

**(Research Article)****Perception of Parents about Adolescent Issues and Their Expectations from Schools and Health Services**

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Abstract**Objectives:** *To determine how important the parents of adolescents consider adolescent issues and the kind of involvement they would like from schools and health services.***Design:** *Cross-sectional study***Methods:** *Questionnaire was sent to 1500 parents of children studying in 8th-12th class in selected schools of Delhi. Data was analyzed using the epi-info statistical package to determine frequencies and percentage and χ^2 analysis used to determine the effect of demographic variable.***Results:** *Among 910 parents who completed the questionnaire(60%response rate), 60% were father, 56%were boys' parents, 81%were graduate and 91%were parents of younger adolescents(13-16year).More than 70% parents were aware about adolescents issues. Most parents considered general medical issues as most common problem (69.2%), followed by nutritional, mental health, injuries, substance abuse and sexuality related issues. Sexuality related issues was recognised by 29.6% parents as a common problem. More than 50% parent feel that their own adolescent requires attention at present for nutritional, general medical and injuries related issues. Regarding substance abuse and sexuality related issues only 15%parents feel that their adolescent requires attention and 6% parents told that their adolescent received help for these issues. Majority of parents feel that parent should discuss these issues and 60% did it for nutritional, general medical and injury related issues. Sexuality and substance abuse were discussed by only few parents as either they do not feel need to discuss these issues or feel hesitation. Majority of parents recommended that adolescent issues should be discussed in school and school should have counsellor. Approximately 70% parents expected that their physician would be comfortable with such issues and physician should discuss these issues with their adolescent.***Conclusions:** *Most parents were aware that adolescents have specific needs and problems. They recognised the need to discuss these issues with their adolescents and were interested in having involvement from schools and physicians.***Keywords:** *adolescent, adolescent health issues, parent, physician, school.*

Introduction

Adolescents are individuals in the age group 10-19 years (WHO)¹. In India 21.4% of population are adolescents². Adolescence is the most impressionable period. It has been defined as a period of development during which a young person must establish a personal sense of individual identity and a feeling of self worth which include an alteration of his or her body image, adaptation to more mature intellectual abilities, adjustment to societies demands for behavioural maturity, internalizing a personal value system and preparing for adult roles³. They therefore undergo a lots of stress that may challenge their self worth and reflect in their self esteem⁴. The common problems in adolescent age are substance abuse, sexual health, mental health, general medical health, nutritional issues etc. Hence, adequate insight of adolescents as well as that of their parents and teachers on adolescent problems and their attitude towards adolescent health and development will determine the ability of adolescents to cope with stressful conditions, grow into healthy adults and realize their potential.

To date in our country there no study has evaluated how parents view adolescent health issues. So we planned this study and developed a questionnaire which asked parents how important they consider adolescents issues and what are their expectations from schools and health services.

Material and Methods

This study was conducted at selected private and government owned schools of Delhi covered by Safdarjang Hospital Adolescent Health Network (SHAHN). Private schools are expensive, more disciplined, provide better education and attract children from higher strata of society. These schools have counsellor who is usually a clinical psychologist and trained in counselling the students. The students in these schools may enjoy better health and they as well as their parents may be better informed about the health issues. On the other hand, in government schools the resources

are limited and students come from comparatively lower socioeconomic strata of society as compared to private schools. Thus the study population consisted of parents of adolescents of different strata, from the urban setting. An anonymous, structured self administered questionnaire covering the relevant aspects of the study objectives was developed. The questionnaire was constructed in English, translated in Hindi for those who had problem in understanding the English language. The same questionnaire was pretested in the SHAHN clinic on the parents of the adolescent clients and necessary modifications done in order to obtain the maximum results. The principal and teachers of respective schools were contacted before the survey and were informed about the objective of the study. The questionnaire to be used was discussed with them to take into account their views and sensitivities if any. The parents were contacted through the school teachers and the objectives of study and method of filling up the Performa explained to them. A written consent was obtained from parents. One to two whole sections of classes from 8th – 12th were selected and questionnaire was distributed among students to be taken to the parents. They were at liberty to choose mother or father to get the questionnaire filled. The data was analyzed using the epi-info statistical package on computer to determine frequencies and percentage and χ^2 analysis to determine the effect of demographic variables on questionnaire responses. P value <.01 was considered significant.

