



# Teismeliste rasedused: kas liiga palju või liiga vähe?

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22. september 2021

Seksuaaltervise indikaatorid?

# Seksuaaltervis

...on **seksuaalsusega seotud kehalise, emotsionaalse, vaimse ja sotsiaalse heaolu seisund**, mitte üksnes haiguse, puude või häire puudumine.

Hea seksuaaltervise eelduseks on positiivne ja lugupidav suhtumine seksuaalsusesse ja seksuaalsuhetesse, **samuti võimalus nauditavateks ja turvalisteks seksuaalkogemusteks**, mis on vabad sunnist, diskrimineerimisest ja vägivallast.

Hea seksuaaltervis eeldab kõikide inimeste **seksuaalsete õiguste austamist, kaitsmist ja arvestamist**.

*(Maailma Terviseorganisatsioon, 2006)*

# Millised võiksid olla seksuaaltervise indikaatorid vastavalt sellele definitsioonile?

kuigi **seksuaaltervise mõiste on holistiline**, on valdavalt uuringud ja tegevused suunatud HIV, suguhaiguste ja planeerimata raseduste vältimisele; viimastel aastatel tähelepanu seksuaalvägivallale

väga harva on analüüsi eesmärgiks **seksuaalne rahulolu ja heaolu**

*(Wellings K, Johnson AM. Framing sexual health research: adopting a broader perspective. Lancet 2013;382:1759–1762.)*

inimeste seksuaalkäitumist **vormib ajalooline ja sotsiaalne kontekst**, samamoodi on mõjutatud seksuaalsuse uuringutega tegelejad, seksuaaltervise edendajad; erinevaid ajastuid iseloomustavad erinevad sotsiaalsed mõjujõud

seksuaaltemaatikale **tähenduse andmine on ajas ja kohas muutuv** – nt "perverssus" *versus* "erinevus"; teismeliste rasedused - sotsiaalne norm?

*(Wellings K, Johnson AM. Framing sexual health research: adopting a broader perspective. Lancet 2013;382:1759–1762.)*

Seksuaaltervise indikaatorid Eestis

# Andmebaasid, uuringud Eestis

- Eesti Meditsiiniline Sünniregister (andmed alates 1992)
- Eesti Abordiregister/Raseduskatkestusandmekogu (andmed alates 1996)
- (Raseduse infosüsteem/isikustatud andmed alates 15.03.2019)
- Tervise Arengu Instituudi poolt korraldatud seksuaalkäitumise, hoiakute uuringud läbi aastakümnete
- Seksuaaltervise ja -käitumise uuringud kõrgkoolides
- Inim- ja intiimsuhete võrdlev uuring 2000 (Elina Haavio-Mannila)
- HIV statistika, (suguhaiguste statistika)

# Seksuaalelu alustamine Eestis

- Keskmiselt **17,5**-aastaselt, sama poistel ja tütarlastel
- Noorenemine umbes üks aasta võrreldes 1990. aastate algusega
- Seaduspära: mida kõrgem haridus 20. eluaastate lõpuks, seda hiljem seksuaalelu alustatud
- **2/3 18-aastastest** seksuaalvahekorra kogemusega (2015)

Alates **2003.** aastast **20-22%** alla 16-aastastest seksuaalvahekorra kogemus; **2015.** aastal **15%** (statistiliselt oluline vahe varasemaga)



Teismeliste rasedused Eestis alates  
1992. aastast



TEATEID ELUST

25.03.2019, 15:58

## Eurostati järgi on Eesti Euroopa meister aborditegemises (83)

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Eestlannad teevad hulga rohkem aborte kui Euroopa Liidu teiste riikide naised. Seda nii iga sünnitusealise naise kui iga sünnituse kohta.

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## Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Recent Trends



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Article history: Received February 11, 2014; Accepted September 4, 2014

Keywords: Teen pregnancies; Cross-national comparisons; Pregnancy trends; Pregnancy outcomes

### A B S T R A C T

**Purpose:** To examine pregnancy rates and outcomes (births and abortions) among 15- to 19-year olds and 10- to 14-year olds in all countries for which recent information could be obtained and to examine trends since the mid-1990s.

**Methods:** Information was obtained from countries' vital statistics reports and the United Nations Statistics Division for most countries in this study. Alternate sources of information were used if needed and available. We present estimates primarily for 2011 and compare them to estimates published for the mid-1990s.

