Assessing the youth-friendliness of youth clinics in northern Sweden: the perspective of the youth

Anna-Karin Waenerlund

Umea Universitet Medicinska fakulteten

Miguel San Sebastian

Umea Universitet Medicinska fakulteten

Anna-Karin Hurtig

Umea Universitet Medicinska fakulteten

Maria Wiklund

Umea Universitet Medicinska fakulteten

Monica Christianson

Umea Universitet Medicinska fakulteten

Isabel Goicolea (✉ isabel.goicolea@umu.se)

Umea Universitet Medicinska fakulteten <https://orcid.org/0000-0002-8114-4705>

Research article

Keywords: youth clinic, Sweden, youth friendly, health services, health service accessibility, youth

Posted Date: October 21st, 2019

DOI: <https://doi.org/10.21203/rs.2.16221/v1>

License: This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Abstract

Background Sweden has nearly 300 youth clinics that have been offering services since the 1970s. However, no evaluation has been done to assess their youth-friendliness. This study aims to assess: i) to what extent youth clinics are perceived as youth-friendly by the young people using them; and ii) if the level of youth friendliness is equally perceived across different sociodemographic groups of users.

Methods The four northernmost counties of Sweden were included in the study. Of the total identified 22 youth clinics, 20 participated by giving out questionnaires to the youth after their visits to the respective youth clinics. In total 1,110 youth participated in the study and answered questions according to the World Health Organization's criteria of accessibility, equity, respect, privacy and confidentiality, no judgement, and quality. Means and frequencies were calculated, and t-test and ANOVA were used to compare means by sociodemographic variables.

Results Participants perceived the youth clinics as very youth friendly across the measured domains, with scores as high as 4.8 and 4.9 (of a maximum of 5) in the studied domains. Youth clinics were perceived in a similar way regardless of gender, but other sociodemographic factors influenced some of the domains, especially ethnic background.

Conclusions The perception of youth friendliness in youth clinics was very high. Nonetheless, younger users; users who did not categorize themselves as either heterosexual, homosexual, or bisexual; users with trans-experiences; and users with migrant backgrounds gave youth clinics lower scores for certain domains.

Background

Health care services can play an important role in the promotion of youth health; they can offer information and care to youth and promote healthy behaviour (1–3). However, in order to play such a beneficial role, young people have to access such services and receive care that is judged to be of good quality and relevant for their needs. Or, as the World Health Organization conceptualizes: health care services have to be youth friendly (2). In order to be youth-friendly, services should fulfil the criteria of being accessible, acceptable, equitable, appropriate, and effective for different youth subpopulations (2, 4).

While interventions to make services more youth-friendly have been implemented in many settings, few countries have truly integrated such an approach in a sustainable way within the health care system (3, 5, 6). Sweden constitutes a remarkable exemption. Here a national network of nearly 300 youth clinics (YCs) have existed for over 40 years (the first starting in the early 1970s), offering differentiated services for adolescents and youth (5, 7, 8). According to the guidelines of The Swedish Society for Youth Centres (FSUM), and the perceptions of professionals working on YCs, they constitute an example of youth-friendly services (9). Moreover their integration within the health system, while at the same time keeping a

certain level of autonomy, makes them a good case for how youth-friendly services can be sustained within a broader health care system (7).

However, YCs are not without challenges. For example, it is well known that young women outnumber young men in YCs consultations, and professionals working in YCs point out that inequities might exist in terms of lack of access for certain groups of youth, such as LGBTQ and non-Swedish youths (7). Also, the resources available differ geographically. YCs located in smaller places have fewer professionals and much shorter working hours, and many rural municipalities lack YCs (7, 10). While YCs have always implemented a holistic youth-centred approach, the traditional focus has been on sexual and reproductive health. How to strengthen the role of YCs in other areas of health, especially mental health, is currently being discussed (10–12).

Despite the long history of YCs in Sweden, there is no published evaluation assessing to what extent they fulfil the domains of youth-friendliness, and whether these domains might vary for different youth subpopulations. Thus, this study had two objectives: aiming to assess i) to what extent youth clinics were perceived as youth-friendly by the young people using them and ii) if the level of youth-friendliness was equally perceived across different sociodemographic groups of users.

