

A study to evaluate adolescent health problems using focus group discussion

Harshdeep Joshi¹, Ajay Kumar², Sunil Kumar Raina³

Department of Community Medicine,
MMIMSR, Mullana, Ambala (HR)¹

Department of Pharmacology,
ASCOMS, Jammu (J&K)²

Department of Community Medicine,
Dr. RP Govt. Medical College,
Kangra at Tanda (HP)³

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Correspondence to:
Harshdeep Joshi
e-mail: harshjoshi@gmail.com

Abstract

Background: Adolescent health needs, behaviors and expectations are unique and routine health care services are not well geared to provide these services. The purpose of this study was to explore the perceived reproductive health problems in group of adolescents in Jammu district of J&K state in India. **Methods:** This qualitative study was conducted in an urban setting in Jammu. A convenient sample of 32 adolescents between 17–19 years of age participated in four focus group discussions. Participants were selected from four educational institutions selected by simple random technique. A pre-tested focus group guide was used for data collection. Male and female facilitators conducted discussions separately with young males and females. **Results:** Psychological distresses due to various reasons and problems regarding menstrual cycle and were reported as the commonest health problems. **Conclusions:** Adolescent health services are inadequate and available services are not being delivered in an acceptable manner. Proper training of health care providers on youth friendly service provision is essential. A national level integrated health care program is needed for the adolescents.

Keywords: adolescent health problems, focus group discussion

Introduction

Adolescence is stated as the period of transition from childhood to adulthood, which starts with the onset of puberty. It comprises the individuals between the ages of ten to nineteen years. During this period, a child undergoes biological transition, which is characterized by puberty related changes in physical appearance and the attainment of reproductive capability, psychological or cognitive transition, which reflects an individuals thinking, and social transition, which is related to rights, privileges and responsibilities of an individual.¹ Traditionally used quantitative methods are unable to provide real life data on needs, beliefs, attitudes, and values of various population groups. Qualitative methods provide "real life" rather than experimental or control views of past phenomena.² Authors used Focus Group Discussions (FGD) to achieve the study objectives. FGDs are widely used in exploring people's behaviours, perceptions, attitudes healthcare needs³⁻⁷ and barriers to health services⁷⁻⁹. This study intended to explore the perceived health

problems among adolescents.

Methods

Participants were selected from four institutions which in turn were selected randomly from 20 educational institutions. Convenience sampling procedure was carried out to select these participants. Eligible participants belonged to the 17–19 year age group and have residing in the particular area. Each focus group had 8 participants. There was no professional-client relationship between the investigators and the respondents prior to the study.

An interviewer guide was developed with the help of a consultant community physician, a youth counsellor, a reproductive health physician and two community physicians working in the study area. The guide was developed in local language as the FGDs were conducted in the local language. Probing questions were also developed to explore reproductive health problems. The guide consisted of open-ended questions related to broad subject areas of perceived health problems

and help seeking behaviour. The subjects and investigators were of the same sex to overcome the strong cultural barriers on discussion of reproductive and sexual health problems.

Discussions were carried out in places chosen by the participants. Each discussion lasted around one and half hours. At the end of the session, a summary of the recorded data was presented to participants and clarifications and corrections were made.

Ethical and administrative considerations

Ethical clearance for the study was taken from the insitutional ethics committee. Each participant and their parents were first provided with an explanation of the purpose, general content, and time commitment involved in participating in the discussion, and assurance of confidentiality. Informed written consent was obtained from each participant prior to discussions.

As the study involved discussion of sensitive issues, which could lead to further distress of the adolescents who are having problems, individual discussions and counselling services were offered to all participants after the discussions.

Results

Altogether 32 adolescents participated in the discussions. The sample consisted of 13 males and 19 females. All of whom were between 17 to 19 years of age and had completed at least primary education. All were unmarried and all of them were still schooling.

Perceived health problems among adolescents

Perceived problems among adolescent boys and girls differed. Both girls and boys reported that the most frequently encountered problems have lead to the development of psychological distress among them. Love affairs, stress due to exams, conflict of ideas with parents, lack of proper love and care by the family, and lack of job

opportunities were the main causes for psychological distress. Conflict of ideas with parents were the main problem reported by the boys. Some explained that such conflicts were mainly due to the different education level between the younger generation and their parents.

Both boys and girls discussed substance abuse as a prevailing problem among their friends. Some boys reported smoking and alcohol use as problems only among some groups. Furthermore, they also indicated that psychological disturbances due to masturbation, body shape and acne were also frequently discussed among their peers.

Reproductive health problems

Initially the girls were reluctant to reveal their reproductive health problems. Eventually they came to a general agreement that problems regarding menstrual cycle were the commonest reproductive health problem among them. They also indicated that sexual harassment in many forms was another serious problem faced by them. Girls were agitated when they discussed this issue and the majority of them agreed that this had happened to them at least once, and mostly during public transportation (unwanted sexual touching) and in public places (verbal harassment) by unknown people.

Among the boys, the main RH problem discussed related to masturbation. Some forms of sexual harassment were also reported. However, boys faced these harassments usually from people known to them.

Adolescents' health seeking behaviours

In all FGDs, the adolescents agreed that friends were the first contact person for most of their health problems. Girls generally preferred advice from the mother especially for minor problems. Few girls indicated that they could discuss any matter with their mothers while the majority

sought advice from their best friends. Only one participant reported that she could discuss reproductive health problems with a teacher. Nevertheless, most of the adolescent girls disagreed and said that they had no trust in teachers regarding these matters. Boys agreed unanimously that they did not discuss these problems with parents or teachers and for minor problems they consult their friends. However, for major problems they hesitate to consult even their friends.

According to the adolescent boys, marginalization and bullying among peer groups was very common, which was the reason why they did not want to come out with such problems.

Discussion

This study provides an overview of adolescents' perceived reproductive health problems, health seeking behaviors, knowledge about available services and barriers to reach services in an urban area of J & K. Even though evidence is abundant through a decade of research on this subject¹⁰, country and area specific problems should be investigated to provide services in a more acceptable manner. Most of the current study findings are in parallel with other studies all over the world¹⁰. But, some problems identified by the adolescents were unique to our study. Unlike previous findings, adolescents' major problem was psychological disturbances due to conflict with parents. Even health seeking behaviour was somewhat different from other settings. Evidence from developing and developed countries suggests that most of the adolescents seek help from friends and family³. However, this study sample was more internalized and stigmatization from peers was one of their major concerns. Therefore, they were not willing to seek help from family and friends. The negative attitude towards involving parents and teachers might be a sign of rapidly deteriorating family environment, especially for boys. This should be addressed immediately since parent child connectedness

being one of the major determinants of adolescent health and risk taking behaviour¹¹⁻¹³.

The present study opens a huge area for further qualitative research in order to gain more understanding of these problems. Parent-child-family conflicts and its impact on adolescent reproductive health is a priority area for studies. However, the study has some limitations. The number of FGDs conducted was limited and they were confined to the urban population only. Involvement of parents, teachers and key informants (which was not done) would probably have given additional information in order to improve services.

In conclusion, according to adolescents' perception on availability, accessibility and acceptability of health services, present health care system has failed to provide appropriate services to them. Confidentiality and the quality of care is a major concern among adolescents. Planning of adolescents health care services should be initiated with participation of adolescents, so that the services will be more user friendly. Program planning should be based on qualitative studies in order to get a deeper understanding.

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