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Teenagers' and young adults' sexual behaviour and its associations with exposure to violence, among visitors at a Youth Centre in Sweden

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ABSTRACT

Objectives: This study aimed to investigate differences between teenagers and young adults in sexual behaviours and exposure to emotional, physical and/or sexual violence, and the associations between sexual behaviours and exposure to violence, among youths who visit a Youth Centre in Sweden.

Methods: A cross-sectional web survey was used among sexually experienced teenagers, aged 15–19, and young adults 20–24 years, wherein a total of 452 participated. Descriptive and bivariate analyses were used in the study.

Results: A majority had unprotected sex during the last year, namely 55.4 % of teenagers and 58.3 % of young adults. A higher proportion of teenagers reported having early sex debut, before 15 years age, compared with young adults ($p = .003$). A higher proportion of young adults reported having experienced a sexually transmitted infection ($p = <.001$). Nearly half of the teenagers (44.9 %) and the young adults (44.6 %) stated having been exposed to emotional, physical and/or sexual violence during their lifetime. Associations were found between all types of exposure to violence and having unprotected sex, using alcohol or drugs together with sex, and having had three or more different sex partners during last year.

Conclusions: Regardless of age, there was a high proportion of youths, visiting a Youth Centre, having unprotected sex and who experienced exposure to violence. As these experiences may negatively affect youths' future sexual and reproductive health, healthcare professionals should identify youths in need or with early-in-life needs.

Introduction

Youths have more distinct needs than others when it comes to sexual and reproductive health and rights (SRHR) [1]. According to Starrs [1], the health promotion and preventive work is unequal between countries and has not resulted in desired effects, for example, against sexually transmitted infections (STIs) and unintended pregnancies. The World Health Organisation (WHO) points out that organised health care services have to be youth-friendly to get a positive health promotive impact on youths' health [2]. The importance of youths' SRHR is emphasised in Sweden [3] and in general, there is a positive attitude towards youth's sexuality [4]. To support youths SRHR, there are approximately 250 youth centres (YC) in Sweden where youths 13–25-years-old can seek help or support without parental involvement. The visit is free of charge, and the staff comprises a midwife, counsellor and physician, making it possible to meet a youth's different needs. Most youths visit the YC for matters concerning sexuality, contraception, unintended pregnancy, STI-tests or treatment, or psychological and/or psychosocial issues. About 90 % of the visitors to YCs in Sweden are female [5], and in general, females take more responsibility for contraceptives and testing against STIs v3 [6]. Evaluations among Swedish YCs show that their policies adhere to WHOs domains of youth friendliness [7] and highlight youths' need for multidisciplinary teams as well as the importance of YCs to continue the work to be accessible, acceptable and appropriate for youths [5,8].

Earlier studies in Sweden identified some sexual risk behaviours: having sexual debut before 15 years of age [4,9–11]; having unprotected sex, whether it is during sexual debut or at all [9,12]; using alcohol or

Abbreviations: EPS, emotional, physical and/or sexual violence; NorAQ, NorVold Abuse Questionnaire; SRHR, Sexual and Reproductive Health and Rights; STI, Sexually transmitted infections; YC, Youth Centre.

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drugs together with sex; having three or more different partners during last year; experiencing STIs or unplanned pregnancy; being reimbursed or paid for sex [3,4,9]; and looking for a sex partner on the internet [13].

Having or having had chlamydia is one example of a consequence of sexual risk behaviour and is the most common STI in Sweden. The highest incidence is reported in the age group 20–24 years [14]. Another consequence is unintended pregnancy(ies), and current statistics on abortions in Sweden showed differences in age groups. In 2020, teenagers reported 9 abortions per 1,000 women, and young adults reported 22 abortions per 1,000 women. Repeated abortions were also presented more commonly among young adults compared to teenagers [15]. Exposure to violence is another example which affects SRHR negatively and is considered to be a global health problem [16], especially among youths [17,18]. Being exposed to violence increases the risk of physical, psychological and sexual or reproductive ill health [3,16,19–21]. To date, the prevalence of exposure to violence varies across studies [3,4,21–23]. In 2020, youths in Sweden, 20–24 years of age, stated the highest prevalence of self-reported exposure to different types of violence (37.8 %), and sexual violence (19.2 %) [24]. Petersson et al. identified exposure to emotional, physical and/or sexual violence (EPS) during lifetime in 43 % of the youths who visit a YC in Sweden [22], and Hammarstrom reported exposure to EPS among a third of the visitors to YCs [25]. Blom, Hogberg [21] highlight associations between sexual ill health and sexual risk behaviours with multiple-violence victimisation among students at upper secondary schools. There is a lack of studies including visitors at YC, especially teenagers versus young adults, in the age group 20–24, who have a high risk of STIs, abortion and exposure to violence.