Methods

Study design and participants

This study was conducted in the four northernmost counties of Sweden, namely Jämtland-Härjedalen, Norrbotten, Västerbotten, and Västernorrland. Northern Sweden is a sparsely populated area; while accounting for 60% of Swedish land, it is home to only 12% of the population. Most people are clustered in the coastal regions whilst fewer people are situated inland. We focused on this region because it remains under-researched and its rurality better reflects the situation of other rural, scarcely populated areas in the European Union and beyond.

Of the 280 YCs in Sweden at the time of this study, 22 were located in northern Sweden and 20 participated in this study. Youth over the age of 16 who visited one of these 20 YCs were invited to fill in the YFHS-Swe questionnaire after the consultation. The questionnaire was completed in a quiet area at the YCs. The YFHS-Swe questionnaire assesses diverse domains of youth friendliness, based on the YFHS-WHO+ (4) and it has been validated for the Swedish context (13, 14).

In September 2016 the questionnaires were sent out to the YCs, and in March 2017 when the data collection ended, a total of 1,110 young persons had responded. We excluded 113 responses due to the respondents' being under age 16 or to their declining participation. Only five of the participating YCs kept track of how many youths declined to participate, and their response rate was between 70.3% and 90.9%. For the rest of the YCs, we could not state the response rate.

Measures

Youth friendliness

The YFHS-Swe questionnaire assesses six main domains, namely: accessibility, equity, *respect, privacy and confidentiality, no judgement*, and quality, of which three have subdomains. The questionnaire can be found in Baroudi et al.'s (13) report of their study.

Accessibility includes the subdomains of (a) contact (*access: contact*), (b) sexual and reproductive health (*access: sexual*), and (c) psychosocial health (*access: psychosocial*); equity has the subdomains of (a) diversity (*equity: diversity*) and (b) legal status (*equity: legal*); and quality has the subdomains of (a) quality of consultation (*quality: consultation*) and (b) quality of the facility (*quality: facility*).

All 10 domains and subdomains analysed in this article were assessed using Likert scales ranging from 1 = least youth friendly and 5 = most youth friendly. Figure 1 shows a short description of the 10 subdomains contained in the YFHS-Swe questionnaire.

Demographic factors

Gender was coded as women, men, and other (intergender, non-binary, and other). Trans-experience was dichotomized into yes and no. Sexual orientation included heterosexual, homosexual, bisexual, and other (queer, asexual, I don't categorize myself sexually, I don't know, and other). Place of birth was coded as being born in Sweden or outside the country and parents place of birth was classified as both parents born in Sweden, both born in Europe (but not in Sweden), or at least one of them born outside Europe.

Analysis

To examine the participants' perception of the YCs' friendliness, different scores for each of the domains and the sum of all were created. For each domain, means were obtained by summing up the Likert responses and dividing the results by the number of items in each respective domain. The mean of all of the ten factor scores was calculated and labelled "*Friendliness*." Only full cases were analysed, and the response option "I don't know" was excluded. To achieve the second objective, an analysis of variance was performed to assess whether the sociodemographic variables were associated with the mean of the ten domains. A Bonferroni post-hoc test was also conducted to examine differences between the groups of variables. All analyses were performed in Stata 15.

Results

Young people responding to the questionnaire were mostly young women/women (90.7%), heterosexual (84.4%), not reporting trans-experiences (98.60%), born in Sweden (93.99%), and with both parents born in Sweden (92.59%). Around one third of participants belonged to each of the different age groups (Table 1). Almost 15% were visiting the clinic for the first time.

[Table 1 near here]

Figure 2 shows that mean scores of youth-friendliness were overall very high. All domains rated above 4. *Access: contact* had the lowest score (4.1) and *non-judgment* had the highest (4.9)

[Figure 2 near here]

Table 2 shows each domain's mean scores according to the participants' sociodemographic characteristics. No differences were found among most of the variables and the different domains. However, those above 19-years old were more satisfied with *access: contact*, *no judgment*, and *respect* than were the younger groups. Those categorized in the group 'other' regarding their sexual orientation gave lower scores in *access: sexual* and *respect* than those who identified themselves as heterosexual, homosexual, or bisexual. Those reporting trans-experiences reported a lower satisfaction with *access: sexual*, but higher with *access: contact*.

