

Health perceptions and priorities among young men in Surat city: Workshop findings

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Abstract

Adolescence is an important phase of development. Health behaviours acquired during this period, such as smoking, drinking alcohol, illicit drug use and risky sexual activity can affect health adversely, including when older. Mental health problems are also common in this age group.¹ However, the global focus has only recently moved onto adolescents and young people. ² The WHO call for global in 2002 was followed by many countries implementing adolescent health programmes. ³ In India, as in many countries, most programmes focus on adolescent girls' sexual and reproductive health. ⁴ Although young men aged 15 to 24 years account for 10% of India's population, their health needs are mostly unmet.⁵ We conducted workshops in slum areas of an industrial city, Surat, in Gujarat to explore young men's perceptions of health and health priorities and gain a better understanding of their access to health-related information and care..

Keywords: S, drinking alcohol, Illicit drug use and risky sexual activity can affect health adversely, Including when older.

Introduction

Adolescence is an important phase of development. Health behaviours acquired during this period, such as smoking, drinking alcohol, illicit drug use and risky sexual activity can affect health adversely, including when older. Mental health problems are also common in this age group.¹ However, the global focus has only recently moved onto adolescents and young people. ² The WHO call for global in 2002 was followed by many countries implementing adolescent health programmes.³ In India, as in many countries, most programmes focus on adolescent girls' sexual and reproductive health.⁴ Although young men aged 15 to 24 years account for 10% of India's population, their health needs are mostly unmet.⁵ We conducted workshops in slum areas of an industrial city, Surat, in Gujarat to explore young men's perceptions of health and health priorities and gain a better understanding of their access to health-related information and care.

Materials and Methods

We carried out field visits and community discussions within Surat city to gain a better understanding of young men's health concerns. Based on this information, we conducted five workshops between December 2013 and January 2014 in urban health centres in Udhna, Limbayat and Godadara, areas with a high proportion of slum-dwellers within the city. Male participants from the localities were invited to participate by field workers. Separate workshops in each area were conducted for 16 to 19 year old (younger men) and 20 to 24 year old men (older men). We were unable to recruit enough men to conduct a

workshop for the latter age group in Limbayat. We recruited 50 participants in total; ten in each of the remaining groups. Each workshop lasted three and a half hours and was facilitated by two junior doctors supervised by senior doctors using a proforma. Following written consent, the workshops were conducted in Hindi, the national language and Gujarati, the regional language.

The workshop was divided into four topics: general health; cigarette, alcohol and drug use; mental health and sexual health. Each topic was sub-divided into areas as discussed below in the results section. We used free listing, given topics, group discussion and consensus to rank the responses in order of importance obtain data. Due to lack of time, we did not ask the younger aged participants in Limbayat about facilitators and barriers to health. We present the most common five answers given by participants to each question in the results section below.

Results

"What is health?"

In older and younger men, absence of disease was ranked as the most important answer. This was followed by absence of malnutrition, and lack of addiction. Health was also said to be necessary, priceless and led to a good personality.(Table 1)

Health problems in young men

General health

In order of importance, participants in both age groups ranked accidents as the most important problem for young men and addiction to alcohol, tobacco and drugs as the third most important problem. Both groups also included fever

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and malaria, ranked second and fifth, and concerns about personal appearance, ranked fifth and second, by younger and older men respectively. The terms “fever” and “malaria” were used interchangeably. Older men ranked mental health concerns and younger men anaemia fourth.(Table 2)

Sexual health

Older and younger participants ranked itching in the genital area as the most important male sexual health problem followed by genital ulcers/sores and a change in libido. Younger men ranked night fall, ejaculation during sleep, and older men, premature ejaculation, fourth. Both age groups ranked burning micturition fifth; older men ranked sexually transmitted infections joint fifth.(Table 3)

Mental health

In younger men, stress due to exams and homework was ranked the most important problem for young men. This was followed by a change in appetite due to stress, negative or “dirty” thoughts, uncontrolled thoughts and emotional disturbance and a change in sleep. In older men, the most important reason for mental health problems was ranked as stress due to job insecurity followed by anxiety and emotional disturbance, competitiveness, insecurity about the future and negative, uncontrolled thoughts. (Table 4)

Alcohol, drugs and cigarettes

Both age groups gave similar responses, ranking ill health and wasting money as the two most important problems. This was followed by effect on work performance, and behaviour and relationships. Younger men ranked mental disorder and older men problems with the law fifth. (Table 5)

Health problems in young women

Table 1: Responses to “what is health?”