Aim

The aim of this study was to investigate differences between teenagers, aged 15–19, and young adults, 20–24 years, in sexual behaviours and exposure to emotional, physical and/or sexual violence, and the associations between sexual behaviours and exposure to violence, among youths who visit a Youth Centre in Sweden.

Method and material

The design was cross-sectional, and the study was performed at a YC in southeast of Sweden with approximately 4,500 visitors during one year. The current study is part of a larger project, which, until today, contains another publication that estimates youths' exposure to violence and its association with low self-rated health, and whether youths disclose about exposure when visiting a Youth Centre in Sweden [22].

Data collection

A total of 500 youths participated in the web survey at the YC. In the current study, we chose to include those who have had sexual debut, 452 youths out of 500, as this study examines the association between exposure to violence and sexual behaviour, which presupposes sexual debut. Participants were recruited during one year from a YC in Sweden. Inclusion criteria were youths between the ages of 15–24 years and understanding written Swedish. Youths received verbal information about the ongoing study and were asked to participate by the healthcare professionals.

Ethics

In accordance with the Swedish Ethical Review Act (2003:460), special consideration was given to those who were underaged (<18 years) in our study (18§). Written information was provided online and before answering the self-administered anonymous web survey, consent was obtained by clicking through the web survey. The study was approved by the Regional Ethical Review Board of Linköping (Dnr 2015/245–31).

Variables in the web survey

Respondents answered a self-administered web survey, which was constructed and based on knowledge and experience within the research team from previous studies [22,26] and two other Swedish studies: UngKAB09 [4] and UngKAB15 [3]. We also used a well-established instrument NorVold Abuse Questionnaire (NorAQ) [27,28]. In all, the web survey included 52 questions, and this study presents the responses from 31 of the questions.

The first section, ten questions, included background and lifestyle characteristics, and questions about alcohol and drug habits were divided into once or twice a week/month, few times a year, more rarely or never. The next ten questions were about sexual activities and sexual behaviour. Six of the items have yes/no as the answer alternative, and questions about experience of STIs/pregnancies could be answered yes/do not know/no. The two questions, the age of debut and the number of partners, could be answered numerically. The next section included nine questions about the experience of EPS, NorAQ (Fig. 1). The question about mild physical violence was excluded in our study, as a previous study showed lower concurrent validity [28]. All questions in NorAQ [27,28] include the same response alternatives: no, yes during childhood $<$ 18 years, yes during adulthood $\geq$ 18 years, or yes to both childhood and adulthood or during last year. Each type of violence was specified with one or more possible answers regarding severity: mild, moderate to severe. The two remaining questions asked partly about the visit to the YC, whether it was scheduled or not, and finally, about youths' views on answering the questionnaire. Data were collected and transferred to IBM SPSS Statistics version 26.0.

Analyses

Descriptive and bivariate analyses were used for the analyses. We dichotomised partly based on the age groups, 15–19/20–24 years of age, and secondly, the answers about lifestyle characteristics (yes/no) and experiences of STI/STIs and pregnancy, yes versus don't know/no. The associations between the age groups, variables of sexual behaviours and youths who stated exposure/no exposure to violence before 18 years of age, last year or during lifetime, were analysed with Chi-2 or Mann-Whitney U-tests. The limits within sexual behaviour as a risk were identified when/as: having sexual debut before 15 years of age [4,9–11]; having unprotected sex, whether it is during sexual debut or the last year [9,12]; using alcohol or drugs together with sex; having three or more different partners during the last year; experiencing STIs or unplanned pregnancy; being reimbursed or paid for sex [3,4,9]; and looking for a sex partner on the internet [13]. The NorAQ was used to operationalise experience of different types of violence [27,28]. The youths' answer counted only as one for each type of violence (emotional, physical and/or sexual violence) regardless of whether they reported different types of severity (mild, moderate and/or severe) or being exposed during different times (childhood, adulthood, or both and last year). The analysis did not consider severity or number of times exposed within each type of violence. The variable EPS included exposure to emotional, physical and/or sexual violence and was summarised to present exposure to one, two or three types of violence. Data were analysed using IBM SPSS Statistics version 26.0.

