

Attitudes to Risky Behaviour Among Young Adults Treated for Chlamydia at an STI Clinic: A Qualitative Study

MARGRET LINDBERG¹, MAGNUS LINDBERG¹, ANN-BRITT IVARSSON²† AND ANNSOFIE ADOLFSSON²

¹Department of Dermato-Venereology, Örebro University Hospital, ²Faculty of Medicine, Section of Medical Sciences, and ³Department of Health Sciences, Örebro University, Örebro, Sweden

†Deceased 2016-09-08

This study describes the attitudes to risk behaviour among patients diagnosed with a chlamydia infection at a sexually transmitted infection (STI) clinic. Qualitative interviews were conducted face to face with 18 participants, aged 18–30 years, with a confirmed diagnosis of chlamydia infection. An interview guide was used and participants described the behaviour that had led to their infection. Qualitative content analysis was performed on the theme of risk. A common denominator among participants was risky behaviour in sexual relations when using alcohol, while very few participants took unnecessary risks in life in general. Of the 18 participants, 16 had been tested for STIs previously, and 10 had previously had an STI.

Key words: risk; sexually transmitted infection; young adults; qualitative method; content analysis.

Corr: Margret Lindberg, Department of Dermato-Venereology, Örebro University Hospital, SE-701 85 Örebro, Sweden. E-mail: margret.lindberg@regionorebrolan.se.

Sexually transmitted infections (STIs) are common in Europe, especially among young adults. The World Health Organization (WHO) estimated that there were 105.7 million new cases of *Chlamydia trachomatis* (CT) worldwide in 2008; an increase of 4.2 million cases (4.2 %) compared with 2005 (1, 2). CT is the most common STI in Sweden; in 2002 the number of confirmed cases of CT was 24,691, and by 2015 this had increased to 37,809. The largest increase was in the 15–30 year-old age-group (3).

To understand why the number of infections is increasing, we need to understand what individuals think and feel with regards to their sexual behaviour. The WHO defined health, in a broad sense, in its 1948 Constitution as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (4).

The WHO has also defined sexual health: “Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (5).

In Europe there is a new policy framework for health and well-being, “Health 2020”. This framework aims to support actions across governments and society to “significantly

improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people centred health systems that are universal, equitable, sustainable and of high quality” (6).

Society has evolved over recent decades, with a changed worldview, partially due to increased migration and communication opportunities, not least via the Internet, which has opened new opportunities for contact with different groups of people. Research has shown that young people today are influenced by many different thought systems, through which they find ways of dealing with intimate relationships.

Internet communication encompasses the field of sexuality, bringing both opportunities and risks. It increases a person's opportunities to gain knowledge and explore their own sexuality. However, it also increases the risk of meeting people pretending to be other than they really are. We live in a period of generally higher risk-taking in sexual contexts than previously (7).

Love ideology, which connects sexuality with love, has also been changing over many years, with the resulting dissolution of the “romantic love complex” that governs the forms of our intimate relationships. Many people have increasing numbers of sexual relationships during a lifetime, and few now hold the view that sex should occur only in steady relationships (7).

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“Earlier studies suggest that young people have an adequate knowledge of STIs. Despite this, they engage in risky behaviour, by not using condoms.”

viour, by not using condoms. Many people who contract an STI have had a false sense of security; feeling that they could not contract an infection because they “*know and trust their partner.*” (8).

In spring 2006, the Swedish Public Health Institute published a report entitled “Youth and Sexuality” (7); a review of 90 research studies, which showed that, in general, people take higher risks in sexual contacts currently than in earlier decades. Young people have a more permissive attitude towards sexual contacts and many engage in riskier behaviour when using alcohol (The Swedish Institute for Infectious Disease Control; SMI; 9).

One Internet-based study, commissioned by the Swedish government, found that, in the 15–29 years age-group, those who lived in more socially deprived communities engaged in riskier sexual behaviour, and only 50% of these young people used condoms when engaging in sexual behaviour with new or casual partners. This study also showed that twice as many young adults were infected with STIs compared with the teenage group. The reason for this is that teenagers are provided with free and confidentially distributed condoms by youth health clinics, whereas young adults do not qualify for such assistance (10).

A study on condom usage with 4,062 participants (of whom 1,062 were from Sweden) was published in 2016. Comparison with a similar study conducted in 2013 determined that condom usage had fallen by 5% in the 21–35 years age-group (11).

