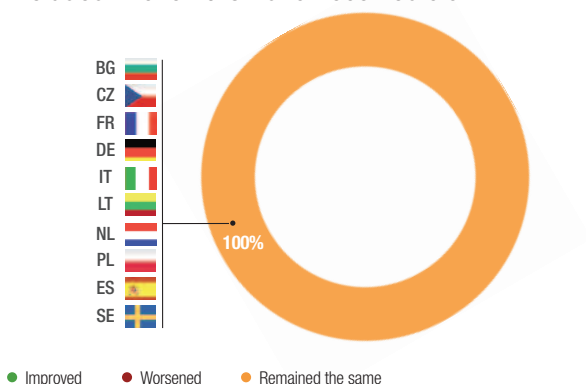
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Implement minimum quality standards and improve accessibility to ensure that individualised counselling is a key component of quality SRHR services.
- Develop and regularly update guidance for healthcare professionals on individualised SRHR counselling.
- Include individualised counselling as key objective of the medical curriculum and practicum.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



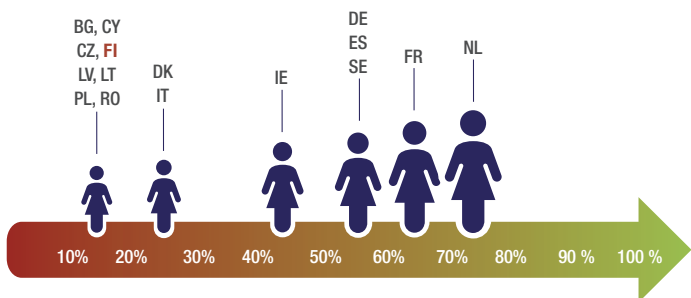
6 Existence of reimbursement schemes

Key findings

- Experts in all countries criticise the persisting inequalities in accessing the full range of contraceptive methods.
- Differences in availability of certain contraceptives within the countries are often listed by experts as key challenges.
- No country ensures full reimbursement.
- Less than half of the countries have some kind of reimbursement scheme in place. Some of them provide reimbursement arrangements aimed at addressing the social and economic barriers faced by vulnerable groups. They remain however insufficient.
- In many countries, financial constraints due to the economic crisis negatively impact reimbursement and prospects of improving reimbursement.

How do countries score?

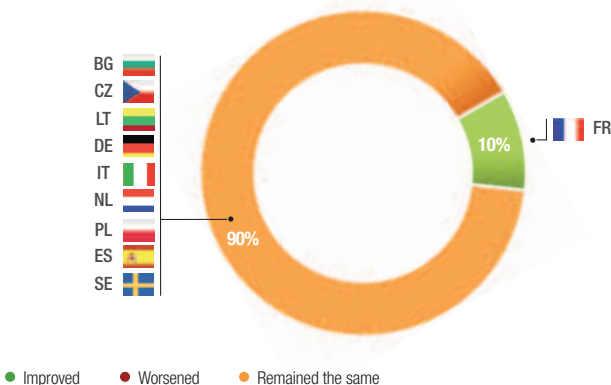
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Ensure equal access and availability of all modern contraceptive methods across the country.
- Develop adequate reimbursement schemes for modern contraceptive methods that address financial barriers of young women and vulnerable groups.
- Ensure regular review of reimbursement schemes.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



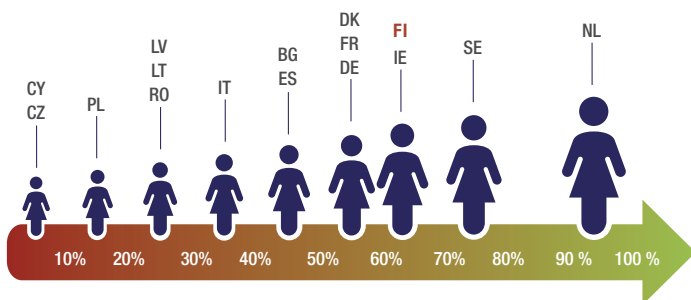
7 Prevention of discrimination

Key findings

- Among the countries examined, economic and social barriers are generally not fully taken into consideration in policy measures aimed to ensure equal access to modern contraceptive choice.
- In most countries, access to contraceptive choice for vulnerable groups is not a political priority.
- Stigmatisation remains an important obstacle to the access to and provision of SRHR and counselling services.
- In several countries, budget cuts in healthcare systems due to the financial crisis seriously compromise the quality of SRHR and family planning services, in particular for vulnerable people for whom the cost of modern contraceptives can often represent a barrier.

How do countries score?