Results

Table 1.Parents’ and adolescents demographics profile (n=910):

Characteristics	
Parents	
Relationship	
Mother	40
Father	60
Boys parents	56
Girls parents	44
Education	
Undergraduate	19
Graduate and post graduate	81
Adolescents	
Age	
13-16 years	91.2
17-19 years	8.8
Sex	
Boys	56
Girls	44

The questionnaire was completed by 910 parents (response rate 60%). Among respondent parents, 40% were mother and 60% were father.56% were parents of boys and 44% were parents of girls. This reflects the ratio of boys and girls in the school. Majority of parents were well educated. Parents reported that their adolescents were 13 through19 years of age and slightly more than half were male.

Table-2 Adolescents have specific needs and problems*

Total Parents (%)	Mother	Father
70.22	69.2	70.9

*Percentage denoted in table represents those who answered ‘yes’

Table 2 shows that more they two-third parents have indicated that adolescents have specific needs and problems.

Table 3 Parents’ perception about adolescent issues*

	General medical, %	Nutrit- -ional, %	injuries, %	Mental health, %	Substance abuse, %	Sexuality related issues %
Adolescent health issues						
Common problems faced by adolescent	69.25	60	42.74	49.92	30.9	29.6
Own adolescent require attention	55.82	66.33	43.35	30.81	14.8	19.23
Own adolescent ever received help for these problems	24.92	25.64	19.14	10.53	5.64	7.78
Parent discussion of adolescent health issues						
Parent should discuss these issues	85	90	82.25	63	52.54	53.42
Parent has discussed these issues	63.70	63.51	62.44	42.72	42.44	26.41
Expectations of parents from schools						
School should discuss these issues	80.25	86.25	79.08	80	84.20	73.74
Discussion should be started in						
6 th standard	41.9	67.5	71	22.68	20	4.67
8 th standard	51.23	27.4	23.6	59	38.6	56.42
11 th standard	7.51	5.1	6.4	18.32	42.4	38.95
Expectations of parents from health services						
Doctor should discuss routinely	79	80.90	74.51	72.82	64.81	62.91
Doctor would be comfortable with	85	90	80.1	62	62.5	62.8

*Percentage denoted in table represents those who answered’’ yes’’

Table-3 depicts that problem of general medical concern (acne/skin problem, growth, puberty problem, headache, stomach ache) was considered

as most common problem (69.25) followed by nutritional issue (60%), mental health (depression/ suicide, family problem, school

problem, stress) issues(49.92%), injury (42.74%), substance (cigarette, smoking, alcohol, gutkha, drug) abuse (30.9%) and sexuality related (contraception, menstrual, pregnancy, sexuality transmitted disease, AIDS) issues (29.6%). Parents has reported that their own adolescent require attention for these problems. Nearly 40% to 55% parents indicated that their own adolescent require attention for nutritional, general medical and injury related issues and 10% to 20% parents responded that their adolescent require attention for substance abuse, mental health or sexuality related issues. More than 20% said that their adolescent had received help for the general medical, nutritional, injury related issues and 5% to 7% responded that their adolescent had ever sought help for substance abuse and sexuality related issues. Regarding general medical,

nutritional and injury related issues 85% parents were agreed that these issues should be discussed by parents with their adolescent and more than 60% did it. Regarding mental health, substance abuse and sexuality related issues more than half parents feels that these issues should be discussed by parents and nearly 42% parents did it for mental health and substance abuse but sexuality related issues were discussed only by 26% parents. More than 75% of respondent parents said that school should discuss these issues with their adolescent. Parents recommended that discussion regarding General medical and nutritional issues should be started from 6th standard while regarding sexuality, substance abuse, and mental health issues it should be started 8th standard onward.

