

Confidentiality Among 18- to 24-Year-Old College Students: Exploring Strategies for  
Optimal Health Care Service Delivery

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This thesis titled  
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### **Abstract**

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Confidentiality Among 18- to 24-Year-Old College Students: Exploring Strategies for Optimal Health Care Delivery

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The objective of this study was to explore more effective ways of providing confidential services to adolescents seeking sexual health care services. A purposive sampling approach was used to recruit participants, resulting in twenty ( $n = 20$ ) females and males aged 18-24 years from a large mid-west public university. A Qualtrics online survey was used to collect data and utilized qualitative methods to analyze data. Seventeen participants reported they received quality care from health providers most of the time. Females reported that they inform their parents (especially mothers) or friends before seeking care. Barriers to confidential care included lack of medical insurance or using parents' medical insurance, stigma, distant location of services, and lack of knowledge of available services. Participants suggested providing comprehensive education in school about adolescent issues, equipping parents with knowledge of adolescents' sexuality, and training sexual health providers on dealing with adolescent sexual issues. Participants stressed the importance of maintaining confidentiality for adolescents who seek sexual health care and expressed concern that medical insurance providers pose a barrier to attaining confidentiality.

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## **Chapter 1: Introduction**

### **Background Information**

According to the U.S. Census Bureau (2016), there are 21,108,903 adolescents aged 15-19 years and 22,739,313 aged 20-24 years. Adolescence is a critical stage where children develop a sense of identity and they start to be more concerned about how they look and the way others perceive them. During adolescence, there is a dramatic increase in physical, cognitive, physiological, and emotional development. During this time, adolescents start to be responsible for their health as they transition to adulthood. Adolescence is a time of experimentation, a time when individuals begin to make independent choices about their health and when attitudes toward health practices and health professionals are formed (Hutton & Jackson, 2014). It is during this stage that dating normatively begins. During the adolescent stage, opinions of peers are more important than those of parents (Steinberg, 2011). Adolescents turn to their friends for advice especially in matters of sexuality. Conforming to peer group norms is important for adolescents to avoid rejection. According to Steinberg (2011), “peer pressure to misbehave seems to increase steadily throughout adolescence” (p. 291). This pressure can influence adolescents to abuse substances or become involved in sexual acts before they are willing or psychologically ready (Steinberg, 2011).

As the number of adolescents increases worldwide, the prevalence of sexually transmitted infections (STIs) has increased. College adolescents are a sexual group and they often engage in sexually risky behavior, such as having multiple sexual partners and having unprotected sex (Bersamin, Fisher, Marcell, & Finan, 2017). Being involved in

unprotected sexual intercourse coupled with indiscriminate use of alcohol and drugs can be detrimental to the life of an adolescent; the effects can be unwanted pregnancy, STIs, cervical cancer, HIV/AIDS, and even death. Adolescents report talking about contraception after, rather than before, they first had intercourse, creating a cause for concern (Steinberg, 2011).

This study focused on college students aged 18-24 years. Transitioning from high school to college or university can be challenging for adolescents. College students begin to form their own values and their thinking styles independent of their parents and develop their identities throughout their university years. College provides a time of socially recognized independence from parents' restrictions and rules. Because parents are not there to supervise their children, adolescents have the freedom to choose how they want to spend their free time, including experimenting with new behaviors. Studies have shown that when parents monitor adolescents' behavior, they have reduced chances of being involved in risky sexual activity that may put their lives in danger (Steinberg, 2011). Many adolescents spend their free time engaging in risky behaviors such as drinking or use of other drugs, which predisposes them to having unprotected sexual intercourse.

Sexual risk taking is more likely when alcohol is involved, mainly because consuming alcohol can impair judgement and cause loss of control (Steinberg, 2011). Though college students are aware of potential consequences of infection, research indicates that they do not consistently use condoms, and they engage in intercourse outside a relationship, which they refer to as "hooking up" (Bearak, 2014). These

nonmonogamous relationships increase adolescents' risk of contracting STIs, including HIV and AIDS. These behaviors and other changes that take place during adolescence necessitate that they seek appropriate health care. Bearak (2014) reported that adolescents have many specific health needs and concerns that differ from those of children and adults, and these health needs usually are not met effectively. Therefore, knowledge of adolescents' development is very important in health care settings.

### **Rationale for Study**

Despite the fact that adolescents have specific health needs, studies have revealed that adolescents face many barriers when accessing health care. One of the challenges is the issue of confidentiality (Hutton & Jackson, 2014), but it is unclear how best to protect confidentiality so that young people can trust health workers when seeking reproductive health services. Oberg, Hogan, Betraud, and Juve (2002) stated that adolescents who are concerned about confidentiality are less likely to communicate openly with health care providers, particularly about issues related to sexual behavior.

The concern about potential confidentiality breaches can result in delayed care, which can lead to serious consequences, including unprotected sex, unintended pregnancies and untreated STIs (Oberg et al., 2002). This topic is relevant to the field of child life because child life specialists offer services to adolescents in hospital or other health care settings. Therefore, the present study used firsthand experiences of adolescents to answer questions raised in previous studies and to enhance our understanding of adolescent sexual behavior. Equipped with knowledge about how to provide confidential services to adolescents, child life specialist will enhance their ability

to provide quality care. Confidentiality is at the heart of understanding how to provide services to adolescents in a way that will make it easier for them to share information with health care workers concerning their sexuality. The results of this study may help inform sexual health care providers, child protection services, and child life professionals about the high regard that adolescents place on confidentiality and the potential serious risks to young people's health if it is lost.

### **Implication for the Child Life Profession**

Child life specialists are trained professionals with expertise in helping children and their families overcome life's most challenging events (Child Life Council, 2008). They work with children of different ages in hospitals or other health care settings such as camps; adolescents are among those served by child life specialists. Child life specialists use different strategies to help adolescents to increasingly participate in their health. These interventions recognize that each adolescent is unique and hence provide services accordingly. Child life professionals are trained to work with families and children as well as with adolescents to provide health information and to establish therapeutic relationships with their clients. With knowledge of child development, child life specialists are equipped to assess the developmental needs of adolescents and how to develop trusting relationships with them. Being in a hospital or any other health care setting may compromise their privacy and compromise care. By understanding the importance adolescents put on confidentiality, child life professionals are in a position to respect their privacy while at the same time involving them in their care. Understanding that adolescents' communication with adults is inhibited due to their developmental

stage, child life professionals facilitate communication with adolescents through alternative means such as journaling and drawing to express their feelings (Koller, 2007). Child life professionals rely on evidenced-based research; therefore, the results of this study may be beneficial to them as they strive to provide responsible care to adolescent patients. This research was guided by the following principle of the profession.

Child life professional recognize that in child life practice it is essential to integrate research evidence with professional expertise and patient preference when making clinical decisions. Identifying and synthesizing different perspectives and types of evidence ensures that child life specialists adhere to the ethical guidelines on which the profession was founded by fulfilling the responsibility to practice responsibly (Association of Child Life Professionals, 2011).

Confidentiality is very important when dealing with adolescents in health care, because during this stage adolescents are concerned about privacy. This is consistent with their developing maturity and autonomy. If confidentiality is lacking, some adolescents will not seek care. Strict adherence to maintaining adolescents' confidentiality should be strongly reinforced at the onset. Confidential health care should be available to encourage adolescents to seek health care for sensitive issues and to ensure that they provide complete information to their health care providers. This research intends to answer the following questions:

1. What experiences (positive and negative) do adolescents have when receiving reproductive health services regarding confidentiality?

2. What systems can be implemented to ensure that adolescents receive information about reproductive health?

### **Delimitations**

The delimitations of study included that participants were aged 18-24 years and included both male and females. The participants were enrolled in a college or university at the time of data collection. They were able to speak or understand English. Participants needed to have visited a clinic, hospital, or health center to seek or discuss sexual and reproductive care.

### **Limitations**

A limitation of the study is a lack of generalizability due to the design of the study. The study used purposive sampling, with recruitment occurring at one large, Midwestern university, and therefore cannot be generalized to the whole population of college students. A small sample size contributed to the limitations. There was no follow up on questions asked to participants; this single data set contributed to limitations because participants responded only to the questions asked. Another limitation of the study is the nature of the questions asked. The sensitive questions asking about sexual health might have caused potential participants to be reluctant to start or even complete the survey.

### **Definition of Terms**

**Confidentiality.** The principle that the information that clients share with health professionals will be kept between them and that there are limits on the information that may be shared with third parties (Vaga, Moland, & Blystad, 2016). Confidentiality

should not be used interchangeably with privacy. Privacy is the notion that the person has control over whether to share their information with others.

**Late adolescence.** A period that encompasses change in aspect of life such as school, home, resources and roles and is a period of between 18-24 years (Teipel & State Adolescent Health Resource Center, 2013)

**Reproductive health.** A state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity (World Health Organization, 2006). It implies that people are able to have safe and satisfying sexual experiences.

**Sexuality.** A central aspect of being human throughout life and it encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction (World Health Organization, 2006).

