A report uncovers "missed opportunities" for education

MARIA RAINFORD

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):

<table>
<thead>
<tr>
<th>Immunisation</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>BCG</td>
<td>82% (65.5%)</td>
</tr>
<tr>
<td>Rubella</td>
<td>52% (78%)</td>
</tr>
<tr>
<td>Polio</td>
<td>38%</td>
</tr>
<tr>
<td>Tetanus</td>
<td>29%</td>
</tr>
</tbody>
</table>

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, as the additional benefit of introducing her to all the pupils as they progress through school. Indeed, although 97% of Blakeley 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 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 "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 in this area.

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 was regarded supreme (76%). 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.
JOHN BALDING

What do immunisation enquiries tell us?

Question 19 of the Health Related Behaviour Questionnaire, available from the Schools Health Education Unit, runs as follows:

Have you been vaccinated against
(a) Rubella (German measles)?
(b) Polio?
(c) Tetanus?

Respondents can select one of three categories of answer to each, namely Yes, Don’t know, and No. This question was incorporated into the questionnaire at a stage when it was being evaluated by doctors and nurses, and, judging from Mark Charny’s contribution to this issue of Education and Health, the medical profession on the importance of immunisation is clear.

Polio and tetanus

The accompanying table gives the responses from 3rd and 4th year pupils in a school in the north-east of England. It is worth noting at the outset that the distribution of responses to this question, from different schools, varies quite widely, and explanations for this might lie in the local prevailing conditions. Two ways in which the responses could be affected are:

(a) The medical practice, through immunisation programmes and campaigns;

(b) The level of knowledge of the pupils, arising from the emphasis that the school puts upon this aspect of health care.

In this particular example, the number of boys and girls who indicated that they did not know whether they had been vaccinated against these diseases is fairly low, overall, compared with other schools in the health-related behaviour survey. The marked difference in response between the 3rd and 4th years is noticeable, for more 4th year pupils “knowing” that they have been vaccinated, with the girls being more positive than the boys. An intervention programme at the beginning of the 4th year would account for this, and would raise the following questions:

(a) Is this a regular feature of the school’s life?
(b) Is it at the best time?

Rubella

It will be noticed immediately that the “Yes” response from both 3rd-year and 4th-year girls is very high, over 90%. On the face of it, this should be comforting to health-care professionals, who might see this population as being above the national take-up of about 80%. However, bearing in mind that rubella vaccination is given only to girls, this conviction may be shaken upon seeing that about a quarter of all the boys are also responding “Yes”, while a further third “Don’t know!” Does this mean that the girls, too, are over-reporting? If so, why? If they were doubtful, we should expect to find a significant number of “Don’t knows” here as well, but this is not the case; the response from both boys and girls is very positive.

We certainly cannot assume that girls always over-report. It is interesting to note the results given in Maria Rainford’s article on page 36, in which only 52% of girls in one school (Blakelaw) responded “Yes” while the official take-up was 78%. The 32% in the other school (John Marlay) responded “Yes” compared with an official value of 84%. Are we being misled by the sample size, or is there a deeper reason? Unfortunately, it is not clear from the article just how the question “What immunisations or vaccinations have you received?” was presented to the pupils. Were they given prompts? If so, were the prompts consistent in both samples? Does the very low figure for Blakelaw reflect more closely the likely memory of the average individual without reinforcement from teacher or questioner? Is the high John Marlay figure inflated by a desire to please, or escape censure, or does it reflect a real confusion?

What does seem to be clear is that the boys’ and girls’ knowledge of their own vaccination is unreliable. Does this matter?

The accompanying table, which presents the results from four Sheffield schools that have used the Health Related Behaviour Questionnaire, may be of interest. The mean figures correspond