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Developing the Health Related Behaviour Questionnaire

Designing a questionnaire is a slow and challenging undertaking. It is slow because it must pass through many stages of planning, field trials, analysis and evaluation. It is challenging because it must be sustained by a consistent rationale, and this rationale can easily come under both informed and ill-informed attack.

The present Health Related Behaviour Questionnaire grew out of a set of Health Topic Questionnaires. These had been developed in 1977, as a way of examining the separate interest of parents, teachers and children in particular health-related topics. A list of 28 different topics was presented and it may be of interest to reproduce the list here. Naturally, a good deal of work went into the compilation of this list, which at one stage numbered 97 items.

1 Safety in the home	11 Use of leisure	20 Personal hygiene
2 Road safety	12 Exercise and health	21 Dental health
3 Water safety	13 Functions of the internal organs of the body	22 Common infectious diseases
4 First aid	14 Nutrition	23 Venereal diseases
5 Sex	15 Obesity	24 Cancer
6 Contraception	16 Handicapped people	25 Smoking
7 Care of very young children	17 Mental health	26 Drinking alcohol
8 Growth and development	18 Pollution	27 Drug taking
9 Personal relationships	19 Conservation	28 Health services
10 Morality		

The Health Topic (HTOP) research produced some fascinating results, and many different analyses of the data were possible. For example, the interest of teachers in different health-related topics was matched with their particular subject area. The Table on page 10 indicates the percentage in each group with strong concern about certain topics, and it is clear that there is a wide degree of variation between these responses. Is this a potential source of difficulty in planning Health Education courses? Does it give guidance to where Health Education planners are likely to find most support?

Another analysis tried to link the attitudes of the three groups measured, and to find out how much common ground

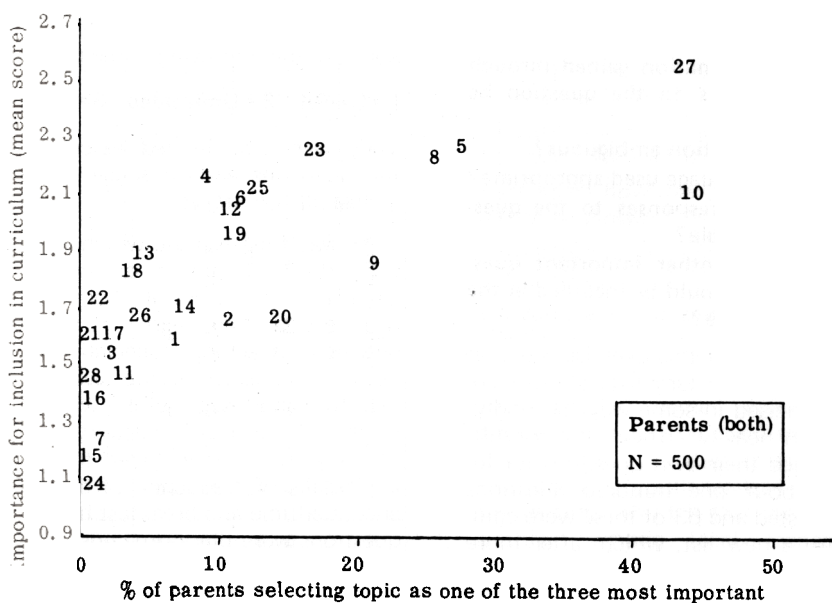
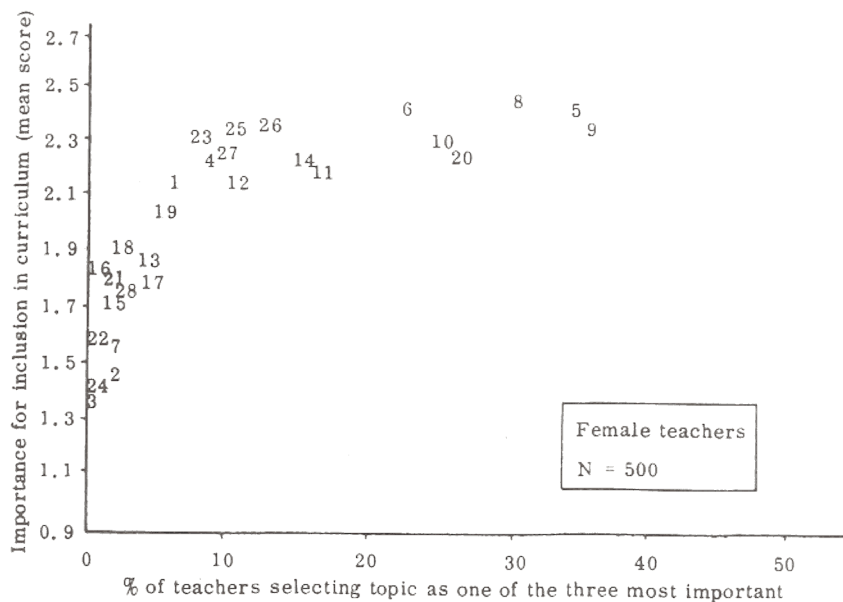
there was between parents, teachers and children over what were relevant or desirable health topics. The charts on pages 8 and 11 show how the responses to different topics varied.