**Sexual health.** 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 (World Health Organization, 2006).

## **Chapter 2: Literature Review**

The purpose of this chapter is to review the literature on adolescents' confidentiality, the challenges they face in accessing sexual health care, and measures in place to encourage adolescents to seek care. Adolescents transition from reliance on parents for health care and begin to take responsibility. The transition is very crucial for seeking care especially on sensitive issues where confidentiality is vital. Adolescents rate confidentiality as coming first when making a decision to seek care. Studies have found that when adolescents are assured of confidentiality there is high chance that they will disclose sensitive information and even come back for services.

Past studies suggest that young people need special services that are exclusive to their age group and are essential to help them achieve "biological, cognitive, and psychosocial transition into adulthood" (Tylee, Haller, Graham, Churchill, & Sanci, 2007, p. 1565). During these psychological, cognitive and behavioral changes, adolescents start to explore and, in the process, they may engage in risky sexual behaviors in addition to the consumption of alcohol and use of drugs.

This kind of risk-taking behavior is most common among college adolescents because most start living on their own and start to experiment and explore in the absence of their parents. According to Bearak (2014), "students have reduced parental supervision while adjusting to a new social environment" (p. 487). In addition, research examining the role of parental monitoring of adolescents found that monitoring leads to reduced risk in sexual behavior. This monitoring involves knowing the whereabouts of the child as well as maintaining open communication between parents and adolescents. In older



adolescents, parents manage their behaviors by negotiating with them through decision making and trusting that the adolescent will do the right thing (Borawski, Ievers-Landis, Lovegreen, & Trapl, 2003).

According to Borawski et al. (2003), negotiated unsupervised time depends on the quality of the relationship between the parent and the adolescent. However, in their study on parental monitoring, Borawski et al. (2003) found that the use of negotiated unsupervised time by parents does not deter adolescents from engaging in sexual acts and use of alcohol. Being in college with only their peers increases adolescents' experimentation with alcohol and drugs, which may lead them to engage in risky sexual acts. Spoth, Clair, and Trudeau (2013) stated that although there has been some progress in addressing the preventive indicators of risky sexual behavior, studies have shown that adolescents' sexual intercourse and substance use decreases through the use of universal family-focused intervention. A family-focused intervention focuses on training parents to be competent in dealing with adolescents and assisting adolescents to be competent in resisting peer pressure. The intervention focuses on the family environment such as the quality of parent-child communication, parental monitoring and consistent discipline. The intervention may also be beneficial for addressing youth sexual behaviors. Spoth et al. (2013) revealed that STIs remain common in the United States, with half the number of people infected being youth aged 15-24 years. The authors suggested that interventions addressing high-risk sexual behavior must consider many variables, including economic, social, and health.

The research has revealed that as students enter college, their sexual behavior changes. They may engage in what is called the “hook-up” culture, which is engaging in a sexual act with someone they are not romantically involved with. Bearak (2014) reported that studies have shown that students in college conform to their peer social norms when engaging in risky sexual acts. According to Bearak (2014), studies also report that when adolescents enter college, their condom usage decreases even though they are aware of the risk involved. Most undergraduate students, by their senior year, have been involved in sexual acts with someone who is not their partner without using protection. Bearak’s (2014) study examining contraceptive use during casual sex revealed that when adolescents and their partners attend the same college and both have high socioeconomic status, they are less likely to use condoms because they believe they are not at risk.

What is most worrisome about the hook-up culture is that most students engage in it under the influence of alcohol. Klein, Geaghan, and MacDonald (2007) found that most students hook up after consumption of alcohol and that these sexual acts are usually unplanned. Since alcohol can impair one’s judgement, these young adults can end up engaging in sexual activity without a condom; in the process, they risk contracting STIs, including HIV/AIDS or unwanted pregnancy. This is supported by Downing-Matibag and Geisinger (2009), who stated, “because hooking up often occurs in situations in which prophylactics against STIs are not available or in which students’ judgment is impaired, it can involve risky behaviors that compromise student health” (p. 1196). Using the Health Belief Model (HBM) to identify factors that lead college student

to engage in hook-up behaviors, the study revealed that young people do not use protection during sexual acts for various reasons, e.g., they believe they are not vulnerable; condoms interfere with pleasure; or, sexual acts happen unexpectedly (Downing-Matibag & Geisinger, 2009).

According to Downing-Matibag and Geisinger (2009), the HBM is a framework for exploring students' perception of their susceptibility to health consequences, awareness of the seriousness of the health effect, perception of benefits of preventive behaviors, obstacles that prevent them from engaging in preventive behavior, and, lastly, whether they think they are capable of implementing desired behavior. The findings suggest that in order to tackle sexual behavior of young adults, interventions should be targeted on each factor of the HBM. Klein et al. (2007) suggested that intervention should be targeted to the high-risk drinkers to assure them that it is socially unwelcome to be involved in risky alcohol consumption. Another strategy that can be implemented is to change high risk takers attitudes through discussion forums to help them value long-term relationships.

This adolescent population needs sexual and reproductive services tailored to meet their needs. Having a place for youth only to access services without the fear of being seen by adults is one strategy that has been used to overcome adolescents' reluctance to seek health care. Unlike younger adolescents who depend on their parents to access health care services, college students have to make their own choices when seeking healthcare services. The literature shows that adolescents are often less comfortable accessing reproductive and sexual health services compared to adults

(Tilahun, Mengistie, Egata, & Reda, 2012). Confidentiality remains a major concern for adolescents even though is protected by the law and supported by all health care settings that offer services to adolescents. Studies have shown that adolescents who forgo care because of confidentiality concerns are usually the high-risk group (Lehrer, Pantell, Tebb, & Shafer, 2007; McKee, Rubin, Campos, & O'Sullivan, 2011). Even adolescents over the age of 18 continue to have concerns about confidentiality. One reason is that the explanation of benefits is sent to the policyholders who are usually parents or guardians (National Institute for Health Care Management [NIHCM], 2011). Another challenge is that adolescents in college often are covered by their parent's health insurance. After care is rendered, parents receive the explanation of benefits forms, which compromises delivery of confidential care to adolescents (McKee et al., 2011). This may lead adolescents to forgo care, especially regarding sexual and reproductive health. Even though federal and state government have tried to put measures in place to safeguard privacy and encourage confidential care access, adolescents continue to experience barriers. According to the NIHCM (2011), the law protects the privacy of the doctor-patient relationships, but laws that deal with payment of services rendered are not aligned with laws that protect confidentiality. Breaches of confidentiality can happen in both contexts; thus, in the insurance context there is no assurance that claims won't reveal sensitive information to parents. For the Medicaid program beneficiaries in some states, services such as family planning and STIs are not shown on the explanation of benefits (NIHCM, 2011). Because adolescents are not cognizant of differences between private

and public insurance, the general norm of sending the explanation of benefits to parents serves as an obstacle to their utilization of services.

Another reason adolescents do not seek services may be that health care workers, parents, and teachers do not provide young people suitable information about reproductive health services (Tilahun et al., 2012). The reason for not providing information is associated primarily with being uncomfortable with youth sexual and reproductive health information or the belief of parents that providing adolescents with such information will encourage sexual acts (Tilahun et al., 2012). If not provided with information, adolescents often seek advice from peers who might not be knowledgeable, hence giving them wrong or inadequate information. The results of this can be detrimental to the life and health of the adolescents.

### **Adolescents' Perceptions on Health Care**

Most of the studies reviewed reported that young people are concerned about the confidentiality of the information they provide to health care workers. The concern of privacy as a barrier of health care has been seen to be a challenge for young people worldwide. International research suggests that some of the barriers experienced by adolescents in accessing health care are universal, for example fear, shame, embarrassment, and fear that confidentiality will be breached, particularly with regard to emotional, and sexual health problems (Hutton & Jackson, 2014). This may be attributed to the fact that, developmentally, all youth go through an adolescent stage. Concern about privacy is consistent with their developmental stage. When youth feel that the information they provide to health workers will not be kept a secret, they may not open

up especially if the information relates to their sexual behavior, drugs, or substance use. According to Oberg et al. (2002) “concerns about potential confidentiality breaches can result in delayed or forgone care, which can lead to serious consequences, including unprotected sex, unintended pregnancy and untreated STIs ” (p. 323).

Self-stigma can contribute to youth not seeking treatment and it is attributed to embarrassment and discomfort. Adolescents sometimes feel embarrassed when they have to discuss their problems with different health providers during visits to the health facility and feel that the level of embarrassment increases with each provider. Adolescents also may not speak freely depending on the age and gender of the health care provider. Studies have revealed that female adolescents openly discuss sexual and reproductive health with female providers more so than with male providers (Alli, Maharaj, & Vawda, 2013). Sometimes youth do not seek services because they lack knowledge of the services offered in their area. Bergvall and Himelein (2014) found that lack of information about treatment can be a barrier to seeking help. This means that the youth are left to seek information on their own. Health workers need to target all locations where youth populations live, such as colleges and schools, to disseminate information about the services available in their area as well as how to access them. Even though adolescents have perceptions that confidentiality may be breached, health care workers can contribute this perception, consciously and unconsciously.

