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Assessment of information seeking pattern and evaluation of the degree of its negativity in influence - A cross sectional study among adolescents of Dakshina Kannada district

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Abstract

Introduction: Adolescents are vulnerable group of individuals forming a significantly large proportion of the Indian population. In a bid to satisfy queries and curiosities, adolescents seek various sources for answers. The sources could be highly unreliable at times, but choice is largely made based on convenience and maintenance of anonymity. **Aim and objectives:** The study was aimed at assessing the sources of information sought by adolescents for various queries and also the impact it had on substance abuse. **Methodology:** A total of 222 adolescents (age range 10-19 years; mean age= 14.5years) were included in the study. A pre-structured and pre-tested questionnaire and the CRAFFT questionnaire for adolescents for screening for substance abuse were used as study tools. **Results:** Adolescents were categorized as early (10-13 yrs), middle (14-16 years) and late teens with a majority i.e. 47% residing in urban areas. Internet facility was unavailable to 39%, but the remaining had access at home, school, cyber or to their mobile phones. Internet was preferred choice for male and female adolescents alike for accessing information on puberty and reproductive health, as it helped maintain confidentiality. Significant association for substance abuse was seen with late teens ($p < 0.001$), male gender ($p < 0.001$) and urban locality ($p=0.04$) of the adolescents. **Conclusion:** Adolescents are highly susceptible to negative influences. Although substance abuse was found to be higher in urban males, negative influences for source of information on health issues were seen in all localities and gender alike. Proper counseling and approachability to elders or health care professionals need to be worked on to ensure that adolescents receive the right information from the right source.

Key words: Adolescents, information, negative influence, peer pressure, teenagers

Introduction

Adolescence is considered as a bridging period from childhood to adulthood. Biological, cognitive, moral as well as social development occurs during this period. It can be identified as the vulnerable period of life when various emotional and health problems may arise.

Presence of supportive and approachable parents, teachers and elders is generally taken as a positive

influence on the behaviour of adolescents. Media along with peer influence has the power in shaping the attitudes, perception and beliefs of adolescents. Most research studies in the past have found that adolescents prefer to use people as their main source of information. Shenton AK et al. conducted a survey in 2003, where the adolescent participants were asked about their source of information in eight different circumstances. The most commonly preferred method was through face to face talks with a parent, teacher or friend.¹ Similar findings have been reported by Agosto et al. as well.² But in today's technology prevalent era, information pertaining to any aspect is available at one's fingertips. For individuals of all age groups but especially teenagers, technology has taken over face to face conversation and confiding in elders for advice and guidance.³

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The choice of the source depends on convenience and assurance of non-disclosure than the reliability of information sought. This is a time where adolescents are easily influenced and decisions made during this phase of life can affect their future. Their decisions are made by influences from their trusted peers more often than not.⁴

In some cases, adolescents may be faced with the difficulty of not knowing where to find proper information and the lack of confidence or trust to approach reliable sources such as elders, parents or teachers. As a result, most adolescents, being left to their own choice of resources, end up with discrete sources such as the internet, where information sought could be incorrect, insufficient or misleading. This can have a serious negative impact on the young minds and affect decision-making and outcomes.

Adolescents may seek information on various queries such as education and career, puberty and sexual growth, diet and other health issues that occur during this phase. The sensitive, immature minds of adolescents are thus easy prey to the ills and vices in the society. Adolescents may start to indulge in drugs following peer pressure or just to experiment. Preferences for movies, books, music and TV shows are also largely influenced by peer group. Wrong choices of media may lead to a distorted image of what may be right or wrong, which keeps them away from the way in which the actual world works.

Thus substance abuse is now highly prevalent and on the rise in most regions of the country today. Certain studies have validated the use of CRAFFT questionnaire for effective screening for substance abuse in adolescents both in general population as well as in different ethnic groups.^{5,6}

Objectives

1. To assess the sources of information sought by adolescents for various queries.
2. To screen the adolescents for substance abuse.
3. To correlate negativity in influence among study subjects and information seeking pattern.

Methodology

Study design: - Cross sectional, community based descriptive study.

Sample size: - $Z_{1-\alpha/2}^2 P(1-P)/d^2$ where P (health information seeking pattern of adolescents), a study done by Kumar R et al. in Chandigarh showed the information seeking pattern of adolescent from peers/friends to be 48%⁷, d (error) = 7% N=196, assuming 10% non-response rate, final sample size was 216.