Participants' and parents' birth places were the most associated variables to the domains. Youth born outside Sweden reported less satisfaction with *access: sexual*, *equity: diversity*, and *privacy and confidentiality*. In addition to the last two, *no judgment*, *respect*, *quality: consultation* and *quality: facility* scored lower when at least one of the parents was born outside Europe.

[Table 2 near here]

Discussion

To the extent of our knowledge this is the first study to assess Swedish YCs' degree of youth-friendliness from the perspective of young people using these services. The participants perceived the YCs as very youth friendly across the measured domains, with scores as high as 4.8 and 4.9 (of a maximum of 5) for *access: sexual*, *equity: diversity*, *privacy and confidentiality*, *no judgement*, *respect*, and *quality: consultation*. YCs were perceived in a similar way regardless of the respondents' gender, but other sociodemographic factors influenced some of the domains. Older users gave higher scores for the YCs than did participants younger than 19 years of age, in the domains of *access: contact*, *no judgement*, and *respect*. Another difference lies in the fact that YCs scored lower in *access: sexual* and *respect* from those who did not categorize themselves as either heterosexual, homosexual, or bisexual. Young people with trans-experiences reported a lower satisfaction with *access: sexual*, but higher with *access: contact*. Birth place was the most frequent associated variable to the different domains. YCs scored lower in *access: sexual*, *equity: diversity*, and *privacy and confidentiality* by young people born outside Sweden. They also

scored lower in *no judgement, respect, quality: consultation*, and *quality: facility* by young people whose parents were born outside Europe.

The YCs were overall assessed very positively by the young people answering the questionnaire. This is an important finding that allows us to label northern Swedish YCs as a good example of youth-friendly services. There are, to the best of our knowledge, no similar studies in other countries to compare with so far. However, during the validation of the YFHS+ questionnaire with primary health care centres in Bosnia-Herzegovina, the scores were considerably lower in Bosnia-Herzegovina (4). Results from our study confirm previous unpublished evaluations from FSUM and findings from qualitative studies that stress that the “special” youth-centred approach of YCs and the motivation of the staff working on these services make them accessible, acceptable, and appropriate for young people (7, 9). Since there are few examples of existing and sustained youth-friendly services in Europe (5, 15, 16), the lessons learnt from the Swedish YC model can inspire efforts to implement such services in other countries.

According to the new proposed model by WHO, it is not only a matter that specific, differentiated services should be friendly towards young people, but that the entire health system should embrace such an approach, and all health care services to which young people could come should be youth-friendly (17). It would be interesting to apply the YFHS-Swe questionnaire to other health care services that also assist young people in Sweden (primary health care services, youth psychiatry, school health) in order to assess whether they are equally youth friendly.

In terms of differences based on the sociodemographic characteristics of youths, it is interesting to highlight that there were no significant differences based on gender. Studies, and routine data from YCs' consultations (and even the composition of our sample) highlight that girls and young women outnumber boys and young men in consultations in YCs (18). This is a pattern not only for Swedish YCs, but for youth-friendly health care services in general. This study, however, also points out an interesting finding: when it comes to those youths actually attending YCs, boys and young men (and also those who do not categorize themselves in gender binary ways) perceive all domains of YCs as high as do girls and young women.

Still it is important to note that the girls/ young women in this study scored youth-friendliness high. It is known that teenage girls and young women take high responsibility for sexual health and contraceptives in partner relationships (19). In addition, young women/women are overrepresented in sick-leave and self-reported health problems (e.g. mental health problems), as well as in exposure to gender-based and sexualised harassment and violence (20, 21), which is why youth-friendly strategies for continuous, early health promotion are important to develop for these groups.

Sexual orientation was one aspect that influenced how young people perceived YCs. The literature shows that LGBTQ youth face barriers to accessing health care services (22–25). However, most studies take together as a group all non-heterosexual youths, and the mentioned studies were not performed at YCs. In our study, there were no significant differences between heterosexual, homosexual and bisexual youths, while queer, asexual and non-sexual youth as well as youth with trans experiences rated YCs' differently—

and generally lower. This could reflect the fact that while training, LGBTQ certifications, and other efforts might have had an impact in how health care services for youth address sexual diversity, youth with less normative sexualities still face increased barriers for accessing services.