The aim of the present study was to evaluate the risky behaviour of individuals who consulted the STI clinic for an STI test and were diagnosed with a CT infection.

METHOD

This is a qualitative study with an inductive approach. The aim of a qualitative study is to describe, explain and create deeper understanding of lived experience.

In qualitative research the result does not come from statistical processes or quantitative approaches. Instead, the results often provide descriptions and stories of social, emotional phenomena. The aim is to understand the characteristics and differences described by people when they are in different contexts, situations and environments. Often, the focus is on a single, or just a few, phenomenon. Knowledge is gained on a deeper, more detailed level and can provide a better understanding of phenomena than can be captured quantitatively. Qualitative research can be used to investigate

people’s perceptions, experiences and opinions in relation to a particular phenomenon. This entails seeking understanding and creating an idea of what is being investigated. The criticism that is often made of qualitative studies is the difficulty of generalizability. Instead, the concept of transferability can be used. Transferability is usually defined as similarity between different contexts. Whether a study is conducted using a qualitative or quantitative method, there may be limitations in transferability. Therefore, the selection strategy is equally important in both types of study (12).

The qualitative research methodology offers a number of possible approaches, such as grounded theory, phenomenology and content analysis. The choice of method is determined by the aim of the study (12).

The method used in the current study was qualitative content analysis, based on the ideas of Krippendorff (13). The method was described in detail by Graneheim & Lundman (14). This study included 18 participants aged 18–30 years, who visited an STI clinic and who were confirmed to have a chlamydia infection.

This study, conducted from October 2013 to May 2014, used a qualitative interview method (12, 15) and was performed at the STI clinic of the University Hospital in Örebro, Sweden. The study was approved by the Regional Ethics Committee, Uppsala, 2009/322.

Participants

Patients at an STI clinic aged 18–30 years were included, and who were confirmed to have a chlamydia infection. Only patients confirmed to have a chlamydia infection were invited to join the study. Both men and women were included consecutively.

The clinic nurse asked the patients about participation. They were provided with verbal and written information regarding the study. If a patient agreed to participate, he/she signed a consent form and an appointment for an interview, which took place in a private and confidential room at the STI clinic. Twenty participants were invited to participate and all accepted. Twenty interviews were conducted, but two were lost due to technical problems during recording. The remaining 18 interviews were processed using content analysis (13, 14).

All participants were guaranteed full confidentiality and were informed that they could discontinue participation at any time if they wished. All participants were completely unknown to the interviewer at the time of the interviews.

Table I. Interview guide

Background	
1.	Reason for visiting the STI clinic?
2.	Previous STI tests?
3.	Previous STIs?
4.	How many sexual contacts did you have in the last year and what did you know about your partners?
Theme	
5.	In what way do you establish new contacts? Internet, restaurant, friends...
6.	Do you feel that you expose yourself to risks in sexual relations? Explain and tell me your thoughts. What does the concept of such risks mean to you? Describe.
7.	Do you expose yourself to risks ordinarily? Describe.
8.	Do you use alcohol or drugs? If so, to what extent? Has this influenced you in any way in your choices?
9.	Use of condoms? Information (STI)?

Data collection

The interview guide for this qualitative study (Table I), covered the following areas: reason for visit, previous STI tests, previous STIs, number of partners in the last year, how the contacts were created in new relationships, if the participants felt they exposed themselves to risks in these sexual relations and what the concept of such risks implies. Is risk-taking part of their life philosophy in general? What was the relationship of alcohol and drugs in the risk-taking behaviour? Did alcohol/drugs have any influence on the behaviour? Additional questions were about condom usage and how the participants had received information about STIs. The interviews were recorded on tape. The participants were anonymous in the recordings, which were transcribed verbatim by a secretary for further analysis (14). Background data of the interviewees are shown in Table II.

Data analysis

In the study group, 16 of the patients had previously tested negative for infections. Among these were 3 patients who tested themselves regularly online. Five of the patients previously tested had been tested once before, 3 patients had been tested 3 times before and 5 patients had been tested more than 3 times.

The number of sexual partners that patients had had contact with during the last year ranged from one to 13 (see Table I).