A total of 222 adolescents (10-19 years of age) of Dakshina Kannada district were included in the study through simple random sampling from rural and urban field practice areas of Department of Community Medicine of a medical college teaching hospital.

Exclusion criteria: - Study subjects from special schools or having developmental delay and those not willing to participate were excluded.

Study technique: - After taking institutional ethical clearance, the purpose of the study was explained and written consent was obtained from the participants (>18 yrs) or their parents (<18 yrs) before enrolling them in the study. A self-administered questionnaire gathered data on various information sources sought for different categories of queries and the reason for doing so. Data obtained was correlated with socio-demographic data, presence of bad habits and negative influence.

Study tool: - The 6-item validated⁸ CRAFFT questionnaire⁹ (validated for Asian population)¹⁰ which was self-administered was used to screen for substance abuse and dependence. Scores greater than two were taken to signify problematic substance abuse or dependence.

Study period: - 18 months

Statistical analysis: - Data was entered into Microsoft excel sheet and analyzed using SPSS 23 (IBM corp., Armonk, NY). Descriptive statistics for the data included frequency and percentage while inferential statistics used was Chi-square test.

Results

A total of 222 adolescents (M =91, F =131; age range 10-19 yrs; mean age=14.8 yrs) were assessed in our study. The adolescents were categorized as early (10-13 yrs), middle (14-16 yrs) and late teens

as shown in Table 1. Majority i.e. 108 (49%) of the adolescents were residents of urban areas with the remainder residing in semi-urban 65(29%) and rural areas 49(22%).

Easy internet accessibility was unavailable to 85 (39%) of study subjects, while the remaining had access to the same either at home 72 (32%), school 10 (5%), internet cafe 22 (10%) or their mobile phones 33 (15%).

During the interview, 198 (89%) adolescents stated that they usually felt confused or embarrassed to approach anyone regarding their queries on growth, puberty, sexual and reproductive health and hence resorted to use of the internet as it helped maintain confidentiality. The other main sources for various queries were for career or education related queries sought from parents 44% in males and 65% for female adolescents. Health related queries was sought from parents by 60% of female adolescents as against to 37% of males and peer group (for substance abuse) was higher among males 17% as against 0.3% in females, internet was the preferred source among both groups alike for reproductive health related queries as tabulated in Table 2.

The CRAFFT questionnaire was used to screen the subjects for substance abuse and was classified as no use 168 (76%), occasional use 29 (13%), problem use 3 (1%), abuse 9 (4%) and dependence in 2 (0.9%) and 11 (5%) did not respond. Among the 11 screened positive for substance abuse, 1 was a mid-teen (14-16 yrs) and the remaining 10 were late teens (17-19 yrs).

Positive association for substance abuse with age, gender and locality of the adolescents was made with p <0.05 as shown in Table 3. Table 4 shows the information seeking pattern of the adolescents screened as positive for substance abuse.

Tables and charts

Table 1: Age wise distribution of study subjects

Age group	Number (%)		Total (%)
	Males	Females	
Early teens (10-13 yrs)	25	50	75 (33.78)
Middle teens (14-16 yrs)	30	43	73 (32.88)
Late teens (17-19 yrs)	36	38	74 (33.33)
Total	91	131	222 (100)

Table 2: Information seeking pattern (N=222)

	Career/ future		Studies		Health		Substance abuse		Growth and puberty		Eating habits		Sex/ Reproductive health		Stress/anxiety		Acne/ physical appearance	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Parents	81	123	73	108	75	130	1	0	12	43	39	101	1	13	29	71	5	30
Teachers	10	14	18	29	7	0	0	0	0	0	0	0	5	3	0	0	2	3
Counselors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grandparents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Older siblings	3	4	7	12	6	1	2	0	11	12	5	0	0	0	13	19	0	0
Peer group	1	0	1	0	3	0	35	8	12	29	18	21	5	3	40	45	7	8
Internet	4	3	0	0	5	3	0	0	38	44	0	1	35	34	0	0	5	0
Total	99	144	99	149	82	134	38	8	73	128	62	123	46	53	82	135	19	41
(%)	(44.5)	(64.8)	(44.5)	(67.1)	(36.9)	(60.3)	(17.1)	(0.3)	(32.88)	(57.6)	(27.9)	(55.4)	(20.7)	(23.8)	(36.9)	(60.81)	(8.5)	(18.4)