The young people's, and especially their parents', country of birth were the variables that were most strongly associated with YCs' lower rating in the different domains. The literature shows that migrants might face more barriers to accessing health care services, based on characteristics of the migrants themselves—e.g. socioeconomic status, language and information barriers—and, especially based on factors at the health-system level—e.g. policies that restrict access, and health care professionals' attitudes, such as discrimination and racism (26–29). Despite equity being in the core of the YCs' mandate, previous studies have highlighted that YCs' staff perceive that young people with a migrant background access YCs to a lesser extent (7). This study goes further, pointing out that for those young people with a migrant background who actually reach YCs, their perceptions of the services are also a bit poorer.

Equity is a domain of youth-friendliness that other studies show as being among the most difficult to fulfil (3, 6, 7). While previous population-based studies have already pointed out that there are socioeconomic inequities in accessing YCs in Sweden (30), and YC staff's perceptions support the hypothesis that certain sub-groups of young people access YCs (7, 9, 30) much less, this study reveals that sexual orientation and especially ethnic background are markers of inequities when it comes to YCs' youth-friendliness.

Methodological Considerations

The distribution of the questionnaires within the YCs might have differed and youth who were perceived to be less satisfied or who were not fluent in Swedish might have been excluded. Internal missing was evident in most questions. This study was only able to capture the visiting youths' perceptions, and not other youths' perceptions.

Conclusions

For all the youths participating in the study, the perception of youth friendliness in YCs was very high, scoring almost the maximum for *access: sexual, equity: diversity, privacy and confidentiality, no judgement, respect*, and *quality: consultation*. YCs received lower scores in certain domains from younger users; from those who did not categorize themselves as either heterosexual, homosexual, or bisexual; from those with trans-experiences; and from those with migrant backgrounds.

The use of the WHO criteria and the YFHS-Swe questionnaire is a good, promising way to scrutinize additional services that meet youth in their daily practices (such as primary care, psychiatry, school health services, paediatric clinics, pain rehabilitation clinics, stress clinic, dental care, etc.).

Abbreviations

FSUM- Föreningen för Sveriges Ungdomsmottagningar (Swedish Association of Youth Clinics)

LGBTQ—Lesbian Gay Bisexual Trans Queer

WHO—World Health Organization

YC—Youth Clinic

YFHS-Swe - Youth Friendly Health Services Sweden

YFHS+ - Youth Friendly Health Services Plus

Declarations

Ethics approval and consent to participate

The ethical approval to apply the questionnaire was granted in August 2015 by the Regional Ethical Review Board Umeå (Drn:2015–190–31Ö). Informed consent was obtained from each participant. All participants were 16 years old or older, which in Sweden is considered an age where young people can consent to participate in research without the need for consent from legal guardians.

Consent for publication

Not applicable

Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by FORTE, the Swedish Research Council for Health, Working Life and Living Conditions through a competitive call (registration number 2014–0235).

Authors' contributions

AKW coordinated the data collection and lead the analysis, together with IG and MS. AKW developed the first draft of the manuscript and together with IG gathered the comments from all team members in order to revise successive drafts and develop and submit the final draft of the manuscript to the journal. MS, MC, MW, AKH all contributed with ideas, and were involved in discussing the findings. They all read and critically commented and revised the successive drafts of the manuscript and approved the final version before submission to the journal.

Acknowledgements

We acknowledge all the managers, professionals and young people at youth clinics who administered and fill in the questionnaire.