**Results:** Among the 21 countries with complete statistics, the pregnancy rate among 15- to 19-year olds was the highest in the United States (57 pregnancies per 1,000 females) and the lowest rate was in Switzerland (8). Rates were higher in some former Soviet countries with incomplete statistics; they were the highest in Mexico and Sub-Saharan African countries with available information. Among countries with reliable evidence, the highest rate among 10- to 14-year olds was in Hungary. The proportion of teen pregnancies that ended in abortion ranged from 17% in Slovakia to 69% in Sweden. The proportion of pregnancies that ended in live births tended to be higher in countries with high teen pregnancy rates ( $p = .02$ ). The pregnancy rate has declined since the mid-1990s in the majority of the 16 countries where trends could be assessed.

**Conclusions:** Despite recent declines, teen pregnancy rates remain high in many countries. Research on the planning status of these pregnancies and on factors that determine how teens resolve their pregnancies could further inform programs and policies.

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### IMPLICATIONS AND CONTRIBUTION

Adolescent pregnancy rates declined since the mid-1990s in most developed countries with reliable trend data, but the rate remains exceptionally high in the United States. Rates are even higher in Sub-Saharan Africa and in some former Soviet countries where data quality is variable. The proportion of pregnancies ending in abortion varies widely across countries.

16 riigi ülevaade 1990. aastate keskpaigast kuni 2011:  
Kiireim aastane teismeliste raseduste esinemise langus (-4%) oli Eestis

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## Trends in teenage delivery and abortion rates in Estonia over more than two decades: a nationwide register-based study

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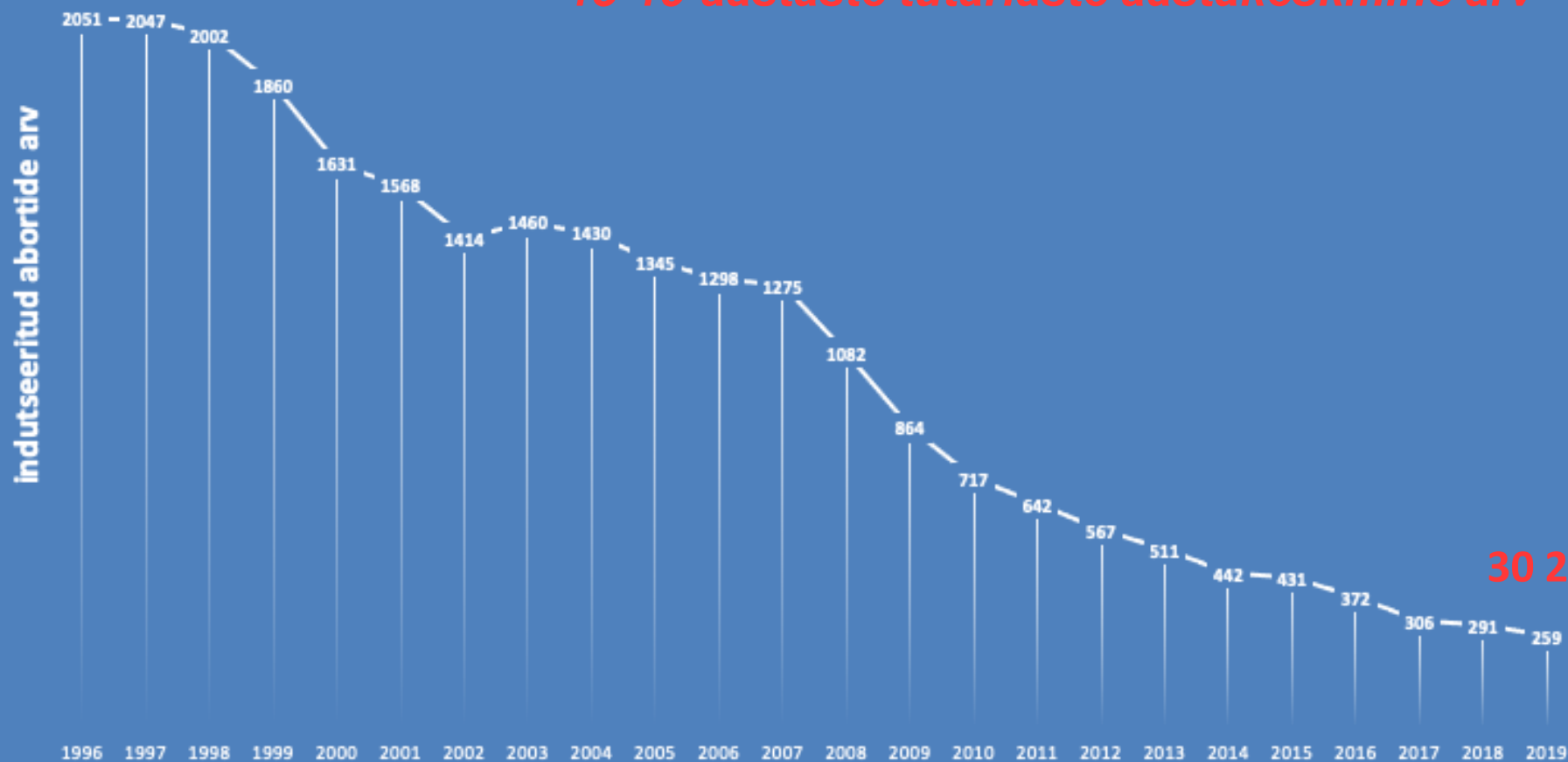
**Background:** In the last 30 years, Estonia has undergone major socio-economic changes, including profound educational and healthcare reforms. The study aimed to analyse trends in teenage delivery and induced abortion rates among younger and older teens, including Estonians and non-Estonians, and to study trends in repeat teenage pregnancies in more detail. **Methods:** The register-based study included data on 29 818 deliveries (1992–2019) and 25 865 (1996–2019) induced abortions among 15–19-year-old girls. Delivery and abortion rates per 1000 girls were calculated by age group, ethnicity and reproductive history. Poisson regression models were applied to estimate average annual percentage changes in delivery and abortion rates over the whole period and in two sub-periods with change points in the trend in 2007. **Results:** The delivery rate decreased by 5.3% per year, from 49.9 in 1992 to 8.4 in 2019; the abortion rate decreased by 6.0% per year, from 42.4 in 1996 to 8.6 in 2019. A faster decline in delivery rates took place among Estonians than non-Estonians, but the opposite trend occurred in abortion rates. Delivery rates for first and repeat pregnancies decreased nearly at the same pace, while abortion rates for repeat pregnancies decreased faster than those for first pregnancies. **Conclusions:** A decreasing trend in teenage births is evident in parallel with society becoming wealthier. A remarkable decline in teenage abortions occurs when young people's rights to safe abortion, contraception, mandatory sexuality education and youth-friendly services are ensured. There always remains a small group of adolescents who repeatedly become pregnant.

