

Researchers: Sexually active teens need confidential health care

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After reviewing existing research regarding the common practices of health care providers who see adolescent patients across the country, Rebecca Allen, MD, MPH, a clinician and researcher at Women & Infants Hospital of Rhode Island, and her colleague, Michelle Forcier, MD, MPH, an adolescent medicine specialist at Hasbro Children's Hospital, asserted that the nation needs to offer more confidential care for teenagers who are sexually active.

This includes access to effective contraception, noted the doctors in the paper "Adolescent Sexuality and the Use of Contraception," which was published in a recent issue of the professional journal *SRM: Sexuality, Reproduction and Menopause*.

"With almost half of teens in high school being sexually active, effective contraception screening and counseling is a critical component of adolescent health visits," explained Dr. Allen, who is affiliated with Women & Infants' Contraceptive Consult Clinic and is an assistant professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University.

"Given the high rate of unintended adolescent pregnancies in the United States, effective adolescent contraception continues to be an elusive goal."

Forty-six percent of American teens aged 15 to 19 have had sex at least once, and 20% have had sex by the age of 15. Although 83% of females

and 91% of males report using contraception, approximately 750,000 teens aged 15 to 19 become pregnant each year. This rate is 2 to 4 times higher than the birth rates among [adolescents](#) in such developed countries as Great Britain, Sweden and France where more adolescents use contraception.

"Counseling adolescents about using contraception and ensuring access to contraception to prevent pregnancy and sexually transmitted diseases is critical," Dr. Allen said.

The article includes tips for promoting contraceptive success in adolescents, including the use of the "Quick Start" method, which allows females to start hormonal contraceptives the same day as the doctor's visit regardless of the day of their menstrual cycle. Dr. Allen also stated that because adolescents might have more difficulty taking daily pills consistently, providers should discuss weekly or monthly methods, IUDs and implants.

Going forward, Dr. Forcier, who is part of the Hasbro Children's Hospital Adolescent Health Center and is an assistant professor of adolescent medicine at The Warren Alpert Medical School of Brown University, asserted that American medical practices should understand that working with adolescent females is specialized and tailor services accordingly.

"Medical practices that do not differentiate between the needs of adolescents versus children or adults may miss opportunities to provide developmentally appropriate care," Dr. Forcier said, adding that the major task of adolescent development is for the individual to progress anatomically, physiologically, psychologically, sociologically and interpersonally. "Associated behaviors that arise during adolescence often continue into later years, impacting morbidity, mortality and quality of life."

Health care practitioners should honor adolescents' desire for confidentiality and see them one on one, Dr. Forcier continued. Most adolescents, she said, have the psycho-emotional capacity to give informed consent, and it is legally allowable in most states. Title X Family Planning programs and Medicaid, for example, are designed to promote adolescent access to confidential services, including sexual health care.

However, research indicates that only 40% of adolescents ages 12 to 17 reported time alone with their pediatrician, and many fear that confidential health services undermine the relationship between parents and teenagers. That percentage needs to change, the doctors said, because other studies indicate that teenagers will simply stop seeking health care, testing for sexually transmitted diseases and prenatal care if parental consent is required for services.

"The desired standard of care is for teenagers to have private and confidential discussions so that clinicians can elicit accurate sexual histories, ascertain risks, and provide appropriate counseling and recommendations," Dr. Allen said.

Provided by Women & Infants Hospital

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