News from the Unit

Life seems to have been particularly hectic since our last issue! Anne is finding her workload to be as varied as ever, from writing summary reports for the Health Related Behaviour Surveys that have been happening recently, through to preparing additional resource material for both primary and secondary survey schools.

Anne, David, Di and John are very much involved with developing the cross-curricular work in both environmental and alcohol education, initially in local schools. This work is proving some very interesting modilities which eventually will be available in the next of our Cross-Curricular series.

The recently-published Cross-Curricular Sex Education's books (Book 1: Co-ordinator's Guidance Book; Book 2: Teaching Materials) have aroused much interest and are proving to be very popular, so do hurry and place your orders before stocks are exhausted!

David has recently been looking closely at the smoking habits of young people in Corsham.

Another of David's tasks has been to compile all the data which have been collected for 1994 — over 40,000 pupils have responded so far! This year will see the release of Health Related Behaviour Questionnaire responses to date. Watch this space as the health of Young People in 1994, which will be the third in our annual series, rapidly approaches.

James has been типотизируя a number of publications recently, which includes Young People and Illegal Drugs, 1989-1995. This illustrates the worrying rise in drug misuse and the availability of drugs to young people. It includes data from 1989, 1990 and 1993 presented in table and graph format to illustrate these changes in behaviour and attitudes. Predictions for 1995 have been included. The saying goes 'to be forewarned is to be forearmed', so if you would like to find out what may happen in this book is for you, price £7.00 from the Unit.

Beryl has just returned from her 'holiday of a lifetime' to Australia, where she had a wonderful time, but I'm sure she is pleased to be back realy! Maybe she says that we are pleased she is back!

Some Unit publications . . .

Young People and Illegal Drugs

Drug use is increasing, and this study uses the Unit's survey data to examine future trends.

Toothbrushing in Adolescence . . .

A study of the toothbrushing habits and motivations of 7705 15-16 year olds, revealing unexpected links between dental care and features of their house background and daily life.

Video pack: 'The Extra Guest' . . . £14.68

This well-received 'alcohol' video depicts a teenage party, and the materials include background information, suggestions for its use, worksheet masters, and overhead transparencies. (Price includes VAT)

Very Young People in 1991-2 . . .

Results from 7,852 very young people between the ages of 8 and 12, who completed Section 4 of our Primary Health Related Behaviour Questionnaire.

Young People in 1993.

The latest of our annual reports, with results from 29,073 young people between the ages of 11 and 16, who completed Section 6 of the Health Related Behaviour Questionnaire.

Cross-Curricular Sex Education . . . £45.00


Schoolchildren and Drugs in 1987 . . . £2.50

The use of 'illegal' drugs, based on the reported behaviour of 18,014 boys and girls between the ages of 11 and 16, is described and discussed.

Alcohol Education in Schools . . . £15.00

A report on current alcohol education practice in a nationwide sample of secondary schools, with an evaluation of some widely-used resources and recommendations for good practice.

These prices include postage and packing.

S.F.
British studies investigating the reasons why compliance could be found. Indeed, in a private communication, Sean Hilton, Professor of General Practice at St George's Hospital Medical School, stated that it to be an area 'wide open' for investigation.

The study
The objectives of the study were to investigate reasons for non-compliance, and the factors and variables associated with it.

The survey was carried out among a group of 33 patients aged 13 to 16. The criterion for inclusion was that the youngest had been prescribed regular preventative medication. They had the option of not taking part, and parental permission was obtained beforehand.

The self-completed questionnaire was designed to test the validity of various theories to explain teenagers' non-compliance, which have been discussed in the literature. These theories include the following:
- Developmental issues, including family influences.
- Peer-group influences.
- Knowledge.
- Drug regimen.
- Factors at school.
- Smoking.

I should point out that this school has a completely open-access policy towards inhalers, and pupils can carry them around freely.

Compliers and non-compliers
One of the first tasks was to divide the group into 'compliers' and 'non-compliers'. A non-complier was defined as:
- Missing more than 3 doses of preventative medication a week.
- Missing any dose of reliever medication.

