

Teenagers' views on the general practice consultation and provision of contraception

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SUMMARY

Background. The rate of unwanted pregnancies in adolescents in the United Kingdom (UK) is one of the highest in Europe and is a major reason for the RCGP's concern at the under-use of general practitioners' (GPs') contraceptive services by young people.

Aim. To discover the attitudes of 15- to 16-year-olds to the GP consultation and contraceptive services.

Method. Questionnaires were completed as part of an evaluation of a novel sex education programme in 30 schools in 1994, and provided the data for this study. A total of 4481 teenagers (51.6% male and 48.4% female) completed the questionnaires in their classrooms under conditions of complete confidentiality.

Results. The median consulting rate per year was two for males and three for females. Over 60% of adolescents attended the consultation with a parent. Of the males, 27.5% 'felt that the discussion with their GP could be relayed to their parents against their wishes', as did 25.1% of the females. Other difficulties with GP appointments were identified as embarrassment (63% of females and 46% of males), difficulty getting a quick appointment (44% of both males and females), and an unsympathetic GP (32% of females and 20.5% of males).

Conclusions. Adolescents identify significant factors blocking them from easy access to consultation with their GP. These included lack of trust in confidentiality, lack of staff friendliness, and delay in appointment. Consideration of how these blocks can be removed will assist in providing improved contraceptive services in primary care. General practices need to consider the above factors when providing contraceptive and other services to their teenage patients.

Keywords: teenagers; GP consultations; teenage pregnancy.

Introduction

TEENAGE health is receiving increased interest^{1,2} and the Government has laid down targets for this age group.^{3,4} The unwanted pregnancy rate in the under-16s is causing particular concern, and, at 8.2 per 1000, is one of the highest in Europe. This issue is the subject of increased research.⁵⁻⁸

One of the main sources of primary medical care for adolescents in the UK, including contraceptive services, is the GP. Many teenagers, however, find consulting with their GP difficult.^{1,9,10} 'Blocks' to the provision of appropriate and acceptable care for this group of patients include reported distrust over confidentiality, embarrassment, and perceived difficulty in making appointments.^{1,2} From the medical viewpoint, a further 'block' is that teenagers do not attend their services at appropriate times.^{11,12}

It is postulated that teenagers would attend their GP more appropriately if GP services were made increasingly 'teenage-friendly'. This, it is hoped, would improve requests for contraceptive services, including postcoital contraception, and thus reduce the rate of unwanted teenage pregnancies.⁸ As part of the larger scheme to assess a peer-based educational programme,⁷ a project was carried out to assess teenagers' use, views, and opinions of their GP services, with particular respect to the issues of contraception.

Method

Data was collected from four successive years of national curriculum year-11 students (age 15/16 years) from 1990 onwards to evaluate a novel school health and sex education programme. The data presented in this paper relate to consultations with GPs (family doctors) and potential provision of contraception from the 1994 survey.

Questions were asked about teenagers' own relationships. Sexual activity was determined from answers to a series of questions on physical involvement in these relationships.¹³ Teenagers were not asked about the content of their consultations; for example, whether they had requested contraception. The main findings from this evaluation have been published elsewhere.⁷

Data were collected from 4481 teenagers (51.6% male, 48.4% female and from four students who did not give their sex) from 30 schools in rural, semi-urban, and urban areas of England outside of major conurbations (61.0% lived in a town or city). Two of these 30 schools were involved in previous evaluations. Within this sample, 1074 students (49.8% male) from seven schools answered questions about preferred providers of contraception. Negotiations with the other schools had finalized the questionnaire content prior to considering including these questions.

The questionnaires were conducted in March and April 1994 (student age range 15.50–16.75; mean = 16.2 years). Prior to the questionnaire sessions, discussions were held with each school. The head teacher, either alone or with further representatives from ourselves, agreed procedures with governors and school staff. Parents were informed and consent obtained by letter.

Only 1% of the sample were withdrawn by their parents, usually on grounds of religious objection. The questionnaire ses-

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sions were invigilated by the research team in conjunction with other enlisted and trained health professionals, including health educators. Emphasis was placed on confidentiality of students' answers and voluntariness of participation; seating was arranged to give individuals privacy. Invigilators were apprised of students who might require reading assistance. In certain cases the questionnaire was read aloud to students or groups of students.

