

## The HEC Primary/Middle School Health Topics Project

### (2) TERESA CODE

# The pupils' questionnaire

The aim of the project, as described in the previous article, was to produce three separate questionnaires and methods of administration in which teachers, parents, and pupils could express their feelings about the inclusion of different topics in the health-education curriculum. Although the actual questions asked in the separate questionnaires were not all the same, it was important that the way in which the topics themselves were presented in all three should be, if possible, identical.

#### The topics

The initial pruning and modification of the first list was done in consultation with teachers and health-care professionals. In this way, the original 137 items were reduced to 42. When the time came to present the list to pupils, however, it was necessary to decide whether any further clarification of the topics was necessary. Each topic title was carefully

considered, to take account of the children's level of understanding, and it was found that the language of some of the titles had to be simplified to be easily understood by the primary/middle school child. Some examples of these changes are given below.

The next task was to make sure that the pupils would interpret the topic titles in a similar way, and it was agreed that a guide of prompts, to be given verbally by the supervisor, was required. At this stage, only the following topics were considered to be self explanatory and not needing a prompt (although some changes were made later):—

Smoking  
Caring for pets  
Traffic safety  
Safety at home  
Water safety  
Mugging (bullying)  
Care of feet

Previous title	New title
<i>Relationships with peers</i>	<i>Getting on with boys and girls the same age as yourself</i>
<i>Pressures connected with decision-making (peers, media)</i>	<i>Making decisions</i>
<i>Emotions (love, hate, aggression, frustration, sympathy)</i>	<i>Feelings (love, hate, anger, jealousy)</i>
<i>Relationships within the family</i>	<i>Relationships at home</i>
<i>Communication with adults (e.g. GP, teacher, shop assistant)</i>	<i>Talking with adults (GP, nurse, dentist)</i>
<i>Sexual identity</i>	<i>Sex roles</i>

Honesty  
Care of hair, teeth, skin  
Swearing  
Caring for old people

Much time and attention was then spent writing and re-writing a supervisor's guide of prompts for the remaining 31 titles. The language used was very carefully constructed, so that any explanation should not be lengthy but remain as concise as possible. Care also had to be taken that pupils would not be influenced either positively or negatively by the prompts. Some topics, e.g. *Menstruation*, had to be dealt with particularly sensitively, while for others (e.g. *Understanding minority groups*) a universally-acceptable definition had to be found. Here are some examples of these prompts:—

not so clear-cut, some graded form of response was required, and it was agreed to incorporate two further columns entitled *Some interest* and *I am not sure*.

### "I am not sure"

When considering these column headings, it was felt that the children should be given the opportunity of indicating when they did not understand the meaning of the topic title and the associated prompt. To this end, the third column had a dual role, indicating either (a) that the child was not sure whether or not he would like to know about the particular topic, or (b) that he did not understand what was meant by the topic. (This ambiguity led to a refinement in Version 2, described below.) After completion of the

How my body works	<i>The different parts of your body and what they do, for example muscles, bones (skeleton), heart, lungs, stomach, brain</i>
Responsibility for your own behaviour	<i>How what you do and say affects other people and how what they do and say affects you</i>
Separation from your parents	<i>This could be for a short time, as, for example, when you go into hospital; or for a long time — for example, if your parents became divorced or separated</i>
Stress and relaxation	<i>What makes you worried and upset and what you might do about it</i>

### The responses — column headings

It was decided to present the pupils with a number of columns in which to tick the appropriate response. Pupils in school are familiar with the "ticking" system of operation, and this method seemed appropriate for our purpose. The same method was used in the questionnaire to teachers and parents, although some of the column headings were different.

The column headings gauging the children's levels of interest were then considered. An opportunity to respond in a strongly positive or negative manner would focus their thoughts as to how they felt about a particular topic, so the columns *Very interested* and *No!* were introduced. For those whose views were

questionnaires, the children were divided into small groups and given the opportunity of qualifying their responses, especially in this particular column, with a teacher or team member.

### "Very interested"

The pupils' interest level had to be qualified — were they interested to know more about the topic, or to try it out, or to do what? Bearing in mind that the questionnaire was to aid curriculum planning, it had to be made clear that the column referred to learning about the particular topic. The pupils were therefore prompted to respond to the question *How interested would you be in lesson time being spent on these subjects?*

### Fieldwork commences

Armed with the Version 1 Pupils' Questionnaire (which was divided, for convenience, into three separate lists), and the supervisor's prompts for each list, the time had come to put all this carefully-prepared work to the test.

