

How can adolescents' health needs and concerns best be met?

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SUMMARY

Background. A previous survey of letters to 'agony aunts' revealed that adolescents have many concerns about their health.

Aim. To discover the views of adolescents on a range of issues including the venues where they would like to be seen, the doctors they would like to consult, and the subjects they would like to discuss.

Method. A questionnaire was distributed to adolescents in a variety of school settings and distributed through a popular teenage magazine.

Results. A total of 525 replies were received. Most adolescents had visited their general practitioner (GP) in the previous year. Most would prefer to see a teenage health specialist at a venue other than their local surgery, and to have the option of a 'drop-in' service. Responders were worried about a wide range of health issues. They had strong opinions on the type of doctor they would like to consult and the style of surgery they would prefer. Concerns were expressed about confidentiality.

Conclusion. In the short term, surgeries could be made more 'user-friendly' for adolescents. In the longer term, the authors propose liaison between GPs and paediatricians with a special interest in teenage health to provide a confidential, combined youth service, with ideas on service development based on the expressed wishes of the adolescent population.

Keywords: adolescents; health service provision; questionnaires.

Introduction

ADOLESCENTS who write to 'agony aunts' are known to have many concerns about their health.¹ Teenage girls write with questions about menstruation, breast size, depression, sex and relationship problems, body image, and eating disorders, while boys and girls are both worried about HIV, acne, and sexual orientation. Meanwhile, their parents are worried about teenage drug use, depression, and the possibility of their daughters becoming pregnant. The government shares some of these concerns, and the *Health of the nation* report² contains several targets of particular relevance to adolescents, including a reduction

in teenage pregnancy, reduction in young male suicide, and the adoption of a healthy lifestyle (diet, no smoking, and exercise). If these targets are to be met, it is imperative that health education programmes are delivered in a user-friendly and accessible style, taking account of adolescents' own agendas.

School doctors, nurses, and advice columnists are often asked to speak to adolescents in school on health-related topics. We designed a questionnaire to allow us to identify key areas of anxiety and develop a teaching/health promotion package to suit our target population. We were also interested in what sort of clinical services adolescents would prefer. We included questions about the health needs of adolescents, the staff young people would like to see, and the settings in which they would like to be seen. The results of the questionnaire could have important implications for health care delivery to this age group.

Method

The questionnaire was designed in conjunction with school nurses and form tutors, and administered to 354 adolescents at four schools (an inner-city mixed comprehensive school, a co-educational sixth form of an independent school, a rural mixed comprehensive school, and a girl's convent school). The schools chosen were those in which the authors had been invited to contribute to tutorial sessions on adolescent health issues. The response rate in these groups was approximately 95%. The questionnaire was also published in a popular teenage magazine,³ and readers were encouraged to reply anonymously. Only 171 replies were received from the magazine readers, and all of these were from girls.

Previous collaborative work¹ had indicated the questions that frequently concern adolescents who write to advice columnists, and these were used in the development of the questionnaire. Some of the questions invited 'tick box' answers while others invited a free-text response. Responders were asked to tick all the suggestions they agreed with, so, in many cases, percentages add up to more than 100%. Questionnaires were completed between January and March 1996. Analysis was carried out using the Epi-Info system.

For the sake of clarity, specific points of discussion are included after the results to each question. General comments and further discussion follow.

Results

A total of 525 replies were received; 354 replies (67%) were received from schools and 171 (33%) from magazine readers. Not all the responders answered each question. The number of responders answering is indicated for each of the following sections.

Sex and age of responders

Five hundred and twenty replies were received (99% of responders); 431 (83%) from females and 89 (17%) from males. All the magazine readers who replied were female.

The age of responders varied from 11 years to 19 years and over (Table 1).

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Table 1. Age range of responders.

Age	Number of adolescents	Percentage at each age
11	3	0.6
12	7	1.3
13	144	27.4
14	100	19.0
15	134	25.5
16	73	13.9
17	31	5.9
18	17	3.2
19	5	1.0
>19	11	2.2

'Tick box' questions

Tables 2–8 cover the multiple choice parts of the questionnaire, in which responders were invited to tick or circle all the answers that applied to them.

Table 2. Adolescents' preferences regarding 'drop in' and special teenage clinics.

	No. of responders	(%)	Yes	(%)	No	(%)
Have you visited your GP in the last year?	522	99.4	435	83.3	87	17.7
Would you like a 'drop-in' health clinic facility?	514	98	445	86.6	69	13.4
Would you like a special teenage clinic?	517	98.5	468	90.5	49	9.5
Boys	86	97	61	71		
Girls	431	100	407	94		

There were no significant differences in the replies from younger compared with older pupils.

Table 3. Adolescents' preferred location for a special teenage clinic.

If you would like a special teenage clinic, where should it be held?	No. of responses	(%)
GP surgery*	175	37
School	101	21
Town	223	47
Other (e.g. youth centre, hospital)	27	6
Total number of replies	468	89

*Although most of the young people in our survey had consulted their GP in the last year, the majority (63%) did not want to be seen in their local surgery.

Table 4. Adolescents' preferred person to run clinic.

