

**Health Needs and Health Seeking Behaviors of Adolescents Attending a Vacation Coaching  
Centre in Lagos**

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# **Health Needs and Health Seeking Behaviors of Adolescents Attending a Vacation Coaching**

## **Abstract**

### **Introduction**

Adolescents are young people said to be in a transitory stage of development between childhood and adulthood. This period is a sensitive one as habits and behaviors which will affect the life of the individual are cultivated at this time. It is therefore of utmost importance that these young people have guidance and the required health services at their disposal to help them make positive lifestyle choices to prevent ill health in the future.

This study hopes to bring to the fore, the perceived health needs of adolescents and the context in which they would prefer to have health services provided to meet their needs.

### **Methods**

A self administered questionnaire was the data collection tool, administered to 326 students aged 10-19 years selected by stratified sampling and balloting at a vacation school in Lagos.

### **Results**

Acute health problems, sexual and reproductive health problems were considered the most important. Adolescents' expectations of health services mainly centered on health education and counseling, alongside the provision of general health care services. With respect to adolescents' experiences with existing health services, most preferred to use private hospitals and were satisfied with the services they received.

### **Conclusion**

Adolescent friendliness is a concept which if incorporated into the health system will have appreciable positive impact on the health of adolescents for the present and in the future.

**Key Words:** *Adolescents, health needs*

## **Introduction**

“Adolescence” simply defined, is a period of transition from childhood to adulthood.<sup>1</sup> Various synonyms exist to define this transition period. An adolescent is said to be a person aged between ten and nineteen years; teenager, between thirteen and nineteen years; youth between fifteen and twenty-four years and young person between ten and twenty-four years<sup>2</sup> (WHO). This period of transition entails numerous changes physically, biologically, psychologically and socially, and these changes may be poorly understood and managed if necessary information and support are inadequate, thereby resulting in social maladjustments and numerous health and health related problems. Adolescents experience health and health-related problems which need to be handled with the skill and attitude of one who understands adolescence and its peculiarities. Adolescents and their health are of major public health concern, as the current generation of adolescents (> 1 billion) is the largest in history<sup>3</sup>, and far from representing a picture of health, many will suffer preventable diseases and untimely death. This is because, though they appear apparently healthy, adolescents practice unhealthy behaviours that will ultimately result in much death and disability.<sup>4</sup>

Numerous published reports document that more than seventy percent of adolescent morbidity and mortality is associated with such behaviours as unsafe sexual practices, violence, substance abuse, tobacco use, poor nutritional habits, inadequate physical activity and injuries.<sup>4</sup>

There is need to understand and appreciate the health and health related needs of adolescents, so as to enable provision of appropriate, efficient, effective and timely health care services to meet these needs. Such health care services should be holistic with special emphasis on appropriate sexual and reproductive health services.

A comprehensive adolescent oriented health program or service should consist of promotional, preventive, curative and rehabilitative service within the context of a primary health care delivery system. Such a program should ideally address issues such as growth and development, nutrition, exercise, recreation, mental health, substance abuse and sexual health. Information and counselling on adolescence and healthy lifestyles, as well as access to quality health services and supportive environments are essential in meeting the adolescents’ health needs.

The means by which Adolescent Friendly Health Services (AFHS) will be incorporated into the existing health system and sustained need to be addressed. There is need for a systematic framework for appraisal of AFHS programs. The aims of AFHS, the range of services, the

knowledge and skills of health care providers, available facilities and equipment, level of utilization of the health services by adolescents as well as their level of satisfaction with the services all need to be addressed to underline the importance of instituting these services and the benefits to be derived.

