

*INVOLVE, CHANGE, INFORM, SUPPORT!*  
*AN EVALUATION OF THE ADOLESCENT HEALTH SERVICE AT  
ANGERED HOSPITAL*

*Master Thesis in Medicine 30 ECTS credits*

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## ***ABSTRACT***

The current study aimed to evaluate the work of and accessibility to the Adolescent Health Service at Angered Hospital with the ambition to identify factors that may facilitate the access to and visits at the service. Data was collected through focus groups with adolescents in the catchment area; in total, 11 girls and 12 boys participated, divided into two female and two male groups. The focus groups were transcribed and analysed using thematic analysis, resulting in four main themes: Young peoples' conceptions in relation to adolescent health services, Young peoples' needs with regard to adolescent health services, Young peoples' experiences of the Adolescent Health Service at Angered Hospital, and Factors that could facilitate the access to and visit at the Adolescent Health Service at Angered Hospital. By enhancing the competence, concern and respect amongst the staff, as well as considering improvements in terms of extended information, familiarisation and involvement of adolescents and parents, the service can provide accessible and acceptable health care for young people, thus contributing to the fulfilment of adolescents' equal right to health and well-being.

## ***INTRODUCTION***

Health and well-being are considered important concerns for all human beings, and are dealt with on a societal as well as on a personal level. Well-being constitutes an essential element of both physical and mental development irrespective of age. During adolescence, existential questions become vital, such as independence versus family dependence, identity and responsibilities, as well as creating good habits at the prospect of the future. Proceeding from this, adolescent health services, or youth centres, have been established throughout Sweden with the ambition to exclusively address issues in relation to adolescent health. In this study, the Adolescent Health Service at Angered Hospital in north-eastern Gothenburg is evaluated specifically with regard to services offered and accessibility of the service.

### ***Health: the definition, the rights, and the societal commitment***

As outlined by the World Health Organization (WHO) in 1946, “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (1). Among the factors that affect an individual’s state of health are the social determinants of health, which include socio-economic structures and environmental as well as personal conditions and life-style (2). Using this definition and emphasising the utmost importance of equality amongst all human beings, the right to health and well-being is included in the Universal Declaration of Human Rights (3), the UN Convention on the Rights of the Child (4), and most importantly the International Covenant on Economic, Social and Cultural Rights (ICESCR). In 2000, the UN Committee on Economic, Social and Cultural Rights (CESCR) published General Comment No. 14 (GC 14) in order to assist the States Parties in their

interpretation and implementation of the content of this article. According to this comment, the right to the highest attainable standard of health is based upon four cornerstones: Availability, Accessibility, Acceptability and Quality, usually referred to as the AAAQ framework. (5).

On a national level, the availability of health and medical services for everyone who stays in Sweden, regardless of resident status, is regulated in the Health and Medical Service Act (6). Historically, Sweden is considered as one of the most equal countries within the Organisation for Economic Co-operation and Development (OECD) – a state of affairs that has dramatically changed since the 1990s due to increasing differences in income (7). Disregarding factors such as regional variation, socioeconomic inequalities are reflected in unequal distribution of both ill-health and health care. Despite a strive for health equity, defined by the WHO as “the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically” (8), inequalities in health currently account for considerable physical and mental suffering throughout the country, and presently constitute one of the major challenges for Swedish health care (9).

From a societal perspective, health amongst the population, or *public health*, was first defined by Winslow as “the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community efforts...” (cited in 10). Accordingly, public health practice is based upon health promotion or *salutogenesis* on one hand, and prevention of disease and ill-health on the other, while the public health policy affects and involves activities on all societal levels. In Sweden, the government’s comprehensive ambition is to create societal conditions enabling well-being and health equality throughout the population (11). To prepare a public health policy, the Swedish National Committee for Public Health was appointed in 1995. Subsequently, this committee

subdivided public health practice into eleven target areas, together covering the different aspects of societal well-being (12). In practice, health promotional measures are implemented by the county councils and local authorities, while the Public Health Agency of Sweden is responsible for coordination and evaluation of the activities on a national level (13).

During the last century, aspects of public health such as overall mortality and average length of life have improved, indicating a steady progress in the country. However, the number of healthy years has decreased amongst both men and women and in all age ranges, above all due to mental suffering. Furthermore, physical and mental illness correlates with low socio-economic status, indicating that lack of equality is a profound problem as mentioned above (12).

### ***Adolescents and health***

In Sweden, there is no legal definition of the concept of “adolescent”. The Swedish National Committee for Public Health defines adolescents as individuals between 13 and 25 years old, while the UN Convention on the Rights of the Child defines “child” as individuals up to the age of 18 years (14). Accordingly, there is an overlap concerning the age range 13 to 17, which should be taken into consideration when interpreting information including these concepts. In the present study, the first mentioned definition of adolescent will be applied.

Focusing on children and adolescents, different kinds of ill-health dominate at different ages (15). Dominating factors in the age range 0 to 14 years are physical conditions including cancer, accidents, infections and chronic diseases such as allergies, asthma and diabetes. Growing older, mental suffering increases in terms of both incidence and severity, being one of the principal causes of illness in the age range 15 to 29 years (15, 16). Similarly, smoking as well as hazardous use of alcohol and narcotics all increase in this age. Other important health aspects during this period are sexual and reproductive health including childbearing, pregnancy, abortion and sexually transmitted infections (STIs), together with

physical activity, eating habits and obesity (15).

As in the general population, inequality in health is a significant problem amongst young people in Sweden. The social differences are reflected in risk factors as well as in physical and mental suffering, indicating a considerably poorer health situation within socially disadvantaged groups (17). Additionally, there are extensive differences between girls and boys, and young men and women, especially applying to mental ill-health. Most evident is the overrepresentation of psychiatric symptoms amongst girls and young women compared to boys and young men, as well as the overrepresentation of suicide amongst young men compared to young women (14).

In Sweden, adolescent health services, or youth centres, were first initiated in 1970 due to growing demands for health care focusing on adolescents exclusively (18). The number of centres has subsequently increased, currently including 219 adolescent health services throughout the country (19). The original ambition was a service based on health promotion, bringing together both physical and mental aspects of adolescence. In 1975, the Abortion act came into force, resulting in an integration of abortion counselling and prevention in the work of the youth centres. Before long, the panorama of STIs changed dramatically, in Sweden as well as globally, and as from the beginning of the 1980s prevention and sampling of especially HIV and chlamydia soon became important parts of the services. As mentioned earlier, mental health amongst young people has significantly worsened during the last decades, resulting in augmented requirements of psychosocial support within the adolescent health care. Together with increased awareness of this phenomenon, psychological and social issues have successively become one of the main tasks of the adolescent health services (20, 21).

The establishment of such services has since the initiation been voluntary for county councils as well as for local authorities. As such, there is diversity concerning both objectives



and contents. In 1988, the Swedish Society for Youth Centres (FSUM) was founded, affiliating all the youth centres in the country as part of the ambition to improve the competence in and performance of adolescent health care (21). Four years later, FSUM outlined the first nationwide policy program, which was renewed in 2002. Fundamental in the work of all adolescent health services is the *holistic view* on young people, always uniting mental, social and physical matters. The holistic perspective enables inclusion of all the different aspects of well-being during adolescence, creating a context out of psychological and physical conditions as well as social and cultural circumstances. To further ensure equal treatment, special efforts to increase awareness about and inclusion of adolescents with different sexual orientation, disabilities and different cultural and religious backgrounds are particularly highlighted in the policy program, as is gender equality and the current underrepresentation of boys at adolescent health services throughout the country (20).

The adolescent health services welcome all young men and women in the age range 12 to 23 years, though both age limits are flexible and vary amongst the different services. Activities are comprised of individual visits as well as outreach work and group treatment. Central in every task is health promotion, that is, a focus on salutogenesis rather than pathogenesis, thus strengthening the development of both identity and sexuality. The holistic perspective requires a broad competence amongst the personnel, which, according to FSUM, should at the least include a midwife, a psychologist and/or a social worker and a physician. Visiting a youth centre should always be optional and free of charge. Since availability is of utmost importance, the ambition is to allow both acute visits and scheduled appointments (18, 20, 21).

As mentioned earlier, supporting young people in their sexual development is an important part of the work within adolescent health care (20). Defined by the WHO, 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” (22). Reconnecting to the Swedish public health target areas, sexuality and reproductive health together constitute target number eight, using factors such as unprotected sex, care and support in connection with abortion, and sexual assaults to measure sexual ill-health within the population. Together with the school health service, the youth centres are important actors in the implementation of both promotive and preventive work regarding sexual well-being amongst adolescents (23). The Adolescent Health Service at Angered Hospital is part of the “first line” of health care for young people in north-eastern Gothenburg, being either the actual treating instance or a channel to further contact when it comes to both physical and mental illness (24).

### ***The Adolescent Health Service at Angered Hospital***

The catchment area of the Adolescent Health Service at Angered Hospital, north-eastern Gothenburg, consists of the two districts Angered (until the end of 2010 subdivided in Gunnared and Lärjedalen) and Eastern Gothenburg (until the same point subdivided in Bergsjön and Kortedala). The population amounts to roughly 95 000 inhabitants, with a relatively large proportion of children and adolescents (25, 26). Almost 50 per cent of the population is born outside Scandinavia, resulting in more than 40 spoken languages being represented in the area (27). In comparison with the average in the county of Västra Götaland, socioeconomic conditions such as economic disadvantage and high-risk lifestyles have substantially higher prevalence amongst children and adolescents in this part of Gothenburg (28). Regarding self-reported health, north-eastern Gothenburg presents the highest prevalence of ill-health in Västra Götaland, with reference to both physical and mental problems (29). Taken together, coexistence of different contexts and backgrounds as well as high morbidity constitute a specific panorama of both challenges *and* resources, whereby cultural or linguistic barriers can be transformed into arenas for cooperation, reciprocal exchange of experiences and ideas, and new methods for improving health.