Results

Present study includes responses from 452 youths, 47.8 % (n = 205) teenagers and 52.2 % (n = 224) young adults, who visited a YC in Sweden. Descriptive characteristics of the youths are presented in Table 1. Almost none of the respondents (92.3 %) found that answering the web survey was unpleasant.

Youths' sexual behaviour in total and separated by age groups are

Emotional violence	
Mild	Have you experienced anybody systematically and for a long period trying to repress, degrade or humiliate you?
Moderate	Have you experienced anybody systematically and by threat or force trying to limit your contact with others or totally control what you may or may not do?
Severe	Have you experienced living in fear because somebody systematically and for a long period threatened you or somebody close to you?
Physical violence	
Moderate	Have you experienced anybody hitting you with his/her fist(s) or with a hard object, kicking you, pushing you violently, giving you a beating, thrashing you, or doing anything similar to you?
Severe	Have you experienced anybody threatening your life by, for instance, trying to strangle you, showing a weapon or knife, or by any other similar act?
Sexual violence	
Mild	Has anybody touched parts of your body other than your genitals against your will in a "sexual way" or forced you to touch other parts of his or her body in a "sexual way"?
Mild/sexual humiliation	Have you been sexually humiliated in any other way, for example, by being forced to watch a pornographic movie or similar against your will, forced to participate in a pornographic movie or similar, forced to show your body naked, or forced to watch when somebody else showed his/her naked body?
Moderate	Has anybody touched your genitals against your will, used your body to satisfy him/herself sexually, or forced you to touch anybody else´s genitals?
Severe	Has anybody put his penis into your vagina, mouth or rectum or tried any of these things against your will, or put or tried to put an object or other part of their body into your vagina, mouth or rectum?

Fig. 1. Questions about exposure to interpersonal violence in NorVold Abuse Questionnaire (NorAQ).

presented in Table 2. In total, 57.1 % of the youths responded that they had sex without protection, during last year. One-fifth answered that their sex debut was before the age of 15 years, and the median for sex debut was 15.9 years, SD 1.7, range 12–21 years. The group of teenagers reported a statistically significant higher proportion of sex debut before the age of 15 years compared to young adults ($p = .003$). The young adults stated a statistically significant higher percentage of have/ever had a STI ($p = <.001$). Furthermore, 38.4 % responded having ≥ 3 sex partners during last year, and the median for sex partners was 2.9 partners and range 0–21 partners.

Exposure to different types of violence during lifetime is presented in Table 3, and 44.9 % reported they had been exposed. There were no statistically significant differences regarding exposure to any type of violence or EPS between the two age groups. Nearly-five per cent (4.9 %) reported having been exposed to all three types of violence, 15.7 % stated having experienced two different types of violence, and 24.3 % responded to having been exposed to one. Exposure to EPS before the age of 18 was reported by 29.2 %, and experience of EPS in the last year was reported by 23.9 %.

Statistically significant associations were found between three sexual behaviours during last year (using alcohol or drugs together with sex, ≥3 different partners or having unprotected sex) and exposure to all three types of violence, emotional, physical and sexual, during lifetime, presented in Table 4.

Table 5 present associations between youths' sexual behaviours and experience of EPS before 18 years of age, EPS during last year and EPS during lifetime.

Discussion

Most of the youths who visited YC reported experience of having unprotected sex during last year, and almost half answered having been exposed to EPS during lifetime, regardless age. Associations were found between eight out of the ten sexual behaviours and exposure to violence.

One of the questions concerned early sexual debut, namely having had sex before 15 years of age. One-fifth reported early sexual debut, which confirms previous findings [4,9,11]. Current study showed there was a higher proportion of teenagers who reported sex debut before the age of 15 compared with young adults. This result needs to be interpreted with caution as we do not know whether this is an outstanding result in this study or a tendency among teenagers that will affect the debut age in Sweden. Debut age has been the same for four decades. However, it is well known that early sexual debut could lead to poorer psychosocial health and risky behaviour in later life [10,11]. Therefore, having a discussion with youths about their own free will and their right to health is important. A suggestion is to use the evaluated tool SEXual

Table 1
Background characteristics by age groups (N = 452).

