Arab adolescents and their sources of health information

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Abstract

Background. In Qatar, health media campaigns and applications (apps) have not been particularly successful among adolescents. Arab culture and Kohlberg’s theory of moral development suggest personal communication as a promising alternative.

Aims. This study asks the question, how important is personal communication for health information among adolescents when compared to other sources?

Methods. A secondary analysis of a representative survey in 2017 with 1117 adolescents in Qatar was performed.

Results. Personal communication is the most important source of health information, together with a few selected internet platforms. There was little difference in selection according to gender or age of adolescents.

Conclusions. Health information for adolescents should take advantage of personal communication and pay attention to which internet channels are used. Parents and friends are particularly relevant.

Keywords: Adolescents, health, health information, health campaigns, Qatar


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Introduction

Qatar is a country with severe health problems among its adolescents (1,2,3) and has tried to convince them to become more health-conscious through campaigns and an online application (app) (3,4). So far, not a single recent campaign has reached a majority of Qatari adolescents (3,5) and the app has only been “ever downloaded or used” by 5% of Qatari adolescents (3,6).
Scattered evidence about alternative sources of health information has already hinted at family and friends as the most used channels in Qatar, followed by the internet (7,8). In the Gulf region, personal communication appears important as well (9,10,11), likewise in South America (12,13) and in western countries (14), above all among adolescents (4–6,15–22). Arab culture should even strengthen the role of personal communication since culturally it is more relationship-based (23) where personal connections play an important role (24) and social behaviour tends to be more determined by one’s family, superiors and peers (25).

In particular, adolescents’ friends should be a promising personal source for health information. Kohlberg (26) found that adolescents from 12 years upwards become increasingly less dependent on their parents. Instead, they are receptive to approval or disapproval from peers outside the family; this seems even more the case among females (27). Thus, personal sources seem to be particularly promising for reaching young people with health information, specifically in Arab cultures. Among these sources, Kohlberg (26) emphasizes the importance of adolescents’ friends.

The objectives of this study were to examine when compared to other sources of information, how popular are personal contacts for general health information among Qatari teens, specifically for the role of friends (RQ)? Research on gender and peer orientation (27) suggests two hypotheses: H1) Female adolescents consult their friends more often than males for health information; and H2) The older adolescents are, the more often they consult their friends for health information (26).

Methods

This study is a secondary analysis of a large representative survey of Qatari adolescents aged 13-20 years in order to gauge their health information behaviour (3). The survey was commissioned by Northwestern University in Qatar, administered by the Social and Economic Survey Research Institute (SESRI), Qatar University, and conducted in Arabic on laptop computers at schools, from 22 April to 17 May 2017. In total 1117 Qatari nationals participated (response rate: 72%).

Which sources for health information Qatar’s adolescents turn to (RQ) was addressed by the question: “People get information about health from many different sources. For each of the following sources please indicate whether you have used them at all to get information about health topics.” Possible answers were “yes” and “no” (3). The 23 sources presented to respondents were compiled into the following categories:

- Personal sources: guardians (parents in most cases), brothers or sisters, friends, doctors/nurses;
Websites: YouTube, Wikipedia, SahtakAwalan (Qatari health website), online forums about health information, newspaper articles (online version), magazine articles (online version);

Social media: Facebook, Snapchat, Twitter, Instagram;

Traditional media: TV news, TV shows (talk shows, reality shows, medical or other dramas), newspaper articles (print version), magazine articles (print version), radio, books.

Finally, the list of sources also contained “leaflets/pamphlets from a hospital, clinic, or medical practice” and “health classes in school.”

To test H1 and H2, the responses of females and males, younger and older adolescents were compared. In the survey, gender was addressed by the question “What is your gender?” with responses “I am a female” and “I am a male” (50% of the respondents each). The age of the respondents was gauged by “What is your age in years?” (3). The median age divided the respondents into a younger cohort (13–15 years, 45% of the respondents) and an older cohort (16–20, 55%). Chi-square (Fisher’s Exact Test, one-sided) is used to gauge the statistical significance of differences between these groups.

