

**Awareness and choice of usage
regarding free-of-charge
contraception methods provided
by the city of Helsinki among
Vietnamese women living in
Finland.**

A quantitative research

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<p>As the importance of sexual and reproductive health is globally taken into more serious consideration, the need for higher level of awareness about contraception methods and related services needs to be addressed.</p> <p>This study aimed to measure the level of knowledge among Vietnamese women living in Helsinki regarding free-of-charge contraceptives as well as their choices of usage. The study result was meant to provide authorities as well as educational institutions with data for improvement of campaigns and/or guidelines about contraception methods.</p> <p>The study was conducted using quantitative method in order to gather a large number of responses within a short period of time. A questionnaire consisting of nine (9) questions was published to a online fanpage of Vietnamese community in Finland. After the time period of ten (10) days, the questionnaire received one hundred and fifty two (152) responses. Data was presented and analyzed in number and percentage for consistency and comparison.</p> <p>The collected result showed that the targeted group acquired very little knowledge about the contraception service offered by Helsinki authorities. The trend the contraceptive choice showed clear favors towards popular methods such as condoms and contraceptive pills. This trend could be explained by respondents' preference to attain a type of affordable, accessible, reliable and hypoallergenic contraceptive.</p> <p>With education as its main purpose, the study may come in handy for authorities and institutions to study awareness of women about provided services. A larger scope and/ or area can be researched to demonstrate higher level of generalizability.</p>		
Keywords (subjects) Sexual health, contraceptive, contraception method, Vietnamese women, Helsinki, service		

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1 Introduction

One of the most crucial elements that have impact on one's sexual health is contraception. According to WHO (2018), modern contraception methods are not used by 214 million women within the reproductive phase who wish to prevent pregnancy in developing countries. The use of contraception allows women and couples to plan when to have children and decide on how many to have. This includes milestones when they want to begin and cease having children as well as how far apart the children are from each other. The delay or spacing between children is ideal for women and men to pursue their educational or career goal for the future, thus gives them the opportunities to increase their earning (New Zealand Family Planning, 2013). In addition, with lower number of children in the family, parents would have more to not only invest in each child but also in themselves as a couple. This will eventually enhance physical health, mental health and overall wellbeing of the family.

Besides, family planning and contraception also play a vital role in reducing the number of cases of unsafe abortion. The ability and freedom of women to choose when to get pregnant has a downright influence on her overall and sexual health (Ngoc, 2017). For instance, researches have shown evidences that women with more than four children are at higher risk of maternal mortality (WHO, 2018). By not having children too early, too late, too often and too many, maternal complications as well as related mental health problems in women can be avoided (Ngoc, 2017). Besides, the overall health of the newborn babies can also be maintained.

Comparing between Vietnam and Finland, there is a huge difference in terms of not only contraception education and guidance but also the trend in use of contraception methods. Therefore, in this study, the author aimed to examine the level of awareness among Vietnamese woman living in Finland regarding free-of-charge contraceptives provided by the city of Helsinki as well as their contraception choice of use.

2 Concept clarification

2.1 Sexual Health

Sexual health is a crucial element for not only physical but also mental health. However, the definition of this term has been changing during the past few decades. Thus, the understanding of such term has expanded and matured in very fascinating ways (Edwards and Coleman, 2004).

WHO's first definition for sexual health dated back to 1974 when a report generated for healthcare professionals to train on human sexuality education and treatment was published. According to this technical report, sexual health was defined as a combination of human being's "somatic, emotional, intellectual, and social aspects" that enriches and enhances one's characteristics, expression and affection. Later in 1994, sexual health was included in the definition of reproductive health in a report from the International Conference on Population and Development (ICPD). This definition implied one's ability to have and enjoy sexual intercourse as well as to reproduce as desired. The purpose of this statement is to emphasize the need to enhance one's life and personal relationships beside the counsel and care regarding solely reproductive conditions and sexually transmitted diseases (STD). During the following decade, the quality of sexual and reproductive health care was taken into serious consideration while a global recognition of burdens regarding sexual health as well as awareness about social stigma and discrimination was reported to be on the rise. Within the time period from 2002 to 2010, more refined definitions of sexual health and related concepts were published and updated in order to assist governments addressing the problems with better laws and policies (Sexual health and its linkages to reproductive health: an operational approach, 2017).

"Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having

pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

2.2 Women’s sexual health

Sexual health is crucial to both men's and women's physical and mental wellbeing. However, due to biological features and social issues, it has been widely regarded that poor sexual health management has a much greater effect on the side of women. For instance, domestic violence may lead to miscarriage, undesired pregnancy or prevent women from receiving appropriate health treatments. In addition to that, although maternity is considered a unique and wholesome privilege, the mother is often put under major health problems (Fathalla and Fathalla, 2017). The burden on women also concerns STDs, infertility, miscarriage as well as post-partum depression.

As stated above, beside the absence of diseases, sexual and reproductive health also regards overall wellbeing, which is a combination of safety from violence, respect from partner and immunity of stigma and discrimination (Women’s sexual and reproductive health Key priorities 2017–2020, 2017). Regarding sexual health problems, although the majority of which present as burdens during reproductive phase, they may pose long-lasting issues on women’s health. With all these needs, together with supportive laws and policies, an accessible, informative and affordable sexual health system plays an undeniable role in providing women with high quality therapy, treatment and services.

