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THE EXPERIENCES, KNOWLEDGE AND EDUCATION OF NURSES AND MIDWIVES ABOUT THE RAINBOW-FAMILIES IN NURSING PRACTICE

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The experiences, knowledge and education of nurses and midwives about rainbow-families in nursing practice

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The purpose of the thesis was to research the experiences of the nursing professionals in maternity care about rainbow-families. Furthermore, the purpose was to discover the professional knowledge and education that the nurses and midwives have about the non-hetero families, and the need for additional knowledge and education about this issue.

Data was collected via questionnaires with closed- and open-ended questions, within May-July 2010. The target group of the research was the midwife and nursing professionals working in maternity-, children's welfare- and family planning clinics in Kokkola, as well as delivery ward, and maternity- and gynecological policlinics of Central hospital of Central Ostrobothnia. The amount of returned questionnaires was 47.

The findings of the research showed that majority of the nurses and midwives have met rainbow-families in their work, and the interactions with these families were mostly positive or neutral. Furthermore, from the research emerged that the nursing professionals lacked sufficient professional knowledge as well as education concerning these families.

Key words
nursing professionals, education, experience, professional knowledge, rainbow-families

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1 INTRODUCTION

In the modern Finnish society, a family might not consist just of one mother, one father and their biological child or children. The family type has changed radically since 1970s. Therefore, the general presumptions in society have to change especially in the field of health care. This means that the behavior and attitudes towards the minorities should change, too.

A law that allows adoption within the family for registered same-sex parents became valid in the beginning of August 2009 in Finland. This is the step towards accepting the families of sexual and genre minorities which are called as rainbow-families. Rainbow-family is a name for a family where one or both parents belong to a sexual minority for example homosexual or bisexual. They can also belong to a genre minority which means that the person might have experienced sex repair treatments. Although the society is aware about homosexuals and transpeople and their attitudes are changing, it does not necessarily mean that their attitudes towards these minorities having children and raising a family are changing.

The health care workers who are working with the families should support these minorities in the family everyday life equally as any other family. Our public health care system has set up guidelines on ways to care for sexual minorities but it is interesting to find out if the guidelines do happen in practice.

The aim of this study was to find out the experiences of the nurses and midwives in Kokkola if they have sufficient information and knowledge about rainbow-families. Furthermore, this study was carried out to investigate the needs for more knowledge and education about these families. It is important in nursing to be familiar with the culture and the clients' lives.

This topic was chosen because it is common in today's society in Finland. It is interesting to find out the information in healthcare about rainbow-families. The purpose of this study was to increase awareness of the nursing professionals about the variety of families and the importance of providing equal care and

support for every family despite of the hetero-normative atmosphere in the Finnish health care system.

2 RAINBOW-FAMILIES IN THE SOCIETY

Every person has been born into some kind of family and has met a great number of different families during the years. In the Finnish family-barometer (2007), people perceived the concept of “family” as closeness, being together and psychological support. In addition, the new features that emerged were shelter, belonging to something, order in life and traditions compared to the results from 1997’s barometer. (Paajanen 2007, 1, 26)

In Finland, family is an important unit in the society which provides security based on the individuals’ close relationships and care. The society offers material and mental support for people in Finland to start and raise a family. (Sosiaali- ja terveysministeriö 2006, 12). Despite this, Finland lacks of consistency in researching and promoting legislations considering sexual and gender minority laws as well as coherent plan or bureaucratic bases supporting the new cultural phenomenon especially rainbow families’ rights. (Jämsä, 2008 60-61)

In Western civilisation, homosexuality and family have been seen as exclusionary terms. In 1994, less than half of the families in Finland were “normal” families which were formed in first marriage with two hetero parents and their children. This “ideal” image still denies the people to notice that love relationships, parenthood and living arrangements can be formed in different ways. Family can be thought to be a group of people who love and care for each other. (Lehtonen 1997, 105)

2.1 Rainbow-family

Rainbow-family is a term given to a group of families in which one parent or both parents are gay, lesbian, bisexual, non-hetero or transperson. Furthermore, a group of hetero-parents who desire to cross the traditional gender roles and traditional model of hetero core family in their own parenting and/or raising their children, define themselves as ones with a rainbow-family (Kuosmanen & Jämsä 2007, 13, 18).

Jämsä and Kuosmanen (2007) defined a core family as a family which is formed by two parents regardless of their sex, being in a relationship and children that the parents in the family have had together. Generally, the term core family has a very hetero-normative tone. New family is a family where the parents have children from previous relationships and might also have children together.

A clover family is a family with more than two parents, in which the fact that there are multiple parents has been planned from the beginning. These can be called tri-leaved clover families where there can be a women couple and a single man, or a men couple and a single woman as parents, or four-leaved clover families where there are four parents, a women couple and a man couple. Moreover, a term multi-leaved clover family is used to emphasize the amount of many parents. Some of the gay men and lesbian women have started to build a clover-family because there have been no other means (for example insemination, surrogate motherhood or adoption) to have children. Every clover-family is an individual family and there is a variety for example the living arrangements of the family members (Kuosmanen & Jämsä 2007, 20; Jämsä 2008, 40).

There are also families which are formed by one parent and a child/ children. One parent families used to be known as single parents but this is an outdated term. In one parent family, the sexual orientation is not as visible as in other families. (Jämsä 2008, 37)

2.1.1 Sexuality and gender

World Health Organization’s (1995) description of sexuality as a quality of a human nature; it is more than just intercourse with another person. Moreover, sexuality is human’s congenital ability to react physically and mentally to stimuli and experience pleasure. Sexuality is entirety of thoughts and fantasies which builds from sexual interest. According to Hermanson (2008), sexual orientation is more than just sexual interest on someone. It is emotional, romantic and sexual interest and every individual has it not only the sexual minorities.

Jämsä (2008, 31-32) described heterosexuality as having sexual, emotional and romantic interest and infatuation directed to opposing sex. Homosexuality is referred when a person has all the interest on same sex; the women are lesbians and men are gays. However, categorizing sexual orientation is important in order to respect the person's right of self determination which means that the person categorizes oneself based on one's experiences on own orientation.

Bisexuality is stated by Lehtonen (2000, 284) to be an orientation in which the person is emotionally, romantically and/or sexually interested on both the opposing and same sex as him- or herself. Therefore, bisexual people can have different feelings and desires towards different sexes. Nonetheless, a heterosexual person can have sexual thoughts and experiences with same sex as he or she is and yet does not think him or herself as homosexual or bi-sexual. The borders of the groups are not solid, meaning that these versatile individuals can have clear but complex personal experience of themselves.

A person can experience his or her psychological gender in many ways. These people are called transperson and this variety of type includes transgender, transvestite and intersexual. Transgender, which were previously called transsexuals, means that a person feels that he or she has been born into a wrong body. He or she has noticed this during the childhood and when grown up he or she desires to have a sex reassignment process which is a surgical operation but includes hormonal and cosmetic treatments. Some of the transgenders are living on the border of womanhood and manhood and do not require sex reassignment treatments. Transvestites are in most cases biologically men who feel a need to express their feminine role for example by dressing as a woman. They are the largest group of transpeople. Intersexuality is a congenital state where the physical or hormonal attributes that define sex are unambiguously neither of a man or woman. Approximately 20 intersexual babies are born in Finland every year (Jämsä 2008, 35; Ombudsman of Equality 2010)

2.1.2 Biological, juridical and social parent

Biological parent is a person from whom the child’s genes originally are from. A child can have only two biological parents who are biologically a woman and man. In practice, biological parenthood is followed by juridical parenthood for example sex reassignment process does not change motherhood to fatherhood or vice versa. In marriage, the husband is automatically the father of the child but otherwise the fatherhood has to be acknowledged by the authorities. (Aarnipuu 2005 10)

The juridical parent is a woman who is a child’s biological mother, a man married to the biological mother, man whose fatherhood has been acknowledged or a hetero couple who have adopted a child together. In addition, the term parent means socially committing and fostering a child and also being liable to provide care. (Jämsä 2008). Juridical or statutory guardian makes the decisions concerning the child and his or her finances. The guardian can also be other than a relative. The district court can order a person to be child’s guardian; thereby the biological mother’s partner, for example, could be a legal guardian before she could be a legal parent. (Aarnipuu 2005, 15)

Social parent/ guardian or co-parent is a parent without juridical or biological parenthood. She or he can be a partner of a biological parent and have an actual role as a parent. (Aarnipuu 2005, 39). Distance parents are described as the parents who do not live in the same address with the children. They are known as remote parents (Kuosmanen et al. 2007. 20)

2.2 History of the sexual minorities, and rainbow-families

Homosexuality was removed from the Finnish Criminal law in 1971. The age limit in sexual relationship was decreased from 17 to 16 years but in homosexual relationships the limit was drawn to 18 years by the churches’ and psychiatrists demand. Moreover, provoking to act was included into the law. When the Finnish radio had a program concerning discrimination of gay people in work, it leads to

legal actions because "they were trying to develop the rights of homosexuals in society". Although the case was dropped, censorship remained in YLE for years (Suomela 2009, 18-19).

Homosexuality was removed from the disease classification system of government of medicine (Lääkehallitus) in 1981. However, the "homosexuality that bothers oneself" stayed in the classification leading into using the words like "perversion" and "disorder". The school's sexual health education was modified so that it should not be based on moralizing or judgment, only on knowledge and responsibility. The first sexual therapists were educated by Sexpo and Väestöliitto (Suomela 2009, 19).

In 1994, Seta (Seksuaalinen tasavertaisuus ry) which is an organization supporting the sexual and gender minorities equality, founded a Trans- support group for transpeople and transvestites. In 1995, the discrimination of sexuality was criminalized. Väestöliitto started fertilization programs for lonely women and lesbian couples in 1997. The Legal Affairs Committee tried to overrule the proposal in 2003 causing a massive stir in population and it did not succeed. In 1999, a gender neutral criminal law accentuating sexual self determination became valid. Thus, the limitation in homosexual relationship and the law that prohibited incitement to homosexual acts was removed (Suomela 2009, 21).

2.3 Rainbow-families in the modern Finnish society

In 2005, there were 398 registered male couples and 430 registered female couples in Finland. In 2009, the quantity was increased to 625 registered male couples and 771 registered female couples. In 2009, altogether 240 families consisting of registered couples with children lived in Finland. The statistics are only evaluations because they did not explain the couples who are not in registered relationship or one-parent families. (Tilastokeskus 2010)

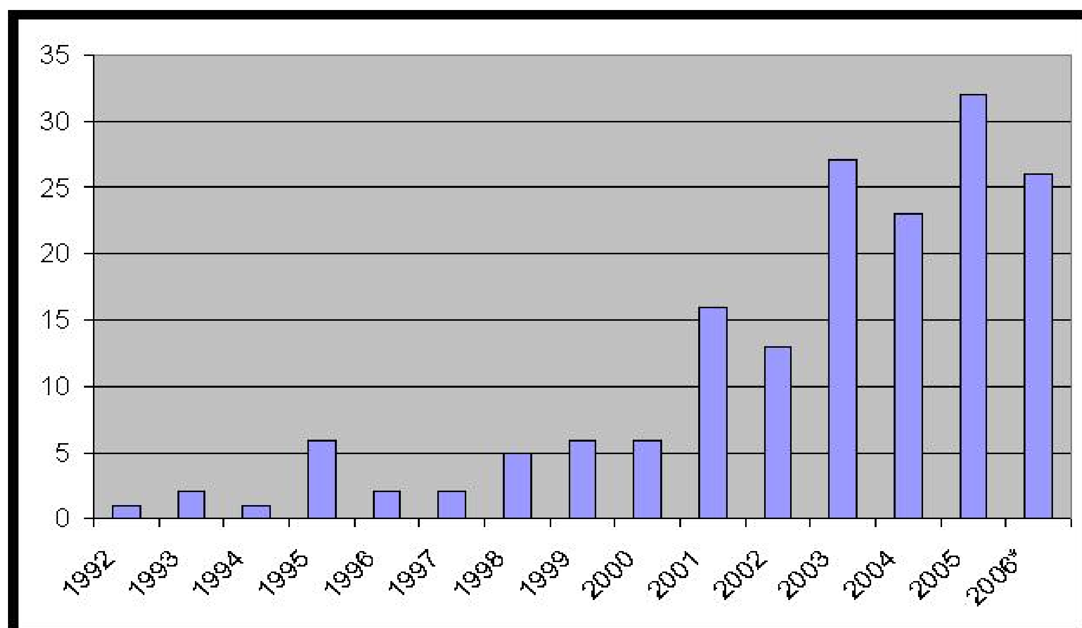


FIGURE 1.The amount of children born in rainbow families in the Rainbow family – research in 2006 (Sateenkaariperhe-kysely 2006).

2.3.1 Legislations concerning the rainbow-families

In 2001, a law about registered relationship became effective. This law enables two people who are same sex and 18 years old to register their relationship. (1§, Laki rekisteröidystä parisuhteesta 9.11.2001/950). This raised religious opinions in Finland even though the registered couples could not adopt a child. Yet in 2003, transgender person have rights to change their social security number (Suomela 2009).

