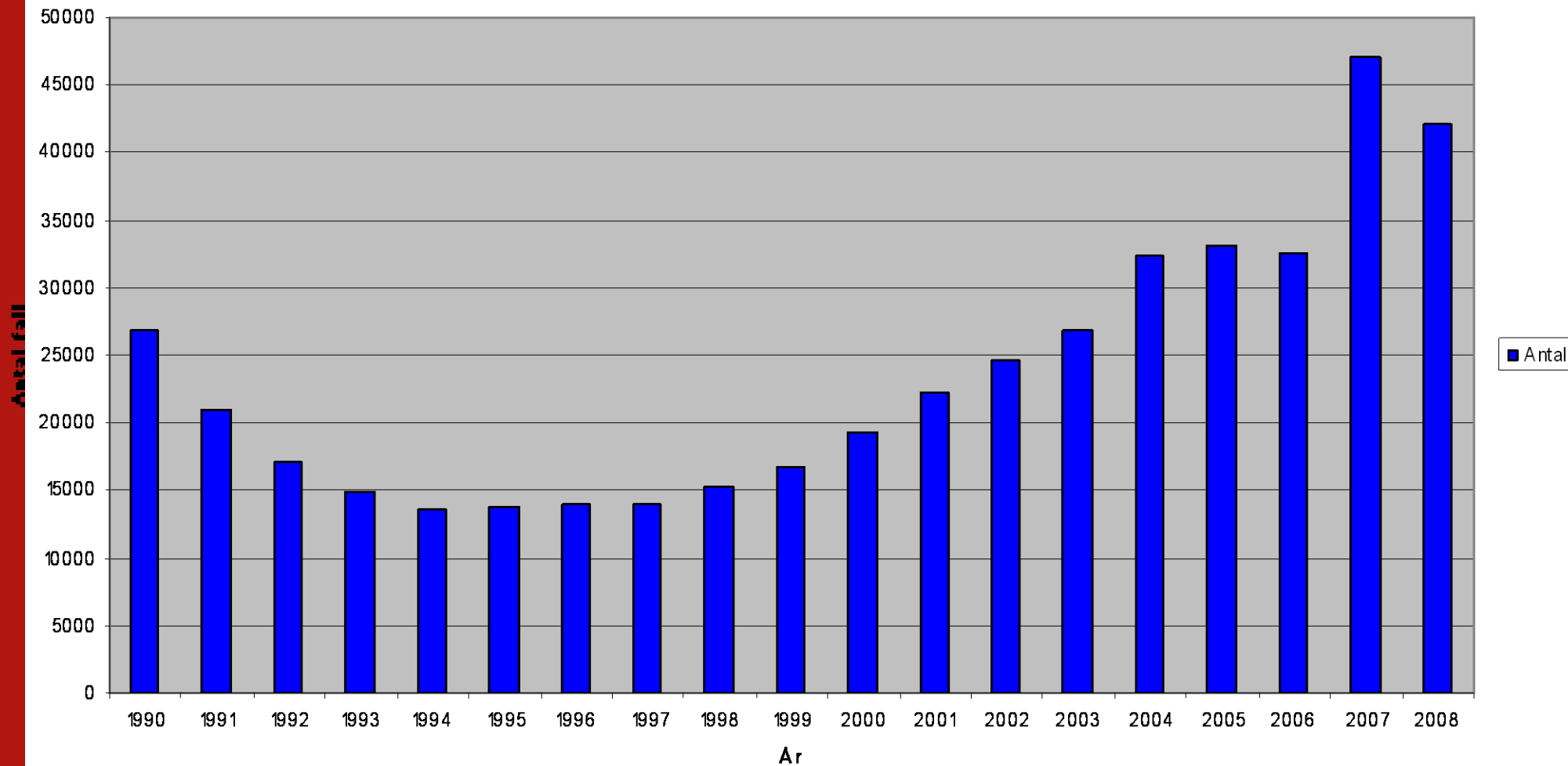


STI in young people, the Swedish experience

Sexual Health Forum
Brussels, 13 January 2010

Monica Ideström
Senior Programme Officer, PhD

Chlamydia in Sweden 1990-2008



Chlamydia in Sweden

Sweden has an ongoing epidemic of Chlamydia despite the fact that:

- education about sexual health and relationship is mandatory in primary schools and has been since 1974
- youth friendly sexual health services is common all over Sweden
- the law of contagious diseases support the responsibility for health and medical services to contact trace
- there are over 400 000 tests taken every year

Evaluation of preventive work

- Two different surveys, one carried out in 2006 in health care settings who work with sexual transmitted infections and the other in 2008 in youth clinics, showed that the intensions where good but the actions taken had not been structured or sufficient to stop the growth of the epidemic
- There were a lack of passing of knowledge and of methodical counselling in connection with testing and partner tracing

Why has Chlamydia become a epidemic?

