

■ Original article

A qualitative study of adolescents, parents and key informants' experiences towards the importance of peer groups

Zohreh Shahhosseini¹, Masoumeh Simbar^{2,*}, Ali Ramezankhani³

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Abstract

Background and Purpose: One landmark of adolescence is the increasing value young people place on friendship and relationship with peers. The aim of this study was to determine adolescents and key informants' perceptions and experiences regarding to importance of peer groups.

Methods: Sixty-seven female adolescents (12–19 years) and 11 key informants, recruited from urban and rural areas from Sari in the North of Iran using non-probability sampling, participated in eight focus group discussions and semi structured interviews. All tape-recorded data was fully transcribed and thematic analysis was done to identify key themes.

Results: Qualitative content analysis demonstrated five original categories related to importance of peer group in adolescents health including: Acceptance in peer group, Support from friends, Providing the appropriate conditions for healthy relationships with the opposite sex, Positive patterns of friendship and Avoiding from unfavorable friends.

Conclusion: Peers can have either positive or negative effects on adolescent's health. To have the most positive impact on adolescent health, parents and community organizations must work together in a comprehensive approach.

Keywords: Female adolescents, Peer group, Thematic analysis, Qualitative study

Introduction

Adolescents are persons aged 11 – 19 years, according to the definition of the World Health Organization, and constitute over 1.2 billion members of the world's population (1,2).

This age group will undergo remarkable physical, psychological and social changes passing childhood to adulthood and following these various changes, they will require different needs. On the other hand, various factors such as puberty age, marriage age increase, epidemiologic transition

of diseases, nutritional transition, educational achievements development, world media accessibility and transformation of cultural values all expose adolescents to the situations affecting their health and indicating the complication of these age group requirements (2,3).

By considering a huge wealth of the adolescents, our country needs accurate programming and paying attention to this age bracket's health-related needs. Based on 2011 census, 10-19 age group

¹Department of Reproductive health, Nursing and Midwifery School, Mazandaran University of Medical Sciences, Sari, Iran.

^{2,*}Corresponding author: Department of Reproductive health and Midwifery, Nursing and Midwifery School, Shahid Beheshti University of Medical Sciences, Tehran, Iran. E-Mail: msimbar@yahoo.com

³Department of Health education, Health School, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

group population in Iran was reported as 15.4 million, that is, around 21.8% of the countrywide population (4). Among this, teenage girls' health is of special significance due to cultural-social matters. The features of puberty in teenage girls, this period specific physical and psychological condition, the basic role of girls in fertility and reproduction are the causes behind this importance. Besides, teenage girls' health has direct effects on the long-term development plans of every country(5). The first step to design comprehensive health programs is to focus on the assessment of the target group needs in the target community setting. Needs assessment refers to collection process and the creation of consistency between the opinions of the individuals and those of the group regarding their requirements, determining the priorities, allocating the resources and subsequently, promoting health level through eliminating inequalities (6 ,7).

The tendency to be independent of family and joining their peer group and increasing their communications with friends are of teenage period evolutionary changes and part of the adolescents' identity is shaped in the circle of their peer group. Teenagers try to evaluate their acceptability level by evaluating being accepted or not accepted by the peer group. By entering teenage world, they would gradually understand the role of social factors in the phenomena and assume the external and environmental factors' effect more. This change of control center from internal to external, results in paying attention to peer group in adolescence. On one hand, they require socializing with the ones their age and on the other hand, because of being naive and being under the influence of emotions and also considering inappropriate role models among the peer group, they may get hurt by these relationships or they may harm others (8-10).

The few qualitative studies performed based on "explaining the adolescents' experience in our country" indicate that teenagers feel themselves under the influence of their peer group ,this influence has had some favorable consequences, on one hand and some unfavorable outcomes, on the other hand (11).

In addition, in a research among the boy adolescents in Tehran, it has been stated that they evaluate their friends beyond their parents and some evaluate theirunfavorable friends more influential than their healthy friends (12).