Insemination and fertilization treatments became legal for lesbian couples and independent women in Finland in the beginning of 2007 (Laki hedelmöityshoidoista 22.12.2006/1237). In addition, the legislation changed so that the person in the registered relationship who is not the biological parent of the child has a right to receive financial parental support if the relationship has been registered before the child is born or adopted. The division of the financial parental support period can be arranged together by the parents in a registered relationship (Lammi-Tastula & Salmi & Parrukoski 2009, 37)

In 2009, the law about an internal adoption in a family changed so that it is possible for a person in a registered relationship to adopt the child of his or her spouse. The purpose of adoption is to promote the best interest of the child by validating the relationship of a child and parent. When the adoption is confirmed, the child has to be considered as the child of the adopter when applying and the legal effects of relatives are effective. Meanwhile, the possible previous parent is released from his or her obligations to provide support for the child (5 §, Laki lapseksiottamisesta 8.2.1985/153). Adoption strengthens the relationship and legal rights between the parent and the child and the child receives the same benefits as the biological children (STM 2006, 12).

In some of the rainbow –families, the clover families, there are three or four parents who share the responsibility of the children in the beginning. For example, an independent woman or female couple decides to start a family with one man or a male couple with one woman. Part of tri-leaved clover families apply for a legal custody for the mother's partner and the acknowledgment for the father. In such cases, the child has three parents. (Seta 2007)

In a tri-leaved clover family, the roles of the parents' have been settled before the baby is born, one role being a remote parent. Some of the parents in rainbow-families and majority of gay and bi- men are remote parents. They are often invisible to outsiders such as health care officials but are greatly involved in the lives of the children emotionally and economically (Kuosmanen, et al. 2007). It is still not possible for a female couple or a male couple to adopt a child but this can be done as an individual in Finland. (Jämsä 2008, 36)

The acknowledgement of fatherhood has to be done to every child who is born outside a marriage. Parents living together can make a verbal agreement, in other case the officer needs to interview the parents about the insemination. DNA-tests are also done if necessary. The mother has a right to deny the acknowledgement of the father. According to a research by Kuosmanen and Jämsä (2007) only 50% of participated same sex parents applied for the acknowledgment of fatherhood. (Kuosmanen et al. 2007, 78)

In rainbow-families, it is more difficult for the parents to gain the same legal rights as hetero-parents because of the incomplete rights for legal parenthood and same-sex relationship. The non-hetero families have been able to have custody by the Finnish courts of justice in differing resolutions concerning the municipality they have adjudicated since 1999 (Jämsä, 2008). One victory for the rainbow families was the law of internal adoption for same sex parents that became valid in 2009. (Laki lapseksiottamisesta 8.2.1985/153).

In Finnish constitution, there is a written a law against the sexual discrimination and obligation to promote equality of genders as well as the consequences of offending the law. The discrimination is prohibited and equality in promoting the opportunities by the equality legislation concerning age, ethnic or national background or nationality, language, religion, conviction, opinion, state of health, disability, sexual orientation or any other grounds related to person. (Ombudsman of Equality 2010)

2.3.2 Organizations supporting the sexual minorities and rainbow-families

Seta is a Finnish non-governmental organisation, founded in 1974, working for human rights and social field. It has 19 member organizations in different parts of Finland. The aim of Seta is equality of human rights and welfare in everyday life for all people regardless from the sexual orientation, gender identity or its expression. In addition, Seta emphasises everyone's right for a family the way each individual perceives. Seta's operation consists of membership organisation's development, social work, education programs and youth work. Seta works together with Transsupport-organisation which offers and develops psychosocial support services for transpeople who have gender conflict or experience variety of gender and also for their families. (Seta 2010)

Finnish rainbow-families association (Sateenkaariperheet ry) is an own association for lesbian-, bi-, trans- and gay- parents' and their children in Finland. It is a membership organisation of Seta. The organisation's operates as a connection and conversation forum for its members as well as shares information and

attempts to influence to civil matters and legislations concerning the position of the rainbow-family members and their children in the Finnish society (Sateenkaariperheet ry 2010).

3 RAINBOW-FAMILIES IN THE MATERNITY CARE

Prenatal care includes maternity clinic operations, prenatal care parenting classes and municipalities as a part of the health center and their services are free of charge child healthcare clinic operations. Maternity- and child healthcare clinics operate in (Kuosmanen 2007, 54). The core function of prenatal care is to secure the best possible health for the expecting mother, fetus, newborn and the family. The aims of prenatal care are to advance the health and wellbeing of the future parents and help them to regard the family-life and the position of the family in the society positively (Stakes 1999, 9).

According to a study by Röndahl (2009), maintaining professional performance and personal behavior as well as creating a safe atmosphere makes the patient feel respected and secure which are the responsibilities of a nursing staff. Nursing staff have to reflect their own behavior so that they are conscious of prejudices about minorities that they may have and can talk these over at work with colleagues. Additionally, knowledge about same-gender relationships in nursing is demanded from nursing staff in order to recognize homosexual patients and provide them the care they have a legal right to. Moreover, the patients and their relatives have to be open about their needs (Röndahl 2009, 151)

In social and health services, rainbow-families are often called woman or men couples but it provides the wrong impression about the true nature of this group. This is because it emphasizes the parent’s relationship and does not provide the actual image of the rainbow group which includes the four-leaved and three-leaved clover–families and bisexual and transpersonal parents. (Kuosmanen & Jämsä, 2007)

The common ethical principles for all who operate in the health care field state that equity in health care requires that patients who need equal care are treated according to same principles. The right to receive appropriate care and treatment worth human dignity does not depend on age, residence, social status, native

language, sex, ethnic background, culture, sexual orientation or beliefs. (ETENE 2001, 13-14)

In Australian literacy review by Irwin (2007) revealed that the sexual and gender minorities in Australia experienced that they did not obtain the same quality care as hetero patients. Although the code of ethics and professional conduct for nurses highlights the respectful equality care for every patient, this right does not happen always when the patient is either gay, lesbian, bisexual or transperson. (Irwin 2007, 75)

3.1 Rainbow-families in maternity and child welfare clinics

The clients of the maternity- and child welfare clinics are different kind of families for example, young and old parents, multiple, adoption, rainbow and immigrant families. (Lapsiperheiden. hyvinvointi, 2009) The individual needs the mothers and the families are part of well-being and ensuring the health. It is important that the rainbow-families would provide support as individual families from the maternity clinics (Kuosmanen 2007, 55).

According to Larsson and Dykes' (2007) study on the lesbian mother's feelings about the maternity care and the relationship between client and health care workers during pregnancy and delivery, the dilemma in the health care system is the heterosexism assumptions about the client or the lack knowledge about the sexual minorities. The results of the study were categorized in four areas which were recognition of sexual orientation, openness, relationship within the homosexual family and encounter and attitudes within the health care system. The results showed that they focused on the importance of them as a "normal" family, whereas, "openness" were related to the relationship and the encounter with the staff. In order to provide straight answers about their sexuality the women wanted straight questions from the nurses. The third subheading in the research showed that there are different types of families and the explanation about the variety of feelings about them. Most interviewed women emphasized that the babies were long planned and highly wanted. In the last category, the answers were positive

about the relationship in prenatal care and during the delivery. The study emphasized the issues within the health care system that the staff members' awareness about clients' sexuality and they should be free from heterosexist assumptions but also be aware that they are not heterosexuals. (Larsson & Dykes 2007, 686-689)

Finland's Ministry of Social and Welfare has published guidelines for the children's clinics where the public health nurse's role concerning the parenthood and the family has to provide equal care, support and advice to all parents in order to create intimate and secure interaction and relationship (Sosiaali- ja terveysministeriö 2004:3). Public health nurse ought to advice and support the family and the parents' relationship -if there are two or more parents- to strengthen the family's resources to raise their children. (Lapsiperheiden hyvinvointi 2009).

In 21st century, the new focus in the clinics is supporting the parenthood, mostly through the family guidance. The purpose of the guidance is to support the relationship of the child's parents and help to encounter the challenges and changes that the child brings to the relationship. The child health clinic's aims are child's positive psychological and physiological development as well as the families' wellbeing (STM 2006, 18). However, the same sex parents are mentioned in the child clinics guidebook (STM 2004) only in one sentence.

According to the research by Kuosmanen (2007) about the rainbow-families in maternity clinics, recognizing the rainbow-families did not mean that the client practices would have changed in compliance with the client family. The parents of the rainbow-family only tried to be situated to the client positions created for the hetero-families (Kuosmanen 2007, 55).

There were three client practices which either prevented or made the supporting of rainbow-families difficult in the client work. First, recognizing all the members that belong to the family of the pregnant woman was difficult because pregnant woman visited alone in most maternity clinics. For example, the chairs in the facilities of the maternity clinic were arranged so that only the pregnant woman could discuss with the public health nurse. However, many of the rainbow-families will visit the

maternity clinic at least in some cases so that all the parents are present and many of the female couples had usually visited the maternity clinic together. Nevertheless, they had to experience that their family form was ignored because there were not always paid attention to the social parent in the visit (Kuosmanen 2007, 55).

Another client-practice in the maternity clinic that ignored rainbow-families was the information collection to the forms. In compliance with the hetero-family –model in the pregnancy follow-up forms, there are questions about only the mother giving birth and the biological father in order to find out the possible inheritable conditions. This form assumes every child having only one mother and one father. This made it complicated for the public health nurses to fill in to the forms a biological parent and a social parent that were of same sex (Kuosmanen 2007, 54).

Besides that, the needs of the rainbow-families were not properly discussed in the maternity clinic's reception. A large part of the rainbow-parents (40%) could not mention if the Public Health Nurse in maternity clinic would know the needs of a rainbow-family whereas 40% of the rainbow-parents had the image that the Public Health Nurse did not know the need of a rainbow-family. This concerned especially the three leaf-families which consisted of two mothers and a father of whom the majority experienced that the needs of a rainbow-family were not known by the Public Health Nurse (Kuosmanen 2007, 55).

Child welfare and maternity clinics of Public Health Nurse were confused or they ignored the relationship between two women or other than two parent core families when encountering different than hetero families. Furthermore, women couple's child's origin caused confusion because some nurses did not know the option to obtain pregnant for example, home insemination with familiar donator's semen. Social parents were recognised as comprehensive parent when they talked actively about the child's care and sharing the parenthood when they used "we" form when speaking with the nurse. This led to situation where the only option for the nurse was to recognise the couple as a family. (Kuosmanen 2007, 175 - 191.)

3.2 Rainbow-families in the delivery ward

Nearly all deliveries in Finland happen in hospitals. The emphasis is directed towards supporting the parenthood, wellbeing of the whole family and recognition of the individual needs of the whole family and its members. (Jämsä 2008, 155). The basis of the professional ethics of a midwife are human dignity and the taking into consideration the rights of the patient. Respecting the human dignity in the work of a midwife means that the midwife takes care of her patients individually. The values and principles that guide the work of midwives states that the implementation of the family-orientation requires that the midwife knows her client as both individual and a member of her family and society. The tasks of the midwife are to ensure that the spouse and the family or other people who are close to her have an opportunity to be a part of the nursing process and they will have all the information and support that they need (Kätilöliitto 2004, 6, 9).

In documenting the families' information, the attention should be drawn to the right care and decisions concerning the care. (Jämsä, 2008 156) Defining a family includes ideological and political ideological motives and consequences. Politically a lesbian family is all families with parent who are two women with same sexual orientation or one woman with relationships with women. In social and health care, defining the family is more ethical. There is always stigmatizing the patient and their family member's. Moreover, “lesbian family” term does not explain anything about the content of the family; the members, relationship of the parent (s) and the child, and the conflicts. (Lehtonen 1997, 108) The forms are heterosexist but they can be modified. The nurse who documents the information about the family can use his/her creativity to write extra information which will help in the care. (Jämsä 2007, 157) The forms do not recognise more than two parents in the family and there is no place for other than the biological parents. (Kuosmanen 2007, 192, 204)

Only 5% of the rainbow families did not want to be recognised as rainbow-family in the delivery ward. However, there can be many reasons for avoiding it. Moreover, 40% of the rainbow-families did not know if they were recognised as a rainbow-family. Nearly 10% of the rainbow families felt that their appearance caused

confusion within the professional at the delivery ward. The birth for the partner of the deliverer is powerful experience, which concretizes the parenthood and deepens the experience of family and relationship. The anxiety of the deliverer is rare if the partner is involved in the delivery. Rainbow-families described that in this specific field of health care there was lack in supporting of relationship and parenthood. (Jämsä, 2007, 157-158, 162)

It causes attitude of uncertainty and feeling of insecurity when nursing staff unintentionally communicates heterosexual norms. These prevent communication can result in misunderstandings. Increased communication, educational and management interventions could encourage openness and recognition of the hospital staff about communicating the norms that they do through language and manners by making gay people more visible (Röndahl, Innala & Carlsson 2006, 373).

According to the law about the status and rights of the patient (Laki potilaan asemasta ja oikeuksista 17.8.1992/785), every patient has a right to good quality of health care. The care must be arranged and the patient must be treated so that his or her human dignity will not be offended and her beliefs and privacy will be respected. The native language, the individual needs and the culture of the patient have to be taken into consideration in the care whenever possible (Laki potilaan asemasta ja oikeuksista 17.8.1992/785).