In 2005, the planning of a new community hospital, Angered Hospital, in north-eastern Gothenburg was initiated. Extraordinary ill-health within the population, former insufficiency in local health care and local dissatisfaction with existing access to health care all contributed towards the decision to build a new community hospital. Compared to an ordinary or specialised hospital, a *community hospital* is characterised by a holistic and health-promoting approach as well as continuity and cooperation. The ambition is to provide specialised care as a complement to primary care, and to cover at least 80 per cent of the health care that is required amongst the inhabitants (30).

Ever since the initiation, the set-up and activities of the hospital have been based on a close dialogue with the residents, ensuring a health care that above all originates in local needs. To investigate the specific conditions of the population, needs analyses were carried out in 2007, 2008 and 2010. The results of the analyses determine the different activities of the hospital, currently focusing on diseases and lifestyle factors such as pulmonary disease and smoking, overweight and physical inactivity, cardio-vascular disease and mental strain and ill-health, all with higher prevalence here compared to the average in Västra Götaland as well as the rest of the country (27, 30, 31).

The Adolescent Health Service at Angered Hospital was initiated on a small scale in 2011, successively expanding, and moving to the present-day premises in June 2012. Services involve receiving individual visitors or groups of adolescents from schools in the neighbourhood, as well as outreach work at different arenas in the area (32). Once again, a needs analysis, investigating the specific requirements of young people in the catchment area, with respect to adolescent health services, was carried out and summarised in a report before the inauguration. The report highlighted that adolescents perceived adolescent health services as something positive on one hand, and associated with problems and sex on the other. In relation to the services, difficulties in the dialogue between young people and their parents

were emphasised, as well as differences between girls and boys. Generally, adolescent health services were regarded as much more associated with girls compared to boys, in accordance with statistics from other youth centres throughout the country (33).

Since the last-mentioned needs analysis, and since the Adolescent Health Service began its operations, there has been no systematic inquiry into why young people choose to visit the adolescent health services or not, what different conditions there are that facilitate or obstruct a visit, and to what extent the service meets the expectations of girls and boys in the area. According to the hospital's health care agreement of 2013–2014, the work of Angered Hospital should proceed from the inhabitants' needs, and aim at improving availability to health care. Active focus on research and development is considered essential, enabling the hospital to become a centre for community health care in a multicultural society. Furthermore, gender equality should permeate all activities of the hospital, and continuous gender evaluations should be carried out in order to identify unjustified differences (34). Finally, while education and research have been emphasised as instrumental in meeting new challenges associated with segregation and health inequities, there is currently a scarcity of research focusing on the intersection of medicine, equal health care, social inequalities and ill-health, integration and migration (35). The above not only illustrates the importance of continuous evaluation of young peoples' conceptions and needs in relation to health care offered to them, but also a need for the elucidation of the interplay between different aspects of contemporary health care (35).

### ***The aim of the study***

The purpose of this study, then, is to evaluate the work of and accessibility to the Adolescent Health Service at Angered Hospital. The service strives to be attainable for all young people in the area, but for the time being this is believed not to be the case (32). By elucidating the adolescents' thoughts, fears and wishes with regard to adolescent health services, the service

may be further developed in order to reach those who currently do not access and potentially benefit from the service. Thus, this study specifically aims to address the following research questions: first, how do young people relate to the concept and work of adolescent health services?; second, which needs do young people have with regard to adolescent health services in general, as well as the Adolescent Health Service at Angered Hospital in particular?; third, which experiences do young people have of the Adolescent Health Service at Angered Hospital?; and finally, which factors could facilitate the access to and visit at the service for young people in the area?

## ***METHOD***

### ***Study design***

Reconnecting to the purpose mentioned above, adolescents' thoughts and attitudes concerning adolescent health services constitute the main focus of this study. To enable exploration of these phenomena, a *qualitative method* was chosen (36). The ambition was inductive analysis, which, in contrast to deductive or theoretical analysis, strives to process the data “*without* trying to fit it into a pre-existing coding frame, or the researcher's analytic preconceptions” (37).

Aspects underlying the choice between individual interviews and focus groups were suitability in relation to the purpose on one hand, and practical concerns on the other. When exploring experiences, approaches and attitudes in contexts which include some kind of interaction between people, focus groups are considered to be favourable, while self-perceived events and opinions may be examined through individual interviews. With regard to practical conditions, individual interviews are considered time-consuming, hence focus groups are recommended in situations with limited resources (36).

### ***Recruitment and data collection***

Experiences gained from previous activities of the Adolescent Health Service indicate that collaboration with schools and established adolescent services are most advantageous for recruitment of youth. Thus, recruitment of informants was carried out in cooperation with the school health services at Angered High School and Lindholmen Science Park, as well as with Gothenburg's local Red Cross branch. Contact with the two schools' welfare officers and the business developer at the Red Cross was initially established via telephone, and written information about the study in the form of a recruitment poster was sent to every contact person (see Appendix A and B). Those contacted forwarded the enquiry to teachers at the two schools and to a suitable member of the Red Cross organisation respectively, who subsequently put together groups of informants with consideration to information on the recruitment poster. This was done by bringing together volunteering students in the schools, and friends and acquaintances within the Red Cross.

Informants – eleven girls and twelve boys over the age of 15 years, and with an average age of 18 years – were divided into four different focus groups, consisting of either five or six girls or six boys. On account of practical conditions, keeping in mind the potential disadvantages of convenience sampling compared to probability sampling in terms of limited representativeness, the principle of “first come, first served” resulted in the inclusion of the first four groups recruited: two female groups comprised of students at Angered High School, one male group consisting of students at Lindholmen Science Park, and one male group of informants recruited with the assistance of Gothenburg's local Red Cross branch. Since recruitment was carried out within school classes and the Red Cross local branch, informants in every group, being classmates or members of the same organisation, knew one another prior to participation; however, potential inter- and intragroup relations beyond this were unknown to the researcher.

The group discussions were initiated with an information session, and participants were provided with a Participant Information Sheet, upon which written consent was obtained. Confidentiality was maintained throughout the entire study process; thus, no personal data was collected. In particular, the option to retain as well as to share thoughts, opinions and experiences was stressed, as well as the importance of mutual consideration and respect amongst all participants both during and after the focus groups. All informants received one cinema gift voucher each for their participation.

Focus groups were semi-structured to ensure inclusion of the main issues in relation to the study purpose, and a list of topics desirable to include was used by the interviewer (see Appendix C). All discussions were audiotaped and transcribed verbatim. In order to ensure anonymity, all personal names and geographical descriptions were excluded. All data were stored securely at the University of Gothenburg.

### ***Data analysis***

To process the collected data, thematic analysis as described by Braun and Clarke was performed (37). Transcription and analysis was performed by the author; the final analysis was validated in consultation with project supervisors and staff at the Adolescent Health Service at Angered Hospital. After transcription, reading and re-reading of data followed in order to familiarise with the content. Notes were simultaneously taken to create an initial list of ideas about the content of the data corpus, generating a starting-point for the following production of codes. Codes, as expressed by Boyatzis, connote “the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” (38). In compliance with the inductive approach, the ambition was to allow the findings to depend on the data exclusively, avoiding coding around pre-existing theories or hypotheses. The coding procedure as such entailed identifying data segments relevant to the research question, coding these according to content and meaning, and collating extracts

relevant to each code. During the next phase of analysis, the codes were grouped based on similarity in content and meaning, thus forming potential themes. Gradually, main themes and sub-themes were identified. As the last step of the thematic analysis, themes were reviewed on two levels: from top to bottom, ensuring that themes and subthemes correspond to encompassed extracts and codes, and from bottom to top, ensuring that extracts are illustrative of the formulated themes. Selected extracts were translated by the author. An example of the process is visualised in Figure 1.

Extract	Code	Subtheme	Main theme
<p>Int. What is good about the adolescent health services?</p> <p>A. Well, first, perhaps, they don't judge.</p> <p>B. That's positive! (Laughter)</p> <p>All. Yea! (Laughter)</p> <p>A. Otherwise, you would never visit them.</p>	The staff does not judge	Positive experiences	Young peoples' experiences of the Adolescent Health Service at Angered Hospital
<p>A. When they distribute, like, condoms, just...without thinking, then it's like encouraging young people to constantly have sex. And well...I mean, and not control themselves, or something.</p>	Condom distribution encourages sex	Negative experiences	Young peoples' experiences of the Adolescent Health Service at Angered Hospital

**Figure 1.** Example of the data analyses process.



### ***Ethical considerations***

The study was reviewed and approved by the University of Gothenburg as well as the Head of the Child and Adolescent Services at Angered Hospital. In accordance with Swedish laws on research ethics, this process entailed ethical review and approval.

Data collection via interviews entails unique possibilities to reach in-depth understanding of the topics at hand, which is fundamental in qualitative research. Nevertheless, using personal narratives carries the risk of awakening affections and memories of both positive and painful nature – an occurrence which is dependent on the participant's personal experiences exclusively, and can therefore seldom be accurately predicted. During focus groups, the remaining participants constitute an additional dimension, to which emotional manifestations are more or less willingly exposed. As a result, anxiety and distress must be considered as possible consequences – arguably more so in qualitative research than quantitative research – during a study as well as afterwards. The interviewer's sensitivity is therefore of utmost importance, enabling adaption of topics and dialogue to the current **situation**. Additionally, routines for offering further emotional support, whenever necessary, after participation should be considered when researching particularly sensitive topics. (36, 39). In the current study, extra care was taken to ensure a comfortable and encouraging environment for conversation. The importance of respecting each individual's decision to only share what one was comfortable to share was stressed throughout the focus groups. To secure further support if needed or asked for by any of the informants, the possibility for me to contact the supervisors whenever needed was established before the focus groups.