2.3 In Vietnamese culture

Women’s general health and healthcare in Vietnam has been undoubtedly enhanced in the past few decades. However, improvement within the health care system has not been even for all segment of the population and this level of inequity is expected to keep increasing (Chuong et al., 2018). Regarding

women's reproductive health, the use of contraception methods is tightly connected to one's age, education background, partner's decision, place of residency, monthly income and social norms (Hoang et al., 2018). Education and financial background are two fundamental elements that have great impact on women's consideration regarding sexual health. Besides, the fact that Vietnamese women suffer significantly from social stigma and power dynamic within relationships concerning sexual partner, family and partner's family is also an obstacle that prevents women from getting help when needed. In conclusion, although there has been an improvement within the healthcare system, inequity still exists and awareness about sexual and reproductive health among Vietnamese women could still be improved.

Regarding sexual health education in Vietnam, lessons about the reproductive system of the human body have been included in the teaching program for secondary school students. However, safe sex and related issues such as choices of contraceptive methods as well as their side effects have never been introduced officially to students. Watanabe et al., 2014 stated in a conducted study that instead of courses and guidance from school, social media such as television and magazines are regarded as the main sources for sexual health knowledge. This proves the fact that social norms and conservative traditions in Vietnam still have a huge impact on the availability and access of information. The consideration that sex is a sensitive subject and should not be taught to students of young ages is still very popular in Vietnam. This mindset together with the fact that parents are reluctant to discuss openly about such issues with their children often result in undesirable consequences.

3 Free-of-charge contraception methods provided by the city of Helsinki

3.1 Services in Helsinki

After a long debate, the proposal to enhance and expand free contraception programme for residents under 25 years old was approved by the Helsinki City Council on January 2018 (Teivanen, 2018). One can start contraception at health stations, maternity clinics, upper secondary educational institutions, universities as well as university of applied sciences.

For those under the age of 25, including non-local residents choosing Helsinki health center services and those who have used contraception before, the city of Helsinki offers free-of-charge contraceptive pills or vaginal rings for one year of use, or a copper/ hormone IUD or an implant up to the age of 25 (Helsingin kaupunki, 2019).

For everyone, the city of Helsinki offers free-of-charge the first placement of an IUD or implant. Free condoms as well as information and counsel are available from health care units. Clients suffering from substance abuse or clients who undergo abortion also receive implants and IUDs for free (Helsingin kaupunki, 2019).

3.2 Long Acting Reversible Contraceptive (LARC)

LARC stands for Long Acting Reversible Contraceptive. LARCs are 99% effective in protecting users from getting pregnant. LARCs can have long-lasting effect from three to five years depending on the type. Although it is not the leading choice of women, the use of LARCs has been reported to be on the rise (American Sexual Health Association, 2019). LARC includes intrauterine devices (IUDs) and implants. This method is highly recommended due to its reliability. A research has shown that LARCs are 20 times more effective than contraceptive pills, patch or vagina ring. A combination between

LARC and condom is the best way to protect couples from STDs as well as pregnancy.

Intrauterine devices (IUDs): An IUD is a small sized T-shaped device which healthcare professionals insert into women's uterus. This device prevents pregnancy by inhibiting sperm from fertilizing an egg. It can be fitted anytime during a menstrual cycle as long as client is not pregnant. It can also be taken out anytime by a trained healthcare provider and pregnancy is possible right away. Infection risk after fitting has been detected but at a considerably low rate.

The two types of IUDs are:

- *Hormonal IUD:* the plastic device release the hormone progesterone to prevent pregnancy. It works by thickening the cervical mucus to prevent sperm from passing through as well as thinning the womb lining to prevent egg to implant itself. Some common side effects are mood swings, skin problems and breast tenderness (NHS, n.d.).
- *Copper IUD:* the plastic and copper device releases copper to prevent pregnancy. It is also referred to as a 'coil' or 'copper coil'. Client may experience heavier and longer period as well as bleeding or spotting in between as side effects (NHS, n.d.).

Implants: An implant is a small flexible plastic thin rod that is inserted under the upper arm skin by a trained healthcare provider. A slow, steady dose of the hormone progestin is release in order to thicken the cervical mucus and thin the uterus lining. In some cases the implant also suppresses ovulation. Common side effects are decreased level of sex drive, abdominal and/or back pain, unstable pattern of bleeding and spotting, dizziness and mood swings (Mayo Clinic, 2019).

3.3 Hormonal methods

Contraceptive pills: One of the most popular contraception methods among women is oral contraceptives (OCs), also known as the pills. OCs inhibits ovulation as well as prevents egg implantation and sperm transport by producing unreceptive endometrium and thickening the cervical mucus.