Broadly speaking, the aim of the Health Topics work was to provide curriculum planning tools for use in schools, by helping them to discover:

- Priorities** for inclusion in courses, as seen by teachers and parents;
- Appropriate **timing** for particular items;
- Levels of **motivation** amongst pupils;
- The extent to which topics are already being covered.

01 Safety in the home	36	45	46	32	40	52	40	51	51	21	43	76
02 Road safety	30	26	38	37	34	40	36	28	27	26	35	39
03 Water safety	23	22	24	23	24	32	25	24	40	31	24	32
04 First Aid	44	36	47	38	40	43	42	36	41	27	41	54
05 Sex	43	74	61	41	62	69	54	71	62	77	63	57
06 Contraception	61	64	69	36	64	61	51	74	68	64	62	68
07 Care of very young children	12	12	16	9	13	22	11	10	7	29	20	26
08 Growth and development	53	53	61	42	51	64	58	52	58	65	62	66
09 Personal relationships	45	42	60	43	46	75	50	53	51	66	61	55
10 Morality	60	55	58	53	57	72	67	47	62	89	62	60
11 Use of leisure	43	39	45	40	45	58	44	38	72	49	44	51
12 Exercise and health	37	31	44	34	34	42	39	32	80	33	45	51
13 Functions of the internal organs of the body	26	34	23	12	21	23	24	36	26	26	18	28
14 Nutrition	24	32	30	15	27	42	31	47	39	20	32	72
15 Obesity	13	15	18	13	17	24	15	26	40	6	21	39
16 Handicapped people	17	23	22	19	23	35	22	14	16	20	31	19
17 Mental health	20	21	32	18	24	30	28	24	29	34	37	26
18 Pollution	30	30	30	26	27	35	27	34	34	17	29	25
19 Conservation	35	33	30	29	39	32	42	47	38	20	30	31
20 Personal hygiene	46	49	50	48	43	63	58	41	75	38	53	74
21 Dental health	26	35	36	28	23	38	32	37	38	20	36	43
22 Common infectious diseases	15	23	14	9	16	20	13	21	26	9	17	28
23 Venereal diseases	43	56	43	41	48	57	46	64	54	49	55	53
24 Cancer	13	16	11	8	18	22	15	21	20	6	15	13
25 Smoking	46	55	59	45	51	61	54	54	59	44	55	49
26 Drinking alcohol	46	52	51	39	49	65	45	62	34	66	52	42
27 Drug taking	43	42	54	48	46	52	47	44	53	38	51	54
28 Health services	24	22	26	26	24	34	24	17	20	15	26	25
○ = maximum value ▽ = minimum value	Maths 162	Science 130	Languages 110	Technical/ Business 127	Humanities 205	Pastoral 128	Art/craft 131	Biology 73	PE 99	RE 35	English 163	Home Economics 90
N =	162	130	110	127	205	128	131	73	99	35	163	90

Health Topic research: the percentage of teachers in different subject areas recording a strong feeling that given aspects of health education should be a part of the secondary-school experience of every child.



Health Topic research: the importance attached to the inclusion of each topic in the curriculum, plotted against frequency of selection as one of the most important topics (see list opposite). Upper: female teachers. Lower: both parents.