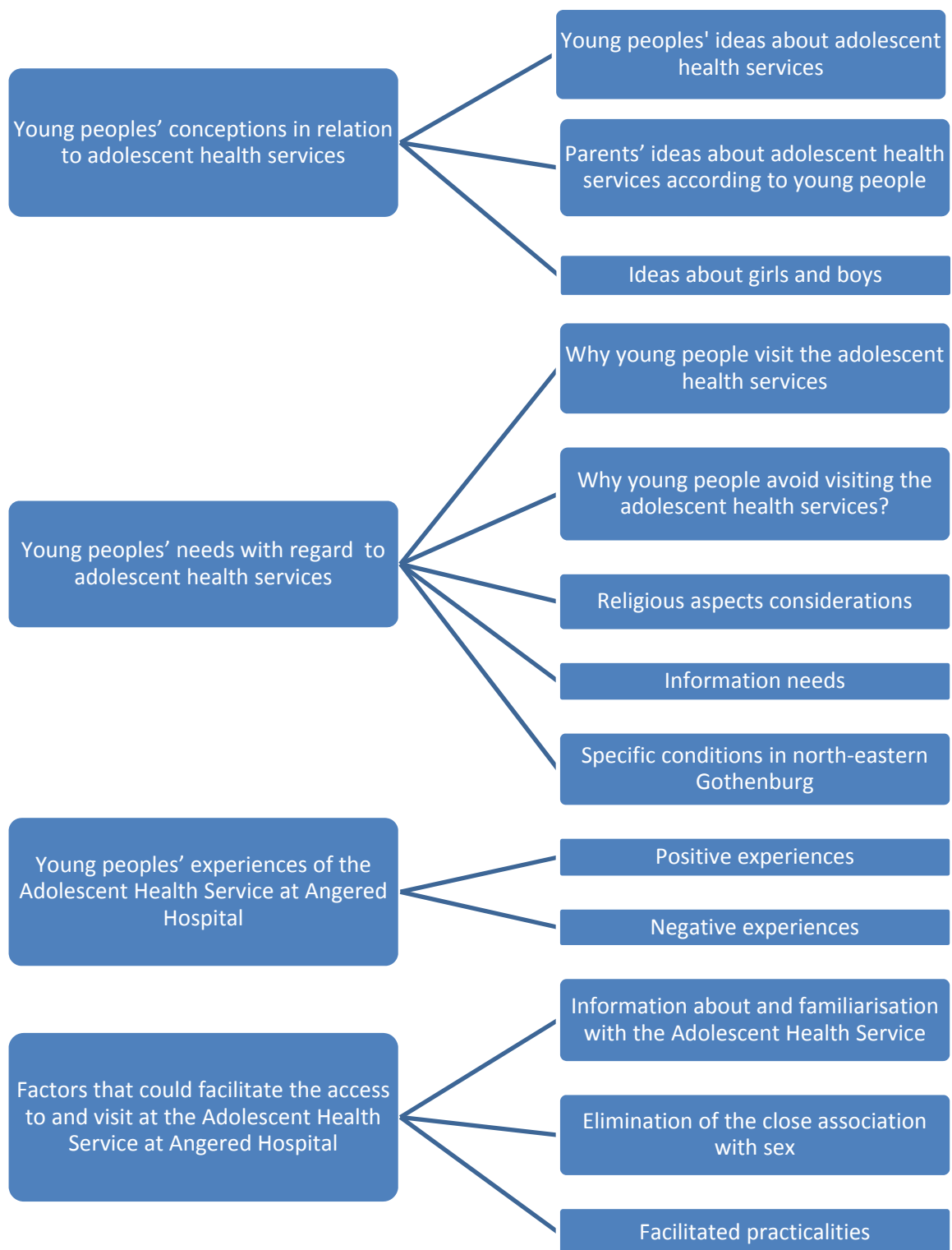
In the ethical balance, it is also important to consider the potential advantages of participation in research involving humans as well as the disadvantages of withheld research. With regard to the former, being able to share opinions and to contribute to development and progress is often regarded as strengthening and positive for the participant. Concerning the latter, avoiding particular research due to a (perceived) sensitivity of topics could rather be

unethical since it could potentially withhold indispensable information, enabling further understanding, development and possibilities for improvement (40).

## ***RESULTS***

The analysis resulted in four main themes with subthemes, which will be described below.

The main themes identified were Young peoples' conceptions in relation to adolescent health services, Young peoples' needs with regard to adolescent health services, Young peoples' experiences of the Adolescent Health Service at Angered Hospital, and Factors that could facilitate the access to and visit at the Adolescent Health Service at Angered Hospital. An overview of main themes and subthemes is shown in Figure 2. In extracts, the letters A, B, C and D denote informants, "All" is general agreement within the group, and "Int." is the interviewer.



**Figure 2.** Overview of main themes and subthemes.

## *Young peoples' conceptions in relation to adolescent health services*

### *Young peoples' ideas about adolescent health services*

In all focus groups, four overriding topics were emphasised in relation to adolescents' perspectives on adolescent health service as a concept. First, apparent was the coexistence of positive associations in terms of obtaining help, information and support, and negative associations with something embarrassing, private and uncomfortable.

#### Extract 1:

- A. I'm thinking of a place where young people can receive information...for example about things which it might feel uncomfortable to for example talk with your parents about, or...yes.
- B. Information. About this and that.
- C. Mm. Information. Support.

(Male group 2)

#### Extract 2:

- A. A little private. Well, there is actually nothing positive in visiting the adolescent health services. Well you visit them because you have some kind of problem, sorta. If you want to do a test if you are pregnant, or if you want to have condoms and so on, or... Everything that's private.

(Female group 1)

There to, both girls and boys expressed the impression of adolescent health services being explicitly associated with girls. In this respect, visiting the services was considered more standard for girls partly due to the different panorama of female issues such as menstruation and contraceptives, and partly to the greater acceptance of girls needing therapy or psychological advice.

#### Extract 3:

- A. Mm. Well I think that the only time boys visit the adolescent health services, I mean to check out something, it's sorta when their girlfriend has taken them or something.  
All. Yea!
- B. Yes, or if they have problems with sex or something like that. Otherwise I don't think they kinda dare to visit.

(Female group1)

#### Extract 4:

- A. But I think girls know more about it than boys.  
All. Yea, absolutely. Actually.
- B. Why is that?
- C. Because we have menstruation problems...we need to talk...
- D. Yea well, it's, it's probably also the fact that, I don't know if it's only taboo or, or what it is...but it feels kinda like boys, well they think that "well the adolescent health

services is for girls, because they have the problems, they are the ones that, or it's their fault if they get pregnant".

(Female group 2)

Finally, and brought up repeatedly in all groups, was the unmistakable linkage with sex.

Distribution of condoms was regularly mentioned as a major contributor, sometimes in neutral terms but more often regarded as negative, and reinforcing the sex focus. Generally, the connection with sex in terms of being sexually active or having unprotected sex was believed to be more problematic for girls, according to all groups.

Extract 5:

A. You think "sex" when you think about the adolescent health services.

All. Oh yes! You do!

A. You don't think about the other things they have there.

All. No, exactly.

B. 'Cause it's like, well it's always about sex when you see the adolescent health services, 'cause it's always like that, you never see it in connection with something else.

(Female group 2)

Extract 6:

A. I'm just thinking that it's a place which, ehm...well which has to do with sex and sexuality education, so to speak.

B. Condoms.

All. (Laughter) Exactly. That's what you think about.

(Male group 1)

Taken together, informants associated adolescent health services with help and support, feelings of embarrassment, girls and sex.

### *Parents' ideas about adolescent health services according to young people*

The importance of parents in relation to adolescent health services was accentuated in all focus groups. Informants reported various experiences of or ideas about adults' approach to the concept of such services, and to their children visiting them. Both acceptance and disapproval were represented, as well as poor knowledge about the existence and work of the service.

Extract 7:

- A. I don't think my mum knows about the adolescent health services...where you can have condoms and so on. Well yea, condoms, I mean know about sex life and...everything. But there are adults who have heard about it and know...
- B. My parents were quite surprised when they discovered that I had visited the adolescent health services. They didn't know that they existed, so...

(Male group 2)

Extract 8:

- A. But, I don't think, I mean, 'cause otherwise I really think it doesn't matter for all parents if you visit the adolescent health services to receive help. For example my parents know that I usually visit the services, 'cause I have problems with my menstruation and so on, so they, well it's not such a big deal for them. But if they had thought that it was only for sex, then I'd probably avoid visiting...

(Female group 2)

Moreover, as in the case with the young people themselves, parents were frequently believed to associate adolescent health services with sex. Whether explicitly or implicitly expressed, this link was generally believed to be most problematic, particularly for girls.

Extract 9:

- A. Well, my mother was very, I mean when I said that I was going to visit the adolescent health services to talk, she was like "oh, she must have..." I mean I was like fifteen or something, she was like "well she must sorta have unprotected sex" you see? It kinda became like very sex-related without actually involving sex at all, and she was very frightened but I had to sit down and explain to her that there are many different...I mean... So she was very frightened when I mentioned the adolescent health services.

(Female group 1)

Extract 10:

- A. Well, and then it's like, ehm, most parents have a quite distorted picture of the adolescent health services, where they may think, if their daughter is visiting the services, well, they will think "but she has had sex! What are you going to do there? Abortion?!" And she may be marked with shame. I've met quite a lot of female friends who have ended up in that situation, so to speak. So it's also, as they say, too little information for the parents.

(Male group 2)

To sum up, parents were generally believed to be less informed about the adolescent health services compared to young people. If informed, positive attitudes towards the service existed, although the association with sex was considered as overriding, contributing to a predominantly negative approach.

### *Ideas about girls and boys*

Ideas about girls and boys were prominent topics during the discussions, especially in the two female groups, though similar patterns appeared in all four discussions. Altogether, girls are seldom allowed to be associated with sex or sexuality, and are often referred to as “hoes” or “bitches”. On the other hand, according to all groups but one, girls were commonly considered to be solely responsible for protection with regard to contraception as well as STIs. In this respect, girls were more often referred to as “dirty” or “guilty” compared to boys. Further discussed in the first female group was the typically high pressure on girls due to traditional demands as well as to modern social expectations, with religious concerns as a major contributing factor, which was emphasised also in the second male group. Consequently, visiting the adolescent health services is often problematic for girls, since the services, as mentioned above, is commonly associated with sex. Finally, highlighted particularly by the first female group, was the impression that the negative attitudes towards girls proceed not only from others but just as much from girls themselves, as a result of the aforementioned external pressure together with poor self-esteem.