### **Health Workers Attitudes**

Health workers play an important role in adolescents’ decisions to seek health care or not. This is because the way in which they talk or provide services to youth will

have an impact on whether these young people will return for health care in the future. According to Tilahun et al. (2012), studies have shown that health workers' roles of providing information to youth are inadequate, and for them to provide quality service they need to have an encouraging approach towards their work. Satisfactory education of health workers about interpersonal skills and youth-friendly communication is essential. In their study on college students' preference for health care when accessing sexual health resources, Garcia, Lechner, Frerich, Lust, and Eisenberg (2014) found that students perceive some health care workers as judgmental and unfriendly; this is a significant barrier to seeking health care. Students stated that someone who listens to them carefully and makes them feel comfortable encourages them to seek sexual and reproductive health care services. The fear of being stigmatized for their sexual behavior results in adolescents not seeking services, threatening their sexual and reproductive health.

Moreover, research from developing countries has revealed that sometimes long lines of clients make it challenging to provide adequate information and counseling to adolescents; as such, health workers only focus on the curative aspect of the health problem. This is a drawback to the efforts of dealing with the youth sexual behavior, because information and education can have a positive effect on reducing youth ill health and encourage utilization of the services (Alli et al., 2013). Long lines also bring anxiety to adolescents, because they felt that it increases their chances of being seen at the clinic.

Research that examined physicians' role in addressing lack of confidentiality as a barrier to health care revealed that physicians supported adolescents' right to confidential care; however, their support was based on the adolescent's maturity, type of treatment, and age (Oberg et al., 2002). This may act as a deterrent for adolescents to seek reproductive health care services. Some health workers do not have knowledge of the laws that protect young people's privacy and as a result may lead to consequences for the lives of the youth. The research revealed that general practitioners are typically the common point of entry to health care but they are unlikely to be skilled at discussing issues of sexual health.

According to Oberg et al. (2002), some health workers lack the skills necessary for working with young people especially on issues of their sexuality. The research further revealed that oftentimes, health workers do not provide health counselling to adolescents who visit health services especially male patients. The reason is that females usually seek contraceptive services and this provides a gateway to other health promotion services. This is worrisome because research shows that male adolescents engage in risky sexual behavior more than females (Lindberg, Lewis-Spruill, & Crownover, 2006).

Adolescents usually withhold information when they do not trust the health provider. The research also shows that sometimes health providers do not always discuss the issue of confidentiality with adolescents; this can have an adverse effect on adolescent health-seeking behavior because reassurance can make a difference. Adolescents stated that it is difficult to trust assurances of confidentiality from providers



who are disrespectful, so they protect their confidentiality by withholding information (Coker et al., 2010).

### **Concern About Parents and Others Finding Out**

Parents can also deter adolescents from accessing reproductive health services. Young people may decide not to visit the health care provider for fear of their parents finding out. In addition, research examining the interaction between perception of confidentiality and use of services found that adolescents avoided health care for fear that their parents, friends, and peers might find out (Wadman et al., 2014). Adolescents fear that when their peers see them going to the health facility especially the one offering reproductive services, peers assume they have an STI and this may damage their reputation (Lindberg et al., 2006). This public stigma is a challenge to young people. They are concerned about how people perceive them when they seek health care services; this concern plays a role in their decision whether or not to seek help.

Structural factors such as youth using the same clinic or health setting as adults may also deter young people from seeking health care. Adolescents feel that the way the clinic is arranged can encourage or hinder them from seeking services. They report there should be entertainment in the waiting room instead of health information materials, because when people see them reading material on STIs, onlookers assume they are infected (Lindberg et al., 2006). A facility that is far from where the young people attend school or where they live and the inconvenience of operating hours of the facility can also be barriers to accessing care. On the other hand, some adolescents express concern if a clinic near the school offers sexual health services because it places them in a

vulnerable situation of being seen (Lindberg et al., 2006). The school-based health facilities can motivate students in universities or colleges to seek health care without the fear of being seen by parents while going to a health facility. In three U.S. studies, young people reported that their reason for using a condom availability scheme or a school-based comprehensive health center was because they could do so without their parents' knowledge (Carroll, Lloyd-Jones, Cooke, & Owen, 2011).

Helping youth disclose sensitive information is a serious challenge that needs different strategies because when young people do not speak up and share their concerns, their health may be affected in many different ways. According to Booth et al., (2004) helping the youth to feel free in sharing their sensitive information signify a challenge and is likely to take different strategies and time. In recognition of the challenges faced by the youth in accessing health care, measures have been put in place to try to make services confidential for the youth.

### **Measures in Place to Help the Adolescents to Seek Health Care**

Different measures have been put in place to try to address youth issues, in order to encourage them to seek medical care. Laws such as the Health Insurance Portability and Accountability Act (HIPAA, 1996) have been introduced to help youth have a peace of mind when seeking health care. The HIPAA privacy rule was introduced to protect individuals' health information. The rule requires suitable protection to privacy of personal health information, and specifies the conditions on the uses and disclosures that may be made of such information without patient permission (Goodwin et al., 2012). Even though the law is there to give youth authority on the disclosure of the information

they give to health workers as well as their right to seek health care without parental consent, some young people are not aware of the law. Wadman et al. (2014) found that only a third of the adolescents they surveyed knew about their right to confidentiality.

Assuring young people of confidentiality increases the likelihood they will reveal sensitive information to health care workers. This is because the youth trust that health care workers will not share their information with anybody. HIPAA does not fully protect adolescents' confidentiality because most college students typically use their parents' health insurance. The Patient Protection and Affordable Care Act (PPACA, 2010) allows young adults to stay on their parents' insurance up to their 26th birthday. This then means that information about services provided to them ends up being received by parents through billing or insurance claims (Garcia et al., 2014). Adolescents may ask health care workers or health plans not to send information relating to their care home but to send it to them in a confidential manner such as email, or to limit disclosure of treatment rendered (English & Ford, 2004). This does not always happen; it depends on the health care worker offering the services or the type of request. Solving the challenge of confidentiality with health insurance can serve the interests of older adolescents (NIHCM, 2011).

Another initiative such as youth-friendly services was introduced to provide adolescents with confidential services. Youth-friendly services make use of available resources on sexual and reproductive health to be more accessible to the youth. These services are provided separately from adult services. This was a recommendation by WHO to be implemented worldwide in order to meet the needs of young people. This

was done after realizing that young adults experience similar problems worldwide when they try to access health care. “Despite the differences in service provision and social context, help-seeking behavior in the developed and developing world is remarkably similar” (Tylee et al., 2007, p. 1566).

There are different ways in which youth-friendly services are offered. Some are youth centers in a hospital, some are stand-alone units offering services to young people, and some are school or college-based linked with college. Youth-friendly services refer to services being provided by a trained health worker and having clear guidelines on how to provide the service. According to Tylee et al. (2007), even though there is some evidence that youth-friendly services are beneficial, there has not been significant improvement in youth-friendly services and more effort is needed. “Further evidence in support of the principles outlined in the WHO framework is needed, and this can be achieved by incorporating the principles into the design of services for young people and assessing the strategies in well-designed studies” (Tylee et al., 2007, p. 1571). According to Alli et al. (2013), even though services targeting youth are in place, young people continue to avoid these services because of the interactions between the health workers and the youth.

The review of literature suggests that in order to render services that are accessible and acceptable to youth, parents, teachers and health workers need to effectively play a role. However, Eisenberg et al. (2013) found that students in school with sexual health resources were less likely to be involved in risky sexual behavior, but these students are less likely to be tested for STIs or HIV. These may be because they do

not see the need to be tested because they are practicing safer sex and hence believe they are not at risk.

Another reason may be that they do not want consultation with health workers. It was also interesting to note that college students feel that the schools have the responsibility of providing them with information and resources on sexual health and if the resources are not available in the college it should be made clear how to find and access resources in the community (Lechner, Garcia, Frerich, Lust, & Eisenberg, 2013). This calls for the colleges and universities to have measures in place to disseminate information to incoming students and should request students' input about the resources they want on campus. According to Lechner et al. (2013), an institution can have resources and be underutilized; on the other hand, the one with limited resources can be fully utilized. This present study aims to explore ways of helping adolescents feel free to share sensitive information with health workers for provision of quality care.

### **Theoretical Framework**

Bronfenbrenner's (1986) ecological theory explains that the individual is nested within ecosystems which affect development and interactions. These systems can be used to explain how the characteristics of adolescents and the environment interact to influence health-seeking behavior regarding sexual and reproductive health. Bronfenbrenner emphasized the importance of studying the individual in the framework of their different environments to understand that individual. Adolescents find themselves entangled in the ecological units closest to the individual moving outward to societal level. All these ecological units interact with each other and influence adolescents' lives.

**Microsystem.** The adolescent patient falls within the microsystem. The characteristics of adolescents such as ethnicity, age, gender, and how they perceive the system of health care influence the relationship between adolescents and health care workers. According to Cottrell, Nield, and Perkins (2006), the age of adolescents and their maturity affect their acceptance of health services from certain health workers. This shows the importance of adolescents having a choice of their doctor. Studies also show that adolescents' gender has an effect on adolescent-doctor communication. They found that female adolescents have a preference for female doctors. This is due to the apparent similarities, which then leads to patient satisfaction. Difference of gender can influence whether adolescents are open to discuss specific health concerns with their practitioners (Cottrell et al., 2006). Race also affects adolescents' healthcare experiences. Adolescents are more likely to openly discuss their concerns with health care professionals of their own race (Cottrell et al., 2006). Finally, adolescents' past health care experiences with health professionals determine the outcome of these relationships and satisfaction with services. When health providers do not discuss confidentiality with adolescents, this may affect the doctor-patient relationship and even impact future encounters (Cottrell et al., 2006). Health providers should assure adolescents about confidentiality every time they provide services.