Table 3: Association of CRAFFT score with age, gender and locality of study subjects

Gender	CRAFFT score		Total	p value
	< 2	>2		
Males	82 (90%)	9 (10%)	91	<0.001, HS
Females	129 (98.5%)	2 (1.5%)	131	
Age				

	CRAFFT score			
Early teens (10-13 yrs)	75 (100%)	0	75	<0.001, HS
Mid-teens (14-16 yrs)	72 (98.5%)	1 (1.5%)	73	
Late teens (17-19 yrs)	64 (86%)	10 (14%)	74	
Locality				
Rural	47 (96%)	2 (4%)	49	0.047, Sig.
Semi – urban	65 (100%)	0	65	
Urban	99 (92%)	9 (8%)	108	

Table 4: Analysis of choice of information source of subjects with CRAFFT >2 (N=11)

	Career/ future	Studies	Health	Substance abuse	Growth and puberty	Eating habits	Sex and reproductive health	Stress/ anxiety	Acne/ physical appearance	Total
Parents	11	6	9	0	0	5	0	0	2	33
Teachers	0	6	1	0	0	0	0	0	0	7
Counselors	0	0	0	0	0	0	0	0	0	0
Grandparents	0	0	0	0	0	0	0	0	0	0
Older siblings	1	3	2	0	4	0	0	3	0	13
Peer group	0	0	0	6	2	1	4	8	1	22
Internet	2	0	2	0	10	0	7	0	0	21

Discussion

Our study had almost equal number of subjects from each of the categories of early, middle and late teens. Among the categories of options offered, it was found that most teens sought advice from their parents regarding issues pertaining career, future, studies, general health and eating habits. However, the first choice of information was peer group for issues such as experimenting new things, doing drugs and alcohol.

A study by Gray et al.¹¹ in 2005 had found that internet is the most preferred source for seeking solutions to health related issues, while peers continue to be the most utilized source. The reason for this choice has been found by other studies too, to be due to the level of confidentiality and convenience that comes with these two sources. The study also claimed that the adolescents perceived the internet as the only source providing apt and prompt information, while maintaining anonymity of the information-seeker. The same finding was found in our study wherein adolescents with access to internet (especially

those in urban areas) confirmed the information first obtained from their peers with the data on the internet.

We also found that girls preferred their mothers or their elder sisters (though to a lesser extent) for health problems and personal issues, while boys preferred to confide in their peers rather than their older siblings or fathers. These findings were similar to the findings by Gray et al.¹¹ Lack of counselors in most schools was cited as a deficiency in their seeking an anonymous yet reliable source for getting queries answered.

Our study found that the matter of substance abuse and other negative influences was prevalent not just in urban, but in rural areas as well. This finding was in agreement with studies by Barman et al. in Punjab.¹² This probably suggests that as long as the availability of resources (such as internet, technology, drug and alcohol) is existing, adolescents can easily fall prey to vices. For instance, adolescents in urban areas in our study resorted to internet use

in the comfort of their smart phones or computer, while adolescents in the rural area went to the cyber to access internet as they did not have the facility at their homes.

Late adolescents were found to be involved in substance abuse. Middle and early teens were less likely to be involved in the same as assessed by our study.

Conclusions

When information seeking pattern was analyzed for the total study sample, it was found that majority of the adolescents had access to internet, preferred the same to get information on matters that either embarrassed them or were taboo in society and preferred to stick to advice given by their peers. There was prevalence of negative influences in rural areas as well and this goes to suggest that adolescents are susceptible in any part of the country despite absence of certain resources and luxuries. Although, adolescent friendly health clinics have been started under reproductive and child health program under the banner of reproductive, maternal, neonatal and child health – adolescents scheme (RMNCH+A), there is paucity of data pertaining to whether actually these clinics do meet out the health needs and queries of adolescents. Schools and colleges should ensure the availability of counselors at regular sessions, so that a reliable advisor may be sought for queries without the adolescents having to fear embarrassment while at the same time maintaining anonymity. Stronger policies advocating need for addressing adolescent health care needs is the need of the hour.

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