

Adolescent Sexual Health in Sweden

Karin Edgardh, MD, PhD

Center for STD and HIV/Olafia-klinikken, Ullevål University Hospital, Grensen 5-7, NO-0159 Oslo, Norway. karin.edgardh@ulleva.no

In Sweden, society's attitudes towards teenage sexual relations are liberal, and sexual and reproductive health issues are by tradition given high priority. Sex education has been taught in compulsory schools since the 1950s. The age of sexual consent is 15 years. Since 1975, abortion is free on demand. Contraceptive counselling is free and easily available at family planning and youth health clinics, without parental consent. Screening for genital chlamydial infection is performed at these clinics, thus providing "one-stop shop" service. Condoms and oral contraception are available at low cost, and emergency contraception

is sold over the counter. Teenage childbearing is uncommon. Mean age at first birth is 27 years. Despite all these factors, sexual and reproductive health problems among young people are on the rise. Thus, a question of major concern is whether and in what way adolescent sexual behaviour has shifted towards more risky practices over the past decade. Social factors may play a role. During the 1990s – a period of economic stagnation in Sweden – schools suffered serious budget cut-backs. Sex education is now being taught on a lesser scale. Social segregation, school non-attendance, smoking and drug use have increased. At the same time, teenage abortion rates have gone up, from 17/1000 in 1995 to 22.5/1000 in 2001. Genital chlamydial infections have also increased, from 14,000 cases in 1994 to 22,263 cases in 2001, 60% of which occur among young people, with the steepest increase among teenagers. An outbreak of gonorrhoea, otherwise

a rare infection in Sweden, recently occurred among teenagers in Stockholm. Experimental sexual behaviour has become more frequent, and the "love" script is most possibly changing into a "sex for fun" script. Peer sexual harassment and abuse is reported more frequently than during the 1980s.

It may be assumed that increased adolescent health-hazardous behaviour is connected to recent social changes that reduce the health protective factors for young people. In addition, young people are the target group for the highly sexualized mass media. In the national programs for the prevention of STD, HIV, unwanted pregnancy and induced abortion, issues on sexual health and well-being of young people are high on the agenda. The challenge to implement the goals remains to be met.

Two old ladies were outside the nursing home having a smoke when it started to rain. One of the ladies pulled out a condom, cut off the end, put it over the cigarette and continued smoking.

Lady 1 : What's that?

Lady 2 : A condom - this way my cigarette doesn't get wet.

Lady 1 : Where did you get it ?

Lady 2 : You can get them in any drugstore.

The next day, Lady 1 hobbles her way into the local drugstore and announces to the pharmacist that she wants a box of condoms.

The guy, obviously embarrassed, looks at her kind of strangely (she is after all over 80 years of age), and hesitantly asks her what brand she prefers...

Lady 1 : Doesn't matter, son, as long as it fits over a Camel.

The pharmacist fainted.