Who would you like to run this type of clinic?	No. of responses	(%)
Own GP	46	9.8
Other (unknown) GP	77	16.4
School nurse	21	4.5
School doctor	6	1.3
Specialist in teenage health*	406	86.7
Other (e.g. counsellor/youth worker)	14	3
Total number of replies	468	89

*Given a choice of professional whom they could consult in a health care setting, the majority of responders again wanted to see someone other than their own GP, with almost 87% choosing the option of a teenage health specialist. There were no discernible age/sex differences.

Table 5. Subjects adolescents would most like to discuss at the clinic. Responders were asked to circle any or all of the answers that applied to them. Because of space constraints, this question was included only in the questionnaires answered by the school pupils.

What sort of things would you like to talk about or find out about?	No. of responses	(%)
Sex	226	64
Stress	208	59
Relationships	208	59
Diet	208	59
General health	207	59
Depression	189	54
Body size/shape	189	54
Drugs	184	52
Pregnancy	176	50
Family	158	45
Contraception	157	45
Cancer	157	45
Alcohol	143	41
Periods	140	40
Smoking	131	37
Sexuality	65	18
Other topics (included AIDS, asthma, bullying, death)	24	7

There were 2770 answers from 352 (100%) questionnaires.

Table 6. Adolescents' preferences regarding who they like to visit the doctor with.

When you go to see a doctor, do you like to:	No. of responses (yes)	(%)
Go alone?	269	52
Go with parents?	140	27
Go with a friend?	203	39
Total ^a	612	
Total number of responders	520	99

*Some responders agreed with more than one choice.

Table 7. Adolescents' views regarding patient confidentiality.

Do you feel that everything you talk to a doctor or nurse about should remain confidential?	No. of responses	(%)
Yes	337	64
No	8	2
Total number of replies	345	66
GP should <i>never</i> share information, in any circumstances.	154	45 (of the above 337)

Table 8. Topics that adolescents felt the doctor could not keep confidential.

If there are some topics that you feel your doctor would have to 'tell' someone about, what are they? (This section asked for free text answers)	No. of responses	(%)
Severe depression	81	38
Abuse	29	14
Pregnancy	26	12
AIDS	28	13
Drugs	24	11
Eating disorders	13	6
Others	56	26
Total number of responses from 212 responders	257	40

What would you like to know about?

Responders were asked to list three questions they would like to ask their doctor or other health professional. Below, in frequency order, are the 'top ten topics' and examples of the questions raised:

1. Contraception

How do I know what is best for me?

Where do I go?

At what age can I take the pill?

2. Period problems

Why are periods so painful?

Why aren't they regular?

What can I do about heavy bleeding?

3. Weight

How can I lose weight?

What is the ideal weight for my height?

4. Exercise/healthy eating

What is the best form of exercise?

How can I find out about a healthy diet?

5. Sex

Where can I go to get good information about sex?

Does sex at a young age increase the risk of disease?

Should we get pushed into having sex?

6. Confidentiality

Can I trust my doctor to keep what I tell him/her confidential?

Is there anything they will tell my mum about?

Do you discuss patients with your colleagues?

7. Sexually transmitted diseases

How can I protect myself from AIDS?

How can I tell if I have a STD?

Is my vaginal discharge normal?

8. Acne

Is there a cure for it?

Does eating chocolate cause spots?

Do any of the creams work?

9. Stress and depression

Why do I feel so stressed out?

Does anyone care about me?

Why does love hurt so much?

10. Cancer

How can I protect myself from cancer?

What are the early signs of cancer?

Can a doctor tell straight away if I've got cancer?

Adolescents in this survey would like information on and answers to a wide range of topics, not necessarily related to their current health problems.

What is your 'ideal' surgery like?

Comments were invited on 'decor, receptionists, waiting room etc.' A total of 420 adolescents (80% of responders) replied to this question, some giving more than one response. Eighty-eight (21%) stated that the surgery should be bright or colourful, while 59 (14%) mentioned the need for comfy chairs and a relaxing ambiance. Receptionists were mentioned by 84 (20%) of our sample — they should be 'nice, helpful and not nosy'. There were requests for 'up-to-date and appealing' teenage magazines from 80 responders (19%), with 34 (8%) suggesting background music, and 29 (7%) who would like to be able to watch TV. Fifty-four responders (14%) requested health information books, leaflets, or posters, and 55 (13%) stated that the surgery must be clean and not 'smelly'. A few responders commented that food and drink should be available, and that there should be no screaming babies.

What is your 'ideal' doctor like?

Comments were invited on the 'clothes, personality', of the doctors. Four hundred and fifty-one adolescents (86% of responders) replied to this question, giving 500 comments. Doctors' dress was commented on by 153 (34%) of the responders, with 81 (18%) favouring casual or 'normal' clothes, and 72 (16%) requesting that the doctor should be smart or well-dressed. Two hundred and seventy-one responders (almost 60%) mentioned personality, with 86 (19%) feeling that a doctor should be friendly or outgoing. Thirty-two responders (7%) said that they should be easy to talk to, and 27 (6%) felt that they should be understanding, sympathetic, and sensitive. Twenty-three (5%) felt that a sense of humour was important, and a further 23 (5%) said that a doctor should be relaxed and easy-going. Thirty-two (7%) of the adolescents who replied mentioned that their doctor should be competent and experienced, with 9 (2%) remarking that they should be trustworthy, and another 9 (2%) saying that they should not be dismissive or judgemental. Several adolescents remarked that doctors should be 'clean and not smelly'.