% (*n*)	Total *n* = 452	<20 years *n* = 205	≥20 years *n* = 224	*p*-Value
Age, median	20.0	18.0	21.0	
Sex				0.001
Female	89.6 (405)	95.1 (195)	85.7 (192)	
Male	10.4 (47)	4.9 (10)	14.3 (32)	
Occupation				0.001
Studying	67.8 (306)	75.5 (154)	58.9 (132)	
Working	25.1 (113)	17.6 (36)	33.0 (74)	
Unemployed	5.5 (25)	5.4 (11)	6.3 (14)	
SA[a]/parental leave/other	1.6 (7)	1.5 (3)	1.8 (4)	
Living arrangements				0.378
Alone	22.9 (103)	5.9 (12)	36.7 (82)	
With parents/foster parents	53.2 (239)	83.2 (168)	26.3 (59)	
With friend/friends	4.5 (20)	1.5 (3)	7.6 (17)	
With partner	16.3 (73)	6.9 (14)	25.4 (57)	
Other arrangements	3.1 (14)	2.5 (5)	4.0 (9)	
Highest level of education				<0.000
Not complete/incomplete primary school	2.7 (12)	4.4 (9)	0.9 (2)	
Elementary school	23.9 (108)	48.3 (99)	2.2 (5)	
High school	65.6 (296)	44.4 (91)	84.4 (188)	
Folk high school/vocational training	2.7 (12)	0.5 (1)	4.9 (11)	
University/college graduate	5.1 (23)	2.4 (5)	7.6 (17)	
Household finances				0.519
Very/enough good	89.6 (405)	90.7 (186)	88.8 (199)	
Not/not at all good/unknown	10.4 (47)	9.3 (19)	11.2 (25)	
Immigrant				0.868
Yes	3.8 (17)	3.9 (8)	3.1 (7)	
No	96.2 (434)	96.1 (196)	96.9 (217)	
Smoke				0.359
Yes	11.3 (51)	13.2 (27)	10.3 (23)	
No	88.7 (400)	86.8 (178)	89.7 (200)	
Alcohol				0.005
Yes	92.9 (420)	91.7 (188)	94.6 (212)	
No	7.1 (32)	8.3 (17)	5.4 (12)	
Other drugs[b]				0.061
Yes	8.0 (36)	5.4 (11)	10.3 (23)	
No	92.0 (416)	94.6 (194)	89.7 (201)	

[a] Sickness absence.
[b] Hashish, marijuana, amphetamines, gamma-hydroxybutyric acid, cocaine, spice. Internal dropout 0–5.1 %.

Table 2
Sexual behaviour in total and separated by age groups (N = 452).

% (*n*)	Total *n* = 452	<20 years *n* = 205	≥20 years *n* = 224	*p*-Value
Sex debut, age				0.003
≥15 year	78.6 (353)	72.4 (147)	84.3 (188)	
<15 year	21.4 (96)	27.6 (56)	15.7 (35)	
Protection debut				0.052
Yes	71.8 (324)	66.8 (137)	75.3 (168)	
No	28.2 (127)	33.2 (205)	24.7 (55)	
Alcohol/drugs together with sex, last year				0.109
No	59.5 (269)	63.4 (130)	55.8 (125)	
Yes	40.5 (183)	36.6 (75)	44.2 (224)	
Number of partners, last year				0.077
<3	61.6 (276)	65.3 (132)	57.0 (127)	
≥3	38.4 (172)	34.7 (70)	43.0 (96)	
Sex without protection, last year				0.545
No	42.9 (193)	44.6 (91)	41.7 (93)	
Yes	57.1 (257)	55.4 (113)	58.3 (130)	
Have/ever had STI[a]				<0.001
No/do not know	85.1 (384)	91.2 (187)	78.5 (175)	
Yes	14.9 (67)	8.8 (18)	21.5 (48)	
Been/got anyone pregnant (unintended)				0.605
No/do not know	93.3 (419)	93.6 (191)	92.3 (205)	
Yes	6.7 (30)	6.4 (13)	7.7 (17)	
Ever been reimbursed/paid for sex				0.355
No	98.7 (445)	98.0 (201)	99.1 (221)	
Yes	1.3 (6)	2.0 (4)	0.9 (2)	
Ever reimbursed/paid for sex				0.616
No	99.3 (447)	99.5 (203)	99.1 (221)	
Yes	0.7 (3)	0.5 (1)	0.9 (2)	
Looked for a sex-partner on internet				0.064
No	90.5 (408)	93.2 (191)	87.9 (196)	
Yes	9.5 (43)	6.8 (14)	12.1 (27)	

[a] sexual transmitted infection-s. Internal dropout: 0–5.1 %.

health Identification Tool (SEXIT) to identify youths with sexual ill health [29,30]. According to Simon and Gagnon [31], humans do not have any natural sexual behaviours from the beginning and learn what is acceptable, and they create their sexual behaviour in their current contexts.