4 THE EDUCATION AND KNOWLEDGE OF THE HEALTH CARE PROFESSIONALS CONCERNING RAINBOW-FAMILIES

Meeting rainbow-families in a professional work is supported by knowledge about the various situations, hopes and experiences of these families. There are same skills, abilities and readiness's concerned as in meeting diversity in general. (Karvinen & Jämsä 2008, 15). The nurse and client need to have the same language to communicate fluently in order to create a care relationship. This means that the personnel should be acquainted with the lifestyle, the culture and society of the client. There is no understanding without knowledge. (Lehtonen 1997, 148)

4.1 The education of the health care professionals about rainbow-families

The sexual education of the social- and healthcare has proceeded in the last century. However, the amount and quality of the teaching varies widely depending on the educational institute and skills of a professional graduating to the field which are at very different levels. There can be lack of the teaching topics and the teaching can be emphasized only on certain fields of sexuality. The studies are often narrow from their scale with only basics or integrated and emphasized on only some special question. The level of knowledge is reached but the skills of encountering sexuality may not be practiced. Besides knowledge, professionals' values and attitudes influence to comprehending of sexuality questions. The adoption of a professional working method is a long learning process which is not always supported by education (Ryttyläinen, Valkama, Ritamo & Blek 2008, 14)

Sexuality is an essential part of the health and wellbeing of an individual through the whole life. Thus, the basic degrees including the university degrees of the professionals working in social- and healthcare must include basic information about sexuality and the development of it in the different stages of human life, the sexual- and gender-minorities, sexual diseases, basic sexual problems, sexual

violence and encountering sexuality in the client situations (Ryttyläinen et al. 2008, 21)

In Swedish study, Röndahl (2010) investigated that the experiences of nursing and medical students about the education concerning the sexuality and gender minorities revealed that the minorities were invisible issue in both study programs; the students felt that the teachers and administrators were passive to include the topic into the curriculum. The study suggested that the schools to provide qualified lecturers (Röndahl 2010)

Health care professionals' additional education is statutory. However, the problem in health care system is that the planning of the additional education is rarely a part of the strategist management or the employee's individual needs concerning professional knowledge are not taken into consideration. Additional education is widely available in the field of health care for example, the Federation of Central Ostrobothnia organises training with co-operation with Sexpo which is a Finnish foundation and expert in sexuality and relationship (STM 2004). They arrange specialized level of sexual education and guidance as well as sexual therapist – courses for social and health care professionals among others. (Keski-Pohjanmaan koulutusyhtymä, 2010)

Furthermore, Seta and the trans-support group, Transtukipiste, organise professional training for health care professionals about the variety of sexuality, genders and families, and ways to meet them as clients professionally (Seta 2010). Moreover, Sateenkaariperheet ry, the rainbow-family registered association, organises lectures for the professionals who might meet or already have met variety of families. (Sateenkaariperheet 2010)

4.2 Knowledge of the healthcare professionals about rainbow-families

In all welfare-services, the professionals should know about the diversity of the families and the professional way of encountering this diversity. Knowledge makes it possible to encounter an individual client or a family without any pre-

assumptions. The client will be provided with possibility to describe in his or her own words about his or her own situation of life and the way of life. The right for the clients' own definition will be provided by using open questions which do not include assumptions. The more the professional knows about the diversity of life the easier this is (Jämsä 2007, 21).

According to a study by Neville and Henrickson (2005) to gay, lesbian and bisexual people the attitudes of the healthcare professionals regarding their importance of sexual identity and quality of healthcare are considerably influenced by these attitudes. Healthcare workers still generally assume clients being heterosexual until otherwise confirmed regardless of the additional education and the increasingly public profile of gay, lesbian, and bisexual people. Nursing curricula has to specially address heteronormativity and homophobia inside healthcare environments as well as to ensure that gay, lesbian and bisexual clients receive culturally safe nursing care by providing suitable theoretical and practical training (Neville & Henrickson 2005, 413).

The client can form a positive opinion about the security of the meeting already before the reception if there is written and visual material. For example, the variety of the forms of families has been taken into consideration in the waiting room. Moreover, the usage of the forms is communicating a lot of the organizational culture. There has been already a lot conquered if the registered relationship is mentioned alongside with marriage and domestic partnership (Karvinen 2007, 19).

4.3 Attitudes of the nursing staff towards the rainbow-families

If the employee does not feel prepared to meet clients from a sexual minority, the significance of the clients' sexual orientation can be diminished or completely passed. In addition, the professional's insecurity of his or her own knowledge and abilities can lead to avoiding of the issue. Acknowledging one's own knowledge and limits are part of professional competence. One cannot and does not have to know everything. It is desirable to be conscious and admit one's limits. If a client explains that he or she is a gay, lesbian or a bisexual, it is as important to know

the client's situation of life as if the client was heterosexual. Homosexuality is often oversexualised. Homosexual people are assumed to be promiscuous and homosexual relationships also considered as sexual-oriented (Karvinen 2007, 19-20).

In a research by Keränen, Nikula and Vento (2003) four public health nurses were interviewed about their attitudes towards homosexuality and the parenthood of homosexuals. In this research, the public health nurses stated that they encountered every client whether heterosexual or homosexual equally (Keränen, Nikula and Vento 2003, 26)

According to a study by Röndahl (2009), 27 gay patients and their partners in Sweden were interviewed about their experiences concerning attitudes in nursing. There should not be any feelings about personnel's avoidance, experiences of fear of religious personnel or exposing to pathological attitudes because of their sexual orientation experienced by any patients or partners. Most of the informants in this study experienced that the goal for the nursing staff should be equal in nursing care for all patients. Although most of the nursing staff were caring, there were still differences occurred (Röndahl 2009, 151).

In research by Röndahl, Innala & Carlson (2004), the emotions of nursing staff and nursing students towards homosexual patients were explored as well as their wish to refrain from nursing these patients if that option was available. The research was conducted in Sweden and the participants included 57 nurses and assistant nurses and 167 nursing students. As a result emerged that the participants expressed complete spectrum of emotions, from positive to strongly condemning. In addition, 36% of the professional group and 9% of the students would refrain from nursing homosexual patients if they had the option (Röndahl, Innala & Carlson 2004, 19, 25)

4.4 Professional tools for meeting diversity

Instead of hetero- and relationship-assumption in client-oriented work assuming diversity is an important tool. The idea is that the worker does not know anything about the client and his or her family before the client has explained in his or her own words. The basic assumption of a professional is that every human being and every life-situation is unique. This kind of approach requires sensitivity from the nurse. Finding the sensitivity requires willful consideration and practicing of one's own working patterns. The professional does not have to pretend to know everything but he or she is allowed to ask questions and seek for clarification if wrong through the diversity-assumption (Karvinen & Jämsä 2008, 15). The basic guidance belongs into a nurse's job description but the professional can lead the client to a source of specific and quality knowledge about the subject if necessary. For example, the web-pages from Seta and Sateenkaariperheet ry are informative sources (Karvinen 2009, 20).

The variety-thinking means simply being aware that people and their needs are different and they live in diverse situations of life. Working based on preconceptions and pre-assumptions is not functional. The basis of a client – relationship which is professionally of good quality is a situation charted together with the client with client's help of open questions where the pre-assumptions concerning the client are minimized. For example, it is appropriate to ask the female client first whether she needs birth control instead of presuming every woman to need birth control (Karvinen 2009, 19).

Even if the own organization does not support the professional in the variety thinking and communicating, the public health nurse could have material in her or his room that supports this thinking. The professional should be alert that the client might not be heterosexual. There is no need for an individual direct question about the sexuality when the variety-assumption is present throughout the whole meeting as a respected possibility. If the client meeting is entirely based for heterosexual assumption, a direct question can lead even into a false answer: "coming out" in an unsecure environment can be experienced more harmful than keeping the issue as a secret (Karvinen 2007, 19).

5 THE AIM OF THE STUDY AND THE RESEARCH PROBLEMS

The purpose of this study was to research the experiences of the nursing professionals in maternity care about rainbow families. This is to investigate whether the nurses and midwives have already had rainbow families as client as well as their readiness and attitudes concerning with these situations. Furthermore, the aim was to discover the professional knowledge and education that the nurses and midwives have about the non-hetero families and the need for additional knowledge and education about this issue.

The aim of the study was to increase the awareness of the professionals about the variety of families and the importance of providing equal care and support for every family despite of the heteronormative atmosphere in Finnish health care system.

The three research problems were:

1. What kind of experiences nurses and midwives have about the rainbow-families?
2. What kind of knowledge nurses and midwifes have related to the rainbow-families?
3. How do nurses and midwives consider the need of additional education about the rainbow-families?

6 IMPLEMENTATION OF THE RESEARCH

6.1 Target group and the collection of the data

The target group of the research was midwife and nursing professionals working in maternity-, children's welfare- and family planning clinics in Kokkola (including Kälviä, Lohtaja and Ullava) as well as delivery ward, maternity- and gynecological policlinics of Central Hospital of Central Ostrobothnia.

The data was collected via questionnaires because the method allowed the researcher to reach greater amount of participants than interviewing. In the questionnaire the questions are same for every participant which means that the results are gathered with a standardized method. Moreover, the target group forms a sample from the population in surveys (Hirsjärvi, 2009. 182). The surveys included 17 close-ended and three open-ended questions. The answers to the close-ended questions would not be too complex so that they are simple to analyze whereas the open-ended question allows the participant to express their own feelings and thoughts. (Hirsjärvi, 2009. 195)

The questionnaires were distributed personally to the hospital and clinics in Kokkola city. The questionnaires were sent by mail to the clinics in the counties (Lohtaja, Kälviä and Ullava). Besides the questionnaires, return envelopes were delivered to the clinics whereas the questionnaires distributed to the hospital wards were collected personally.

The time for answering was originally for two weeks in May 2010 but only four clinics answered on time and two answers from the clinics were received within two weeks after the deadline by mail. A reminder email was sent to the clinics with request to return the filled surveys. However, no other clinics have returned their answers. The answering time was extended until the end of July when 13 more questionnaires were received because of the small quantity of answers at the delivery ward, 24 filled surveys. The small quantity of answers was due to summer

holiday season. The questionnaires at the hospital wards were collected personally from the ward nurses who collected the filled surveys.

6.2. The analysis of the data

The data was analyzed confidentially by the researchers so that none other than the researchers had access to the questionnaires and the researchers checked through the questionnaires privately. The questionnaires were anonymous so that the respondent would not be recognized. The results presented wisely even though the target group was not large and there were no ways to recognize any of the respondents.

The analysis of the results was made in September 2010. The close-ended questions were analyzed with the Microsoft Excel by statistical measurement whereas the open-ended questions were analyzed with the analysis of the content. (Hirsjärvi 2009, 162)

6.3 Research methods

The research was conducted in a combination of qualitative and quantitative methods. Quantitative and qualitative are used in parallel with each other to cover the volume of the answers with quantitative method and the explanatory segment with qualitative method. (Hirsjärvi 2009, 136-137)

Quantitative method connects the experimental method of empirical science with mathematical mode of description. The benefits are for example that the mathematical terminology is more exact, unambiguous and more easily communicated. The numeric data can be handled mathematically which allows analyzing the data statistically within the borderlines allowed by the quality of the scale. This again makes generalization possible (Kyrö 2004, 101)

Qualitative research is comprehensive. In qualitative method the target group is specifically chosen and the base for the research is describing real life. Furthermore, the research plan forms as the research proceeds. The cases are managed uniquely and the material is interpreted accordingly (Hirsjärvi 2004, 152-155)

6.4 Research ethics

The research license was applied from the Head Nurse of the Health Care Clinics of Kokkola and the Head Nurse and Member of Ethical Committee of Central Hospital of Central Ostrobothnia.

The participants in this study were informed that the participation is completely voluntary. The self-determination of the prospective participants means that they have the rights to decide voluntarily whether to participate in a study without a risk of any penalty or prejudicial treatment. In addition, it means that people have the right to ask questions, to refuse to give information and to withdraw from the study In order to make informed, voluntary decisions about study participation the people have a right to full disclosure, which means that the researchers have fully described the nature of the study. The two major elements on which informed consent is based are the right to self-determination and the right to full disclosure (Polit & Beck 2008, 171-172).

The purpose of the research was stated in the cover letter. A subject’s rights to self-determination can be violated if there is a use of deception (actual misinforming of subjects for purposes of the research) in the research. Moreover, the researchers have to be careful in presenting the subject of the study in order not to appear judgmental from the ethical point of view. In addition, the participants’ security against exploitation has to be provided. In ethical researches, the participants have to be ensured that their answers are not used against them (Polit & Beck 2008, 169, 171)

Furthermore, the participants were notified in the cover letter that their answers are handled confidentially. The research subject has the privacy right to anonymity and the right to assume that the collected data will be kept confidential. Complete anonymity exists when even the researcher cannot link the subject's identity with his or her responses (Burns & Grove 2007, 204, 209, 212).