In effective provision of AFHS, one cannot overemphasize the need for collaboration among relevant sectors (ie. education, social welfare and youth affairs, health, etc) to ensure that services delivered are comprehensive and holistic, and help adolescents achieve their full potentials.<sup>5</sup>

The aim of any AHFS initiative should be to improve the health of its intended beneficiaries by making it easier for them to obtain the health services they need and overcome the barriers to accessing these services. Such barriers to access and utilization of health services by adolescents are especially common with regards to sexual and reproductive health services and include judgmental attitudes of health care providers; gender insensitivity; psychosocial and cultural beliefs; lack of information and misinformation about pregnancy, sexually transmitted diseases and HIV/AIDS; erroneous self perception of low risk; and lack of privacy and confidentiality. Physical barriers (long distance, lack of transport, etc), high user fees, inconvenient hours and restrictive public policies like parental notification and consent requirements also hinder optimal access to and utilization of health services by adolescents.<sup>7</sup> When these barriers are satisfactorily overcome and AFHS reach their target audience, it is vital to know adolescents' views of the service via proper monitoring and evaluation of such services. Factors such as accessibility, acceptability, affordability, willingness to return and user-referrals could serve as yardsticks to assess the level of adolescent satisfaction while changes in indicators of adolescent morbidity and mortality will help assess overall impact of access to the AFHS.

The purpose of this study is to improve understanding of adolescents' health needs and expectations of a health service so as to serve as a basis for advocacy to relevant stakeholders and health care providers towards initiatives which would positively influence adolescents' health.

The objectives of this study are to determine the health needs of adolescent students attending a summer vacation school in Lagos, their health seeking behavior, expectations of health services and experiences with existing health services.

## Materials and methods

This was a cross sectional descriptive epidemiological study of adolescents (10 – 19 years). The study population consisted of male and female secondary school students between the ages of 10 and 19 years attending a summer coaching centre—Educational Promoters Nigeria (EPN) at Bariga, Lagos.

The minimum sample size required to ensure valid results from this study was calculated:

$$n = \frac{z^2 pq}{d^2}$$

n = minimum sample size

z= critical value at 95% confidence interval;

p= 23%. Prevalence of adolescents' utilization of health services<sup>6</sup>

q= 1- p = 0.77

d= precision (0.05)

n=272.

20% of 272 was added to allow for sampling error, non response and incomplete questionnaires to ensure minimum sample size will be achieved after retrieval.

Sample size = **326**

Three hundred and twenty six students were selected from the nine classes using stratified sampling method. Thirty seven students were selected from each of the nine classes by balloting. Students aged <10 and >19 years were not included in the study. Prior to distribution of the questionnaires the students were informed of the target audience and those who did not fall within the ages 10 and 19 years were excluded.

A self administered questionnaire was distributed to the participating students at the Educational Promoters Nigeria (EPN) premises and immediately retrieved with the help of four trained research assistants.

The questionnaire had 29 multiple choice questions in four sections. The areas addressed were: demographic information; adolescents' health needs; expectations of health services; health seeking behavior; and experiences with existing health services.

Data collected were analyzed using Epi info 6.04 software.

## **Ethical Considerations**

- (i) Verbal consent was sought from the proprietor of the tutorial college to carry out the study with the students as respondents.
- (ii) The students were also informed and their verbal consent received before the questionnaires were administered to the participants.

## **Results**

326 questionnaires were administered and 318 were correctly filled and retrieved. 45.9% were male and 54.1% were female. 67.9% of the respondents were in the senior secondary school while 32.1% were junior secondary school students (Table 1).

Of the respondents, 61% recognized acute health problems like malaria, respiratory infections, and skin diseases as significantly affecting adolescents. Sexual and reproductive health problems (unwanted pregnancy, menstrual disorders, sexually transmitted infections and forced sexual intercourse) were the next in rating of significance to adolescents (Table 2).

95.8% of 10–14 year olds responded positively when asked if they felt adolescents should have special centers for their health needs (Table 3). The most desired services for such centers were health care services (84.2%), while counseling (58.6%) and health education and seminars (57.9%) were also highly rated (Table 4).

Concerning location of the Adolescent Friendly health care service, 32.1% of the respondents said they would prefer to have the adolescent health centre located on the school premises. 50.6% however, would prefer to have the centre close to their home. 16.4% thought the centre should be located within general/public hospitals (Figure 1).

With respect to cost, 55.3% of the adolescents studied would like the services to be free of charge. 29.6% felt there should be a special discount for adolescents, while 12.6% believe adolescents should pay the same fees as other patients (Table 5).

Concerning health care provider characteristics, 47.7% of respondents would prefer a mature provider of either sex while 26.1% would rather have a mature provider of a similar gender as theirs. 11.1% did not have specific preferences on age or sex of the health care provider (Table 6).