Thus considering cultural, social and demographic transition in the communities under transition like our country and friendship patterns being influenced by various Iranian cultures and ethnicities among teenagers ,it seems that teenage relationships require further attentions that could pave the ground for more extensive studies in this field .This study has been conducted with a different approach from the existing research cases based on explaining the experience of adolescents, parents and key informed people and with the goal as the importance of peer group for the adolescents' health.

Since quantitative approaches cannot penetrate well into the attitudes, thoughts' details and the beliefs of the interviewees(13,14),then choosing a qualitative research for the study subject seems logical.

Materials and Methods

The participants in this qualitative research done in 2009 were sixty-seven 12-19 year old teenage girls studying in guidance and high schools living in Sari urban and rural areas that have taken part in the form of eightfocus group discussion 6-19 person groups in this study. Also in order to obtain broader information about their health demands and get deeper information about the aspects of their needs that may have not been paid attention by the adolescents, 11 individual interviews have been conducted with the key individuals aware of teenagers' health involving parents ,teachers and school counselors and health care-therapeutic providers .

At first, sampling has been done based on the goal and out of the volunteers that in the following, it continued as sampling with the maximum variety.The interviews lasted up to informational saturation, that is, the time when new points and findings are not been added to the available data. Group interviews with the teenagers

have mainly been done in school consulting room. Though, to get various attitudes and school setting votes, some interviews have been performed in urban health care–therapeutic centers and rural health care centers and via inviting the teenagers with the center’s midwife’s or other health care providers’ cooperation. Individual interviews with the key informants have also been done according to their desire in health care centers, schools or houses. The interviews were as semi-structured and deep and their lengths followed the situations ranging 60-90 minutes. During the group interviews, the researcher took measures to record the participants’ remarks and reactions.

The study main questions are as the following: when as a teenager, you think about health, what requirements cross your mind? And what role does peer group play in promoting the adolescents’ health? That in the following, some exploratory questions (such as: explain more, elaborate on your point, ...) have been accompanied in order to obtain deeper information. The interview guide has been analyzed through some interviews as pre-tests in terms of the required time and the questions reliability for posing the questions and discussing them. In this research, to get accurate and reliable information, a systematic clear-cut method (7-step method) has been applied to process the data (15,16):

Step 1) In this stage, the interviews have been typed by using WORD2007 software and organized for qualitative content analysis.

Step 2) Decision has been made about analysis unit. Analysis unit in this study has been considered all the interviews that have been large enough so as to consider all cases and small enough to be taken into account in the analysis process as a background for meaning unit. Before encoding, all the text has been read several times so that the researcher got familiar with the data thoroughly. Also the subjects that crossed the researcher’s mind have been written beside the interviews.

Step 3) In this stage, designing for codes development and the categorization has been done. The classes

should have been created by a priori method from raw data. Through this method, the researcher finds the capability of distinguishing between the classes by using continuous comparison. In qualitative content analysis, the classes have certain boundaries. The classes should have internal consistency and external consistency as much as possible and based on the differentiation between the categories; they should have the ability to define each of the category.

Step 4) Encoding has been done with respect to text sample. The best test to disclose and stabilize classes’ definitions is data encoding based on a sample of data gained from the participants. A sample of the text has been converted into code form and then encoding stability has been controlled. It’s worth to mention that in encoding process, explicit and implicit content has been considered.

Step 5) In this stage, all text has been encoded. When regarding encoding, a part of the written text had been agreed upon, all text was encoded. During encoding process, the researcher continually checked encoding to ensure the codes consistency among the research team members.

Step 6) In this stage, data stabilization has been dealt with. After encoding all the text, encoding stability has been controlled again. Human error such as exhaustion and or mistake in perception threaten encoding. Also the individuals’ understanding of the classes and encoding rules might have changed over time and resulted in lack of stability. Codes control is a continuous process during content analysis.

Step 7) In this stage, the encoded data has been concluded and the classes have been created. In this manner that the researchers’ concentration on the analysis has been at a higher level than that of the codes and based on embedding the primary codes in the potential and primary themes. Each of the themes has been named and then in the themes review stage, a set of the proposed themes has been organized and those lacking sufficient informational content have been removed. And finally, the essence of each of the themes has been identified that has been named as the

basic themes. Then the researcher has proposed some semantic structures based on the data conclusion. In this stage, the domains' specifications and dimensions have been determined. The classes relations have been identified, the themes internal concepts have been disclosed. And in the end, the researchers reached a common satisfaction with the data meaning and what has been manifested in the form of classes, content and their names.