We approached four schools that had previously shown interest in our research, and they agreed to be involved in the initial trials of the questionnaire. Working in association with Heads and teachers, we were guided by their recommendations as to which classes would be the most suitable for the purposes of the pilot study. Within the four schools, the 8-12 age range was covered in mixed-ability classes.

The three members of the research team were all involved in administering the questionnaire. Each member, in turn, would present it to the pupils, and notes were taken with a view to reaching a standard presentation, as follows:—

1. The purpose of the questionnaire was carefully explained to the pupils. It was stressed that the questionnaire was anonymous, and that only the sex and age of each individual was required.
2. The pupils were told that there was no "right" or "wrong" answer, but that we were interested in the way they felt about each topic. It was also emphasised that it was the individual's own response that was required — not that of a friend.
3. The accompanying table was drawn on the blackboard, and the pupils were shown how to tick the column of their choice for each topic:—

Each heading was amplified with a comment relating it to the context of a lesson; for example, *Some interest* means that "I would listen" whereas *No!* means that "I do not want a lesson on this subject — I would think about something else while it was going on". The table was then left on the board, with one tick on each line, for children to refer to during the administration of the questionnaire. (The topics chosen as examples were, of course, unrelated to those on the questionnaire itself.)

4. The pupils were reminded that they were responding to the question of how interested they would be in learning about these topics in class.
5. The number and title of the first topic, as well as any prompt, were then read out, and the pupils were encouraged to tick the appropriate column. This was repeated for each topic, with repetition of individual prompts when necessary.
6. On completion of the list, the pupils were asked to choose the THREE topics which they felt were the most important and to ring them.

At this stage, the pupils were divided into four groups under the three team members and the class teacher. With no more than five or six in a group, even the less confident children were willing to become involved and to discuss any difficulties that they had encountered, and much valuable information was gleaned in this way.

Within the groups, a lot of time and

	Very interested	Some interest	I am not sure	No!
1. The police		✓		
2. Dinosaurs				✓
3. Australia	✓			
4. Aeroplanes			✓	

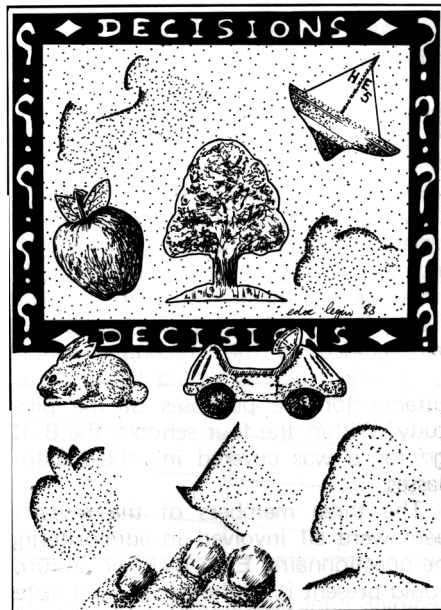
energy was devoted to finding out the reasons for some respondents placing a tick in the *I am not sure* column. If this was due to a lack of understanding of the title and prompt, it was investigated further. The pupils were encouraged to produce their own definitions of the topic titles which had caused confusion, and to give their own version of some of the prompts. The teachers involved were also questioned about topic definitions and the way in which the questionnaire was presented and administered. After the results were processed, they were fed back to the classes concerned, and any further comments as to possible improvements were recorded.

At one school, the teacher of one class of 10-11 year old children volunteered to act as the supervisor, and administered the questionnaire herself. It was encouraging, looking forward to the time when the questionnaire will be used independently of the research team, to witness that the presentation was very close to that adopted by the team members, and perhaps improved by the fact that she was better able to judge the appropriate pace for the class.

### Some outcomes of the Version 1 study

In the course of analysing the scripts and the matters raised in discussion, the following points were brought up for consideration:

1. Any subsequent questionnaire to pupils should incorporate a fifth column entitled *Do not understand*, so that any areas of difficulty in comprehension could be monitored.
2. Any topic titles or prompts of which the children indicated a general lack of understanding were to be altered and improved.
3. It appeared that many children responded in the *No!* column to topics which were considered to be "undesirable" — for example, *Swearing* and *Shoplifting/pilfering*. It was decided that prompts would be given for some of the topics showing a high negative



response, and that more emphasis should be laid on the fact that the enquiry was about lesson time being spent learning about these topics.