**Mesosystem.** The mesosystem involves interaction between different microsystems in which adolescents find themselves. The system involves connections between peers, health providers, and the family environment. Parents model adolescents' health-seeking behavior; their perception toward health care services influences

adolescents. This is not surprising because previous studies have shown that adolescents seek advice concerning health from peers and family first before deciding to seek health providers' interventions. This clearly shows that people in adolescents' environment influence their behavior. Physician factors such as their knowledge of adolescents' health issues and communication skills influence adolescents' health-seeking behavior.

Adolescents observe the providers' characteristics to evaluate their experience of the healthcare; their interpretation will determine whether they will come for service or forgo care.

**Exosystem.** The exosystem includes environmental factors that affect adolescent patients even though they are not directly involved in them. This can include cultural factors and the larger medical setting. Sometimes it might be necessary for health providers to refer the adolescent. Some adolescent patients may not welcome this because they do not want to be seen by multiple health providers. This may cause conflict because adolescents are sensitive about anything that may threaten their confidentiality. When cultural differences exist between providers and patients, there is a likelihood that perceptions of the illness may differ and this may lead to poor communication. Health providers should be aware of cultural differences and find a way of bridging that gap.

## **Chapter 3: Methodology**

### **Study Design**

A qualitative design was used to explore adolescents' perceptions of and attitudes towards sexual healthcare services and confidentiality in those sexual healthcare settings. Qualitative research seeks answers to questions by systematically using a predefined set of procedures to answer the questions to produce findings that were not determined in advance. Qualitative research focuses on determining new or different viewpoints and generating profound understandings on a topic. The aim of qualitative study is to understand how participants derive meaning from their surroundings, and how their meaning influences their behavior (Curry, Nembhard, & Bradley, 2009).

### **Recruitment of Participants**

This study used purposive sampling because the goal of qualitative research is to attain a profound understanding of a phenomenon, rather than generating results that can be generalized. Purposive sampling is selecting a group of participants according to predetermined criteria relevant to a particular research question (Curry et al., 2009). Participants were recruited from university students. To be eligible for participation in this study participants needed to meet the following criteria: (a) be aged 18-24 years, male or female; (b) speak or understand English; and, (c) visited a health center/clinic/hospital to seek sexual and reproductive services. Announcements were made in undergraduate university classes for recruitment of participants and one of the classes was a large-lecture human sexuality class. The researcher introduced herself and informed the class that participants for her thesis were needed. The researcher informed



potential participants that the study used an online survey and participating in the research was voluntary. The researcher gave participants the opportunity to ask questions for clarification about the study. Flyers (see Appendix A) were also distributed during class announcements and students who were willing to participate were advised to contact the researcher so that the link to the survey could be sent to them. The flyer with study information was also shared on Facebook to recruit potential participants and informed them how to contact the researcher. Some of the flyers containing information about the study were posted in various places throughout the university. Electronic mail announcements were sent to students doing online classes with brief information about the study. Participants were informed that by participating in the study they had a chance of winning a \$20 gift card. Some faculty members were asked to make announcements about the study in their classes.

### **Description of Final Sample**

The aim was to have a sample size of approximately 65 participants, depending on the resources and time available. In an attempt to recruit the desired number of participants, the researcher conducted two waves of recruitment. The first wave was done during the fall semester 2016 and only 16 participants participated in the study. In spring semester 2017, the researcher repeated the process of recruitment of participants with the hope of meeting the target. After exhausting participant recruitment methods, 33 individuals showed interest in participating, and of those 33, only 20 participants completed the survey. The participants consisted of 17 females and 3 males with their

ages ranging from 18-24 years. Nineteen of the participants identified themselves as Caucasians and 1 as Black/African American.

### **Instrumentation**

Upon approval by the Ohio University Institutional Review, data collection began. Collection of data occurred from October 2016 to February 2017. A questionnaire (see Appendix B) was used as the research instrument to collect data via online survey using Qualtrics. The researcher developed the questionnaire. The questionnaire contained open-ended questions and focused on the adolescents' feelings about accessing reproductive health services and their suggestions for improving those services. Some closed-ended questions were included to collect demographic information of participants. Respondents' demographic information such as age, gender, and marital status were included at the end of the questionnaire, but they were not asked to provide their names or any identifying information. Only adolescents who answered all questions in the self-report questionnaire were included in the analysis. At the end of the survey, participants had an option of participating in a draw for \$20 gift card. The research participants were thanked for their participation at the end of the survey.

### **Procedure**

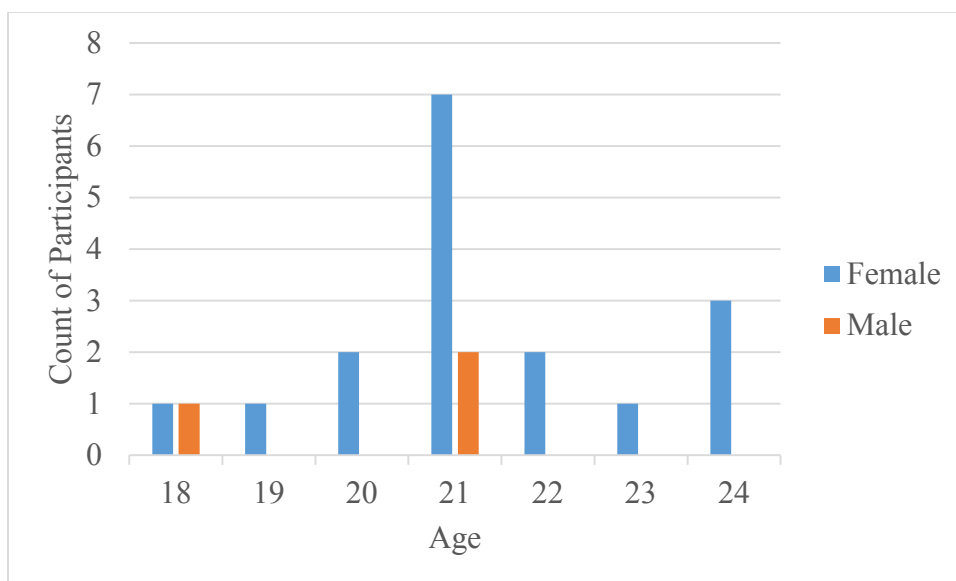
The participants were told the estimated amount of time needed to complete the questionnaire and that they needed to consent via online (see Appendix C) before completing the questionnaire. The benefits and risk of participating in the study were explained in the consent form. Participants were also informed that they did not have to answer all the questions if they did not want to. The participants were informed that the

information they provided would be kept confidential and only the researcher and the advisor could access the survey information. Participants were provided with the contact information for the university counseling center and informed that if any questions made them uncomfortable they should not hesitate to seek help. After collecting the surveys, they were protected by a unique password in the researcher's computer.

### **Data Analysis**

The information was a firsthand account by the participants. After data collection using the Qualtrics survey, the questionnaires were screened for any missing data. The data was cleaned by removing any information that might identify participants such as an IP address. Participants were then given pseudo-names to enable work with the data. The researcher looked through data for any missing information. Incomplete questionnaires were excluded from data analysis. The data was then uploaded into Nvivo 11 software for analysis. The researcher looked through the data to identify themes, common patterns, and relationship. Data were organized in relation to research questions. Key words such as confidentiality, privacy and health care experience were used to categorize the data. The researcher read all the participants responses to identify codes. Using Nvivo phrases that captured content related to experiences in receiving sexual and reproductive services and barriers to care were underlined. Participants responses such as "I was given a weird look," and "I felt being judged," were coded as negative experiences while responses such as "I was treated with respect," and "I was made to feel comfortable," were coded as positive experiences. The codes were analyzed by running a query report and counting codes. To identify the themes, codes were grouped into categories according to ideas or

concerns of adolescents. All information that could potentially identify participants was treated as confidential at all the times. For validity of the themes identified, the advisor to the researcher also looked through the data to verify the themes identified. The demographic information was also included in the questionnaire. Reading through the data, the researcher made graphs through use of Excel on participants' demographics. Participants were asked to identify their ethnicity, age and marital status. Nineteen participants were Caucasians and 1 African American. Their ages ranged from 18-24 years.



*Figure 1.* Participants sex and age. All the participants were unmarried.

## **Chapter 4: Results**

### **Introduction to Findings**

While analyzing participants' responses, some themes emerged. The themes that were identified included health seeking behavior, health care experience, barriers to confidential care, and preference or recommendations of services. Some of the participants' responses will be shown to enhance the reader's understanding.

