

# Adolescents' attitudes to general practice in

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## SUMMARY

A questionnaire-based survey, undertaken in North London state secondary schools, illustrated some stumbling blocks and a lack of knowledge that is likely to inhibit an effective use of general practice among 12–18 year olds. A review of the current arrangements and some adjustment of current services might increase the likelihood of achieving Health of the Nation targets for teenage pregnancies, and may also improve health care for this important and vulnerable section of the population.

**Keywords:** adolescents; questionnaire; patient attitude; pregnancy in adolescence.

## Introduction

Adolescents have been shown to have more serious and more diverse health concerns than was expected by health care providers.<sup>1</sup> When worried, adolescents like to discuss health issues with a concerned adult, for example their general practitioner (GP),<sup>2</sup> but adults usually underestimate adolescent concerns.<sup>3</sup> Consequently, the need for effective access to primary care services appears particularly important. The United Kingdom (UK) currently has the highest rate of teenage conceptions in western Europe—the government's target in *Health of the Nation* is to halve this by the year 2000.<sup>4</sup> This objective could be achieved through education and a better use of emergency contraception,<sup>5</sup> together with an improved understanding and usage of current services, especially general practice.

## Method

Questionnaires were distributed to schools to be filled in anonymously by 12–18 year olds under the supervision of a teacher during a tutorial class. The students were asked questions regarding their perceptions of health care delivery, sex and health education. Six hundred questionnaires were distributed to three high schools (200 to each). Three hundred and forty-seven questionnaires were included in the final analysis. (The response rate of 58% was lower than expected, reflecting difficulties in maintaining the teachers' momentum with the project.) Individual questions, except for one concerning ethnic status, were answered in more than 98% of cases; 66% of the students described themselves as white and 34% as belonging to another ethnic origin—a proportion accurately reflecting the local state school population and suggesting a generally representative sample.

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## Results

Of all respondents, 74% had consulted their GP during the previous 12 months, and 27% reported no preference for a male or female doctor. Sixty-one per cent of the students said they would not know how to register with a GP if or when they left home, and 71% did not know how to register while they were temporary residents. Forty per cent stated that they found it difficult to see their GP for various reasons (Table 1).

The main sources of information about contraception were books and leaflets (66%), and friends (44%); only 33% consulted their GP on this subject. Most adolescents would seek help from a health professional if worried about the possibility of having contracted a sexually transmitted disease (48% would ask a GP) or for a termination of pregnancy (46% would ask a GP). Although 60% knew what was meant by emergency contraception, only 33% knew that they were entitled to ask their GP for it in an emergency. Sex concerns were fifth in the list of health concerns of our cohort, with acne and skin problems top for both sexes.

## Discussion

Targets set for young people in the *Health of the Nation* publication illustrate the need for adolescents to use primary care services, especially when in difficulty. This survey suggests that adolescents do not know how to make maximum use of the system; for example, it is unfortunate that so few knew the details of where and when to get emergency contraception, especially as studies have shown that, for almost 50% of females, their first sexual intercourse is unplanned, and only one-third of sexually active teenage girls use regular contraception.<sup>6</sup> Most of our cohort said they would like a drop-in clinic to discuss personal issues, which suggests an unmet need for open and easy access services.

If general practice is to meet the health needs of young people,<sup>1-3</sup> particularly on sexual matters,<sup>5,6</sup> some reorganization and a review of present arrangements for access seems necessary. Adolescents should be provided with more information in a form they can use, a choice of GP, quicker appointments when in crisis, and a more teenage-friendly health environment.

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**Table 1.** Young people's attitudes to general practice.

Question	Yes (%)		No (%)	
Do you find it hard to see your GP?	40	F: 50 M: 32	60	F: 50 M: 68
If yes, is it because:				
of difficulty in getting a quick appointment?	50	F: 48 M: 51	50	F: 52 M: 49
you find it embarrassing to talk to him/her about your personal concerns?	59	F: 68 M: 49	41	F: 32 M: 51
you find him/her unsympathetic?	34	F: 43 M: 24	66	F: 57 M: 76
your parents will find out?	29	F: 39 M: 20	71	F: 61 M: 80
Do you get on well with your GP?	75		25	
What things would make it easier for you to see your GP?				
Quicker appointment	58		42	
Friendly receptionist	47		52	
More sympathetic doctor	46		54	
GP of the same sex	39		61	
How private/confidential do you feel your talk with the GP is?				
Completely for confidential issues	55		45	
Private discussion could be relayed to staff in the surgery	28		72	
Discussion could be relayed to your parents against your wishes	26		74	
Would you like a drop-in clinic in your area to discuss personal issues (e.g. drugs, sex, personal problems)?	76		24	