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# INDUTSEERITUD ABORDID, 15-19-AASTASED, EESTI, 1992-2019

52 154

15-19-aastaste tütarlaste aastakeskmine arv

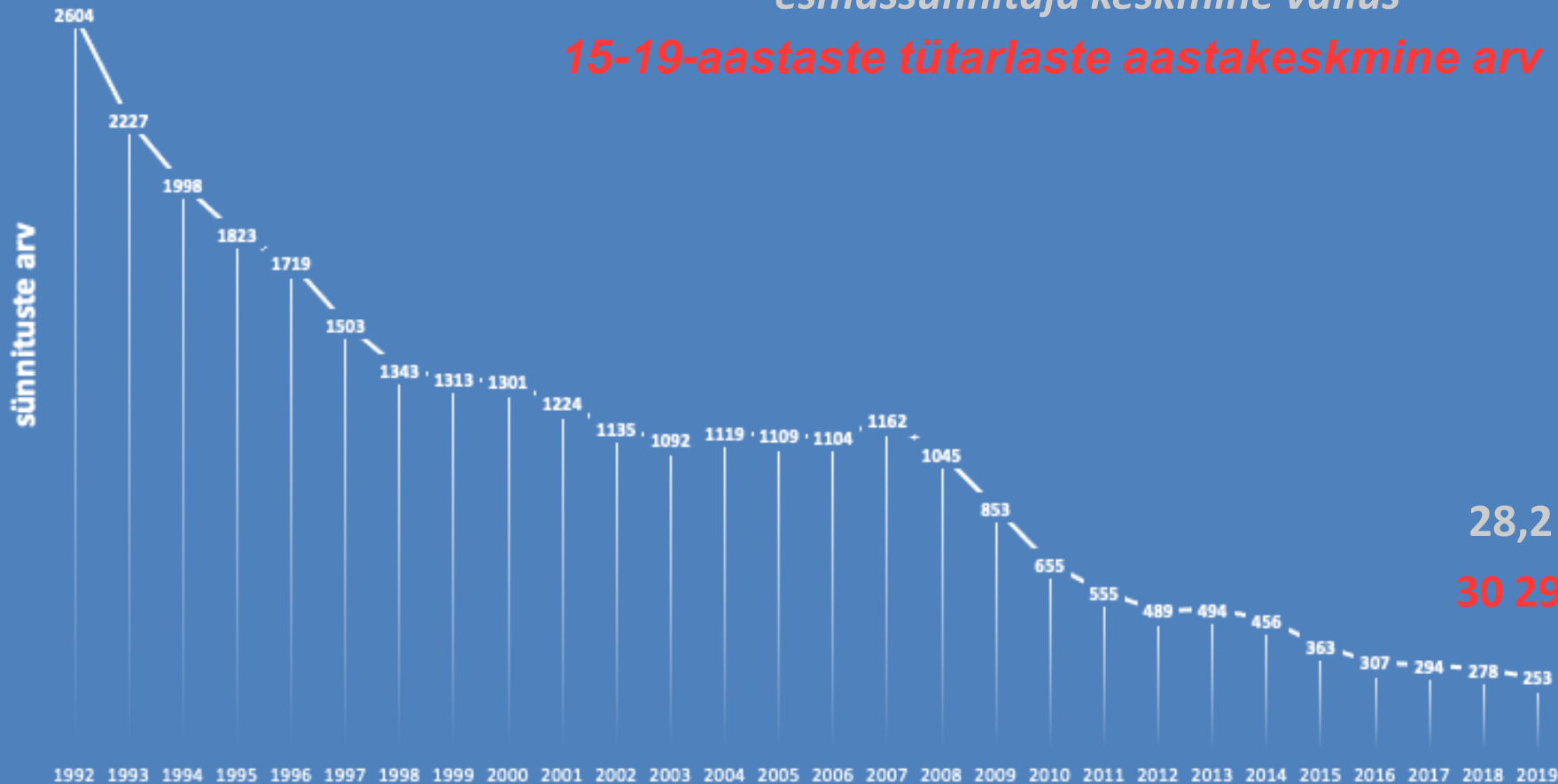


# SÜNNITUSED, 15-19-AASTASED, EESTI, 1992-2019

22,7  
52 154

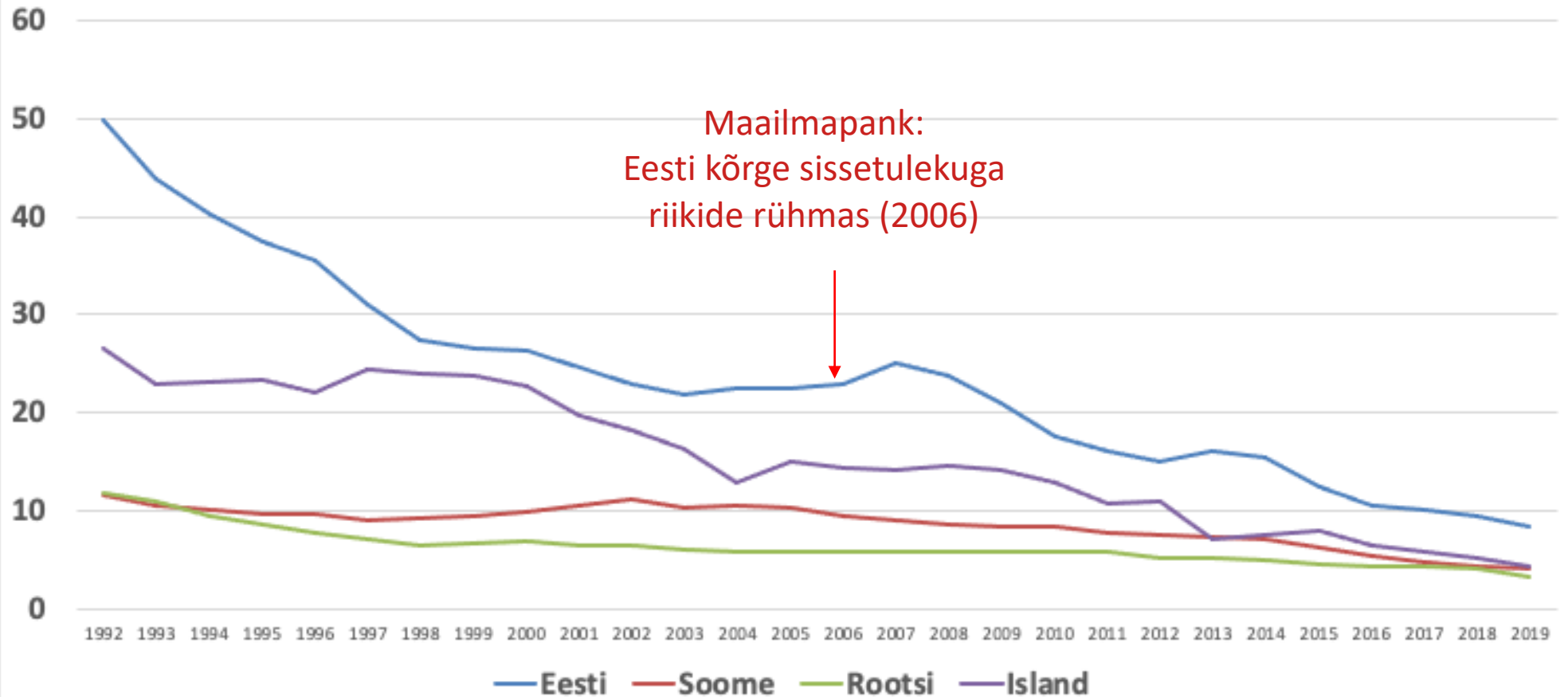
