Nearly 30% did not wish to go on to university if they achieved their A level qualifications. 57% named ‘getting the qualifications for well-paid jobs’ and only 31% actually had a career in mind when choosing their A levels.

Those who design and deliver A level courses will be encouraged by the 31% who found the courses ‘as interesting as expected’ and a further 28% for whom they were ‘more interesting than expected’. Induction procedures seem to be less successful, with 43% responding that the A levels were ‘harder than expected’. Only 2% found the A levels ‘easier than expected’.

What help do students need?

This is an area where the questionnaire format chosen has its limitations, since students could only comment on the alternatives put to them. However, the suggestions were based on previous research work and were generally approved by the majority. The criterion of approval was the answer ‘important’ or ‘very important’ to the question of ‘how important it is for each provision to be available for A level students’.

In-school counsellors were highly supported, with 88% for them being members of the teaching staff and 71% for them being entirely counsellors. The highest single rate was 82% for line management training in line with the results on line demands.

Almost as many supported the availability of advice concerning drugs and health education (79%), part-time work (81%) and relationship problems with parents, between sex or about different kinds of sexuality (81%).

Conclusion

The whole picture is one of a highly pressurised and demanding experience which seems to be about trying to live up to everyone else’s expectations at the same time as being unsure about your own. From the evidence of this survey it could be suggested that educationalists need to pay more attention to overcoming student stress. Many students pay a heavy price for success and some fail for entirely non-academic reasons.

Cardiovascular disease is the leading cause of death in the UK, accounting for over 200,000 deaths each year. Health experts now accept that cigarette smoking is one of the main modifiable risk factors for cardiovascular disease and it is estimated that smoking accounts for about one in five of these deaths. While the percentage of adult cigarette smokers continues to decline, the prevalence of regular smoking among secondary school girls (17%) has shown little decrease since 1982, although smoking in boys has fallen slightly (11% to 8%). Since many health-compromising habits have their origins in adolescence, identifying the psychological predictors of smoking in this age group may have significant implications for public health.

The prevalence of regular smoking among secondary school girls (11%) has shown little decrease since 1982.

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Models

Current health behaviour models propose that health-related decisions are determined by (i) perceptions of vulnerability to (ii) health, (iii) the seriousness of disease, (iv) the benefits of preventative action in averting disease, and (v) the capacity to adopt preventative behaviour. Risky behaviour (such as smoking) is least probable when people believe that the danger is serious (severity), feel that they are personally at risk (vulnerability), believe that preventative action will effectively diminish the risk (benefits), and perceive few obstacles to or feel capable of taking preventative action (self-efficacy). Thus, people are least likely to smoke if they test vulnerable to cardiovascular disease (or other risks), perceive the disease as life-threatening, believe that not smoking will reduce the risk, and feel able to perform these preventive behaviours.

Several studies focusing on adults have compared the predictive profiles of cognitive factors of cigarette use. By and large, this literature has shown strong relations between risk behaviours and cognitive factors (especially self-efficacy). Risk perceptions have been associated with health-compromising habits their origins in adolescence, identifying the psychological predictors of smoking in this age group may have significant implications for public health.

Adolescent smoking: Behavioural risk factors and health beliefs

The study extends previous research on adults by assessing the role of cognitive factors of smoking behaviour in 885 teenagers.

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There are clearly substantial numbers of students facing at least one non-academic crisis during their A level years.
behaviours in adolescents. Our focus has been on intention rather than behaviour in view of the growing acceptance that health behaviour models are primarily concerned with explaining people’s motivation to perform a health behaviour.

Study

In one of our studies we gave out a questionnaire to 865 teenagers (aged 13 to 17 years; mean age 14.47 years) that assessed health beliefs, behavioural risk factors, intentions, and demographic variables. Cigarette use was measured with five options adopted from previous surveys of school children. These were ‘never smoked’, ‘tried smoking once’, ‘used to smoke’, ‘occasional smoker’, and ‘regular smoker’. Perceptions of vulnerability and severity were assessed in relation to heart disease and stroke. Our respondents were also asked to rate the seriousness to their own health of each disease on a 10-point scale ranging from ‘not at all serious’ to ‘very serious’. They were also asked to estimate the probability that they would contract each disease by the age of 60, using a 10-point scale from ‘not at all likely’ to ‘very likely’. Assessing people’s perceptions of risk concerning CHD and stroke may be problematic if they are unaware of these particular health problems. However, research suggests that young people are generally aware of the link between cardiovascular disease and associated behavioural risk factors, especially smoking.

Perceived benefits and self-efficacy were assessed in relation to behavioural risk factors. Participants indicated the degree to which they believed not smoking reduced their chances of developing heart problems. Responses were made on a 10-point scale from ‘no, not at all’ to ‘yes, very much’. Respondents also estimated the extent to which they thought they could avoid smoking cigarettes if they wanted to.

Answers were also made on a 10-point scale ranging from ‘no, I don’t’ to ‘yes, I do’. To assess behavioural intention, participants indicated on another 10-point scale the extent to which they intended to smoke cigarettes during the next two months (‘no, I don’t’ to ‘yes, I do’). So what did we find? Just over a third of respondents (35%) had never smoked, 19% had tried smoking once, 17% used to smoke, 8% were occasional smokers, and 21% were regular smokers. Preliminary analyses showed that demographic factors and past behaviour were significantly associated with intentions measures across smoking. Health beliefs about smoking also showed significant correlations with intentions, with perceived self-efficacy and benefits showing the strongest associations.

We also tried to identify important predictor variables. Age and measures of past behaviour predicted intended cigarette use, with older age, occasional smoking, regular smoking, and having smoked in the past, relating to stronger intentions to smoke. The addition of cognitive factors revealed self-efficacy and severity of cardiovascular disease as important factors. Lower perceived ability to avoid smoking and higher perceived severity of cardiovascular illness predicted stronger intentions to smoke. Age, occasional smoking, regular smoking and having smoked previously remained significant, but no other cognitions were salient.

Results

So what did our results tell us? Prevalence patterns for smoking were roughly comparable to trends reported in other surveys. Just over a third of our respondents had never smoked while just over one in five were regular smokers. Our study demonstrated perceived self-efficacy consistently predicted smoking intentions, and that severity estimates were predictive of smoking intentions. Our study extends previous research on adults by assessing the role of cognitive factors of smoking behaviour in adolescents. The consistent association between self-efficacy and intentions endorses previous reviews of empirical tests of this construct.

The significance of self-efficacy suggests a diminished role for perceived benefits of smoking, reflecting the view of outcome expectancies as antecedent cognitions which serve to stimulate self-efficacy considerations. Previous experimental research has found that information about health benefits affects intentions only under conditions of low self-esteem. While cross-sectional correlations do not determine directional inference, the relationship of perceived severity of CHD and smoking intentions suggest that adolescents based their risk perceptions on future risk behaviour. Interestingly, perceptions of vulnerability were unrelated to intentions. Previous studies have reported positive associations between adolescents’ perceived vulnerability to lung cancer and cigarette smoking. Evidence suggests that young people more closely associate cigarette use with lung cancer than with CHD.

In conclusion, our findings demonstrate the predictive profile of cognitive factors in relation to smoking, a cardiovascular risk behaviour, in adolescents. Health promotion initiatives need to be behaviour-specific to maximise their effectiveness. Today’s adolescents continue to be at risk for cardiovascular disease later in life, and need assistance in avoiding cigarettes. Improving self-efficacy beliefs may encourage healthier habits although, considering the importance of past behaviour, efforts to discourage smoking ought to target younger adolescents before they start experimenting.