Rank by priority	16-19 years old men	20-24 years old men
1 st	Health is absence of disease “ <i>koi bimari nahi hain to swasth hain</i> ” (“No disease means healthy person”)	Health is absence of disease
2 nd	Absence of malnutrition	Absence of malnutrition
3 rd	Absence of addiction	Absence of addiction
4 th	Health is necessary	Health is necessary
5 th	Health is priceless	Good health gives good personality

Table 2: Perceptions about general health problems in young men

Rank by priority	16-19 years old men	20-24 years old men
1 st	Road accidents “ <i>Cycle, bike se girte rahte hain</i> ” (“Accidents happens frequently while driving cycles and bikes”)	Road accidents
2 nd	Fever /Malaria	Dissatisfaction related to Physical appearances “ <i>Har koi accha dikhna chahta hain</i> ” (“Everyone wants to look good”)
3 rd	Addiction to Alcohol/ Tobacco/Illicit drugs “ <i>Mostly sab log nashi karna start kar dete hain.</i> ”	Addiction to Alcohol/Tobacco/Illicit drugs

General health

Younger men ranked family planning as the most important problem for young women, followed by menstrual problems, pregnancy related problems, anaemia and mental health. Older men ranked menstruation related problems highest followed by dissatisfaction with physical appearance, pregnancy related problems, childbirth issues and anaemia. Pregnancy related problems included avoiding pregnancy and unwanted pregnancies. (Table 6)

Sexual health

Both age groups ranked menstrual problems followed the most important problem in young women, followed by itching in genital areas and fear of pregnancy. Younger men ranked family planning and older men burning micturition and sexually transmitted infections fourth. Younger men ranked fear of disclosure of pre-marital and older men extra-marital affairs fifth. (Table 7)

Barriers to accessing healthcare

Young men

Both the groups ranked lack of money as the most important barrier to access to health care in young men. This was followed by distance from health care facilities and lack of time, lack of information about health care facilities and doctors’ rude behaviour. (Table 8)

Young women

Both the groups perceived that lack of time and fear of disclosure of illness to family members and the consequences as the most important barriers to access to health care for young women. The younger men ranked lack of money third and the older men lack of confidentiality. Both groups ranked lack of information about health care facilities fourth and doctors’ rude behaviour fifth. (Table 9)

	(“Majority start indulging in addictive habits”)	
4 th	Anaemia	Mental health problems
5 th	Physical appearances	Fever /Malaria

Table 3: Perceptions about sexual health problems in young men

Rank by priority	16-19 years old men	19-24 years old men
1 st	Itching in genital area <i>“jyada der bethe rahte to pasine se khujli hoti hain”</i> (“prolonged sitting leads to excessive sweating which causes itching”)	Itching in genital area
2 nd	Genital ulcer/sore	Genital ulcer/sore
3 rd	Change in libido	Change in libido
4 th	Night fall (ejaculation during sleep)	Premature ejaculation
5 th	Burning micturition	Burning micturition/sexually transmitted infections

Table 4: Perceptions about mental health problems in young men

Rank by priority	16-19 years old men	20-24 years old men
1 st	Stress due to exams and homework	Stress due to job insecurities
2 nd	Change in appetite <i>“Tension ki wajah se bhook bhi kam ya jyada lagti hain”</i> (There is an increase or decrease in appetite due to stress)	Anxiety and emotional disturbances <i>“Hamesha chinta rehti hain or dimaag kharab rahta hain”</i> (“There is always anxiety and bad moods”)
3 rd	Negative thoughts <i>“Bade hi gande or dravne vichhar aate hain”</i> (“The mind is occupied with dirty and negative thoughts”)	Competitiveness <i>“Kisi tarah ek dusre se aag enikle ne ki sochte rahte hain”</i> (“He is always thinking about how to get ahead of others by any means.”)
4 th	Uncontrolled thoughts/emotional disturbance	Insecurity <i>“Future ki tension rahti hain”</i> (“We are worried about future”)
5 th	Change in amount of sleep	Negative or uncontrolled thoughts

Table 5: Perceptions about health problems related to cigarettes, alcohol and illicit drug use

Order of priority	16-19 years old men	20-24 years old men
1 st	Ill health <i>“jo nashi karta hain wo bimaar rahate hain”</i> (“addictions leads to ill health”)	Money wastage <i>“paiso ki bigaad bahut hoti hain”</i> (“Huge wastage of money occurs due to addictions”)
2 nd	Money wastage	Ill-health
3 rd	Effect on work performance <i>“nashi karne waale ka mann kaam main nhi lagta”</i> (“addictions leads to loss of interest in work”)	Effect on behaviour/relations
4 th	Effect on behaviour/ relations <i>“jo nasha karta hain wo kisi ki nahin sunte”</i> (“addicted people do not listen to anyone”)	Effect on work performance
5 th	Mental disorder	Problems related to law

Table 6: Perceptions about general health problems in young women

Rank by priority	16-19 years old men	19-24 years old men
1 st	Family planning	Menstruation problems
2 nd	Menstruation problems	Dissatisfaction related to Physical appearances
3 rd	Pregnancy related problems - unwanted, avoiding pregnancies	Pregnancy related problems-unwanted, avoiding pregnancies
4 th	Anaemia	Childbirth related problems
5 th	Mental health	Anaemia