#### Extract 11:

- A. 'Cause there are situations where you don't...”shit I know that girl, I knew it!” and perhaps you've had, ehm, you may have heard rumors, “that girl is a whore”, but well, yea, it's not like the word whore, ehm, in the suburbs it's something completely different, but, “that girl is a whore, okay, but I don't believe it” let's say. You see? Then let's say that she leaves, and she is there, and I'm there, and it just gets schmack; you put her down immediately, huh, “yea, okay, she is a whore, she are probably here to do tests for every fucking thing she has done”, you see?

(Male group 1)

#### Extract 12:

- A. I think girls are much more, ehm, careful when it comes to...

B. ...sex...

- A. ...sexually transmitted diseases and so on.

/.../

- A. Yea, I really think so. I think that there are lots of societal demands, I mean many things come into this question, I mean there are lots of societal demands on a girl that she should be a, well, “a good girl”, ehm, she shouldn't have any sexually transmitted disease, it's something weird... I think that if we were sitting in a classroom, and a boy said that he has a sexually transmitted disease, it would have been like “eww!”, but I mean, I don't think you would have judged him that much, but if a girl had said it, then it would have been like “oh but...my god, she is dirty!” /.../ Especially here

in our neighbourhood, 'cause there is lots of people who have that idea about women, that, well I don't know, that traditional, disgusting idea.

(Female group 1)

In all focus groups, informants agreed on the notion that talking about and visiting the adolescent health services is much more common amongst girls than boys. As a potential cause, ideas about masculinity in terms of men not being allowed to be emotional or talk about problems were frequently discussed, especially in the female groups. On the other hand, boys collecting condoms at the adolescent health service was frequently reported as a prevalent and accepted occurrence in all groups. In both female and male groups, "fear of the truth" with reference to discovering something atypical or pathologic was emphasised as an important reason for boys not seeking care. In this respect, both general anxiety and shame was expressed by most of the male informants, and assumed by the female groups. Last, media was brought up as a factor affecting boys, resulting in distorted pictures of both boys and girls. Both pornography and rap music were mentioned on this matter, contributing to expectations on boys to be "macho" and to look down on girls.

Extract 13:

- A. But then I also think that boys don't feel ashamed when they visit the service, I mean to check out their...ehm...penis.
  - B. No, they are very open with those things. It feels like that.
  - A. No, I don't think when it comes to those things, I think, yes when it comes to condoms and so on, 'cause it's nothing, sorta...wrong with boys having... But I don't think that they dare to visit the service to check out, well, their problems... Or talk, or things like that...
  - B. Yea 'cause they're not allowed to, I mean boys are not allowed to be emotional.
- (Female group 1)

Extract 14:

- A. You never know, perhaps it's...the person's reaction, imagine that you for example...perhaps it's a common thing that's happening to you, like puberty or something, and when you...and you believe that if you would tell the person who's working there then perhaps her reaction for example is that it's not normal, that...that it doesn't happen to everybody. So then perhaps you, well...
  - B. You are afraid of the truth, perhaps.
- (Male group 2)

Taken together, girls were often regarded as being exposed to both negative attitudes amongst



adolescents and to demands in relation to society and religion. With reference to boys, ideas about masculinity were generally prominent.

### ***Young peoples' needs with regard to adolescent health services***

#### *Why young people visit adolescent health services*

As the most important reason for visiting the adolescent health services, participants reported the need for information or help with various matters. All groups emphasised adolescence as a period of transformation associated with new and sometimes unfamiliar phenomena, both physical and mental, and consequently an increased need for possibilities to discuss questions and problems. In the two female groups, problems with menstruation were raised as a common topic for girls, while the first male group repeatedly mentioned testing for STIs. Similarly, collecting condoms was frequently brought up in the second male group. In addition, unwillingness or impossibility to talk to your family about your problems was discussed in all groups, clarifying the need for seeking an external instance such as the adolescent health services.

Extract 15:

Int. What things make you visit the adolescent health services?

/.../

- A. If you have questions, for example. Yea, questions about, ehm, life as an adult, or how sex works, or, like...yea.
- B. If something has happened to you during puberty and you are curious. And you don't know...

/.../

- A. ...mm and you wonder "why me, and...why none of my friends?" For example, during puberty, your body changes, and ehm, it's different for every person, I mean, if it happens to you first, then you wonder "why does it happen to me first, and not my friends?" So...then you can visit the adolescent health services instead, and...get an answer.

(Male group 2)

Extract 16:

Int. What things make you visit the adolescent health services?

- A. Lots of things.
- B. You may be curious. /.../ You need help, or...
- A. You need somebody to talk to, if you have problems, with your body, kinda... I mean menstruation and things like this.
- C. If you don't understand something. /.../ Easier to ask them instead of, well, family, it's like embarrassing...

(Female group 2)

In sum, need for help and information with regard to either physical or mental concerns were generally believed to be the main reasons for visiting the adolescent health services.

*Why young people avoid visiting adolescent health services*

Shame and fear of being exposed were frequently reported in all groups as essential reasons for not visiting the adolescent health services. Once again, the close association with sex was highlighted, and repeatedly regarded as a contributing factor to the reluctance to contact the services. Relatedly, the family's attitudes towards the services were emphasised – a negative approach potentially impeding a visit. Furthermore, lack of knowledge amongst adolescents about confidentiality was frequently reported as an important reason for possible avoidance, as well as poor information with regard to the diversity of the services.

Extract 17:

Int. What things could make you avoid visiting the adolescent health services?

- A. You may be afraid of being exposed.
- B. Yea, kinda, 'cause when you think about the adolescent health services you only think sex, absolutely nothing else... /.../ And you're afraid that somebody sees you and thinks "but, what's she doing here? Here, everybody is..."

(Female group 2)

Extract 18:

- A. I think lots of people don't visit the services, if they think "yea but what if it's written on my medical record" – they don't want. I don't think that this information exists really well, I think. I don't know... 'Cause, well, imagine that if, you never know I mean...however you say "yea but it's safe, my medical records don't come out", but you never know. I don't want it to be written for example, on... It has happened that...there was somebody who was going to visit, but they avoided it just because that "yea but what if it's written on my medical record?"

(Male group 2)

Moreover and mentioned earlier, "fear of the truth" in terms of discovering an STI or something physically atypical was regularly highlighted in the two male groups – a concern never mentioned in the female groups. Without exception, boys, compared to girls, were generally believed to be more inclined to avoid visiting the adolescent health services.

Extract 19:

Int. What are your thoughts about differences between girls and boys then?

- A. Well, we can't have children, you see? Then they want to check things out, do abortions, and...take day-after pills, and... But I have found out that, you know, according to my experiences from my, ehm, female friends, and my male friends,

well the girls have been more, like it's a normal thing to visit the services, you see? Boys like us, we are kinda "no, we skip that, it's not important", you see? /.../ ...it feels like we fall back; if we have a disease, then it's over! I mean, then we haven't "accomplished the mission" to be good, you see? Sorta, you, you get ashamed, and ehm, you become bad. /.../ ...girls are, it's more of a standard thing, "okay shit, unprotected sex, well but schmack and I'm on my way to the adolescent health services", ehm, and then you are there to check yourself out, and, well then it's fix. Easy, but we don't do that, 'cause, ehm, we don't want an answer.

/.../

- B. No but it's actually like that, I mean absolutely, it's more that...it's more natural for them, it is, it feels like that, and more, ehm, we are more like "no, hm..." – we don't visit the services if we don't have to, I mean, really. It has to be something to make us visit. But girls are more like "yea let's visit".

(Male group 1)

To sum up, fear of being exposed in connection with the adolescent health services and thereby in connection with sex, was generally mentioned as the main reason for avoiding the services. Furthermore, boys, compared to girls, were commonly regarded as more inclined to refuse to visit the services.

### *Religious considerations*

The effect of religion, commonly referred to by the youth as parents' faith, was repeatedly discussed in all groups. Disapproval of sexual activity and contraception were frequently mentioned, as were the negative attitudes amongst religious parents towards the adolescent health services.

Extract 20:

Int. What do adults think, I mean parents, teachers...ehm, what do they think about the adolescent health services?

- A. /.../ It's also kinda like, it varies a lot. If there's somebody who is kinda like, very religious then...they are against almost everything that has to do with contraception and things like this...

(Male group 1)

In the first female group as well as in the second male group, the perception of girls and young women being "dirty" or condemned if ever exposed in relation to sex, was emphasised, as mentioned earlier. Moreover, the first female group highlighted the contradiction between religion and therapy or mental support, since mental problems are supposed to be solved in

relation to your faith. Consequently, the need for seeking care is regarded as a failure, resulting in scepticism amongst religious parents towards the adolescent health services and their children visiting them.

Extract 21:

- A. /.../ ...most immigrant parents think that you can solve your problems on your own. /.../ They don't believe in, like, psychology at all. /.../ It's like, religion, like, if you have a good relation to your religion, then you can kinda solve your life, or cope with this life.

(Female group 1)

Taken together, parents' religion was usually considered to be most problematic for young people in relation to adolescent health services, especially for girls and young women.

### *Information needs*

In all groups, informants frequently reported poor knowledge amongst both adolescents and adults about the adolescent health services, especially with regard to the diversity of the service. Being unaware of the different areas of work was generally believed to contribute to the scepticism towards the service, amongst young people as well as amongst their parents.

Once again, the association with sex was repeatedly mentioned as instrumental.

