European Commission

The EU Mutual Learning Programme in Gender Equality

Sexual and Reproductive Health and Rights

France, 29-30 November 2022

Comments paper – Estonia

ösb Consulting
Ein Unternehmen der ÖSB Gruppe.

Justice

This publication is supported by the European Union Citizens, Equality, Rights and Values Programme (2021-2027).

This programme is implemented by the European Commission and shall contribute to the further development of an area where equality and the rights of persons, as enshrined in the Treaty, the Charter and international human rights conventions, are promoted and protected.

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SRHR in Estonia[1]

Kai Haldre

Abstract:

Estonia has a population of 1.3 million. After regaining independence in 1991, from almost 50 years of Soviet occupation, Estonia has undergone major socio-economic changes, including profound educational and healthcare reforms. Systems for the collection of health statistics were established in early 1990s. Several legislation changes have taken place to further SRHR of minority groups. A substantial decrease in teenage abortion rates occurred in the context of legal and safe abortion, liberal legislation, easy access to contraception, youth-friendly services and mandatory holistic sexuality education lessons in schools. However, even when favourable policies are in place, ideological pressure to stop them always exists.

1. Relevant country context

1.1 Sexuality education

Mandatory (comprehensive) sexuality education lessons were introduced to the school curriculum in 1996 as part of the Human and Civil Studies. It has been estimated that, according to the curriculum, about 20% of Human Studies is dedicated to sexuality education issues. NGOs like the Estonian Sexual Health Association (ESHA), the Estonian Society of Human Studies' Teachers and others together with governmental institutions like the National Institute for Health Development (NIHD) have organised educational courses and distributed teaching materials for the teachers. NIHD has translated the 2010 WHO "Standards for Sexuality Education in Europe: a framework for policy makers, educational and health authorities and specialists" into Estonian language. This holistic/comprehensive approach forms the basis of the teaching at schools.

A school curriculum update took place in 2010. Since then, Human Studies (including sexuality education) became one of the topics in the Social Studies programme both in basic school (1-9 grade) and gymnasium (10-12 grade). First time different studies were included under one main theme Social Studies with the aim of enabling in this way to find associations between different studies: human studies, history, civil/citizenship studies, religion studies, human geography.

[1] Because of the focus of this meeting the following SRHR dimensions are not covered by this report: STI and HIV prevention and care, obstetric care, migrant populations like refugees/asylum seekers (including the situation after Russia started the war against Ukraine), people with disabilities, older people and sex workers.

Provision of sexuality education in Estonia has been evaluated from different angles:

- on fiscal level introduction of mandatory sexuality education (SE) lessons in schools together with easy access to youth SRH counselling services have proven to be cost-effective[2] and have been considered an important determinant of the improvement of sexual health indicators at the public health level.[3]
- 70-76% of younger generation female respondents – who have got their education in this century – admit in a 2014 population-based survey that they had sexuality related discussions at school "enough" or even "too much" (71% and 5% respectively).
- a qualitative survey (focus group interviews) from 2011 among Human Studies' teachers, school support personnel and management aimed to determine the situation regarding SE in schools, the factors that support it and the problems faced.

However, at the same time teaching about human sexuality is rarely included in professional's education (health and medical/social professionals, future educational specialists and judicial experts). Now and then different NGOs, professional organisations or universities organise educational events for those who work with people.

1.2 Access to SRH services for women and men and minority groups

Contraceptive counselling is provided mainly in women's clinics' outpatient departments, in gynaecologists' private practice, by family doctors (primary care), midwives, youth counselling centres (YCC). In Estonia, besides doctors, midwives have the right to prescribe contraceptives independently. Appointment to the gynaecologist consultation does not need a referral letter from primary care.