*esmassünnitaja keskmine vanus*

**15-19-aastaste tütarlaste aastakeskmise arv**

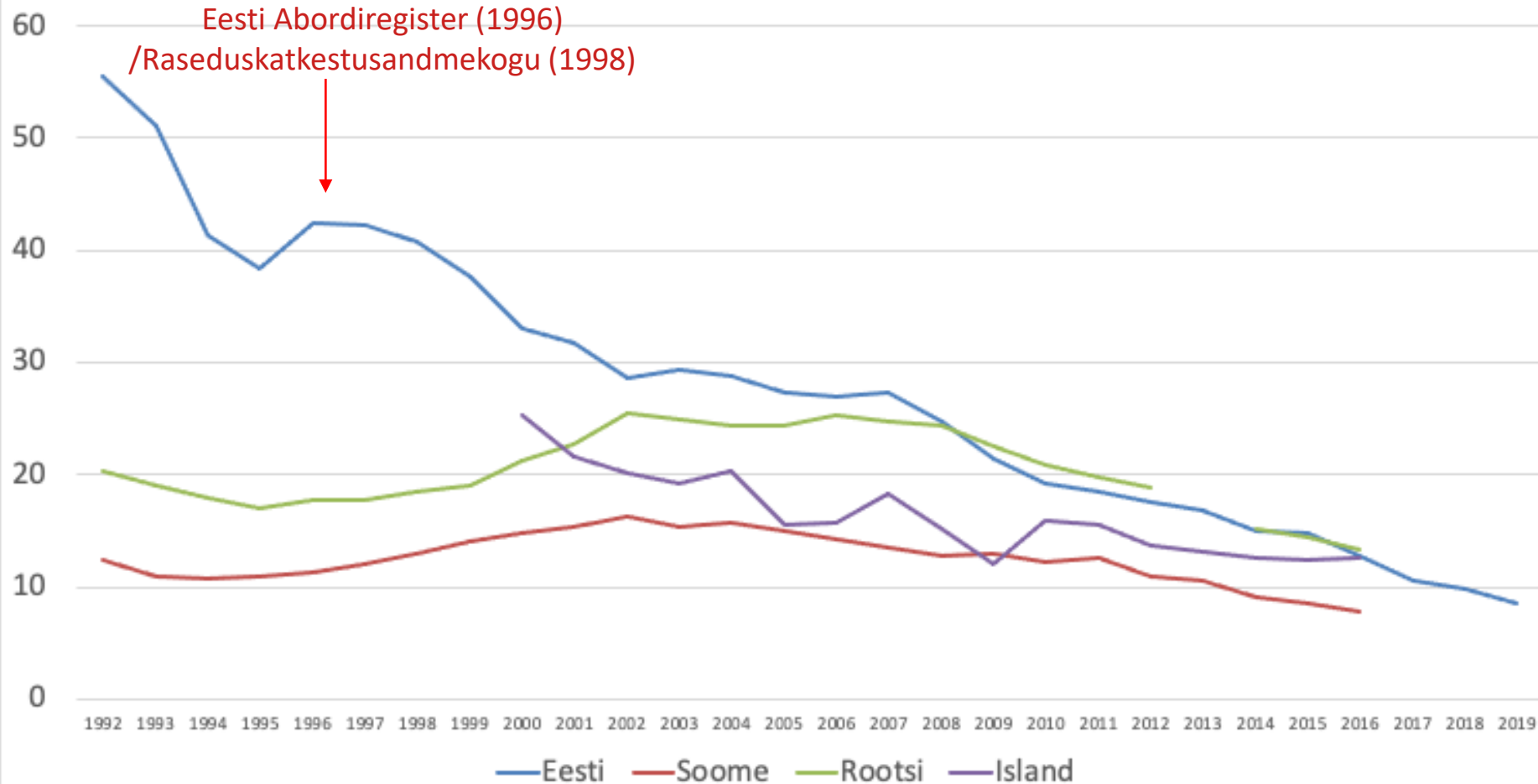


30 292

# Sünnituste arv (Eesti), elussündide