Extract 22:

- A. Then I don't think that lots of people know that there are many things there. That there are welfare officers, 'cause I mean you don't need to visit the services to talk only about love problems, but you can visit, I mean... And there are, if you are going to stop smoking for example, lots of things, ehm, skin problems, for example acne and so on. Everything. I don't think lots of people know that, but rather, when somebody says that "yea, but I'm going to visit the adolescent health services", then you think as the first thing that it's something like *that*, but well, in reality it's not only that.

(Female group 1)

Moreover, and of utmost importance especially according to the second male group, unawareness of confidentiality often results in young people avoiding visiting adolescent health services. This was a concern in general but perhaps in particular for girls with regard to

abortion, fearing that information may reach their families.

Extract 23:

- A. Well, I don't think that there is enough information to young people, especially about how anonymous you can be. 'Cause ehm, I've met quite many who for example perhaps need to do an abortion or something like that, but don't really dare to turn to the adolescent health services 'cause they don't know. So they need to take some roundabouts and so on before they..."okay but perhaps I should visit". So...so there should be a whole lot...much more information, maybe even studies during high school, or primary school. 'Cause we, for example myself, what do I know except to go and get condoms from the services, or...send I girl there who needs to do an abortion? More than that I don't know, I mean.

(Male group 2)

To summarise, poor knowledge amongst both adolescents and adults about the diversity of the adolescent health services as well as about confidentiality was generally believed to be prevalent, illustrating an extensive need for information in these regards.

#### *Specific conditions in north-eastern Gothenburg*

Specific conditions in north-eastern Gothenburg, especially in terms of high prevalence of people with Muslim background, were explicitly emphasised only in the first female group, even though religious concerns in general were brought up in all focus groups, as mentioned above. In the group at hand, participants frequently highlighted differences between north-eastern Gothenburg and other parts of Gothenburg or the country in general. Negative attitudes towards women and sex were discussed, as well as the high demands on girls to balance the avoidance of, for example, sex, parties and alcohol in their endeavour to not be "dirty" on one hand, and the avoidance of being regarded as boring or traditional when refusing these matters on the other. A need for attitude change was repeatedly expressed, generally as well as more specifically concerning the approach to the adolescent health services.

Extract 24:

- Int. Do you think it's different? Like, here compared to how you might think it is in the middle of the city, or so?

All. Yes! Absolutely.

A. It's kinda more open when it comes to sex there. We are not that open with sex, just because we have Muslim backgrounds, most of us, so...

All. Mm.

B. I have, how to say, lived in xx before, and there it's very-very open, when it comes to sex (laughter). And it's almost, you get bullied if you *haven't* had it, I mean it's kinda like...quite the opposite.

(Female group 1)

Extract 25:

A. I think it would have been super-interesting to, like, well I don't know maybe it's impossible, but to have kinda like a, but especially here in Angered, if you have like a, ehm, a girl with a veil. Who is standing and distribute [information]. But I think it would have become fucking charged, 'cause you think "but she's a Muslim, she shouldn't have sex" or something like that. But I think anyway it would have become kinda like, I mean if she thinks that it's okay, then she's probably there because of...other things, she's probably there because of other things but sex. There are projects. Then it will become much more normal for us to approach. Especially for those here in Angered (laughter).

(Female group 1)

In sum, differences between north-eastern Gothenburg and other areas were explicitly discussed only in one of four groups, and included religious concerns as potentially contributing to negative attitudes towards sex as well as towards girls and women.

### ***Young peoples' experiences of the Adolescent Health Service at Angered Hospital***

#### *Positive experiences*

Experiences of visiting the Adolescent Health Service at Angered Hospital were generally discussed in favourable terms, especially with regard to the staff. Participants frequently reported feeling welcomed and accepted, listened to and taken seriously, and receiving attention and help in desirable manners.

Extract 26:

Int. What is positive when it comes to the adolescent health services?

A. That you receive the help that you need, and so on. And they take you in in a good way, they welcome you really well.

B. You feel grown up.

C. Yes, well you feel like that you have chosen to visit them, and sorta like they accept you for the choice you have made, and... And they, usually if they cannot help you right there, then they want to refer you to the right place, and that, well, feels good. 'Cause, it's not all primary care centres which do like that, refer to the right place and so on.

(Female group 2)

Almost without exception, participants mentioned school as the initial point of

contact with the service. Being informed, either by visiting the service in class or by the outreach work of the adolescent health service staff visiting schools was mainly considered as positive in all groups. In this respect, awareness of the existence of the service as such was highlighted, but likewise the familiarising effect which accompanies increased knowledge about the activity.

Finally, confidentiality amongst the staff was repeatedly brought up as being of utmost importance. As mentioned, poor knowledge in this respect often contributes to feelings of insecurity and scepticism in relation to the adolescent health services. Correspondingly, knowledge about confidentiality was described as resulting in confidence and security whenever visiting the service in either physical or mental concerns. Strictness amongst the staff concerning whether parents should be informed about their children's visits was especially appreciated, particularly by the second female group.

Extract 27:

A. My mother, she was really like, she thought that if I was going to some physician then she was like "it's certainly something wrong with you then". So it was really like "okay, do I dare to visit? Or don't I dare to visit?" But I did it on my own initia...initiation then. /.../ So I visited the services and they asked "is it okay if we send a letter home?" I was just like "ehm, no, I wouldn't really appreciate that." So I really think it's positive that they find out about this before...so that you don't happen to receive a letter at home, and then they find out. 'Cause I know, in perhaps some families it's really taboo, and kinda like it's really terrible and it might destroy certain peoples' lives. So that's why I think it's very positive. That they have it.

(Female  
group 2)

Extract 28:

A. It feels like, if you sorta ever visited them to talk to somebody, then you would know sorta that it would stay between us, and that the person wouldn't disseminate something. It's like, security.

(Male  
group 1)

To sum up, positive experiences of the Adolescent Health Services at Angered Hospital were widespread, specifically with regard to the staff's approach, loyalty and confidentiality.

### *Negative experiences*

Amongst negative experiences of the Adolescent Health Service at Angered Hospital, several informants in the second female group reported mistakes in the prescribing of contraceptive pills. Errors consisted of members of the staff referring to different sorts of pills, and receiving pills of the wrong sort resulting in the girls feeling ill until changing to a different sort.

More commonly, informants in all groups reported having experienced complicated or defective booking systems or insufficient opportunities for drop-in. Concerning the former, difficulties to talk to somebody immediately when phoning and instead being called up was mentioned as problematic, as were difficulties when trying to use the answering machine. With regard to drop-in, both visiting hours and the number of offered consultation areas were reported as currently insufficient.

Important, and emphasised in all groups, was also the adverse impact of the service's association with and distribution of condoms. Above all, informants frequently highlighted this focus on condoms as inevitably contributing to the connection between adolescent health services and sex, both amongst young people and adults, and consequently resulting in an unwillingness or fear of being associated with the service. Another aspect of excessive condom distribution was repeatedly discussed in the second male group in terms of risks that go with promoted sexual activity and usage of condoms without appropriate information about condom size and how to manage them in practice.

#### Extract 29:

- A. Then, often you see, like, the adolescent health services at school for example like, distributing or advertising, then you don't dare to approach 'cause then you think, "yea but", 'cause there's a bowl with condoms (laughter), "yea but shall I approach because of the condoms" I mean it becomes sorta... But if you had like, well, "do you want to stop smoking" or "do you want to start taking..." well, I mean, all these different... Then you might, like, have a reason to approach. Besides the condoms.  
(Female group 1)

#### Extract 30:

- A. But like he says, it's nor so that everybody has the same size, so then, imagine if somebody has one that's too small. It has happened several times during everything, they believe that "I'm protected", but then it bursts without them knowing, and then



they receive that ejaculation inside, then it's almost over. So it's also that...it's not only to distribute, no matter how, you have to know, you have to have information, ehm... Every condom is different. What you are going to do. So, it should be somewhat adapted to you...

(Male group 2)

In sum, negative experiences included mistakes concerning contraceptive pills, difficulties with booking systems and shortage of drop-in opportunities, as well as unfavourable effects of condom distribution.

### ***Factors that could facilitate the access to and visit at the Adolescent Health Service at Angered Hospital***

#### *Information about and familiarisation with the Adolescent Health Service*

With regard to factors that could facilitate the access to and visit at the Adolescent Health

Service at Angered Hospital, two main topics were frequently discussed in all groups:

extensive information and familiarisation with the service. With regard to the former, parents were specifically pointed out in all group discussions as having insufficient knowledge about the services, and therefore a sometimes distorted picture of them, which in turn often results in inconvenience or impossibility for adolescents to be connected with their activities.

Similarly, boys were frequently highlighted as being in need of better information about the adolescent health services, specifically by the second female group. In particular, boys' insufficient knowledge about what the services provide was regarded as a major contributor to their avoiding the services.

Extract 31:

- A. But I think it's just such negative ideas about the adolescent health services... It shouldn't be something that makes you ashamed, to visit them /.../ because it's not wrong, it's right, that it isn't something you should be ashamed of.
- B. Yes, and I think that they should have a bigger sign, so that you...so that you will be better informed about them, too.
- C. Yes, mm. 'Cause I think kinda that if people will be more informed, they might perhaps be less ashamed.
- B. Yes, that too.
- A. But parents and staff should also be informed!
- All. Yes!
- C. Yes, mm, 'cause that's usually what you're thinking about, that "what will my parents say?" or "can I really visit the services, what will happen if they tell...?"

- A. They should be informed, I think. I don't think many people know, not even that it exists.

(Female group 2)

Extract 32:

- A. I think that's the thing, they probably need more information, boys I mean, what it is that can...  
B. Yes, what they can help boys against, maybe.  
A. Yes, what boys might need help with, I think that's what might be needed, and kinda where you can receive it.  
C. 'Cause we know that we can talk to them...or we know what we can talk to them about.  
A. But I don't think boys...  
C...I don't think they know...