6.5 Reliability and validity of the research

Reliability measures the consistency and accuracy of the results (Hirsjärvi 2004, 216). Misunderstanding the questions can decrease the reliability of the results. (Hirsjärvi 2009, 231)

Validity means the degree to which an instrument measures what it is planned to measure (Polit & Beck 2008, 457). For example, questionnaires are formed in a way that they support the validity of the research. The specific structured questions were chosen because they allow all participants answer to same question. Therefore, the answers are reasonably compared and easy to analyze although the questionnaires were pilot-tested with three friends of researchers. There is still possible risk that the respondents have misunderstood the questions (Hirsjärvi 2004, 190, 216-217).

7 FINDINGS OF THE RESEARCH

7.1 Background

There were 70 questionnaires distributed to the target groups. Of these questionnaires 50 were delivered to Central Ostrobothnia Central Hospital, 40 of the questionnaires to the delivery ward and 10 questionnaires to the maternity- and gynecology – policlinics. Meanwhile, the rest of the questionnaires, 20 questionnaires, were sent to the maternity- and children welfare clinics in Kokkola area. The answering percentage was 67.1 %. The amount of returned questionnaires was 47 which 78.7% (n=37) was from the hospital and 21.3 % (n=10) from the maternity- and children welfare clinics.

Among the respondents 48.9 % (n=23) were midwives, 17.0% (n= 8) were public health nurses, 10.6% (n=5) were registered nurses, 10.6 % (n=5) were both registered nurses and midwives, 10.6% (n=5) who were both public health nurses and midwives and 2.1 % (n=1) was a practical nurse.

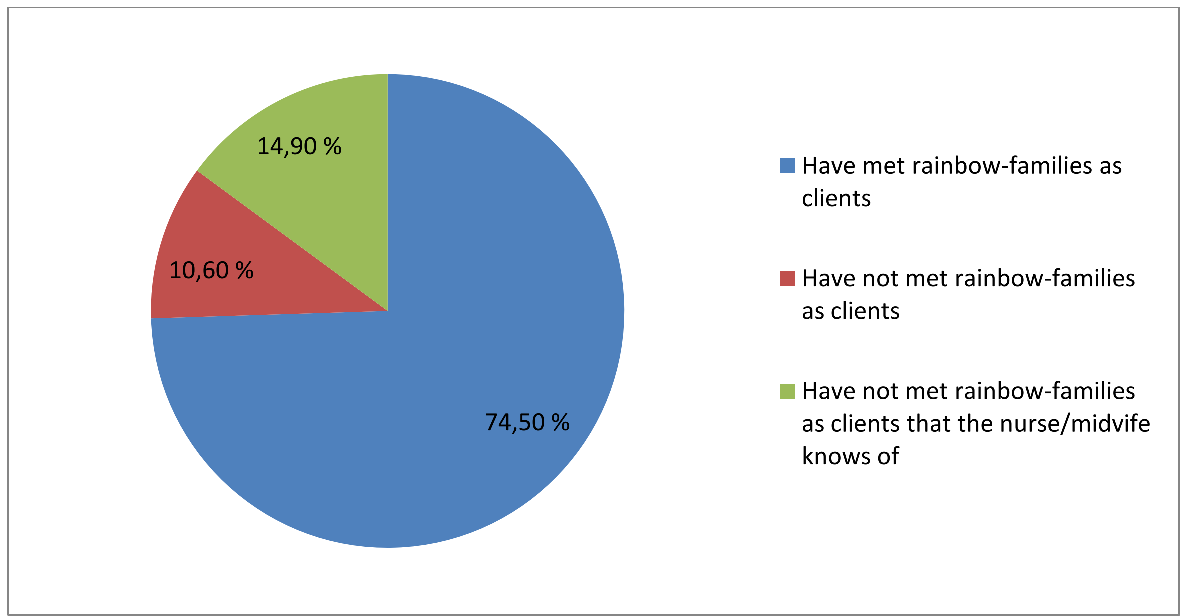
TABLE 1. The age structure of the respondents.

Age	**20-25 years**	**26-35 years**	**36-45 years**	**46-55 years**	**56+ years**	**TOTAL**
Freq.	2	16	14	8	7	47
Perc. (%)	4.3	34.0	29.8	17.0	14.9	100

The years of working experience among the respondents were as follow: less than one year: 2.1 % (n=1), one to five years: 23.4 % (n=11), six to ten years: 21.3% (n=10), 11-15 years: 14.9 % (n=7) and over 16 years: 38.3% (n=18) of the respondents.

7.2 The experiences of nurses and midwives about rainbow-families

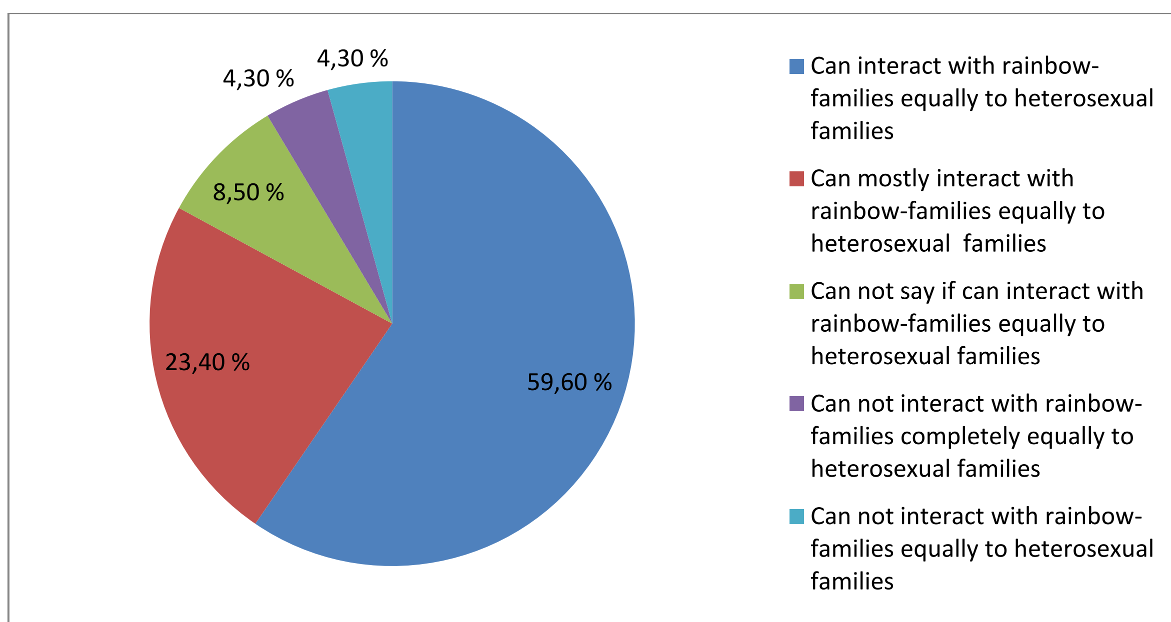
Graph 1 presents the amounts of the nurses or midwives who have met client or clients that belong to rainbow-families in their work.



GRAPH 1. The amount of the nurses and midwives who have met members of rainbow-families as their client or clients (n=47).

Most of the nurses and midwives, 74.5% (n=35) have met a client or clients that belong to rainbow-families. Of the respondents 10.6% (n=5) stated that they have not met these clients and 14.9% (n=7) explained that as far as they know they have not met any clients from a rainbow-family. This means that they might have had clients who are members of the rainbow-families but the has not emerged in the meeting.

Graph 2 shows nurses' and midwives' experiences concerning the issue that are they able to interact with the members of rainbow-families equally compared to the interaction with hetero-families.



GRAPH 2. The amount of the nurses and midwives who could interact with the rainbow-families equally to heterosexual families.

The majority of the respondents, 56.9% (n=28) stated that they can interact with rainbow-family member equally in their work as a midwife or nurse, 23.4% of the respondents thought that they can mostly interact with them equally two of the respondents (4.3%) felt that they could not interact completely as equal with the rainbow-families and as many could not interact equally at all with the rainbow-families.

In the questionnaire, the nurses and midwives were asked to write in their own words about their own feelings meeting rainbow families or thoughts about them. Different thoughts emerged from the answers. Those who thought the rainbow families as equal to any other clients and they receive equal care consisted 25.5% of the respondents.

> *”ihan tavallisia asiakkaita” (normal clients)*
>
> *”ei vaikuta hoitoon, perhe perheiden joukossa!” (no influence to the care, family among families!)*

The respondents whose experiences or thoughts were positive and the experiences were positive about rainbow-families were 10.6% (n=5).

> *”hyvät kokemukset, normaaleja synnyttäjiä” (good experiences, normal parturients)*

The feelings of the third group were confusing or contradictory. However, only four of the nurses or midwives responded that they have these kinds of feelings.

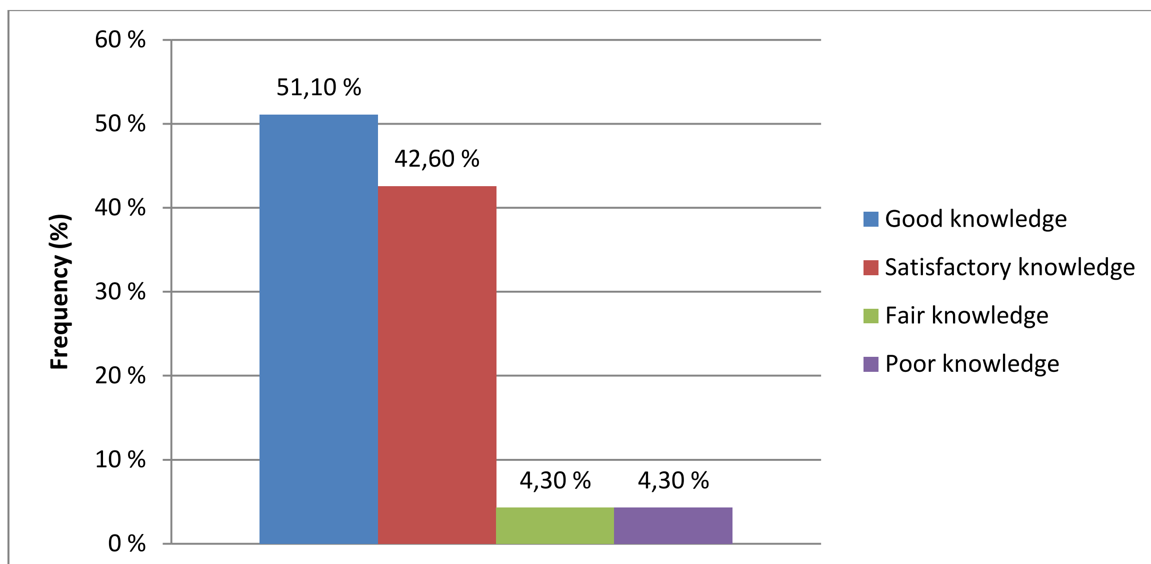
> *”aluksi hämmentävä tilanne, mutta totuin hoitamaan heitä kuin muitakin raskaana olevia” (In the beginning the situation was confusing, but I got used to take care of them the same way as any other pregnant clients)*

One of the respondents (2.1%) wrote that her thoughts have changed to more understanding and unprejudiced through education whereas another respondent (2.1%) wrote that meeting rainbow-families requires that one has worked one’s own thoughts through. Furthermore, one respondent (2.1%) answered that it feels difficult when one has little information and it is wrong from the children’s point of view.

> *”Tuntuu hankala kun on niin vähän tieto + että minä tykkään että se on väärin jos miettii lapsen puolella” (It feels difficult when one has so little information + I think that it is wrong if thinking from the children’s point of view)*

7.3 The knowledge of the nursing staff about rainbow-families

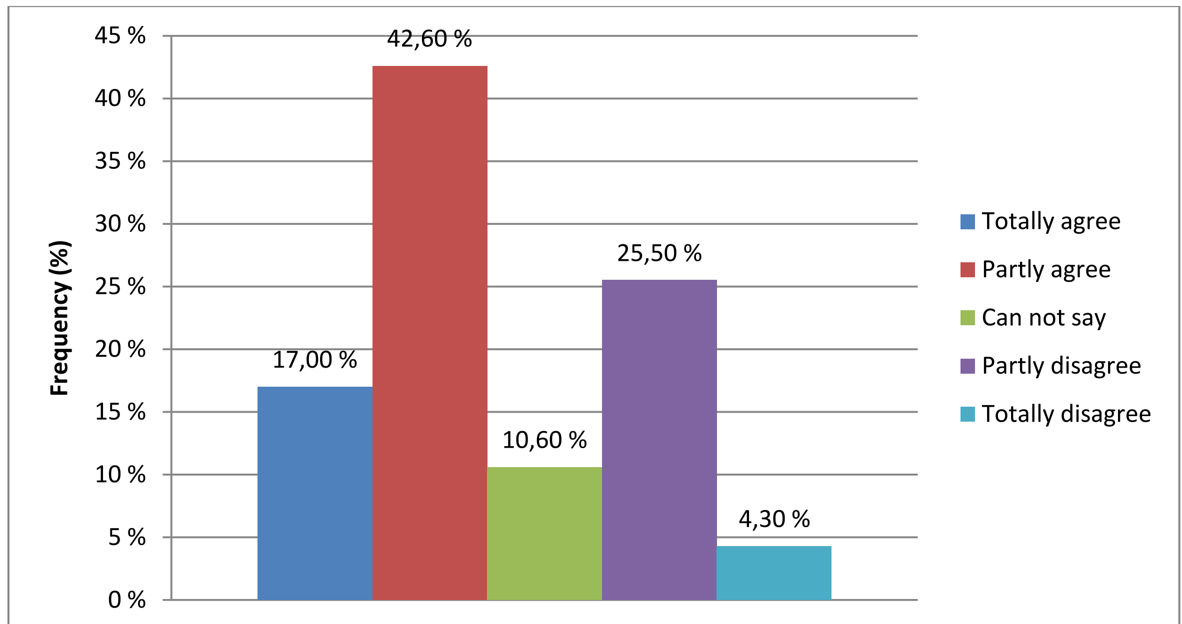
The respondents own conception of their knowledge about rainbow-families prior to this research is described in Graph 3.



