may not want to be approached. Certainly I would agree that both for adults and children one of the considerable strains and pressures on the bereaved is coping with other people’s feelings about their bereavement. I’m sure that this is true of children who can perhaps think it through less consciously. I suspect that children probably either have an instinctive reticence with each other about it; in other words they would leave a bereaved classmate alone if they didn’t know what to say, or if they did say something it would be much more likely to be direct, spontaneous, and explicit which, I suspect, the child concerned is much more likely to expect and be able to receive. But I’m sure that a lot of that would go on quite unconsciously by adults.

What adults do with children is so much coloured by this very strong drive to protect children, and I think that in this area, and perhaps in others, this drive can get out of hand. In fact we over-protect or we protect in the wrong way, and from my own experience that is particularly so in the area of disguising things for children, by using words and phrases which they take in quite a different way from what we mean, and makes them more confused. My professional interest in the way that adults will often use sentimental and superficial religious expressions to interpret the facts of death, so goodness knows what impressions are in the child’s mind. The expression “Jesus has taken your Mummy away” sows all kinds of trouble for us in the future. But there are other equivalents of that sort of remark. You can see that the instinct is to be helpful and not hurt the child, but I think that there are often instances where one needs to be as simple and direct with the child as possible and the child will cope.

Elsewhere in this issue we have taken extracts from some publications on bereavement and children in school. Are there any comments that you would care to make?

I think that my initial reaction would be that I would rather want to see these recommendations as perhaps things that a teacher might be alert to. It’s a bit laid out like a mandatory programme for action. For instance, on page 110, promote discussion with positive explanation of the loss. This will help to release tensions. I don’t think that the experience of loss is open to calm disposal by a neat programme of counselling. I don’t think it’s like that. I think it is something which will work through individual children, as in adults, in a variety of ways. Very often a child will work through it “naturally”.

There may be points at which it will be helpful by the right kind of support or alertness, and I think that I would support what you suggested earlier on, that there may be children who, quite naturally and helpfully to them, do not want to talk about it, particularly at first. They are too busy sorting it out in their own minds. When they have come to terms with that, then they will talk about it, but to have an external pressure to talk about it when they are confused themselves won’t necessarily help them a bit. They may in fact feel that they are constantly being pursued to talk about it, and this is just another pressure to cope with, rather than something which is actually going to help them.

On the other hand, it is also stated on page 111 that “teachers can offer greatest sympathy while admitting to the child that loss is something which he has every right to express in intense and overt grief.”

Yes, I would support that. I also note that “There is no real comfort to be offered for the loss of a loved one.” I think that’s a very important thing, because teachers need to recognise that they are going to feel helpless at a time when they want desperately to help. I think that, like so many of us in that situation, you must come to terms with that, otherwise you will spring in to offer inappropriate support. Such support has nothing to do with the needs of the child, it’s to do with your feelings of not being able to cope with the recognition that you can’t do anything about it.

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Schools in the USA and the UK compared

WAYNE A. PAYNE

A transatlantic study of health-related behaviour

The following article describes a comparative study, using the Health Related Behaviour Questionnaire, of a secondary comprehensive school in the west of England and a “middle school” in Indiana, USA. In each school, approximately 100 pupils aged 12+ and 13+ completed the questionnaire (total sample 178 and 200 respectively).

In Professor Payne’s original report, the data for the two years were combined. However, we are presenting them here separately, to reveal some interesting differences between them.

One point needs to be emphasised. The English school survey was carried out in February, the American one in May. Some questions are more strongly season-dependent than others; for example, it would be difficult to relate television-watching of one population in winter with that of the other in summer. Perhaps questions 9, 11, and 12a (which refer to washing and the use of deodorant) should also be viewed with caution.

The Schools Health Education Unit hopes to be arranging further comparative studies of this kind. Some schools in the UK have already expressed interest.—Ed.