Exposure to violence did not differ between the age groups. Another study in Sweden showed that the highest prevalence was in the age group 20–24 years [24]. In this study, the high frequency of exposure in both groups emphasises the importance of asking questions about exposure, including emotional, physical and sexual violence, when healthcare professionals meet youths.

Having unprotected sex during last year was the most often reported sexual behaviour among youths, which was reported by 57.1 %. Our result is in line with Fridlund, Stenqvist's [12] findings among visitors at YCs, but it is not in line with Hammarstrom, Tikkanen [10], who reported a lower number (one-fifth), where the sample comprised self-selected youth from different internet communities. Our study showed an association between unprotected sex and all types of violence, and seven out of ten stated having unprotected sex among those exposed to violence, which is alarming. Sexual health and exposure to violence are areas that concern both women and men. In the current study, 10.4 % of the participants were male, which is consistent with visitors to YCs in Sweden, and it is well known that females take a greater responsibility for contraception and testing against STIs [3,8]. It is a challenge for YCs to reach out to males. An increase in young men visiting YCs could open up the possibility of discussing questions about both sexual health and violence with women and men. This could help to raise the issue of more equal relationships and the shared responsibility for sexual and reproductive health and rights.

One of the consequences of having unprotected sex is getting a verified STI, which was reported by 14.9 %, in line with other results in Sweden [3]. The young adults reported a higher proportion of have/ever had a STI compared to the teenage group, which is confirmed by statistics from the Swedish Public Health Agency [14]. One explanation for this result may be that the risk of being affected increases with age and the possibility of having had several sexual contacts. Another explanation is that young adults, between 20 and 24 years, over time are less likely to use a condom [3]. There were no associations between having had a STI and exposure to any type of violence. This is surprising but in line with a longitudinal study which investigated associations between dating violence and sexual risk behaviours among adolescents [20].

The proportion of youth who reported having had unprotected sex in the past year was comparable between the two age groups. Bringing to the youths' attention the choice they have and positive effects of

Table 3
Proportions exposed to emotional, physical and/or sexual violence during lifetime, exposure of any type of violence (EPS[b]) before 18 years of age during the last year or during lifetime separated by age groups (N = 452).

% (*n*)	Total *n* = 452	<20 years *n* = 205	≥20 years *n* = 224	*p*-Value
Emotional violence[a]				0.874
No	71.0 (321)	70.7 (145)	71.4 (160)	
Yes	29.0 (131)	29.3 (60)	28.6 (64)	
Physical violence[a]				0.210
No	83.2 (376)	85.4 (175)	80.8 (181)	
Yes	16.8 (76)	14.6 (30)	19.2 (43)	
Sexual violence[a]				0.125
No	75.4 (341)	71.7 (147)	78.1 (175)	
Yes	24.6 (111)	28.3 (58)	21.9 (49)	
EPS[b] before 18 years of age				0.099
No	70.8 (320)	66.8 (137)	74.1 (166)	
Yes	29.2 (132)	33.2 (68)	25.9 (58)	
EPS[b] during last year				0.100
No	76.1 (344)	72.2 (148)	79.0 (177)	
Yes	23.9 (108)	27.8 (57)	21.0 (47)	
EPS[b] during lifetime				0.961
No	55.1 (249)	55.1 (113)	55.4 (124)	

[a] Self-reported exposure of violence during lifetime.
[b] Emotional, physical and or sexual violence. Internal dropout = 0–6.4 %.

protecting themselves against STIs and or unplanned pregnancies can be one aspect for the positive development of their sexual and reproductive health.

