Dear Headteacher

Smoking and Young People

I apologize for giving you yet more paper to read and deal with, but I hope that you will agree that the issue of young people smoking is sufficiently important to merit a few moments of your time.

Can you arrange for the slip to be returned to me in the envelope enclosed.

I am very happy to help you, where appropriate, in either drawing up a smoking policy for the school or discussing with you ideas for smoking education programmes based on lifeskills training.

Can I remind you of the Health Promoting Schools Award Scheme which was launched in Humberside last September. I can give you information and help on this as well.

Thank you for your time. I look forward to hearing from you and meeting you to help promote the health of your students.

Yours sincerely,

Geoff Wolnack
Senior Health Promotion Specialist

Please return as soon as possible

Name

School

Do you have a smoking policy in the school? Yes/No

Do you cover smoking education in the curriculum? Yes/No

What materials do you use for smoking education?

Do you want me to make an appointment to come to the school to discuss:

(a) smoking

(b) Health Promoting School Award

Thank you again

The letter and questionnaire circulated to E. Yorkshire schools.

The results of the questionnaire are shown in the table.

Out of a total of 107 schools, 53 replied, which is a reply rate of nearly a half overall, and in all but one sector of schools the reply rate was well over half, the exception being primary schools. I think these results are very encouraging when there are so many other issues demanding the time of staff in schools.

Come and talk!

However, the most encouraging aspect of the questionnaire was the large number of schools that said they wanted me to come in to talk about smoking, the HPSA scheme, or both. Of the 52 schools that replied, 18 wanted me to talk about smoking and 20 wanted more information about the scheme. In the case of 11 of the schools, I was asked to talk about both. A positive invitation to visit was had from 28 schools altogether.

To date (March 1996) 23 schools have been contacted by phone and 23 visited, leading to five joining the HPSA scheme and a further five or six wanting to join it later in the school year. All of these will be doing some work on a smoking policy, as this is one of our criteria in the scheme.

So what started out as a request for information on smoking policies in the schools led to over 20 schools being visited and informed about the HPSA scheme. In most cases the person concerned was the Headteacher. There is also the possibility that other schools will join the scheme when the time is right for them.

LIFESTYLES 2

(Mainly Money)

A datafile about pupils for pupils

The success of Lifestyles 1 (Mainly Social) encouraged us to develop a second datafile, aimed primarily at investigating how spending power may affect people and the things they do. Lifestyles 2 (Mainly Money) contains 200 Year 10 pupils (100 boys, 100 girls, surveyed in 1994), with 25 variables in the database. The price is £15.00 including postage.

When ordering, please let us know the size of disc required, and the machine and software (one type only per set) into which you will be loading the datafile.

Please make cheques payable to the University of Exeter. If you have any queries, talk to Anne Wins on 01392 264723.

David Regis
Research Fellow with the Schools Health Education Unit.

Peer tutoring seems to work — but why?

Peer-led health education for schools is 'in', but recent initiatives appeal more to results than to body of theory. The technique has had a considerable history in the United States, particularly with respect to smoking, and has also been used in this country both in smoking education and in other areas of the curriculum such as alcohol and sexuality education.

In this article I will draw out some of the key issues, as I see them from the smoking field, although much of what I have to say may apply to education about other health-related behaviours and with groups of people other than school students.

Let me begin by stating a consensus view, which is that schools health education should be about promoting informed choice, perhaps even valuing the quality of a decision over its content. (Thus, turning a shallow, conformist non-smoker into an independent, rational and self-aware person who decides to smoke may even be seen as a health education success [Kolbe, 1981]).

In this regard, a central value is placed on autonomy, which is in keeping with other work and thought about the general personal and social education of young people in schools (Tones, 1988).

The need to promote autonomy reflects the belief that young people should be able to challenge pressure from their peers to 'conform', particularly if there is peer pressure to smoke or behave in other health risky ways. For an authoritative account of sociology's current view of the role of peer groups, I turn to the second edition of John Coleman's wide-ranging and perceptive book, The Nature of Adolescence (Coleman & Hendry, 1990, p. 11):
Peers and no-smoking declarations

One of the most distinctive features of recent US intervention research involves the use of other young people the same age as the target group (who may be specially-briefed class members) or perhaps a year or two older to act as discussion leaders (Perry et al., 1980) and the use of video-recordings of individuals’ declarations of that they will refrain from smoking.

Evaluation of most of these programmes is by assessment of smoking levels by a self-report questionnaire which may be verified by saliva analysis.

Videos and other materials may be used to stimulate discussion and learning about social pressures (Evans, 1980; Perry et al., 1986).

Results from these programmes have been enormously encouraging (e.g. Flay et al., 1985), even at long-term follow-up (Murray et al., 1988). In one study (in Murray’s paper), 15% of non-smokers in the control groups had started smoking after four years, while the peer-led ‘social influence training’ group contained only 8% of new smokers — a full 5% difference after four years.

Quite a lot of work of this sort is going on and has produced research papers glowing with praise at their success rates (Reid et al., 1984; Murray et al., 1984; Flay et al., 1985; Gilchrist et al., 1985: for a review see Glynn, 1989). However, as Reid (1985) and indeed Evans and Flay have pointed out, some of the work of this sort is not very useful to teachers, for the following reasons among others:

- The programme may have to be delivered by experienced or specially-trained research personnel (as in Bovin et al., 1980).
- There may be a great deal of research hustle and bustle (perhaps inevitably invoking the ‘Hawthorne effect’) which may distort results (Diehlmann et al., 1985).
- There may be a need for substantial availability of time or equipment;
- Conversely, the duration of the study may

be very short (Flay et al., 1985).
- The institutions selected may not be typical ones — either because they are unusually highly motivated or in other ways different (one study involved the payment of sums of money to the school).