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Upon learning of the Health Related Behaviour Questionnaire during a 1981 visit to the University of Southampton, the idea of conducting a comparative study involving American and British students was advanced. As the result of discussions with John Balding, it was decided that students enrolled in an American public (state supported) middle school would be of the age best matched to a British sample for whom data were already available. A middle school close to the writer’s home was chosen, not only
for its proximity but also for its “Middle America” nature.¹

Beyond the difficulties normally associated with obtaining background information on American public school students and the administering of a lengthy questionnaire to young students, the only challenge faced by the writer in carrying out the project was that of “Americanizing” the instrument. In this latter regard, many questions dealing with food items, medicines, recreational activities, and the use of alcohol needed to be modified or carefully clarified.

Once the aforementioned changes were made, the revised version of the Health Related Behaviour Questionnaire was administered to 200 students who attend a middle school in Fort Wayne, Indiana, USA. Completed forms were sent directly to John Balding for data processing.

Having now had an opportunity to study the data that were returned to me by John Balding, I can share with you my impressions of responses made by the American students, particularly on some items for which there is an observable difference between the groups. The reader is, of course, reminded that these assessments are mine alone, and may or may not be similar to ideas gleaned from other sources regarding the lifestyle of American pre-teens.

In order to provide some structure to my interpretations of the responses made by the Fort Wayne students, I will present selected questions from the Questionnaire by number, content, and the numerical values for student responses to a particular aspect of the question. In each case a brief interpretation will follow.

2. How many hours did you spend doing homework yesterday? Nine out of ten of the Fort Wayne children in the two years combined had homework to do during the evening prior to the administration of the Health Related Behaviour Questionnaire. Whether this is a typical report, I do not know, but in comparison with the nearly 30% of the English students who reported not having

<table>
<thead>
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<th>Boys</th>
<th>Girls</th>
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<tbody>
<tr>
<td>USA</td>
<td>UK</td>
</tr>
<tr>
<td>None</td>
<td>7</td>
</tr>
<tr>
<td>Up to 1h</td>
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<td>4</td>
</tr>
<tr>
<td>Mean (hours)</td>
<td>1.8</td>
</tr>
<tr>
<td>Sample no.</td>
<td>57</td>
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</tbody>
</table>

Question 2: How many hours did you spend doing homework yesterday?

The older children and their fathers to “pick up the pace” in terms of household tasks. Doubtless, many of the Fort Wayne children, both boys and girls, begin the evening meal, care for younger siblings, or simply “pick-up the house” in the hours following the end of the school day at 2:30 p.m. The modern American mother, fatigued by a day at work, demands, and is increasingly receiving the support of her children and her spouse.

3b. If you do a regular job during term time please describe the work you do as accurately as possible.

American girls of pre-adolescent age do have exposure to young children. In point of fact, girls (and many boys) between the ages of 10 and 15 babysit at least once a week. Many middle schools offer classroom instruction in child care, and, in an unofficial way, “certify” babysitters. Families new to a neighbourhood often call a school to inquire about girls who might be available to “sit”.

9. Last week, how many times did you have a bath or a shower?

11. How many times in the last 7 days have you washed your hair with soap or shampoo?

12a. Do you use an anti-perspirant/deodorant?

Taken collectively, questions 9, 11, and 12a point out something more American than motherhood and apple pie. Whether

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<th>Boys</th>
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<td>UK</td>
</tr>
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<td>0</td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>Sample no.</td>
<td>60</td>
</tr>
</tbody>
</table>

Question 3b: If you do a regular job during term time please describe the work you do as accurately as possible.

The next issue of Education and Health will include articles by speakers at the Exeter meeting of the Association for Science Education.

There will also be a report on plans for a new version of the Health Related Behaviour Questionnaire.