### **Participants' Response Results**

Various ways were employed to recruit the desired number of participants. Participants were recruited by in-person announcements in five classrooms, six announcements in online classes, and placing flyers in a variety of buildings throughout campus. Recruitment was also done through Facebook and friends were asked to share it. After exhausting of all ways of recruiting participants, the researcher was able to find 33 participants. Out of 33 participants who showed interest in the survey, only 20 completed the survey. Incomplete questionnaires were excluded and analysis was done on the completed ones. Of the 20 participants, 17 were females and 3 males. Nineteen participants identified themselves as White/Caucasian and 1 as Black/African American. Their ages ranged from 18-24 years. Participants reported their own experiences and acknowledged that they experienced some challenges in accessing sexual and reproductive services.

### **Adolescents' Health-Seeking Behavior**

Participants were asked who they tell when they have a sexual and reproductive problem. The findings showed that 6 female adolescents tell their mothers and the next

common response was friends by 4 participants. Friends are valuable for socialization and are seen as the primary source of health information. Studies showed that friends influence their peers' decision making on matters of sexual health. Three respondents reported that they tell their boyfriends while the rest of participants indicated that they tell either their mother or friends. Only 2 participants indicated that they go straight to a health facility without first telling anyone. Two participants also noted that they seek help from their father or other adult relative. Of the 3 male participants, no one indicated telling their parents, but instead they talk to friends before seeking care and 1 of the participants indicated that he uses the internet first to determine what might be wrong with him. The internet has become an important part of life and adolescents may see it as safe confidential foundation of health information. It was interesting to note that even though adolescents tell their parents before seeking care, participants reported that they only tell parents when they go for routine care. When it is something involving sensitive issues such as STI testing, they do not tell parents or they just tell them that they need to seek health care but not disclose their reason for visiting a health care facility. One participant stressed this by saying, "My parents may know when I am going to the doctor, but I do not share the details if it is about a sexual concern."

### **Healthcare Experience**

Participants used words and phrases to describe their health care experiences. When asked about how health providers treated them the last time they sought care or about their experiences when seeking care, about 14 female participants and the males reported that they were treated with respect and they felt comfortable talking with health

care providers. Privacy was provided and they believed that their needs were met. One participant indicated that she felt free when attended by a health worker of the same sex as she. On the other hand, 3 female participants indicated that health workers were being judgmental of them. They also reported that they gave them weird looks and commented on the way these health care staff were asking questions that were intimidating. One participant highlighted the judgmental attitude of a health provider by saying, “I was asked if I am getting birth control for sex.”

Participants also attributed their negative experiences to doctors who performed some examination on them without explaining why they were doing it. Participants who reported positive experiences they stated that they felt comfortable discussing any sexual reproductive topics with health providers. The positive experiences described included being given the necessary information to address their concern, being given the opportunity to ask questions, and being treated respectfully. Participants reported that the environment provided made them feel at ease and that they were in a position to share anything asked by the health providers.

Regarding topics that are uncomfortable, respondents stated that they were some topics that were too embarrassing to talk about with health providers. Eight females indicated that they felt embarrassed or uncomfortable talking about their sexual activity, the number of partners they had, and STIs. Their male counterparts reported that they were comfortable discussing any topic concerning sexual and reproductive behavior. Even though males said they had positive experiences, 1 male respondent indicated that he was judged by his peers who saw him leaving the health center. Participants were also

asked if they have ever withheld any information from health providers. Sixteen respondents, 3 males and 13 females reported that they have never withheld information from health providers. They reported feeling that they had to share information with their providers in order to get the best care. However, those who reported withholding information stated that they have withheld sensitive information such as number of sexual partners. These participants reported that they did not want to tell the health providers because they felt the information was too personal. The results showed that overall the services for sexual and reproductive health were of good quality.

### **Barriers to Confidential Care**

The study showed challenges that are faced by adolescents in accessing confidential services. Adolescents reported the use of their parents insurance as a barrier to health care. The explanation of benefits, which show the services provided to the adolescents, is sent to the parents who are policyholders. Participants acknowledged that having medical insurance enables them to access care but it can also be a hindrance to access the services they need. When asked what makes it difficult to access services on sexual and reproductive health, 7 female participants reported lack of health insurance as a big challenge for adolescents to access confidential services. Participants stated that using their parents' insurance can have an impact on their decision to seek sexual and reproductive services. The participants also indicated that location is a barrier in accessing resources. Most respondents are from out of town or state; they are forced to travel distances to their physician, because they have established relationships with their doctors. Participants reported that seeking health care from new health providers makes



them uncomfortable and may compromise their confidentiality. Male participants reported that the stigma of being seen at a health care is also a barrier. The fear of being seen by friends or peers seeking reproductive service can result in adolescents not seeking care. Another factor that participants reported to be a barrier is lack of knowledge of where to access the resources. This was reported by 4 participants.

### **Recommendations/Preferences**

Participants were asked what could be done to help adolescents share sensitive information and they reported various strategies. Ten participants suggested that health providers should learn how to communicate with adolescents with respect and without being judgmental. They believed that good trusting relationships between adolescents and providers could result in adolescents sharing sensitive information. Respondents reported that many adolescents do not want to talk about sensitive information because they do not want information to be shared with other people. One participant stressed this by saying, “I think that many adolescents are afraid to talk about this sensitive information because they are afraid it is going to be spread to the people they do not want to know or that they will be judged or abandoned. I think that building trust with an adolescent is important.”

Participants also reported that if a doctor senses that adolescents are not comfortable talking or are withholding the information, they should provide reading materials such as pamphlets on the subject matter that makes adolescents uncomfortable. In this way, adolescents will benefit from reading the information on their own. Another preference that participants discussed was the issue of education. Three participants stated that education can be at the individual level, at the school, or it can come from

parents. They believed that adolescents have to educate themselves because there is a lot of information on sexual and reproductive health. On the issue of education, respondents suggested that comprehensive school education on sexuality issues should be implemented in public schools. They also reported empowerment of parents on matters of sexual and reproductive health so that they know how to begin a conversation with their children. Participants think that with adequate information, stigma surrounding sexual and reproductive issues could decline. Finally, participants suggested that parents be excluded from any adolescents' sexual and reproductive care. This was raised by the three male participants. Gender difference was not brought up in this study, but 1 participant indicated that she felt comfortable when examined by a health provider of the same sex.

## **Chapter 5: Discussion**

The goal of this study was to find better ways to provide confidential services to college adolescents. This study may help reduce known barriers adolescents face in accessing confidential services and provide an understanding on how to reinforce services to better help adolescents. First-hand information on the recommendations by participants expand on the studies done in the past. The research intended to answer the following questions:

1. What experiences (positive and negative) do adolescents have when receiving reproductive health services regarding confidentiality?
2. What systems can be implemented to ensure that adolescents receive information about reproductive health?

To understand adolescents' reproductive service use and their experiences in accessing care, students at a large state university were recruited to participate. The survey was anonymous, which might have added some honesty to the responses. Results from the present study lend insight into the experiences and perceptions of adolescent college students. Because adolescent insights are unique, the results are potentially beneficial to health care providers. Adolescents' descriptions of their experiences began immediately on arrival at a health facility. They look at different things such as the appearance of the place and their interactions with health providers to describe their experiences. Therefore, it is very important for health providers to have awareness of how their relationship with adolescents may impact future health-seeking behavior. It is important for providers to be empathetic and patient to build a satisfying relationship

with adolescents. The relationship can affect the way adolescents view services. Without a trusting relationship, it is difficult for adolescents to benefit from services.

Three participants reported undesirable attitudes from health providers. Negative attitudes of the health providers can deter adolescents from accessing care. Some adolescents reported feeling judged because of the way health providers looked at them and how they asked questions. According to Tilahun et al. (2012), adolescents are concerned about the way health care providers talk to them, which can be demeaning and lack confidentiality. Participants in this study stated that some health providers gave them weird looks and were judgmental with their in-take questions. The findings are supported by Coker et al. (2010) who found that participants reported they felt more like being interviewed by health providers rather than talking to them. They stressed that the health providers were interrogating them as if they committed some crime. The way some health care providers talked to adolescents may reflect lack of training in communicating with adolescents. The consequences of adolescents feeling judged can be large; they may forgo care, leading to detrimental effects to their lives. This is because adolescents may not trust health providers to maintain confidentiality.

Sometimes health providers may have good intentions regarding what to say to adolescents, but the way the message is delivered may show lack of compassion. It is important to address adolescents in a nonjudgmental manner so that they will return for the service again, thereby improving clients' health. This calls for health providers to be aware that adolescents are a sensitive group when it comes to matters of reproductive health, and to strive to remove barriers that could deter adolescents from accessing

service. The judgmental attitudes of providers may imply a need for more training to improve their interpersonal skills with their patients. According to Tilahun et al. (2012), lack of good communication skills by health providers is what led to negative attitudes. Studies showed that even though guidelines on how to address adolescents' risky behaviors are available, health providers do not provide the recommended services. Failing to provide appropriate services could be interpreted as reflecting negative attitudes towards adolescents.