Two types of OCs are:

- *Combined oral contraceptives* that contains both hormones estrogen and progestin. Depending on the type and formulation, there are many patterns to use combined pills. It is safe to use combined pills in years with very low to no risk of complication. The pills also have positive impact on menstrual cycle such as fewer premenstrual symptoms and lighter bleeding. Common side effects are spotting between periods, decrease level of libido, nausea and vomiting (Oral Contraception, 2012).
- *The minipill* that contains only progestin. Minipill can be helpful for clients who find estrogen intolerable or have contraindications against it. This type of progestin-only pill must be taken at the same time every single day with no interruption. If the pill is taken three or more hours late, back up methods such as condoms are necessary in the next 48 hours. The most common side effect is irregular menstrual cycle. Some women may suffer from periods that last for weeks while others may not have period for a few continuous months (Oral Contraception, 2012).

Vaginal contraceptive ring: Comparing to contraceptive pills, vaginal rings were designed and developed to have the same reversible effect but with a more convenient usage in order to achieve higher level of reliability (Vaginal Contraceptive Ring, 2012). Vaginal ring, or NuvaRing, is a small soft transparent plastic ring that is placed into one's vaginal. The ring works by releasing a steady dose of oestrogen and progestogen into the bloodstream. These hormones prevent pregnancy by inhibiting the release of an egg each month and creating hostile environment for sperm transport and egg

implantation (NHS, 2018). For standard use, a vaginal ring can stay in the vaginal for three weeks and a new ring must be fitted in place one week after the old one is removed (Vaginal Contraceptive Ring, 2012). The ring has 99% effect if used correctly. It may have positive effect on menstrual cycle. However, common side effects such as irregular discharge or headache still exist. In case the ring dislocates itself, it should be rinsed and inserted back with clean hands as soon as possible.

Contraceptive patch is a small sticky patch that prevents pregnancy by releasing a stable small dose of oestrogen and progestogen into the body through the skin. The patch works in the same way as combined contraceptive pills due to the same containment of hormones. User must change the patch every week for three weeks and then have one-week break without a patch, during which withdrawal bleeding may happen. The patch should be put on clean and not too hairy skin areas. Change of area after each patch is recommended to prevent skin irritation. The patch can be worn even during a bath, a swim or heavy exercises. The patch is reported to have positive effect on menstrual cycle. However, it can raise blood pressure and is not recommended to women who smoke, who are over 35 and who are heavier than 90kg (NHS, 2018).

3.4 Barrier methods

Male condom is a thin sheath made of either rubber or latex that is rolled on the erect penis right before intercourse. It prevents semen from entering the uterus and has 95% effect if used correctly. This method can be used by everyone and no medical examination is needed in advance (Jain and Muralidhar, 2011). The male condom is a popular choice due to its affordable price, easy usage and the fact that it also provides protection against STDs. However, major drawback of this method includes compliance and incorrect use. Checking the condom before use (expiration date) and after use (for leakage) is crucial.

Female condom is a latex or synthetic latex vaginal pouch with one ring at each end. It works like an anchor with the ring at the closed end fitted inside

the vagina (Jain and Muralidhar, 2011). The female condom protects user from STDs and pregnancy the same way as the male condom. However, it is much less popular due to its price, availability and discomfort experienced in some users.

4 Aim, purpose and research questions

The objective of this study is to find out the level of knowledge and choice of usage regarding free-of-charge contraceptives provided by the city of Helsinki among Vietnamese woman. The study result may provide authorities as well as educational institutions with insight for campaigns and/or guidelines about contraception methods.

Research questions:

- What is the level of knowledge about free-of-charge contraceptives provided by the city of Helsinki among Vietnamese women?
- What is the choice regarding contraception method among Vietnamese women and why?

5 Research process

5.1 Methodology

A quantitative research utilizes and analyses numerical information using statistical methods (Quantitative Research Module, n.d.). Quantitative data emphasizes on quantity as well as statistical patterns. The data is mostly in form of numbers and the analysis counts and evaluates them in order to draw a conclusion. In comparison to qualitative method, samples in larger size are usually involved and analyzed in order to provide a wider picture on the subject (Lancaster University, 2016).

Quantitative method was chosen for this thesis work due to its characteristic as “scientific in nature” (Eyisi, 2016). The use of statistical approach and analysis reduces a considerable amount of time and effort to conduct the survey. Besides, the use of internet and online questionnaire in data collection and analysis phase allows the quantitative method to eliminate the author’s bias towards any component of the study (Eyisi, 2016). Lastly, respondents of the questionnaire remain anonymous, which allows no compromise, assumption or stereotype towards their answers.

5.2 Data collection

An online questionnaire containing multiple-choice questions was used to collect data in this study. The questionnaire was in Google Form platform and in English language. During the time period from October 24th, 2019 to November 2nd, 2019, the questionnaire was exposed to Facebook group WTF – Welcomed to Finland, which is a community fan page of Vietnamese people living/ going to live in Finland consisting of approximately 18600 members.

The questionnaire was conducted using author’s own knowledge regarding the topic, studies of NHS as well as guidelines from the city of Helsinki. The questionnaire consisted of nine (9) questions in total, all of which were multiple-choice questions. The first question was about respondent’s background to qualify the rest of his/her response since the target of this questionnaire is limited to Vietnamese women living in Finland. There were five (5) questions regarding knowledge about free-of-charge contraceptives and services provided by the city of Helsinki and three (3) questions regarding respondents’ choice of contraception method. For every multiple-choice question, the answer “I do not know” is provided to single out possible guesswork from respondents.

