

Do Adolescents Attending Bandar Mas Primary Care Clinic Consult Health Professionals for their Common Health Problems?

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Summary

The aims of the study were to determine the prevalence of the common health problems namely acne, overweight, smoking and depressive symptoms among adolescents attending a primary healthcare clinic, whether they seek treatment for these problems and the reasons for not consulting health professionals. It was a clinic-based, cross-sectional study. All adolescents aged 13 to 20 years who attended the clinic during the study period were included in the study. The respondents were given self-administered questionnaires and their weights were measured to assess if they had the above disorders. A total of 215 adolescents were included in the study. The proportion of adolescents who had acne were 70.7%, overweight 8.9%, smoking 41.9% and depressive symptoms 9.8%. Only 25% of those who had acne, 47% of those who were overweight, 9.5% who had depressive symptoms and none of those who smoked had ever sought treatment for these problems. The common reasons given for not consulting the health professionals were 'did not consider it as a problem', 'shy' and 'thought there was no treatment available'.

The majority of the adolescents who attended the clinic did not consult health professionals the above common health problems. It is important to educate them on these disorders and encourage health-seeking behaviour in adolescents.

Key Words: Adolescents, Acne, Overweight, Smoking, Depressive symptoms, Health-seeking behaviour

Introduction

Adolescence represents a developmental stage during which dramatic physical and psychosocial changes occur^{1,2}. The transition from childhood to adulthood may be an uneven, disharmonious process of biological maturation complicated by socio-cultural factors³. For many years, the health of young people mainly adolescents have been neglected because they are generally less vulnerable to diseases than children or the very old⁴. However, they are highly vulnerable

to the radical changes in social conditions that have occurred in recent times which can have a significant influence on health. Although many adolescents are healthy, adolescence is the period in which morbidity and mortality rate have increased most dramatically in recent decades^{4,5}. Disorders such as obesity, acne, overweight, smoking and depressive symptoms are some of the significant health problems during adolescence which may have profound impact on their self-esteem, body image and emotional well-being and subsequently affect their social interactions,

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school performance and future employment^{6,7}. Thus, it is important to educate adolescents regarding these health problems and encourage them to consult medical professionals or other health providers.

The objectives of this study were:

1. To determine the prevalence of the common significant health problems namely, acne, overweight, smoking and depressive symptoms among adolescents attending a primary care clinic.
2. To determine the proportion of adolescents who sought treatment for these health problems.
3. To determine the reasons these adolescents did not consult their health problems.

Materials and Methods

This is a cross-sectional, clinic-based study, conducted from April to July 2002 at Bandar Mas Primary Care Clinic, a rural clinic situated in the district of Kota Tinggi, Johor. All adolescents aged 13 to 20 years old attending the clinic during the study period were included in the study. Although adolescence has been defined by the World Health Organisation as being between the ages of 10 and 19 years, there is a great variation in the timing and duration among individuals⁸. The age limit for adolescence varies among individuals and may extend beyond 19 years old⁸. In this study, adolescents aged 13 to 20 years were chosen because during this developmental stage, they are more independent from their parents and more mature, then should hence be expected to have better health-seeking behaviour and be able to consult health professionals for their common health problems. Adolescent patients who were illiterate, in severe pain or injury or refused to participate in the study were excluded from the selection.

After registering at the reception counter, the adolescents selected were given a structured, self-administered questionnaire. Their cards were tagged to avoid repetition. The questionnaire consisted of questions on socio-demographic characteristics, presence of health problems (acne, smoking and depressive symptoms), whether the participants had consulted health professionals for the above problems and the reasons for not consulting. To assess if they were overweight, their weight and height were measured. The adolescents were considered overweight if their body mass index were equal or more than 85th centile for age and sex⁹. In this study, the adolescents were considered having a smoking

problem if they are currently, smoked at least one cigarette per week.

There were ten questions on depressive symptoms which were based on the clinical criteria for depression listed in the DSM IV by the American Psychiatric Association¹⁰. Respondents who experienced five or more symptoms or who answered 'yes' to 'thinking about dying or killing oneself' were considered to have important depressive symptoms and needed further assessment or referral to the psychiatrist to rule out a depressive disorder¹⁰. It is important to note that a diagnosis of depression cannot be done via self-report measures alone, as this instrument is only used as a screening tool for significant depressive symptoms.

Data analysis was done using statistical programme Epi-info 2002.

