

RURAL ADOLESCENT HEALTHCARE: BARRIERS, ACCESS AND AGE APPROPRIATE CARE.

Lani Brazier, Nikolina Sladojevic, Dr. Elena Rudnik and Prof. Lucie Walters.

Introduction

Adolescent health-care is an area of medicine that has been overlooked in Australia. Rural health services have commonly been focussed toward an aging population. Research is needed to redirect attention to the care needs and preferences of young people. The aims of this research were to identify the barriers for adolescents accessing health services in a rural setting and to identify features of an accessible, inclusive, youth friendly service.

Methods

Participants were recruited in two rural areas of South Australia, the Barossa Valley and the Southern Fleurieu Peninsula.

Students aged between 13 to 18 years from a convenience sample of five secondary rural schools were approached to participate in this study. The schools were chosen from two rural regions where at least one secondary school had an established doctors on campus service in order to provide a comparison of data. Students were invited to complete an anonymous 27 item online survey. Open ended and likert scale questions explored participant opinions regarding: health issues of concern, current healthcare access and potential strategies that may improve youth access to healthcare.

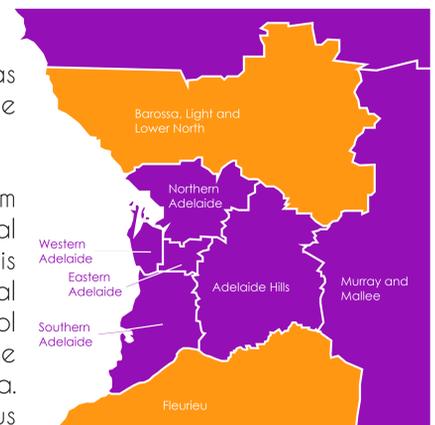


Figure 1: Map of South Australia showing specific survey regions.

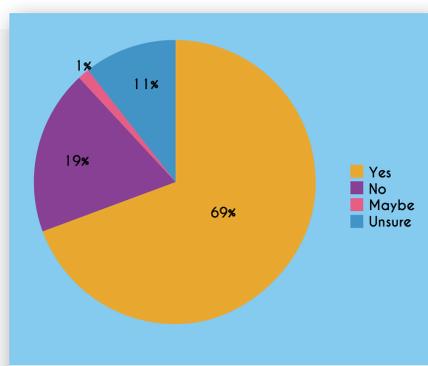


Figure 2: Percentage of participants who thought it would be helpful to see the same GP each appointment.

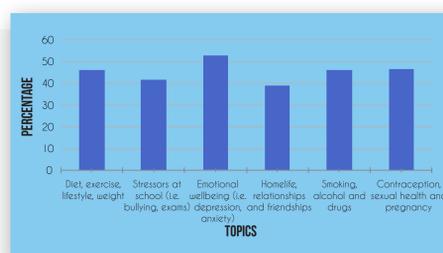


Figure 4: Percentage of participants who deemed the following topics extremely or very important for GPs to specifically bring up in an appointment.

The practice of GPs raising certain topics even it wasn't the purpose of the consultation was also deemed helpful (Figure 4).

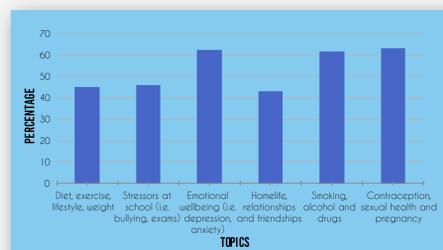


Figure 3: Percentage of participants who deemed the following topics extremely or very important to discuss with their GPs. Other likert scale options included moderately important, slightly important and not at all important.

Emotional wellbeing, substance use and sexual health were reported as the most important topics for adolescents to discuss with a GP (Figure 3).

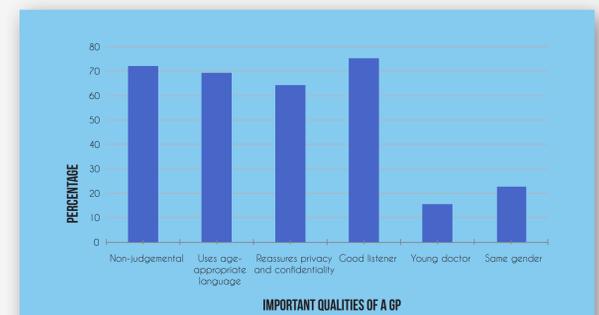


Figure 5: Percentage of participants who deemed the following qualities of GP to be extremely or very important. Other likert scale options included moderately important, slightly important and not at all important.

Adolescents did not indicate a strong preference for the age and gender of the GP (Figure 5). Participants instead valued not having to wait long for an appointment, good listening skills, non-judgmental behaviour and the use of appropriate age specific language.

Results

One hundred and forty-six surveys were completed, 56% self-reported as female. Almost all participants were aged between 13-17 years with slightly higher representation from 14 (28.6%) and 17 year olds (23.8%). Just over half (58.2%) listed a GP as their preferred first health-care contact, followed by pharmacy (39.7%) and psychology (23%). Approximately two-thirds (69.4%) thought it helpful to see the same GP in subsequent visits (Figure 2). Hoping the problem would go away, not feeling comfortable and feeling embarrassed were reported as being the biggest barriers to visiting the GP when needed.



Figure 6: Participant quotes collected from open ended survey questions.

Participant quotes complemented these findings and provided rich examples of current issues, particularly the value of kindness and the willingness to discuss complex and sensitive issues (Figure 6).

Conclusion

This research demonstrates that GPs play a key role in the provision of care for rural adolescents in two regions in South Australia. Continuity of care appears to be important. Future research might explore appropriate relationship building and youth engagement strategies for health professionals. This research begins to inform GPs of important contemporary issues affecting youth.