5.3 Participants

The target group for this questionnaire is Vietnamese women living in Finland. Respondent from all age group is welcomed. Within the time frame of ten (10) days, a minimum number of one hundred (100) qualified respondents was aimed for this questionnaire.

5.4 Data Analysis

The data was collected and analyzed by Google Form platform. Collected responses were counted and showed as percentage. This way the distribution of variables can be easily compared.

Since the process of analyzing a quantitative research mostly bases on interpreting data statistically, the use of visual aids has proven to be of great help. According to JAMK's Project Reporting Instruction (2014), illustrations, tables, figures and examples can be included in written reports if they are closely connected to the emphasized matter. Due to its nature of being a more revealing data tool, figures are used in this thesis instead of tables to depict gathered information. Figures are defined as "all visual depictions of information, with the exception of tables" and they serve as a supplementation or reduction to the text, rather than solely a repetition (Jyväskylän ammattikorkeakoulu, n.d.). The most used figure type in this research is pie chart because it is an ideal way to display categorical data (Freeman and Julious, n.d.). However, bar chart was also used in order to make interpretation easier when more than five (5) categories of concern are presented.

6 Research results

During the survey period of ten days, responses were collected from one hundred and fifty two participants (N=152).

The first question were to identify if respondent was a Vietnamese women living in Finland. There were five (5) respondents who answered 'No' to this question, thus were directed to skip all other questions and submit the questionnaire. 96,7% of the respondents (147 in number) answered 'Yes' and continued.

Are you a Vietnamese female respondent living in Finland?

152 responses

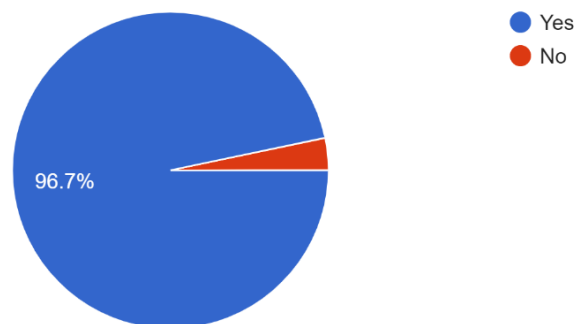


Figure 1 The number of qualified respondents in percentage

6.1 Knowledge regarding contraceptives provided by the city of Helsinki

The first question was about free-of-charge contraceptives provided to clients under the age of 25 by the city of Helsinki. Respondents were given a check box question with which they may choose more than one answer. The correct answer to the question is 'All of the above'. As shown in Figure 2, a high number of 67 respondents (45,6%) answered that they did not know while only 24 respondents (16,3%) ticked the right box 'All of the above'. 56 other respondents chose one or more answers from the given availabilities, with condoms and contraceptive pills/ vaginal ring for one year being the two most popular choices.

Which of the following contraceptives are offered free-of-charge to those under the age of 25? (You may choose more than one answer)

147 responses

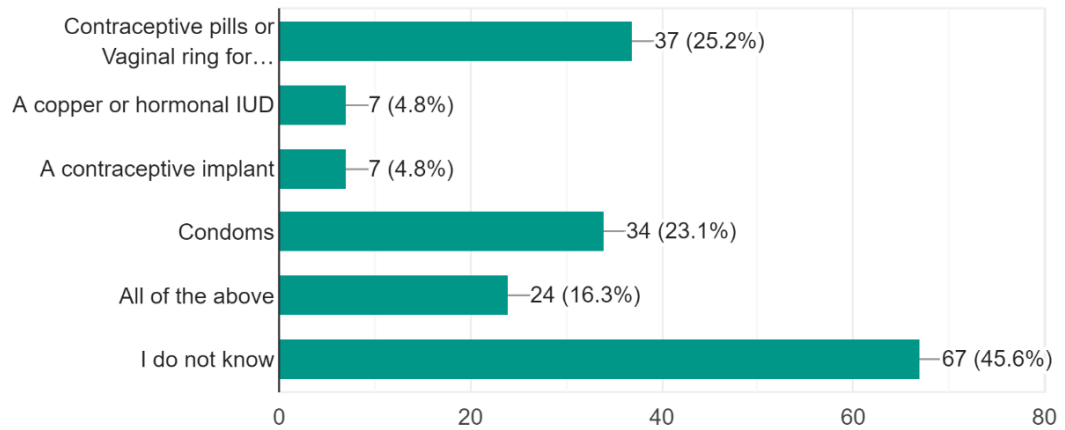


Figure 2 Knowledge of respondents in number and percentage regarding free-of-charge contraceptives offered to those under the age of 25

The second question regards free-of-charge contraceptives offered to everyone by the city of Helsinki. For this question, more than half of the respondents (55,8%) claimed that they did not know. 6 respondents (4,1%) chose 'All of the above' and 23 respondents (15,6%) chose 'Contraceptive pills or Vaginal ring', which are wrong answers. Correct answers including 'A copper or hormone IUD', 'A contraceptive implant' and 'Condoms' were chosen by 4,8%, 3,4% and 29,3% respectively.