Results

A total of 240 adolescent patients attended the clinic during the study period. However, only 215 patients (response rate 96%) were included in the study. Three patients were in severe pain and six patients refused to participate. Sixty-three percent (135) were male and 37% (80) were female. The mean age of the respondents were 17.5 years. The majority of them were Malays (99.1%) and only 2 (0.9%) respondents were Indians. This ethnic distribution is almost similar to the population distribution of Bandar Mas, Kota Tinggi, Johor. Most of the respondents were from families with monthly family income between RM500-RM1000. All of the respondents had some formal education at either primary or secondary school level education (Table I). Most of the patients came for treatment of acute minor illnesses mainly upper respiratory tract infection (48%), skin problems (15%), gastrointestinal symptoms (11%), and headaches (5%).

Among these adolescents, 70.7% reported that they have had acne on their face, however, only 25% of those who had acne, had ever sought medical treatment. About 9% of the respondents were found to be overweight. Of these, only 47% had ever consulted a medical professional for their weight problem. Almost 10% of the respondents reported significant depressive symptoms and required further assessment by a psychiatrist. However, only 9.5% of them ever sought medical help for their depressive symptoms. Forty-two percent of the respondents reported that they were currently smoking. None of them had ever consulted a

medical professional for their smoking problem (Table II). The main reasons indicated by the respondents for not consulting a medical professional for these health

problems were 'did not know that there was treatment available', 'did not consider it as a health problem' and 'shy' (Table III).

Table I: Socio-demographic characteristics of the respondents (N = 215)

Variables		Freq (n)	(%)
Gender	Male	135	62.8
	Female	80	37.2
Age (years)	13-16	106	49.3
	17-20	109	50.7
Ethnicity	Malays	213	99.1
	Indians	2	0.9
	Chinese	0	0.0
Family income	< RM 500	85	39.7
	RM 500-RM1000	124	57.8
	> RM 1000	6	2.5
Education level	Primary school	15	7.2
	Form three (PMR)	49	22.9
	Form five (SPM)	148	68.7
	Tertiary	3	1.2

Table II: Prevalence of the common health problems among the adolescent respondents by gender and the proportion of them who had sought medical treatment

Health problem	All respondents (N= 215) n (%)	Male (N=135) n (%)	Female (N=80) n (%)	Sought medical treatment n (%)
Acne	152 (70.7)	96 (71.0)	56 (70.0)	38 (25.0)
Overweight	19 (8.9)	6 (4.4)	13 (16.2)	9 (47.4)
Smoking	90 (41.9)	85 (63.0)	5 (6.3)	0 (0.0)
Depressive symptoms	21 (9.8)	9 (6.0)	12 (15.0)	2 (9.5)

Table III: Reasons for not consulting health professionals their common health problems

Reasons	Acne n (%)	Overweight n (%)	Depressive symptoms n (%)	Smoking n (%)
Did not consider as a problem	8 (15.8)	1 (10.0)	4 (21.1)	36 (40.0)
Shy	10 (8.7)	2 (20.0)	1 (5.3)	13 (14.4)
No treatment	64 (56.2)	6 (60.0)	11 (57.9)	18 (20.0)
Other reasons*	22 (15.3)	1 (10.0)	3 (15.7)	23 (25.6)
Total	114 (100)	10 (100)	19 (100)	90 (100)

*Examples of other reasons were "do not know", "afraid others will know about it" and "have difficulty in expressing it".

Discussion

The World Health Organisation has defined health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity¹¹. Early detection and intervention is a critical prerequisite for the successful management of adolescent health and social problems. In this study, although the adolescents attended the clinic for the common minor illnesses such as upper respiratory tract infection, skin infections, gastrointestinal symptoms, many of them had other significant problems such as acne (70.7%), smoking (41.9%) and overweight (8.9%). Approximately 10% of them experienced depressive symptoms which require further assessment and management by a psychiatrist. These disorders if neglected may have a profoundly negative impact on the adolescents' health. It is important to manage these problems early before further deterioration occurs.

Acne

Acne is one of the commonest skin diseases seen by doctors at the clinics and is most prevalent in adolescents⁷. Although many of the adolescents in this study experienced acne, the majority of them (75%) did not consult health professionals. More than half of those who did not consult (56.2%) were not aware that treatment is available for acne. Acne is a concern among adolescents since approximately 84% of the respondents who experienced acne indicated that it was a problem to them. Those who did not consider acne as a problem (15.8%) and did not consult health professionals could have had experienced mild acne and may believe that acne is a normal phenomena during adolescence. Medical professionals must appreciate the significance of this disorder to adolescents since it affects the emotional well-being, self-esteem, body image and social life of developing adolescents⁷. They should take every opportunity to educate adolescents regarding acne and offer treatment if necessary during the adolescents' visits to the clinics.