The transcribed interviews were read several times by the author in order to gain a comprehensive impression of the interviews. Codes were written in the margin. A summary of each interview was compiled. The codes were extracted to a code document (16) and then searches were made for parts of the text relevant to the aim. Meaning-bearing units were extracted from the texts that were assessed as relevant. The

Table II. Background data for the participants at an STI clinic in the central of Sweden

Informant	Age	Sex	Sexual partners last 12 months	Previous STI tests	Previous STIs	Reason for contact
1	23	F	13	Yes	Yes	Prompted
2	21	F	2	No	No	Prompted
3	24	M	5–6	Yes	No	Symptoms
4	28	F	3	Yes	Yes	Prompted
5	20	M	5	No	No	Check-up
6	19	F	4	Yes	No	Check-up
7	25	F	3	Yes	No	Prompted
8	23	F	6	Yes	Yes	Check-up
9	24	F	12	Yes	Yes	Check-up
10	28	F	Unsure	Yes	Yes	Check-up
11	29	F	6	Yes	Yes	Symptoms
12	21	F	12	Yes	No	Prompted
13	23	F	4–5	Yes	Yes	Check-up
14	27	F	3	Yes	No	Check-up
15	26	M	Do not know	Yes	Yes	Prompted
16	29	M	1	Yes	No	Prompted
17	28	F	3	Yes	No	Check-up
18	24	F	6	Yes	No	Check-up

STI: sexually transmitted infection; M: male; F: female.

meaning-bearing units were further developed into groups of codes and abstracted categories.

The categories describe the manifest content of the transcripts of all the interviews (Table II). To describe the latent content of the interviews, sub-themes were formed and, finally, the theme was identified. The analysis of the transcript was performed using qualitative content analysis based on the method by Graneheim & Lundman (14).

RESULTS

The theme of this study was “Risk-taking in sexual behaviour.” This theme is made up of five sub-themes: (i) Meeting unfamiliar people at a bar or online; (ii) The resulting relationship is casual and the parties will probably not meet again; (iii) When alcohol is in the mix, judgement is impaired; (iv) Using condoms is embarrassing and awkward; (v) Drugs use is minimal among participants in the study, but more common in society in general (Table II).

Meeting unfamiliar people at a bar or online

The study participants made initial contact with potential sex partners in a variety of ways. Contacts were made through social networks, through friends and acquaintances, at parties or bars. Another major factor is online contacts with strangers.

Table III. Meaning-bearing units, codes, categories, sub-themes and themes from the content analysis of the interviews

Meaning-bearing unit	Code	Category	Sub-theme	Theme
Making first contact online, at parties, pubs and bars, most often at a bar	Contact	Contact with strangers	Meeting unfamiliar people at a bar or online.	The resulting relationship is casual and the parties will probably not meet again.
Unknown contacts may entail risks that could have negative consequences	Sexual relations	STI		
Easier to make contact when intoxicated and less inhibited	Alcohol	Judgement impaired	When alcohol is in the mix, judgement is impaired.	
Easier not to use a condom to avoid a debate about using one	Condom use	No motivation to use condom	Using condoms is embarrassing and awkward.	
Drug use not a factor in the sexual relations of the participants	Drugs	Deterrent effects	Drug use was minimal among participants in the study, but more common in society.	Risk-taking in sexual behaviour

STI: sexually transmitted infection.

“This superficial network is indeed a gamble and a crap shoot. There is tremendous risk with this sort of hook-up.”

“Risk is not something you are consciously thinking about or are aware of or even care about, but that is the nature of the risk in sexual behaviour. It’s when your guard is down that things can happen.”

Meeting someone at a bar is not the ideal way to get to know someone, as both parties may be under the influence of alcohol. Many of the participants mentioned that the best way to meet someone is through mutual friends or acquaintances. However, they would forget their own advice and engage in risky sexual behaviour or unprotected sex with strangers and subsequently would often second-guess such actions.

“What was I thinking...”

This is the nature of sexual behaviour when alcohol influences inhibition. Everything is happening in the moment and feelings are running on overdrive.

“It is what it is...it just happens. But before it happens I know that it isn’t so smart.”

Most of the interviewees confessed that they do take risks. People who are aware of risks and take them anyway are more likely to accept the consequences of their risky behaviour. Some of the participants exposed themselves to more risky behaviour and some were inclined to take smaller risks, but all were aware that they were taking risks and took them anyway.

