News from the Unit

Some Unit publications...

Young People and Illegal Drugs
In 1996 — £5.00
A report based on data collected between 1987 and 1996 using the Health Related Behaviour Questionnaire.

Cash and Carry? — £10.00
A report based principally upon responses from more than 5,000 boys and girls aged 14-15, living in 65 communities within seven different regions in England. (Total sample 11,643 between the ages of 12 and 15.)

Toothbrushing in Adolescence — £10.00
A study of the toothbrushing habits and motivation of 7770 15-16 year-olds, revealing unexpected links between dental health and features of their home background and daily life.

Video pack: 'The Extra Guest' — £14.68
This well-received 'Alcohol' video is targeted at the teenage party population, and the materials include background information, suggestions for use, worksheet masters, and overlaid transparencies. (Price includes VAT.)

Very Young People in 1991-2 — £9.50
Results from 7,872 very young people between the ages of 8 and 12, who completed Version 4 of our Primary Health Related Behaviour Questionnaire.

Young People in 1995 — £30.00
The latest of our annual reports, with results from 23,918 young people between the ages of 8 and 15, who completed Version 17 of the Health Related Behaviour Questionnaire.

Cross-Curricular Sex Education — £30.00
Published materials from the two units within Art & Design, Drama, English, Geography, History, Mathematics, Modern Languages, Music, PE, RE, Science, and Technology. In two volumes, containing 428 pages altogether. Extracts sent free on request.

Lifestyle 2 — Mainly Money — £17.63
A datafile containing health-related behaviour data for 200 Year 10 pupils obtained from Unit surveys. Using this package in the NC raises many health education topics. Please state discipline, computer, and analysis software. (Price includes VAT.)

The Unit team is here to help!
Fast telephone: 01932 264722

Orders for publications, and general enquiries
Sally Forrester, 264722

Health Related Behaviour Questionnaire
Receipts of tickets and data preparation: Beryl Parkes, 264729

Printout, further analyses and computer-readable information: Anne Wise, 264728

'School report' printout:
Anne Wise, 264728

Primary Health Related Behaviour Questionnaire
Anne Wise, 264728

'Just A Tick' health topics surveys
Sally Forrester, 264722

Computer programs, data analysis, AIDS-related education
David Regis, 264726

Education and Health
Editorial: James Mainden, 264720

Subscriptions and advertising: Sally Forrester, 264722

Fax: 01932 264761

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John Balding
Young People in 1995

Once again, the use of our Health Related Behaviour surveys has generated a detailed picture of the changing lifestyles of our young people. The sample from the 213 school surveys carried out in 1995 is substantial, well spread over many parts of the country, the 12,918 pupils represented within it being having drawn from a total population of about 50,000 in the year groups surveyed.

This sixth report in our 'Young People in 1995 series, Young People in 1995, is the first to contain information about Year 6 (10-11 year old pupils). Each year's sample is based upon the requirements of the Health Authorities that plan and fund the surveys. In 1995 we concentrated almost exclusively upon Years 8 and 10 in their secondary schools, and upon Year 6 in their primary schools (for which the simplified primary version of the Health Related Behaviour Questionnaire was used). We have therefore presented a report on Year 6, 8, and 10 pupils (overall age range 10-15 years) where questions in the primary questionnaire overlap those in the secondary version. Where this does not happen, we present data for Years 8 and 10 only. In this article we have tried to concentrate on tables presenting data for all three year groups.

Young People in 1995 also includes, for the first time, information about personal safety and carrying 'protection'.

The report is divided into nine sections, each one of which concentrates on a particular aspect of the young people's lifestyle. A sample table from each section is presented here.

1. DIET: Breakfast

Table 1 shows the number of girls consuming nothing at all rises rapidly across this age range, reaching 1 in 5 in Year 10. The figure is 1 in 3 for those who had nothing to eat.

Cereal is the most popular breakfast item. Only a small percentage of these young people had a cooked breakfast. An analysis carried out in the previous report, Young People in 1994, showed that a quarter of the non-breakfasting girls also had no lunch on the previous day.

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S.F.
2. DOCTOR & DENTIST: Dental treatment

Dental researchers remind us that the treatment and advice recalled by the patient may be different to that recorded by the dental practitioner. However, the advice on brushing teeth in Table 1 shows more boys than girls recalling this advice, and in this case it is the level of recall that matters.

