Priorities in Adolescent Health Care: The Teenager's Viewpoint

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The purpose of this study was to determine what issues teenagers want discussed or covered when they visit primary care physicians and to assess to what extent such discussion takes place. A questionnaire was administered to 1,564 students aged between 13 and 18 years in six high schools. Mean participant age was 15.3 years; 801 were male and 763 were female. Questions were drawn from both physical and psychosocial aspects of teenage life. The teenagers answered as to whether they would like to discuss the suggested topics on visits to physicians, and whether in fact such a discussion had taken place. The three topics of most interest to teenagers were physical fitness, nutrition, and growth. Teenagers wanted to discuss these topics in over 80 percent of the visits, and they indicated that actual discussion took place in just under 50 percent of the visits. Discussion of sexually transmitted disease was desired by teenagers 70 percent of the time, with a discussion rate of only 18 percent; contraception at 66 percent with a physician discussion rate of only 22 percent. If physicians discuss exercise, nutrition, and growth with teenage patients, in over 80 percent of cases they will be providing the patient with valued information. This initial dialogue will establish a base of communication that may allow for the discussion of issues teenagers often find more difficult (such as contraception, sexually transmitted disease, depression, drugs, and drinking).

Basic problems in communication between teenagers and adults can undermine effective medical care for the teenage group. As a group, teenagers tend to avoid authorities and institutions, and physicians and hospitals are often seen by them from this perspective. In reviewing the literature on teenage health attitudes, the priorities of teenagers and health providers are often found to be at odds.[1–6] For example, in a study of 600 students in Houston in 1984, Levenson et al[2] reported that teenagers expressed more concern about health than their teachers, school nurses, and physicians anticipated.

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Previous studies have used questionnaire or interview methods to determine the major health concerns of teenagers.[1–9] In this study teenagers were also asked how often these concerns were addressed on visits to physicians. There are many reasons why these issues may fail to be addressed. Often the teenager is too shy to raise the issue and hopes that the physician will introduce it. The teenager may feel the physician is distant, aloof, or appears too rushed. The teenager may fear breach of confidence. To further better communication between family physicians and their teenage patients, it was felt that physicians would benefit from knowing what teenagers would like to discuss and how often such discussions take place.

METHODS

A self-administered confidential questionnaire was provided to 1,564 teenagers aged between 13 to 18 years. This sample size was chosen to obtain sufficient numbers of teenagers in three categories of adolescence: early (13 to 14 years); mid (15 to 16 years), and late (17 to 18

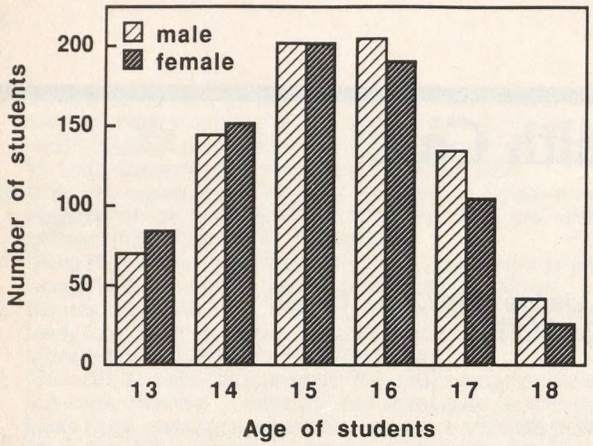

Figure 1. Age and sex of students responding to questionnaire

years). The subjects were surveyed in six high schools in Montreal chosen to provide a full socioeconomic spectrum. The schools ranged from high schools with 80 percent black students, the majority living at or below the poverty line, to private schools with 90 percent white students from wealthy families. Also represented was a suburban high school and a large school with a working-class and middle-class ethnic population. The questionnaire consisted of 33 items drawn from the following seven aspects of teenage life:

1. Changes the body goes through during teenage years
2. Family life
3. Relations with friends
4. School performance
5. Sexual issues
6. Lifestyle and habits
7. Psychological well-being

Each question consisted of two parts: (1) Would the student want to discuss a given topic with a physician on a visit to his or her office, and (2) was it actually discussed? At the end of each of the seven main question groupings, the students were provided free space for suggestions on related issues, eg, "Any other questions about lifestyle and habits?"

