Adolescent patients in an Inner London general practice: their attitudes to illness and health care

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SUMMARY. A postal questionnaire was sent to 121 patients aged 16–20 years identified from the age–sex register of an Inner London practice; 87 replied. Information was sought about adolescents' perceptions and experience of illness and health care, and their attitudes to preventive medicine. Few of the girls reported that they were in good health; 59 per cent of girls and 23 per cent of boys had visited their general practitioner in the previous three months. Thirty per cent of girls and 15 per cent of boys felt that there was something wrong with their health and in particular that they were overweight. Smoking and drinking were common. Adequate contraception was being practised by most girls.

Detailed interviews with 18 of the respondents identified a number of family problems and difficult relations with staff in hospitals. Most of them considered that good health was not merely a matter of luck.

Adolescents are usually described as being a most healthy group, but this study of an inner city practice suggests that adolescents themselves do not share this view.

Introduction

THERE is little research available on morbidity of adolescents; this group is frequently described as one of the most healthy and seldom using the health services.[1,2] These assumptions may be misleading for several reasons. First there is the problem of definition and lack of statistical information. The adolescent is classified differently in different sets of routinely collected statistics:[3] for example, adolescents can be included in the 11–15 years age group at the lower end of the scale and also in the 16–24 years age group at the higher end. There is little detailed information available for those aged 16–20 years; this group is heterogenous and contains those adolescents who are still at school and others who are in full employment or unemployed; it is well recognized that individuals coming from different backgrounds vary in physique, development, experience and behaviour. Secondly, because of their mobility, it may be difficult to reach adolescents for interview. Consequently little is known of adolescents' use of general practitioner and other services, especially in the inner city environment.

A study was undertaken to determine the health needs of adolescents aged 16–20 years old, by finding out what they felt about their health and the appropriateness of the health services provided. The objectives were to identify some of the problems of adolescent morbidity and to study young people's attitudes and knowledge regarding their own health, what possible measures they had taken to prevent ill health, and their experience of health services.

Method

The population was selected in October 1980 from an Inner London general practice with a list of 3,000 patients. At the outset of the study all the available records for young people aged between 10 and 20 years were identified from the age–sex register for this practice. In this group, all the consultations with a general practitioner for one year from 1 January to 31 December 1979 were noted. Then in April 1981 a postal questionnaire was sent to all registered patients for both sexes between the ages of 16 and 20 years. This questionnaire sought information on recent morbidity, the patients' views on their health, and what, if anything, they felt was wrong with themselves. They were questioned about recent visits to general practitioners and other medical clinics, their recent illnesses, accidents, medical treatments and self-treatments. They were asked to specify what actions they took when they were last ill, who advised them and what they did to keep healthy. If they had an

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'active' sex life, they were asked about precautions against pregnancy and venereal disease. Smoking and drinking habits were systematically reviewed, as was current attendance at school or job. Finally, they were asked on the questionnaire whether they agreed with statements about health, designed to discover if they felt their health status was in any way under their own control or purely a matter of chance.

From the responding group, a sample of 18 case study interviews were carried out by one interviewer in September and October 1981; that is, all the available respondents were interviewed. They were asked detailed questions about their own health, family illness, their experience with the health services, their knowledge of illness and the strategies used to cope with and to prevent illness. They were also encouraged to talk in general about their lives and future plans.

Results

The consultation rates and morbidity patterns for the total group of 267 patients aged 10–20 years (138 boys and 129 girls) did not differ from those reported from national data. The response rate to the postal questionnaire sent to the 121 patients aged 16–20 years was 70 per cent (39 boys and 46 girls). The case notes of the 36 non-responders were then checked: of the 32 whose notes were available, five had not been seen again after registration; six were known to have moved away; three had severe mental handicap; three were known to have been in trouble with the law; and five were known to be hostel dwellers or of no fixed abode.

Questionnaire study

Fewer girls than boys reported that they were in 'good health' and more girls had visited their general practitioner in the previous three months — 59 per cent compared with 23 per cent of the boys. More boys reported that during the previous four weeks they had treated themselves (15 per cent boys, 9 per cent girls) for minor illnesses — these included headaches, influenza and skin conditions. More boys (62 per cent) reported that they usually consulted their mothers about their recent illness, and while 57 per cent of the girls consulted their mother 20 per cent talked first to friends. Young people in this age group seldom sought advice from fathers about health matters.

Perceived morbidity was assessed by asking the adolescent, if they thought there was 'something wrong' with themselves. Differences were apparent between the sexes, particularly in relation to concern about weight. Thirty per cent of the girls and 15 per cent of the boys thought they were overweight, while 9 per cent of the girls and 13 per cent of the boys thought they were underweight. Girls were more concerned about skin, bowel, muscle and joint problems.