Positive results under these conditions are significant only in the statistical sense. However, there are practical, exportable examples that are impressive and exciting. After all, peers are normally a source of influence for children, so why not exploit this existing feature of young people’s development in the classroom?

Are peers really more effective communicators?

What concerns me more here is: why does this approach work at all? The conclusion that peers are superior to adults may be intuitively reasonable, but it was not predicted by researchers, and we have a theoretical perspective which explains it we cannot claim to understand what is going on. If we understood the process better, we might even improve upon the results. However, some reasons why these interventionist work might be uncomfortable.

I will look at some lines of enquiry that might focus more exactly upon the processes that have led to such striking successes.

1. Mechanics of persuasion

I dusted off some old theory on the psychology of persuasion from a classic work by the Yale School (Hovland, Janis & Kelley, 1953). They describe communication as between the source (the peer leader in this case), who delivers a communication to the audience (the class). Persuasion occurs after a multi-stage process as follows:

- a. Attention
- b. Comprehension
- c. Acceptance/yielding
- One might also add: (McGurk, 1968): d. Retention
e. Action.

Let us take these in turn, and I will briefly illustrate how they might provide a recipe for action.

a. Attention

Peers may hold the attention better, particularly if the school rarely uses peer tutoring.

b. Comprehension

Peers may use a language or mode of delivery more conducive to developing understanding in their audience. Teachers reluctant to use peer tutoring might reflect upon this with profit — can pupils always understand us?

c. Acceptance/yielding

The audience may be more prepared to accept communication from peers just because they are peers. This is discussed further below (2).

d. Retention

The distinctiveness of the sessions may lead to them being better remembered. Again, this is something all teachers might attempt to — could we make our lessons more memorable?

e. Action

The communications of peers may be more likely to be acted upon than those of teachers, perhaps because in a given social situation they are more available or more salient.

2. Nature of the source

Peers may have a credibility advantage, perhaps because they are seen as having nothing to gain themselves, or speaking with greater authority when the topic is peer relations. Again, if this is seen to be the case, teachers’ personal and professional claims to insight might be promoted and advertized to the class.

Peers are perceived as members of a congenial group. They may have an advantage over teachers in this respect, although some individual teachers may have less of a problem than others! Rather than teachers claiming ‘group membership’, which may be hard to demonstrate, the notion of relative social distance may be more useful.

3. Emotional climate

A less mechanical view of these programmes might suggest that peer leadership creates some sort of atmosphere in which attitude change is more likely, or makes attitude towards preferred behaviour more positive. Class members may feel more able to raise issues and to talk about matters in quite a different way when peers lead a lesson — after all, smoking is on other occasions a disciplinary matter for teachers and pupils.

A related point is that peers may be less likely to ‘rub the class up the wrong way’ — a teacher betraying excessive concern or criticism may create an adverse emotional climate.

It is surely useful if the emotional climate in the room is positive, but perhaps not too positive. I have heard accounts locally about some very exciting and effective Road Safety Education carried out some years ago by a former Road Safety Officer, Graham Williams, who was able to create a tremendous atmosphere of purpose and to promote positive attitudes towards safer road use in primary school children.

Ironically, the other thing I know about Graham’s work is that some teachers found it very difficult to accept — because it smacked of ‘vilification’, and conflicted with their commitment to anonymity. Are we worried about this aspect of peer education?

4. Persuasion or indoctrination?

Kelman (1958) divided up mechanisms of any attitude change into three types:

- Compliance due to hopes or fears
- Unconnected with the content of the communication.
- Identification with a source.
- Internalisation, where the source’s values become the audience’s own.

This scheme may help explain why the class members may be more likely to accept things from peers. They may be more compliant to their direction, they may identify with them and thereby adopt their attitudes, or they may more readily internalise material learned from peers. However, compliance, if it occurs in these classes, will clash directly with the notion of autonomy.

Medics use ‘compliance’ in a technical sense to include client adoption of recommendations, however this might occur. In Kelman’s sense, however, ‘compliance’ means a conformity to direction that amounts to ‘giving in’.

Nevertheless, one of the things that struck me when looking through examples of programmes (e.g. Perry et al., 1986) was not the differences between the philosophies of teachers or teachers as leaders in the classroom, but the similarities. The approach of these lessons does often include knowledge, attitude identification, and so on, but also a component that is specific-
cally about resisting peer pressure.

Isn't there something a little odd about trying to use young people's susceptibility to peer influence in these programmes, when resistance to social influence from peers is at least part of the message? For example, Perry et al. (1986) have a lesson called 'No, No, a Thousand Times No!' which is about peer influence, and the UK peer-led smoking package 'Smoking and Me' (Gammage et al., 1990) also includes a lesson on 'How to say No'.

This is a type of homeopathy, where a little of the poison of peer influence is used to attempt the cure. In the rush of recent initiatives in peer-led health education, should we temper our new enthusiasm for peer influence with our previous hostility to it? I think that until we know a little more about how and why they work, peer-led programmes may still need handling with care.

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