Concerning service hours, 76.1% will prefer to attend the centre on weekends; 11.3% after school hours; and 5.7% during school hours. 5% would want the services available as required.

Inquiry on preferred source of help for sexual health problems revealed that of the 108 respondents who had such problems in the past, 30.5% went to private hospitals for treatment, while 13.9% went to general/public hospitals. 25.9% kept the problem to themselves, 11.1% went to their school clinic and another 11.1% sought help from friends/family. (Table 7)

There was a statistically significant association between age and choice of treatment source (calculated chi square > critical value and  $p < 0.05$ ) with most of the younger adolescents preferring to keep their problems to themselves, while the older ones tend to seek treatment from private hospitals (Table 8).

All respondents have been to hospital for treatment at some time. When asked about their last hospital visit, 41.3% of the adolescents said they were attended to as soon as they got to the hospital. 32.9% waited between 30 minutes and an hour while 14.8% had to wait much longer, i.e. more than two hours before they were attended to (Table 9).

94.2% of the respondents were accompanied on their last hospital visit. Reasons given were that they believed they would not be attended to properly if they went on their own (54.4%). Another 42.2% said it was because they were too young to go alone.

With regards to the attitude of the hospital staff encountered during the visit to the hospital, 75.6% found them cordial and patient, 17.3% thought they were impatient but not rude, while 7.1% felt they were rude and unfriendly

Of the respondents, 82.1% said the health provider patiently listened to their complaints and discussed their problems with them. 9.8% met providers who listened to their complaints without discussing with them and 6.5% said the health provider was in a hurry and dismissed them too quickly.

The major obstacle identified by respondents in getting health treatment, was dislike for being examined by a health care provider of the opposite sex (23.5%). 16.2% mentioned unaffordable cost of services and 11.5% considered the distance from the hospital was a problem. (Table 10)

## **Discussion**

Adolescents' perception of their health needs show that they consider acute health problems and sexual and reproductive health problems as major areas of concern. This was in consonance with the findings in a study of 2647 secondary school students in Addis Ababa which found 55% of adolescents reporting acute physical illness like fever, chest pain, abdominal pain, etc.<sup>8</sup> Another study in South East Nigeria, found that 40% of adolescents who use hospital services have malaria.<sup>9</sup>

Sexual and reproductive health problems like unwanted pregnancies, forced sexual intercourse and sexually transmitted infections were also highly rated in this study as significantly affecting adolescents.

In sub Saharan Africa, studies have shown that adolescent girls constitute half of those having abortions,<sup>10</sup> while the majority of people newly infected with HIV are young people aged 15–24 years.<sup>9</sup> Also, it has been found that an estimated 2.5 million adolescents worldwide contract a sexually transmitted disease each year.<sup>9</sup>

Despite the high prevalence of sexual and reproductive health problems among adolescents, they do not come forward with these problems so as to get proper care.<sup>11</sup> This may follow the culture of silence surrounding adolescents' sexuality in the African society.<sup>11</sup>

In providing health services for adolescents, it is important to seek their views rather than depend on assumptions. Some researchers have found for instance that adolescents world-over, need information and counseling on sexual and reproductive health<sup>12</sup> and this agrees with the findings of this study.

Adolescents' choice of health service is also related to certain demographic characteristics of the service provider. This study found that 43.5% of the younger adolescents and 54.1% of the older ones preferred to have an older (mature) health provider of either sex. This was unlike the findings in a similar study among adolescents in Australia, which found that the adolescents preferred a young health provider of the same sex.<sup>13</sup> This difference points out the importance of recognizing that adolescents are a heterogeneous group with varying peculiarities based on culture, ethnicity, etc. Thus adolescents in their own demographic context should be the source of information which would guide service provision to meet their needs.

The existence of accessible and affordable infrastructure for adolescents is a major factor in their help-seeking behavior especially for sexual and reproductive health problems. In this study,



30.4% of those who sought help went to private hospitals, while 25.9% kept their problems to themselves. Only 13.9% went to general/public hospitals. A previous study of adolescents however, found that government/public hospitals received a higher rating in terms of affordability and acceptability of health services.<sup>8</sup> 66% of adolescents in another study found general hospitals more affordable.<sup>14</sup> On the contrary, a survey showed that when adolescents are looking for urgent treatment for what they consider sensitive conditions, public sector health services are often their last resort.<sup>9</sup> This is believed to be due to a combination of poor service delivery to adolescents and a myriad of legal, physical, economic and psychological barriers to accessing these services.

