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ADOLESCENT HEALTH BRIEF

Received Social Support for Sexually Transmitted Disease–Related Care–Seeking Among Adolescents

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Objective: **To describe the types and sources of social support received by adolescents obtaining care at a large urban sexually transmitted diseases (STD) clinic.**

Method: **A total of 140 females and 82 males (ages 13–20 mean, 17.6 years) indicated whether they had received any of 11 types of social support, and, if so, from whom. Types of support included: companionship to clinic, advice on symptom interpretation, advice to seek clinical care, advice on potential sources of care, help making appointments, prior provision of medications, supportive talking, help talking to sex partner, provision of money, provision of transportation, and help getting STD protection.**

Results: **Eighty percent received at least one type of social support of whom 77% of subjects reported at least two types of support. The most frequently received support was information about symptom interpretation and appropriate clinic use (47% for each); 41% were accompanied to their clinic visit, and 37% received emotional support. A total of 15% of men but only 4% of women ($p < .05$ by Chi-square) received medication (usually antibiotics) but women were more likely to receive financial help (5% vs. 0% for women and men, respectively; $p < .05$). Although women obtained support earlier in the care-seeking process than men, there were no other significant gender differences in types of received support. Friends and sex partners were the most frequently cited sources of companionship and transportation, but parents provided transportation, information, medicine, and money for 15–20% of subjects receiving these types of support.**

Conclusion: **Most adolescents receive a social support as part of seeking care for STD-related problems.** © *Society for Adolescent Medicine, 1999*

KEY WORDS:
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Social support
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The process of obtaining clinical care is a complex combination of social, cultural, and individual factors. For adolescents with sexually transmitted diseases (STDs), the care-seeking process is especially complicated by the stigma associated with STDs and by social proscriptions against adolescent sexual activity. Thus, the resources often tapped by adolescents who are coping with other illness, [e.g., friends, significant adults and family (1,2)] may be less available for STD-related problems.

"Social support" is a widely used, but often poorly defined, term. In general, it refers to an interpersonal exchange process. The basic components of social support include its structure (referring to connections within a social network) and function (referring to types of resources provided) (3,4). Adolescents with fewer social network connections (with community, family, or peers) demonstrate poorer general health status (5). The functional aspects of social support (e.g., tangible or material assistance, information, social companionship, or emotional support) have been shown to moderate relationships between stress and potentially adverse outcomes such as substance use (6). The importance of social support

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for other health problems suggests a potential role in STD-related care-seeking.

Some research addresses issues of social support for contraceptive care-seeking, but few studies explore the process of care-seeking for adolescents with genitourinary symptoms (7,8). Rosenthal et al. reported that many adolescent girls would tell their parents about an STD and would expect parents to be helpful (9). In a previously published analysis of data from the current study, general family support was related to a shorter interval between recognition of an STD-related symptom and the decision to seek care (10). Peer support was unrelated to care-seeking.

The purpose of this article was to extend earlier observations by describing the types and source of received social support reported by adolescents obtaining care at a large urban STD clinic. Its focus, that of received social support, is based on specific experiences reported by each person rather than on cognitive assessments of support or on the construction of social support networks (4). In addition, the research links an important health-related outcome, i.e., care-seeking, to specific supportive experiences received from the adolescents' social environment.

Methods

As previously described (10), subjects were age <21 years and attending a publicly funded STD clinic either for genitourinary symptoms or because of notification of being a sexual contact of an infected partner. Patients with genital warts or ulcers and those reporting symptom duration of more than 35 days were ineligible, in order to focus on care-seeking for recent STD-related problems.

Eligible patients included 129 men and 194 women. Among those eligible, 79 of 129 men (61%) and 129 of 194 women (67%) participated. Nonparticipants did not differ from participants in terms of presenting complaints, but other data on nonparticipants were not obtained. This study was approved by the Institutional Review Committees of Indiana University/Purdue University at Indianapolis and the Chicago Board of Health.

More than 90% of subjects identified themselves as African-American. The average age of men was 18.0 years (range 14–20 years) and that of women was 17.5 years (range 13–20 years).