References

- 1.Chandra-Mouli V, Chatterjee S, Bose K. Do efforts to standardize, assess and improve the quality of health service provision to adolescents by government-run health services in low and middle income countries, lead to improvements in service-quality and service-utilization by adolescents? *Reprod Health* 2015;13(1):10.
- 2.World Health Organization. Making health services adolescent friendly: Developing national quality standards for adolescent friendly health services. Report, World Health Organization, Geneva, 2012.
- 3.Tylee A, Haller DM, Graham T, Churchill R, Sanci LA. Youth-friendly primary-care services: how are we doing and what more needs to be done? *Lancet* 2007;369(9572):1565–73.
- 4.Haller DM, Meynard A, Pejic D, et al. YFHS-WHO+ Questionnaire: validation of a measure of youth-friendly primary care services. *J Adolesc Health* 2012;51(5):422–30.
- 5.Baltag V, Mathieson A, Youth-friendly health policies and services in the European region: Sharing experiences. Report, World Health Organization, Geneva, 2010.
- 6.Ambresin A-E, Bennett K, Patton GC, et al. Assessment of youth-friendly health care: a systematic review of indicators drawn from young people's perspectives. *J Adolesc Health* 2013;52(6):670–81.
- 7.Thomée S, Malm D, Christianson M, et al. Challenges and strategies for sustaining youth-friendly health services—a qualitative study from the perspective of professionals at youth clinics in northern Sweden. *Reprod Health* 2016;13(1):147.
- 8.Swedish Society for Youth Centres (FSUM). Riktlinjer för Sveriges ungdomsmottagningar [Guidelines for Swedish Youth Clinics], http://www.fsum.nu/wp-content/uploads/2018/03/guidelines_1.pdf (2015,

accessed 16 May 2019).

- 9.Swedish Society for Youth Centres (FSUM). 'Ni är grymma' ('Keep up the good work'), www.fsum.org/fsum/wp-content/uploads/2011/02/statistik.pdf (2015, accessed 26 September 2018).
- 10.Goicolea I, Ahlin CH, Waenerlund A-K, et al. Accessibility and factors associated with utilization of mental health services in youth health centers. A qualitative comparative analysis in northern Sweden. *Int J Mental Health Systems*, 2018;12(1):69.
- 11.Uppdrag Psykisk Hälsa. Psykisk hälsa på ungdomsmottagningen- en kartläggning av Sveriges ungdomsmottagningar [Mental health in youth clinics—a mapping of Swedish youth clinics]. Uppdrag Psykisk Hälsa, Stockholm, 2017.
- 12.Swedish Society for Youth Centres (FSUM). Ungdomsmottagningen i första linjen för psykisk (o)hälsa [The youth clinics in first line mental health], Report, FSUM, Stockholm, 2018.
- 13.Baroudi M, Waenerlund AK, San Sebastian M, et al. Assessing the dimensionality of YFHS-Swe: a questionnaire to assess youth-friendliness in differentiated health services. *Glob Health Action* 2017;10(1):1380399.
- 14.Malm D, Bishop L, Gustafsson P, et al. Validation of a questionnaire to measure youth-friendliness of Swedish youth clinics. *Scand J Public Health* 2017;45(4):366–72.
- 15.Kempers J, Ketting E, Chandra-Mouli V, et al. The success factors of scaling-up Estonian sexual and reproductive health youth clinic network-from a grassroots initiative to a national programme 1991–2013. *Reprod Health* 2015;12(1):1.
- 16.Kempers J, Ketting E, Lesco G. Cost analysis and exploratory cost-effectiveness of youth-friendly sexual and reproductive health services in the Republic of Moldova. *BMC Health Serv Res* 2014;14(1):316.
- 17.World Health Organization. Health for the world's adolescents: a second chance in the second decade: summary. <https://apps.who.int/iris/handle/10665/112750> (accessed 16 May 2019, 2014).
- 18.Abrahamsson K, Sundin C. Where have all the young men gone? En problematisering av den låga andelen unga män bland ungdomsmottagningens besökare. <https://gupea.ub.gu.se/handle/2077/18254> (accessed 19 May 2019, 2008).
- 19.Wigginton B, Harris ML, Loxton D, et al. Who takes responsibility for contraception, according to young Australian women? *Sexual Reprod Healthcare*, 2018;15:2–9.
- 20.Wiklund M, Malmgren-Olsson E-B, Bengs C, et al. "He messed me up": Swedish adolescent girls' experiences of gender-related partner violence and its consequences over time. *Violence Against Women*, 2010;16(2):207–32.