(Female group 2)

Common to all groups was the suggestion to broaden the information, thereby covering the diversity of the work of the service, as well as reducing the focus on sex. Especially in the second male group, more information about confidentiality was proposed. Amongst arenas for publicity, school was considered to be the most important and easily accessible, and both immediate communication between the service and the students and indirect information through teachers was discussed. Marketing in terms of outdoor advertising, advertisements in newspapers and on the Internet, information by post or telephone calls and outreach work at places other than schools was frequently brought up, as well as the possibility to use social media such as Facebook and Instagram.

Extract 33:

- A. They should make it more obvious about what they want. Like, to help people. Not only about free condoms for everybody.  
B. They should perhaps come to the schools and, sorta, have a class...  
C. A lecture.  
B. ...yes, a lecture, where they tell or have like a lecture about...if you feel uncertain, if you are curious, like here it's located, we do like this, so so so. Some information. They come.  
D. Mm. To explain that it's anonymous, everything, for example that it's...some people feel uncomfortable and believe that what they say, if that will be disseminated, then...mm.

(Male group 2)

Repeatedly mentioned in all focus groups was the importance of being "at-ease" and feeling familiar with the concept of the adolescent health service, and with the

idea of visiting it. As facilitating factors in this respect, personal experiences of adolescent health services told by celebrities, friends or by the staff from the service were suggested. Likewise, involving young people in the work, both concerning dissemination of information at schools and in the different activities at the service, was suggested to facilitate adolescents' familiarisation with the concept. Moreover, using existing adolescent forums in the area as starting-points for communication and cooperation between young people and the adolescent health services was highlighted especially by the first female group.

Extract 34:

- A. You can have like, if there is any bullying, then you can have persons who have been in the same situation, and... Who are sorta experts on that thing, who can sorta help...help that person to...change it, try to find solutions, to not, are you bullied and...well...
- B. ...and it's always easier for a person who are bullied to talk to someone who have been bullied, 'cause they have been in the same situation. So, in certain situations where someone who is bullied wants to talk to, tries to talk to a person, then it might be for the best to use someone from the staff who also has experienced the same...well...to reach...yea.

(Male group 2)

As a last topic, and as a consequence of the aforementioned idea of the adolescent health service being much more associated with girls compared to boys, efforts to facilitate the access for boys was promoted, particularly by the second female group, although without specifying such efforts.

Extract 35:

- A. Do boys usually visit the services?! I've always imagined it like, I've always associated it as being for girls.
- B. Well, I mean, I've never seen boys, so... But I think, like perhaps they should concentrate also a bit more on male things there... 'Cause right now it feels also a bit more like it is very much for girls.

(Female group 2)

Taken together, facilitating factors generally included extensive information about the service's existence, diversity and confidentiality; familiarisation with the service through

different forums; and special efforts to reach boys.

*Elimination of the close association with sex*

As mentioned repeatedly, the association between adolescent health services and sex was usually described as problematic in all focus groups, and in various ways. Consequently, elimination of the association with sex was regarded as highly important according to most informants. General information about the diversity of the service as well as an active exclusion of sex and condoms in certain situations was suggested, in all groups but especially in the first female group. However important to clarify in this regard is the frequently reported opinion that sex per se should not be excluded, only the *association with sex*.

Extract 36:

- A. Mm. I think that the adolescent health services, when they come out, I think that they in some situation should exclude sex completely. Like to exclude sexually transmitted diseases and such things, and only talk about the projects they have going on. Like we have “Fit for Life” or “Meet Your New Boyfriend” or, well, I don’t know. I mean things like that, so that people think “oh shit, the adolescent health services can actually be like a youth club in a way, where you can meet new people, and, well... /.../ ‘Cause I don’t know, I also immediately think sex, and it will be difficult to get people to eliminate that...prejudice, I don’t know.

(Female group 1)

Extract 37:

- A. Well I think like initially, the adolescent health services, when they first came to my school, like in the eighth or ninth grade, then they come with condoms, and all the boys took condoms and kinda like lay water balloons, and then like, “this place is only a sex-place, I mean, you only visit them if you will have sex or something”. So stop distributing condoms when you go out in the seventh or sixth grade! ‘Cause it demonstrates, or they talk about things but we only focus on the condoms.

(Female group 1)

As mentioned earlier, parents’ approach to adolescent health services was generally considered to be of major importance, especially in relation to adolescents’ accessibility to the service. In all groups, lack of knowledge and negative attitudes amongst parents were frequently brought up. Consequently, changing adults’ ideas about the work of the service was regarded as desirable, once again with the disconnection of sex considered as elemental.

Parental education was believed to be instrumental, enabling parents to approach the service

from another starting-point than sex and sexual activity. Similarly, adding new activities of a different character to the existing work areas, for example study groups and development projects, was suggested to have the same effect.

Extract 38:

- A. Do you know what our immigrant parents would love? If you would, like, be able to organise some homework help thing, and I mean, and advertise that instead, and then write like “this is the adolescent health services”, then probably the parents will start to get that “my god, they probably have different projects going on”. ‘Cause of course, it will be easy to, or, it will be possible to change young peoples’ ideas, but I think that our parents are a bit more traditional and think in a way that is kinda impossible to change. So you could send out these advertising things especially when it comes to subjects which could favour parents too.

(Female group 1)

To sum up, elimination of the close association with sex, both amongst adolescents and their parents, was commonly regarded as essential in the adolescent health service’s efforts to be accessible to all young people.

#### *Facilitated practicalities*

Time reservations, drop-in clinic, visiting hours and reception area were all discussed as potentially benefitting from modification. Participants in the second female group and the first male group repeatedly suggested expansion of the drop-in clinic, both with regard to the number of offered consultation areas and to the number of visiting hours. Concerning time reservation, a possibility to speak to somebody in person instead of calling the answering machine was requested by the female groups, as mentioned earlier. Moreover, separate visiting hours for girls and boys were brought up by the first male group as potentially beneficial to both parties.

Extract 39:

Int. What is it that could be improved, then?

- A. Ehm, what’s the word, this...the visiting hours. Or I mean like, the drop-in clinic and so, and then that you perhaps should receive some more help, or I mean like...  
B. Yes, more offered consultation areas at the drop-in clinic, and that they examine more.

(Female group 2)

Extract 40:

Int. What could be improved, so to speak?

A. To show up more, perhaps.

B. The drop-in clinic. /.../ They have, it is, like two hours I think, and they don't have time for that much. I've been there twice, they have, I had to go home again. Then I went to the pharmacy and bought one of those instead...that you use for testing.

(Male group 1)

Finally, different opinions about the entrance of the adolescent health service being visible or hidden were shared, without reaching consensus within any of the groups. It is neither desirable to fuel the picture of the service as something shameful by hiding its existence, nor to create a potential barrier for those who are not allowed or unwilling to visit the service by publicising its entrance. However, most participants agreed on the idea to offer both alternatives, but most favourable was an entrance that is jointly used for other activities that are considered neutral.

Extract 41:

Int. What do you think about that then, I mean, should it be, like ehm, open, or should it be a hidden entrance...?

A. I think it should be open. Because, like, if we hide it, like if we continue with this, I mean, people will, I mean, it's us who should spread rumours, and sorta say, I mean that it's something positive, so that it's sorta, positive a bit by the entrance to.

All. Mm!

B. 'Cause when it's located in some hidden place, I mean it feels like that you're going to some mission, or kinda, if you show that it's open, it's normal, it's kinda...welcoming in a way, then I think it will be...'cause if you have it in a hidden place, then people will still walk around, as she says, walk around with that idea that "oh but shit, the adolescent health services..."

C. But, then other people won't dare to visit them perhaps ...those who live here at least... /.../ It might have been positive perhaps, I mean, like now, isn't it located next to Angered Hospital, so that when you are visiting them, then other people don't know if you're going to the hospital or if you're going to...for those who might be ashamed, so, that it's connected with something else, too, perhaps, is positive for them.

(Female group 1)

In summary, extended drop-in clinic and improved time reservation system were generally believed to be beneficial for the access to the adolescent health services, as well as different options when it comes to entrance and visiting hours.

## ***DISCUSSION***

### ***Main findings***

In the current study, focus groups with 23 adolescents from north-eastern Gothenburg – a socioeconomically disadvantaged area – were conducted with the purpose of elucidating young peoples' thoughts, fears and wishes with regard to adolescent health services in general as well as to the Adolescent Health Services at Angered Hospital in particular. Four main themes were identified: young peoples' conceptions in relation to adolescent health services, their needs with regard to the same, young peoples' experiences of the Adolescent Health Service at Angered Hospital, and factors that could facilitate the access to and visit at the service. In sum, adolescents' approach to the service comprised of feelings of being supported, respected and cared for on one hand, and embarrassment and fear of information dissemination to parents and friends on the other. With regard to ideas about girls and boys in relation to adolescent health services, girls were generally regarded as being more subjected to negative attitudes associated with traditional or religious considerations which impeded their access to the service, while boys were considered being subjected to norms of masculinity, and therefore not accepted to be in need of support at the service. Overall, adolescent health services were considered more connected with girls than boys. The close association between adolescent health services and sex was repeatedly reported as a barrier, especially in relation to parents. Concerning young peoples' needs in relation to adolescent health services, extended information to both adolescents and parents was consistently requested, as well as efforts to increase familiarisation with the service and elimination of the close association with sex.

Revisiting the right to health and health equity, adolescent health services are believed to play an important role in the protection and implementation of these rights on young peoples' behalf. According to the CESCR, the health care of all UN states must be

available, accessible, acceptable and of good quality (AAAQ) (5). Concerning accessibility, four dimensions are included: non-discrimination, physical accessibility, affordability and information accessibility, whereas acceptable health care is defined as being “respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned” (5).

Applied to the adolescent health services and to the different aspects emphasised by the informants in the current study, most of these dimensions are included as discussed below, starting with fulfilments and thereafter the shortcomings. To begin with, the establishing of the Adolescent Health Service at Angered Hospital could be regarded as an initial effort to increase availability to health care for young people in north-eastern Gothenburg.