GRAPH 3. The knowledge of the respondents about rainbow-families.

Approximately half of the respondents thought that they have had a good knowledge about what a rainbow-family means through the research. A few of the respondents 42.55% (n=20) stated that they have had some kind of knowledge on their own opinions about the definition of a rainbow-family. Meanwhile, 4.3 % (n=2) have not been entirely sure with the definition of a rainbow-family and same amount of the respondents have not had almost any knowledge about rainbow-family.

Graph 4 presents the sufficiency of professional knowledge that the nurses and midwives have of rainbow-families in order to provide them services that are equal compared to hetero-families.



GRAPH 4. The professional knowledge of the respondents about rainbow-families.

According to the graph, 17.0% (n=8) of the respondents have sufficient amount of information, when the majority over 40% of the respondents have to some extent sufficient amount of information, 10.6 % (n=5) of the respondents could not express if they required more information. Every fourth of the respondents have to some extent not sufficiently information and only 4.3% (n=2) of the respondents do not have information.

In the questionnaires of the research, the respondents were also asked to describe the terms of “homosexuality”, “bisexuality”, “transgender” and “rainbow-family”. The answers to the descriptions were categorized into groups by themes. Majority of the respondents knew the basic idea of homosexuality and bisexuality means since only two answers were left empty. Neutral way of description was used by 74.5% (n=35) of the participants, who perceived that homosexuality exists between two persons who are of same sex.

> *”tunteet, mielenkiinto, ja seksuaalisuus kohdistuu samaan sukupuoleen” (feelings, interest and sexuality is directed at same sex)*

On the other hand, almost every fifth (n=8) of the respondents discussed only about men couples and none of the answers discussed about women couples.

> *”miesten välinen suhde” (A relationship between men)*

A significant part of respondents, 31.9% (n=15) connected homosexuality with sexuality, sexual interest or sexual relationship.

> *”seksuaalinen kiinnostus samaa sukupuolta kohtaan” (sexual interest towards same sex)*

In 27.7% (n=13) of the answers it was displayed that homosexuality becomes apparent in a form of a relationship.

> *”kahden miehen välinen suhde tai kahden naisen välinen suhde” (a relationship between two men or two women)*

Bisexuality was described as interest towards both sexes in 27.7% (n=13) of the answers.

> *”kiinnostunut sekä samaa että eri sukupuolta olevista henkilöistä” (interested in persons who are both same and opposite sex”)*

Sexuality was moderately emphasized in the descriptions of bisexuality, similarly as in the descriptions of homosexuality. Every fourth of the respondents answered that bisexuality is sexual interest towards both sexes.

> *“seksuaalisesti kiinnostunut molemmista sukupuolista” (interested sexually in both sexes)*

A relationship was mentioned only in 12.8% (n=6) of the answers concerning bisexuality.

> *”ei väliä sukupuolella. voi olla suhteessa mieheen tai naiseen” (the gender does not matter. can be in a relationship with a man or a woman)*

The same amount of respondents defined bisexuality as liking or loving or having feelings towards a person of opposite sex.

> *”tykkää molemmista, miehistä ja naisista” (likes both men and women)*

A remarkable part, 24.4% (n=11) of the respondents wrote that a transgender means that a man dresses as a woman wants to be a woman or experiences himself to be a woman.

> *”esim. mies haluaa olla nainen, pukeutuu naiseksi ja sukupuolta muutetaan” (for example a man wants to be a woman, dresses as a woman, and the gender will be changed)*

Majority of the respondents, 51.1% (n=24) answered that a transgender is a person who feels to be biologically or physically in wrong body.

> *”kokee olevansa vastakkainen sukupuoli kuin mikä biologisesti on” (experiences to be different gender than what biologically is)*

19.1% (n=9) of the respondents described transgender as a person who dresses as the opposite sex.

> *”mies saa tyydytyksen pukeutuessaan naisen vaatteisiin” (a man gets satisfaction by dressing as a woman)*

Two (4.3%) of the respondents defined transgender as “sex change”. In addition, 10 of the respondents did not write anything to this part. This amount is considerably higher compared to the three other descriptions (homosexuality, bisexuality and rainbow-families) where the amount of empty answers was only one or two in each.

The definition of rainbow-family 53.2% (n=25) of the respondents described rainbow-family as parents who are from same sex or two mothers or two fathers.

> *”samaa sukupuolta olevien vanhempien perhe” (a family where the parents are of same sex)*
>
> *”perheessä on kaksi miestä tai naista vanhempina” (there are two men or two women as parents in a family)*

Four of the respondents wrote that rainbow-family means gay-, lesbian-, or bi-family or parents.

> *”homo, lesbo, bi- pareista muodostuva perhe” (a family that consists of gay-, lesbian-, bisexual- couples)*

10% of the answers rainbow-families described as families where the parents belong to either sexual or gender minorities.

> *”lesbo-, homo-, bi- ei-heteroseksuaalinen tai transvanhempien lapsiperhe” (a family with children, where the parents are lesbian-, gay-, bisexual-, non-heterosexual- or transgender)*

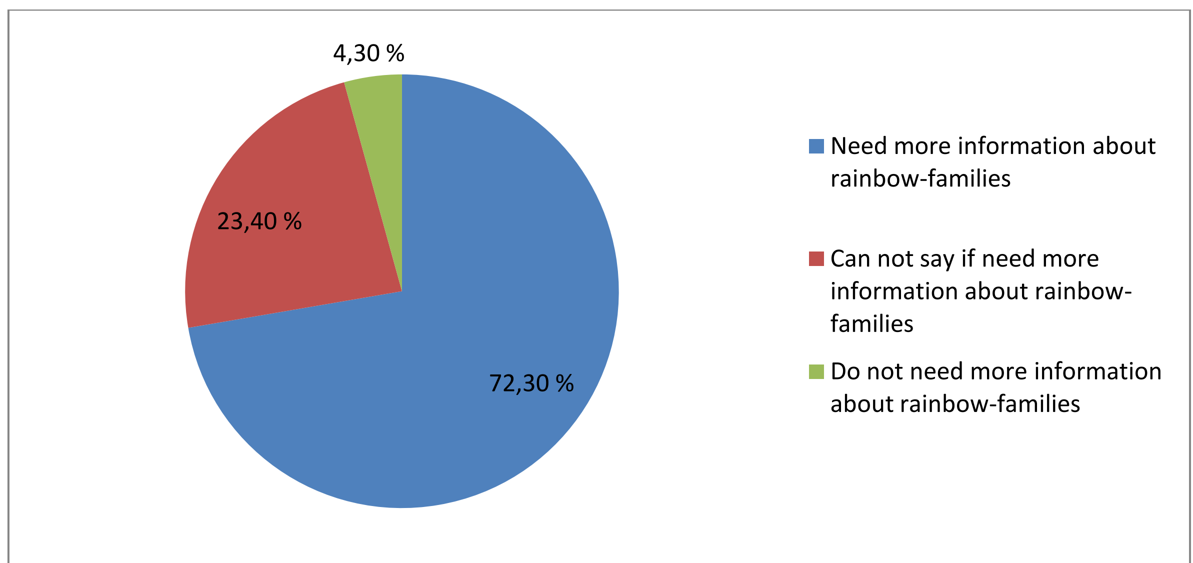
,

Only two (4.3%) of the respondents wrote that there could be more than two parents in a rainbow-family.

> *”koostuu esim. samaa sukupuolta olevien perheestä tai niin että perhe käsittää transsukupuolisen henkilön tai perheeseen kuuluu useampiakin vanhempia jotka edustaa seksuaalista vähemmistöä” (consists of for example a family where the people are of same sex, or so that the family includes a transgender person or in to the family belongs many parents who represent sexual minority)*

7.4 The education of the nursing staff concerning the rainbow-families

Graph 5 shows that the nursing professionals wanted or needed for more information about the rainbow-families.

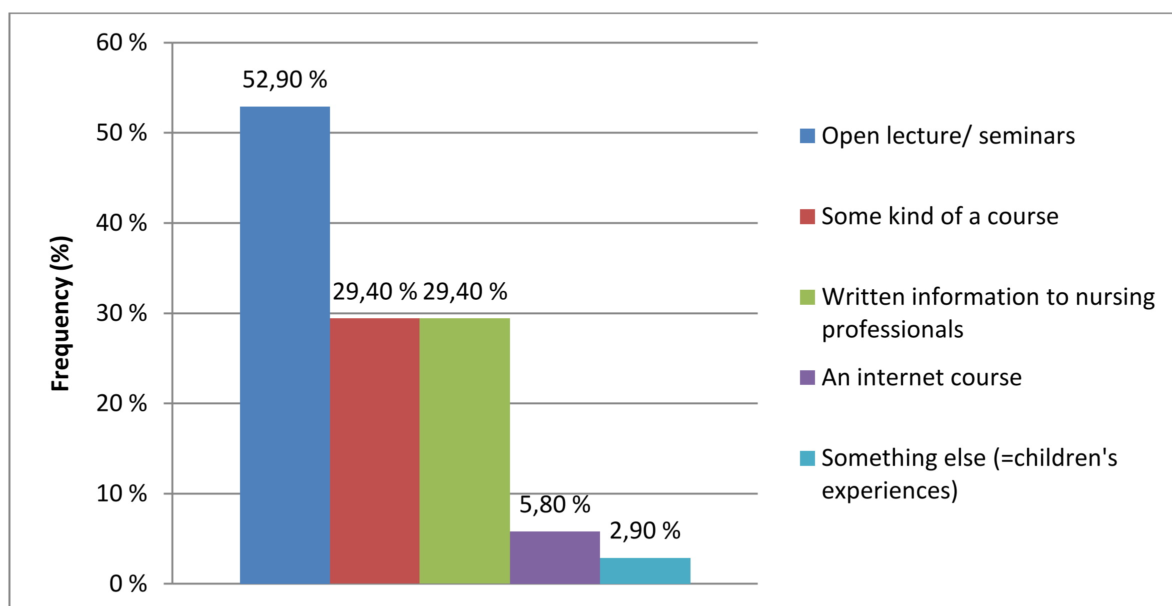


GRAPH 5. The nurses and midwives self-evaluation about requiring more information concerning the rainbow-families.

Majority of the respondents, 72.3% (n=34) stated that they want or need more information about rainbow-families. In comparison, 4.2% (n=2) did not want or

need more information and 23.4% (n=11) did not know if they want any education about the issue.

The types of information that the nursing professionals would like to know about rainbow-families are described in Graph 6.



GRAPH 6. The type of information that a nurse or a midwife would like to know about the rainbow-families.

The research revealed that approximately half of the respondents who answered that they wanted or needed more information about the rainbow-families would like to have open lecture or seminars whereas 29.4% (n=10) would like to have some course and the same amount of nurses and midwives prefer written information to nursing professionals for examples articles, journals and professional literature. Only two of the respondents would like to gain more information through internet course.

Only 23.4 % (n=11) of the nurses and midwives have been offered education concerning rainbow-families, while 76.6% (n=36) have not been offered training about these families. Majority, 63.6% (=7) of the respondents who have had education have taken a sexual-advisor- course and 27.3% (n=3) have been in an

open seminar or lecture. One of the respondents answered something else and explained that there has been education offered to her, but she has not attended.

8 CONCLUSION

In this research, the aims were to discover the experiences, knowledge and education that the nursing professionals in maternity care have about rainbow-families and whether they need more training to meet these clients. Rainbow-families are increasingly becoming a visible form of families in health care system (Jämsä, 2007, 21). Majority of the nurses and midwives that participated in this research have had these families as clients. Only couple respondents denied having rainbow-families as clients. The answers also showed that most of the nursing professionals regarded rainbow-families as any family and provided equal care to them. Only four of the respondents stated that the first meeting with members of a rainbow-family leads to confusion and contradiction feelings towards them.