As shown in Fig. 1, over half the group (54%) came into the 'preventative non-complier' category, and 48% into the 'reliever non-complier' category. These figures are similar to those found by other authors (6, 7, 8).

Reasons for non-medication
The preventative non-compliers were asked to list, in order of importance, their reasons for not using their inhaler. Out of a total of 144 respondents, the 'top three' reasons were as shown below.

Preventative non-compliers (144)
- I forgot it (72%).
- I didn't think I needed it (63%).
- I couldn't be bothered (63%).

This shows that the most frequent reason was forgetfulness. Embarrassment was a significant factor in the next categories of response.

Since preventative medication is often taken twice a day, before leaving for school and after returning home, this could explain the low 'embarrassment' rating.

For the reliever non-compliers, the 'top three' reasons were as follows.

Reliever non-compliers (96)
- I didn't have it with me (73%).
- I was embarrassed (66%).
- I thought I'd get better on my own (64%).

This shows that embarrassment was an important factor, but the most significant one was again, forgetfulness! It does raise some questions about the level of discomfort at which a young person feels the need to take reliever medication, and yet can manage to carry on without doing so.

Teasing
Although only 27% stated that they were teased about their asthma, there was a relationship between this and non-compliance with reliever medication. The fact that many of the respondents gave 'embarrassment' as a reason for not using their inhaler suggests that only a few were teased simply because they did not make themselves vulnerable in the first place.

However, by increasing their self-esteem or confidence they may become less vulnerable and feel able to keep their inhaler with them. Moreover, if the young patient's compliance with preventative medication is improved, then this may lead to a decreased need for reliever medication.

'Owning their asthma'
Most of the respondents (85%) visited the doctor with a parent and seemed content to do so. Only a very few, 21%, had been asked by the doctor or nurse how they felt about having to use an inhaler every day. They seemed to be passive recipients of care and did not 'own' their asthma. Although 42% had a self-management plan, there appeared to be no relationship between this and compliance.

Perhaps teenagers should be given the opportunity of visiting the doctor on their own, of being consulted over the treatment choices, and of voicing their own concerns. Many of the teenagers in the study have had asthma for several years, and probably have their own ideas about appropriate management. Acknowledging this, and working in partnership, can increase the self-esteem of the individual and thus promote efficient self-management. To form a productive relationship, Premkumar (9) recommends that the health professional should draw up contracts and make written plans, and gain and keep the trust of the patient by being consistent, reasonable, and realistic.

I believe that all health professionals should be aware of these factors, as should teachers, parents, and the teenagers themselves. This is where, I suggest, the school nurse's role lies. Promotion of health is the primary role of the school nurse, who works with pupils, parents, and school staff, and has the opportunity of providing information about all aspects of asthma management. She can also help the school to develop an effective asthma policy. Non-compliance should always be considered when problems arise, and the school nurse can work out strategies with the teenager, liaising with other carers to ensure that the 'messages' are the same. The parents of asthmatic children can also be encouraged to give their child more autonomy in this matter. Although it is understandable that they may be concerned at possible loss of con-
trol, they need to be shown that the results may well be beneficial.

Education about asthma can be directed at all pupils. The National Asthma Training Centre has designed resources to be used with both primary and secondary pupils. If education begins early, asthma can be understood and accepted, with a possible reduction of teasing.

Autonomy

It is unreasonable to expect total compliance, but the school nurse must ensure that the youngster has all the necessary information, so that the decision not to comply is an informed one. It is interesting that Cameron & Gregor (10), when discussing compliance and chronic illness, suggest that patients understand the medical regimen in terms of the way it will affect their life, whereas health professionals understand it in terms of the way it will affect their health. It is possible that some teenagers, despite knowing the effects on their health, decide that the adverse effect on their way of life is too high a price to pay.

References


Too high a price to pay for health?

Jill Lee is a School Nursing Sister. Any reader wishing to know more about her survey and its findings should contact her at 40 Pound Gate Drive, Farnham, Hants. PO14 4AT (0489 581563).