arv (Soome, Rootsi, Island) 1000 15-19-aastase tütarlapse kohta

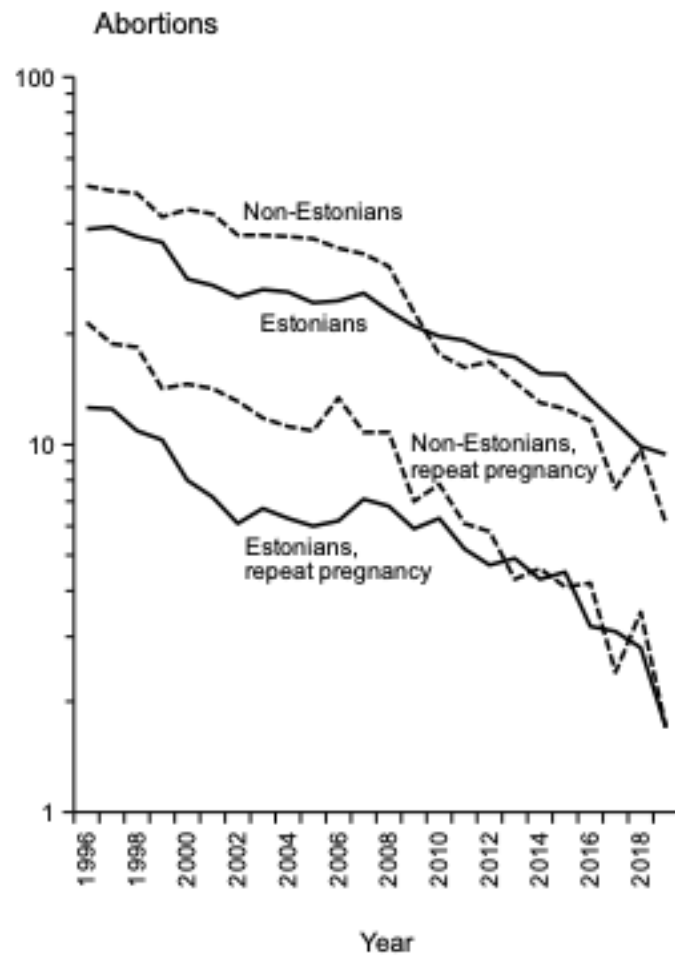
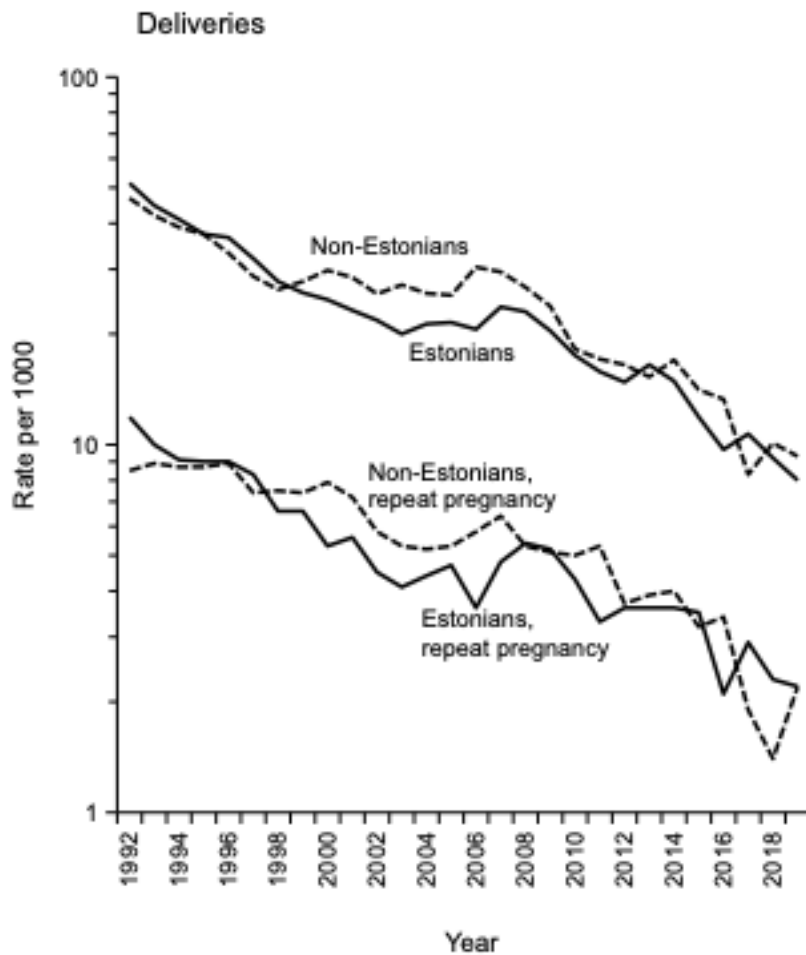