At the end of the questionnaire, comments were sought through the following statement:

> We are leaving a space below for you to add any other topics you would like to discuss when seeing a doctor that we haven't mentioned above. In fact, any thoughts you might have about teenagers seeing doctors would be interesting for us. It might, for example, be either about good or bad experiences you have had with doctors, or about how doctors have acted with you, or how you would like them to act.

TABLE 1. TOPICS TEENAGERS WANT TO DISCUSS WITH PHYSICIANS

Topics of Interest	Percent Yes	Percent Discussed
Over 80 percent interest		
Exercise—keeping in shape	86	42
Nutrition—healthful eating	83	51
Growth	80	47
60 to 80 percent interest		
Sexually transmitted diseases	70	18
Contraception	66	22
Acne	64	30
Fear of cancer	65	12
Too fat	60	31
50 to 60 percent interest		
Feelings of depression	59	16
Menses	55	49
How sex organs work	53	24
Drinking	52	23
Lack of confidence	52	11
Drugs	50	23
Secondary sexual characteristics	50	23
40 to 50 percent interest		
Illness in the family	49	19
Kissing, petting, intercourse	49	16
School performance	48	37
Smoking	47	30
Conflicts with parents	46	19
Too thin	46	22
25 to 40 percent interest		
Sexual abuse	36	6
Gynecomastia (boys)	37	10

The students answered the questionnaire anonymously in school, during time set aside in class. One of the authors of the study was always present to answer any questions. Age-appropriate classes were selected at random by the school officials. There were no refusals to participate in any of the classes. Students were told that the results of the study would be used in the preparation of an article designed to help physicians in their communication with teenage patients.

RESULTS

Participant mean age was 15.3 years; there were 801 male and 763 female students responding (Figure 1). Topics are grouped in Table 1 in terms of those items that interested over 80 percent of the teenagers, those that interested 60 to 80 percent, and so on, down to 25 percent. The topics of greatest interest were physical fitness, nutrition, and growth at expressed interest rates of 86, 83, and 80 percent, respectively. The physician discussion rate averaged just under 50 percent for each of these topics.

Sexually transmitted disease and contraception were high in student interest and low in rate of reported physician discussion. Seventy percent of teenagers wanted to discuss sexually transmitted disease with a physician, but

such discussion had occurred only for 18 percent of those who had visited physicians. Sixty-six percent wanted to discuss fear of cancer, with a discussion rate of 12 percent. Feelings of depression, conflicts with parents, and drinking and drugs were all in the 50 to 60 percent range of interest, with discussion rates all falling below 25 percent. Forty-seven percent of students wanted to discuss smoking. Discussion rate was 30 percent.

Fourteen percent of the students reported they had not seen a physician at all in their teenage years. Thirty percent of the time students failed to answer either yes or no for the question, "Was it discussed?" Thus, percentage expressed for discussed items in the tables is based only on the cases where subjects had been to physician and responded to the question, "Was it discussed?"

A breakdown by age and sex for interest in discussing sexually transmitted disease and contraception is displayed in Table 2. Thirteen- to fourteen-year-old male students show slightly more interest (64 percent vs 59 percent) than 13- to 14-year-old female students in discussing sexually transmitted disease, and 17- to 18-year-old female students have an interest of 80 percent vs 69 percent for male students.

More 13- to 14-year-old girls would like to discuss contraception with physicians than 13- to 14-year-old boys (61 percent vs 49 percent), 80 percent of girls aged 17 to 18 years want to discuss contraception, compared with 60 percent of 17- to 18-year-old boys.