Methodological considerations

An advantage of cross-sectional studies is that it is a snapshot of differences and relationships, but the disadvantage is that it is difficult to draw any conclusions about causal relationships. One limitation is the small sample; therefore, it was impossible to investigate associations between sexual behaviour and violence in relation to age groups and gender differences. Another limitation is that it is impossible to know which visitors abstained, which may affect representativeness, and the answers are self-reported and might be subject to social desirability. Using validated questions in the web survey strengthens the results of the study. In this study, NorAQ is used to operationalise violence among youths and uses 18 years as the age limit between childhood and adulthood, in the response options for exposure to violence. When comparing this study's frequencies of violence with other studies, this observation needs to be taken into consideration. The results should also be interpreted with caution as most of the data collection was carried out at the end of 2015 and early 2016. In recent years, we have become more aware of the exposure to violence after the "me-too" movement. Moreover, in Sweden, teenage abortions have decreased as one possible consequence of the introduction of subsidised contraceptives and an increased use of long-acting reversible contraception (LARC).

Conclusion

The current study shows that a majority/most visitors to a YC in Sweden had unprotected sex during last year and they need to pay attention to having protected sex (if necessary) to maintain or improve their future sexual and reproductive health positively. Regarding age groups, a higher proportion of teenagers reported having sex debut before 15 years of age compared to young adults, and a higher proportion of young adults stated having experienced a STI compared to teenagers. Associations were found between eight out of ten sexual risk behaviours and exposure to different types of violence among the

Table 4
Associations between youths' sexual behaviours and experience of emotional, physical or sexual violence during lifetime (N = 452).

	Emotional violence[a]% (n)			Physical violence[a]% (n)			Sexual violence[a]% (n)		
	No *n* = 321	Yes *n* = 131		No *n* = 376	Yes *n* = 76		No *n* = 341	Yes *n* = 111	
Sex debut, at age			0.010			0.066			0.160
≥15 year	81.8 (261)	70.8 (92)		80.2 (300)	70.7 (53)		80.2 (271)	73.9 (82)	
<15 year	18.2 (58)	29.2 (38)		19.8 (74)	29.3 (22)		19.8 (67)	26.1 (29)	
Protection debut			0.798			0.315			0.102
Yes	72.2 (231)	71.0 (93)		72.8 (273)	67.1 (51)		73.8 (251)	65.8 (73)	
No	27.8 (89)	29.0 (38)		27.2 (102)	32.9 (25)		26.2 (89)	34.2 (38)	
Alcohol/drugs with sex, last year			0.036			0.035			0.014
No	62.6 (201)	51.9 (68)		61.7 (232)	48.7 (37)		62.8 (214)	49.5 (55)	
Yes	37.4 (120)	48.1 (63)		38.3 (144)	51.3 (39)		37.2 (127)	50.5 (56)	
Number of partners, last year			0.031			0.004			0.005
<3	64.8 (206)	53.8 (70)		64.6 (241)	46.7 (35)		65.3 (220)	50.5 (56)	
≥3	35.2 (112)	46.2 (60)		35.4 (132)	53.3 (40)		34.7 (117)	49.5 (55)	
Sex without protection, last year			0.003			0.015			0.010
No	47.3 (151)	32.1 (42)		45.5 (170)	30.3 (23)		46.3 (157)	32.4 (36)	
Yes	52.7 (168)	67.9 (89)		54.5 (204)	69.7 (53)		53.7 (182)	67.6 (75)	
Had STI[b]			0.460			0.096			0.441
No	85.9 (275)	83.2 (109)		86.4 (324)	78.9 (60)		85.9 (292)	82.9 (92)	
Yes	14.1 (45)	16.8 (22)		13.6 (51)	21.1 (16)		14.1 (48)	17.1 (19)	
Unplanned pregnancy			0.027			0.012			0.775
No	95.0 (303)	89.2 (116)		94.7 (354)	86.7 (65)		93.5 (317)	92.7 (102)	
Yes	5.0 (16)	10.8 (14)		5.3 (20)	13.3 (10)		6.5 (22)	7.3 (8)	
Been reimbursed or paid for sex			0.003			0.001			<0.001
No	99.7 (319)	96.2 (126)		99.5 (373)	94.7 (72)		99.7 (339)	95.5 (106)	
Yes	0.3 (1)	3.8 (5)		0.5 (2)	5.3 (4)		0.3 (1)	4.5 (5)	
Reimbursed or paid for sex			0.151			0.021			0.091
No	99.7 (318)	98.5 (129)		99.7 (373)	97.4 (74)		99.7 (338)	98.2 (109)	
Yes	0.3 (1)	1.5 (2)		0.3 (1)	2.6 (2)		0.3 (1)	1.8 (2)	
Looked for a sex partner on the internet			0.003			<0.001			0.204
No	93.1 (298)	84.0 (110)		92.5 (347)	80.3 (61)		91.5 (311)	87.4 (97)	
Yes	6.9 (22)	16.0 (21)		7.5 (28)	19.7 (15)		8.5 (29)	12.6 (14)	

[a] Self-reported exposure to violence during lifetime.
[b] Sexually transmitted infections. Internal dropout: 0–6.4 %.