- **Increasing risk factors and lack of protective efforts**
- Spreading contagious are influenced by the attitude and behaviour changes that have taken place in society
- High prevalence and very contagious– high risk of catching Chlamydia when having unprotected sex with a new partner
- Low use of condoms – in total and especially with alcohol
- More in the cohort of 15-29 years have more than one sex partner per year
- New sexual network trough Internet and travel

National plan of action for the prevention of Chlamydia

The government's bill for national strategy against HIV/AIDS and some other contagious diseases (2005/06:60) states the need for a plan of actions

For teenagers and young adults the plan focuses on the prevention of Chlamydia

Secondary prevention such as easy access to testing and contact tracing is important but focus in the guide is on primary prevention and the necessity for cooperation from all actors and in many arenas

The plan of action was developed in close cooperation with many stakeholders, both professionals and NGO:s within the healthcare, teaching, communication area and with young people, . County medical officers were key persons. The process started with a workshop using Logical Framework Approach (LFA) which is an analytical tool for objective oriented project planning and management. The initial workshop and the work of two expert working groups resulted in a plan with:

- measurable goals
- specified indicators
- knowledge based activities to reach them
- appointed actors and arenas
- appointed responsible evaluator

Handbook for objective-oriented planning "The Logical Framework Approach" NORAD 1999

Three main goals

In the year 2014

- should the proportion of young people who state that they always use a condom with a new or occasional partner considerably have increased,
- should self-knowledge and understanding of what consequences unprotected sex can cause considerably have increased,
- should the proportion of young people who know when one should have a test for Chlamydia have increased and
 - teenagers and young adults with an enhanced risk behaviour should have a test taken at least every 6th month

Three major arenas

- **Schools**, and
- **Health- and medical care**, together with
- **The leisure arena**, for complementary achievements.

- **Communication** is central in all preventive work.

Follow-up

- Every goal have 3-5 indicators for follow-up.
- By the year 1214, the indicators make it possible to measure to what extent the goals have been met.
- The National Board of Health and Welfare will carry through a recurrent youth survey about knowledge, attitude and behaviour.

Improvements

- all actors

- Increased knowledge about factors influencing healthy and risky behaviour.
- Increased knowledge and improved education.
- Improved interaction and collaboration.
- Specifically improved knowledge about condoms.

Improvement steps - school

- Improved sexual and relationship education.
- Distinctly formulated control documents.
- Improved teacher training and continuous further education for the teachers.
- Improved training for other significant actors in schools.
- Strengthen and boost school health care and other student support.
- Complementary investments concerning the school.

Improvement steps

- health and medical care

- More distinct contracts and commission instructions.
- Improved individual counselling.
- Increased accessibility for testing, counselling and treatment.
- Improved partner tracing.
- Improved work against re-infection.
- Improved skills for counselling and treatment.

Improvement steps - communication

- Improved coordination and support to actors.
- Improved use of complementary arenas for dialogue.
- Improved contributions of information directly to teenagers and young adults.

Conditions for achievement

- That measures take place in many and various sectors of society at the same time.
- That all different actors collaborate.

Implementation

- The national plan was developed together with important stakeholders from both county councils and NGOs.
- In Sweden implementation of preventive work and health care is carried out according to the political decisions in the county councils. NGOs take part in practical implementation.
- The National Board of Health and Welfare support the work by develop evidence based plans and guides, help with method implementations and evaluation and execute applications for a state grant