Due to negative experiences when seeking health care, the results showed that some participants reported that they withheld information from health providers about their sexual activity. The withholding of information on sexual issues is more likely when health providers do not discuss confidentiality. This implies that adolescents were not satisfied with the service and did not trust providers. Studies have shown that trust determines adolescent satisfaction with services and their willingness to share sensitive information. Trust also determines whether the service will be used again. Therefore, health providers should always discuss confidentiality with adolescents at all their visits. Reassuring adolescents of confidentiality is very important to the doctor-patient relationship. Adolescents may have fears that the information they provide will not be kept confidential, especially if the health issue is sensitive in nature. This finding is consistent with studies done in the past which showed that adolescent withhold information on sensitive issues fearing that the information they provide will be shared. Some adolescents reported that they were not comfortable discussing certain sexual health topics. This is not surprising because, according to Alexander et al. (2013),

adolescents are reluctant to bring up sexuality discussions with adults, and prefer health providers to bring up these topics. Discussion of sexuality topics is very important as a preventative measure because the information may help adolescents make safe choices.

Another factor that can impact health care experiences of adolescents is changing the location where one accesses the care. Participants stated that location can be a barrier and even threaten their confidentiality. This is because most college students move to different cities or states to enter their university and others may be forced to find new health care providers. Eisenberg, Garcia, Frerich, Lechner, and Lust (2012) found that the ease one has in a familiar health facility encourages adolescents to seek health services because they have established patient-provider relationships. This implies that moving to a different place can have a negative impact on the health of an adolescent, especially if they are concerned about privacy and confidentiality in the new place. Feeling uncomfortable with new providers affects the trust that needs to develop between them. According to Klostermann, Slap, Nebrig, Tivorsak, and Brit (2005), the length of patient doctor relationship has an impact on trust and it has been found that being comfortable with the doctor is a requirement for trust.

Results also showed that adolescents had positive experiences when seeking sexual and reproductive care. The findings indicated that the majority of adolescents were satisfied by the positive attitudes of health workers in provision of sexual and reproductive health. This implies that the services provided were of good quality. This could be because health workers are now trained to deal with adolescent sexual and reproductive services. Additionally, health providers may have high awareness of the use

of reproductive services. According to Klostermann et al. (2005) adolescents look at different physician characteristics to determine whether to trust a health provider. Trust is associated with whether the information they share will be kept from others, whether the provider is competent, respect the client feels from the provider, and the honesty in which information is given. This is not surprising because it has been found that good attitudes of health providers enable adolescents to open up to discuss sensitive topics. Even though the question of confidentiality was not asked directly, the results imply that confidentiality was discussed with adolescents because studies showed that when confidentiality was assured, it resulted in open discussion of sexual issues.

Health providers should always try to discuss the topics that affect adolescent sexual and reproductive health because adolescents are rarely comfortable initiating those discussions. Merzel et al. (2004) found that only 3% of adolescents initiated a discussion of sexual health topic when the provider did not. They also found that the majority of adolescents believed that it is important for health care providers to discuss sexual health topics during their health visits. Participants in this study also noted that is important for providers to discuss sexual health with adolescents. Ability to discuss these topics privately with health providers can positively determine what adolescents describe as quality sexual health service.

The study also showed that many adolescents were comfortable discussing any health topic with health workers regarding sexuality. This is in contrary to the study done by Ackard and Neumark-Sztainer (2001) on health care information sources, who found that adolescents were uncomfortable discussing sexuality, private health issues, and

contraceptives. The difference may be due to easy access to health information nowadays. There is a lot of information on the internet, available in printed materials, and provided in schools. One participant felt that the reason why some adolescents are uncomfortable discussing sexuality issues with health workers is because parents accompanied them all the time when they were young. The participant felt that health workers makes it a habit of always asking parents to step out of the consultation room for some minutes so that health care workers can talk to young adolescents. In this way, adolescents will be comfortable discussing the issues when they reach the age of consent. This is supported by Ford, English and Sigman (2004) in the position paper explaining that when health care providers start early in adolescence to talk to adolescents alone, parents and teens would take that as a normal routine. This would give health providers a chance to develop good relationships in which they can discuss sensitive issues with adolescent patients openly. Health providers can also use the opportunity to educate adolescents about what confidentiality entails and the limits of confidentiality. This open communication can encourage adolescents to seek care in the future even for sensitive issues. This study reinforced what is already known, i.e., that confidentiality is very crucial for utilization of health care services by the adolescents.

On the systems to be put in place to ensure adolescents receive information about reproductive services, the results suggested several interventions. The results showed that participants have varying concerns, thoughts, and preferences about how health care services can be improved to meet the needs of adolescents. Asking adolescent directly is important to understand their recommendations about what should be implemented to



improve services in their own words. This can help providers and adolescent clients have positive relationships that can continue beyond the adolescent stage of development. The results indicated a need to train health providers, involve parents in the care, provide comprehensive sex education in schools, make information available, and provide adolescents their own medical insurance. These are discussed briefly below

### **Training of Health Providers**

Training of health providers who work with adolescent issues should be emphasized because studies have shown that most primary health physicians are not trained to work with adolescents and, most of the time, they do not provide confidential health services to adolescents (Ford et al., 2004). Studies have found that lack of training of health providers in matters dealing with adolescent sexual health can be a barrier to providing care. In the present study, the results were not consistent with the findings of the studies done in the past, but one participant mentioned that she had an encounter with a provider who seemed not to know what he was doing. This led the participant to seek care from a different health provider. This is not surprising because studies have found that some providers lack confidence and skill when dealing with adolescent concerns. Training of providers can lead to provision of confidential care. The techniques they learn can help health providers develop a trusting relationship with adolescents. Confidentiality is a foundation of having a good relationship between health providers and adolescents because it encourages trust in their relationship. The participants in this study stressed the importance of confidentiality and good attitudes of health providers. This is congruent with studies done in the past (Alli et al., 2013; Wadman et al., 2014), which found that

confidentiality and attitudes of health providers are the two main factors which determine whether adolescents will access services or not. Adolescents need environments where they can feel free to discuss sensitive issues with the assurance that the information they provide will be kept confidential. When providers make the environment conducive for adolescents, trust develops, and trust translates to returning for services in the future.

Health providers need to understand that adolescents have different perceptions and moral values regarding reproductive services. Adolescents judge their interactions with health care providers to determine whether the quality of services is good or bad. Health care providers' personal beliefs and opinions can affect the service they provide (Warenius et al., 2006). Training of health care providers on value clarification can help reduce negative attitudes. The training can help them reflect on their thoughts and feelings about adolescent reproductive health and encourage nonjudgmental attitudes regarding provision of the service. Such an approach can help health care providers treat adolescents with respect and dignity irrespective of the health providers' beliefs.

### **Involvement of Parents and Peers in Adolescent Care**

Adolescents preferred to talk to their friends and partners as sources of help when they had sexual issues. This shows the importance of social support in the adolescent stage. This is not surprising because as adolescents get older they turn to their friends for support instead of parents. The results are consistent with the previous study by Marcell and Halpern-Felsher (2007), which showed that adolescents prefer their friends and partners as sources of help when they have sexual issues. Opinions of their friends matter

more than those of parents. They do this because they trust their friends to keep their secrets.

On the other hand, seeking help from peers can result in adolescents getting incomplete or incorrect information. This can be detrimental to the life of adolescents. The results also indicated the need to involve parents. Family plays a big role in how children form views about help-seeking. Research shows that adolescent friends and family are the first source of help if they believe they have a problem. Looking at the number of participants who indicated they tell parents before seeking care, this study may imply that parents have positive views of sexual health. This is a positive development because past studies have shown that parents were uncomfortable openly communicating about sexuality issues with their adolescent children. The study revealed that participants indicated that mothers are their first source of information before seeking health care. This is supported by Ackard and Neumark-Sztainer (2001), who found that adolescents ask their mothers first followed by friends on issues related to health care. Even though it is challenging, open communication between parents and adolescents about sexuality issues should always be emphasized.

Being comfortable telling their parents about sexuality issues illustrates the closeness that parents have with their children. That parents are now educated and talking to their children is of enormous importance. According to Hidalgo de Almeida and de Lourdes Centa (2008), research on parental experiences with the sexual education of their children, parents believe that it is beneficial to have open communication with adolescents; it brings them closer, thereby giving parents the opportunity to discuss

sexuality issues with their children. These adolescents benefit from these discussions of health topics with their parents and it may encourage improvement in how adolescents utilize of health services. Most adolescents do not seek health care for fear that parents would find out; therefore open communication between parents and adolescents may lessen anxiety concerning confidentiality when seeking care. The parents should understand that the responsibility to teach adolescents about sexuality issues should come from the family. Studies show that when parents had better communication with adolescents and supported them regarding sexual and reproductive health, their children tended to view the services positively. The attitudes that the family has can impact adolescent reproductive health.

Communication about sexual issues is a way of passing sexual values, beliefs and expectations to adolescents. The findings of this study on communication between mothers and daughters about sexual issues is consistent with past studies which showed that mothers generally communicate more about sexual issues than fathers, who mostly provide more general information. This may explain why only 1 participant reported that she tells her father before seeking health care. Therefore, measures need to be put in place to promote father-adolescent sexual communication. Some parents may have difficulty or feel uncomfortable talking openly about sexuality with their children; they should always encourage their children and give all the support they can. According to Hidalgo de Almeida and de Lourdes Centa (2008), the way parents were educated by their families influence how they educate their children. Parents who grew up in family environments where sexual issues were not discussed because it was deemed

inappropriate do not feel comfortable talking to their children. Some parents believe that talking to their children about sex encourages them to be sexually active (Tesso, Fantahun, & Enquselassie, 2012). This prevents open communication between parents and adolescents.

