Young People in 1991

The Health Related Behaviour Questionnaire results
for 23,928 pupils between the ages of 12 and 16

The report includes 106 tables covering the following aspects of young people's lifestyle: Diet, Doctor & Dentist, Health & Safety, Home, Drugs, Money, Sport, and Social & Personal.

Notes and comments to aid interpretation accompany each table.

To sum up...

The philosophy that we have used from the beginning is that the outcome of a peer education programme cannot be determined in advance. Forman education is one part of the process, but there may be all sorts of other alternative media that need to be explored.

With respect to recruitment, don't allow schools to decide who is going to go on the weekend. Don't allow them to use the weekend as sort of carrot or stick — get a contract with the young people themselves, so that they are the ones who feel committed.

Alternative messages can easily be overlooked by the tutor. Therefore we tried to provide a large number of varieties of ways of working in order to find something that would spark off the imagination of the participants.

In terms of the peer-leaders' own measure of success or failure, the most important factor was their sponsor in the school. From my own point of view, the weekend would have had some value even if all they did was speak to ten or other people about it. But clearly, from their viewpoint, if they went back with ideas and all sorts of schemes and they felt at the first hurdle because the sponsor was not supporting them, it was very demoralising.

Lisa is now in post. She is recruiting for three further training weekends — for deaf pupils, years 10/11 and year 12+ F.E. She will be using the peer sessional workers, and also organising all those direct-contact events with young adults.

My own involvement this year will have to be taken back, although I have one more session with the HEA project to train HIV/AIDS trainers, run by Stephen Clift and David Stuets at Canterbury, and I shall be assisting the BR Trust in promoting peer-led methods in HIV education.

Reference
An extremely defensive reaction.

"You mean, there ain't no proof?"

I asked them if they wished to speak about their experiences with smoking. They expressed reluctance about doing so by themselves, but commented that socially they spent a lot of time with kids in their school who had never taken up smoking and that they "seemed to do different sorts of things" after school than did the smokers.

A quick informal survey in February 1991 of the rather variable membership of the youth club turned up (out of 50 or 60 non-smokers) of these, two claimed to "hang around" with smokers, but the other 13 had developed avoidance strategies for keeping away from the smokers. The reasons given were interesting and included "I don't like the smell" (9), "They're not nice" (3), "They're boring" (12), "They're always talking about smoking cigarettes from the machines" (4), etc. The numerals in parentheses refer to the number of members who mentioned the foregoing observations.

Perceptions of difference

In other words, even the non-smoking members perceived whether accurately or otherwise a distinct behavioural difference between the smokers and non-smokers in their club.

To what extent were the smokers aware of the non-smokers' perception of them? How would they react to the opportunity to discuss it? With questions like this in mind, I met again with the three of the four ex-smokers and asked if they would like to partake in a discussion about smoking with an equal number of smokers at a formal club meeting. I explained that I had not yet approached any of the smokers, but would do so if they wanted to me. The 'sense of the meeting', to paraphrase Quaker religious terminology, was that they would happily involve themselves if I organised participants from the smoking group. Accordingly I informally canvassed some of the smokers either in small groups or individually to see if they wished to put up their number for a discussion about smoking.

The initial reaction was extremely defensive. Most commented that they knew "it is no good for your health" but many of those felt that they would happily involve themselves if I organised participants from the smoking group. After some weeks of trying to get up a team of three on the smoking side, I had to make do with two. Although the issue was expanded on several occasions by being an attack on their lifestyle, but simply a discussion, both of the boys concerned told me that they were equipped to take a legal line basically "if I want to smoke, it's my business and no one can stop me". I was surprised that neither one was willing to raise the perfectly valid argument that a direct causal link had not actually been discovered between anything in the tobacco and cancer, even though I acquainted them with it. Indeed, both boys were surprised, one saying "You mean, there ain't no proof?"

As succinctly as I could, I explained the overwhelming statistical evidence and even told them the story of John Snow and the Broad Street pump in order to show the analogy with the argument concerning dirty water and cholera. One of them had gone to the trouble of getting leaflets from FOREST, the Smokers Rights lobby, in which the 'non-smoker logical link' argument was developed. However, neither felt sufficiently at home with that argument to use it and they settled for the more hostile 'legal entitlement' approach.

Since there were only two to argue the smokers' side, I then went back to the three non-smokers and told them that they could only pick two to present their case. They did so. However, the next week, I was met at the door by one of the non-smokers who informed me that both of the "smokers' reps" had informed them that they were "gonna chuck it (smoking) and didn't see no sense in discussing it!"

A better deal

This was a turn-up for the books, and I hurriedly contacted the smokers as if they had been correctly reported. They both agreed that they had. One went so far as to say that every time he tried to think of an argument for smoking, he realised that he did not really wish to smoke himself and that the non-smokers had a much better deal. When asked to elaborate on this, he commented that they were not always being hassled to find cigarettes" and had more money and freedom to hang out. We had quickly made these observations publicly, he declined.

Early in April 1991 I put up a more colourful set of posters (replacing existing stock) advising people as to where to go for help in quitting smoking if they wanted to. Without being asked to do it, I printed in large block capitals NON-SMOCKERS GET MUCH MORE OUT OF LIFE — ASK ONE. At the last meeting in April, I stood up as the discussion ended, but before people had left, and asked if anyone had noticed the signs. Amid considerable shouting, jostling and cat-calls, a large number of hands went up. I then announced that anyone who wanted to hear people speak on the advantage of non smoking would be given the opportunity to so indicate by signing a sheet in the foyer. Within a week, 51 boys had signed up. My original intention — I had hoped that maybe a dozen would sign up — was to make a point to the staff, not attend this session, heard a speaker at Central Middlesex Hospital. However, the large amount of interest indicated that a session should be convened right there at the Youth Club.

