The main findings are that:

- The young people who had spent their own money on the National Lottery in the previous week were significantly more likely than the others to have higher incomes to spend — either from paid work or pocket money.
- There are highly significant differences in other gambling-related behaviours between the children who spend money on the National Lottery in the previous week and those that did not.
- The Lottery seems to have tapped an existing, well-developed commercial market in juvenile gambling, based upon fruit-machine playing.
- The children that had spent money on the Lottery were four times as likely as the non-participants to have also spent money in the same week on arcade ‘fruit machine’ gambling.
- They were also three times as likely to have spent between £10 and £30 on fruit machines in the past month.
- The children that had spent their own money on the Lottery during the previous week were significantly more anxious than the other children to be worried about gambling.
- They were significantly less likely to report that they would keep their concern to themselves, rather than share it with someone that could help.
- There are also highly significant relationships between the under-age purchase of National Lottery products and the illegal purchase of cigarettes and alcoholic drinks during the same period.
- The children that had spent their own money on the National Lottery were at least twice as likely as the non-participants to have also spent money in the same week on cigarettes and alcoholic drinks.

All of the significant findings confirm to exist knowledge on juvenile gambling in the UK and elsewhere.

This study confirms the need for more information on adolescent gambling that will translate into practical policy initiatives. It is suggested that a major study of under-age gambling on the UK National Lottery is required which focuses on (a) the impact of different forms of lottery product (the draw and scratch cards), (b) the environment of under-age gambling on the National Lottery (e.g. societal attitudes, advertising, other adolescent gambling markets), and (c) the characteristics of at-risk groups (e.g. demographic characteristics, parental gambling, other addictive or delinquent behaviours).

References


Jaki Hunt is Medical Audit Facilitator with the Northamptonshire Multidisciplinary Audit Advisory Group (MAAG).

The 1993 Education Act may have made it harder for teachers to act as confidential advisers.

Jaki Hunt

Teenage sexual health: Do school nurses hold the key?

Young people are at risk of sexual ill-health, and were targeted by the Government in the 1993 Health of the Nation White Paper (DOH, 1993) as a key area for improvement.

Many more under-16s are now experiencing sexual relationships than in the past.

Many more under-16s are now experiencing sexual relationships than in the past.

MAAG investiigated

Last year, a group of group practices in Northamptonshire worked with the Northamptonshire Multidisciplinary Audit Advisory Group (MAAG) and Northamptonshire Health Promotion to look at the provision of local sexual health services for young people and to discover the views of their teenage ‘users’.

We had already run a three-month study in 1994, looking at all the consultations that 13 primary health care teams had with young people. This anticipated the finding from our 1995 questionnaire survey that fewer young men than females attended their practices, with the 16-19 year old group of males being the least likely to have been seen.
Even when they did attend, our three-month 1994 audit showed that they were much less likely than females to discuss any health promotion or sexual health issue with the health care professional. The figures from our study were more revealing when looking at the amount of sexual health advice that was given to young people:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-15</td>
<td>0.2%</td>
<td>24%</td>
</tr>
<tr>
<td>16-19</td>
<td>0.6%</td>
<td>68%</td>
</tr>
</tbody>
</table>

The only sexual health topic that males discussed with their practice was STDs, but at least four times as many females for each age group attended to discuss this topic. Males also came to discuss pregnancy, termination, contraception and period problems, which gave them an opportunity to raise a wider range of sexual health issues with their GP or practice nurse. Young males were unlikely to discuss contraception in the surgery, as condoms are not at present available on prescription.

To summarise the results from the 1993 national survey and the 1994 MAAG study, males are more likely than females to have first had intercourse under the age of 16 and not to have used contraception on this occasion. They also have less opportunity to discuss sexual health with health-care professionals. Therefore, young males are perhaps the group most in need of sexual health education from sources outside the Health Service.

Can teachers and school nurses have an input here?

‘Feeling comfortable’

In 1995, a questionnaire was sent to young people aged 12-19 across the country (1,834 replied), asking mainly about their views on primary care. It also included questions about other providers of sexual health services or advice, revealing some interesting lessons for teachers and school nurses.

One of the questions on the questionnaire asked about a range of health topics, to discover with whom the young people would feel comfortable when discussing such issues. Fig. 1 refers to teachers and school nurses.

- In general, only a low percentage of young people said that they would feel comfortable discussing any of the issues other than headaches with either their teacher or their school nurse.
- The figures for school nurses are slightly higher than those for teachers.
- More 12-15-year-old females reported that they would be comfortable discussing the range of issues with their school nurse than did the other age/gender groups.
- The young people that replied to our questionnaire were less likely to feel comfortable with their teacher or their school nurse than with their parents, friends, and primary health care teams.
- Fewer males than females across the age ranges said that they would feel comfortable discussing any of the issues, bar STDs, with anyone.

This last finding presents a problem, as the group that have identified as having the greatest need of sexual health education to be delivered outside the health care service — young males — is also the group that would be least comfortable receiving it within school.

Teachers: High input, major constraints

Our questionnaire showed that STDs and contraception had already been discussed more often with teachers (perhaps as a class topic) than with any other professional, except for the 16–19-year-old females, who had previously discussed contraception more often with their GP. The percentages having already talked to teachers and the school nurse about some health-related topics are shown in Fig. 2.

Teachers, therefore, are the professionals with the highest level of educational input to young people in these sexual health areas. However, they are also the professional group with which young people feel least comfortable when discussing these issues.

Following the 1993 Education Act, which suggests that teachers should tell the Head and parents if they learn of under-age sexual intercourse, the message may now be clear to under-16s that they should not discuss their personal difficulties with teachers. Similarly, perhaps teachers are more uncomfortable discussing these issues with young people, because of the restrictions now placed upon them.