Parents should be equipped with tools to initiate conversations with their adolescent children. This is important because not all parents are comfortable talking to their children about sexual matters and some may not have enough information to pass on to the adolescents. Adolescents trust sex information provided by parents because they see parents as reliable sources of sex information. Communication quality and how the communication is done regarding sexuality is related to adolescents' positive perceptions of parents as sex educators (Klein et al., 2005). Strategies that can increase parents comfort need to be put in place. Studies showed that parents are the best sources of information regarding sex. Having a healthy parent-adolescent relationship can reduce some risky behaviors. According to Hutchinson (2002), parents' sex communication with adolescents can result in delaying when sexual activity begins and increasing the likelihood of safe sexual practices.

Strategies to make adolescents understand the value of communicating with parents can be put in place and health providers should facilitate adolescent-parent communication (Ford et al., 2004). Health providers can work closely with parents and encourage them to continue discussions of health issues with their adolescent children. In the long run, this may have a positive impact on adolescents' use of health services. According to Lehrer et al., (2007), improving adolescent-parent communication

regarding sexual and reproductive health can encourage the use of health care and lessen adolescent concerns about confidentiality. This can also empower parents to recognize adolescents' needs of health care and therefore facilitate access to services. Previous studies showed that most females utilize health care for sexual and reproductive services as compared to their male counterparts. This may explain why there are only 3 male participants in the study. Male adolescents are not comfortable discussing sexual reproductive issues (Garcia et al., 2014). Females have more sources of support before seeking care; among other benefits, this may help them identify the most appropriate health care facility. This implies that more education is needed to bring male adolescents on board in matters of sexual and reproductive health.

### **Comprehensive Sex Education in Schools**

Results showed that comprehensive sex education is needed in schools to equip adolescents with knowledge. Studies have shown that sex education programs in schools increase adolescent knowledge on sexual issues. This can be a positive approach because adolescents spend most of their time at school, and teachers are in a position to provide advice and to make a positive impact on adolescents' sexual and reproductive health decision making. Beginning sexual education early can enable youth to form appropriate sexual behaviors. The implementation of sex education should stipulate clearly the topics to be covered because mostly school programs cover biological topics but do not address adolescent sexual issues fully. Consequently, schools can introduce sexual and reproductive courses to empower students with knowledge to inform and possibly change their attitudes towards reproductive health. Chen et al. (2008) similarly found that

students reported that they want comprehensive sexual education to meet their needs. This may indicate a gap that students identified in schools and need attention to meet their needs. Studies showed that providing adolescents with sex education before they start engaging in sexual activity may lead to delay in starting sex and whether they will use protection. Not providing adolescents with knowledge puts them at risk of STIs or unwanted pregnancies. This also calls for teachers to be trained to provide reproductive health education. Because studies have shown that adolescents seek information from their peers on sex, teachers can include peer educators in the sexual health education program.

Comprehensive sex education might be beneficial for students, but currently there is controversy regarding what parents want their children to be taught in regard to sex. According to Stanger-Hall and Hall (2011), currently there is a debate in the United States about the content of school-based sex education. Some believe that comprehensive sex education that covers contraceptives encourages students to engage in sexual activity. Another factor that determines what sex information can be taught is the issue of funding. Individual states decide the type of sex education to be offered in their states (Stanger-Hall & Hall, 2011). The challenge for health providers is how to present the issue of sex education to schools and families so that they can be comfortable with it being taught in schools.

### **Availability of Sexual and Reproductive Information**

Results revealed that lack of knowledge of where to access sexual services can have an effect on the life of adolescents. Therefore, there is a need to have clear

information about where to access services. Schools are also doing a good job educating children on sexuality issues. When adolescents do not get information, they may turn to their peers who may end up giving them wrong information, which can negatively affect their health. Participants also reported that some adolescents do not seek health care because they do not know about available resources. This suggests that adolescents may not be able to access the needed services. This is consistent with the study done by Bergvall and Himelein (2014), who found that lack of information is a barrier to receiving treatment. This calls for health providers to always provide information about services they provide where adolescents population are located. Students can be made aware of reproductive services available in the university during freshman orientation. This can benefit students who may need services but lack information about where to access them. The university can also put some posters at strategic locations such as dormitories, libraries, and cafeterias where many students congregate. The health center can send text messages to students to remind them of how to refrain from risky sexual behavior and where they can access services when needed (Bersamin et al., 2017). Reminding students regularly about reduction of sexual risks results in better reproductive health. According to Garcia et al. (2014), adolescents may not know where to access service because they have outgrown their pediatric physician and need to find a new health provider. An additional reason for not knowing where services are provided is moving to different places to attend colleges.



### **Being Medically Insured**

The results showed the need for adolescents to have medical insurance. Lack of medical insurance hinders adolescents from accessing care. Medical insurance enables one to have the best care possible. Being medically uninsured can negatively affect the health of adolescents because it limits access to care as compared to those with medical insurance, even though barriers remain for both insured and uninsured. Those without insurance might go without health care while those who have insurance do not fully enjoy confidential care. Much of the issue is centered on using parents' insurance, leading to parents finding out about the services accessed by the adolescents. This was one of the concerns raised by participants in this study. Insurance companies send explanation of benefits to parents who are usually the policyholders, listing the services provided. This is a challenge for health providers in their quest to deliver confidential services. Access can also be challenging even with health insurance because of high cost sharing. Some insurance policies have less comprehensive coverage such as for preventive services and sexual and reproductive health services; this is an additional challenge for adolescents desiring to access care.

Lack of health insurance can be detrimental to the lives of adolescents, particularly those who are not in an educational setting. According to NIHCM (2011) full-time adolescent students who are older are more likely to have insurance as compared to those who attend part-time or are not in school. This is because full-time students tend to benefit from insurance coverage provided through colleges or parents' employer coverage. Great strides have been made to make sure that adolescents are

insured. Sources of health insurance for adolescents includes Medicaid, State Children's Health Insurance Program (SCHIP) and private health insurance, but each has some shortcoming ranging from limiting the services provided, different eligibility for public coverage, or some states not covering certain services (NIHCM, 2011). Moreover, having insurance does not automatically translate to care because some health providers may be reluctant to offer services to clients with low cost sharing insurance coverage. This is particularly a worry with Medicaid because reimbursement by providers is very low and therefore physicians participate only in states with higher reimbursement rates. Private insurance mostly experiences high copays and deductibles, hence this prevent adolescents from seeking care, resulting in unmet needs (NIHCM, 2011). This implies that overcoming these insurance issues would require all stakeholders involved to devise different strategies so that adolescents can access confidential services. Policies should be enacted that stipulate how insurance companies can send the bills without revealing information about services provided.

### **Limitations of the Study**

The sample cannot be considered representative because of its narrow scope and limited diversity, hence cannot be generalized to other adolescent populations. The study sample was not selected randomly. The participants were predominately white privileged females; therefore, the extent to which similar results can be found in other ethnicities is unknown. The survey was given once; therefore, no follow up of participant responses was done for clarification. It may be possible that participants may have altered their responses or did not remember all the details of their last visits. The study also asked

sensitive questions, so the responses depended on participants' readiness to answer questions truthfully. Another limitation is that participants who declined participation in the study might have had different views and attitudes about doctors than those who took part in the study, therefore leading to the possibility of bias in selection.

## **Conclusion**

Even though this study has limitations, it elicited many concerns, thoughts and preferences of the adolescents concerning access to care. These preferences may enable future researchers to investigate them further. The study indicated the need to have health insurance and also highlighted that insurance was the main challenge to accessing sexual and reproductive services. Dealing with insurance issues concerning adolescents will take years and different strategies. People in authority need to explore ways to best address the issue such as making some provision in administrative procedures to allow adolescents to bypass their parents' health insurance to minimize barriers to confidential care. Even though the results cannot be generalized, the study highlighted the magnitude of how health insurance impacts adolescents access to confidential care.

Overall, the majority of adolescents received confidential quality services. Even though only 3 participants experienced some judgmental attitudes by health workers, this is a noteworthy obstacle that can impact on utilization of service by adolescents. Health providers need to provide services in a friendly way, because adolescents need trust to use the services. The study also highlighted the need for health providers to initiate conversations with adolescents about sensitive topics and do it in a way that relieves discomfort from their clients. The results indicated the importance of family especially

mothers in accessing services by adolescents. Therefore, health providers need to work closely with parents in addressing needs of adolescents. Maintaining confidentiality and communicating with adolescents using nonjudgmental attitudes can encourage disclosure of sensitive information and the uptake of care. Offering sex education to children while still young can equip them with knowledge to make informed decisions about issues of sex later in the course of their lives. The challenge lies with the stakeholders who decide what should be taught to students.

