

Department of Child and Adolescent Health and Development

# Adolescents, social support and help-seeking behaviour

An international literature review and programme  
consultation with recommendations for action

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## Acronyms and abbreviations used in this report

AIDS	acquired immune deficiency syndrome
ASRH	adolescent sexual and reproductive health
BDHS	Bangladesh Demographic and Health Survey
BRAC	Bangladesh Rural Advancement Committee
CESAC	Centro de Salud y Acción Comunitaria
FHI	Family Health International
FLE	family life education
HIV	human immunodeficiency virus
IEC	information, education, communication
NEPO	Núcleo de Estudos da População
NESA	Núcleo de Estudos da Saúde do Adolescente
NESDP	National Economic and Social Development Plan
NGO	non-government organization
PAHO	Pan American Health Organization
PHC	primary health care
RTI	reproductive tract infection
SRH	sexual and reproductive health
STI	sexually transmitted infection
TARSHI	Talking About Reproductive and Sexual Health Issues
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
VCT	voluntary counselling and testing
WHO	World Health Organization



# A

## Justification and purpose of this document

Adolescence is widely defined as the time in life when the developing individual attains the skills and attributes necessary to become a productive and reproductive adult. Nearly all cultures recognise a phase in life when society acknowledges these emerging capacities of young people. What varies considerably by culture and context is whether the passage from childhood to adulthood is a direct and short passage, or whether there is a prolonged adolescence marked by a choice of identities and roles.

While most of the world's adolescents make it through the period with no major problems, even those adolescents who have no significant personal problems or acute health-care needs have normative stresses and needs for help, support and orientation associated with making the transition from childhood to adulthood. In some parts of the world, research suggests that the normative tasks of adolescence are becoming more difficult in light of reduced social control by families, more varied opportunities (leading to greater confusion), increased individualism and declining importance of traditional cultural norms (Frydenberg, 1997). Programmes in South-East Asia consulted for this document reported that changes in the social structure and the economy – including increases in educational attainment, increasing urbanization and increased modern-sector employment opportunities for young women – have led to a weakening of traditional familial support. These changes are often cited as the causes of increasing rates of psychological problems such as family crises, emotional/identity crises and substance use. In addition, some adolescent health staff consulted for this document argue that increasing job insecurity in a globalizing economy means that adolescents have expanding normative needs for assistance in continuing their education, newer and more diversified job training, and enhanced services related to sexuality and reproductive health – particularly given later ages at marriage and earlier sexual activity.

Numerous WHO consultations and studies have confirmed the importance of caring and meaningful relationships, as well as pro-social connections with individuals and social institutions, in reducing risks and promoting healthy and positive developmental outcomes.

Around the world, adolescence is a time of opportunities as well as vulnerabilities to risk-associated behaviours that can have lifelong consequences for health and well-being. Numerous World Health Organization (WHO) consultations and studies have confirmed the importance of caring and meaningful relationships, as well as pro-social connections with individuals and social institutions, reducing risks and promoting healthy and positive developmental outcomes. Many researchers, and various WHO documents, have also called for more attention to and more research on where, why and how adolescents seek help (i.e. their help-seeking behaviour) and the sources of and nature of help available to them in their specific contexts (i.e. social supports).

Before proceeding, it is important to define the terms that frame this document, particularly “help-seeking behaviour” and “social supports.” There are few specific, agreed upon definitions of “help-seeking behaviour” in the adolescent health and development literature. Furthermore, when referenced, help-seeking generally refers to the use of “formal” supports, which we define as health facilities, youth centres, formal social institutions or professional care providers, either in the public or private sector. In many cases, “help-seeking” is used interchangeably with “health-seeking,” which generally refers more narrowly to seeking services or remedies for a specific ailment or illness. In many of the documents cited in the bibliography, “help-seeking” refers to the use of health and other services in the case of severe or serious mental health issues, including substance use, depression and suicide. In only a few cases in the literature is the term “help-seeking” used in a more comprehensive way to refer to the use of both formal supports and informal supports, which we argue includes family, kinship networks, friends, traditional healers and/or religious leaders.

... the fact that adolescents generally have good health and that their overall use of clinic-based public health services is less than other segments of the population – adult women, younger children, the elderly, etc. – further underscores the need to pay attention to social supports outside of professional care-giving settings.

If we approach adolescent health and development as including a broad range of psychosocial, affective and health needs, which includes normative developmental needs as well as specific problem-oriented needs, then a broader definition of adolescent help-seeking behaviour is required. In addition, the fact that adolescents generally have good health and that their overall use of clinic-based public health services is less than other segments of the population – adult women, younger children, the elderly, etc. – further underscores the need to pay attention to social supports outside of professional care-giving settings.

Indeed, most adolescent health problems are related to behavioural and lifestyle issues, which the literature consistently confirms are more influenced by the social setting than by health providers or other professional service providers. Furthermore, research from around the world suggests that 80–90% of childhood disease is treated at home or outside the formal health care system, a pattern that likely continues into adolescence. This highlights even more the need to examine help-seeking more broadly than within the formal health care system.

Accordingly, we propose the following definition for adolescent help-seeking behaviour. This definition is based in part on the literature on adolescents and coping behaviour (Frydenberg, 1997) and to a limited extent on literature on health-seeking behaviour (Ward et al., 1997). For the purpose of this document, we propose defining help-seeking as:

Any action or activity carried out by an adolescent who perceives herself/himself as needing personal, psychological, affective assistance or health or social services, with the purpose of meeting this need in a positive way. This includes seeking help from formal services – for example, clinic services, counsellors, psychologists, medical staff, traditional healers, religious leaders or youth programmes – as well as informal sources, which includes peer groups and friends, family members or kinship groups and/or other adults in the community. The “help” provided might consist of a service (e.g. a medical consultation, clinical care, medical treatment or a counselling session), a referral for a service provided elsewhere or for follow-up care or talking to another person informally about the need in question. We emphasize addressing the need in a *positive* way to distinguish help-seeking behaviour from behaviours such as association with anti-social peers, or substance use in a group setting, which a young person might define as help-seeking or coping, but which would not be considered positive from a health and well-being perspective.

We propose three categories of adolescent help-seeking behaviour:

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