Furthermore, the frequently reported respectful and supportive attitudes amongst the staff at the service appear to contribute to the non-discrimination and acceptability of the service, as well as to good quality. Similarly fulfilled is the affordability, since visiting the adolescent health services is always free of charge, as is the condom distribution whereas remaining forms of contraception is discounted up to the age of twenty years. The service’s outreach work presumably contributes to fulfilling information accessibility requirements, although the, according to the informants, insufficient information, especially about diversity and confidentiality, must be mentioned as a shortcoming in this context. Likewise, as factors rather reducing acceptability, the close association with sex as well as insufficient options for time reservation and drop-in should be stressed. The former seemed, according to the informants, to be a concern especially in relation to parents and/or religion, but was also repeatedly mentioned as impeding irrespective of culture and gender. The latter, in turn, could potentially reduce both availability and acceptability, since the manner in which the service’s care is provided may constitute obstacles for young people trying to visit. Finally, the greater



tendency amongst boys compared to girls to avoid visiting the adolescent health services ought to be discussed in relation to the AAAQ framework, to identify barriers to accessibility and acceptability for boys. Whether this gender imbalance is a result of potential shortcomings or merely different needs amongst girls and boys must, however, be further investigated.

As mentioned, an investigation of the specific requirements of young people in the catchment area, with respect to adolescent health services, was carried out before the inauguration of the Adolescent Health Service at Angered Hospital (33). When comparing its results with those of the current study, numerous similarities appear with regard to young peoples' ideas and opinions in relation to the service. Another noteworthy observation is how informants' description of a sexual relation always was a heterosexual one. Different sexual orientations or relations other than heterosexual ones were never brought up, neither in the report nor during the focus groups of the current study. Nevertheless, and similarly emphasised in the report, it is of utmost importance to apply an open-minded approach at all levels of adolescent health care, ensuring accessibility to and non-discrimination at the adolescent health services.

Amongst differences, religious considerations and negative attitudes towards girls and young women were not mentioned in the investigation report, but were frequently discussed during the focus groups in the current study, as were the specific conditions of north-eastern Gothenburg. Whether this difference indicates a growing problem or is a result of different group constellations and conversation settings is yet unclear. Other factors also stressed in the current study were the need for extended information and efforts to enable familiarisation with the service. In this regard, new arenas for information and involvement were suggested, such as social media and the service's website, perhaps illustrating an increasing usage of those forums amongst young people today, but also revealing somewhat new channels for

reaching out to adolescents in the area. The service already uses Facebook – the site mentioned as especially important in this respect – and an extended usage of such would most likely be advantageous and useful for both the adolescents and the service by providing a familiar platform for interaction and exchange of information from the service on one hand, and input from the adolescents on the other.

***Limitations of the study and suggestions for further research***

As a potential limitation of the current study, informants were not explicitly asked if they had ever visited the adolescent health services or not, for the purpose of enabling them to speak either in general terms or from personal experience, as they preferred. It is, therefore, important to bear in mind that informants' accounts could in some cases be based on presumptions as opposed to originating from lived experiences. However, during the discussions most informants chose to speak openly about whether they had visited the services – which most informants had.

Furthermore, as a consequence of using schools and established adolescent services for recruitment, informants were believed to know one another prior to their participation – a fact that should be taken into consideration, since pre-set constellations of people may have internal social dynamics that either open up for or impede the different group members' participation in the discussion. Dominant members may navigate the conversation, thus contributing to a non-representative picture of the opinions within the group – a phenomenon referred to as elite bias (41). While qualitative research does not strive for generalisability or representativeness in the same fashion as quantitative research (41), applicability of the results of qualitative studies is nonetheless widely debated. Some researchers claim that generalisability in qualitative research is impossible due to the uniqueness of every qualitative study situation in terms of the specific interaction between researcher, participant(s) and context, and therefore not relevant in qualitative research (41). Others, instead using the term

transferability, mean that it is ultimately up to the reader to decide whether findings are possible to transfer to other situations or not (42). Irrespective of approach in this regard, describing the study settings and the sample as detailed as possible is generally believed to facilitate the possibility to use the results in a somewhat broader context (41, 42). Applied to the current study, especially with regard to the risk of elite bias, a probability sample, rather than a convenience sample, may have been advantageous in order to possibly increase representativeness.

As mentioned, group conversations compared to individual interviews may entail both benefits and disadvantages. Amongst potential limitations, possibly hindering informants to express thoughts and opinions, are group dynamics or the fear of feeling exposed if sharing personal experiences or saying something that contradicts others. On the other hand, participating as part of a group may result in informants feeling secure when taking part together with others, especially with others familiar to them. Moreover, focus groups are presumably preferable to individual interviews when examining attitudes and approaches amongst a group of people, which was the case in the current study.

As in all qualitative research, transcription, analysis and interpretation of collected data entail a risk of misrepresentation, potentially resulting in discrepancy between the informants' personal experiences and the study results. Together with translation of quotations into English, all of these factors must be taken into consideration when evaluating the results. To increase the trustworthiness – that is the credibility, transferability and dependability – future studies should consider including a component of consensus-seeking amongst co-researchers and/or informants in the data analysis process.

Furthermore, although representativeness is not an objective of qualitative research, recruiting a larger sample would consequently enable more adolescents to raise their opinions, which could facilitate both credibility and transferability. Finally, in order to achieve both

broader and deeper understanding of the study focuses, a comparison with other adolescent health services in the region as well as with other groups concerned in relation to adolescent health services such as parents, staff at the service or at the school health services, would be beneficial.

As mentioned, boys constitute an underrepresented group at the adolescent health services. Of interest for future research may consequently be to evaluate potential differences between the sexes particularly in terms of visiting patterns, possibly revealing structures that could be useful in understanding boys' greater avoidance as well as involving them to a larger extent. As mentioned, too, different sexual orientations or relations other than heterosexual ones were never brought up during the group discussions. Whether this reflects a taboo or a non-existing need amongst adolescents to include this perspective, or was a result of the specific context of the current study, requires further investigation. With regard to the non-discrimination statement as well as the policy program of the adolescent health services – especially emphasising the importance of including different sexual orientations in the activities – actively asking questions about this topic may be valuable in future research.

### ***Practical implications***

In the current study, the ambition was to prepare material useful to the improvement work of the Adolescent Health Service at Angered Hospital, thereby facilitating adolescents' access to and visit at the same. During the four focus groups, the adolescents put emphasis on both maintaining and strengthening existing qualities and changing specific matters in this respect. Translating their suggestions into practical implications, the respectful and supportive attitudes amongst the staff at the service belong to qualities important to maintain and strengthen, as do the existing efforts to inform adolescents about the service through outreach work. With regard to changes, improvements are requested in outreach work and marketing on one hand, and practical arrangements at the service on the other. Concerning the former,

extended information about the service as such – its purpose, its diverse consultation areas, the procedure when visiting the service, and the staff’s confidentiality – could be disseminated and emphasised, both amongst adolescents and their parents in order to increase awareness of the service as well as to extend beyond the traditional limiting association between adolescent health services and sex. Similarly, actively working with ideas about girls and boys in terms of attitudes, prejudices and obstacles in relation to the service could be included in this respect. Nevertheless, reaching out to both adolescents *and* their parents presumably require particular efforts, of which targeted information to parents appears to be crucial. Very likely, using schools as an initial arena for arranging information meetings and initiating contact with the service would be most advantageous, since informants reported a well-established contact between their parents and their schools, as well as their parents’ confidence in their schools. In addition to schools, alternative starting points for contact, such as residents’ associations or local organisations, might be taken into consideration to thoroughly ensure involvement of families whose children do not attend school. Moreover, targeted marketing to parents in terms of letters, advertising posters and newspaper advertisements were all suggested by the informants as possible channels for increasing the knowledge amongst parents. Last, but not least, the Adolescent Health Service would most probably profit from offering parental education at the service, in parallel with its other activities. In 2013, this was initiated on a small scale in terms of parental consultancy offered once a week – an activity which could most probably constitute a starting point for further development in this regard. Since adolescent health services is an establishment somewhat unique for Sweden, not only the existence but also the diversity of the contents is sometimes unknown especially to people who are born outside of Scandinavia. However, irrespective of country of origin, the notion of a close association with sex appears to be widespread amongst parents in general, illustrating the need for information with a broad approach.

Moving on to familiarisation, efforts to facilitate young peoples' relating to the adolescent health services in terms of feeling "normal", at ease and familiar with the concept of the service and with the idea of visiting it, would probably be most beneficial. Measures in this context should focus on providing references for girls and boys in terms of normalising the concept of adolescent health services as well as counteracting negative attitudes, prejudices and obstacles in relation to the same. Especially important in this regard, with reference to the aforementioned underrepresentation of boys, is most likely particular efforts to reach boys and young men through these channels. As role models, not only celebrities but the staff at the service as well as young people themselves could most probably be involved. Possible solutions are cooperation with existing adolescent organisations and groups, as well as with students at the different schools in the area. Likewise, additional arenas for information and familiarisation such as websites and social media could probably be useful in this regard. Finally, and once again, deliberate choices concerning promotion or exclusion of sex-related issues in outreach work and marketing are elemental in this regard, since association with sex is frequently mentioned as contributing to unfamiliarity with the service. Active exclusion of sex in certain situations may therefore be advantageous, for example when visiting schools to introduce the Adolescent Health Service. However, by being one of the Swedish public health target areas (23) and a cornerstone in the policy program for the work of the adolescent health services (20) on one hand, and a striking barrier for visiting the services on the other, sexuality and reproductive health constitute a part of adolescent health care that is apparently both important and problematic. Since the content of the adolescent health services originally was formulated in a Scandinavian context, openness about sexual activity could probably be considered as part of a somewhat long tradition of sexual education in Sweden. In order to adapt the services' activities to contemporary conditions, including an increasing number of people moving to Sweden from outside Scandinavia, a higher flexibility

in this respect may be advantageous.