The Youth Club management was extremely negative about the idea. It was explained to me that they felt their brief was to be 'tolerant, non-judgmental and welcoming' so that kids would find the Youth Club to be a 'safe alternative to hanging out in the streets'. They held this view — one which, by and large, I supported — so strongly that they had gone on record as refusing to accede to parental requests to ask designated members to go home at bedtime and had made it clear that they would not co-operate with the police who frequently visited? beyond what they were actually legally obliged to do. They therefore felt very ill-at-ease about allowing anyone to use an 'anti-smoking' and 'rap'. Outside speakers would definitely not be allowed.

A rap about smoking

By the commencement of the summer vacation (July 1991), they had agreed that if mass interest was still evident in September (when the Club re-opened) they would allow me to hold a 'Rap about smoking' provided:

(a) I did not preach (!!!)
(b) The kids were free to say what they wanted.

I agreed with both of these conditions, for by then interest, far from waning, had intensified.

Members were even stopping me in the street and asking me when I was going to organise the "this re-opened" meeting. When the Club re-opened on 9 September 1991 I put up a list, again asking people to sign if they were interested in a "Rap about smoking" at the 'Youth Club, chaired by me and one of the members of the management committee' at which neither of us would say much. It would be up to the audience as to how the Rap would go. That notice attracted 24 signatures. I had been told that unless at least 20 signed up, the management committee would not allow it to go ahead. Moreover, that fact was not to be made clear on the sign-up sheet so that pressure to sign would not be entailed.

The actual Rap was held on 24 September 1991 — a Tuesday and ordinarily a quiet night. Somewhat in excess of 40 really noisy teenagers — not all of them members, I was told — packed the room set aside for the Rap. An older man, about 25 or so, stood up on a couple of occasions, but was shouted down amid considerable laughter. It was claimed to me afterwards that he was known to a number of the members as being involved in promoting a particular brand of cigarettes, and was often seen at the gaming fixtures sponsored by that company. He left after about 20 minutes. This was not in any way seen as unusual — the whole event was highly informal with people wandering in and out at will.

Finding a balance

What was noticeable was that my original four non-smokers (for the three had been re-joined by their comrades) assumed a high profile in the proceedings. At times, the event remained rather amusingly of a 'revival' meeting, with 'preachers' standing up and saying how much better life was without cigarettes. The number of lager cans evident suggested that temperance did not appear to be a dominant theme, but the anti-smoking sentiment was extremely strong. I had assumed (as had the social worker on the platform with me from the management that 'non-smoking' might be articulated by a visible member, and that this might have input as well, but as the event would have it, I had a hard time as Chairman to find a balance in the rowdy discussion.

Interest in the event noticeably dissipated after about 45 minutes, and there was clearly more people walking out than in. I therefore called the meeting to an end, but not before one of my original committee of four ex-smokers had suggested, with an agitation of 'smokers' rights input as well, but as the event would have it, I had a hard time as Chairman to find a balance in the rowdy discussion.

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The facts do not reflect particularly advantageously on any of the political parties.

Counter-productive?

However, a number of the members themselves have become non-smoking activists in the Club, pinning up non-smoking notices such as ‘I don’t mind if you smoke, if you don’t mind if I fart; Smoking is a dying habit; Have a fog — keep the underlitter happy. etc. Some of these materials are professionally produced, obviously from one or more anti-smoking organisations, whilst others are hand-produced. I have had nothing whatever to do with supplying these materials, and the only slogan I did suggest was never taken up as it was regarded as ‘not funny enough’ — You may think you’re a smoker. But you ain’t. The cigarette does the smoking and you’re just the mug at the other end.

There is evidence that asthma is becoming more common and more severe.

On average, every classroom in the UK contains several asthma sufferers — and only about half have been diagnosed.

Penny Carruthers
4 or 5 children in a class...

In view of the large numbers of schoolchildren who have asthma, it is amazing how little information has been given to those who have to deal with the condition on a day-to-day basis. Asthma is noted for its variability and sudden emergencies, and it is important for those who are in charge of children at school to be well-informed and knowledgeable.

Repeated absence because of asthma, ‘chest infections’, ‘chestiness’, ‘cold going on to his chest’, ‘whooping bronchitis’. The term for chest infection is acute bronchitis, and it is treated with antibiotics, which have no effect on asthma. Children do get acute bronchitis, but not normally more than once or twice a year. If there are repeated episodes of coughing, wheezing or breathlessness the most likely cause is asthma. If the diagnosis is wrong, the treatment will be wrong too.

Cough, wheeze and breathlessness are the main symptoms. Cough, even without wheeze, is common in asthmatic children. Asthma is the commonest cause of childhood cough.

Response to trigger factors

In asthmatics, cough, wheeze or breathlessness are brought on by specific stimuli which do not affect other people. These are common trigger factors that might be found in school:

- Colds and flu
- One of the most common triggers. A cold often sets off a child’s asthma symptoms, so that even after the cold has gone the symptoms remain, unless they are treated. Asthma triggered by a cold is, unfortunately, often confused with a secondary bacterial infection, and antibiotics, which have no effect, are prescribed.

- Animals
- These can include cats, dogs, gerbils, rats, guinea pigs, birds, and even insects.