As such tools, they have been supported and made available by the Health Education Council, and the 28 topics have formed a kind of "core curriculum" for health education in many schools.

However, HTOP does not help decision-making regarding the content of courses. At this stage, reliable knowledge of the ways in which children really are behaving is most desirable, and to achieve this it is necessary not only to ask the right questions, but to ask them in the right way. A preliminary list of 30 "target" questions was developed, which people could use to stimulate their thinking on the matter. An example of one of these target questions was: "How many cups of decaffeinated coffee did you drink last week?"

This list of questions was given to experienced teachers, health service personnel, police liaison officers, college of education/university staff and parents of adolescents. They were requested to consider the list of questions and comment on them along the following lines:

1. Would information gained through the responses to the question be useful?
2. Was the question ambiguous?
3. Was the language used appropriate?
4. Would the responses to the question be reliable?
5. Were there other important questions that should be included in the questionnaire?

The outcome of this exercise was that virtually all of the target questions were heavily criticised in some way. Secondly, having been heavily critical, the consultants designed their own questions for inclusion. About one hundred questions were suggested and 63 of these were compiled into a new list, which, after more refinement and discussion, was turned into **Version 1** and administered in a Devon comprehensive school. A very intensive follow-up then took place, in which around forty pupils volunteered to be interviewed. The aim of this post-test interview was threefold:

- (a) To discover questions which were misunderstood through ambiguous presentation or through the use of vocabulary outside the experience of the pupils;
- (b) To discover responses which, on prompting and discussion, were found to be inaccurate due to unreliable memory;
- (c) To discover responses which were designed to shock or please the reader.

The outcome of these interviews increased confidence that the pupils were not deliberately making spurious responses. However, with regard to limitations of memory and vocabulary, some of the questions were re-worded and a few were replaced, giving rise to **Version 2**, which also was given a field trial. In addition, however, copies were distributed to all of the schools (about 40) included in the Schools Council Health Education Project 13-18 (SCHEP 13-18), and the teachers in these schools were requested to rate each question according to how useful it was, on the following three-point scale:

1 = Useful 2 = Undecided 3 = Not useful

They were also invited to comment on the questions and to suggest others for inclusion.

It was this exercise which highlighted the differing opinion on health issues already noted by HTOP. Some questions produced a high degree of polarisation between teaching specialisms, large numbers considering the same question "Useful" and "Not useful", with very few in the "Undecided" category. Examples of such questions included those providing details of frequency of disco attendance, bedtime and breakfast habits. These questions were therefore considered to be particularly important as prompts to teachers to examine other views on health-related behaviour. A few questions were rated "Not useful" by most respondents, and these were eliminated, while a few new suggestions were added to the bank of potential questions.

It would be tedious to describe in full the subsequent development of the Questionnaire. It is sufficient to say that the first fully operational stage was not reached until **Version 7**, which began to be distributed at the end of 1980. About sixty schools have so far returned completed questionnaires, and the Version 7 "bank" contains information on 12,813 children to date. A slightly revised edition, **Version 8**, began to be sent out at the beginning of 1982, and so far the responses of 4,320 children have been processed.

It may be appropriate to end this brief history by quoting the findings of a research assistant on the project, Chris Brailey:

"A... direct result of the health-related behaviour research is that teachers can become informed as to the behaviour of teenage children. Whilst this may seem an obvious statement, it is nevertheless particularly important, since courses in health education in schools are often

based on teachers' beliefs concerning the behaviour of the children they teach. This is a largely unsatisfactory foundation for courses since the teachers' beliefs concerning children's behaviour are often wide of the mark. Thus, whole 'classfuls' of children may be taught according to a teacher's fantasies of the pupils' behaviour—fantasies which often derive from the widely-publicised but nevertheless a typical behaviour of a few.

"An example of this is taken from one school in which the work has been conducted. In this school it was widely believed that 'we have a real alcohol drinking problem here'. The survey that was conducted in the school showed that whilst some of the pupils were indeed drinking alcohol, the vast majority of the pupils didn't drink at all. Thus the 'they're all at it' fantasy which was held was exploded as a result of the survey, and consequently changes were made in the way that teachers dealt with alcohol education."