Overall, 14% of teenagers were not at school for the questionnaire sessions, the majority as a result of other school activities. Invigilators inquired about absenteeism but were given no indication to suggest that it was related to the questionnaire content. This rate of absenteeism is similar to that found in previous surveys of this age group.⁷

Statistical analysis was carried out using SPSS(PC) software. In two-by-two tables the chi-square test was used and probability values cited, and the relative risk within each row calculated with 95% confidence limits. Where questions with more than one response were analysed, the chi-square for trend (Mantel extension) was calculated and a probability figure given.

Results

Only two students in one school asked not to complete the questionnaire; the researchers were informed that this was due to pressure of GCSE work. Further, the rates of absenteeism on the day of the questionnaire were similar to other days at the respective schools.

Teenagers were asked to indicate approximately how many consultations they had had with their GP (family doctor) over the past year. Over 83% of males and over 91% of females had more than one consultation in the past year. The median number of consultations was two for males and three for females, with a clear general trend of more consultations for females (chi-square for trend: $P < 0.0001$).

The teenagers were also asked who they had attended with on the last occasion they consulted with their GP. The majority (61.2%) consulted with a parent, usually (by a ratio of 10:1) their mother. More females indicated they consulted with a friend (4.4% of the female sample) compared with males (0.8% of the male sample). An increased number of consultations was associated with a greater likelihood of consulting alone (27.3% of those who had had zero, one, or two consultations in the past year, 40.2% who had had three, four, or five consultations in the past year, and 46.3% of those who had had six or more consultations in the past year consulted alone; chi-square for trend: $P < 0.0001$).

Table 1 gives the teenagers' responses to three statements about confidentiality. The differences for males and females are not significant. Over three-quarters (77.6%) said they thought that their consultations would be completely confidential. Not all students' responses were consistent over these three questions. Of those who answered that they considered consultations to be completely confidential, 339 males (19.4%) and 201 females (12.7%) said they thought that discussions could be relayed to parents against their wishes. Conversely, of those who answered that they did not consider consultations completely confidential, 257 males (15.0%) and 211 females (13.3%) did not think information could be relayed to parents. Under half (2063 teenagers, 46.4%) gave responses indicating confidentiality over all three questions. Teenagers who said they had had three or more consultations in the past year were more likely to say they believed consultations to be confidential on all three points (i.e. to agree with the first statement and disagree with the other two) than those who consulted less frequently (Relative risk [RR] = 1.07: CI = 1.01–1.14; $P = 0.01$).

Table 2 gives the teenagers' responses to four questions about difficulties with GP consultations. They were allowed to indicate more than one preference. From the whole sample, 2370 (52.9%) answered that they found it hard to see their GP; more females said this (62.1%) than males (44.3%) (RR = 1.47; CI = 1.38–1.57; $P < 0.0001$). Teenagers who said they had more consultations were neither more nor less likely to answer that they had problems with the consultation. Embarrassment was the most common problem cited (54.8% of those who said they had problems with the consultation); for the whole sample this represents about one third (34.7%).

Teenagers who said they had more consultations were less likely to say they were embarrassed when talking about personal problems: 60.0% who said they had had zero, one, or two consultations in the past year indicated they had problems with embarrassment compared with 52.6% who had had three, four, five consultations, and 40.8% who had had more than five (overall chi-square for trend: $P < 0.0001$).

In addition to the responses in Table 2, 284 respondents (102 male and 182 female) wrote additional comments about the consultation. Problems with the GP's approach were cited by 91 teenagers (these included being patronized, made to feel stupid, 'puts it all down to my age', etc). The other main category (65 responses) related to difficulty in getting to the surgery. The remaining responses duplicated those in Table 2 (relating mainly to the sex of the doctor and to parents finding out about the consultation).

Table 3 gives the responses to direct questions of a 'yes/no' type that asked what would make the GP consultation easier. Overall, the most frequently cited improvement was for the GP to have more time (73.2% of responders), although for females alone a GP of the same sex was cited most frequently (by 81.7% of females). There was a trend for teenagers who had had more consultations to want 'a more sympathetic GP'; this wish was expressed by 39.3% of those who had had zero, one, or two consultations, 42.9% who had had three, four, or five, and 51.2% of

Table 1. Students' beliefs about confidentiality and the GP consultation.