In their opinions, majority of the nurses and midwives have had good or satisfactory conception about the meaning of rainbow-family. However, only fifth of the respondents agreed totally and less than half agreed in some extent that they have enough professional knowledge to provide equal care for the rainbow-families. Less than third of the respondents answered that they searched independently for information concerning these families. According to Karvinen (2007) if the professional does not have knowledge about the client's sexual orientation, it might lead to ignorance and total invalidating in the nursing situation. If the nurse or midwife is unsure about his or her own knowledge or the "know-how" on this area, it can lead to avoiding the issue. Everything is not necessary or possible to know but recognising one's own knowledge or lack of it helps considerably in the situation. (Karvinen 2007, 20)

When the respondents were asked to describe homosexuality, bisexuality, transgender person and rainbow-family, the sexual orientations were familiar to most of the respondents although the predominant impressions concerning the sexual- and gender- minorities were sexuality, sexual interests and relationship. According to research by Karvinen (2007, 19) the sexual orientations are regularly over-sexualized. This is especially common concerning bisexuals. People are

assumed to be hetero until “something comes up” (Jämsä 2008, 31-32) For example in this research, the answers showed that the sexual minorities sexuality is considered in a form of a relationship or in some interaction with other person rather than as a character of an individual person.

A transgender was mostly seen as men who dressed themselves as women which is characteristic to transvestites (Jämsä, 2008). Every fifth of the respondents did not answer to this description whereas in the other three descriptions (homosexual, bisexual and rainbow-families) only two answers in each description were left as blank. This could be interpreted that a transgender person was the most unfamiliar group of minorities. Experiencing one’s own gender can be difficult for transgenders and it can also be almost impossible to categorize oneself (transtukipiste.fi, 2010 2.). This may be a reason other people find it difficult to describe these persons.

In this research half of the answers described the rainbow-families’ parents as same sex couples and every tenth mentioned that the sexual minorities as lesbian, gay or bi parents. Jämsä (2008, 41) also stated that remote parents, one parent rainbow-families and part of the members of the clover-families remain often invisible in the health care system. This was also proved in this research when only two described rainbow-family as more than two-parent family and none mentioned them as one-parent family.

In the earlier researches, the clients noticed that the clinics’ and wards’ lacked appropriate recording systems and forms which confuses the families during enquiries (Kuosmanen 2007, 55). In this research, a fourth of the nurses and midwives experienced that these documenting tools and forms were adequate and less than third that felt that they were not adequate. Approximately third of the respondents found the guides and leaflets in the workplace useful but approximately a third did not find them useful. According to Karvinen (2007, 19), the professionalism can be communicated in various ways. For example, written and visual material which include the variety of families as opposed to only hetero-families and the forms that are utilized in the client work express a lot about the culture of the organization.

Only for under fourth have been offered training/education concerning rainbow families and majority of these respondents had been in sexual advisor course. The respondents stated that they want or need more information about this issue, and over half of these answerers wanted it as a form of a seminar or open lecture. In Finland, for example Sexpo, Seta and Sateenkaariperheet ry offer education for nursing professionals and healthcare organizations about sexuality and sexual minorities. Knowledge about the various situations, hopes and experiences of the rainbow-families supports the professional in meeting of the rainbow-families (Karvinen & Jämsä 2008, 15).

9 DISCUSSION

The rights and equality of the sexual and gender minorities is very current topic in Finnish media at the moment. The society deliberates their thoughts and attitudes about this group which is starting to receive more open conversation about the issue of equal human rights and right for raising family. Many studies have been done about the experiences from the viewpoint of the rainbow-families as health care clients but the experiences of the professional providing the health care services have not been widely investigated.

This research provides useful information and the significance of knowledge and information about the variety of their clients, the rainbow- families, for all nursing professionals who are working with wide range of families. This concerns the nurses and midwives working in maternity- and child welfare clinics as well as in delivery wards. The results can be used as indicative for illustration about the experiences and knowledge that the nursing professionals these days have about the rainbow-families.

In the theoretical part of the research, the main categories of sexualities, genders, families and parents were described shortly. In addition, the history, laws and status of the rainbow-families in Finnish health care system as well as in the society were discussed**.** Generally, it is important for the nursing professionals who work with families to be familiar with the diversity of families and lifestyles and to recognize own professional knowledge and the need of the accurate information as well as the personal attitudes honestly.

Some topics for further investigation that emerge from this research could be carried out for example, developing and improving the tools of documenting and reporting. However, part of the participants did not find the forms and leaflets inappropriate although they were emphasized as not qualifying tools by the clients in the earlier researches. In addition, there could be an increase in providing tools and supporting atmosphere for the nursing professionals in order that they would gain more information, as well as search individually for additional information.

Furthermore, a future development challenge could improve the nurses’ and midwives’ awareness and understanding concerning the unprejudiced interaction with clients and promoting the searching for adequate and updated information about the client group.

REFERENCES

Aarnipuu, T. 2005. Sateenkaariperheen ABC-kirja. SETA-julkaisuja 17. Toinen painos. Seksuaalinen tasavertaisuus – SETA ry.

Burns, N. & Grove, S. 2007. Understanding nursing research. Building an evidence-based practice. Saunders elsevier.

Hermanson, E. 2008. Lapsiperheen oma kirja. Terveysportti. Available: http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=lok00040&p_haku=seksuaalisuus. Accessed 20 August 2010

Hirsjärvi, S. & Remes, P. & Sajavaara, P. Tutki ja kirjoita. 2009. Helsinki: Kustannusosakeyhtiö Tammi

Irwin, L. 2007. Homophobia and heterosexism: implications for nursing and nursing practice. Australian Journal Of Advanced Nursing, Volume 25 number 1. Available: http://www.ajan.com.au/Vol25/Vol25.1-10.pdf Accessed 5 September 2010.

Jämsä, J. 2007. Sateenkaariperheet ovat monenlaisia lapsiperheitä. Terveydenhoitaja-lehti 6/ 2007.

Jämsä, J. (toim.). 2008. Sateenkaariperheet ja hyvinvointi. SETA. PS-kustannus.

Karvinen, M. & Jämsä, J. 2008. Perheitä sateenkaaren väreissä. Opas opettajalle/ ohjaajalle. Seta Helsinki. Finland.

Karvinen, M. 2007. Seksuaalisen suuntautumisen moninaisuus. Terveydenhoitaja-lehti 6/ 2007.

Keränen, T. & Nikula, T. & Vento, L. 2003. ”Jos on kaksi isää tai kaksi äitiä”. Terveydenhoitajien suhtautuminen homoseksuaalisuuteen ja homoseksuaalisten ihmisten vanhemmuuteen. Opinnäytetyö. Jyväskylän ammattikorkeakoulu.

Kuosmanen, P. & Jämsä, J. 2007 Suomalaiset sateenkaariperheet sosiaali- ja terveyspalveluissa ja koulussa. Edita Prima Oy. Helsinki

Kyrö, P. 2004. Tutkimusprosessi valintojen polkuna. Yrittäjyyskasvatuksen julkaisusarja. Saarijärven Offset Oy 2004.

Laki hedelmöityshoidosta 22.12.2006/1237. Available: (http://www.finlex.fi/fi/laki/ajantasa/2006/20061237. Accessed 9 August 2010

Laki lapseksiottamisesta 8.2.1985/153. Available: http://www.finlex.fi/fi/laki/ajantasa/1985/19850153. Accessed 9 August 2010.

Laki lapsen huollosta ja tapaamisoikeudesta 8.4.1983/361. Available: http://www.finlex.fi/fi/laki/ajantasa/1983/19830361. Accessed 9 August 2010.

Laki rekisteröidystä parisuhteesta 9.11.2001/950. Available: http://www.finlex.fi/fi/laki/ajantasa/2001/20010950. Accessed 9 August 2010.

Laki potilaan asemasta ja oikeuksista 17.8.1992/785. Available: http://www.finlex.fi/fi/laki/ajantasa/1992/19920785. Accessed 9 August 2010.

Lammi-Taskula, J. & Karvonen, S. & Ahlström, S. (toim.). 2009. Lapsiperheiden hyvinvointi 2009. Terveyden ja hyvinvoinnin laitos. Available: http://www.thl.fi/thl-client/pdfs/0e6f5676-9ccf-4490-8496-45c7b3acce5f. Accessed 14 August 2010.

Lammi-Taskula, J. & Salmi, M. & Parrukoski, S. 2009. Työ, perhe ja tasa-arvo. Sosiaali- ja terveysministeriön selvityksiä 2009:55. Available: http://www.stm.fi/c/document_library/get_file?folderId=1082856&name=DLFE-10783.pdf. Accessed 5 September 2010.

Lehtonen, J. 1997. Hetero-olettamuksesta moninaisuuteen: lesbot, homot, bi- ja transihmiset sosiaali-ja terveyspalveluiden asiakkaina.

Lehtonen, J. 2000. Ei-heteroseksuaaliset ja transsukupuoliset ihmiset Suomessa. Sosiaali- ja terveysministeriön julkaisuja 2004: 3.

Lehtonen, J. & Huuska, M. & Aarnipuu. T. 2002. Seksuaalisuus- ja vähemmistöt työelämässä. STAKES.

Neville, S. & Henrickson, M. 2006. Perceptions of lesbian, gay and bisexual people of primary healthcare services. Journal of Advanced Nursing 55(4), 407-415. Available: http://lavenderislands.massey.ac.nz/downloads/JAN%20article%20wellbeing%20July%202006.pdf. Accessed 6 August 2010.

Ombudsman of Equality. 2010. The Finnish equality act and gender variant people. Available: http://www.tasa-arvo.fi/en/discrimination/gender_variation. Accessed 5 August 2010.

Paajanen, Pirjo. 2007. Mikä on minun perheeni? – Suomalaisten käsityksiä perheestä vuosilta 2007 ja 1997. Perhebarometri 2007. Väestöliitto. Katsauksia E 30. Available: http://vaestoliitto-fi-

bin.directo.fi/@Bin/8f179156f2b060854e55aa93ea3cc056/1286725815/application/pdf/237278/Perhebarometri%202007.pdf. Accessed 5 September 2010.

Polit, D. & Beck, C. 2008. Nursing research: Generating and assessing evidence for nursing practise. 8th edition

Ryttyläinen, K. & Valkama, S. & Ritamo, M. & Blek, T. Seksologian ja seksuaaliterveyden koulutuksen kehittyminen. Teoksessa: Ritamo, M. (toim.). Seksuaalisuus ammattihenkilöstön koulutuksessa sekä vammaisten ja pitkäaikais-sairaiden terveyspalveluissa. Stakes. Työpapereita 26/ 2008. Helsinki 2008. Available: http://www.stakes.fi/verkkojulkaisut/tyopaperit/T26-2008-VERKKO.pdf. Accessed 7 September 2010.

Röndahl, G. & Innala, S. & Carlsson, M. 2004. Nursing staff and nursing student's emotions towards homosexual patients and their wish to remain from nursing, if the option existed. Scand Journal of Caring Sciences; 2004; 18, 19-26

Röhndal, G. 2010 Heteronormativity in health care education program. Published by Elsevier. Available: http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WNX-50V4VHM-1&_user=1631390&_coverDate=08%2F21%2F2010&_rdoc=1&_fmt=high&_orig=search&_origin=search&_sort=d&_docanchor=&view=c&_searchStrId=1502480820&_rerunOrigin=google&_acct=C000054007&_version=1&_urlVersion=0&_userid=1631390&md5=191af118239fdc90e21d3524cf75c343&searchtype=a. Accessed: 27 August 2010.

Röndahl, G. 2009. Lesbians' and gay men's narratives about attitudes in nursing. Scandinavian Journal of Caring Sciences; 23; 146–152. Available: http://www3.interscience.wiley.com/cgi-bin/fulltext/121645572/PDFSTART . Accessed 27 August 2010.

Röndahl, G. & Innala, S. & Carlsson, M. 2006. Heterosexual assumptions in verbal and non-verbal communication in nursing. Issues and innovations in nursing practice. Journal of Advanced Nursing 56(4), 373–381. Available: http://web.ebscohost.com/ehost/pdf?vid=16&hid=4&sid=042aa280-60e3-40ce-9906-a52ba4bac11e%40sessionmgr11. Accessed 29 August 2010.

Sateenkaariperheet ry. Available: http://www.sateenkaariperheet.fi/. Accessed 6 October 2010.

Seta. 2010. Available: http://seta.fi/index.php?k=16215. Accessed 6 October 2010.

Seta. 2007. Sateenkaariperhetyön projekti. Available:

http://www.seta.fi/perheprojekti/ammattilaiset/perheoikeus.html#abo. Accessed 21 September 2010.

Sosiaali- ja Terveysministeriö. 2004. Lastenneuvola lapsiperheiden tukena. Suuntaviivat lastenneuvolatoiminnan järjestämisestä kunnille. Sosiaali- ja terveysministeriön julkaisuja 2004:13. Helsinki 2004. Available: http://www.stm.fi/c/document_library/get_file?folderId=28707&name=DLFE-3587.pdf&title=Suuntaviivat_lastenneuvolatoiminnan_jarjestamisesta_kunnissa_fi.pdf Accessed 20 August 2010.

Sosiaali- ja terveysministeriö. 2006. Perhepolitiikka. Sosiaali- ja terveysministeriön esitteitä 2006:12. Helsinki 2006. Available: http://www.stm.fi/c/document_library/get_file?folderId=39503&name=DLFE-7153.pdf Accessed 20 August 2010.

Suomela, A. Poimintoja suomalaisen seksin historiasta 500 vuodelta. Sexpo-säätiö. Available: http://www.sexpo.fi/File/poimintoja_suomalaisen_seksin_historiasta_500_vuodelta.pdf, Accessed 4 September 2010.

