

Reviews

Some recent National Dairy Council publications Available from the National Dairy Council, 5-7 John Princes Street, London W1M 0AP (071 499 7822).

Food Awareness Programme

This excellent pack for 14-16 year olds contains pupils' worksheets (photocopiable), teachers' notes, and accompanying booklet with background information for pupils' use. The worksheets are clearly set out and attractive, and most make good use of food tables and computer programs for food analysis. All include an evaluation section and the opportunity for self-assessment.

The worksheets cover all the nutrients, and would be suitable for year 9 and upwards, depending on ability. This publication would be particularly useful as an introductory pack to the nutrition section of a GCSE course in Home Economics.

Food Facts File Nos. 4, 5 & 6

These form part of a set covering the many groups who have special dietary requirements. No. 4 is about obesity and weight management, No. 5 deals with nutrition and teenagers, and No. 6 examines nutrition and vegetarianism.

Each one gives detailed, easy-to-read information and would be very useful for GCSE students making an in-depth study of a particular group. They would also be useful for any post-16 student on a caring course — GNVQ level II or III — as part of the Health Education unit. They are an excellent source of information. I would recommend schools to have a set of these in every classroom.

Set of six posters

The posters are attractive, colourful and informative. They illustrate the history of milk and cheese production, life on a dairy farm, the processing and treatment of bottled milk, and cheese-making. They would be suitable as a basis for initial study.

Marjorie Crone-Smith noted in her accompanying letter: *I am certainly going to use the Food Awareness Programme in college, as I think it is an interesting way of presenting each area to the pupils.* — Exmouth Community College, Gipsy Lane, Exmouth, Devon EX8 3AF.

Letters

Light up!

Legion are research studies which suggest the sheer ineffectiveness of exhortation as a means of bringing about changes in behaviour related to lifestyle and health choices (1). The inductive method, on the other hand, has had a history of success since the late fifties as a means of conferring insight and intellectual control (2). Most of the experimental work on applying inductive learning in school situations has involved mathematical reasoning (3).

This letter outlines a possible application of the inductive method in encouraging children to think analytically about smoking and its consequences. More direct and obvious methods are often counter-productive. Most health educators with more than a few years' experience in schools are distressingly familiar with a common teenage reaction to photographs of emphysema-blackened lungs and gangrenous legs. The kindest interpretation is that somehow direct exhortation makes adolescent students feel that their autonomy is threatened and that, as a self-protective manoeuvre, they are almost impelled to engage in the very behaviour being condemned!

A truly inductive approach to anti-smoking education would involve students being permitted to experiment with smoking cigarettes and then to assess outcomes. Likewise, ideally such an approach must be one that gives convincing results quickly so as not to tax the patience of young people nor to expose them to serious health risk by requiring them to smoke more than one or two cigarettes for the experiment to produce unambiguous results.

It is known that smoking causes certain easily-detectable effects:

- (a) An increased pulse rate
- (b) Higher carbon monoxide levels in the blood
- (c) Reduced respirometer readings
- (d) Vasoconstriction in the body extremities such as fingers and toes

The suggestion is that within a group of, say, 30 participants, 15 willing volunteers smoke a cigarette each while the other 15 do not. Before starting, all the pupils have items *a-c* recorded,

while *d* is measured subjectively by judging how warm the tips of their toes are. The measures are repeated after the smoking session. The toe-tip temperature test may sound qualitative, but in my experience the chilling effect after smoking a cigarette, certainly for a non-smoker, is pronounced.

Follow-up work would include explaining the observed effects, and why they differ for individuals. The experiment should be carried out as non-judgmentally as possible if it is to be a truly 'inductive' initiative.

As far as I know such an open-ended investigation, which is of the type recommended for Key Stage 3 Science in the National Curriculum, has never been carried out. Obviously the suggestion is controversial and such an initiative would have to be carefully planned. However, I would be most interested to hear readers' opinions. Has anyone attempted any other inductive methods in health promotion, and with what success?

References

1. Barrow, E., 'Measuring the Effects of Health Warnings'. *Journal of the Ontario Nursing Association*, Vol 4 No 2, February 1986, 20-24.
2. Bruner, J., *Structure and Function*. SMSG Press, Mass., USA, 1962.
3. MacDonald, T., *Thinking Mathematically*. Golden Press, Sydney, 1986

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For the record...

I met John Balding at the Chichester Health Authority AGM and discussed his very interesting presentation. I was particularly interested in his statement that teenagers claimed that 50% had been their own GP within the last three months.

Frankly I did not believe this! However, my partner has kindly run off our computer the following information:

1. There are 338 teenagers (age 13-19 inclu-

sive) on the list of the Barnham practice.

2. In the three months ended 31 May 1992 there were 169 consultations with teenagers (seen by Dr Speer, myself, or locum). Any consultations with other professionals were excluded.

3. Of the 169 consultations 134 teenagers had been seen once and the remaining 35 consultations represented second or subsequent consultations by the same teenager.

4. Of the 169, 91 were consultations by female teenagers and 78 were consultations by male teenagers — this might be expected as the consultations would include discussion about family planning, etc.

5. This represents a consultation rate of 39.6%.

It looks as though the Unit's figures are right. Humble pie duly eaten by me!

I hope these figures are of interest to you.

Dr Peter Wallis
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Schools' excuses

The subject of asthma in pupils was very well covered by Penny Carruthers in Vol. 10 No. 4, and the third point made at the end of the article was particularly pertinent:

If asthmatics take the appropriate medication before any energetic activity, the symptoms should not manifest themselves.

As a Consultant Paediatrician working closely with my colleagues who are school doctors, we have found that the major barrier to the effective management of asthma in schoolchildren is schools' stubborn refusal to allow the children to carry their medication with them so that they may take it prior to games or running around in the playground in order to prevent an attack. Neither is it readily available to them in the early stages of an attack because it is locked up in the Secretary's office. Under these circumstances, medication is not used. The asthma gets to a point where it takes a lot more medicine to relieve it, and that relief takes longer to bring about.