



Original article

Adolescents' and Young Adults' Reports of Barriers to Confidential Health Care and Receipt of Contraceptive Services



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 A B S T R A C T

Purpose: The purpose of this study was to describe adolescents' and young adults' concerns about confidential reproductive health care and experience with time alone with a provider, and examine the association of these confidentiality issues with receipt of contraceptive services.

Methods: Data from the 2013 to 2015 National Survey of Family Growth were analyzed using Poisson regression to describe 15- to 25-year-olds' confidential reproductive health-care concerns and time alone with a provider at last health-care visit according to sociodemographic characteristics. We also assessed whether confidentiality issues were associated with obtaining contraceptive services among females.

Results: Concerns about confidential reproductive health care were less common among 15- to 17-year-olds who were covered by Medicaid compared to their parents' private insurance (adjusted risk ratio [ARR] = .61, confidence interval [CI] .41–.91) and had high-school graduate mothers compared to college-graduate mothers (ARR = .68, CI .47–.99), and were more common among those who lived with neither parent compared to living with both parents (ARR = 2.0, CI 1.27–3.16). Time alone with a provider was more common among black girls than white girls (ARR = 1.57, CI 1.11–2.22) and less common among girls covered by Medicaid than those with parents' private insurance (ARR = .72, CI .56–.92). Time alone was less common among boys living with neither parent compared to living with two parents (ARR = .48, CI .25–.91) and with high-school graduate mothers compared to college-graduate mothers (ARR = .59, CI .42–.84). Among sexually experienced girls and women, confidentiality concerns were associated with a reduced likelihood of having received a contraceptive service in the past year.

Conclusions: Greater efforts are needed to support young Americans in receiving confidential care.

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IMPLICATIONS AND CONTRIBUTION

This study uses recent, nationally representative data to examine adolescents' and young adults' confidential health care. Many young people may experience barriers to confidential reproductive health services. Policies requiring parental consent for reproductive health care would impose a barrier for adolescents, who might forgo services if they could not obtain them confidentially.

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Leading U.S. medical associations endorse confidential health care for adolescents. They specifically recommend that adolescent patients spend time alone with their provider and that providers do not disclose protected information to parents or guardians [1–5]. These recommendations are based on the idea that the provision of confidential care encourages adolescents to share sensitive information with health-care providers [6–8], and thus improve quality of care.

Adolescents with concerns about confidentiality are more likely to forgo health-care services, particularly with regard to sexual and reproductive health (SRH) [9–13]. One study using the National Longitudinal Study of Adolescent Health found that girls who ever had sexual intercourse, did not use birth control at last sex, and had a prior sexually transmitted infection (STI) had greater odds of reporting having forgone care due to confidentiality concerns [14]. Another national study found that almost one third of insured adolescents receiving services at publicly funded family planning centers did not plan to use insurance to cover their visit because of concerns about confidentiality [15].

Most previous studies were conducted before implementation of the Affordable Care Act. As a result of the Affordable Care Act, young adults may be covered by their parents' health insurance plans until their 26th birthday [16], allowing millions of young adults access to health insurance they otherwise may not have had [17]. However, an unintended consequence of this effort may be breaches of health-care confidentiality, because a billing practice called explanation of benefits provides a detailed statement to the policy holder (i.e., the parent or guardian) about health services paid for by the insurance plan [18,19]. Only two states have adopted confidentiality provisions specific to explanation of benefits [20].

In response to these concerns, the 2013–2015 National Survey of Family Growth (NSFG) included new questions about confidential health care among adolescents and young adults. One report analyzing these data found that female respondents who expressed confidentiality concerns were less likely to have received any sexual health service (SRH) in the past year compared to those not reporting such concerns; there was no association among male respondents [21]. Among both adolescent girls and boys, those who had spent time alone with a provider at their most recent health-care visit in the last year were more likely to have received any SRH services compared to those who did not [21]. However, this measure of SRH services included Pap smear and pelvic examination, which are not recommended routine services for adolescents and young women; the measure also included STI testing, the use of which may be affected differently by confidentiality concerns compared to contraceptive services. It is possible, then, that associations found in the study were weaker than looking at contraceptive services alone.

Another report found that among 15- to 25-year-old women who had ever had sex, confidentiality concern was associated with being less likely to have had a chlamydia test in the past year, but there was no association with STI testing among 15- to 25-year-old sexually experienced men [22]. That analysis also found that among 15- to 17-year-old girls, time alone with a provider was associated with having had a chlamydia test [22]. Neither of these studies examined variation in experiences beyond gender and age.

Building on previous research, this analysis examines how a range of demographic, socioeconomic, and SRH characteristics are associated with adolescents' and young adults' experiences with confidentiality issues, and whether these confidentiality issues are associated with receipt of contraceptive services among young women. These findings can be used to inform patient-centered clinical practice and advocacy efforts that support adolescents' and young adults' access to confidential care.

Methods

Data

Data for this cross-sectional, descriptive study come from the 2013 to 2015 NSFG, a survey that has been administered periodically since 1973 to assess U.S. residents' fertility behaviors and outcomes. It uses a multistage probability sample designed to represent the U.S. noninstitutionalized population of men and women aged 15–44. The NSFG consists of an in-home, face-to-face interviews, with an audio computer-assisted self-interview (ACASI) portion for more sensitive questions. Adolescent, black, and Latino participants are oversampled; sampling weights are adjusted to account for these unequal probabilities of selection and differential response and coverage rates [23]. This study was exempt from Institutional Review Board review, given the de-identified nature of this publicly available data.

Measures

Confidentiality concern was measured by the ACASI-administered question, "Would you ever not go for sexual or reproductive health care because your parents might find out?" and was asked of all adolescents aged 15–17 and young adults aged 18–25 covered by a parents' private health insurance plan. Of these, 2,291 (98.5%) offered a valid response.

Time alone with a provider was measured by the ACASI-administered question, "The last time you had a health-care visit in the past 12 months, did a doctor or other health provider spend any time alone with you without a parent, relative, or guardian in the room?" This question was asked only of adolescents aged 15–17 years old. Adolescents who reported they did not have a health-care visit in the last year were excluded from the analysis ($n = 193$). In total, 1,032 adolescents (83.4%) had a health-care visit in the last year and provided a valid response.

Receipt of at least one contraceptive service in the past year was a dichotomous measure of females aged 15–25 reporting having received none or one or more of the following services: birth control counseling, a checkup or test for birth control, a contraceptive method or prescription, emergency contraception counseling, or emergency contraception.

Demographic variables were race/ethnicity (white, black, Latina/Latino, other), age category (15–17 or 18–25), and sex (male or female). Socioeconomic position (SEP) measures were health insurance type (parents' private insurance, Medicaid, Medicare, no health insurance coverage); current living arrangement (living with two parent figures, living with a single parent figure, or other, i.e., not living with a parent); whether the respondent's mother was a teen at first birth; and mother's education level (less than high school, graduated high school, some college, graduated college, or higher). Thirty-eight respondents who reported having no mother figure were excluded from the analyses.

Adolescents' perceptions of and experiences with confidential care may be correlated with previous sexual experience and education [24]. Therefore, we describe the association of the following sexual experience and education measure with confidentiality issues: whether a respondent had ever had sexual intercourse; whether a respondent received contraceptive information as a part of formal sex education before the age of 18; and the number of sex education topics the respondent's parent discussed with them before age 18 (0, 1–3, or 4–6 of how to say no to sex, available methods of birth control, where to obtain birth

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