

Adolescents' Views Towards Primary Care Doctors

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Objectives: To identify adolescents' view on primary care services and to find out the most common health problems they present within the primary care.

Design: Prospective questionnaire study.

Setting: Isa Town Health Center.

Method: The questionnaire was designed and piloted to a small group of adolescents, followed by a more widely distributed, amended questionnaire. The questionnaire survey was delivered to 444 adolescents between 11 and 19 years old attended Isa Town health center during the period of seven months from the first of August 2005 till the end of February 2006.

Result: Two hundred and eighty-nine (65.0%) of the adolescents think that the clinic in primary care is confidential. The majority of the adolescents 403 (90.7%) in both sexes agreed that the doctors respect them as patients. Three hundred and seventy-eight (85.1%) would like to be asked directly about their health problems. Boys and particularly older adolescents are more likely to prefer being alone without companion in the clinic. Two hundred and forty-nine (56.1%) of the adolescents prefer to be seen in general clinic instead of special clinic for adolescent; school commitments were the main obstacles hindering attendance to health center.

The most common cause of attendance in this study was upper respiratory tract infection 170(38.3%). Upper respiratory tract infection and skin problems are more common in females, while injuries and musculoskeletal problems are more in males.

Conclusion: Although this study shows that adolescents view primary care doctors as respectful and the clinics are confidential, they prefer to be asked directly about their health problem. Skills of communication with adolescents should be promoted among primary care doctors. This study gives indicators for the policy makers in the ministry of health for establishing evening clinic with all the privileges of morning clinic to avoid the obstacles of school commitments.

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Providing care to adolescents requires interest, time and experience from the practitioners. The most important issues in medical care of adolescents are the style and personality of the practitioner and his/her philosophy of the medical care. The practitioner should assure confidentiality for the adolescent while enhancing family communication.

It is well known that young people have particular difficulties with accessing healthcare. These include issues of confidentiality, of competence, and restrictions associated with school commitments¹.

The care of the adolescent is as specific as the care of children or the elderly; therefore, the adolescent patient requires special attention in family practice. Nearly two-thirds of all physician office visits made by adolescents. Thus, the family physician has an opportunity to intervene at an early age to correct any health behavior patterns².

Adolescent get a poor deal on consultation length, in one study a practice of 10 minutes appointment schedule showed a shortfall in adolescent consultation length to almost two minutes³. Some of the possible reasons for that is the nature of the adolescents' problems are such that consultation length may be short, or the doctors may feel that the consultation do not require longer time⁴.

During the adolescent years, adolescents and their families face a many issues and concerns. What seems important to the adolescent may not be of concern to his or her parents, and vice versa. Often issues that concern adolescents are self-resolving, helped by friends or family, which may not be brought to the physician's attention⁵. In primary care, adolescents present with a range of issues, particularly respiratory tract, dermatological and musculoskeletal problems⁶.

Despite being the main primary health care providers for adolescents, general practitioners internationally frequently express training needs in adolescent health⁷. The Guideline for Adolescent Preventive Services (GAPS) recommendation for physician is to establish office policies regarding confidential care for adolescents and the way parents will be involved in that care. These policies should be clear to adolescents and their parents⁸.

An examination of the views of teenagers regarding the primary care physicians and services may provide a baseline data to improve the quality of health care for adolescents in Bahrain.

The aim of this study is to identify adolescents' view on primary care services and to find out the most common health problems they present within the primary care.

METHOD

This study was performed over a period of 7 months from first of August 2005 till the end of February 2006 in Isa Town Health center. During weekends and official holidays it covers other areas like east Riffa, A'Ali area and Hammad Town. The doctors from Isa

Town and other primary health care centers are covering the weekend and official holidays.

The questionnaire was piloted to a small group of 16 adolescents of both sexes, and then followed by more widely distributed, amended questionnaire. To maintain the confidentiality the adolescents were asked to fill the questionnaire alone without the interruptions of the relatives.

For statistical purposes, and due to psychological changes that occur during adolescent year, the sample was stratified according to age, 11-14 (early adolescents), 15-17 (middle adolescents) and 18-19 years (late adolescents). Differences in response were analyzed comparing age group and sex. P value of < 0.05 was considered significant.

The data were entered and analysed using SPSS software version 11.5.

RESULT

Five hundred and eleven questionnaires were distributed. Four were excluded because their age are either below 11 or more than 19 years old and 63 questionnaires were excluded because they were not completed leaving a total number of 444. The number of those who came in the morning was 253 (57%) and 191 (43%) came in the evening.