### **Implications for Health Care Professionals**

**Child life.** Child life professionals offer services to adolescents, and the results of this study offer some insights about preferences of adolescents and the impact of health providers' attitudes on the service provision. Child life professionals have been trained to deal with adolescent patients and how to advocate for them. Equipping themselves with knowledge, they are able to advocate for confidential services to adolescents for normalization of hospital experience. Sharing this information among different professionals will enhance understanding of adolescent issues and improve the quality of services provided to them. Child life professionals have the knowledge of their professional boundaries. Therefore, they are in a position to educate adolescent patients on confidentiality and its limits. Through shared confidentiality, child life professionals are aware of how to share information with other health professionals while at the same time respecting needs of the client. Studies show that families are the main source of support and are trusted by adolescents as sources of sex education. Child life professionals can use the approach of Patient and Family Centered Care, which

recognizes the role of family in care. The family is constant in the life of adolescents and it influences individual health (Bell, Johnson, Desai, & McLeod, 2009). Child life professionals can apply the results of the study to strengthen parent-adolescent sexual communication.

**Nursing.** The results of this study have implications for the nursing profession. Nurses are usually the first health care providers that adolescents come into contact with when they seek health care. Therefore, their first contact with adolescents would have a lasting effect in the life of the adolescents, either positively or negatively. Health care providers should strengthen adolescent-parent communication, because parents may facilitate utilization of health services. Nurses can work hand-in-hand with programs such as Parents as Primary Sexuality Educators (PAPSE) to facilitate communication between parents and adolescents. PAPSE increases parental skills to communicate with adolescents on sensitive issues. The program trains parents to be more comfortable talking to their children (Klein et al., 2005). Adolescents have the right to correct information on reproductive health. Even though PAPSE was used for high-risk adolescents, nurses can try it with other adolescent populations to determine the impact.

Health providers should make it a routine to discuss confidentiality with their adolescent clients to encourage open communication. Open discussion of sensitive issues can result in correct diagnosis of adolescents' problems and hence prompt treatment. Discussion can also be an opportunity to address topics which adolescents are mostly uncomfortable talking about. Information empowers adolescents with knowledge, which they can use to benefit themselves or their friends in the future. Upholding confidentiality

and privacy when working with adolescents is crucial as a way of encouraging adolescents to use sexual and reproductive services. This, in turn, may result in decreasing risky behaviors and the effects of these behaviors on their long-term psychosocial and physical health. Confidentiality discussions should include how confidentiality is practiced and under what circumstances it can be breached. Giving clear information to adolescents encourages trust. Nurses can also work hand-in-hand with guidance and counselling teachers to disseminate information about adolescent sexuality issues while they are still in high school. Targeting adolescent audiences in large numbers and even in their usual environments can benefit a lot because most of them fear or are uncomfortable visiting a health facility. By their college years, adolescents would have information about how to access and where to go for services.

**Other health providers.** The study also implies that training of health providers about how to deal with adolescents should be of utmost importance because it has been shown that providers lack skills or are not comfortable offering services to adolescents. Trained health professionals on matters to do with adolescent health can bring in different strategies to make adolescents as comfortable as possible when seeking sexual and reproductive care in a confidential manner. The study shows the importance of friends in health care decision making by adolescents; health providers can strengthen their relationship with the schools by using students to talk about sexual issues with their peers. Creating a conducive environment would provide adolescents opportunities to openly discuss sexual and reproductive issues with their peers. This can be done through workshops. The intervention should be structured in a way to increase adolescents'

confidence to ask any questions and get honest responses from peers. According to Chang (2014), the use of peers is advantageous because peers communicate in their acceptable norms thereby breach the societal taboos associated with talking about sex. Confidence to talk about sexual issues with friends leads to an open discussion with romantic partners. These can also be applied in communication with health providers.

**College health professionals.** This study can provide information to universities on best practices of disseminating sexual information. This can be done through information campaigns. University health centers need to be strengthened because studies have shown that they improve the use of contraceptives. The increase in the use of contraceptives can decrease pregnancies and STIs, which are common in adolescence stage because of risky sexual behavior. In their study Soleimanpour, Geierstanger, Kaller, McCarter, and Brindis (2010) found that a university health center can offer confidential services to adolescent college students. The services can also be strengthened by providing the information about how and where to access sexual and reproductive services. Studies in the past have found that adolescents can feel embarrassed when their friends or peers see them accessing sexual and reproductive services. This is because when friends see their peers accessing sexual and reproductive health they assume they have a STI. Therefore, university health centers can devise a way so students can check online whether there is a line before going to the health center. In this way, adolescents can get confidential care. The universities can also have flexible hours to increase students' opportunities to access services.

### **Implication for Research**

More research is needed to find ways of dealing with explanations of benefits. Investigators and people in authority may see the need to pass laws to amend medical insurance provisions. Most of the participants ( $n = 9$ ) in the study were aged 21 years; it might be the reason for their positive experiences in health care. College students are in an abstract thinking stage, leading to their understanding of perspectives of the outside world. These adolescents may be over the stage of thinking that everyone is judging them and understand why they need to share information or why certain questions were asked. Therefore, studies should be conducted with those aged 18 to find if results differ as age increases. Most adolescents reported that they tell parents before seeking reproductive care; more research is needed to establish if adolescents have been telling parents all along or started when in college or university. The survey did not ask adolescents who withheld information about sexual activity or STIs whether they were ever diagnosed as having STIs. Further research should examine the link between withholding of information with adolescents previously treated for STIs or those who have had multiple partners. Additionally, research should be conducted to find out where college adolescents access sexual and reproductive services. It might be possible that these adolescents reported quality services because they were using Planned Parenthood centers with trained professionals instead of college centers. Finally, the study did not gather socioeconomic status. Results may indicate quality of services because of higher socioeconomic status. Income and insurance play a major role in accessing services;



therefore, future research should examine the relationship of socioeconomic status to satisfaction with healthcare services.

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## Appendix A: Recruitment Tools

### *Flyers*

#### Participants needed for thesis

Are you 18-24 years of age?

Do you understand English?

Have you ever been to a health center to seek and/or discuss sexual health issues?

**Topic:** College Students Confidentiality Regarding Sexual and Reproductive Health Services

Study includes: **online survey**

If you are interested in sharing your health care experiences, please contact Tapedza Tshireletso at tt346214@ohio.edu or 740-590-6387.

### *Classroom announcement*

Hello, my name is Tapedza Tshireletso and I am a graduate student in Child life and Family Studies. I am working on a thesis in order to fulfil the requirement of my degree. I am looking for participants for my thesis. My research is on college students' experiences in regards to their confidentiality in seeking health care services. The purpose of the study is to find out the experiences young people have when seeking sexual and reproductive health care services. Participants must be 18-24 years of age and understand English. If you agree to participate you will be required to complete an online survey.

If you are interested to participate please contact the principal researcher Tapedza Tshireletso at tt346214@ohio.edu or 7405906387.

Thank you

The hard copy of the flyer will be passed out in classes.

### *Social media*

The electronic version of the flyer will be posted in Facebook.

## Appendix B: Questionnaire

1. When you have a sexual health concern who do you tell before going to seek health care?
2. Do you tell your parent/guardian when you go to seek sexual and reproductive services?
3. Which topics related to sexual activity and/or your sexual and reproductive health that you feel *comfortable* talking about with your health care provider?
4. Which topics related to sexual activity and/or your sexual and reproductive health that you feel *uncomfortable* talking about with your health care providers?
5. How did the health care workers treat you when you seek sexual and reproductive health needs?
6. What kind of information have you ever withheld from the health care worker concerning your sexual and reproductive health needs?
7. What are the positive experiences you had when getting reproductive health services?
8. What are the negative experiences you had when getting reproductive health services?
9. What makes it easier for you to get reproductive health care services?
10. What makes it harder for young people to get reproductive health care?
11. What can be done to make it safer for adolescents to share sensitive information with health workers?
12. What is your age? (check box)

( ) 18

☐ 19

☐ 20

☐ 21

☐ 22

☐ 23

☐ 24

9. How do you identify yourself? Check box

☐ Female

☐ Male

☐ Other

10. What race/ethnicity do you classify yourself as?

Asian \_\_\_\_\_ Bi-Racial \_\_\_\_\_ Black/African American \_\_\_\_\_

Hispanic \_\_\_\_\_ White/Caucasian \_\_\_\_\_ Other \_\_\_\_\_

11. Marital status (check box)

☐ Single

☐ Married

☐ Other

### **Appendix C: Consent Form**

Informed consent

Title: College Students Confidentiality Among 18-24 years old: Exploring strategies for  
Optimal Health Care Service Delivery

Principal Investigator: Tapedza Tshireletso

Department: Public and Social Health

Program: Child life and family studies

Telephone number: 7405906387

You are requested to take part in a research study exploring ways of serving the adolescents better in health care concerning their sexual and reproductive health. If you volunteer, you will be asked to fill out a questionnaire via qualtrics online survey asking about your experiences in accessing health care. If you agree to participate, you should know that you can withdraw from the study at any time without any repercussions. The information you provide will be used to improve services offered to the adolescents.

There is no risk anticipated in this study except that the questions may remind you of bad experience you had when accessing health care. The study questionnaire will take approximately 10 minutes to fill out and the information you provide will not be shared with anyone not involved in the study. If you have any questions concerning this study, please contact my advisor Jenny Chabot by email at [chabotj@ohio.edu](mailto:chabotj@ohio.edu) or contact Tapedza Tshireletso at 7405906387, email [tt346214@ohio.edu](mailto:tt346214@ohio.edu)

I have read and understood about the study and I agree to participate



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