## Indutseeritud abortide arv 1000 15-19-aastase tütarlapse kohta, Eesti, Soome, Rootsi, Island 1992-2019





Sünnitused, indutseeritud abordid, kordusrasedused, kordaja 1000 alla 20-aastase naise kohta, eestlased, mitte-eestlased, Eesti, 1992/1996-2019



Teismeliste rasedused: milliste  
teguritega seotud?

# Vägivald laste ja teismeliste maailmas:

- Peresisese vägivalda tunnistajaks olemisel on seksuaalsele riskikäitumisele samasugune mõju, kui otsesel vägivallal (van Rosmalen-Nooijens et al, 2017; Haldre et al, 2009)
- Lapsepõlves kogetud seksuaalvägivald ja madal enesehinnang on seotud lähisuhte vägivallaga ja kontratseptsiooni mittekasutamisega (Nelson et al, 2017)

van Rosmalen-Nooijens, K. A. W. L., et al. (2017). Does witnessing family violence influence sexual and reproductive health of adolescents and young adults? A systematic review. *Psychology of Violence*, 7(3), 343–374.

Haldre K, et al. Individual and familial factors associated with teenage pregnancy: an interview study. *Eur J Public Health* 2009;19:266–70.

Nelson DB, et al. Preventing Unintended Pregnancy Among Young Sexually Active Women: Recognizing the Role of Violence, Self-Esteem, and Depressive Symptoms on Use of Contraception. *J Womens Health (Larchmt)*. 2017;26(4):352-360.

## Individual and familial factors associated with teenage pregnancy: an interview study

Kai Haldre<sup>1,2,3</sup>, Kaja Rahu<sup>4,5</sup>, Mati Rahu<sup>4,5</sup>, Helle Karro<sup>1</sup>

**Background:** The determinants of teenage sexual health, including pregnancies, can be addressed from social, familial and individual level perspectives. The main objective of this study was to examine whether pregnancy among 18 years old and younger girls were associated with selected individual (age at coitarche, score of sexual health knowledge, dislike of school) and family (mother's education) and family functioning (alcohol abuse in the family, parents' acceptance of sexual relationship) characteristics. **Methods:** An interview survey in two medical institutions in Estonia among 279 18 year old and younger girls, who: (i) used contraception, had been sexually active for at least 6 months and had not pregnancies—(148 girls); (ii) came for termination of pregnancy—abortion group; (iii) planned to deliver and came for prenatal care—delivery group. The last two groups were analysed together as the 'pregnancy group'—131 girls. Multivariate analysis, by means of logistic regression models, was used to explore whether the associations were sustained after adjusting for other variables. Crude odds ratios (ORs), adjusted ORs and their 95% confidence intervals (CIs) were estimated, with girls having no pregnancies as the reference group. **Results:** Risk factors associated with teenage pregnancy were low score of sexual health knowledge (adjusted ORs 3.07; 95% CIs 1.73–5.46), dislike of school (adjusted ORs 1.96; 95% CIs 1.08–3.54), alcohol abuse by family members (adjusted ORs 2.03; 95% CIs 1.16–3.54). **Conclusion:** Sexual knowledge of teenagers, their attitude towards school, alcohol abuse in the family are factors associated with teenage pregnancies.