Eleven descriptors of received social support were developed to represent issues relevant to STD-related care-seeking. These descriptors addressed four categories of received support suggested by other research: tangible or material support, informational support, social companionship and emotional support (11). The descriptors of received social support were: companionship to clinic, advice on symptom interpretation, advice to seek clinical care, advice on potential sources of care, help making appointments, prior provision of medications, supportive talking, help talking to sex partner, provision of money, provision of transportation, and help getting STD protection. Subjects were asked to indicate receipt of social support specified by the descriptor by writing the source of the support in a blank space provided on the form. The written responses were coded to represent parents (mother, father, stepmother), other family (grandparents, siblings, cousins, aunts), friends, sex partner (partner or boyfriend/girlfriend), and other (health personnel, teacher, coach, etc.) A few subjects identified two or more sources for some types of support. In these cases, only the first source was coded because of the small number of subjects identifying multiple sources of support, and because the same code identified to multiple sources of support (for example, "other family" identified both sister and cousin as a source of support.)

Results

Of 208 subjects, 166 (80%) reported at least one type of social support; of these subjects reporting any support, 77% (128 of 166) indicated two or more types of support. Subjects receiving any support were slightly younger than those who did not (17.6 years vs. 18.1 years for those receiving and not receiving support, respectively; $p > .05$ by Student's *t*-test). There were no gender differences among those receiving and not receiving support.

The type of received social support is summarized in Table 1. The most frequently received type of support was advice that the symptoms required clinical care and information about appropriate source of clinical care (45% for each); 41% were accompanied to their clinic visit, and 38% received emotional support in the form of talking. Medication was received by only 16 (8%) of the subjects; the majority of these (69%) were men. Family members were identified as the source in 69%. Most of the medications were antibiotics left from previous prescriptions. Relatively few subjects [7 of 208 (3%)] received financial help; all were women and most received money from a sex partner.

Friends, other family members, and sex partners

Table 1. Frequency of Received Social Support

Support	*n* (%) (*n* = 208)*
Companionship to clinic	85 (41)
Advice on symptom interpretation	68 (33)
Advice to seek clinical care	94 (45)
Advice on potential sources of care	94 (45)
Help making appointments	19 (9)
Provision of medications	16 (8)
Supportive talking	78 (38)
Help talking to sex partner	12 (6)
Provision of money	7 (3)
Provision of transportation	49 (24)
Help getting STD protection	31 (15)

* Percentages total more than 100% because subjects could identify more than one type of support.

were frequently cited sources of companionship and transportation, but parents provided transportation, information, medicine, and money for 10–25% of subjects receiving these types of support (Table 2). Men were more likely to receive emotional support from a family member, while women were more likely to receive emotional support from a sex partner. These results did not significantly change when symptomatic subjects were compared to asymptomatic subjects (data not shown).

Discussion

Most adolescents report at least some received social support in the process of seeking care for STD-related reasons. Informational support and companionship were the most common types of received support. Material support in terms of direct financial help was relatively infrequent. Support was provided by members of most elements of an adolescent's social network: parents, other family members, friends, and sex partners. However, relatively few adults such as teachers, coaches, or school nurses were identified as sources of support.

These data show that the process of STD-related care-seeking often involves members of an adolescent's social network. This social network provides a variety of coping resources that may make care-seeking easier. The stigma associated with STDs, while clearly a barrier to care-seeking (10), does not prevent adolescents from receiving social support. However, social support is not an unambiguous benefit from a clinical perspective. Even well-intentioned advice or assistance may lead to clinically undesirable results, as was seen in the case of subjects who took medications from family members before coming to the clinic. Counseling about adverse effects of such inappropriate medication use could be easily included in anticipatory guidance with parents.

Relatively few data address issues of received social support for STD-related care-seeking. One study from the mid-1970s reported that friends were important resources in the decision to seek care for 25% of males and 33% of females. Parents were cited by 13% of males and 10% of females (12). Findings from the current study are more consistent with those of Rosenthal et al., who found that a majority of adolescents would discuss an STD with their parents (9). Holmbeck et al. reported that teens with STDs were less likely to be accompanied to a clinic visit when compared to nonsexually active teens (13). Their data support the idea that the stigma and confidentiality issues surrounding sexuality and STD are important (14). However, our data suggest that parents and family may be a more important source of support for STD-related care-seeking than previously appreciated.

Several limitations of this research should be considered. First, these data were obtained from a homogeneous sample of adolescents seeking care at an STD clinic. Obviously, replication of these findings in more culturally diverse populations and in other clinical settings is important. Second, no attempt was made to identify the composition of the social network of each subject. Thus, our data provide no means to distinguish, for example, subjects who received no support from parents because of parental absence from those with parents whose support was not elicited. The data also do not address the quality of interpersonal relationships. Finally, the measures used in this study assess self-reported behaviors of others rather than perceived social support (which is usually assessed in social support research). Perceived support may be only weakly related to received support (15). In addition, recall of supportive behaviors is influenced by the subjects' affect as well as by their rating of the importance of support (16). Such potentially important variables were not included in our study.

