Reducing unwanted pregnancies in Greenland

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ABSTRACT

Objectives. In 2002 the number of births in Greenland was 940 and the number of abortions 821. The Home Rule Government in Greenland and PAARISA, The Department of Health (Ministry of Health) have the goal to reduce the abortion rate in Greenland with 50% within the next 5 years. In spring 2003 an internal campaign was carried out in 8 communities/hospitals: Ittoqqortoormiit, Upernavik, Ilulissat, Aasiaat, Maniitsoq, Paamiut, Narsaq and Qaqortoq. The aim of the campaign was to recognize the problems and wishes for the future effort from the perspective of professionals (health professionals, teachers, preventive workers). Study Design. Descriptive analyses of possibilities and barriers among professionals and lay people. Methods. Participating observations, individual and group interviews. Results. Though there are local variations, many problems are identical in the different communities. The general problems are related to collaboration, sexual supervision, education and mediation, contraceptive methods, access to contraceptive methods and moral standards in communities and the society in general. Conclusion. Increased collaboration between professionals, lay people and key persons in the community; improved quality and focus on sexual education; awareness on contraceptive methods used; new strategies in access to (desirable) condoms and increased focus on the problems related to unwanted pregnancies in society.

Keywords: abortion, unwanted pregnancy, sexual education, contraceptive methods, Greenland

INTRODUCTION

For several years, the abortion rate in Greenland has been nearly as high as the birth rate (Figure 1) (1), and unwanted pregnancies are still a big public problem (2-5). In 2002 the number of births in Greenland was 940 and the number of abortions 821 (1). The Home Rule Government in Greenland made it its goal to reduce unwanted pregnancies and abortions with 50% within 5 years.

In 2002 PAARISA, The Department of Prevention (Directorate of Health) made different initiatives, e.g. a short story contest and a media campaign. In spring 2003 an internal campaign took place in 8 communities/health centres/hospitals. The campaign was carried out in Ittoqqortoormiit, Upernavik, Ilulissat, Aasiaat, Maniitsoq, Nuuk.
Paamiut, Narsaq and Qaqortoq. The aim of the campaign was to recognize the problems and wishes for future efforts from the perspective of professionals working together with PAARISA: health professionals, teachers, preventive workers etc.

**MATERIAL AND METHODS**

The theoretical and practical starting point of the project was based on the concept of Empowerment (6), Ottawa Charter (7), the PRECEDE-PROCEED model by Green and Kreuter (8), Stages of Change by Prochaska and DiClemente (9) and the three dimensional framework by Peiró et al (10).

Two project collaborators produced the results from the internal campaign through participating observations, individual interviews, and mainly through group interviews. The aim was to focus on possibilities and barriers from the perspective of professionals and lay people. More than 200 people were involved in 11 group meetings, 10 individual meetings, 8 individual interviews and 12 group interviews during the project period 1 February – 1 May 1 2003. Various people were involved, e.g. chief medical doctors, chief nurses, nurses, midwives, unskilled workers, social workers, teachers, pupils and women who had had an abortion.

**RESULTS**

The results appeared in two fields: local and general. The local results were closely related to a particular place, and did not have much interest for other settings/areas.

On the other hand, the results of general interest were related to:

- Collaboration
- Sexual supervision, education and mediation
- Contraceptive methods
- Access to contraceptive methods
- Moral standards in communities and society in general

**Collaboration**

In many places, collaboration among health professionals or collaboration between health professionals, teachers and preventive workers was a very big problem. People either did not know or did not respect what the other professionals were doing.

**Sexual supervision, education and mediation**

Sexual education and supervision were often insufficient. It appeared that the education in schools at different levels was casual and mainly related to the teacher’s decision; some had e.g. heard of adolescents teaching adolescents (11), and wanted to introduce the method. An overall plan as to WHO was teaching WHOM in WHAT and WHEN did not exist.

In hospitals and health centres, procedures related to pregnancy, abortion and distribution of contraceptives were either missing or accidental and related to the staff’s know-how. This is a considerable problem closely related to the big replacement of health professionals in Greenland.

**Contraceptive methods**

Preventive workers from three municipalities in South Greenland had results from a small study carried out in Narsaq. Adolescents did not like the "tobacco packets" (condoms) offered at the health centre/hospital. They wanted condoms to be desirable: flavoured, in neon colours and in small packets one could have in a pocket. Other remarkable results were the fact that there is very little focus on sterilisation of men and the use of the morning-after pill. The focus was mainly on women, not the role of the man or the couple.

**Access to contraceptive methods**

In Greenland contraception is free of charge, and everybody can in principle get it at the hospital/health centre. The results did, however, demonstrated a wish for improved access to condoms. They should be accessible in sports centres, schools, village halls and other places were young people in particular spend time. The fact that contraception is free of charge leaves the de-
cision about the contraception used to professionals/central administration. New contraceptive methods, e.g. the Nuva Ring, are not accessible in Greenland.

Moral standards in communities and society in general

The professionals were very well aware of the positive effect related to key figures/inspirational figures involved in the local debate as well as in the media, e.g. talk shows on television. They mentioned problems related to the use of alcohol, particularly binge drinking. Furthermore, they were aware of pregnancy problems related to rape and mentioned other cultural aspects, e.g. a culture where young girls become mothers because their own mothers find it positive to become a grandmother.

DISCUSSION

Though focus on unwanted pregnancies is seen from the perspective of professionals, it has become very clear that it can only be solved if women, men, key persons and society in general focus on it as a problem. However, it is important for professionals to work positively on the following areas:

- Increased collaboration. Not only between professionals, but also with lay people and key persons/groups in the community.
- Improved quality and focus on sexual education/supervision in schools, hospitals, health centres and the media.
- Awareness on contraceptive methods (including new methods) used in Greenland
- New strategies in access to (desirable) condom

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