Table 4. Parent’s strongest reason of not discussing personal/sensitive issues with their adolescent

a) Not aware-	4.12%
b) Did not feel need -	40.76%
c) Do not approve it-	15.26%
d) Afraid that information given could be misused -	4.27%
e) Feel hesitation in communicating with their adolescent -	34.51%
f) Others	1.6 %

Table 4 shows that regarding discussing personal/sensitive issues, 40% parents did not feel need, 35% parents feel hesitation in

communication with their adolescent, 15% parents did not approve it and 5% parents think that the provided information may be misused.

Table 5 Parents views about school education and physician management of adolescent issues*-----

School education

Teacher would be comfortable in discussing personal/sensitive issues	75.11 %
Sex education must be compulsory part of school education	80.6%
Sex education induces sexual urge and lead to ‘‘free and loose character’’	30.99%
Every school should have a counsellor	97.67%

Physician management

Sex education should be provided by doctor-	72.82%
Adolescents would feel comfortable in visiting doctor	78.46%
Regular doctor is paediatrician	40%
At last visit, did health care provider speak privately in discussing personal issues	18.74 %
Which place is best for providing adolescents services	
a) Clinic in hospital	26.5%
b) Health centre not in hospital	8.7%
c) Family doctor’s clinic	20.45%
d) Clinic at school	44.27%

Confidentiality and fees

Adolescent would tell problem	54%
Confidential management acceptable	60%
Willing to pay extra fee	54.3%

*Percentage denoted in table represents those who answered ‘‘yes’’

Table-5 shows that majority of parents believe that teacher would be comfortable in discussing personal/sensitive issues like sexuality with their adolescent and they recommended that sexual education should be compulsory part of school education. However, 30% parents feel that sex education induces sexual urge and leads to “free and loose character”. There was universal recommendation from parents (98%) that every school should have a counsellor. Approximately three quarters parents thought that doctor should routinely discuss these issues. As might be expected, general medical issue and nutritional and injury related issues received the most positive responses to these questions (>75%) followed by substance abuse (65%), and sexuality related issues (63%). Majority of parents believe that doctor would be comfortable in managing these issues.40% parents said that paediatrician is

regular visiting doctor for their adolescent. Three quarters parents recommended that sex education should be provided by doctor. Among respondent 60% parents recommended that confidentiality should be maintained during managing these issues. Parents who visited the physicians for their adolescent’s problem only 18.74% said that the treating physician speak privately in discussing personal issues. According to respondent parents, best places for providing adolescent services are clinic at school (44.27%), followed by clinic at hospital (26.5%), family doctor clinic (20.45%), and health centre not in hospital (8.7%). Despite being interested in physician discussing all of these topics with their adolescents, only 54.35% parents said that they would be willing to pay higher fees for extra time necessary for managing these issues

Table 6 Relationship of demographic variable to questionnaire responses**

Parent’s Response	Mother (%)	Father (%)	P<
1. Parents has discussed with their adolescent			
Substance abuse	49.2	38	.0055
Sexuality related concern	35	20.8	.00007
Mental health issues	49.6	38.2	.005
General medical issues	70.4	55.4	.0001
Nutritional issues	72.3	57.7	.00005
Injuries	49.2	38	.0055
2. Which place is best for providing adolescent health services			
Clinic in hospital	16.2	33.4	.0021
3. Sex education should be provided by doctor			
	66.2	77.2	.002
		Boy’s parents (%)	Girl’s parents (%)
4. Common problem faced by adolescent			
Substance abuse	36.7	23.8	.0012
Sexuality related problem	34.8	23.1	.0015
Mental health issues	53.4	45.5	.005
Injuries	49.6	34.1	.00009
5. Own adolescent require attention for			
Sexuality related issues	15.9	23.4	.019
Injuries	48.5	36.9	.0037
6. Own adolescent received help for these issues			
General medical issues	21.6	34.1	.0004
7. Parents discussed these issues with their adolescent			
Sexuality related issues	20.5	33.8	.0001
General medical concerns	53.3	69	.0005
Nutritional issues	56.2	72.8	.0001
8. Sex education should be provided by doctor			
	79.7	64.1	.0001