In the group studied, over one-quarter (26 per cent) of the boys and over one-third (39 per cent) of the girls were unemployed, but there was no difference in perceived health between employed and unemployed.

Forty-six per cent of the boys and 44 per cent of the girls reported that they were sexually active. Most of the girls were using adequate contraceptive methods, but 21 per cent of the boys (nearly half of those who reported being sexually active) were not using any reliable method. More girls were smoking (52 per cent girls and 45 per cent boys), and three reported that they had started smoking before the age of 10 years (at six, seven and nine years respectively). Eighty-two per cent of the boys and 63 per cent of the girls took alcoholic drink; the boys were drinking beer and cider, while the girls drank spirits. More boys reported taking exercise and not smoking in order to keep healthy, while girls concentrated on a 'good diet', fresh air and going to the dentist.

Case studies

The interviewed group of 18 patients were representative of the practice but, as expected, tended to have had slightly more contact with the surgery than the non-responders. Nine of the 10 girls stated that they had seen a doctor during the previous three months (six at the general practitioner's surgery and three through the accident and emergency services). Although the sample of 18 adolescents was small, these interviews revealed that some of them had extensive family problems which might have contributed to their morbidity. For example:

> 'I used to drink too much and a friend told me. I had a bottle [of spirits] a day. I used to carry the bottle around with me. I think it was trouble in the family then — Mum and Dad were getting divorced' (18-year-old male).

> 'When I was pregnant, I felt guilty as the GP told me I should stay in bed. But the others in the house [mother-in-law, sisters-in-law] would not help me' (19-year-old female).

> 'I was angry and I took an overdose four months ago. It was all to do with my housing situation' (18-year-old female).

When asked whether they considered their health to be good, few girls answered that they were in 'excellent health', almost half stated that their health was only 'fair'. On further questioning, a quarter of the girls felt there was definitely something wrong with them, a weight disorder being an outstanding concern. When asked specifically about their health, many were surprisingly forthcoming.

> 'I'm a bit of a mess emotionally. My health has held me back in every way career-wise' (19-year-old female).

> 'The discharge worries me because I wonder if I have cancer and the doctors aren't telling me everything' (18-year-old female).

> 'I get these days when I feel really ill — and they say there's nothing wrong — but in my mind I know there is something wrong with me' (17-year-old female).

Attitudes to morbidity. When asked what they knew about the seriousness of commons signs and symptoms, the sexes differed little in their replies. Both groups said they would consult a doctor or other qualified person (such as an optician) about signs and symptoms they considered serious. All girls and half the boys thought that problems with eyesight were serious.

The boys were disarmingly realistic about likely signs of venereal disease and what to do about it:

> 'The sooner you get it fixed, the sooner you can have sex again' (17-year-old male).

The girls however, were upset by the question (in spite of the interviewer being a young woman):

> 'I'd *die*. If I had it I'd think about it 50 times over because I'd be so embarrassed. The doctor would think it was me — that I did it free and liked sleeping around' (19-year-old female).

Experience of health services. When asked about their experiences of the health services, a number of adolescents reported difficulties:

> 'They do what they like with you until you get to see a senior person. The nurses don't know what to do with you sometimes' (17-year-old female).

> '[After the operation] I went back and the doctor I saw was rude and rough with my knee. She said she hoped I wasn't wasting her time' (19-year-old male).

> 'Sometimes if you're young they treat you, well some of them do, as though you are dirt and you're too embarrassed to ask anything' (16-year-old female).

> 'When I had my miscarriage, I was crying and shaking . . . They put me in a sideroom and left me for about an hour. Then a nurse came in and asked lots of stupid questions. "Was I sure I was pregnant?" I had to wait for a doctor. I could hear the nurse joking outside. It was about two hours before I saw the doctor. By the time the doctor came I had had the miscarriage in a very humiliating way. I had to scream for a bedpan and I screamed as it came out. Then all the nurses came running in to me — they thought I was stupid up till then' (19-year-old female).

> 'I'm nervous going to the GP because you go in for the silly things everybody gets and I think I'm wasting his time' (18-year-old male).

> 'I feel I'm a pest because I worry too much. The doctors can't really put themselves in the same situation' (17-year-old female).

Behavioural problems such as excessive drinking or smoking, were investigated. On the matter of excessive drinking most of the girls would consider seeking help from an outside agency either from their own doctor or an appropriate self-help group such as Alcoholics Anonymous, but fewer boys would do this. Only one boy and one girl would seek outside help in order to stop smoking. All those interviewed said they would seek medical advice (from a general practitioner or clinic) if they thought they had contracted venereal disease. Both groups thought that lay help was more appropriate than medical help for the treatment of depression.