<table>
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<tr>
<th>Boys</th>
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<tbody>
<tr>
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<td>UK</td>
</tr>
<tr>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>Sample no.</td>
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</tr>
</tbody>
</table>

Question 11: How many times in the last 7 days have you washed your hair with soap or shampoo?
this obsession with being clean and smelling good (by our definition) had its origins in the "hygiene" of early school health education. I am not certain. Regardless, health educators do not have to direct much attention to the values of regular bathing, hair washing, and anti-perspirant use. Americans of all ages spend their lives in the bathroom.

19a. Have you been vaccinated against Rubella (German measles)?

The above data would suggest that Fort Wayne girls were markedly less well protected from Rubella than were the English girls. This interpretation would, however, be incorrect in that all children in the schools of Indiana (including Fort Wayne) must have required immunizations completed within 30 days following their initial enrolment as first graders (age 5-6). School health service personnel at the Indiana State Board of Health report that the Fort Wayne schools are, without exception, 98 to 99.5% fully compliant. Thus, Fort Wayne students do not know about the completeness of their immunization status and, as a consequence, have presented a faulty picture of this important dimension of their health.

Summary
With the completion of my comments

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<td>12+</td>
</tr>
<tr>
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<td>54</td>
</tr>
<tr>
<td>Don't know</td>
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</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
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</table>

Question 19a: Have you been vaccinated against Rubella (German measles)?

on item 19a, I leave you with the task of finding some value in a comparative study such as ours. Perhaps it will help you in more clearly seeing your own students of this age. Of, perhaps, it can be used as a reference point against which you which can assess American health education curricula should they be available to you. For, me, the opportunity to interact with colleagues from the United Kingdom is always stimulating, and I look forward to additional contact with John Baiding and others.

1For those readers who are familiar with the Lyndes' classic American sociological studies, Middletown and Middletown Revisited, the town featured was Muncie, Indiana. Fort Wayne, Indiana, is a city of 200,000 population only 68 miles north of Muncie. Besides being close to Muncie, Fort Wayne is similar in terms of its economic base and social stratification. Little difference would be expected to be found in its schools and student population.

Current projects

'Lifeskills' and Health Education at Leeds

The Counselling and Career Development Unit (CCDU) at Leeds University has, for the past four years, been developing a new contribution to the field of Personal and Social Education through its work on "Lifeskills Teaching". The philosophy and rationale have been described by Barrie Hopson and Mike Scally (1), who have also published the first two volumes of classroom materials (2, 3).

These publications contain classroom exercises to help develop the following skills:
- How to manage your time
- How to make and gain from life's transitions
- How to be positive about oneself
- How to communicate effectively
- How to be assertive rather than aggressive
- How to make, keep and end a relationship
- How to manage negative emotions
- How to find a job
- How to prevent and manage stress
- How to cope with unemployment
- How to study
- How to give and receive feedback
- How to learn from experience

The primary objectives of the Lifeskills approach are to:
1. Ensure that personal and interpersonal skill development is given prominence in the curriculum.
2. Promote the philosophy that it is each individual's task to manage his or her own life and be competent and effective in the range and variety of roles this involves.
3. Develop personal competence and effectiveness through increased sensitivity and skill development.
4. Help teachers and others who wish to use this approach with students to develop the skills required in this kind of work.
5. Convey in the approach the significance, the value, and the worth of each unique individual and promote the development of positive self-esteem.
6. Develop a belief that each individual can influence his or her environment and become more self-directing.

Links with SHEP 13-18

The links with the recent development in Health Education are, we think, very apparent. We quote two examples from the Schools Health Education Project 13-18 booklet, Priorities for Health Education, and indicate the links we see.

(a) Unemployment and Health Risk. The booklet comments: Adolescents must plan, organise or work towards entering a chosen career, and must also feel that they are capable of doing so. The present, and possibly future employment situation... make this task increasingly difficult.

Lifeskills teaching places great importance on equipping the Individual with job seeking skills, which will be useful not only in finding one's first job, but also later as one changes jobs. Realising, however, that unemployment is likely to be a growing feature of our post-industrial society (4), we have produced a Teaching Programme called How to cope with unemployment. It has been