In summary, responders in this study had strong opinions about the style of the surgery and the type of doctor they wanted to see, with an emphasis on bright clean surroundings and friendly, smart, or casual doctors.

Discussion

Adolescents have questions and concerns about their health which this study has highlighted. How can we best address them? Teenagers say that their parents, particularly mothers, and their friends are their best sources of health information and

advice, while general practitioners, school doctors, and teachers rate poorly in comparison.^{4,5} Studies have shown that teenagers would like to discuss health issues with a professional more often than they do,^{6,7} but it has been suggested that they see the role of health professionals as curing disease rather than providing up-to-date information and advice. Almost 84% of adolescents who answered our questionnaire had visited their own GP in the previous year, which is consistent with national figures showing that the majority of the population visit their doctor at least once each year. A large majority of our responders would like a 'drop-in' clinic facility; again, this is something that would be welcomed also by the adult population.

Seeing a 'teenage health specialist' and having a special teenage clinic at a venue other than their local GP surgery were the preferred options of the vast majority of our responders. It is possible that issues such as confidentiality and worries such as being recognized by parents' friends might have influenced these choices.

Many adolescents in our survey expressed a wish to take a friend with them for support. It might be helpful if practice leaflets mentioned this possibility, and this topic might be discussed by GPs and their administration and reception staff. The confidentiality of consultations should also be stressed in practice leaflets, but because, in this survey, such a small number of our responders seemed to realize that an issue such as child abuse may have to be disclosed, the information would need to be presented in a detailed and unambiguous form.

Some of the topics that adolescents wanted to talk about or find out about were fairly predictable, such as worries about sex, contraception, and relationships. However, the high proportion of responders expressing concern or wanting information about depression, stress, and cancer is notable.

Teenage years are the healthiest in terms of low morbidity,⁸ but lifestyle patterns are developed during this period that can have a major impact on future health and well-being, for example smoking, alcohol and drug consumption, and early sexual activity. Authors such as Jacobson and Wilkinson have suggested that the inverse care law may apply to teenagers, in that those with low self-esteem and less hope for their own future are more likely to lead 'risky lifestyles' and are less likely to ask for advice about their health or lifestyle.⁹ They suggest that fostering the development of 'patient centredness' is essential in dealings with adolescent patients. Some school-based personal and social development programmes try to incorporate health promotion messages and information on local services, but adolescents themselves are not often consulted about their own health concerns. Work in Exeter¹⁰ has shown that using peer groups to offer health advice may also be more effective than paternalism.

Many in our survey would like the opportunity to consult a teenage health specialist. Most regions do not employ specific teenage health specialists, and this could have major resource implications. Cost-benefit analysis would be essential before such posts could be proposed or established. It may be that if all the other barriers to adolescents accessing the health service more readily were addressed, such posts would not be necessary. We propose that this is an area in which those with an interest in adolescence in the fields of primary and secondary care could work together to provide local solutions.

Flexibility in terms of surgery times and venues is another major area that could be addressed in the future. During periods of surgery development, GPs could consider adolescents' health needs. Work in Canada and Sweden suggests that open-access clinics and phone-line advice services improve accessibility for this age group. The development of an Internet website addressing the particular health concerns of adolescents would be an obvious future resource.

Limitations of this study

We realize that this study has several limitations. There was no randomization in the way schools were selected to take part. The study was used to help the authors to design local tutorials and presentations. It would be interesting to repeat the study using randomly selected groups. The self-selected magazine responders could have been biased towards those who are unhappy with current health service provision. The response rate from this group was very low, and this could have been because the responders had to pay postage to return the questionnaire. In contrast, the 95% response rate among the school group reflected the fact that the forms were administered by class tutors. It was obvious that one or two pupils had colluded in providing identical replies, but this affected only a tiny number of questionnaires.

The small numbers of young adolescents made it impossible to look in detail at differences in response to the questions at different ages. It would be interesting to repeat the survey using larger numbers and to study young male adolescents in greater depth.

Conclusion

The authors would like to see a service combining the best features of a number of current schemes, such as a drop-in, confidential youth service combining medical, contraceptive, counselling, and information services under one roof. Depending on local preferences, this could be organized by a group of well-motivated GPs or by paediatricians with a special interest in adolescent services. Meanwhile, existing surgeries could be made much more 'user-friendly' for adolescents. Displaying a notice to say that young people are entitled to confidentiality and may speak to a doctor on their own could help dispel some commonly held anxieties and beliefs.

Any work in surgeries, clinics, or schools must be carefully tailored to the age and sex of the target audience. Preconceived ideas about the needs of this age group should be discarded in favour of a less didactic approach, led by adolescents themselves rather than by teachers or health professionals.

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