Concerning arrangements at the service, improvements should, if possible, particularly aim to increase opportunities for drop-in, both with regard to visiting hours and to the number of offered consultation areas. According to informants, a drop-in system is usually regarded as less complicated and demanding, thereby facilitating visits to the service, especially for those who hesitate to visit at present. Consequently, offering more drop-in opportunities may potentially improve the service's striving to be attainable for young people in the area, including all elements of the AAAQ framework. Accordingly, the Adolescent Health Service may consider what demands on staff and organisation such changes may entail, and what practical arrangements that may be necessary for enabling implementation of these changes and making the service more attainable.

In accordance with the drop-in reasoning, offering different options for time reservation would be most valuable. The answering machine system was frequently highlighted by the informants as problematic, partly due to technical matters, but more importantly because of the difficulties experienced in relation to the current system for being called up without being able to decide when. With regard to the entrance and to separate visiting hours for girls and boys, more investigation is needed to reach consensus about optimal arrangements. Important to mention in this respect, though, is the forthcoming move of Angered Hospital. The hospital is currently situated in temporary premises and a number of services, the Adolescent Health Service included, are accessed through the same entrance – a setup repeatedly mentioned as appreciated by the informants since it provides a “neutral” area for arrival. The Adolescent Health Service, however, will not change premises and, thus, after the move, the service will have an entrance of its own, which may become an obstacle for visiting it in the future.

### ***Conclusions***

This evaluation of the Adolescent Health Service at Angered Hospital illustrates that in order to be attainable, comfortable and encouraging for young people in the area, the service would benefit from enhancing its capacities and addressing its shortcomings. The competence, concern and respect amongst the staff are all qualities that should be maintained and strengthened, while suggestions for improvement comprise extended information, familiarisation and involvement of both adolescents and parents. By providing accessible and acceptable health care for young people in an otherwise eventful and sometimes unstable period of age, the Adolescent Health Service can contribute to the fulfilment of adolescents' equal right to health and well-being.



## ***POPULÄRVETENSKAPLIG SAMMANFATTNING***

Gällande studie genomfördes i samarbete med Ungdomsmottagningen vid Angereds Närsjukhus, i syfte att kartlägga vad ungdomar i nordöstra Göteborg tycker och tänker om ungdomsmottagningar i allmänhet och om Ungdomsmottagningen i Angered i synnerhet. Förhoppningen var att resultatet skall kunna användas som utvärdering av den nuvarande verksamheten samt ligga till grund för dess förbättringsarbete, med målet att öka tillgängligheten och den positiva upplevelsen kring mottagningen. Materialet inhämtades genom fokusgrupper med 23 ungdomar i upptagningsområdet, indelade i två tjej- respektive två killgrupper om fem eller sex personer vardera.

Vid gruppdiskussionerna framkom fyra huvudteman: ungdomars föreställningar i relation till ungdomsmottagningar generellt, liksom deras behov av desamma, vidare deras erfarenheter av Ungdomsmottagningen i Angered mer specifikt, samt deras förslag kring hur verksamheten vid och tillgängligheten till denna mottagning kan förbättras.

Sammanfattningsvis förknippas besök på ungdomsmottagningen med hjälp och stöd å ena sidan, samt skam och rädsla för att bli upptäckt å den andra. Personalens respektfulla bemötande och kompetens underströks gång efter annan, medan många av deltagarna beskrev missnöje med tidsbokningssystemet och drop-in-verksamheten. Skillnader mellan tjejer och killar betonades, såväl vad gäller attityder gentemot killar och tjejer som deras sökmönster på mottagningen i termer av killars i överlag stora underrepresentation som besökare. Att mottagningens verksamhet är väldigt nära sammankopplad med sex tycktes vara en generell uppfattning, och beskrevs ofta som ytterst problematisk, både bland ungdomarna själva men framför allt i förhållande till deras föräldrar. Även föräldrars religion togs upp som varande bekymmersam, framförallt för tjejer, och framförallt i nordöstra Göteborg. Brister både i information om och förtroendet med mottagningen framkom, och var också föremål för

åtskilliga av ungdomarnas förslag för att förbättra verksamhetens tillgänglighet. Här betonades insatser för att öka kunskapen om mottagningens utbud, såväl bland unga som vuxna, samt om tystnadsplikt och dess innebörd vid ett eventuellt besök. För att göra ungdomsmottagningen lättare att relatera till, föreslogs användning av förebilder, sociala medier och existerande ungdomsorganisationer, speciella satsningar för att involvera föräldrar och killar, samt för att förflytta fokuset från sex. Slutligen framhöll deltagarna praktiska förbättringar såsom utökad drop-inverksamhet och alternativa tidsbokningssystem.

Hälsa är en grundläggande mänsklig rättighet, och jämlik och tillgänglig hälsovård är essentiell för att människors möjligheter till utveckling, välmående och funktion skall kunna tillgodoses på lika villkor. Genom att behålla och stärka sina fördelar respektive förbättra sina nuvarande tillkortakommanden, kan Ungdomsmottagningen i Angered bidra till att unga tjejer och killar i upptagningsområdet får tillgång till jämlikt och ungdomscentrerat stöd under en i övrigt händelserik och ibland oförutsägbar livsperiod.

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## APPENDIX A



GÖTEBORGS UNIVERSITET  
SAHLGRENSKA AKADEMIN



VÄSTRA  
GÖTALANDSREGIONEN  
ANGEREDS NÄRSJUKHUS

### **Give Your opinions about Your adolescent health service!** **(...and receive a cinema ticket!)**

- Are You over 15 years old?
- Do You have thoughts or opinions about what You consider to be good adolescent health service?
- Would You like to influence the improvement work of the Adolescent Health Service at Angered Hospital?

During spring 2014, an evaluation of the Adolescent Health Service at Angered Hospital will be carried out in cooperation with Angered Hospital and the University of Gothenburg. The ambition is to improve the work of the service in order to provide activities that young girls and boys who visit the service really prefer. To learn what things You consider as positive or negative in the current work, what things You think should be maintained or changed, and how You think that the service can be improved, we need Your opinions!

If You would like to participate, You will take part in a group discussion consisting of either five girls or five boys, focusing on what You and the remaining participants consider as important with regard to adolescent health services. It doesn't matter if You have ever visited such services or not, and of course confidentiality will be maintained throughout the entire study!

In return for Your participation, You will receive one cinema gift voucher.

Do You find this interesting? Would you like to take part??

Please, send an Email to: Mikaela Hällström ([gusohakomi@student.gu.se](mailto:gusohakomi@student.gu.se)).

Or contact us for further information:

Mikaela Hällström ([gusohakomi@student.gu.se](mailto:gusohakomi@student.gu.se))

Vania Ranjbar ([vania.ranjbar@vgregion.se](mailto:vania.ranjbar@vgregion.se) eller 031 332 6916)

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## ***APPENDIX B***



GÖTEBORGS UNIVERSITET  
SAHLGRENska AKADEMIN



VÄSTRA  
GÖTALANDSREGIONEN  
ANGEREDS NÄRSJUKHUS

### ***Patient Information Sheet***

#### ***What is the purpose of this study?***

This study is carried out in order to elucidate what young people in north-eastern Gothenburg presently think about the Adolescent Health Service at Angered Hospital, with the aim of improving the accessibility to and visit at the service for adolescents in the catchment area.

#### ***How is the study carried out?***

If You agree to participate in the study, You will take part in a group discussion focusing on the Adolescent Health Service at Angered Hospital; what makes you visit or avoid visiting the service; what services should be provided there; what could be improved at the service in the future? The groups will consist of either five girls or five boys, and the discussions will be audiotaped to enable conversion of audio files into written text. The group discussions will be facilitated by Mikaela Hällström, medical student at the University of Gothenburg.

#### ***Will confidentiality be maintained?***

Yes, confidentiality will be maintained throughout the entire study! No personal data will be registered.

#### ***What happens if I change my mind?***

Participation in the study is on a voluntary basis, and You may at any time during the study choose to discontinue your participation without any consequences.

#### ***How do I receive information about the study results?***

The material collected during the group discussions will be analysed and put together in a report, which will be accessible both on the Internet and at the Adolescent Health Service at Angered Hospital. Above all, we hope that what You and other participants find important will clearly emerge, so that Your thoughts and wishes can guide the future work of the service.

#### ***Where can I find more information?***

The study is carried out by Mikaela Hällström ([gusohakomi@student.gu.se](mailto:gusohakomi@student.gu.se)), under the supervision of Henry Ascher ([henry.ascher@gu.se](mailto:henry.ascher@gu.se)) and Vania Ranjbar ([vania.ranjbar@vgregion.se](mailto:vania.ranjbar@vgregion.se), +46 31 332 6916). You are more than welcome to contact us whenever you like!

## ***APPENDIX C***

### ***FOCUSGROUPS***

#### ***To start with:***

- Information and written consent
- Mutual consideration and respect within the group
- Optional to retain thoughts and opinions and to either speak or not

#### ***To talk about:***

- What do you think about when you hear “adolescent health services”?
- What do you think about young peoples’ attitudes towards the adolescent health services?
- What do you think about adults’ attitudes towards the adolescent health services amongst adults?
  
- How do you receive information about the adolescent health services?
  - How do you receive information about their existence?
  - How do you receive information about what services they provide?
  
- What makes you visit the adolescent health services?
- What makes you avoid visiting the adolescent health services?
  
- How would you describe a good adolescent health service?
  
- Which factors could make it easier to visit the adolescent health services?
- Which factors could make it more difficult to visit the adolescent health services?
  
- Is there anything that could be different at the adolescent health services compared to how it is today?
  - Is there anything that you miss at present?
  - Is there anything that you find unnecessary?
  
- Is there anything we haven’t discussed that you would like to add?
- What do you think about participating in this focus group?

#### ***Aspects to keep in mind (if not brought up during the discussions and if time and situation allows):***

- Visiting hours
- Time reservation system
- Waiting times
- Staff
- Premises