Suomen Kätilöliitto. 2004. Laatua kätilötyöhön - kätilötyön eettiset ja laadulliset perusteet. Available: http://www.suomenkatiloliitto.fi/static/tiedolla_taidolla_tunteella.pdf. Accessed 21 August 2010.

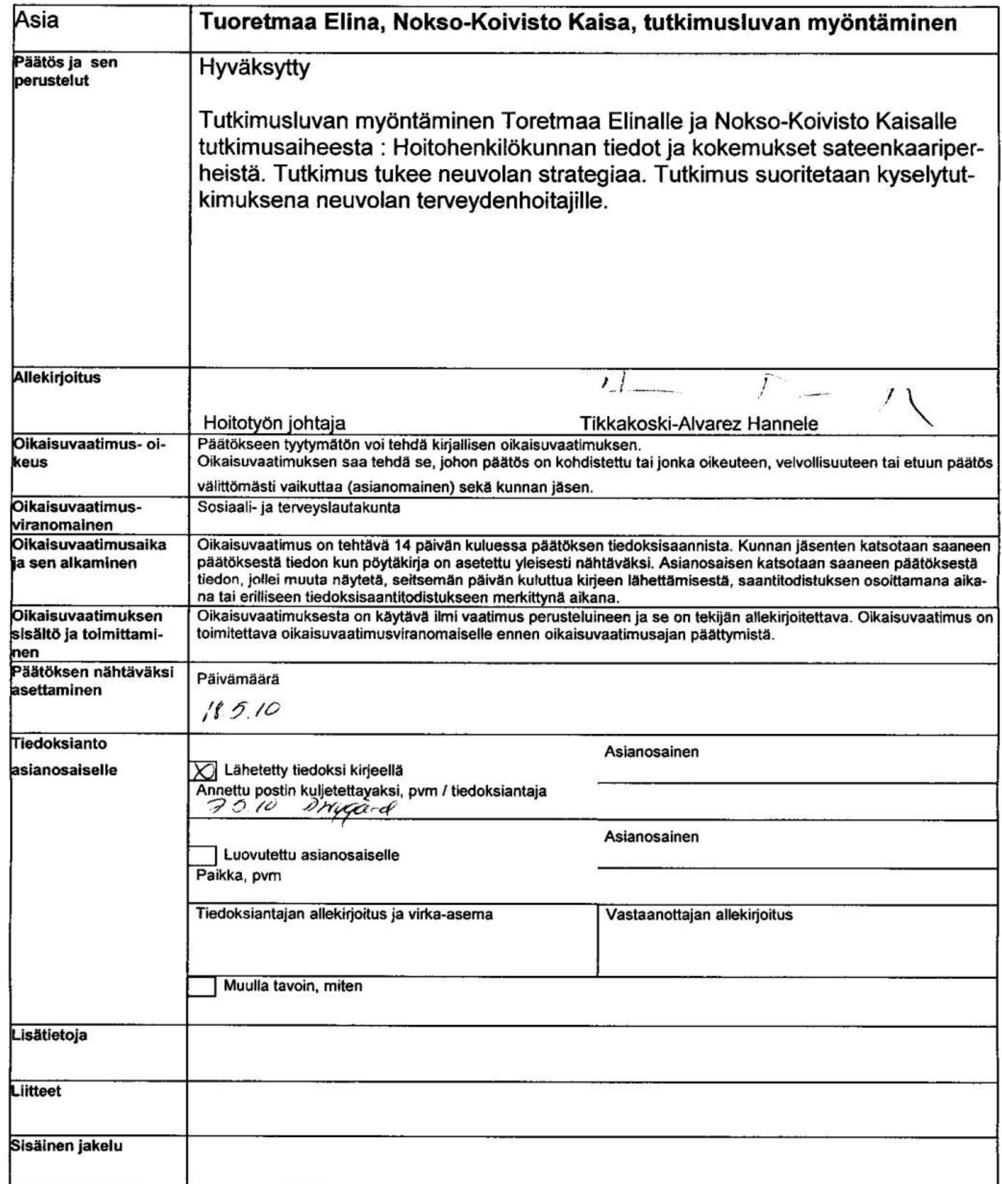
Tilastokeskus. 2010. Perheet tyypeittäin. Available: http://www.stat.fi/til/perh/2009/perh_2009_2010-05-28_tie_001_fi.html. Accessed 6 October 2010.

Tokkari, S-M. 2008. ”Joskus lipsuttiin kuitenkin ja puhuttiin äideistä ja isistä” Diskurssianalyysi sateenkaariperheitten määrittymisestä perheeksi äitiys- ja lastenneuvolassa. Kandidaatin tutkielma. Sosiaalityö. Joulukuu 2008. Available: http://www.seta.fi/perheprojekti/documents/SannaMariTokkari.pdf Accessed 6 October 2010.

Transtukipiste. Available: http://www.transtukipiste.fi/, Accessed 6 October 2010.

Valtakunnallinen sosiaali- ja terveysalan eettinen neuvottelukunta (ETENE). 2001. Terveydenhuollon yhteinen arvopohja, yhteiset tavoitteet ja periaatteet. ETENE-julkaisuja 1. Available: http://www.etene.org/dokumentit/EteneFIN.pdf, Accessed 16 August 2010.

WHO. teaching modules of basic education in human sexuality 1995. Available: http://whqlibdoc.who.int/wpro/1994-99/9290611154.pdf, Accessed 8 August 2010



KOKKOLAN KAUPUNKI
Terveyspalvelut

Viranhaltija ja virka-asema
Tikkakoski-Alvarez Hannele
Hoitotyön johtaja

PÄÄTÖS 1
Yleinen päätös

Päivämäärä / pykälä
26.04.2010 / § 3
13/01

Asia	**Tuoretmaa Elina, Nokso-Koivisto Kaisa, tutkimusluvan myöntäminen**
Päätös ja sen perustelut	Hyväksytty Tutkimusluvan myöntäminen Toretmaa Elinalle ja Nokso-Koivisto Kaisalle tutkimusaiheesta : Hoitohenkilökunnan tiedot ja kokemukset sateenkaariperheistä. Tutkimus tukee neuvolan strategiaa. Tutkimus suoritetaan kyselytutkimuksena neuvolan terveydenhoitajille.
Allekirjoitus	Hoitotyön johtaja Tikkakoski-Alvarez Hannele
Oikaisuvaatimus- oikeus	Päätökseen tyytymätön voi tehdä kirjallisen oikaisuvaatimuksen. Oikaisuvaatimuksen saa tehdä se, johon päätös on kohdistettu tai jonka oikeuteen, velvollisuuteen tai etuun päätös välittömästi vaikuttaa (asianomainen) sekä kunnan jäsen.
Oikaisuvaatimus- viranomainen	Sosiaali- ja terveyslautakunta
Oikaisuvaatimusaika ja sen alkaminen	Oikaisuvaatimus on tehtävä 14 päivän kuluessa päätöksen tiedoksisaannista. Kunnan jäsenten katsotaan saaneen päätöksestä tiedon kun pöytäkirja on asetettu yleisesti nähtäväksi. Asianosaisen katsotaan saaneen päätöksestä tiedon, jollei muuta näytetä, seitsemän päivän kuluttua kirjeen lähettämisestä, saantitodistuksen osoittamana aikana tai erilliseen tiedoksisaantitodistukseen merkittynä aikana.
Oikaisuvaatimuksen sisältö ja toimittaminen	Oikaisuvaatimuksesta on käytävä ilmi vaatimus perusteluineen ja se on tekijän allekirjoitettava. Oikaisuvaatimus on toimitettava oikaisuvaatimusviranomaiselle ennen oikaisuvaatimusajan päättymistä.
Päätöksen nähtäväksi asettaminen	Päivämäärä 18.5.10
Tiedoksianto asianosaiselle	[X] Lähetetty tiedoksi kirjeellä — Asianosainen Annettu postin kuljetettavaksi, pvm / tiedoksiantaja 20.10 Dryga[illegible] [ ] Luovutettu asianosaiselle — Asianosainen Paikka, pvm Tiedoksiantajan allekirjoitus ja virka-asema — Vastaanottajan allekirjoitus [ ] Muulla tavoin, miten
Lisätietoja	
Liitteet	
Sisäinen jakelu	

Postiosoite / Postadress: PL 43 / PB 43, 67101 KOKKOLA / KARLEBY
Käyntiosoite / Besöksadress: Kaupungintalo / Stadshuset, Kauppatori 5 / Salutorget 5
Puhelin / Telefon: (06) 828 9111, *Fax:* (06) 8289 389
S-posti / E-post: etunimi.sukunimi@kokkola.fi, förnamn.efternamn@kokkola.fi
Internet: www.kokkola.fi

APPENDIX 1/2

TUTKIMUSLUPA-ANOMUS

Organisaatio, jolle anomus osoitetaan ______________________

Vastuuhenkilö organisaatiossa Hannele Tikkakoski-Alvarez

Tutkimusluvan anoja(t) Elina Tuoremaa ja Kaisa Nokso-Koivisto

Osoite Mariankatu 10 H 3 as 1, 67200 Kokkola
Puhelin (E.Tuoremaa) 040-7226413
Sähköpostiosoite elina.tuoremaa@cou.fi

Tutkimuksen nimi Hoitohenkilökunnan tiedot ja kokemukset sateenkaariperheistä

Tutkimuksen tarkoitus Selvittää minkälaista tietoa ja millaisia kokemuksia kätilöillä ja hoitajilla on sateenkaariperheistä

Tutkimuksen kohderyhmä Neuvoloiden terveydenhoitajat; Mariankatu, Torkinmäki, Halkokari, Kirkonmäki, Kälviä, Ullava, Lohtaja

Aineiston keruun arvioitu ajankohta Huhtikuu - Toukokuu 2010

Tutkimusmenetelmä Kysymyslomake, avoimet ja suljetut kysymykset

Tutkimussuunnitelma hyväksytty 4 / 12 20 09

Tutkimuksen ohjaaja [signature]

Lupa myönnetään
paikka Kokkola *aika* 26 / 4 20 10

☒ *anomuksen mukaisesti* ☐ *muutosehdotuksin* ☐ *hylätty*

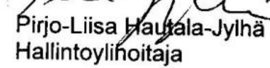
Luvanmyöntäjän allekirjoitus [signature]

LIITTEET ☒ *Tutkimussuunnitelma*
☒ *Kysely/haastattelulomake*
☒ *Muut liitteet, mitkä* Saatekirje

Terveystie 1, 67200 KOKKOLA • Puh. (06) 825 4209 • Fax (06) 825 4200 • info@cop.fi • www.cop.fi

KESKI-POHJANMAAN ERIKOISSAIRAANHOITO- JA PERUSPALVELUKUNTAYHTYMÄ **VIRANHALTIJAPÄÄTÖS**

Tutkimuslupapäätös
Hallintoylihoitaja 23.04.2010 11 §

ASIA	Tuoretmaa Elina ja Kaisa Nokso-Koivisto, K-PAKK, hoitohenkilökunnan tiedot ja kokemukset sateenkaariperheistä.
PÄÄTÖS	Tutkimuslupa-anomus hyväksytään.
ESITYKSEN TEKIJÄ	
PÄÄTÖKSEN TEKIJÄ	 Pirjo-Liisa Hautala-Jylhä Hallintoylihoitaja Sakari Telimaa Johtajaylilääkäri
Tiedoksi	Elina Tuoretmaa/Kaisa Nokso-Koivisto Osastonhoitaja Anitta Liimatainen

KESKI-POHJANMAAN AMMATTIKORKEAKOULU
MELLERSTA ÖSTERBOTTENS YRKESHÖGSKOLA

TUTKIMUSLUPA-ANOMUS

Organisaatio, jolle anomus osoitetaan Keski-Pohjanmaan Keskussairaala Eettinen toimikunta

Vastuuhenkilö organisaatiossa Pirjo Hautala-Jylhä

Tutkimusluvan anoja(t) Elina Tuoretmaa ja Kaisa Nukso-Koivisto

Osoite Mariankatu 16 H 3 as 1 67200 Kokkola
Puhelin 040-7226413 (E.Tuoretmaa)
Sähköpostiosoite elina.tuoretmaa@cou.fi & kaisa.nukso-koivisto@cou.fi

Tutkimuksen nimi Hoitohenkilökunnan tiedot ja kokemukset sateenkaariperheistä

Tutkimuksen tarkoitus Saada selville hoitajien ja kätilöiden tiedot, kokemukset ja asenteet sateenkaariperheistä.