In this study, in order to get the data stability and accuracy, reliability, validity, verification and transferability potentials have been pursued (13).

To ensure the findings validity, the researcher has considered sufficient time to collect data and maintained his long-term involvement by frequent traffic in data. Efforts have been made in this research to guarantee data validity by integrating data methods (individual interviews, group discussion, observation), integrating data sources (adolescents, key informants), integrating spaces (schools, health care centers, educational centers) and maximum sample variety (in terms of interviewing the individuals with various educational levels in different specializations and in diverse occupational careers and rural and urban teenagers). Also to verify the exploited content validity more, some encoded interviews have been returned to the participants to be reviewed by the research doing members. The data reliability has been analyzed by the associates and research team members' revision. This way that after writing the text from the tape, the associate researchers who didn't participate in data collection listened to the tapes and compared them with the written text and the necessary changes have been applied. In order to ensure confirmation potential, the researchers tried not to involve their presuppositions in data collection and analysis as much as possible. Data transferability has been regarded via reviewing the data by the adolescents not being present in the study process in terms of the findings appropriateness.

Ethics has been followed through getting conscious consent in the study process, expressing the research goal and data collection and recording method,

keeping the participants' information confidential, the participants having the right to give up the research at any time they wished, making the results in the participants' access in case they demand and obtaining references and going through legal procedures.

Results

Out of the sixty seven 12-19 year old study participants in this study, 49 were studying in high schools and 18 were in secondary schools. Besides, 32 participants were city dwellers and the rest were living in rural areas. Also eleven key informants included 5 parents, 3 teachers and 3 school counselors. The exploited codes resulted in the form of two basic themes of the relationships with peer group and peer group's optimal performance each of which entailed their subtheme, which will be described in detail in the following:

- Relationships with Peer Group Theme

The majority of the study participants have emphasized the teenagers' need for relationships with peer group and in this line, cases such as being accepted in the peer group circle, getting support from friend and building the capacity for healthy relationships with the opposite sex have been pointed out.

- Acceptance in peer group

The requirement of being accepted in the peer group circle is of the teenage girls' needs from the study participants' view that not providing it leads to the adolescent's mental health damage:

"For a teenager, it is important to be accepted by the friends and if a teenager is rejected by them due to her/his behavior, it will result in academic failure, too and a disorder will be created in her/his mental condition, too." Teacher

- Support from Friends

"We need to have a nice friend, the one who advises us, reminds us of our mistakes, or if a girl doesn't want to bottle down and wishes to get her chest off, her friend sits next to her and listens to her like an agony aunt, even guides her to see a consultant or a psychologist". 18 Year Old Teenager, Urban

- Providing the Appropriate Conditions for Healthy

Relationships with the Opposite Sex

The participants of this study stated that adolescents demand their families to be realistic and their correct guidance about their children's building healthy relationships with the opposite sex:

"Family should tackle this issue reasonably and know that such needs are sort of natural stuff, we cannot think like the past that you have to keep your head down and frown when you see every boy because at this age, there is the inclination for the other sex, so you can't suppress it, rather you need to direct it correctly. The children have to be given these opportunities so that they could vent their inclinations any way and such tendencies should never be suppressed since this may lead to the formation of complexes and psychological abjections in them."Mother

"A problem exists that all our kids may have at an age, that is, puberty, and the tendency for the opposite sex; if we explain it to the children that this sensation to the other sex appears at a period no matter which certain age he/she is. These kids think that the guy next to him/her has such feeling and it's short-lived, thus in my mind, if a general explanation be given, the severity of the problems resulting from this matter will get reduced."Teacher

"Today sexual and natural needs get a lot, whether in boys or girls and in my view, some strategies have to be proposed so that we direct such needs."16- year-old teenager, urban

- Peer Group Optimal Performance Theme

The experiences of some of the participants in this study resulted in the emergence of the peer group optimal performance sub-class with two sub-classes of positivism and avoiding unhealthy patterns.

