

# A new method for sexual health consultations with youth in Sweden

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A procedure that uses written questions to identify visitors to youth clinics who have experienced or risk experiencing sexually transmitted infections, unplanned pregnancy or sexual violence is receiving high

praise from personnel and visitors. This is the conclusion of a doctoral thesis from Linköping University, Sweden.

Young people have a higher risk of sexual ill-health in the form of sexually transmitted infections, [unplanned pregnancy](#) and [sexual violence](#) than other age groups. Youth clinics have been established throughout Sweden and work principally with the sexual and mental health of young people, 13-24 years.

"It has, however, been a problem that sexual ill-health in those who visit such clinics often remains undiscovered, since young people seldom describe these experiences in their contact with the healthcare system, and personnel do not routinely ask visitors about the risks they face or negative sexual experiences they have had," says Sofia Hammarström, who recently presented her [doctoral thesis](#) at the Department of Health, Medicine and Caring Sciences, Linköping University.

She presents in the thesis studies of how it is possible to identify young people at risk, and describes a method she has developed and tested at three youth clinics. The method, SEXIT, consists of a questionnaire for visitors and training and a manual for personnel. It involves young people who visit a youth clinic answering a questionnaire, followed by a discussion during the visit. In a [pilot study](#), a total of 268 young visitors answered the questionnaire and a significant number of them described several risk factors or [negative experiences](#). The method has been praised by both personnel and visitors. Nearly nine out of ten young people thought that the questions were important. Few experienced the questions to be awkward or difficult to answer.

"The visitors I interviewed said it was easier to describe negative or sensitive experiences by completing a questionnaire than bringing up such questions on their own initiative. They found it important that everyone was offered the questionnaire, and that responding was

voluntary. This creates transparency, and signals to the visitors that the [youth](#) clinic is interested and prepared to discuss difficult questions," says Sofia Hammarström.

The interviews also emphasized the importance of a professional and non-judgemental approach from the personnel when dealing with what may be extremely sensitive issues.

The personnel have found that this way of working has increased both the quality and degree of equality in the healthcare system, since everyone now is asked the same questions. Previously, these questions have only come up if the visitor initiates the discussion or if it is obvious that there are problems. SEXIT now identifies more [visitors](#) who need care or support, not least because the questionnaire includes several important risk factors at the same time. Both [personnel](#) and the young people find it difficult to bring up issues such as experiencing violence or being reimbursed for sex. A [questionnaire](#) can make communication between them easier.

As work with the thesis has progressed, other clinics have become increasingly interested. While working on her research, Sofia Hammarström has also worked as development manager at the Knowledge Centre for Sexual Health, Region Västra Götaland. This has enabled her to develop the method and spread it to others. Youth clinics in 11 of Sweden's 21 regions have implemented the tool, and other units that work with [young people](#) have also expressed an interest.

"We know from research on implementation that it is unusual for new methods in healthcare to be implemented as rapidly as this. I see this as a confirmation that the method works and corresponds to an actual need for those in the field," says Sofia Hammarström.

**More information:** Sofia Hammarström, Identification of young

people at risk of sexual ill health : implementing a new tool in youth clinics, (2021). [DOI: 10.3384/diss.diva-178042](https://doi.org/10.3384/diss.diva-178042)

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