TABLE 2. BREAKDOWN BY AGE AND SEX FOR DISCUSSION RATES AND INTEREST IN DISCUSSING SEXUALLY TRANSMITTED DISEASE AND CONTRACEPTION

	Sexually Transmitted Disease		Contraception	
	Percent		Percent	
Students	Yes	Discussed	Yes	Discussed
Male				
13 to 14 years	64	14	49	11
15 to 16 years	69	21	61	19
17 to 18 years	69	23	60	20
Female				
13 to 14 years	59	11	61	21
15 to 16 years	77	18	79	23
17 to 18 years	80	26	80	40

DISCUSSION

Four out of five teenagers would like to discuss physical fitness, nutrition, or growth with physicians. If a teenage patient is shown where he or she stands on a growth chart, and the physician is prepared to discuss physical fitness and nutrition in a knowledgeable manner, a high proportion of teenagers will be provided with information they consider of value. In turn, this approach could establish a basis for communication about critical health issues that are more psychologically loaded, such as contraception, sexually transmitted disease, depression, drugs, and drinking. In actuality the findings of this study suggest that only a small percentage of physicians took advantage of the high level of interest among students for exploring these critical issues.

More than one half of all the teenagers wanted to talk about depressive feelings. The opportunity to do so was provided by only a small fraction of physicians. Thirteen students (or more than 1 percent of the respondents) gave answers and comments that were overtly suicidal. It is notable that sexual abuse was a topic about which one third of all teenagers wanted to talk. Because of the serious consequences in sexual and psychological adjustment, the topic merits more than a 6 percent discussion rate. Over one third of the male students wanted to discuss gynecomastia, a subject that had been discussed with physicians in office visits 10 percent of the time. This condition can be so disconcerting and puzzling to an uninformed teenager that it is probably worth warning all pubertal boys that gynecomastia can occur.

The free-flowing comments section proved to be more difficult to analyze on a qualitative basis than the formal questions. Nevertheless, a fairly close approximation of the comments emerges as follows:

Approximately two thirds of the female students and over one half of the male students made additional comments. About 20 percent of these responders suggested that "the right age for sex" should have been on the list of topics under sexual issues. About one half of the girls and about one third of the boys suggested that the physician should be the one to bring up such topics as sexually transmitted disease and contraception rather than wait for the teenager to raise the issue, stating that the teenager often felt too shy to do so. Again, about one half of the girls expressed a preference for female physicians. Preference among teenagers for physicians of the same sex was found to be present in the study of Radius et al[9] in Michigan in 1983.

There were some comments from girls about not being given a gown when they were told to undress for physical examination, as well as some comments about what they perceived of as voyeurism. Two girls said that they had been raped by physicians, and eight stated that they felt they had been abused on physical examination by having to undergo prolonged and excessive breast or genital examination.

From the comments it is possible to construct a composite picture of the qualities teenagers would like in a physician. He or she should be friendly, not rushed, not pretentious, open, and nonjudgmental, and clearly trustworthy in respect to medical confidence. With some noteworthy exceptions, physicians are generally seen as tense adults working in a rushed manner and are viewed as being somewhat remote from their teenage patients. It is

interesting to note in this connection the view of adults that emerges in the review paper by Blum[4] when teenagers describe their parents:

> . . . One has the impression of parents as tense, overwrought people who drive themselves too hard . . . and probably don't know how to relax. . . . Most seem to regard this as the unenviable lot of adults in general, living tense and stultifying lives devoid of enjoyment, exuberance, and interest. . . .

From Table 2, which relates age and interest in discussing sexually transmitted disease and contraception, it is evident that 13 years is not too young an age to begin discussion of these issues with patients, and that by mid-adolescence (15 to 16 years) physicians can be confident that three quarters of patients have an interest in discussing these issues.

There is an alarming increase in teenage suicide. There is an increase in the incidence of sexually transmitted disease, teenage pregnancy, and alcohol and cocaine use. Smoking has diminished slightly in male teenagers, but increased in female teenagers. This study demonstrates that teenagers are interested in discussing all these topics. If physicians were aware of this interest, they could feel more confident in addressing these issues more frequently and more thoroughly. The impact such a preventive approach could have in helping teenagers deal with a difficult world is both medically and socially encouraging.

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