Tutkimuksen kohderyhmä Osasto 3, kätilöt, sairaanhoitajat, Naistenpoliklinikka, äitiyspoliklinikka

Aineiston keruun arvioitu ajankohta Huhtikuu - toukokuu 2010

Tutkimusmenetelmä kysymyslomake, avoimet ja suljetut kysymykset

Tutkimussuunnitelma hyväksytty 4 / 12 2009

Tutkimuksen ohjaaja [signature]

Lupa myönnetään

paikka ________ *aika* ____/____ 20__

☐ *anomuksen mukaisesti* ☐ *muutosehdotuksin* ☐ *hylätty*

Luvanmyöntäjän allekirjoitus ________

LIITTEET
☒ *Tutkimussuunnitelma*
☒ *Kysely/haastattelulomake*
☒ *Muut liitteet, mitkä* saatekirje

Saatekirje 19.3.2010

Olemme kaksi kolmannen vuoden terveydenhoitajaopiskelijaa Keski-Pohjanmaan ammattikorkeakoulusta, ja olemme nyt tekemässä opinnäytetyötämme. Opinnäytetyömme tavoitteena on selvittää odottavien- ja lapsiperheiden kanssa työskentelevien hoitotyön ammattilaisten kokemuksia siitä onko heillä tarpeeksi tietoa sateenkaariperheistä ja heidän tarpeistaan. Tutkimus toteutetaan kyselylomakkeen muodossa Kokkolan alueen neuvoloissa ja Keski-Pohjanmaan keskussairaalan synnytysosastolla sekä äitiys- ja naistentautien poliklinikoilla. Työllämme haluamme tuoda aihetta tutummaksi sosiaali- ja terveydenhuollon ammattilaisille.

Sateenkaariperheellä viitataan lesbo-, homo-, bi-, ei-heteroseksuaalien ja transvanhempien lapsiperheisiin. Lisäksi sateenkaariperheellisiksi itseään nimittää myös joukko heterovanhempia, jotka haluavat ylittää perinteiset sukupuoliroolit ja perinteisen heteroydinperhemallin omassa vanhemmoimisessaan ja/tai lasten kasvatuksessa. (Suomalaiset sateenkaariperheet sosiaali- ja terveyspalveluissa ja koulussa, 2007)

Käsittelemme vastaukset luottamuksellisesti ja anonyymisti, ja vastaukset hävitetään niiden analysoinnin jälkeen. Toivomme, että vastaat rehellisesti kaikkiin kysymyksiin. Vastaukset palautetaan 31.5 mennessä.

Vastaamme mielellämme kysymyksiin.

Ystävällisin terveisin,

Kaisa Nokso-Koivisto & Elina Tuoretmaa

kaisa.nokso-koivisto@cou.fi 0503631552

elina.tuoretmaa@cou.fi 040-72264113

KYSELYLOMAKE

Taustatietoja

1) Ikä:

- ☐ 16-20
- ☐ 20-25
- ☐ 26-35
- ☐ 36-45
- ☐ 46-55
- ☐ 56+

2) Koulutus:

- ☐ terveydenhoitaja
- ☐ kätilö
- ☐ sairaanhoitaja
- ☐ opiskelija
- ☐ jokin muu, mikä: ____________________

3) Yksikkö jossa työskentelet

- ☐ sairaalassa
- ☐ neuvolassa

4) Työkokemusvuodet yhteensä

a) alle 1 vuosi

b) 1-5 v

c) 6-10v

d) 11-15v

e) yli 16

1. Minulla on aikaisempaa tietoa siitä, mikä on sateenkaariperhe ennen tätä tutkimusta.

    - ☐ Kyllä, minulla on ollut hyvä käsitys siitä, mitä sateenkaariperhe tarkoittaa
    - ☐ Kyllä, minulla on ollut jonkinlainen käsitys siitä, mitä sateenkaariperhe tarkoittaa
    - ☐ En ole ollut täysin varma siitä, mitä sateenkaariperhe tarkoittaa
    - ☐ Ei, minulla ei ole ollut juurikaan tietoa siitä, mitä sateenkaariperhe tarkoittaa
    - ☐ Ei, en ole tiennyt lainkaan, mitä sateenkaariperhe tarkoittaa

2. Hoitotyön ammattilaisena minulla on riittävästi tietoa sateenkaariperheistä/ ei-heteroperheistä, voidakseni tarjota heille samanarvoisia palveluja kuin heteroperheille.

    - ☐ Täysin samaa mieltä
    - ☐ Jonkin verran samaa mieltä
    - ☐ En osaa sanoa
    - ☐ Jonkin verran eri mieltä
    - ☐ Täysin eri mieltä

3. a) Olen itsenäisesti hakenut sateenkaariperheisiin liittyvää tietoa?

    - ☐ Kyllä
    - ☐ En

    b) Hakiessani itsenäisesti tietoa, saan sitä parhaiten

    - ☐ Tutkimukset (artikkelit, tieteelliset tutkimukset)
    - ☐ Aiheesta julkaistu kirjallisuus
    - ☐ Ammattiliittojen lehdet
    - ☐ Media (televisio, Internet, radio, sanomalehdet)
    - ☐ Jokin muu, mikä? ______________________________

4. Seuraavat käsitteet kuvaillen omin sanoin

Homoseksuaalisuus

___

___

___

Biseksuaalisuus

___

___

___

Transsukupuoli

___

___

___

Sateenkaariperhe

___

___

___

5. Seuraavat sateenkaariperheisiin liittyvät lainsäädännöt ovat minulle tuttuja.

- ☐ Hedelmöityshoitolaki
- ☐ Laki lapseksiotosta
- ☐ Laki rekisteröidystä parisuhteesta
- ☐ Laki oheishuoltajuudesta

6. a) Haluan/tarvitsen lisää tietoa sateenkaariperheisiin liittyen.

- ☐ Kyllä
- ☐ En
- ☐ En osaa sanoa

b) jos vastasit edelliseen kysymykseen kyllä, niin minkälaista tietoa haluaisit.

- ☐ Avoin luento/ seminaari
- ☐ Jokin kurssi esim. Keski-Pohjanmaan Ammattikorkeakoulu
- ☐ Verkkokurssi
- ☐ Hoitohenkilökunnalle suunnattua tutkittua kirjallista tietoa (esim. tieteelliset julkaisut, ammattikirjallisuus)
- ☐ Joku muu, mikä ___________________________________

7. a) Minulle on tarjottu koulutusta sateenkaariperheisiin liittyen?

- ☐ Kyllä
- ☐ Ei

b) Jos vastasit edelliseen kysymykseen kyllä, minkä tyyppisessä koulutuksessa olet ollut mukana?

- ☐ Seksuaalineuvoja-kurssi
- ☐ Avoin luento/ seminaari
- ☐ Joku muu, mikä ________________

8. Kenen järjestämässä koulutuksessa olet ollut mukana?

- ☐ Seta
- ☐ Sexpo
- ☐ Väestöliiitto
- ☐ Ammattikorkeakoulu tai yliopisto
- ☐ Joku muu, mikä_________________

9. a) Olen työssäni kohdannut sateenkaariperheisiin kuuluvia asiakkaita.

- ☐ Kyllä olen
- ☐ En ole
- ☐ En tietääkseni ole

b) Kokemuksiani/ ajatuksiani sateenkaariperheistä:

____
____
____
____
____

10. Voin työssäni kohdata sateenkariperheen jäsenet samanvertaisina kuin heteroydinperheen jäsenet?

- ☐ Täysin samaa mieltä
- ☐ Jonkin verran samaa mieltä
- ☐ En osaa sanoa
- ☐ Jonkin verran eri mieltä
- ☐ Täysin eri mieltä

11. Lomakkeet ja kirjausjärjestelmät työpaikallani soveltuvat riittävästi sateenkaariperheiden tietojen rekisteröinnin työvälineiksi?

- ☐ Täysin samaa mieltä
- ☐ Jonkin verran samaa mieltä
- ☐ En osaa sanoa
- ☐ Jonkin verran eri mieltä
- ☐ Täysin eri mieltä

12. Saan riittävästi myönteistä tukea työympäristöstäsi sateenkaariperheiden kohtaamiseen?

- ☐ Täysin samaa mieltä
- ☐ Jonkin verran samaa mieltä
- ☐ En osaa sanoa
- ☐ Jonkin verran eri mieltä
- ☐ Täysin eri mieltä

13. a) Minulla on riittävästi valmiuksia (tietoa, kokemuksia, koulutusta) kohdata sateenkaariperheitä terveydenhuollon asiakkaina.

- ☐ Täysin samaa mieltä
- ☐ Jonkin verran samaa mieltä
- ☐ En osaa sanoa
- ☐ Jonkin verran eri mieltä
- ☐ Täysin eri mieltä

b) Voit halutessasi kertoa tarkemmin omin sanoin.

____
____
____
____

14. Työpaikallani käytettävistä oppaista ja esitteistä on hyötyä sateenkaariperheitä kohdatessani?

- ☐ Täysin samaa mieltä
- ☐ Jonkin verran samaa mieltä
- ☐ En osaa sanoa
- ☐ Jonkin verran eri mieltä
- ☐ Täysin eri mieltä

15. Työpaikallani saisi olla enemmän oppaita ja esitteitä sateenkaariperheisiin liittyen?

- ☐ Täysin samaa mieltä
- ☐ Jonkin verran samaa mieltä
- ☐ En osaa sanoa
- ☐ Jonkin verran eri mieltä
- ☐ Täysin eri mieltä

THE QUESTIONNAIRE

Background information

1) Age:

- ☐ 16-20
- ☐ 20-25
- ☐ 26-35
- ☐ 36-45
- ☐ 46-55
- ☐ 56+

2) Education:

- ☐ Public health nurse
- ☐ Registered nurse
- ☐ Midwife
- ☐ Student
- ☐ Something else, what: ____________________

3) Place of work

- ☐ Hospital
- ☐ Welfare clinic

4) Years of work experience in total

a) Less than 1 year
b) 1-5 years
c) 6-10 years
d) 11-15 years
e) Over 16 years

1. I have had earlier knowledge about what is a rainbow-family before this research.

    - ☐ Yes, I have had a good conception what rainbow-family means
    - ☐ Yes, I have had some kind of conception what rainbow-family means
    - ☐ I have not been totally sure what rainbow-family means
    - ☐ No, I have not had almost any conception what rainbow-family means
    - ☐ No, I have not know at all what rainbow-family means

2. As a health care professional I have enough knowledge about rainbow-families/ non-hetero-families, to offer them equal services as to hetero-families.

    - ☐ Totally agree
    - ☐ Partially agree
    - ☐ Cannot say
    - ☐ Partially disagree
    - ☐ Totally disagree

3. a) I have independently searched for information concerning rainbow-families

    - ☐ Yes
    - ☐ No

    b) When I search for information, I use

    - ☐ Researches (articles, scientific researches)
    - ☐ Literacy published about the topic
    - ☐ The magazines of professional unions
    - ☐ Media (television, Internet, radio, newspapers)
    - ☐ Something else, what? _____________________________

4. Following concepts described in own words

Homosexuality

____
____
____

Bisexuality ____
____

Transgender

____
____
____

Rainbow-family

____
____
____

5. The following Laws concerning the rainbow-families are familiar to me.

- ☐ The law of fertilization
- ☐ The law of adoption
- ☐ The law of registered relationship
- ☐ The law of incidental guardian

6. a) I want/ need more information concerning rainbow-families

- ☐ Yes
- ☐ No
- ☐ I can not say

b) If You answered ”yes” to the previous question, which kind of information that would be.

- ☐ Open lecture/ seminar
- ☐ Some kind of course (f.ex. the Central Ostrobothnia University of Applied Sciences)
- ☐ Internet course
- ☐ Researched literacy directed towards professional health care workers (f.ex. scientific publications, professional literacy)
- ☐ Something else, what? ______________________________________

7. a) I have been offered education/training concerning rainbow-families.

- ☐ Yes
- ☐ No

b) If You answered the previous question ”Yes”, what kind of education/training were You offered?

- ☐ Sexual adviser -course
- ☐ Open lecture or seminar
- ☐ Something else, what? _________________

8. Who organized the education/training in which You participated in?

- ☐ Seta
- ☐ Sexpo
- ☐ Väestöliiitto
- ☐ University or University of Applied Sciences
- ☐ Something else, what? __________________

9. a) In my work, I have met members of rainbow-families as my clients.

- ☐ Yes I have
- ☐ No I have not
- ☐ Not as far as I know

b) My experiences/ thoughts concerning rainbow-families:

____
____
____
____

10. In my work I can interact with rainbow-family member equal to hetero-corefamily members?

- ☐ Totally agree
- ☐ Partially agree
- ☐ Cannot say
- ☐ Partially disagree
- ☐ Totally disagree

11. The forms and reporting system in my work place are adequate tools to register information of rainbow-families?

- ☐ Totally agree
- ☐ Partially agree
- ☐ Cannot say
- ☐ Partially disagree
- ☐ Totally disagree

12. My working environment gives me positive support to provide equal services to rainbow-families?

- ☐ Totally agree
- ☐ Partially agree
- ☐ Cannot say
- ☐ Partially disagree
- ☐ Totally disagree

13. a) I have enough readiness (knowledge, experience, education) to interact with rainbow-family members as clients in health care services

- ▯ Totally agree
- ▯ Partially agree
- ▯ Cannot say
- ▯ Partially disagree
- ▯ Totally disagree

b) If You want, You can give more detailed thought

____
____
____

14. The guides and leaflets in my workplace are useful when meeting members of a rainbow-family?

- ▯ Totally agree
- ▯ Partially agree
- ▯ Cannot say
- ▯ Partially disagree
- ▯ Totally disagree

15. There should be more guides and leaflets in my workplace concerning rainbow-families?

- ▯ Totally agree
- ▯ Partially agree
- ▯ Cannot say
- ▯ Partially disagree
- ▯ Totally disagree