Males were 235 (53%) and 209 (47%) were female. The number of early adolescents were 94 (21.2%), middle adolescents 187 (42.1%) and late adolescents were 163 (36.7%), the mean age was 16 and the mode was 19 years old. Only one adolescent had never gone to school. Those who were in the secondary level were 225 (51%), the intermediate level are 151 (34%) and 67 (15%) were in primary level.

The preference of attending alone appears to be increasing with ages while the preference to attend with parents is decreasing with age (Table 1a).

Table (1a): Preference of attendance in relation to age group.

Preference of attendance	11-14 n=94(%)	15-17 n=186(%)	18-19 n=163(%)	Total N=444(%)
alone	13(13.8)	65(34.7)	109(66.8)	187(42.1)
with parents	71(75.5)	92(49.2)	29(17.8)	192(43.2)
friends	5(5.3)	24(13.0)	22(13.5)	51(11.5)
with parents then alone	1(1.1)	2(1)	2(1.2)	5(1.1)
others	4(4.2)	4(2.1)	1(0.6)	9(2)

Males prefer to come alone more than females, while females prefer to attend the health center with their parents more than males (P=.001) see Table 1 b.

Table 1b: Preference of attendance in relation to the sex

Preference of attendance	Male n=235(%)	Female n=209(%)
alone	133(56.6)	57(27.3)
with parents	62(26.4)	125(59.8)
With friends	33(14.0)	20(9.6)
with parents then alone	2(0.9)	3(1.4)
others	5(2.1)	4(1.9)

Younger adolescents feel that the doctors treat them as children more than middle and late adolescents. Boys are less likely to have this feeling compared to girls (Table 2a and 2b).

Table 2a: Attitude of the doctor in relation to the age group.

Statements adolescents agreed.	11-14 years n =94(%)	15-17 years n= 187(%)	18-19 years n=163 (%)	Total n= 444(%)
The doctor treats you as a child.	50 (53.1)	58 (31)	26 (15.9)	134 (30.2)
Do you think that there is confidentiality in the clinic?	53 (56.4)	126(67.3)	110(67.5)	289 (65.0)
The doctor should direct his question to you?	72 (76.5)	158 (84.5)	148(90.8)	378 (85.1)
The doctor should ask your parent to leave the clinic?	29(30.8)	84 (44.9)	89(54.6)	202 (45.5)
The doctor respects you as a patient?	86 (91.5)	172 (91.9)	145(88.9)	403 (90.7)

Table 2b: Attitude of doctor in relation to sex.

Statements adolescents agreed	Male n=235 (%)	Female n= 209 (%)
The doctor treat you as a child	66(28)	77(36.8)
Do you think that there is confidentiality in the clinic?	155(65.9)	133(63.6)
The doctor should direct his question to you?	200(85.1)	178(85.1)
The doctor should ask your parent to leave the clinic?	117(49.7)	86(41.1)
The doctor respects you as a patient?	214(91.0)	187(89.4)

Two hundred and eighty-nine (65%) of the adolescents think that the clinic in primary care is confidential. There is no statistical difference between boys and girls in this issue.

The majority of adolescents, 378 (85.1%), had the desire to be asked directly about their health problems and not to direct the questions to their parents or relatives .This seems to be increasing with age; both sexes are equal.

Two hundred-two (45.5%) agreed with requesting the parents to leave the clinic during the consultation, increasing age also seems to be parallel with preference to be alone in the clinic. Boys are more likely to prefer being without companion than girls.

The majority of the adolescents 403 (90.7%) in both sexes agreed that the doctors respect them as patients.

The most common cause of attendance in this study was upper respiratory tract infection 170 (38.3%) and it seems to be decreasing as age is increasing. The second most common cause is injuries 49 (11%), it is increasing relatively with age .The third common cause is musculoskeletal problems 42(9.4%) (Table 3a).

The cause of attendance according to sex (table 3b); URTI and the skin problems were more common in female than male, while injuries and musculoskeletal problems are more in male than females.

Table (3a) the cause of attendance in relation to the age group.

Cause of attendance	11-14 years n=94 (%)	15-17 year n=187(%)	18-19 year n=163(%)	Total n= 444 (%)
URTI	44(47.8)	68(36.3)	57(34.9)	170(38.3)
GI	5(5.3)	7(3.7)	6(3.7)	18(4.0)
skin	8(8.5)	11(5.9)	20(12.2)	39(8.8)
injury	8(8.5)	20(10.7)	21(12.8)	49(11.0)
musculo skeletal	7(7.4)	19(10.1)	16(9.8)	42(9.4)
Psychiatry	0(0)	3(1.6)	2(1.2)	5(1.1)
dental	8(8.5)	12(6.4)	6(3.7)	26(5.8)
fitness	2(2.1)	5(2.7)	6(3.7)	13(2.9)
others	12(12.7)	42(22.4)	28(17.1)	82(18.5)

Table (3b) the cause of attendance in relation to the sex.