**Keywords:** adolescence, pregnancy, individual factors, familial factors

Eesti  
279 tütarlast  
alla 19-aastased  
intervjuud

Teismeliste planeerimata  
rasedused seotud:  
- vähesed teadmised  
seksuaaltervisest  
- ei meeldi koolis käia  
- alkoholi sage kasutamine  
lähedaste pereliikmete poolt (see  
omakorda seotud vägivalga  
esinemisega perekonnas)

# Determinants of underage induced abortion – the 1987 Finnish Birth Cohort study

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## Key words

Abortion, induced, pregnancy in adolescence, epidemiology, reproductive health

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## Conflict of interest

The authors have stated explicitly that there are no conflicts of interest in connection with this article.

Please cite this article as: Leppälähti S, Heikinheimo O, Paananen R, Santalahti P, Merikukka M, Gissler M. Determinants of underage induced abortion – the 1987 Finnish Birth Cohort study. *Acta Obstet Gynecol Scand* 2016; 95:572–579.

Received: 11 November 2015  
Accepted: 9 February 2016

## Abstract

**Introduction.** Although underage pregnancies often end in induced abortion, data on girls who undergo termination of pregnancy are lacking. Our aim was to identify determinants of underage induced abortion and compare them with those of childbirth. **Material and methods.** All girls born in 1987 in Finland surviving the perinatal period ( $n = 29\,041$ ) were included in the study and divided into three study groups: Girls undergoing induced abortion ( $n = 1041$ , 3.6%) or childbirth ( $n = 395$ , 1.4%) at <18 years of age and girls with no underage pregnancies ( $n = 27\,605$ , 95.0%). **Results.** Shared risk factors of underage induced abortion and childbirth included early onset behavioral and emotional disorders [adjusted OR 1.9 (1.4–2.5) and 2.7 (95% CI 1.8–3.9)], a history of foster care [1.5 [1.1–1.9] and 3.0 [2.3–4.1]], and socioeconomic factors, including living in a family receiving income support [1.8 (1.5–2.1) and 3.4 (2.7–4.4)], respectively. Specific risk factors of underage induced abortion were psychoactive substance use disorders [2.2 (1.3–3.5)], having a mother who smoked during pregnancy [1.5 (1.3–1.8)] or had undergone induced abortion [1.8 (1.5–2.2)]. Coping with a chronic physical illness [0.7 (0.5–0.9)], and perinatal problems [0.6 (0.4–0.7)] were inversely associated with underage induced abortion. **Conclusions.** The traditionally acknowledged determinants of underage childbirth played a less prominent role in induced abortion. Novel risk factors of underage induced abortion were found, including severe substance abuse and adverse maternal reproductive history, and should be addressed at all levels offering youth healthcare and social welfare services.

Soome

29 041 naist

Sündinud 1987

7 erineva registri andmed

Rasedused alla 18-aastaselt seotud:

- varases eas alanud emotsionaalsed ja käitumishäired
- elukoht hooldusasutuses
- perekond elatub sotsiaaltoetusest

Abordid alla 18-aastaselt seotud:

- psühhoaktiivsete ainete kasutamine
- ema suitsetamine raseduse ajal
- emal olnud abort



25. september 2018, 14:43

# Otse Postimehest: Paavsti jälg Eestis. Urmas Viilma



**Vilja Kiisler**  
erikorrespondent

Hr Urmas Viimaa, EELK piiskop naistest, abordist ja selle lubatavusest: “Andeks antakse neile, kes oma tegusid kahetsevad ja neil on tõesti **süütunne selle suhtes...kui see süütunne seda naist vaevab...Sinu patud on Sulle andeks antud...kui ta on seda kahetsenud...**”

# Kokkuvõte

- Eestis on usaldusväärsed andmed teismeliste sünnituste ja abortide kohta
- Sünnituste arv teismelistel seotud riigi rikkuse tasemega ja selle jaotusega
- Noori emasid tuleb igati toetada, et nad saaksid hariduse ja tagada lapsele vajaliku hoole
- Teismeliste abortide tase on seotud ühiskonna suhtumisega noorte seksuaalsusesse, st seksuaalideoloogiaga (seadusandlus, haridus, teenused, rasestumisvastased vahendid jm)
- Kui ühiskonnas tervikuna vähe teismeliste rasedusi: rasedused seotud individuaalsete teguritega (vaesus, kiusamine, vägivald, vaimse tervise probleemid, alkoholi kasutamine perekonnas jm)
- Eesti näide: teismeliste planeerimata raseduste esinemine väheneb, kui abordiseadus on liberaalne, seksuaalharidus, kontratseptsioon ja noortele sobivad teenused on kättesaadavad