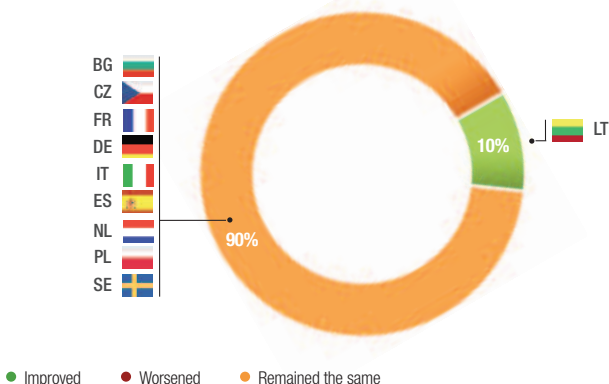
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Develop targeted provisions to address social and health inequalities in all SRHR policies.
- Address stigma as a barrier to seeking and providing SRHR and counselling services.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



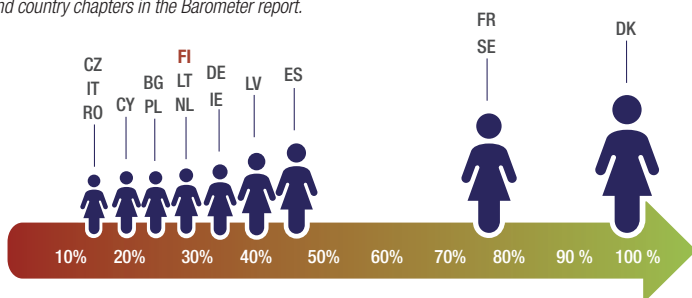
8 Empowering women through access to modern contraceptive choice

Key findings

- Fertility control and access to modern contraceptive choice are only included in 3 of the 16 countries examined as components of gender equality policies to help women realise their personal and professional aspirations.
- In most countries, gender equality and women's empowerment policy measures mainly aim to improve women's participation in the labour market and enhance work-life balance for women with children through family friendly policies at work.
- Monitoring and evaluation systems for gender equality policies are in place in half of the countries examined. However, the results are generally not taken into account to inform policy review.

How do countries score?

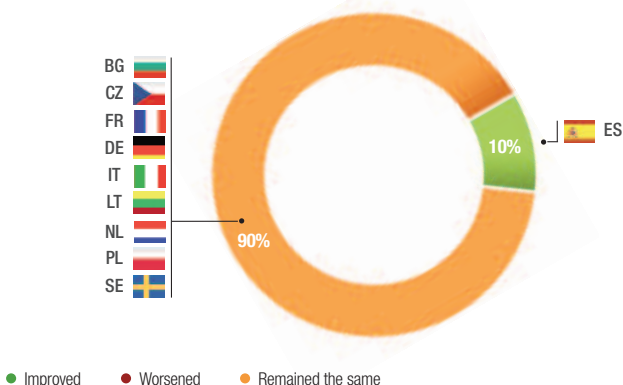
For exact score, please consult the policy benchmarks and country chapters in the Barometer report.



Policy recommendations

- Develop specific measures to improve access to contraceptive choice in the context of gender equality policies.
- Implement nation-wide monitoring systems to assess the effectiveness of gender equality policies, including a comprehensive set of relevant indicators.

How has the situation evolved in the 10 countries included in the 2013 Barometer edition?



References

1. 'Modern contraceptives' in this report refers to all non-emergency, reversible contraceptive methods enabling young people and young adults to prevent unintended pregnancies. They include a range of different methods, namely, male and female condoms, diaphragms, oral contraceptives, vaginal contraceptive rings, contraceptive patches, depot injections, and long-acting reversible contraception (LARC), e.g. intra-uterine systems (IUS), intra-uterine devices (IUD), and sub dermal implants (SDI).
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About the Partners



The International Planned Parenthood Federation European Network (IPPF EN) represents one of the six regions of the International Planned Parenthood Federation, the strongest global voice safeguarding sexual and reproductive health and rights (SRHR) for people everywhere. IPPF EN led the development of the Barometer reports.

For more information about IPPF EN, visit
www.ippfen.org

The data collection in the countries was led by the following:

IPPF member associations:

- Bulgarian Family Planning and Sexual Health Association (BFPA), Bulgaria
- Cyprus Family Planning Association (CFPA), Cyprus
- Czech Family Planning and Sexual Health Association (SPRSV), Czech Republic
- Danish Family Planning Association (DFPA), Denmark
- Väestöliitto, Finland
- Pro familia, Germany
- Irish Family Planning Association (IFPA), Ireland
- Papardes Zieds, Latvia
- Family Planning and Sexual Health Association (FPSHA), Lithuania
- Rutgers, The Netherlands
- Family Planning Association (TRR), Poland
- Romanian Society for Education on Contraception and Sexuality (SECS), Romania
- Spanish Family Planning Association (FPFE), Spain



Lead experts or organisations:

- Italian Medical Society for Contraception (SMIC), Italy
- Dr. Elisabeth Aubény, France
- Dr. Lena Marions, Sweden

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- **Dr. Oskari Heikinheimo**, Professor, Department of Obstetrics and Gynaecology, Helsinki University (HUS Naistenklinikka)
- **Dr. Teija Kulmala**, Chief Physician, Unit of Sexual and Reproductive Health, National Institute for Health and Welfare (Terveyden Ja Hyvinvoinnin Laitos)
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The European Society of Contraception and Reproductive Health (ESC) and the International Centre for Reproductive Health (ICRH) are not accountable for the quality of the data collection and analysis.

Methodology

To ensure consistency in both Barometer editions, the same methodology was used for the increase from 10 to 16 countries regarding the collection of information, analysis and rating of countries' input.

Country data were collected via an online multiple choice questionnaire by IPPF EN Member Associations and other independent national experts. Respondents selected the multiple choice answer that best described their country reality.

The full Barometer report*, multiple choice questionnaire and scoring overview can be found at <http://www.ippfen.org/resources/barometer-2015-womens-access-modern-contraceptive-choice>.

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