First youth SRH counselling services (YCC) addressing sexual health matters and based on holistic approach to young people's needs were set up in 1991–1992. There are 16 YCCs in 2022. Services are free for young women and men up to 26 years of age. Since 1998 free and anonymous internet counselling, provided mainly by the same interdisciplinary YCC team, is available, currently financed by the Estonian Health Insurance. Additionally, YCC very often work together with local schools and governments to provide sexuality education for schoolchildren. Under a separate programme and budget from NIHD one YCC (Sexual Health Clinic of the Estonian

[2] Kivela J, Ketting E, Baltussen R. School-based sexuality-education programmes: a cost and cost-effectiveness analysis in six countries. Paris: UNESCO, 2011.

[3] Haldre K, Part K, Ketting E. Youth sexual health improvement in Estonia, 1990–2009: the role of sexuality education and youth-friendly services. Eur J Contracept Reprod Health Care 2012;17:351–62.

Sexual Health Association) in Tallinn is providing services for gender incongruent people and anonymous services for sex workers.

The first clinic targeting men's sexual and reproductive health was established in 2005 as Men's Clinic of Tartu University Hospital. By now it has branches in several cities all over Estonia. The service is based on holistic view of male health, it integrates services for young men, minority groups, includes contraception counselling for men and is active in (male) health promotion in media.

1.3 Contraception

Modern contraceptives arrived in Estonia and have become widely available since the early 1990s, after the end of Soviet occupation. Until that time abortion was the main method of regulating family size. Currently all modern contraceptives are available in Estonia. According to the European Contraception Atlas, issued by the European Parliamentary Forum for Sexual and Reproductive Rights, Estonia scored 74.7% in 2020. There is good availability of online information on the different methods of modern contraception, this is provided by the Estonian Sexual Health Association. Health Insurance offers reimbursement for contraceptives at 50% of the price and can reach 75% if they are prescribed for treatment reasons, sometimes hospitals provide free IUDs during 1 year after delivery. According to a 2014 population-based survey among women aged 16–44 in the need of contraception, 74.8% of respondents used modern methods, 16.1% used traditional methods and 9.1% did not use any contraceptives (https://sisu.ut.ee/naisteterviseuuring/node/11278).

Since 2003 emergency contraceptive (EC) pills are available without prescription. Users have to pay full cost (EC being OTC, no reimbursement system is in place). However, awareness and preparedness of emergency IUD insertion is hardly available.

As an indirect indicator of contraceptive usage, it should be noted that a very rapid decrease in abortion rate started immediately when modern contraceptives arrived in Estonia. Thus, according to a global overview (from mid1990s until 2011) of adolescent pregnancies, carried out by the Alan Guttmacher Institute[4], the steepest annual percentage decline in teenage pregnancies took place in Estonia. This trend has continued according to our 2021 study[5]. According to a recent overview of abortion trends in Europe the same is true for women in reproductive age: the most prominent decline in abortion rate has been in Estonia.[6]

[4] Sedgh G, Finer LB, Bankole A, Eilers MA, Singh S. Adolescent pregnancy, birth, and abortion rates across countries: levels and recent trends. J Adolesc Health 2015;56:223–30.
[5] Haldre K, Rahu M, Allvee K, Rahu K. Trends in teenage delivery and abortion rates in Estonia over more than two decades: a nationwide register-based study. Eur J Public Health 2021;31:790–796.
[6] (Fiala C, Agostini A, Bombas T, Lertxundi R, Lubusky M, Parachini M, Gemzell-Danielsson K. Abortion: legislation and statistics in Europe. Eur J Contracept Reprod Health Care 2022;27:345–352.

1.4 Gender-based control and (sexual) violence

Services in the case of sexual or other violence for both adults and children are organised and promoted by a Governmental body called the Social Insurance Board in co-operation with different NGOs. A Network of child-friendly care for sexually abused children (including a helpline) has been established ("Children House"), based on the philosophy that specialists come to one place to help the child instead of the child's obligation to find relevant institutions for help. Preventive activities of sexual and relationship violence are integrated in school sexual health topics. Recently, besides other activities, the Belgian Sensoa Flag System has been adapted for Estonia and is promoted by relevant governmental institutions.