The resulting relationship is casual and the parties will probably not meet again

The interviewees explained that if, when they first meet a person, they are inclined to trust their new contact, they will see them as a lower-risk sexual partner. If they are unsure about the person and get odd vibes from their potential contact, they view them as a greater risk. Alcohol can influence this in the opposite direction. The interviewees were very clear in that

they did not think the same way when they were drinking as they did when sober. The sexual tension in such situations involves a different kind of thinking or an absence of thinking. They were aware of the risks, but took them anyway, recklessly and in the heat of the moment.

“Risk is something that can exist but it doesn’t need to be negative. The risk is a consequence of something. When talking about risks, it is important to talk about the same thing.”

“You are seeking acknowledgement.”

Some of the interviewees explained that the riskier the behaviour that they were involved the more uncomfortable the consequences could be. As one woman relates:

“It gets a bit dicey when you end up with somebody who does not understand that when you say no...it means no.”

Some of the interviewees related that they had had sex with people who were completely unknown to them and some also had a very poor idea of how many sexual partners they had been with in the last year.

“Several partners, I met only once.”

Other interviewees described “getting a high when taking risks.” The interviewees might be more cautious in their approach to driving a car than to possibly getting infected with chlamydia. In the back of their minds they would be rationalizing, thinking that the infection is curable with antibiotics.

“Antibiotics can cure a dose of chlamydia...”

When alcohol is in the mix, judgement is impaired

All interviewees drank alcohol and were well aware of the risks with consuming alcohol. Only 3 of the 18 interviewees felt that they had low alcohol consumption. Each had their own rationale and reasons to justify their level of alcohol consumption. Even those with a high level of consumption were aware of the associated additional risks.

One of the justifications was that everyone else was drinking and they were therefore going along with the crowd. One interviewee admitted to working specifically in order to afford buying alcohol and participating in nightlife and social activities.

“If you are drunk you are obviously not thinking very clearly and you can end up taking risks.”

The interviewees acknowledge that they put themselves in compromising situations when under the influence of alcohol. When sober, they would not even consider undertaking the behaviours they engaged in when drinking.

Interviewees described that they would regret making the decision to have sex in a drunken state. These people were clear that having sex with strangers represented risky behaviour. Even though they were normally aware that this sort of risk-taking was not a good idea, in the drunken state and the heat of the moment they went with their impulses.

“You are in the heat of the moment and you see how far it goes. It’s fun...exciting.”

These types of situations illustrate what happens when individuals go along with the crowd by consuming alcohol and engaging in risky sexual behaviour. Judgement is impaired and behaviour is influenced accordingly.

“When you’re drunk, you don’t use a condom, thus taking more risks.”

Only one of the interviewees said that they used alcohol because it tasted good, especially in social contexts, such as sharing a meal. The person with the lowest consumption described their usage as:

“I drink a little alcohol when I hang out with nice people.”

Using condoms is embarrassing and awkward

Regarding information about sexually transmitted diseases, it appears that all of the participants had received information at some time, from either school, parents or friends, about the importance of condom use as protection against sexually transmitted diseases.

Choosing not to use a condom is risky behaviour. Most of the interviewees did not use condoms. The majority of interviewees considered condom use to be a matter of course, but they had still somehow contracted chlamydia. The explanations for not using condoms varied and the most frequent were that it was embarrassing and awkward, not to mention there was a degree of difficulty. The combination of the awkwardness of using a condom and the embarrassment in suggesting it sometimes discouraged use of condoms.

“Nobody proposes use of a condom, since it’s embarrassing.”

“The condom thing ruins the moment and you basically don’t care when you’re drunk.”

“It is what it is and it is pretty obvious, you get carried away even though it is not so smart. But when you are drinking it is easier to just not bother about it.”

One informant described that they would be forced to argue if they wanted to use a condom and this would have the effect of ruining the moment. Those who insist on using a condom put themselves at risk of being rejected because of it. Another informant said that if they were going to have sex abroad, they would always use a condom.

“I am convinced that condoms make a difference, but it isn’t always the actual case realistically.”

“I usually regret it the day after if I didn’t use one.”

Throughout the interviews, the interviewees said that when alcohol was in the mix and they became intoxicated, judgement went out the window and condom usage did not occur.

Drug use is minimal among participants in the study, but more common in society

The interview participants did not use drugs. Most of them stated that they had never used drugs, some admitted to having experimented but were not current drug users. The interviewees drew a line between high alcohol consumption and the decision not to use drugs.