Data from this study suggest that the seemingly straightforward process of obtaining health care for STD-related symptoms in fact reflects a complex set of social relationships. Although the stigma and social proscriptions related to adolescent sexual activity remain, adolescents appear to use social resources in a fashion similar to that associated with other conditions. Subsequent research may usefully focus on factors that influence teens' use of social

Table 2. Source of Received Social Support for STD-Related Care-Seeking, by Gender

	Parent [*n* (%)]	Other Family [*n* (%)]	Friend [*n* (%)]	Partner [*n* (%)]	Other [*n* (%)]	Total [*n* (%)]
Companionship to clinic	8 (9)	22 (26)	28 (33)	22 (26)	5 (6)	85 (100)*
Males	3 (10)	8 (28)	8 (28)	8 (28)	2 (7)	29 (34)
Females	5 (9)	14 (25)	20 (36)	14 (25)	3 (5)	56 (66)
Advice on symptom interpretation	10 (15)	18 (27)	15 (22)	17 (25)	8 (12)	68 (100)
Males	3 (11)	9 (33)	8 (30)	5 (19)	2 (7)	27 (40)
Females	7 (17)	9 (22)	7 (17)	12 (29)	6 (15)	41 (60)
Advice to seek clinical care†	19 (20)	16 (17)	17 (18)	37 (39)	5 (5)	94 (100)
Males	10 (32)	9 (29)	3 (10)	9 (29)	0 (0)	31 (33)
Females	9 (14)	7 (11)	14 (22)	28 (44)	5 (8)	63 (67)
Advice on potential sources of care†	17 (18)	20 (21)	26 (28)	17 (18)	14 (27)	94 (100)
Males	8 (22)	13 (35)	7 (19)	7 (19)	2 (5)	37 (39)
Females	9 (16)	7 (12)	19 (33)	10 (18)	12 (21)	57 (61)
Help making appointments	5 (26)	5 (26)	2 (11)	3 (16)	4 (2)	19 (100)
Males	1 (25)	2 (50)	0 (0)	1 (25)	0 (0)	4 (21)
Females	4 (27)	3 (20)	2 (13)	2 (13)	4 (27)	15 (79)
Provision of medications	5 (31)	6 (38)	4 (25)	0 (0)	1 (6)	16 (100)
Males	3 (27)	3 (27)	4 (36)	0 (0)	1 (9)	11 (69)
Females	2 (40)	3 (60)	0 (0)	0 (0)	0 (0)	5 (31)
Supportive talking†	22 (28)	15 (19)	13 (17)	26 (33)	2 (3)	78 (100)
Males	11 (42)	7 (27)	4 (15)	4 (15)	0 (0)	26 (33)
Females	11 (21)	8 (15)	9 (17)	22 (42)	2 (3)	52 (67)
Help talking to sex partner	1 (8)	2 (17)	2 (17)	5 (42)	2 (17)	12 (100)
Males	1 (25)	1 (25)	0 (0)	2 (50)	0 (0)	4 (33)
Females	0 (0)	1 (13)	2 (17)	3 (38)	2 (25)	8 (67)
Provision of money†	3 (43)	1 (14)	0 (0)	3 (43)	0 (0)	7 (100)
Males	0 (0)	0 (0)	0 (0)	0 (0)	0 (0	0 (0)
Females	3 (43)	1 (14)	0 (0)	3 (43)	0 (0)	7 (100)
Provision of transportation	12 (25)	12 (25)	13 (27)	10 (20)	2 (4)	49 (100)
Males	5 (28)	6 (33)	5 (28)	1 (6)	1 (6)	18 (37)
Females	7 (23)	6 (19)	8 (26)	9 (29)	1 (3)	31 (63)
Help getting STD protection†	14 (45)	4 (13)	3 (10)	8 (26)	2 (7)	31 (100)
Males	8 (50)	3 (19)	1 (6)	3 (19)	1 (6)	16 (20)
Females	6 (40)	1 (7)	2 (13)	5 (33)	1 (7)	15 (12)

* Total $n = 208$.
† $p < .05$ for gender difference by contingency table analysis.

support for STD-related care-seeking as well as how different types of support may reduce the medical or psychologic sequelae of sexually transmitted infections.

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