	Males (%)	Females (%)
Consultations are completely confidential	1708 (78.4)	1586 (76.7)
Private discussions could be relayed to staff in the surgery	622 (29.7)	546 (27.7)
Discussions could be relayed to your parents against your wishes	575 (27.5)	493 (25.1)

Table 2. Teenagers stating difficulties with GP consultations.^a

Problems indicated by students	Males (%)	Females (%)
Difficulty in getting a quick appointment	558 (40.4)	640 (44)
Embarrassing to talk to doctor about personal concerns ^b	632 (46.0)	923 (63.0)
Doctor is unsympathetic ^b	272 (20.5)	459 (32.1)
Concerned that their parents will find out ^b	329 (24.6)	455 (31.8)

^a2370 students (52.9%) of the sample. ^bFemales are more likely than males to indicate that they have these problems (RR = 1.11–1.46 [95% confidence limits]; $P < 0.001$).

Table 3. Things that would make it easier for students to see their GP.

	Males (%)	Females (%)
Quicker appointments ^a	1471 (71.7)	1210 (64.1)
Friendly receptionist	1157 (57.7)	1067 (57.4)
More sympathetic doctor ^b	1108 (55.6)	1136 (60.8)
GP of the same sex ^c	928 (46.4)	1594 (81.7)
GP having more time	1467 (72.5)	1397 (74.0)

^aMales are more likely to want quicker appointments (RR = 1.12; CI = 1.07–1.17; $P < 0.001$). ^bFemales are more likely to want a more sympathetic doctor (RR = 1.13; CI = 1.05–1.22; $P = 0.001$). ^cFemales are more likely to want GP of same sex (RR = 2.93; CI = 2.64–3.24; $P < 0.001$).

Table 4. Teenagers' responses on preferred sources of contraception.

	Males (%)	Females (%)
Family planning clinic ^a	70 (14.8)	210 (41.4)
Family doctor (GP) ^b	44 (9.3)	115 (22.7)
Another GP	6 (1.3)	15 (3.0)
Young people's drop-in clinic	22 (4.7)	46 (7.1)
Sexually transmitted disease clinic	5 (1.1)	1 (0.2)
Condom vending machine ^c	266 (56.4)	57 (11.2)
Other	59 (12.5)	57 (11.2)

^aFemales are more likely than males to specify this option (RR = 1.45; CI = 1.34–1.58; $P < 0.001$). ^bFemales are more likely than males to specify this option (RR = 1.17; CI = 1.11–1.24; $P < 0.001$). ^cMales are more likely than females to specify this option (RR = 3.91; CI = 3.12–4.91; $P < 0.001$).

those who had had more than five consultations (chi-square for trend: $P < 0.0001$).

Relationships and sexual activity

Nearly half (48.8%) of the teenagers indicated that they had had sexual intercourse (47.2% of males, and 50.4% of females). Teenagers who had had sex, and non-sexually active teenagers in more serious relationships, answered that they had had more GP consultations in the past year: 56.0% of those sexually active had had three or more consultations compared with 42.2% of virgins (chi-square for trend for increasing number of consultations: $P < 0.001$); 52.0% of those who had had 'very serious' relationships but had not had sex consulted more than three times compared with 35.6% who answered that they had had no relationships (chi-square for trend for increasing number of consultations by relationships: $P < 0.001$).

Teenagers who had had sex were more likely to consult on their own (42.8% compared with 27.4% of virgins; RR = 1.27; CI = 1.21–1.33; $P < 0.0001$), and they were less likely to answer that they found personal discussions embarrassing (50.0% of non-virgins compared with 59.6% of virgins; RR = 0.81; CI = 0.74–0.88; $P < 0.0001$). Sexually active teenagers were more likely to answer that they found it hard to see their GP because their parents would find out (30.7% of non-virgins compared with 25.9% of virgins; RR = 1.07; CI = 1.02–1.12; $P = 0.005$); they were slightly less likely to answer that a GP of the same sex would make the consultations easier (62.2% of non-virgins compared with 65.4% of virgins; RR = 0.92; CI = 0.84–0.99; $P = 0.04$), and this applied to both sexes, particularly females (79.1% of non-virgin females compared with 84.3% of virgin females answered that a same sex GP would make the consultation easier: RR = 0.75; CI = 0.62–0.91; $P = 0.004$). They were neither

more nor less likely to consider consultations confidential (78.4% of non-virgins and 76.8% of virgins).