Does this mean that fewer girls need advice, or that fewer recall it? Was this advice helpful? Should it be part of the dentist's job to promote effective preventive practice?

The higher figures for brace among the girls suggest that they are more concerned than boys about the appearance of their teeth. Therefore it is surprising that in an earlier version of the questionnaire, which asked the young people why they cleaned their teeth, more boys than girls gave appearance as the most important reason (Young People in 1989).

Perhaps the decision about fitting a brace is taken by the dentist in conjunction with the young person's parents?

3. HEALTH & SAFETY: Toilet hygiene

Table 3 shows that more girls than boys are likely to wash their hands whenever possible after visiting the toilet.

The percentage of conscientious washers in the Year 6 sample is considerably smaller than in the older groups. This is one of the few instances where 'healthy practice' seems to improve with age. Are young people sufficiently aware that washing hands after visiting the lavatory and before eating is vital to breaking the cycle of threadworm transmission?

Toilet hygiene refers to a variety of environments. School toilets may be uninviting or even hostile, and have poor provision for washing hands.

4. HOME: Activities after school

Table 4 shows the percentage of young people that spent any time at all on these different pursuits on the previous evening. Amount of time spent is not presented here, although these are collected in the database for watching television and doing homework.

Television watching, homework, and reading or playing with friends are not circled in the list. Computer games are important in the lives of many boys. Reading books is a declining interest with increasing age, but more girls than boys spend time doing so.

This checklist of activities was originally derived from the free responses of young people.

Listening to music, reading magazines, and caring for pets are not included in the Year 6 questionnaire, but score strongly with all the Year 8 and 10 respondents, especially the girls.

5. DRUGS: Drinkers and non-drinkers

Table 5 shows a steady decrease in the proportion of drinkers with increasing age. This confirms the expected increase in the proportion of drinkers in the sample.

More boys than girls drank alcohol on at least one day during the previous week. This includes a quarter of the Year 6 boys.

This table does not include consumption of canned shandy or low-alcohol drinks.

6. MONEY: Weekly pocket money

The figures in Table 6 show expected increases in the levels of parental contribution for the older respondents. Of the Year 10 group, 10% received more than £10 during the previous week and a half received up to £5. The nothing group could represent young people paid monthly. Some of our data, reported in Young People in 1994, suggest that parental allowances may be adjusted as the young people's money-earning capacity increases.

The average weekly amounts of pocket money for Year 8 and Year 10 respondents (including those who did not receive any) have been calculated as follows:

Year 8
Boys £4.56
Girls £4.46
Year 10
Boys £6.27
Girls £6.31

Other sources of income, such as paid work, are also examined in the report.

7. SPORT: Personal fitness

Table 7 presents the young people's judgment of their own fitness. The proportion considering themselves fit rises with age for all respondents, but much more strikingly for the girls; the proportion considering themselves fit falls with increasing age for the girls. With increasing age, both genders have less cause to consider themselves very fit.

The boys' better impression of their own fitness seems to match their greater involvement in active pursuits, which are identified in the report. It should be pointed out that community facilities in general may offer fewer opportunities for girls than boys.

Belief and behaviour may combine to the disadvantage of some. Young people who believe they are unfit may be reluctant to 'show themselves up'. Therefore inactivity is promoted.

8. SOCIAL & PERSONAL: Talking about AIDS

The bottom line in Table 8 shows that more girls than boys have talked 'a few times' or 'a lot' about AIDS. Almost half the Year 10 boys and a quarter of the Year 10 girls have not talked about the subject very much with anybody.

The percentage in Year 10 that have talked with parents is matched by teachers and greatly exceeded by friends.

The figure for teachers under Year 6 shows that some primary schools are mentioning the topic.

Analysis of earlier SHEU survey data has shown a positive link between the amount young people talk about the subject and their correct knowledge of ways of HIV transmission. This suggests that some of these discussions, at least, have a role to clarify what can be a confusing situation.
**YOUNG PEOPLE IN 1995**

Now published at £20: 23,888 young people described in over 200 pages of tables, commentary, and other information. Purchase one of the remaining copies of Young People in 1994 at the same time and you can have them both for £40 — a saving of £20 on the original combined price.