21. Wiklund M, Bengs C, Malmgren-Olsson E-B, et al. Young women facing multiple and intersecting stressors of modernity, gender orders and youth. *Soc Sci Med*, 2010;71(9):1567–75.
22. Lindroth M, Zeluf G, Mannheimer LN, et al. Sexual health among transgender people in Sweden. *Int J Transgenderism*, 2017;18(3):318–27.
23. Knight R, Shoveller J, Carson A, et al. Examining clinicians' experiences providing sexual health services for LGBTQ youth: considering social and structural determinants of health in clinical practice. *Health Educ Res*, 2014;29(4):662–70.
24. Hoffman ND, Freeman K, Swann S. Healthcare preferences of lesbian, gay, bisexual, transgender and questioning youth. *J Adolesc Health*, 2009;45(3):222–9.
25. Acevedo-Polakovich ID, Bell B, Gamache P, et al. Service accessibility for lesbian, gay, bisexual, transgender, and questioning youth. *Youth Society*, 2013;45(1):75–97.
26. Mladovsky P. A framework for analysing migrant health policies in Europe. *Health Policy*, 2009;93(1):55–63.
27. Padilla B, Miguel JP. Health and migration in the European Union: Building a shared vision for action. Health and migration in the European Union: better health for all in an Inclusive Society. 2009(1^a):15–22.
28. Kalengayi FKN, Hurtig A-K, Ahlm C, Ahlberg BM. “It is a challenge to do it the right way”: an interpretive description of caregivers' experiences in caring for migrant patients in Northern Sweden. *BMC Health Serv Res*, 2012;12(1):433.
29. European Union. Agency for Fundamental Rights. Inequalities and multiple discrimination in access to and quality of healthcare. Report, European Union Agency for Fundamental Rights, 2013.
30. Mosquera PA, Waenerlund A-K, Goicolea I, et al. Equitable health services for the young? A decomposition of income-related inequalities in young adults' utilization of health care in Northern Sweden. *Int J Equity Health*, 2017;16(1):20.

Tables

Table 1. Characteristics of the participants.

	N	%
Gender		
Women	985	90.7
Men	93	8.6
Other	8	0.7
Age		
16-17 years	348	32.7
18-19 years	325	29.3
20 and >years	390	35.1
Sexuality		
Heterosexual	937	84.4
Bisexual	82	7.4
Homosexual	9	0.8
Other	59	5.3
Trans-person expression		
No	1059	98.60
Yes	15	1.4
Place of Birth		
Sweden	1032	93.99
Outside Sweden	66	6.01
Place of parents birth		
Both in Sweden	925	92.59
Both in Europe	20	2.00
At least one outside Europe	54	5.41

Table 2. Mean scores (and standard deviations, sd) in 10 subdomains of youth friendliness and its association with sociodemographic variables –

	Access- Sexual	Access- Mental	Access- Contact	Equity- Diversity	Equity - Legal	Privacy	No judgement	Respect	Quality- Consultation	Quality Facility
Gender	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Women	4.8 (0.5)	4.2 (0.8)	4.1 (0.8)	4.7 (0.5)	4.4 (0.9)	4.7 (0.6)	4.9 (0.4)	4.8 (0.5)	4.8 (0.5)	4.5 (0.7)
Men	4.7 (0.7)	4.3 (0.9)	4.3 (0.8)	4.6 (0.9)	4.4 (1.0)	4.7 (0.8)	4.8 (0.7)	4.7 (0.8)	4.7 (0.8)	4.6 (0.7)
Other	5.0 (0.1)	4.2 (1.1)	4.2(0.8)	4.9 (0.4)	4.8 (0.4)	4.6 (0.6)	4.9 (0.1)	4.8 (0.3)	5.0 (0.0)	4.4 (1.1)
Age										
16-17 years	4.8 (0.6)	4.2 (0.9)	4.0 (0.8)	4.8 (0.6)	4.3 (0.9)	4.6 (0.6)	4.8 (0.4)	4.7 (0.5)	4.8 (0.5)	4.5 (0.7)
18-19 years	4.8 (0.5)	4.2 (0.9)	4.0 (0.8)	4.7 (0.6)	4.4 (0.9)	4.6 (0.6)	4.8 (0.5)	4.7 (0.5)	4.8 (0.6)	4.5 (0.7)
20 and >years	4.9 (0.4)	4.3 (0.8)	4.3 (0.7)*	4.7 (0.6)	4.4 (0.9)	4.7 (0.5)	4.9 (0.4)*	4.8 (0.4)*	4.8 (0.4)	4.4 (0.7)
Sexuality										
Heterosexual	4.8 (0.5)	4.2 (0.9)	4.1 (0.8)	4.7 (0.6)	4.4 (0.9)	4.7 (0.6)	4.9 (0.4)	4.8 (0.5)	4.8 (0.5)	4.5 (0.7)
Homosexual	5.0 (0.0)	4.3 (0.8)	4.1 (0.7)	4.7 (0.7)	4.9 (0.2)	5.0 (0.0)	5.0 (0.0)	5.0 (0.0)	5.0 (0.0)	4.7 (0.5)
Bisexual	4.8 (0.5)	4.8 (0.4)	4.2 (0.9)	4.9 (0.0)	4.4 (1.0)	4.6 (0.7)	4.8 (0.6)	4.7 (0.6)	4.7 (0.7)	4.4 (0.8)
Other	4.7 (0.7)*	4.1 (0.8)	4.3 (0.8)	4.6 (0.8)	4.3 (1.0)	4.5 (0.8)	4.7 (0.6)	4.6 (0.7)*	4.7 (0.7)	4.6 (0.5)
Trans person experiences										
No	4.8	4.2	4.1 (0.8)	4.7 (0.6)	4.4	4.7	4.9 (0.4)	4.8	4.8 (0.5)	4.6