The data from the seven schools and 1074 students who were asked a question on preferred providers of contraception are presented in Table 4. They were allowed to indicate more than one preference. One hundred and one students, spread across the seven schools involved in this part of the survey, left this question blank (9.4% of the 1074 students involved). There were no differences in terms of urban–rural dwelling ratio, socio-economic groupings, or sexual activity between the 1074 students in the sub-group who were asked this question and the remainder who were not.

The majority of 'other' responses were combinations from the specified list; 37 mentioned 'chemist' (24 male and 13 female). Female preferences for family planning clinics and GPs, and male preferences for condom machines were also found for those who were sexually active. There was a trend for females who answered that they had had more GP consultations in the past year to be more likely to specify that their preferred contraceptive provider was their own GP (15.9% who had zero, one, or two consultations specified their own GP compared with 28.4% who had had more than five consultations; chi-square for trend; $P = 0.004$).

Discussion

The results are from a large sample of teenagers who completed a questionnaire at school. None of the 30 schools were sited in major conurbations, but there are no reasons to suppose that the schools involved are not representative of schools in general. There were very few teenagers who were not allowed by their parents to take part in the study, indicating a high level of parental agreement with the aims of the study. A proportion of the potential sample were not available to take part because of absenteeism on the day or other school activities, which is consistent with similar surveys and with absenteeism rates at the respective schools on other days.⁷

Most of the sample had consulted a GP within the past year; consultation rates were higher than expected rates.^{10–12} The majority consulted along with their mother, but a large proportion consulted alone; the number consulting with a friend was surprisingly small compared with a recent study also carried out in the west of England.¹⁴

A large majority of the sample felt that their consultations were confidential, though one-quarter believed that parents could be informed without their consent. The variation in responses to the three questions may reflect different interpretations about the meaning of confidentiality. Discussion between staff may well be normal clinical practice and does not necessarily diminish confidentiality. It is possible that concerns include other factors, such as being seen to visit the surgery, rather than the actual consultation. Confidentiality is of major concern to teenagers especially in consultations about contraception,¹⁵ and this is an area that needs further investigation.

Embarrassment was reported as a large problem for many teenagers, particularly for females. Those teenagers who consulted more frequently were less embarrassed. This may imply that those who tend not to be embarrassed consult more. Alternatively, the differences between those who are embarrassed and those who consult more frequently (with less embarrassment, less concern about confidentiality, and more likelihood of consulting alone) may suggest that the process of consulting can improve teenagers' general level of confidence and their own skills in GP consultations. This suggests that teenagers who consult more frequently find their GP more 'approachable', and that this 'approachability' can be measured; this important outcome

of individual consultations for teenagers and others is the subject of further investigation.¹⁶

A common request for improvement was for more time with the GP. This finding is unsurprising.¹⁷ That teenage consultations are short has been reported before.¹⁸ Other unsurprising comments included a request for appointments to be more easily obtainable.^{1,2} There was a prevailing opinion, felt by the majority, that consultations were adequate; however, a small number indicated direct problems with the consultation such as a feeling of 'being patronized' or being 'made to feel stupid'. Nonetheless, the levels of dissatisfaction are lower than in other reports.¹⁹⁻²¹

Teenagers who are potentially or actually in need of contraception do consult their GPs frequently. Teenagers in serious relationships, whether they are having sex or not, consult more frequently than other teenagers. It is not known whether these consultations are related to contraception. Sexually active teenagers are not more concerned about the confidentiality of the consultation but are more concerned that their parents will find out that they have seen the GP.

Female teenagers expressed a wish to obtain contraceptive services from a family planning clinic, but those who consulted their GP frequently were more likely to want to see that GP. Female teenagers were also more likely to want to see someone of their own sex, either a doctor or nurse. Those who consulted frequently were less concerned who they saw.

The findings from this study confirm the presence of several 'blocks' to the provision of better services: a minority had poor perceptions of confidentiality, a large number would value more time in consultation with their GP, and a small proportion reported negatively on communication from their GP. Nonetheless, the responses from teenagers in this sample appear more favourable towards the GP than other studies have found.

The main findings appropriate to removing 'blocks' to good care appear to be that those who consult more frequently are less concerned about the process of the consultation, and that familiarity with the GP is associated with less embarrassment and greater confidence in confidentiality; this is especially important in the provision of services associated with contraception. This supports a proactive approach of encouraging teenagers to consult even over 'trivial' issues, and inviting them to attend their GP or a teenage clinic for information rather than just assistance.

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