Table 7: Perceptions about sexual health problems in young women

Rank by priority	16-19 years old men	19-24 years old men
1 st	Menstruation related problems	Menstruation related problems
2 nd	Itching in genital area	Fear of pregnancy
3 rd	Fear of pregnancy	Itching in genital area
4 th	Family planning	Burning micturition/sexually transmitted infections
5 th	Fear of disclosure of pre-marital affairs	Fear of disclosure of extra-marital affairs

Table 8: Perception about barriers to young men accessing healthcare

Rank by priority	16-19 years old men	20-24 years old men
1 st	Lack of money/money is essential for having good health. <i>“paise ke bina koi illaz nhin kara sakte”</i> (“No treatment can occur without money”)	Lack of money/money is essential for having good health. <i>“Paise bahut jarrori hain illaz ke liye.”</i> (“Money is very necessary to have treatments”)
2 nd	Distance from health facility <i>“Hospital door ho to koi ilaaz nahi karate”</i> (“Nobody can access the treatment if the hospital is far away.”)	Distance from health facility <i>“Hospital door ho to time nahi milta jaane ke liye”</i> (“If a hospital is far away, there is not enough time to go to it.”)
3 rd	There is not enough time to go to the doctor	There is not enough time to go to the doctor
4 th	There is a lack of Information regarding healthcare facilities <i>“Pata nahi hota kaha, kab, kaise jaye hospital”</i> (We don’t know where, how and when to access health care.”)	The rude behaviour of doctors
5 th	The rude behaviour of doctors <i>“Doctor acche se baat nahin karta”</i> (“Doctors don’t behave properly.”)	Lack of Information regarding available healthcare facilities

Table 9: Perception about barriers to young women accessing healthcare

Rank by priority	16-19 years old men	19-24 years old women
1 st	Lack of Time due to chores <i>“Itna kaam hota hain ki time hi nahin milta”</i> (“There is so much work to do, she does not even get the time”)	Lack of time to access health services
2 nd	Fear of disclosure related to illness among family members <i>“Gharwaale daat maareng isiliye bimari batate nahin”</i> (“She won’t tell her family members about her illness in case they beat her.”)	Fear of disclosure of illness among family members, especially in-laws.
3 rd	Lack of money /money is essential for good health.	Fear of breach of confidentiality about illness <i>“Aas padosh ke logo ko pata chal gaye bimari ka to?”</i>
4 th	Lack of information regarding healthcare facilities.	Lack of Information regarding healthcare facilities.
5 th	The rude behaviour of doctors	The rude behaviour of doctors

Discussion

Both age groups had similar perceptions about what health meant and problems related to health in general and specifically, mental health, alcohol, cigarette and illicit drug use and sexual behaviour. Health was mainly thought to be an absence of disease.

Younger and older men said that the main problem for health generally for young men was road traffic accidents, reflecting an awareness of a recognised problem of their vulnerability on the road in low and middle-income countries.² Although their responses included malaria, fever, anaemia and mental health problems, they did not mention sexual health problems. Physical appearance concerns were important among the older participants.

However, when discussing sexual health specifically, both age groups talked about symptoms and signs of sexually transmitted infections such as genital ulcers, sores and burning micturition (pain on passing urine). Older men stated sexually transmitted infections were a problem and also prioritised premature ejaculation. A recent survey shows high levels of risky sexual behaviour among men, including young men, in India.⁶

Participants in both age groups thought young men were affected by stress and emotional problems. The older age group thought competitiveness and concerns about future insecurity were also important. Mental health problems may first become apparent in adolescence¹ and India has among the highest suicide death rates in the world.⁷

Addiction to alcohol, cigarettes and illicit drugs was thought to cause unspecified ill-health, mental health problems and affect young men's performance at work and socially. The highest rates of tobacco use are in adolescents in low and middle-income countries, such as India.⁸

Young men talked about family planning whereas older men talked about childbirth as problems for young women, suggesting the men were more likely to be married. Younger men also thought mental health issues and anaemia were problems for young women. Anaemia is thought to be present in more than half the girls in India aged 15 to 19 years.³ Fear of pregnancy, sexually transmitted infections and fear of disclosure of pre- and extra-marital affairs were also thought to be problems for young women, possibly reflecting the participant's own worries and experiences.

Both age groups ranked lack of money, information about health care facilities, time and doctors' rude behaviour as barriers to accessing health care for young men and women. In addition, for young men, the distance to a clinic was a problem. Whereas for women, lack of time and lack of confidentiality with family members were issues. These concerns of lack of confidentiality, behaviour of healthcare staff and inability to pay for healthcare are similar to reproductive health service access study results in India.^{9,10} Decreased opportunities for access due to limited mobility and power to make independent decisions have also been shown.¹¹

Our exploratory findings suggest young men across the 16 to 19 years age group and 20 to 24 years age group have similar perceptions about health, although their priorities can differ and the lack of prioritisation of sexually transmitted infections is of concern. They have high levels of stress and some knowledge about young women's health problems. There appear to be many barriers to young men accessing health care. We recommend further research on their health and facilitators and barriers to health care access.

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Conflict of Interest

None.

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