

*A report uncovers "missed opportunities" for education*

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## Health knowledge amongst school leavers: some findings

A survey was carried out eighteen months ago to investigate the health knowledge amongst school leavers in the west end of Newcastle. It was conducted by three medical students in the second half of their training at the University, and two schools took part: Blakelaw, which has a structured health education programme of one hour each week to second and third forms; and John Marlay, which at that time had no timetabled health education. Interviews were carried out on 51 pupils from Blakelaw (25 girls, 26 boys) and on 46 pupils from John Marlay (25 girls, 21 boys), making a total of 97 pupils. The interviews were carried out individually, and lasted for about 20 minutes.\*

As the recently-appointed co-ordinator of health education in Blakelaw, I was particularly interested in the results, which were released recently. I do not intend commenting on the whole of the survey, but merely on those areas that caused me to stop and consider.

### The questionnaire

The questionnaire was divided into two parts. Section A covered aspects of the pupil's personal life:

- Use of medicines
- Illness situations
- Dental care
- Immunisation

- Smoking
- Alcohol
- GPs and school medical services

Section B was called "Life events", and covered aspects of the following:

- Contraception
- Pregnancy
- Babycare
- Sources of health information

Much of what the interviewers discovered could have been forecast reasonably accurately by anyone involved in health education. Almost all of the pupils were aware of how to look after their teeth, how often to brush them, how often to visit the dentist, etc. Similarly, the effects of smoking and alcohol abuse were widely appreciated, although the report noted that "some practical advice on how to stop smoking should be included in the health education programme on smoking in schools".

Barbara Williams' Smokers Anonymous Club (*Education and Health* Vol 1 No 1, January 1983) would certainly have the approval of the medical students. Perhaps we should all be thinking of cure as well as of prevention?

### Immunisation

The response to the questions on immunisation should provoke concern and action. The pupils were asked:

\* *Health Knowledge amongst School Leavers in the West End of Newcastle*: a project carried out by K Griffiths, N Pearson, and E Pratt (University of Newcastle, 1981).

What immunisations/vaccinations have you received?

What are they for?

The results were as follows (official figures supplied by the Community Health Service are given in parentheses):

	Blakelaw	John Marlay
BCG	82% (65.5%)	87% (73%)
Rubella (girls only)	52% (78%)	92% (84%)
Polio	35%	37%
Tetanus	29%	22%

A positive result was recorded for BCG if the pupils remembered receiving either a Heaf test or the immunisation itself, as they were often confused between the two procedures. Only 21% of the pupils knew that it was meant to prevent "TB" or "tuberculosis".

Only one-third of the girls knew the effects of rubella on a pregnant woman. One-third had a partial understanding, and the remaining third had no idea.

Paul Gardner ('A New Perspective', *Education and Health* Vol 1 No 1, January 1983), would like to see more NHS staff involved in health education in schools. Using the professional expertise of the school nurse to talk to the pupils about immunisation could prove invaluable, with the additional benefit of introducing her to all the pupils as they progress through school. Indeed, although 97% of Blakelaw pupils knew how to contact the school nurse, only 4% knew her name!

Leaflets giving full information about the different vaccinations and immunisations could be studied in class and then taken home to parents, spreading health knowledge into the community. Notice boards in prominent positions in schools could display posters during the time that the pupils are being immunised. Liaison with the school nurse and doctor at the beginning of each academic year could help the co-ordinator to ensure that certain topics could precede or coincide with the routine medical screening tests

and immunisation programmes that were planned to take place.

### Contraception

The survey found that most of the pupils knew of the most commonly-used methods. The pill and the sheath were the most often mentioned, although only a small proportion, 10% of girls and 17% of boys, mentioned additional use of a spermicide. Almost twice as many girls as boys mentioned the inter-uterine contraceptive, with many girls stating that this was a method used by their mothers. The report suggests that this is perhaps because mothers discuss the subject more easily with daughters than with sons.

In the classroom, however, lessons on contraception are more valuable if the sexes are not segregated, as decisions about methods of birth control should ideally be joint decisions; all pupils should be aware of the advantages and



### —AN EXTRACT FROM THE REPORT'S FINAL SUMMARY—

There seems to be some discrepancy between what we, as future members of the medical profession, consider to be the important areas of health knowledge, and the schools' views.

The *medical* view of health education is largely concerned with:

1. Prevention of disease.
2. Better understanding of disease and therefore compliance in patients (e.g., immunisation).
3. Better utilisation of health services.

In *schools*, the view of health education shows a different emphasis. The Newcastle upon Tyne Curricular Study Group\* has stated that health education should:

1. Give young people a basic knowledge and understanding of human development.
2. Help young people to adapt to change in themselves and in the environment.
3. Help young people to determine where they have control over their health.
4. Help young people to handle basic stresses of life without breaking down, and to be able to integrate themselves into the society where they live and work.

\* *How Are You Man? A strategy for health education in schools* (Newcastle upon Tyne Curricular Study Group, 1981).

disadvantages of all methods of contraception.

In response to a hypothetical situation in which contraception became necessary, one-quarter of the pupils said that they would go to the local Family Planning Clinic. When asked if they knew where it was, 53% said "No" and 40% said that they did not think they could find it. Only 42% knew that contraception is free in the NHS. This is simple information that is often overlooked by teachers.

The report concludes that "overall, the knowledge about birth control appears to be good, but much less is known about the availability of contraception and advice".

### Pregnancy and baby care

94% of girls and 53% of boys knew that a missed period could indicate pregnancy. Almost all the pupils, 97%, said that they would go to their GP for confirmation of pregnancy. However, the survey revealed a lack of knowledge about ante-natal provision, and most pupils could not differentiate between ante-natal classes and clinics. The report states that there is

obviously great potential for education here.

More than one-third of the pupils did not know what happened at a baby clinic; knowledge of infant immunisation was also poor, the highest reporting for any individual vaccine being polio (38%), and 21% could not name any vaccines at all.

The health visitor came very low as a resource for advice about baby care (21%), while the GP reigned supreme (74%). The pupils considered that the health visitor was someone who checked that the mother was doing things correctly, rather than helping her to do so.

Obviously, the picture will be different in some other schools, but the following provocative statement should make many health educators sit up and take notice:

*Considering that a woman is unlikely to receive any further information about these services between leaving school and becoming pregnant, surely an important opportunity for education is being missed.*

It would appear that the health visitor, as well as the school nurse, could make a valuable contribution to health education in school.

### **Some unanswered questions**

The unresolved issues in the report are:

1. Can the medical experiences of a child's school life be fitted into the context of developmental health education?
  2. What additional responsibilities for liaison does this occasion, both for the medical staff who work in schools and the health educators?
  3. What concepts underlie preventative medicine such as vaccination? Can they be built up through a child's school life, with, for example, one stage exploring immunology through a "military" strategy, with body martialling defence systems, and another stage with full biological explanation of virus and antibodies?
  4. Should health authorities prepare educational support material to go up around the school, with handouts for teachers, films, etc., at times of vaccination? Or must the school try to find curriculum time for the school nurse to talk to children in groups of reasonable size at times of mass vaccination?
  5. Should there be a case study on the role of a health visitor which could be studied in class, or do such visitors have an adequate time allocation to work freely with school timetables?
  6. What are the possibilities of all girls being invited to attend an ante-natal clinic before leaving school?
  7. Is there an inherent problem of preventative medicine appearing currently relevant to a child's mind? What challenge is here for the teacher?
  8. Bearing in mind the implications of the 1981 Education Act, how closely should health educators be working with other agencies involved with children with special needs?
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