The “Västerbotten” example

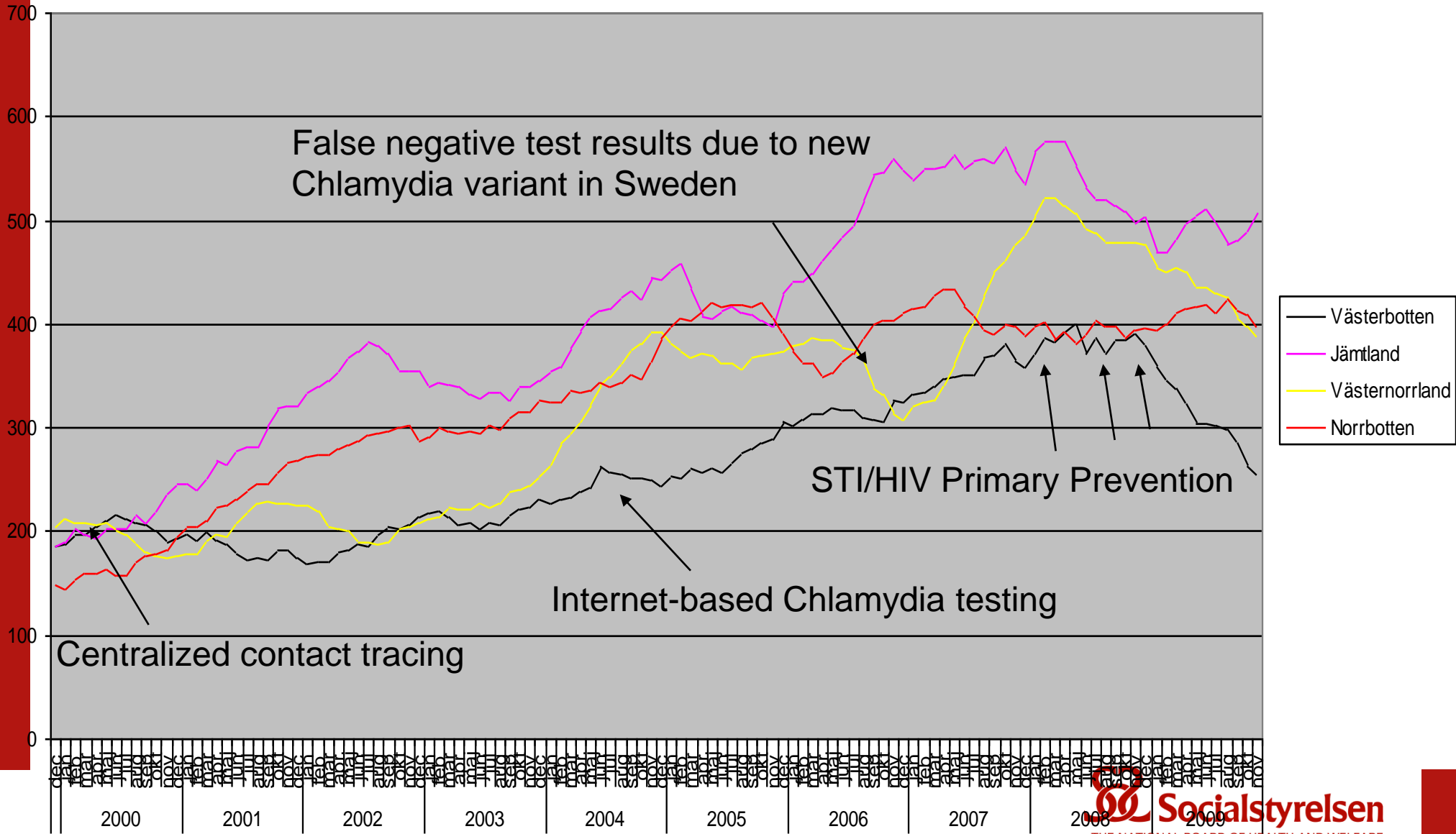
During the development of the national plan for Chlamydia one of the County Medical officers, Jens Boman who work in Västerbotten started to implement the activities proposed in the plan

Contact: Jens.boman@vll.se



Chlamydia trachomatis incidence in four counties in Northern Sweden 2000-2009

From Jens Boman Presentation



Information or self-reflection?

From Jens Bomans presentation

Project Respect (CDC) – M Kamb

JAMA 1998;280:1161-1167

- Five big STD-clinics in US, 5758 patients
- Solely information had no effect
- Reflecting talks 2x20 min (= 20+40+40+40 min)
- Increased condom use and lowered the risk for a new STI
 - 30% decrease after 6 months, 20% after 12 months
 - 47% decrease after 6 months in persons under 21 years
 - Similar good effect on both men and women and especially on young people and the ones who had an STI at start

Measures in Västerbotten

- Centralised contact tracing + tracing education with certification
- Receptions with non booking service in the counties Student health centre, STD-clinic and Youth Clinics
- Internet
 - www.klamydia.se - Chlamydia testing via internet (ca 25%)
 - www.gratiskondomer.nu (order condoms)
 - www.bokadintid.nu (time reservation to health care)
- Condom project –restaurants, university (students union, student health care)
- Motivational Interviewing – at several places
- Briefer about healthy behaviour +condoms – at youth clubs + cinema advertisements
- County councils manage education for teachers, healthcare et al.
- "Love Emergency" – medical students work as briefers in secondary schools, festivals et al.
- SmiNet – connection between laboratory and clinical STI-report
- Midwifery led Maternal Health Care receptions in the whole county took part in project with- Chlamydia survey + eventual testing of all pregnant women + PRG, and at pap smear testing for women < 30 years
- Re-creation of STI-group during 2008 + Regional network for evidence based STI work in northern Sweden

Motivational Interviewing - MI

”People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the minds of others”

Blaise Pascal 1623-1662

This paper was produced for a meeting organized by Health & Consumers DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.