John Balding is Director of the Schools Health Education Unit.

### Table 1

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**9. PERSONAL SAFETY: Fear of being bullied**

The Year 6 sample is not represented in this section, as no "personal safety" questions were included in the primary Health Related Behaviour Questionnaire. However, in research that has been carried out in primary schools suggests that a still greater percentage of these younger children are affected by bullying.

Table 2 shows that about a third of the girls and a quarter of the boys fear being bullied at least sometimes. The Year 8 group is more "fearful" than the Year 10 group. Ten is not the final attempt in the questionnaire to define bullying, as different young people will have their own (equally valid) concepts of bullying as it affects them.

The implications of this and other "personal safety questions have been explored in the Unit's publication Bully Off. Correlations between fear of being bullied and many other lifestyle factors, such as poor parental support, promiscuity to asthma, and self-esteem, are identified.

**The sample**

The vast majority of our information comes from pupils in mixed comprehensive schools, and the schools are encouraged to represent the whole ability spectrum in their classroom surveys. We therefore believe that the data give a good picture of the young people in each area (usually corresponding to a District Health Authority) surveyed.

This very large sample thus represents a much larger group of young people than the one from which it was drawn — probably more than twice the number. However, we do not know what extent these samples and studies are representative of the country as a whole, although where comparison data are available our figures are usually in line with more deliberately sampled national data from, for example, the Office of Population Censuses and Surveys. Some examples of these comparisons are presented in Young People in 1995.

In areas with a substantial independent school provision, some of the 'cream' may be lost from the comprehensives, resulting in a bias with respect to academic ability and home background.

**Conclusion**

Across the last ten years the Health Related Behaviour Questionnaire survey has been used in over one thousand secondary schools and in hundreds of primary schools. Many primary schools have used the service more than once — two have carried out a survey on six occasions! Some Health Authorities have carried out up to four surveys at District level, and one Regional Health Authority has carried out extensive surveys on three occasions.

The variety of ways in which the data are used by schools now includes examination of their own data on computer disc in IT literacy look for connections between behaviours and to consider lifestyles. This parallels the Lifestyles resource we have produced, which uses an identified source.

We now also calculate a Health Risk Appraisal score for all pupils, who use a code number known only to themselves to identify their score. Ways of making the data more accessible and meaningful to schools include relating their pupils' responses to the average for all the schools in the survey, and inserting their tabulated data into a 'school report' with enlightening commentary.

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**Pupils were expected to spend their midday break outside, regardless of the weather, in a playground where minimal shade existed.**

Linda Syson-Nibbs is a Health Visitor in the Community Health Care Service, North Derbyshire NHS Trust.

**Linda Syson-Nibbs**

**Sun safety education in schools**

Cancer education in schools has traditionally been a neglected area, possibly because adults in general have a fear of the disease. Teachers as a group are no exception, and this can result in children acquiring knowledge from a variety of sources outside the classroom, one of which may be overheating adults discussing problems with cancer. By misinterpreting what they hear, or by hearing old wives' tales, children can adopt pessimistic and fearful attitudes to cancer (Rainey, 1989).

These ideas are likely to be replaced by realistic health beliefs and attitudes. The United Nations Universal Declaration of Children's Rights (1989) addresses this notion and has formalised children's right to knowledge about health. In recognition of this, health educators are keen to inform children about disease prevention, health-enhancing behaviours, and of course about the appropriate steps that society as a whole might take to facilitate this.

**Sunbathing is an established habit — sensible sun exposure must be the aim.**

Sunbathing is an established habit — sensible sun exposure must be the aim.

**Primary prevention**

Prevention of malignant melanoma relies on encouraging children to adopt new prevention behaviours against suntan, like the appropriate use of protective clothing including sunhat, seeking shade when the sun is at its hottest (between 11am and 3pm), and the judicious use of sunscreens.

Many dermatologists would wish to discourage sunbathing per se, but others such as Doherty & Mackie (1988) suggest that it would be impossible to eradicate the habit of suntanning (30- to 30-year-old campaigns to discourage cigarette smoking have been disappointing), and advocates sensible sun exposure. Others, such as Merrielstein & Klessen (1992) suggest that comparison of no-smoking campaigns are unfair, since sun protection campaigns have the advantage of having the cosmetic and sunscreen industries on its side.