Not surprisingly, young men had discussed fewer topics with anyone, and many of them said that the sexual health issues (including contraception and STDs) did not apply to them.

School nurses: Accessible and friendly, but how secure?

These questions show that more young people aged 12–15 had already discussed these issues with their school nurse (10% on average) than with their practice nurse (3% on average). Perhaps schools can build on the work that is already been done to increase these figures.

The questions asked young people whether they felt that the range of services offered advice on sexual health (GPs, family planning services, STD clinics, local young people's health clinics and youth advice services) were accessible, friendly and confidential. Teachers were not included in this section, but school nurses were.

School nurses were felt to be easy to access and friendly (second only to general practices for these factors), but had the lowest score for perceived confidentiality, particularly for under-16s. The following table shows who the young people thought would hear of their visit to the school nurse.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-15</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>16-19</td>
<td>14%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Some comments were made about this lack of expectation of confidentiality with their school nurse:

- There's no privacy.
- I'm afraid she may tell someone.
- My friends would want to know why I was going.
- You have to make an appointment through the teacher — he's nosy.
A better chance for the school nurse?
Discussion of these results with local school nurses has raised a number of issues about the environment in which they work. For example, their room often doubles as a sick bay, so other pupils may be present and potentially listening as sensitive topics are discussed.

A critic is often close to the main thoroughfare in the school, so pupils feel that they will be seen going in. Systems that require a teacher's permission to visit the school nurse, along with a perception of her as part of the 'establishment' (and therefore chatting with teachers about her work?) may also have contributed to the lack of expectation of confidentiality.

Perhaps some further consideration needs to be given to the setting of the school nurse's room, the access systems for her within the school, and the need for widespread publicity to pupils about confidentiality.

Following the legal changes within the Education Act, the school nurse may be the only person within a school that can offer confidential personal sexual health advice to pupils under 16. If she is not trusted by her clientele, then where can worried pupils turn for help?

Summary
- Young males see their GP less often, and, when they do, discuss sexual health issues less often than young females do. They are therefore a group that particularly need sexual health education to be addressed outside primary care. How can schools help?
- Young people have discussed many sexual health topics with their teachers (probably as a class subject), but do not feel comfortable doing so. Do teachers need help (possibly specific training) when tackling these sensitive issues in class or with individuals?
- Young people feel more comfortable discussing sexual health issues with their school nurse than with their teacher. Can the school nurse be used more within schools to address sexual health issues?
- How can school nurses help young people to feel more comfortable when discussing sexual health issues with them?

- Young people say that it is easy to access their school nurse and that she is friendly. Despite this, they do not expect a visit to her to be confidential. Are there changes that can be made within schools that will alter this misconception?

Acknowledgements
The project leader is very grateful to John Bunting for his invaluable advice when developing the questionnaire, and to the Northamptonshire Youth Service for piloting it. We would like to thank everyone who took part in the audit for the work they put in, and hope that the results have been useful to them. We would also like to thank the local school nurses, who have made comments about these results.

References

Northamptonshire MAAG works with primary health care teams to co-ordinate and facilitate audit across the county. The group offers training to all team members, aiming to provide each team with the skills, information and enthusiasm to use audit as a tool to improve the quality of the services that are offered to patients. MAAG also runs multi-practice and interface audit projects, working with other organisations across many boundaries. The co-ordinator is Mrs Christine Burns. Dr Jaki Hunt may be contacted at the Group's address, Highfield, Cliftonville Road, Northampton NN1 5DN (01604 615255).

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and

VERY YOUNG PEOPLE IN 1993-95

as well as

YOUNG PEOPLE AND DRUGS IN 1996

For further details contact Sally Forster at the Unit (01932 264722)

Using a survey of 'smoking' information to boost the Humberside Health Promoting School Award scheme

Geoff Wolmark

East Yorkshire reaches the parts other schemes miss

The Health Promotion Department in East Yorkshire is one of four that helped in the development of the Humberside Health Promoting School Award scheme (HPSA) alongside the Local Education Authority. The scheme has been piloted and modified for some three years, with four schools gaining the Award during the pilot phase, five gaining it since, and a further 15 schools working towards the Award at present.

As there are some 300 schools in Humberside, it can be seen that we need to reach those parts that ordinary schemes do not. The East Yorkshire experience in this respect, while not being earth-shattering, may be a pointer to others trying to recruit schools to their schemes.

Smoking and Healthy Schools

As the Senior Health Promotion Officer in East Yorkshire, with a responsibility for promoting the health of young people, I had agreed with our purchasers that I would undertake some work on reducing the number of young people that take up smoking, as well as the work already in hand on the HPSA scheme.

In May 1995 I wrote to all the East Yorkshire schools - nursery, infant (5-7), primary (5-11), junior (7-11) and secondary (11-18). There are no sixth form colleges in the area, and special schools were excluded on this occasion. In my letter I asked if the member of staff concerned would mind finding a questionnaire on smoking. For the secondary schools I sent the letter to the health education co-ordinator, the teacher with responsibility for all the health education in the school, for all the other schools I sent the letter to the Health Education Officer. I also enclosed a short questionnaire and a stamped reply envelope.

Offering help

As can be seen from the letter, I reminded the schools of the HPSA scheme, which they had been invited to join when we launched the scheme the previous September. In addition, all schools had been sent another flyer for the scheme through the internal school mailing system. I also offered help with both smoking work and smoking policy development in the schools.

The questionnaire asked if the school had a smoking policy; the answer to this question should have been Yes in all cases, as the Local Authority had passed a motion requesting all Local Authority establishments, including schools, to introduce a controlled smoking policy some three years ago. I also asked if the schools covered smoking education, and what materials they used.

The final two questions asked if the school wanted me to come in to discuss smoking and the HPSA scheme.