1.5 Infertility services

The law regulating assisted reproductive technologies was adopted by the Parliament in 1997 and can be considered liberal. Services in the case of infertility are provided in three public and three private clinics. Unlimited number of IVF cycles (including vast majority of needed medications) and six intrauterine insemination procedures are free for women less than 41 years of age who are covered by the Estonian Health Insurance. It has been estimated by NIHD that in 2021 6% of live births were the result of MAR care. Since 2019 fertility preservation for medical reasons is covered by the Health Insurance for women up to 35 years of age and for men up to 40 years of age.

1.6 Abortion

Termination of pregnancy on woman's request up to 12 weeks of pregnancy is legal in Estonia since 1955, minors do not need their parents'/guardians' consent (exception were years 2009–2015). Pregnancy can be terminated up to 22 weeks of gestation because of medical reasons. Estonia is considered to be a country with liberal abortion legislation and complete abortion data. Abortion services are provided mainly by public hospitals and are easily accessible. Main method of terminating pregnancy is medical abortion (mifepristone+misoprostol) – 91% of all induced abortions in 2021. Medical abortion is provided on out-patient basis. Services based on telemedicine are not available for pregnancy termination. For pregnancy termination women have to pay 30% of the Health Insurance price themselves. Instead of ending this discriminating regulation there are political forces who promote that abortion should be fully paid by women.

1.7 Non-conforming sexual orientations and gender identities

Same sex cohabitation law was adopted by the Estonian Parliament in October 2014 making it possible for the same sex couples to have a legal union. Unfortunately, the accompanying regulative acts were never adopted, thus making it difficult to put the law fully into effect. There has been a long co-operation between the Estonian Ministry of Social Affairs and the Estonian LGBT Society. This NGO is the leader in providing information and support to LGBT+ people and their families in Estonia. Care for

gender incongruent people has been regulated since 1999 and access to gender-affirming health care was established accordingly.

1.8 Reproductive tract cancers

Breast and cervical cancer screening programmes are offered by the government. Since 2018 HPV vaccination is free of charge (as part of the governmental immunisation plan) for girls aged 12–14. This possibility is not provided for boys.

1.9 Sexual health and wellbeing

Although sexual health, with the focus on pleasure, is considered an important part of overall health and wellbeing by a lot of people, many healthcare professionals, psychologists and teachers have difficulty discussing sexual health matters with their patients, clients and students. The main focal point is usually treatment and prevention of harm from disease or unwanted pregnancy, recently also sexual violence. In Estonia there are very few trained sexologists/psychosexual professionals. Officially the profession "sexologist" does not exist in Estonia, the few specialists working on the field have got their education abroad. An NGO, the Estonian Academic Society of Sexology (EASS) was founded in 1998 and has tried to fill the gap in professional education. EASS is networking internationally, being a member of the Nordic Association of Clinical Sexology (NACS) and World Association of Sexual Health (WAS). Every 7th year NACS Conference takes place in Estonia, bringing thus international expertise to the country. Lack of education has resulted in uneven understanding of the existence and meanings of the variety of human sexual practices and hidden stigma among professionals.

2. Policy debate

Similar to the trends in the rest of Europe, the Estonian case has shown that even when favourable policies are in place, ideological pressure to stop them always exist.[7]

Future developments of SRHR in Estonia are endangered by the rise of the right-wing populist party EKRE during the last decade. EKRE was one of the three parties forming government from April 2019 until January 2021. Their aim was to stop holistic sexuality education at schools, forbid access to safe abortion services, to stop governmental co-operation with LGBT Society, there were (and still are) openly aggressive statements against people with non-conforming sexual orientations and gender identities, women and migrants. During their governance, for example, minors were not able to visit psychiatrist for any reason without parent's permission, the argument was that this order would prevent "psychiatrists to start gender reassignment process without parents' knowing"; another example – during this

[7] https://escrh.eu/wp-content/uploads/2019/11/ESC-Position-Paper-LV-October.pdf; De Sutter P. The ESC Madrid Declaration: promoting evidence-based SRHR policies with respect for human rights. Eur J Contracept Reprod Health Care 2019;24:325–6.)

government (2019–2021) 171 000 euros were allocated by the Parliament to a newly established NGO for activities to prohibit free abortion. EKRE is also trying to block modernising care for people with gender incongruence and turn back the same-sex cohabitation law.