Results
For more than three quarters of all respondents and for the four subgroups separately, personal sources were found to belong to be the most popular source for health information, in this order: parents, friends, siblings and doctors/nurses. One website (YouTube) and two social-media platforms (Instagram and Snapchat) were equally important. Fewer Qatari adolescents mentioned other social-media platforms and websites, as well as more traditional sources such as medical leaflets/pamphlets, TV, books, and health classes. Radio, printed newspapers and magazines were consulted by approximately 30% of respondents (Table 1).

H1 (females are more friends-oriented) was not confirmed. On the contrary, it was found that parents were more relevant as sources of information for females than for males, yet Instagram was also popular. Males, in contrast, used traditional media channels more often, while health classes had little popularity among males.

H2 (the older adolescent are, the more friends-oriented they become) was not confirmed. Siblings and doctors/nurses were found to be more important for older adolescents, as were Twitter and Wikipedia. Younger respondents relied more on YouTube and health classes when compared to older adolescents.
Discussion and conclusions
This analysis supports the assumption that personal sources of health information are the most important among Qatari adolescents. In Qatar, only two social-media platforms (Instagram and Snapchat) and one website (YouTube) were close to comparable in usage to personal sources. This result was valid equally for females and males, younger and older adolescents.

Among the personal sources, and as predicted by Kohlberg (26), friends are extremely important, surpassed only slightly by parents. Females and males, and younger and older adolescents rely equally on their friends as sources of health information. Therefore, assumptions that females and older adolescents should be more friends-oriented (H1 and H2) are not supported. Instead, females still depend slightly more than males on their parents for health information in general, which would contradict previous evidence (27). In contrast to Kohlberg’s concept of moral development, the dominant role of the family in Qatari culture, especially that of parents, would appear to prevail even among females and older adolescents.

As a promising conclusion for health campaigns in Arab countries, health information for adolescents should take advantage of personal communication with parents and friends, and supported by careful usage of specific internet platforms.

Limitations
Friends as sources of health information might possibly be more popular than measured in this secondary analysis because they could also be the unmentioned sources of health information on social media. Also, since this study is about health information in general, it could well be that adolescents use personal sources even more extensively the more serious the health issues are (11).

References


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Table 1: Using a communication channel “to get information about health topics” at all (percentages)

<table>
<thead>
<tr>
<th></th>
<th>All respondents (N)</th>
<th>Females (N)</th>
<th>Males (N)</th>
<th>P</th>
<th>13-15 years (N)</th>
<th>16-20 years (N)</th>
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<td>87 (1014)</td>
<td>90 (510)</td>
<td>83 (501)</td>
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<td>85 (420)</td>
<td>88 (591)</td>
<td>.08</td>
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<td>86 (512)</td>
<td>84 (487)</td>
<td>.31</td>
<td>86 (411)</td>
<td>84 (532)</td>
<td>.33</td>
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<td>YouTube</td>
<td>80 (1010)</td>
<td>80 (512)</td>
<td>80 (495)</td>
<td>.48</td>
<td>82 (414)</td>
<td>78 (536)</td>
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<td>Siblings</td>
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<td>79 (500)</td>
<td>78 (484)</td>
<td>.31</td>
<td>74 (398)</td>
<td>82 (532)</td>
<td>.00**</td>
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<td>82 (509)</td>
<td>75 (499)</td>
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<td>Doctors/ Nurses</td>
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<td>79 (500)</td>
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<td>74 (400)</td>
<td>79 (516)</td>
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<td>66 (512)</td>
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<td>TV shows</td>
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<td>66 (392)</td>
<td>66 (507)</td>
<td>.48</td>
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<td>Medical website</td>
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<td>66 (468)</td>
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<td>24 (341)</td>
<td>26 (470)</td>
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</table>

* = difference significant at the 5% level (Chi-square, Fisher’s Exact Test, one-sided)

** = difference significant at the 1% level (Chi-square, Fisher’s Exact Test, one-sided).