When asked where they would rather seek health care from if it was all up to them, 81.8% of respondents would still go to a hospital. This underlines the importance of making health services available, affordable, accessible and acceptable to adolescents as they desire such services and will utilize them if made available.

## **Conclusion**

Acute health problems and sexual and reproductive health problems are the most important issues that affect adolescents. Confidence in the effectiveness of the treatment they would receive and in many cases, their parents' choice of health care service determines where adolescents will seek health care. Adolescents' expectations of health services mainly center on health education and counseling, alongside the provision of general health care services. Most adolescents are satisfied with services received at private hospitals but do not like to be accompanied by adults to seek health care. Adolescents prefer health care providers of the same sex and found far distance from a hospital was an obstacle to accessing health care.

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**Table 1: Demographic Distribution of Patients**

<b>AGE (YEARS)</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
10-14	192	60.4
15-19	126	39.6
TOTAL	318	100
<b>SEX</b>		
MALE	146	45.9
FEMALE	172	54.1
TOTAL	318	100
<b>EDUCATIONAL LEVEL</b>		
JSS1 – JSS3	102	32.1
SSS1 – SSS3	216	67.9
TOTAL	318	100

**Table 2: Adolescent's Perceived Health Problems**

HEALTH PROBLEMS	FREQUENCY	PERCENTAGE (%) n=318
Acute health problems	194	61.0
Chronic health problems	40	12.6
Unwanted pregnancy	168	52.8
Forced to have sex	106	33.3
Drug abuse	96	30.2
STI	108	34
Smoking	76	23.9
Excessive alcohol drinking	74	23.3
Injuries and accidents	78	24.5
Malnutrition	58	18.2
Mental disorders	26	8.2
Menstrual disorders	118	37.1
Others	4	1.3

(Multiple responses were given)

**Table 3: Adolescents' Desire for Special Centers for Health Care**

AGE	YES	NO	DON'T KNOW	TOTAL
10 – 14	184 (95.8%)	4 (2.1%)	4 (2.1%)	192
15 – 19	120 (95.2%)	6 (4.8%)	0 (0%)	126
TOTAL	304 (95.6%)	10 (3.1%)	4	318

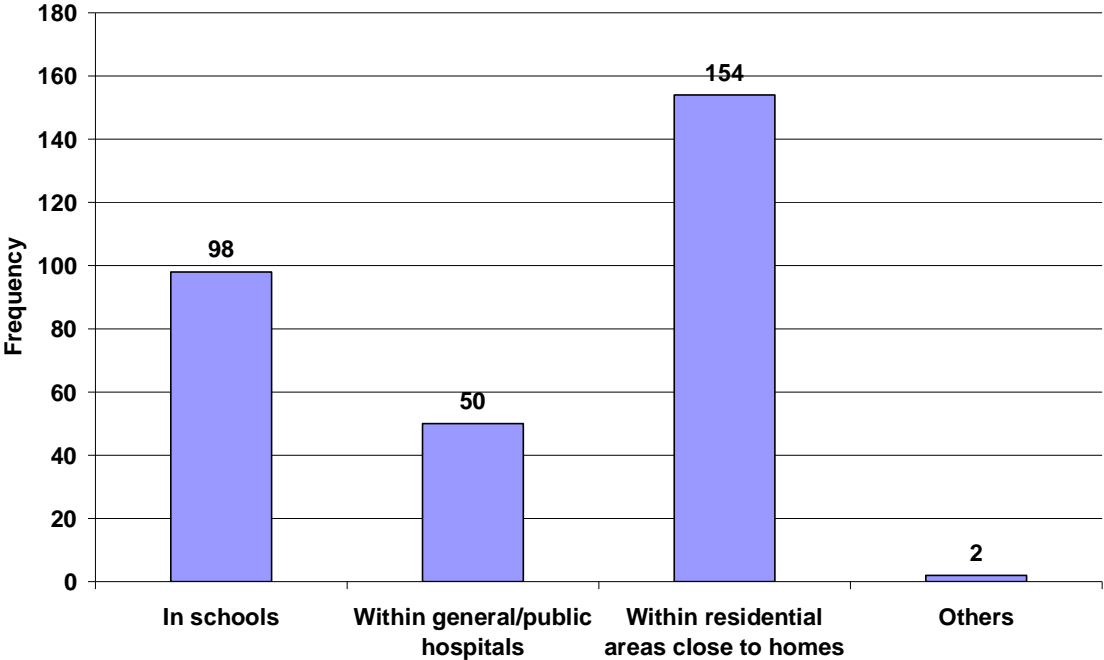
Chi square=4.36    Critical value = 5.99    df =2    p=0.11