Which of the following is offered free-of-charge to everyone? (You may choose more than one answer)

147 responses

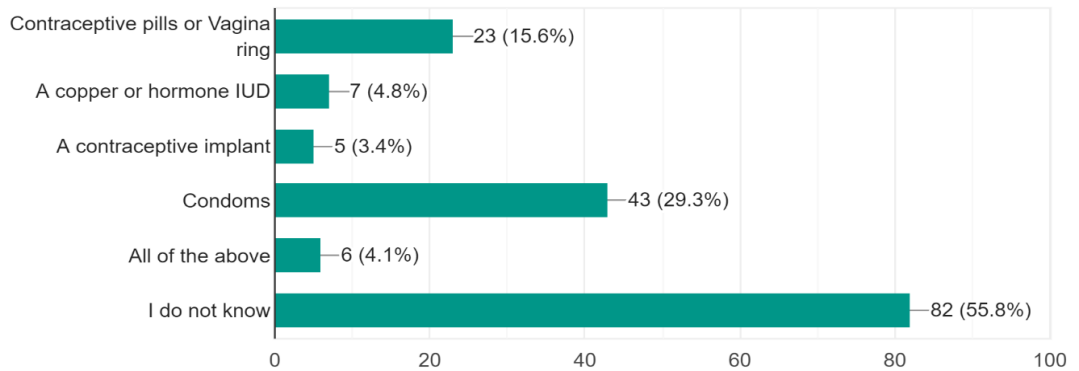


Figure 3 Knowledge of respondents in number and percentage regarding free-of-charge contraceptives offered to everyone

The third question is about clients' residency. More than half of the respondents (54,4%) did not acknowledge whether one needs to reside or study in Helsinki to receive free-of-charge contraceptives. 36 respondents (24,5%) chose 'Yes', which is wrong and only 21,1% chose 'No', which is the right answer.

Do you need to reside or study in Helsinki to receive free-of-charge contraception?

147 responses

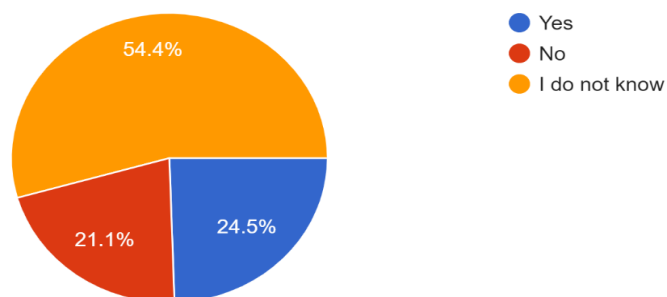


Figure 4 Knowledge of respondents in percentage regarding whether one needs to reside or study in Helsinki to qualify for the service

The next question regards whether a client can receive free-of-charge contraceptives if he/she has used contraceptives before. 59,2% of respondents claimed they have no knowledge about this issue. 11,6% chose 'No', which is the wrong answer. Approximately 30% of respondents chose 'Yes', which is correct.

Can you receive free-of-charge contraception if you have used contraceptives before?

147 responses

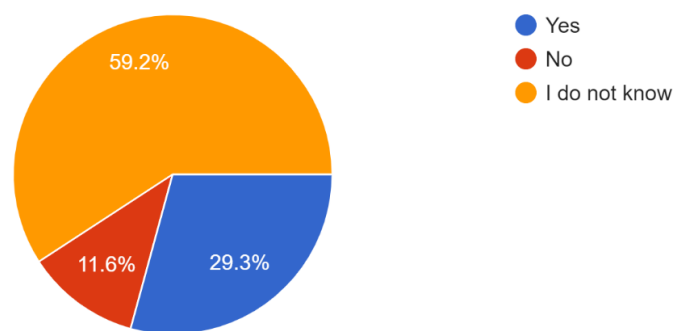


Figure 5 Knowledge of respondents in percentage regarding history of contraceptive usage to qualify for the service

Answering the last question of the section, only 53 people claimed that they received free-of-charge contraceptives offered by Helsinki authorities while 94 people (63,9%) said that they have never experienced the service.

Have you ever received free-of-charge contraceptives provided by the authorities of Helsinki?

147 responses

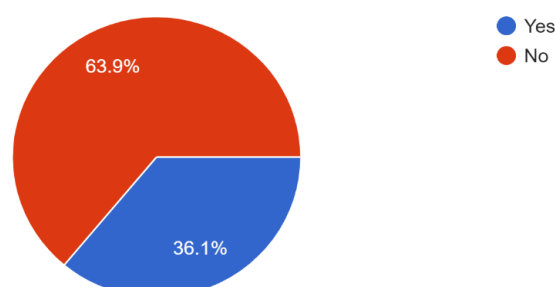


Figure 6 Number of respondents who have experienced the service offered by the city of Helsinki in percentage

6.2 Contraceptives choice

The next section of the questionnaire focuses on respondents' choice of contraception method. The first question regards most important aspects that affect one's choice of contraceptives. Respondents were given a checkbox question and could choose up to three answers. The two most popular reasons were body compatibility and reliability, which were chosen by 112 and 78 respondents respectively. Price and availability were also considered crucial since the former received 62 and the latter received 55 votes. Besides, 12 people claimed that they took recommendation from friends and family, 8 people depended on partner's decision and 1 respondent had other reasons for her choice.