Overweight

Besides acne, another significant problem among adolescents is overweight¹². In this study, the prevalence of overweight among the adolescents was approximately 9%. In a local study done by Kasmini et al, the prevalence of overweight amongst school children aged 7 to 16 years old in Kuala Lumpur was 6% and obese 3.6%. Only 47% of those who were overweight in this study, had consulted a medical professional regarding their weight. Among those who

did not consult health professionals, about 60% of them thought there was no treatment available and 20% of them were shy to discuss it. Overweight is a concern among adolescents since approximately 95% of the respondents who were overweight indicated that it was a problem to them. Many adolescents are preoccupied with their body image and being overweight would affect their self-esteem, confidence and social life¹². It is reported that an overweight young person has a 50-60% chance of becoming an overweight adult, thus it is important that medical professionals identify and manage this problem as early as possible to prevent life-long morbidity and mortality⁹. Health personnel should initiate more programmes on 'overweight' and encourage adolescents to talk about their concerns on weight and body image.

Smoking

It is important to identify smoking habits among adolescents because of its association with other risky behaviour such as drug abuse and physical fighting¹³. Approximately 42% of the respondents in this study reported that they were currently smoking. The prevalence was much higher than findings in the National Health Mass Survey II in which the prevalence rate was 16.7% for smoking among secondary school students⁵. In another study done locally by K Shamsudin et al, the prevalence of smoking among secondary school students in Kota Bharu, Kelantan was 9.8%¹⁴. The findings in this study, however, did not represent the population as it was only a clinic-based study. None of the respondents who smoked ever consulted health professionals regarding smoking. About 40% of them reported they did not consider it as a health problem. This implies that these adolescents were ignorant of the health consequences of smoking. Therefore more health education on smoking is needed among adolescents especially in schools. Twenty percent of the respondents thought there was no treatment for smoking cessation. These adolescents should be informed that health professional can provide help if they intend to quit smoking. The process from experimentation to addiction in smoking often progresses at a slower rate in adolescents¹⁵. Health professionals should take advantage of the window period for preventive intervention. If they miss this opportunity, these adolescents will continue smoking and once regular smoking pattern is established, it is difficult to break. Onset during adolescence is highly predictive of lifetime use¹⁵.

Depressive symptoms

About 10% of the adolescents in this study reported significant depressive symptoms. These adolescents need to be referred to psychiatrists for further assessment for the diagnosis of depressive disorder. The prevalence of depressive symptoms in young people reported in other studies is in the range of 15% to 40%¹⁶. Only 11.5% of the respondents experiencing significant depressive symptoms ever sought medical help. Approximately 58% of those who did not consult health professionals thought that there was no treatment available while 21% did not realize that it was a problem. Other reasons for not consulting were shyness (5%), difficulty in expressing the symptoms and concerns about confidentiality. Health professionals should assure confidentiality, encourage their adolescent patients to express their emotional concerns and screen for depressive symptoms. These depressive symptoms if not treated will adversely affect the adolescents' enjoyment of life and are risk factors for major depression, substance abuse and self-harming behaviours¹⁷. Early intervention by health professionals can help adolescents to reduce the impact of stresses in life crises by developing effective coping skills, promoting strengths and competencies¹⁸. It is important that adolescents are educated on the symptoms of depression and informed that help and treatment is available.

Limitations

There are several limitations in this study. The sample size was small and it was clinic-based. The majority of the respondents were Malay (99%) and the study was done in a rural setting. These factors may limit the generalization of the findings in this study. In addition, the severity of each disorder was also not assessed. It is important to establish the severity of the disorders as different degrees of severity would impact the adolescents differently.

Conclusion

Acne and smoking were common among adolescents attending the primary health care clinic while overweight and depressive symptoms were experienced by approximately 10% of the respondents. These disorders are significant health problems as they have a profound impact on the emotional well-being and the social development in adolescence. The majority of the adolescents in this study did not consult health professionals for these problems. Many of them were ignorant of these disorders and the availability of treatments. Other common reasons given for not consulting health professionals were 'did not consider it as a problem' and shyness.

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