Table 5
Associations between youths' sexual behaviours and experience of emotional, physical and/or sexual violence before 18 years of age during the last year or during lifetime (N = 452).

	EPS[a] before 18 years of age % (n)			EPS[a] during last year% (n)			EPS[a] during lifetime% (n)		
	No $n = 320$	Yes $n = 132$	*p*-Value	No $n = 341$	Yes $n = 108$	*p*-Value	No $n = 249$	Yes $n = 203$	*p*-Value
Sex debut, at age			0.001			0.187			0.023
≥15 year	82.7 (263)	68.7 (90)		80.1 (273)	74.1 (80)		82.6 (204)	73.8 (149)	
<15 year	17.3 (55)	31.3 (41)		19.9 (68)	25.9 (28)		17.4 (43)	26.2 (53)	
Protection, debut			0.379			0.554			0.551
Yes	73.0 (233)	68.9 (91)		71.1 (244)	74.1 (80)		73.0 (181)	70.4 (143)	
No	27.0 (86)	31.1 (41)		28.9 (99)	25.9 (28)		27.0 (67)	29.6 (60)	
Alcohol/drugs with sex, last year			0.242			0.001			0.002
No	61.3 (196)	55.3 (73)		63.7 (219)	46.3 (50)		65.9 (164)	51.7 (105)	
Yes	38.8 (124)	44.7 (59)		36.3 (125)	53.7 (58)		34.1 (85)	48.3 (98)	
Number of partners, last year			0.003			0.053			<0.001
<3	65.9 (209)	51.1 (67)		64.1 (218)	53.7 (58)		69.1 (170)	52.5 (106)	
≥3	34.1 (108)	48.9 (64)		35.9 (122)	46.3 (50)		30.9 (76)	47.5 (96)	
Sex without protection, last year			0.001			0.012			<0.001
No	47.8 (152)	31.1 (41)		46.2 (158)	32.4 (35)		51.4 (127)	32.5 (66)	
Yes	52.2 (166)	68.9 (91)		53.8 (184)	67.6 (73)		48.6 (120)	67.5 (137)	
Had STI[b]			0.910			0.065			0.120
No	85.3 (272)	84.8 (112)		86.9 (298)	79.6 (86)		87.5 (217)	82.3 (167)	
Yes	14.7 (47)	15.2 (20)		13.1 (45)	20.4 (22)		12.5 (31)	17.7 (36)	
Unplanned pregnancy			0.177			0.431			0.087
No	94.3 (300)	90.8 (119)		93.8 (320)	91.7 (99)		95.1 (235)	91.1 (184)	
Yes	5.7 (18)	9.2 (12)		6.2 (21)	8.3 (9)		4.9 (12)	8.9 (18)	
Been reimbursed or paid for sex			0.043			0.014			0.058
No	99.4 (317)	97.0 (128)		99.4 (341)	96.3 (104)		99.6 (247)	97.5 (198)	
Yes	0.6 (2)	3.0 (4)		0.6 (2)	3.7 (4)		0.4 (1)	2.5 (5)	
Reimbursed or paid for sex			0.879			0.083			0.056
No	99.4 (316)	99.2 (131)		99.7 (341)	98.1 (106)		100 (247)	98.5 (200)	
Yes	0.6 (2)	0.8 (1)		0.3 (1)	1.9 (2)		0	1.5 (3)	
Looked for a sex partner on the internet			<0.001			0.078			<0.001
No	93.4 (298)	83.3 (110)		91.8 (315)	86.1 (93)		95.2 (236)	84.7 (172)	
Yes	6.6 (21)	16.7 (22)		8.2 (28)	13.9 (15)		4.8 (12)	15.3 (31)	

[a] Self-reported exposure to emotional, physical and/or sexual violence.
[b] Sexually transmitted infection-s. Internal dropout: 0–6.4 %.

visitors. Healthcare professionals, especially at YCs, need to identify youths in need early in life. Each answer may give an opportunity to inform youths about their right to health and strengthen insight into youths' own ability to make choices about their future sexual and reproductive health.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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