- Positive patterns of friendship

The statements of the participants confirm this matter that since teenagers do follow suit in many cases of their peer group's behaviors. The demand for the peer group with healthy behaviors is of the needs teenagers have:

"At this age, the kids should be very careful when making friends because the friends are at the same

age and have more influence on each other, when the friend is bad, the one learning such nasty things from his/her friend transfers them to another, and in turn, that person hands them over to another guy; a bunch of friends learn bad things from each other."13 year old teenager, urban

- Avoiding from unfavorable friends

"There are some girls that make friends with the ones their age and the friend tells her get along with me to go out and says in case your family doesn't let, tell a lie and say to them I am going to one of my friends' house to study. We have to avoid such things."16-year-old teenager, rural

"A couple of friends say: why do you get dressed this way? Why don't you get out? Your parents don't let you? Why don't you have a cell phone? Your parents don't allow you to buy one? Such questions affect the child's spirit."17- year-old teenager, urban

Discussion

The present study has been conducted with the goal to identify the importance of peer group in explaining the adolescent girls' health needs and has been done by using qualitative studies. A naturalistic view and away from prejudgments and free from positivism experience paradigms limitations in order to gather experiences and put them together and various perspectives during deep and comprehensive encounters with the research subject are considered of the properties of the present study.

This study-driven results are in line with the other studies conducted (17) suggesting the adolescents have taken their peer group effect significantly and mentioned some key points as the consequences of having communications with their peer group of the same or the opposite sex.

This study findings focusing on the importance of being accepted in the peer group circle and getting support from friend on teenagers' health are consistent with the studies that show social support can help to meet the individuals' real needs, decent social relationships and protection play a meaningful contribution towards

health. Belonging to a social network of the society and the reciprocal requirements cause people to have feelings as affection, friendship, respect and value. This issue has strong protective effect on health. Besides, supportive relationships can stimulate healthier behaviors. In contrast, social seclusion and isolation is directly associated with increased early deaths rare and lower surviving rate after a heart stroke. The individuals with lower social and emotional supports are more prone to depression, pregnancy problems and disability following acute maladies. On one hand, close but inappropriate relationships can weaken mental and physical health. So that the adolescents that have achieved more success in their relationships with their peer group are more successful in the course of mental health and social adjustment. While those not successful in adapting to their peer group are exposed to incompatible behaviors (18-20).

Providing the appropriate conditions for healthy relationships with the opposite sex is of the other themes in this research. It seems that despite all religious-cultural supports, friendship patterns change in Iranian adolescents is getting as one of the adolescents' health and cultural challenges. However, it can be noted that though despite what is common in western countries, in Iranian community, such friendships are yet simple and have modernity motivation behind rather than sexual motivations, the calamities of the communications age and transit from tradition to modernity and also signs of the teenagers' identity crisis add to the importance of the subject(17).

Consistent with this study findings focusing on the adolescents following friends' suit, the studies suggest that Iranian adolescents sometimes select unhealthy lifestyle due to needing support and acceptance by their peer group and or so called "to do as the Romans do when in Rome". It seems teenagers feel secure in the circle of their peer group, that is why they replicate the peer group's behavior through interaction (12, 21).

Conclusion

In conclusion, the findings of this research have

revealed that peer group has some positive and negative effects on adolescents' health. In order to promote teenagers' health level and avoid the irreversible consequences of the relationships in undesirable peer group, it is recommended to recognize and direct these relationships for extensive planning based on the evidence. It is suggested that the role of parents is highly sensitive regarding the teenager's relationship with the peer group. Training moral values to the teenager and creating appropriate relationship with him/her can settle the conflict. Undoubtedly, it's critical to control the teenager because there are both the grounds for deviation in society and the teenager is prepared to accept them and is also vulnerable because of his/her age characteristics.

However, considering the teenager's sensitivity, care should be taken to control in such a manner that security is created in him/her not limitation. This security can be created in them by indirect control through presenting suitable books, instructive films, positive role models, giving the necessary and timely awareness, providing cultural-educational facilities to pass their free time and via affection and intimacy governing the family (11, 17). Although, it has to be noted that the society plays a more effective role in providing these facilities since preparing them is not that easy that family be able to do alone.