4. Careful attention to a progressive logical sequence of topics was required; it was important that the first topic on the list should be one with which children could easily identify. Number 1 on list B had been *Understanding minority groups* — not the easiest one to start with.
5. Many children, especially the younger ones, had difficulty in stating their age in years and months. The simpler approach of asking them to circle their year group was adopted.
6. As a result of the classroom trials, it was decided to produce a guideline for supervisors, to help in the administration of the questionnaire.

### Changes in topics

The topic *Mugging* was separated from *Bullying*, as we agreed that we were dealing with two different concepts that were better placed apart. The 42 topics therefore became 43.

Previous title	New title
<i>Menstruation</i>	<i>Menstruation (periods)</i>
<i>Eating habits/nutrition</i>	<i>Food and health</i>
<i>Alcohol</i>	<i>Drinking alcohol</i>
<i>Leisure activities</i>	<i>Spare-time activities</i>
<i>Traffic safety</i>	<i>Safety in traffic</i>
<i>Building self-confidence</i>	<i>Building confidence in yourself</i>
<i>Human reproduction</i>	<i>Human reproduction (how a baby is made)</i>
<i>Sex roles</i>	<i>Boys' behaviour and girls' behaviour</i>
<i>Talking with adults (GP, nurse, dentist)</i>	<i>Talking with doctors, nurses, dentists</i>
<i>Understanding minority groups</i>	<i>Understanding people with different coloured skins or different religions</i>

The list given above indicates the topic titles which were altered as a result of the initial pilot study.

The 43 topics were now divided into two rather than three lists, list A containing 22 topics and list B containing 21; experience in the classroom had showed that the children would be able to cope with lists of this length. Also, the topics were divided into four groups, under the following headings: *Physical health; Abuse; Social relationships*, and *Safety*. These were distributed so as to give a balanced number from each section on both the lists. The order in which the topics appeared on the lists was also considered to be important, and much attention was paid to this aspect. This new document constituted the Version 2 questionnaire.

### Revising the prompts

The prompts given with the topic titles were also re-assessed. They were either expanded, made more personal, or reinforced with examples, while some new ones were also added. Examples are:—

**Expanded:** The prompt for *Drug-taking and glue-sniffing* was originally *The effect of these substances on a growing person*.

This was changed to

*How these activities affect the body. Why do people get involved? How to stop or prevent it.*

**Made more personal:** The prompt for *Spare-time activities* was originally *When we are not at work or school, what activities can children enjoy?*

This was changed to

*When you are not at school, what activities can you enjoy?*

**Examples** were sometimes given when previously there had been none, as with *Safety in traffic*:

*For example, when walking, cycling, in a car, on a motorcycle.*

### A new format

Finally, the questionnaire sheet was redrawn, with five columns, so as to give the team a clearer idea of the remaining difficulties in comprehension (see overleaf).

### The Version 2 study

At the time of writing, Version 2 has been administered to more than 600 children between the ages of 8 and 12 in six primary/middle schools in Devon, and to 200 children in two schools in the London

Personal Development and Health Education Enquiry  
J W Balding, Schools Health Education Unit, Exeter University (Pupils' Version 2)

How interested would you be in lesson time being spent on these subjects?

A.

	Very interested	Some interest	Not sure	Do not understand	NO!
1. How my body works					
2. Human reproduction (how a baby is made)					
3. Differences in growth and development					
4. Illness and recovery					
5. Care of feet					
6. Spare-time activities					
7. Smoking					

area. In addition, the teachers and parents associated with some of these schools have also been surveyed.

Since the analysis of the results has not yet been completed, it is not possible to discuss the overall findings in detail.

However, in the next article John Balding describes results from the questionnaire survey of parents, and on page 87 the head teacher of one school gives an account of how the project affected his own curriculum planning.

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### THE HEALTH RELATED BEHAVIOUR QUESTIONNAIRE

#### Notice to users

The Schools Health Education Unit, Exeter University, and the Health Education Unit, Southampton University, began distributing copies of the first fully-tried and tested edition (known as Version 7) in 1980. At the beginning of 1982, some further improvements led to the issue of Version 8.

Version 7 questionnaires can still be processed, but it is hoped that any unused master copies will be replaced by the more recent version. The "diet" enquiry has been modified, and some other minor improvements have been made.

A free copy of a Version 8 master can be obtained by writing to the address on the back cover.