What are the most important aspects that affect your choice of contraceptives? (Please choose NO MORE THAN THREE boxes.)

147 responses

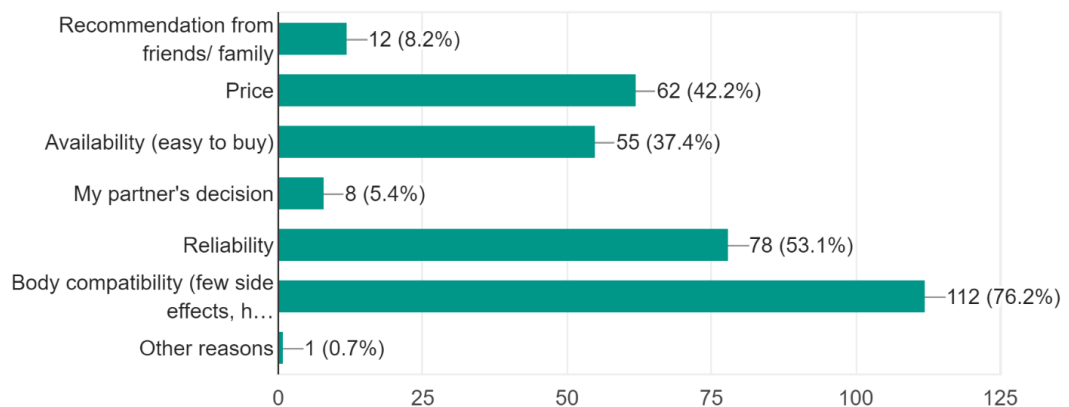


Figure 7 Respondents' reasons for contraceptive choice in number and percentage

The second question asked if respondent was using any type of contraceptives at the moment. 96 people said yes, 48 said no, while 3 respondents stated that they were unwilling to give their answer. The respondents who clicked 'No' and 'I am not willing to answer this question' were then immediately directed to submit the questionnaire.

Are you using any type of contraceptives at the moment?

147 responses

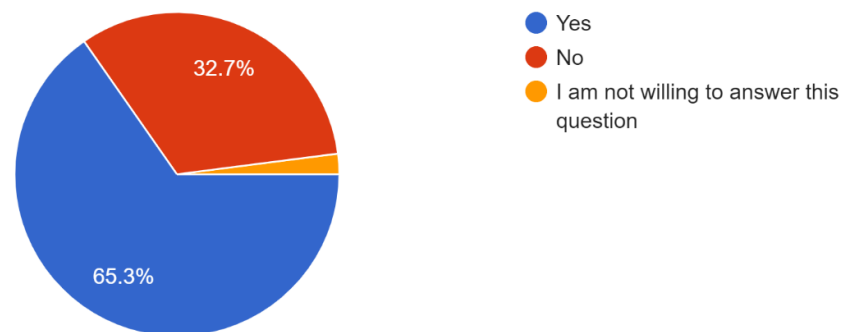


Figure 8 Number of respondents who were using contraceptive in percentage

After the second question, only 96 respondents who were using contraceptive were directed to the last question, which asked for their choices of contraceptive at the moment. The two most common choices of usage were condom and contraceptive pills, chosen by 45 and 34 respondents respectively. Contraceptive implant was used by 6 people (6,3%) while hormonal IUD received 5 votes (5,2%). Copper IUD, contraceptive patch and vaginal ring were the least popular choices and were chosen by only 3, 2 and 1 respondent respectively.

If yes, what is your choice of contraceptive at the moment?

96 responses

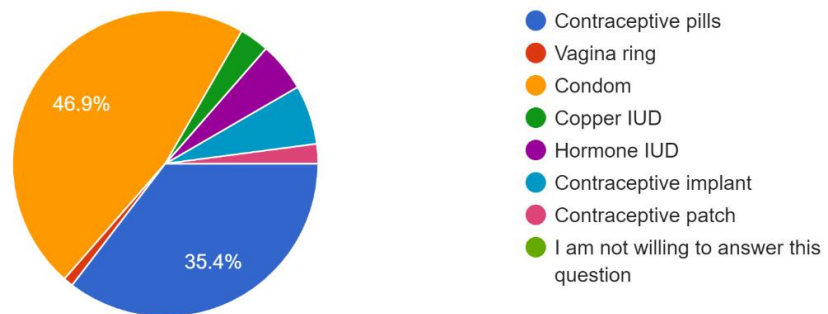


Figure 9 Respondents' choice of contraception method in percentage

7 Discussion

7.1 The result of the study

Throughout the first part of the questionnaire, it has been clear that participants had a very poor level of knowledge about the concerned issues. Regarding the service offered by the city of Helsinki, there were three out of four questions where over half of the respondents admitted not knowing the correct answers. Beside that, a large number of participants failed to select the range of free contraceptives that one is entitled for according to the service age limit. Although a great variety of choices were provided for women, most respondents only acknowledge that condoms are available for their usage. Out of 147 participants, only 31 know that one does not need to be a residence or student of Helsinki to get access to the service, while 43 acknowledge that one is still qualified for the service even if they have history of using contraceptives before. This lack of awareness may prevent women from their possibility to alter their habits of contraception usage as well as improvement of their sex life.