	(1.1)	(0.9)			(0.9)	(0.6)		(0.5)		(0.7)
Yes	4.4 (0.5)*	3.9 (0.9)	4.5 (0.7)*	4.5 (1.3)	4.2 (1.4)	4.7 (0.5)	4.9 (0.2)	4.9 (0.3)	4.9 (0.3)	4.5 (0.9)
Birth place										
Sweden	4.8 (0.5)	4.2 (0.8)	4.1 (0.8)	4.7 (0.6)	4.4 (0.9)	4.7 (0.6)	4.9 (0.4)	4.8 (0.5)	4.8 (0.5)	4.5 (0.7)
Outside Sweden	4.7 (0.6)*	4.1 (0.8)	4.2 (0.7)	4.5 (0.9)*	4.3 (0.9)	4.5 (0.8)*	4.8 (0.7)	4.7 (0.7)	4.7 (0.7)	4.4 (0.8)
Parents birth place										
Both in Sweden	4.8 (0.5)	4.2 (0.8)	4.1 (0.8)	4.7 (0.6)	4.4 (0.9)	4.7 (0.6)	4.9 (0.4)	4.8 (0.4)*	4.8 (0.5)	4.8 (0.5)
Both in Europe	4.9 (0.2)	4.2 (0.5)	4.1 (0.8)	4.7 (0.5)	4.1 (0.9)	4.6 (0.4)	4.9 (0.2)	4.8 (0.8)	4.8 (0.4)	4.8 (0.4)
At least one outside Europe	4.6 (0.7)	4.0 (0.9)	4.0 (0.9)	4.4 (1.0)*	4.3 (1.1)	4.3 (1.2)*	1. (1.1)*	4.4 (1.1)*	4.5 (1.1)*	4.5 (1.1)*

* P-value $\leq$ 0.05

Figures

Subdomain	Description
Access	
<i>Access sexual</i>	Ability to receive help related to sexual and reproductive health
<i>Access psychosocial</i>	Ability to receive help related to psychosocial health
<i>Access contact</i>	Ability to get contact and ease of accessing the service
Equity	
<i>Equity diversity</i>	Equal terms for youth disregards social or cultural background, gender, disability or other
<i>Equity legal</i>	Equal terms for youth with legal concerns
Privacy and confidentiality	The visit ensured confidentiality and privacy
No judgement	The staff provided attention, support and were non-judgemental
Respect	The youths felt that they are treated with respect
Quality	
<i>Quality consultation</i>	Quality of the encounter between staff and youth
<i>Quality facility</i>	Quality of the facility and information

Figure 1

Youth-friendliness subdomains assessed in the YFHS-Swe questionnaire (modified from (17)).

Figure 2

Mean scores ranging from 1 to 5 for the 10 subdomains of youth friendliness (effective n=601-976).