	Parents of younger adolescent	parents of older adolescent	
9. Adolescents have specific need and problem	69.2	80.7	.005
10. Common problem faced by adolescent			
Sexuality related issues	21.4	39	.009

**variables in which $p < .01$ on χ^2 analysis

Those differences which achieved values of $p < .01$ are listed in Table 6. Adolescent issues were discussed more by mother than father. The problem of sexuality related issues, general medical and nutritional issues was discussed more common by girls' parents than boys' parents. Problem of substance abuse, sexuality related issues and injuries were considered more common problem by boys' parents than girls' parents. The problems were considered more common by parents of older adolescent than by the parents of younger adolescents. The problem of sexuality was faced more commonly by parents of older adolescents than by parents of younger adolescents.

Discussion

To date in our country no study has been conducted to evaluate how important the parents of adolescents consider the adolescent issues. We conducted this study through the private and government schools and achieved a response rate of 60% which may be considered reasonable for a study of this scope. We believe that a wider range of parents have provided us truthful, very specific and interesting answers to a series of sensitive questions.

The parents reported that they consider adolescent health issues to be important. The problems were considered more common by parents of older adolescents than by parents of younger adolescents (80.7% vs 69.2%) and the difference was significant. General medical concern was perceived as most common problem followed by nutrition, injuries, mental health issues, substance abuse and sexuality related issues. Only 29.6% parents recognized sexuality related concern as common problem. It was considered more common problem by parents of older adolescents than by parents of younger adolescents (39% and

21.4% respectively) and the difference was significant. Fisher et al⁵ in a similar study in U.S.A. found that the problem of substance abuse was most common problem (92%) followed by sexuality (85%), mental health issues (83%), nutritional issues (74%) and general medical issues (64%). This is contrast to our study where parents perceived general medical issues and nutrition as major problem while sexuality and substance abuse considered less important. Generally parents agreed that problem of substance abuse and sexuality are common problem faced by adolescent but in regards to their own adolescent these parents gave very different opinion and less than 15-20% believed that their own adolescent require attention for these problems and only 6-7% ever received help for these issues. Majority of parents recognised that parent should discuss these issues with their adolescent and nearly half parents said that they had been involved in discussion related to general medical issues, nutritional issues, injury related issues and mental health related issues. Substance abuse and sexuality related issues were discussed only by one fourth parent. In comparison to fathers, more number of mothers discussed these issues with their adolescents and the difference was significant. This may be because of fact that most mothers are not working and have more time to spend with their adolescent. Fisher et al⁵ in his study reported that nearly 90% parents discussed the adolescent issues including substance abuse and sexuality related issues with their adolescent which is quite different from finding of our study . The probable reason of this difference is that in contrast to parents in Western countries, parents in our country either do not feel the need to discuss these issues or they feel hesitation in doing so. Though the parents admitted to the need for sex education but they wants that teachers and doctors

to take on the responsibility of educating the adolescents. Most parents recognised the need for sex education but still they are afraid that knowledge of sex may induce sexual urge and promote sexual behaviour. In our study majority of parents responded that adolescent issues should be discussed in schools. In our study 80.6% parents has indicated that the sex education must be compulsory part of school education. As per parents recommendations the discussion of general medical, nutritional and injury related issues should be started from 6th standard while the issues of mental health, substance abuse and sexuality should be started from 8th standard. However, one third parents recommended that sex education should be started from 11th standard. These findings are similar to findings in study of Fisher et al⁵. Consorte et al⁶ in his study reported that 95% parents feel that drug/sex and AIDS education should be encouraged in schools. In study⁷ in North Algoma, Canada, 90% parents agreed that sex health education should be provided in schools. More than 50% parents believe that their adolescent would tell them of sexuality related issues but this is unlikely to be so^{8,9}. Majority of parents expected that their physician would be comfortable in discussing adolescent health issues with their adolescent. Nearly 40% parents indicated that their adolescent's regular physician is paediatrician. Unfortunately, several studies have demonstrated that most paediatrician do not feel comfortable in providing such care.^{10,11,12,13} . To the extent that the discomfort is based on a fear that parents do not want paediatric involvement in such issues, this study will help in alleviating that fear. In general, parents have considered the clinic at school and clinic in hospital as best place for providing adolescent services (44.27% vs 26.5%). During health visit only 18.32% parents have reported that health provider spoke privately to their adolescent. Confidentiality is well recognized attribute of an adolescent friendly health services and would require that doctor is able to talk with an adolescent client in private,