There are opinion leaders in a major daily newspaper, who call for stopping free access to safe abortion; are attacking openly people with non-conforming sexual orientations and gender identities; and women's right to pleasurable sex.

The Youth counselling services network, under the leading umbrella organisation, the Estonian Sexual Health Association, was a success story until the approach in financing by the Health Insurance changed. These changes resulted in lower quality of services, no common leadership, less training and closing of the centres. Currently continuous debate is going on with the representatives of the Health Insurance to restore the previous well-functioning co-operation with the Estonian Sexual Health Association to ensure sustainability and quality of care in YCCs.

Transgender issues are more openly and frequently discussed in media, including trans people themselves. Ministry of Social Affairs has recently taken lead to ensure the sustainability of services and financing. Several educational activities for specialists from different fields have taken place during the last year, many times supported by the government. However, because of being politically loaded, it has not been possible to change the current practice and separate the legal gender recognition from preceding medical evaluation.

Violence in young people's lives, both at home and in schools, including intimate-partner and sexual violence is another heavily discussed topic in the society. Fortunately, there is a big increase in awareness how to notice violence and what can be the effects of it.

Primarily because of the fight for political electorate there are still Russian-speaking and Estonian-speaking schools and isolated communities in Estonia, attempts of integration have failed. It has been shown that besides other features of ideology, sexual cultures, attitudes and values used to be different in these two communities.[8] For example, sexuality education has been more difficult to introduce in Russian-speaking schools. It has been shown in numerous studies that as the result of Russian language education non-Estonians have been and still are socio-economically disadvantaged to compare with the native ethnicity.[9] Which in its turn is related to ill-health. Thus, another intensely discussed topic is to use the momentum and finally reform the educational system with the aim that all the education will only be provided in Estonian language.

[8] Haavio-Mannila E, Kontula O. Seksin trendit meillä ja naapureissa. [Trends in sexual life in Finland and among neighbours] (in Finnish) Helsinki: Werner Söderström OY, 2001.

[9] Kasearu K, Trumm A. Mitte-eestlaste sotsiaalmajanduslik olukord. Heidmets, M, toim. Eesti Inimarengu Aruanne 2007. [Socio-economic status of non-Estonians. Heidmets, M, ed. In: Estonian Human Development Report 2007] (in Estonian) Tallinn: Eesti Koostöö Kogu, 2006:47–54.)

3. Good practice examples

Recently, after a decade of discussions, age of consent was increased from 14 years to 16 years (excluding sexual contacts among young people themselves) to protect children from sexual abuse by adults. This was a big achievement of many organisations, including ESHA, which won several international prizes for their media campaign.

Some years ago, a Governmental body, the Social Insurance Board (SIB), in co-operation with different NGOs took initiation in co-ordinating the prevention of and care in the case of intimate-partner violence, sexual violence. This seems to have the effect by lessening the stigma and better access and quality of care. First time ever, in co-operation with the ESHA, SIB initiated education and awareness raising among professionals in the case of female genital mutilation.

In 2019 the Estonian Medical Birth Registry and the Estonian Abortion Registry were unified to a common pregnancy database, which includes again the personal code of women terminating the pregnancy. The aim of establishing these registries in 1992 and 1994 respectively, was to collect **data on all births and abortions** in Estonia. Unfortunately, due to the prohibition of the usage of the personal identification code in abortion cards (for political reasons) in 1998, the quality of the Abortion Registry was affected for two decades, no linkage studies were possible.

Since 2019, after couple of years of discussions, fertility preservation for medical reasons for men and women is covered by the Health Insurance. Six intrauterine insemination procedures are also covered by the Health Insurance from 2019 (earlier women had to pay for this themselves).