Regarding participants' choice of contraceptives, reliability and body compatibility were considered important aspects by more than half the

respondents. In addition, price and availability ranked 3rd and 4th as common reasons for using habit. Recommendation from outsiders and partner's decision were taken into consideration by only a small number of respondents. The result of this question shows that the population have their health as priority when it comes to contraception before other issues such as financial matter and social aspects come into consideration. Women prioritizing their bodies above money issue and social stigma is a great sign of self love and this can be translated as a healthy way of thinking as inappropriate type of contraceptives may lead to undesirable side effects and prevent couples and especially women from enjoying their sex life.

According to the result of the second part of the questionnaire, 96 out of 147 participants were using contraceptives at the time. Condoms were the most popular choice as it was used by nearly half of the respondents. Another common choice were the contraceptive pills, chosen by 35% of participants. As condoms and contraceptive pills are considerably cheap and can be bought easily, this choice can be linked and explained by result of the above question. This result is also expectable as condoms are conventional and can protect users from STDs as dual effect while contraceptive pills with right usage offer a high level of protection and does not interrupt sexual intercourse. Other types of contraceptives such as implant, IUDs, patch and vaginal ring did not appear to be so popular, made up only approximately 17% of the answer altogether. The reason for this may be the fact that most of these contraception methods require a mini procedure and/ or appear to be more complicated to start or stop using comparing to condoms and pills.

7.2 Ethical Consideration

In every research study, it is crucial that human subjects are under sufficient protection of necessary ethics (Binti Mohd Arifin, 2018). Ethics refer to a principle system which have the ability to deal with and alter the decision making process (Fouka and Mantzorou, 2011). In case of a quantitative study, obtaining consent from participants is a major ethical issue and therefore extremely important. Such process consists of three stages. Firstly, the choice

to participate should be given freely. This means participation should be completely voluntary and subjects have full freedom to join or decline the research. Secondly, the issue should be explained in a clear way so that participants acquire full understanding and avoid further complications. Lastly, participants should be competent to give consent, which means they should have an adequate amount of information regarding the research as well as the ability to comprehend given explanation (Binti Mohd Arifin, 2018). Informed consent is meant to protect participants from assaults as well as their liberty and integrity (Fouka and Mantzorou, 2011).

JAMK's ethical guideline (2013) states clearly that it is essential for ethical standards to be strictly followed and this must be practiced throughout the process of student's research, from data collection, evaluation to discussion and conclusion.

The author understands that this study concerns a highly sensitive and personal issues. Therefore, during the conduction of this questionnaire, not only consent but also confidentiality of participants were taken into consideration. Participants were given careful conducted and clear explanation about the subject, including procedure, period, aim, purpose and targeted group of participants. Participants were free to make their own choices whether to decline or to answer the questionnaire. The platform of Google Form was used to efficiently protect respondents' confidentiality as no personal information could be traced back from their answer. Besides, the questionnaire was made short, simple and logical in order to not confuse respondents and single out guesswork. In addition to that, in the second part of the questionnaire, when personal and sensitive issue was in question, the choice of not giving an answer was available so that there is no force or pressure on respondents.

7.3 Validity and reliability

The ability to examine and assess quantitative study is essential for nurses due to the fact that implementation of data of such studies is included in evidence-based practice. Not only the results but also rigour of the study need

to be taken with serious consideration. Rigour indicates the extent of author's attempt to improve the quality of the study. Regarding quantitative research, rigour is attained by validity and reliability assessment (Heale and Twycross, 2015). Validity and reliability enhance the clarity while reduce insertion of author's bias (Mohajan, 2017).

Validity is the level of accuracy a concept is broken down and measured within a quantitative research (Heale and Twycross, 2015). In other words, validity refers to the strength of one's finding, conclusion or proposition and is the core of any trustworthy and solid assessment (Validity and Reliability, n.d.). There are three main types of validity, which are categorized as content validity, construct validity and criterion validity (Heale and Twycross, 2015). There are many ways to define content validity, but one is "the degree to which items in an instrument reflect the content universe to which the instrument will be generalized" (Straub, Boudreau et al. 2001). Content validity evaluates a study instrument to ensure the inclusion of crucial content and exclusion of unnecessary ones (Taherdoost, 2016). Construct validity is the level of success one achieves in translating or transforming the result of the studied concept or idea (Nguyen, 2017). A factor analysis conduction can be used to demonstrate construct validity (Roberts et al., 2006). Criterion validity, also called concrete validity, is the extent one measure relates to and/ or anticipates a result for other measures (Taherdoost, 2016). This type of validity comes in useful for behavior prediction within different situations.

