

Original article

Forgone Health Care among U.S. Adolescents: Associations between Risk Characteristics and Confidentiality Concern

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Abstract

Purpose: To examine risk characteristics associated with citing confidentiality concern as a reason for forgone health care, among a sample of U.S. adolescents who reported having forgone health care they believed was necessary in the past year.

Methods: The study used data from Wave I home interviews of the National Longitudinal Study of Adolescent Health. The generalized estimating equations method was used to account for the clustered nature of the data.

Results: Prevalence of several risk characteristics was significantly higher among boys and girls who reported confidentiality concern, as compared with those who did not report this concern. Regression analyses for boys ($n = 1123$), which adjusted for age, race/ethnicity, parental education and insurance type showed that high depressive symptoms, suicidal ideation, and suicide attempt were each associated with increased odds of reporting confidentiality concern as a reason for forgone health care. In multivariate analyses for girls ($n = 1315$), having ever had sexual intercourse, birth control nonuse at last sex, prior sexually transmitted infection, past-year alcohol use, high and moderate depressive symptoms, suicidal ideation, suicide attempt, and unsatisfactory parental communication were each associated with increased odds of citing confidentiality concern as a reason for forgone care.

Conclusion: The population of U.S. adolescents who forgo health care due to confidentiality concern is particularly vulnerable and in need of health care services. Adolescents who report health risk behaviors, psychological distress and/or unsatisfactory communication with parents have an increased likelihood of citing confidentiality concern as a reason for forgone health care, as compared with adolescents who do not report these factors. Findings of this study suggest that if restrictions to confidentiality are increased, health care use may decrease among adolescents at high risk of adverse health outcomes. © 2007 Society for Adolescent Medicine. All rights reserved.

Keywords:

Confidentiality; Parental notification; Minors; Adolescents; Health care seeking behavior

Forgone health care is prevalent among U.S. adolescents: approximately one-quarter of middle and high school students do not recall having had a routine preventive care visit in the past 2 years [1], and 19% to 27% of adolescents in national studies report having forgone health care that they

believed was necessary [1,2]. It is well established that confidentiality concern is a salient reason for forgone care among adolescents [1–4], despite the fact that confidentiality in adolescent medicine is supported by all major adolescent health care organizations [5–7] and is protected by law in varying forms across all 50 states and the District of Columbia [8,9]. In one national study of middle and high school students, confidentiality concern was the leading reason among adolescents for not seeking necessary medi-

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cal care, cited by 35% of respondents [1]. Another recent study found that among adolescent girls receiving confidential care at family planning clinics, 60% would stop using some or all sexual health services in the event of mandatory parental notification for prescribed contraceptives [10]. In addition, a national study of adolescents found that youth who reported high depression or stress scores, health risk behaviors or physical/sexual abuse histories were more likely to prefer to have their medical examinations without a parent present [11], suggesting a greater value placed on confidentiality by more vulnerable youth. Prior research with adolescents also suggests that health risk behaviors and emotional distress are associated with an increased likelihood of forgoing health care for any of a variety of reasons; Ford et al [2] found that U.S. adolescents who reported daily smoking, frequent alcohol use, sexual activity, and emotional distress were more likely than adolescents not reporting these factors to have forgone health care in the past year.

Although confidentiality concern is understood to be an important barrier to adolescents' utilization of health care services, prior studies have not investigated characteristics of youth who have forgone care specifically due, in whole or in part, to confidentiality concern. The present study addressed this gap by examining risk characteristics of adolescents who report confidentiality concern (i.e., not wanting parents to know) as a reason for forgone health care, using a national sample of U.S. middle and high school students.

Methods

Study design

The study used Wave I home interview data from the National Longitudinal Study of Adolescent Health (Add Health). Details regarding the Add Health study design have been presented elsewhere [12]. In summary, a stratified random sample of 80 U.S. high schools was selected from a list of eligible high schools; high schools were stratified by factors including region, urbanicity, school size, school type, and race/ethnic composition. One feeder school for each high school was also randomly selected with probability proportional to size. Schools that incorporated grades 7 to 12 served as their own feeder school. The core study included a total of 132 schools.

Wave I home interview data were collected from youth in grades 7 to 12 in 1995. Grand sample weights were assigned to home interview subjects to account for subgroup oversampling. Additionally, 82% of Wave I home interview subjects with sampling weights had a parental figure who took part in a parent home interview. Data regarding sexual behavior, sexually transmitted infection (STI) history, substance use, and suicidality were collected with audio computer-assisted self-interview [13].

Institutional Review Board approval for the Add Health study as a whole was granted at the University of North Carolina – Chapel Hill. Approval for the present data analysis was granted by the Committee on Use of Human Subjects at the University of California, San Francisco.

Sample

Of the 18,924 subjects with sampling weights in the Wave I contractual use dataset [14], the present study sample consisted of 1123 boys and 1315 girls ages 13 to 17 years who reported having forgone needed health care in the past year. The survey item regarding forgone care reads, "Has there been any time in the past year when you thought you should get medical care, but did not?" Subjects were excluded if they did not have a parental figure who participated in the Wave I parent interview, or if they lacked a Wave I sample weight, had Medicare insurance coverage, had more than three items missing on the Wave I scale of depressive symptoms, or were missing data on any of the other independent variables (Figure 1). Medicare recipients were excluded due to the possibility that predictors of health care utilization may vary for adolescents with disabilities vs. those without disabilities.

Measures

Confidentiality concern. This was a dichotomous variable reflecting whether or not subjects reported confidentiality concern as a reason for having forgone health care in the past year. Presented to subjects who reported they had forgone needed care in the past year, the survey item read, "What kept you from seeing a health professional when you really needed to? If there was more than one reason, choose more than one answer." The confidentiality response read, "Didn't want parents to know." Other response options included fear of what the doctor would say or do, belief that the problem would go away, lack of transportation, inability to pay, no one available to go with them, parent/guardian

<u>Selection criteria:</u>	
Have Wave I sample weight	(n=18,924)
	▼
Report having foregone health care in past year	(n=3,808)
	▼
Between ages 13-17 years	(n=2,972)
	▼
Have data for insurance type	(n=2,541)
	▼
Not Medicare recipients	(n=2,519)
	▼
Missing 3 or fewer CES-D items	(n=2,517)
	▼
Not missing data on independent variables	(n=2,438)

Figure 1. Sample selection flowchart.

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