Cause of attendance	Male n=235 (%)	Female n=209(%)
URTI	73(31.1)	94(44.9)
GI	10(4.2)	9(4.3)
skin	15(6.4)	22(10.5)
injury	38(16.2)	11(5.3)
musculoskeletal	29(12.3)	13(6.2)
psychiatry	2(0.8)	3(1.4)
dental	12(5.1)	16(7.6)
fitness	9(3.8)	3(1.4)
others	49(19.5)	37(17.7)

Most of the adolescent had no problems or obstacles to attend the health center 262(59%); there are no statistical differences between the boys and girls in this issue.79 (17.8%) of the adolescents had difficulties in attending the health center due to school time. (Table 4)

Table 4: Difficulties in attending to health center in relation to age group.

Difficulties in attendance to health center	11-14 years n=94 (%)	15-17 years n=187(%)	18-19 years n=163(%)	Total n=444 (%)
Long distance between their houses and the center.	9(9.6)	28(14.9)	21(12.9)	58(13.0)
Parent disagreement	4(4.2)	7(3.7)	5(3.0)	16(3.6)
Absence of transport	3(3.2)	14(7.5)	2(1.2)	19(4.3)
School time	14(14.9)	34(18.5)	31(19.0)	79(17.8)
Other causes	1(1.1)	2(1.1)	5(3.1)	8(1.8)
No problems	63(67.0)	101(54.0)	98(60.1)	262(59.0)

Most of the adolescent in all age group prefer general clinic 249(56.1%). Only 89 (20%) prefer special clinic for them. There is no statistical difference between male and females.

DISCUSSION

This study shows that most of the adolescent are coming to health center accompanying their parents or relatives, especially those between 11-14 years old. Boys are more likely to come alone to health center compare to girls, cultural issues may play role in decrease tendency of girls to come alone.

Younger adolescents (between 11-14 years old) think that doctors treat them as children. This could be due to the way the doctor talking to this age group. Payne D et al in their review article about how to ask questions mentioned that talking to adolescents requires sensitivity and can be a slow process, especially with younger adolescents. Skill is required in knowing how to ask questions, taking into account the patient's developmental stage⁹.

Although the majority of adolescent think that the clinic in primary care is confidential and the doctor respect them, they prefer (especially the older group) to be asked about their health problems directly instead of asking their parents.

This study shows that only late adolescents between 18 and 19 years prefer the parents to leave the clinic, this is predictable at this age. Communicating with adolescents can be a challenge; their priorities are different to those of adults. The physicians can develop rapport by seeing adolescents alone for part of the consultation. This shows an interest in them and it increases the chance that they actually frankly talk to the doctor⁹.

It appears from this study that most of the adolescents have no problems in attending the health center. General clinic is more preferred by adolescent than special clinic. This may be useful for the policy makers in the ministry of health in the debate of establishing a special clinic for adolescent in primary care or not.

The new strategy of the ministry of health to have evening clinic with all facilities that is provided in the morning could solve problems of school time and commitments.

The most common reasons for teenager presenting to their family physician are respiratory tract infection, injuries, musculoskeletal and skin problems. These findings are similar to a

study done in United States¹⁰. Males, as expected, are more prone to injuries and musculoskeletal problems compared to female, mainly because they are more involved in sports and physical activities than girls.

CONCLUSION

This study shows that the majority of adolescents feels that the clinics in primary care are confidential, the doctors are respectful and they had no problems in attending the health center. General clinic is preferred than a special clinic.

Due to cultural and religion restriction, girls:

- 1- Prefer to come to health center accompanying their parents.**
- 2- Refuse asking the parents to leave the clinic.**

Because of psychological changes, older adolescents:

- Prefer to attend the health center alone.**
- To be asked about their health problems directly instead of their parents.**

Recommendation

It is important for family physician to understand and respect the special needs and problems of adolescent. This study shows some principles for family physician to follow:

- The doctor should direct his question to the adolescents irrespective of his age. Sometimes it might be beneficial to ask the parents to clarify some problems or inquire about past medical history.**
- The teenager should feel that the doctor is treating him or her as a person, not as a child or patient.**
- General clinic is the most appropriate place to treat the adolescent in primary care instead of a special clinic.**
- Teenagers, especially males, require more health education and promotion to decrease the morbidity of musculoskeletal problems and injuries.**
- Evening clinics with all the privileges of the morning clinic will be beneficial for the adolescents to avoid the conflicts of school commitments.**

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