For this study, the author attempted to create a brief but adequate questionnaire to cover the concerned issues. The content of the questionnaire was created and revised on the the basis of authority's guidelines. Previous quantitative studies done in the field of contraception was consulted in order to offer simple, essential and straightforward questions. In the answering section, the choice of "I do not know" and "I am not willing to answer this question" were available so avoid guesswork and motivate respondents to give honest answers. With the questionnaire, the author aimed for not only the data but also participants' realization of their lack of awareness, thus their eager to search for information regarding the concerned issues. The construction of the

questionnaire was considered simple, short and motivating according to a large number of participants.

Reliability refers to the extent of a measurement's stability, consistency and repeatability (Taherdoost, 2016). In other words, reliability is the level of replication that obtained result of the study can be reached (Nguyen, 2017). Despite the fact that precision in reliability calculation is hard to achieve, an estimation can be predicted by using internal consistency, stability as well as equivalence as measurements (Heale and Twycross, 2015). For this study, the author primarily aimed for one hundred (100) participants. In reality, the questionnaire received 152 responses. Since the study was created to target a certain group of people, it was emphasized in the question layout. The questionnaire was introduced to an online fanpage of Vietnamese people in Finland with over 18000 members, making a minimum of 100 respondents an achievable number. The questionnaire was created web-based, due to the fact that it saves time, money and can be accessed easily by the targeted population. Disadvantages of this type of one-way communication can be undesirable misunderstandings. However, the result and data collected from the study was handled with utter consistency and honesty. And with the mathematical nature of quantitative method, the accuracy and consistency of this study was demonstrated.

8 Conclusion and Recommendation for Further Studies

The study was conducted to cover and emphasize a sensitive but important issue among Vietnamese women living in Finland. The questionnaire was short and simple, however, the result was interesting and unexpected. The level of knowledge among Vietnamese women living in Finland regarding free-of-charge contraceptives offered by Helsinki authorities is significantly low. Most participants have no idea about the service provided by the city, of which they are the main target group. Regarding choice of usage, it was thought-provoking to see a serious gap between the popularity level of different choices of contraception methods.

The result of this study is no novel and it points out the severe lack of knowledge about concerned issue of the targeted group of participants. There is clearly a deficiency in education and guidance regarding an essential service that women are entitled to. The limitation of this study is its considerably small scope and number of participants. However, the study may as well serve its original purpose to provide data for authorities and educational institutions. A similar study with larger scope can be done to aim at different target groups in different areas of Finland in order to gain insights about this specific issue. The result can be of great help for authorities to better their guidelines and/ or campaigns in order to cope with the lack of acknowledgement, thus improving citizens' overall sexual health.

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Appendices

Appendix 1. The questionnaire

Questionnaire of Awareness and choice of usage regarding free-of-charge contraception methods provided by the city of Helsinki among Vietnamese women living in Finland.

My name is Thao Do, last year Nursing student in JAMK University of Applied Science. I am doing my bachelor thesis on Awareness and choice of usage regarding free-of-charge contraception methods provided by the city of Helsinki. The targeted group of participants are Vietnamese women living in Finland. This questionnaire is open from 24th October until 2nd November. Please feel free to take part in it. No personal data will be retrieved from or traced back to you in order to protect your confidentiality. The box "I do not know" is available so please avoid submitting guesswork. If you have any questions or misunderstandings regarding this questionnaire, do not hesitate to contact me at K2909@student.jamk.fi. Thank you for your cooperation.

1. Are you Vietnamese female respondent living in Finland?
 - a. Yes
 - b. No

Knowledge about free-of-charge contraceptives offered by the city of Helsinki

2. Which of the contraceptives are offered free-of-charge to those under the age of 25? (You may choose more than one answer)
 - a. Contraceptive pills or Vaginal ring for one year
 - b. A copper or hormonal IUD
 - c. A contraceptive implant
 - d. Condoms
 - e. All of the above
 - f. I do not know

3. Which of the following is offer free-of-charge to everyone? (You may choose more than one answer)
 - a. Contraceptive pills or Vagina ring
 - b. A copper or hormone IUD
 - c. A contraceptive implant
 - d. Condoms
 - e. All of the above
 - f. I do not know
4. Do you need to reside or study in Helsinki to receive free-of-charge contraception?
 - a. Yes
 - b. No
 - c. I do not know
5. Can you receive free-of-charge contraception if you have used contraceptives before?
 - a. Yes
 - b. No
 - c. I do not know
6. Have you ever received free-of-charge contraceptives provided by the authorities of Helsinki?
 - a. Yes
 - b. No

Choice of contraception method

7. What are the most important aspects that affect your choice of contraceptives? (Please choose NO MORE THAN THREE boxes.)
 - a. Recommendation from friends/ family
 - b. Price
 - c. Availability (easy to buy)
 - d. My partner's decision

- e. Reliability
 - f. Body compatibility (few side effects, hypoallergenic)
 - g. Other reasons
8. Are you using any type of contraceptives at the moment?
- a. Yes
 - b. No
 - c. I am not willing to answer this question
9. If yes, what is your choice of contraceptive at the moment?
- a. Contraceptive pills
 - b. Vaginal ring
 - c. Condom
 - d. Copper IUD
 - e. Hormone IUD
 - f. Contraceptive implant
 - g. Contraceptive patch
 - h. I am not willing to answer this question