**Table 4: Services Desired by Adolescents at the Health Care Centers**

SERVICES	FREQUENCY	PERCENTAGE (%) n=304
Health care services	256	84.2
Contraceptive services	14	4.6
Counseling services	178	58.6
Sports, games and recreation	86	28.3
Library/study centre	90	29.6
Cafeteria/Canteen	22	7.2
Health education talks/seminars	176	57.9
Vocational skills training	74	24.3

(Multiple responses were given)

**Figure 1: Bar chart showing preferred location for adolescent health centers**





**Table 5: Adolescents' expectations on Cost of Services**

COST	FREQUENCY	PERCENTAGE (%)
Usual rates as for other people	40	12.6
Special discount for adolescents	94	29.6
Free of charge	176	55.3
Others	2	0.6
No response	6	1.9
TOTAL	318	100

**Table 6: Adolescents' preferences on Health Provider Characteristics**

HEALTH PROVIDER CHARACTERISTICS	FREQUENCY	PERCENTAGE (%)
Young and same sex	22	7.2
Young and either sex	24	7.8
Matured and same sex	80	26.1
Matured and either sex	146	47.7
Any age or sex	34	11.1
TOTAL	306	99.9

**Table 7: Preferred Source of Treatment of Health Problems**

SOURCE	FREQUENCY	PERCENTAGE (%)
Friends/family	38	12.3
Doctor/nurse in a hospital	252	81.8
Teacher/school counselor	8	2.6
Chemist/medicine vendor	6	1.9
Others	4	1.3
TOTAL	308	99.9

**Table 8: Age Distribution of Respondents by Choice of Treatment Source**

**Source of Treatment**

<b>AGE</b>	<b>SCHOOL CLINIC</b>	<b>PUBLIC HOSPITAL</b>	<b>PRIVATE HOSPITAL</b>	<b>FRIENDS/ FAMILY</b>	<b>KEPT TO SELF</b>	<b>CHEMIST/ MED.VENDOR</b>	<b>TOTAL</b>
10-14	8 (17%)	4 (8.5%)	10 (21.3%)	8 (17%)	15 (31.9%)	2 (4.2%)	47
15-19	4 (6.6%)	11 (11%)	23 (37.7%)	4 (6.6%)	13 (21.3%)	6 (9.6%)	<b>61</b>
<b>TOTAL</b>	12 (11.1%)	15 (13.9%)	33 (30.5%)	12 (11.1%)	28 (25.9%)	8 (7.4%)	108

Chi square = 35.02    Critical value = 12.59    df = 6    p = 0.000004

**Table 9: Hospital Waiting Time**

WAITING TIME	FREQUENCY	PERCENTAGE (%)
Attended to immediately	128	41.3
Waited 30minutes – 1 hour	102	32.9
Waited >1hour but <2hours	34	11.0
Waited >2 hours	46	14.8
TOTAL	310	100

**Table 10: Obstacles to Seeking Health Care Services**

PROBLEMS	FREQUENCY	PERCENTAGE (%)
Don't know where to get treatment	16	5.8
Inconvenient opening hours	24	8.7
Unwelcoming staff attitude	14	5.1
Cannot afford cost of treatment	45	16.2
Don't want to be accompanied	36	12.9
Embarrassed to discuss problem with stranger	39	14.1
Don't want to be examined by health provider of opposite sex	65	23.5
Hospital is too far away	32	11.5
Others	6	2.2
TOTAL	277	100