Social background. Additional information that emerged during the detailed interview highlighted some of the difficulties of growing up in the inner city. Bad housing, lack of educational and job opportunities were mentioned and 'getting away' was described as the best solution. Several young people reported family disharmony, with poor support or cultural clashes, and some disturbing life events. For example:

> '[My parents] are in the process of getting divorced. [Mother] left Dad suddenly and we didn't know where she'd gone until a letter arrived from Jamaica. I understand why she couldn't live with him. He's a compulsive gambler. We've had some hard times — there have been Christmases when we've just had eggs and bacon on Christmas Day for our main meal' (17-year-old female).

> 'My husband's ex-girlfriend is in the house all the time with his sisters. He, me and the baby share a small room. I stay in it all day. One day I was looking for the iron and I went into the sitting room and this girl was having sex with a man we'd never seen. The child was sitting in the room watching it . . . I'd like to take photos of the place we've been offered and send them to the newspaper' (18-year-old female).

> 'My Dad wants me to live in Kent and not in London when the bloke who raped me gets out' (17-year-old female).

> 'I know my mother [in Cyprus] is not well. I haven't seen her for seven years and I worry' (19-year-old female).

The cultural and ethnic background was reflected in some of the difficulties encountered. Two-thirds of those in the whole study were children of third-generation Londoners, joined by recently arrived Irish families. Of the remainder, the most recent immigrants were from West Africa, Bangladesh and Vietnam. Most of the immigration from the Caribbean and Mediterranean areas was during the time of previous generations, and thus parents with strong cultural ties with their country of origin were sometimes in conflict with teenage children brought up as Londoners. Preserving a 'dual nationality' by keeping to ethnic names, schooling, religion or holidays was both a help and hindrance:

> 'She talked about the Spanish upbringing and seemed to have trouble reconciling this with her husband's and friends' attitudes' (19-year-old female) (Observer's comments).

> 'It's like a cobweb. I don't understand it at all — my Dad when he visits talks about Nigeria and the places there as if he were there yesterday' (18-year-old male).

'I hate my work . . . I hardly go out. My sister and brother-in-law won't let me. I'm fed up with arguing and having to make such a fuss just to go out. I see my boyfriend after work. I have to be home at 8pm . . . My boyfriend is Greek so he understands' (17-year-old female, born in Cyprus).

There were no differences here in morbidity, behaviour or attitudes that could be easily detected in the postal survey or in the detailed interview.

Discussion

This study highlights some of the health and social problems faced by some young people living in an inner city area. A number of them did not see themselves as being particularly healthy, and some felt that poor health was adversely influencing their lives. When they felt ill, the boys consulted their mothers, but the girls sometimes consulted friends. This may reflect different types of morbidity (such as period pains) in girls, but it may also reflect poor relationships within some families. Self-medication was reported more by the boys.

Members of this group often felt ill enough to attend the primary health care services at the surgery or the hospital. Their realistic understanding of the value of medical help, and the well-reasoned answers that were given to some of the theoretical illness problems, suggested that these young people were knowledgeable about illnesses and were probably using the health services appropriately. Relationships with health services staff in hospital, particularly at the accident and emergency department, were a cause for concern. The difficulties seemed to occur between the adolescents and junior hospital staff.

Many of the young people were smoking, especially young women. Both groups were drinking, with the women drinking more spirits. The consequences of these behaviours may be serious. Some of the drinking patterns may explain a number of the problems encountered in accident and emergency departments. (Since completion of this study, two of the boys have been remanded in custody on separate homicide charges. Both had been drinking).

The adolescents as a group were aware of some of the risks that they were taking. They agreed that 'health is not a matter of luck', they were aware of social and emotional influences on health, but were not always prepared to put this knowledge into practice — for example, by not smoking. The girls had a responsible attitude to contraception, but other measures to promote health were poorly understood, especially immunization. Health education given at school may not be adequate, or may be forgotten and need to be reinforced. It would seem from our study that this group have few currently available sources of informed advice and help. Judging from the family disruption reported, many adolescents in inner cities are left with few of the normal resources of lay or family help. For the young single parent or unemployed school-leaver, surgery and clinic services are one of the more accessible resources for personal advice and education on health matters.

These findings have implications for prevention of illness and promotion of health. Schools' health education programmes should be adjusted to deal with local social issues as well as how to use health and welfare services more effectively. The majority of adolescents had left school and had contact with general practitioner services. It is suggested that, in view of the effectiveness of general practitioners in adult smoking prevention,[5] they and their staff might be more responsive to this age group. They could do more to promote healthy habits in young people, despite the well-recognized constraints on inner-city practice.

Perhaps the greatest challenge, however, lies in making health education relevant and useful to those growing up in an urban environment where hazards such as the long-term perils of smoking are obscure. The present threat of violence, the lack of jobs and of family support make a mockery of much traditional health education. If survival and escape are the necessary priorities, studies are urgently needed to determine how health strategies may be made more appropriate for the teenager in the inner city.

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