DISCUSSION

The new European health policy framework (6) aims to support action across governments and society. How can healthcare professionals in everyday care contribute to reducing ill health? Meetings between healthcare professionals and patients are important for raising awareness of risk behaviour. Prevention work is invaluable. Communication between people at all levels of care can contribute to a change in lifestyle and living conditions. A person is never more receptive than when he/she is worried. Social media is good and innovative in many ways, but it can also contribute to influencing young people who are building a platform in adulthood. Not everyone is capable of dealing with social media in a sufficiently mature way, so some people may expose themselves to risks without thinking about consequences.

The common factor among the interviewees, who had all contracted chlamydia, was risky sexual behaviour. The participants were aware that having unprotected sex with people they did not know well was risky sexual behaviour, as also described by Carré (17). The study shows that, in the bar and pub environment, where alcohol is being consumed in excess,

risky behaviour increases with alcohol use. Having casual sex under the influence of alcohol was a way for participants to gain personal acknowledgement.

In recent decades, since the outbreak of the HIV virus, research has increased regarding sexual risk-taking behaviour among young people (8, 18). A large part of this research is quantitative in nature and involves mapping the behaviours of young people. Common denominators in risky sexual behaviour are sporadic condom use, casual sexual relationships and a lower age of sexual debut. Statistics available about sexually transmitted disease and unwanted pregnancy confirm that many young people are practicing unprotected sex, or “one night stands” (10, 19).

Although it appears that almost all participants were aware of the benefit and value of using condoms as protection, more than half did not always use them. Many people feel a reason not to use them is inconvenience or perceived reduction in the pleasure of having sex (20). Alcohol consumption has a big influence on the decision-making process regarding whether or not to use a condom. It appears that it only takes one or two drinks to influence judgement toward the view that it is not necessary to use a condom. The results of this study are consistent with other studies showing that condom usage has decreased among young adults.

In a Swedish study performed at Gothenburg University (10), it was found that young adults are taking just as many risks as teenagers. However, young adults have less access to contraceptives, as teenagers are provided with free contraceptives through the healthcare system (10). In a recent study by RFSU, an organization in Sweden, that provides information on sexual behaviour to Swedish people, it was found that condom usage had fallen from 48% in 2013 to 43% in 2016 in the 21–35 years age-group (11). According to the report “*Alcohol and sexual risks taken*” (21) there is a correlation between lower education levels, unemployment and instances of unprotected anal intercourse. It was also found that people who are in the immigration process are more prone to sexually risky behaviour (9). Among exchange students from a Swedish university, a cross-sectional study was conducted with 136 participants, using a web survey with questions about sexual behaviour, self-esteem and psychological well-being. Participants rated their health as good and the majority of them participated before departure in information sessions that addressed preventive efforts on HIV/STIs and safer sex, but sexual risk behaviour during exchange studies was reported (22).

An example of a study that shows, in a very interesting way, how qualitative research can be designed, in addition to giving an account of the outcome, is “*Individual experiences following*

a 6-month exercise intervention: A qualitative study.” It is possible to follow the entire research step by step (23).

There was no difficulty in recruiting participants. All respondents agreed to participate. Eighteen interviews were analysed and the results were used as the basis for this study. The theme was “*risk-taking in sexual behaviour*”. The theme consists of several sub-themes: “*Meeting unfamiliar people at a bar or online,*” “*The resulting relationship is casual and the parties will probably not meet again,*” “*When alcohol is in the mix, judgement is impaired,*” “*Using condoms is embarrassing and awkward,*” “*Drug use is minimal among participants in the study, but more common in society.*” One positive aspect of the qualitative interview method is that it makes it possible for an interviewee to open up and reveal things about their personal and private life.

Generally speaking, participants took very few risks in other situations in life. Most described themselves as cautious and responsible. For instance, they discussed their concerns about driving, among other aspects of their everyday lives. Their sexually risky behaviour under the influence of alcohol contrasted with their otherwise conservative approach to risk. An individual’s sex life is of a private nature; there is no outside judgement on the behaviour in the moment.

The interviewees were more sensitive to risk-taking when they were in the public eye and were scrutinized by their surroundings. In the interviews, they were very open and honest about their sex lives and their decision-making processes.

CONCLUSION

The results of this study confirm that alcohol consumption was a major factor in the interviewees’ propensity for risky behaviour in sexual relations. Their risk-taking in other situations had a large influence on whether they might expose themselves to environments that allowed or encouraged risky behaviour.

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