In Estonia the Chancellor of Justice is an independent official whose duties are to ensure that the legislation valid in Estonia would be constitutional and that the fundamental rights and freedoms of the Estonian people would be protected. In February 2019 the Chancellor of Justice founded the Chancellor of Justice's Advisory Committee on Human Rights, with the expectation of providing both information about potential violations of human rights, and research-based support in resolving any complicated issues that may arise. The Committee of 50 persons includes specialists in sexual and reproductive health and rights. This initiative has resulted, among others, publishing and promoting the first compendium of the area of human rights **in Estonian language: "Inimõigused" ("Human Rights"). One chapter is dedicated specifically to sexual and reproductive rights.**

4. Transferability aspects

4.1 FR Fact Sheet

Good practice transferability for Estonia:

1) To further sexuality education at schools, including the ideal of finding associations between different studies: human studies, history, civil/citizenship studies, religion

studies, human geography; to map the inconsistencies in provision of the education across Estonia, to provide continuous teaching for the teachers of Human Studies and ensure motivating salary.

2) It is essential to further and support the existing free and anonymous sexual and reproductive health and rights internet counselling (established in 1998) with emphasis of quality and accessibility. The current interdisciplinary team consists of 40 specialists, the activity undergoes regular audit, common education and supervision.

3) Until now female genital mutilation is hardly existing in Estonia. There should be awareness and preparedness to deal with this violation of rights. International experience is extremely valuable.

4.2 BE Fact Sheet

Good practice transferability for Estonia:

1) To consider free contraception provision for young people and minority groups (migrants, unemployed), including emergency contraception (EC) (there is no Health Insurance coverage, since EC is OTC).

2) Awareness raising about human fertility and contraception among general public and professionals is a continuous activity, new generations should have access to evidence-based information via channels comfortable for them. Teaching materials need continuous and co-ordinated update and resources should be allocated for that.

3) Disseminating guidance among general public and professionals about contraception services, information and education is a continuous activity needing appropriate resources to be sustainable.

5. Conclusions and recommendations

5.1 National level recommendations

- To ensure that legislation and programmes affecting people's sexual lives are based on well-conducted population-based research on sexual behaviour and guided by human rights, not on decision-makers' personal beliefs, opinions or religious dogmas.[10] Input of ethics specialists should be more prominent hereby.
- To further sexuality education at schools, reduce the inconsistencies in provision and quality of the education across Estonia, support teachers' continuous education and motivating salary. Implement provision of education in schools solely in Estonian language as soon as possible, ensure resources for that. To allocate funds for educating the needed amount of teachers and ensure fair salary for them (there is a critical lack of teachers in the schools). Teaching about human sexuality and sexual and reproductive rights should be included in professionals'

[10] https://escrh.eu/wp-content/uploads/2019/11/ESC-Position-Paper-LV-October.pdf

education (health and medical/social professionals, future educational specialists and judicial experts).

- To further the well-functioning holistic youth SRH counselling services, ensure their stable financing and co-operation with local schools and governments.
- To stop the discriminative regulation where women have to pay for pregnancy termination (this service is not fully covered by the Health Insurance). To introduce telemedicine as one option of abortion services. To consider free contraception provision for young people and minority groups (migrants, unemployed), including emergency contraception.

5.2 European level

- To further comparable data collection systems about SRHRs in EU countries.
- To further possibilities of scientific research about SRHR matters in EU countries.
- To support common activities and information sharing between the European professional organisations (like the European Society of Contraception and Reproductive Health) and the relevant EU institutions, European regulatory institutions (like the European Medicinal Agency), international organisations (like WHO) and country representatives (NGOs in co-operation with governmental bodies).

Additional resources

Additional sources: Ketting E, Ivanova O. Sexuality education in Europe and Central Asia: state of the art and recent developments. An overview of 25 Countries. Cologne: BZgA, 2018.

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