only then adolescent would be able to communicate his concerns freely.

There are several limitations to this study. It is unlikely that parents in all communities would express the same opinion. Parents from rural population may have different opinion. Furthermore, we do not know the exact health risk behaviour of their adolescents and it is impossible to know whether parents would respond to a real situation in the same way they responded to this questionnaire. Despite these limitations, this is first study of this kind in India and the results here should provide reassurance to schools that most parents are interested in their adolescents learning about these issues. The study should also encourage to paediatrician and other physicians to become more actively involved in health care needs displayed by their adolescent patients

Suggestions

1. Parents need to be made aware that their own adolescent also has specific needs and problems. It is recommended that before starting adolescent services an awareness campaign be carried out for parents so that they became more sensitive to needs of adolescence and promote them to seek help as and when they have problem.
2. Parents are still hesitant to provide reproductive and sexual health information to their adolescent. These socio-cultural barriers need to be overcome so that they can personally contribute to health development of their adolescents.
3. It is important to remove myth among parents that sex education leads to increase in sexual urge.
4. The issues of adolescents should be discussed by doctor and teacher with the adolescents as most parents express this need.
5. As expressed by most parents sex education must be a compulsory part of school education.

6. Every school should have school counsellor to take care of adolescent issues.
7. Clinic at school and clinic at hospital are good option for providing adolescent services as expressed by parents.
8. Adolescent health service should be provided free of cost or at subsidized rate for their optimum utilization.
9. Doctor should be made aware of the need to talk privately to adolescents so they can express him/herself fully without any hesitation.

10. Marks A, Fisher M, Lasker S. Adolescent medicine in paediatric practice. *J Adolesc Health care.*1990; 11:149-153.
11. Resnick MD. Use of age cut off policies for adolescents in paediatric practice: Report from the upper Midwest Regional physician survey. *Paediatric.* 1983;72:420-427
12. Orr DP, Weiser SP, Dian DA, Maurana CA. Adolescent health care. Perceptions and needs of practicing physician. *J adolescence Health Care.* 1987; 8:239-245.
13. Blum R. Physician's assessment of deficiencies and desire for training in adolescent care. *J Med Educ.* 1987; 62:401-407.

Bibliography

1. Adolescent health and development. The second decade. WHO Western pacific region. Sep.2000;37-38
2. Census of India 2011. Censusindia.gov.in
3. Ingersoll GM. Adolescence 2nd ed. Englewood Cliffs, NJ. Prentice Hall; 1989:2.
4. Pfeiffer CR. Childhood suicidal behaviour, psychiatric clinic of North America. Sep.1997;20.3:551-561
5. Fisher M. Parents views of adolescent health issues. *Paediatrics.* 1992; 90:335-341.
6. CDC. Attitude of parents of high school students about AIDS, Drug and Sex education in schools- Rome, Italy, 1991.MMWR 1992;41(12): 201-203.
7. Ungerlieder JT, Siegal NJ. The drug abusing adolescent: Clinical issues. *Psychiatric clinic of North America* Sep. 1990; 20:436-437.
8. Marks A, Malizio J, Hock H, Brody R, Fisher M. Assessment of health care needs and willing to utilize health care resources of adolescents in a suburban population. *J. Pediatric* 1983; 102:456-460.
9. Fisher M, Mark A, Trieller K. Meeting the health care needs of suburban youth. *Review of clinical service. Paediatrics* 1988; 81:8-13.