Conflict of interests

The authors declare that they have no competing interests.

Author's contributions

Z. Shahhosseini, M. Simbar and A. Ramezankhani have contributed to the design of manuscript, Z. Shahhosseini performing the interviews and has written the draft and contributed to design, interpreting the discussion, revising the content, and all the authors approving the final manuscript as well.

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References

- World Health Organization 2009; Available from: URL: http://www.who.int/topics/adolescent_health/en, Accessed 16 June 2009.
- Ayalew T, Meseret Y, Yeshigeta G. Reproductive Health Knowledge and Attitude among Adolescents: A community based study in Jimma Town Southwest Ethiopia. *Ethiopian Journal of Health Development* 2008; 22(3): 143-151.
- Blum MD, Robert Wm. Health youth development as model for youth health promotion: A review. *J Adolesc Health* 1998; 22(5): 368-75.
- Statistical Centre of Iran, Iran Statistical Yearbook 2003: Population by Age and Sex, 1996 Census (2011). Available from: <http://www.sci.org.ir/portal/faces/public/census85> [Online access: Jan 2011].
- United Nations Population Fund .2007; Available from: URL: <http://www.unfpa.org/adolescents/girls.htm> , Accessed 20 March 2009.
- FathiVajargah, K. Educational Need Assessment, Models and Techniques. Third edition ,Tehran . Abeeze publication 2005.
- Cavanagh S, Chadwick K. Health Needs Assessment: A Practical Guide. National Institute for Clinical Excellence. Available from: URL: <http://www.nice.org.uk> 2005.
- Neinstein LS. Adolescent Health Care, A Practical Guide. Fifth edition, Wolters & Kluwer: Philadelphia:2008.
- Beal AC, Ausiello J, Perrin JM. Social influences on health-risk behaviors among minority middle school students. *J Adolesc Health* 2001; 28 (6): 474-480.
- Hockenberry MJ, Wilson D. Wong's nursing care of infants and children. In Saewyc EM, editor , Health promotion of the adolescent and family. 8th ed. St. Louis Mosby co 2011.
- Parvizi S, Ahmadi F. Adolescence health and friendships, a qualitative study. *Feyz* 2007; 10(4): 46-51(persian).
- Zareian A, Ghofrani pour F, Ahmadi F, Kazem Nejad A, Akhtar Danesh N, Mohammadi E. Conceptual explanation of male adolescents lifestyle a qualitative research. *Iranian journal of nursing research* 2008; 2(6-7): 73-84.
- Burns N, Grove SK. The practice of nursing research conduct: critique and utilization. W.B. Saunders: Philadelphia, 2002.
- Streubert HJ, Carpenter DR. Qualitative Research in Nursing (Advancing the Humanistic Imperative). Third edition, Lippincott Williams & Wilkins: Philadelphia, 2003.
- Granehiem UH , Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today* 2004; 24 (2): 105-112.
- Spannagel C, Glaser-Zikuda M, Schroeder U. Application of qualitative content analysis in user-program interaction research. *Forum Qual Soc Res* 2005; 6(2): 1-15.
- Parvizi S, Ahmadi F, Nikbakht-Nasrabadi A.R. An identity-based model for adolescent health in the Islamic Republic of Iran: a qualitative study. *East Mediterr Health J* 2008; 14(4): 869-879.
- Khodayari M.Y. Youth and Adolescents Issues. Tehran, Tehran University Publication 2007.
- Petrides K.V, Sangareau Y, Furnham A , Fredrickson N. Trait Emotional Intelligence and Children's Peer Relations at School, *Social Development* 2006; 15(3): 537-547.
- London B, Downey G, Bonica C & Paltin I. Social Causes and Consequences of Rejection Sensitivity. *J Res Adolesc* 2007; 17(3): 481-506.
- Erginoz E, Alikasifoglu M, Ercan O, Uysal O, Alp Z, Ocak S, et al (2013). The Role of Parental, School, and Peer Factors in Adolescent Bullying Involvement: Results From the Turkish HBSC 2005/2006 Study. *Asia Pac J Public Health*. Online published 2013 January 28.