Some Unit publications

The Assessment of Health Needs at the Community Level
How health authorities can help schools to review the needs of their pupils. £2.50

Very Young People in 1993-5
A study of 18,609 pupils aged 9-12. Responses to the questions in the Primary Health Related Behaviour Questionnaire are presented in tabular form, together with commentary and tables. Note that Young People in 1993 presents further primary data for that year. £2.00

Very Young People in 1991-2
A study of 7,952 pupils aged 8-11. Responses to the questions in the Primary Health Related Behaviour Questionnaire are presented in tabular form, together with commentary. £1.50

Young People and Illegal Drugs into 2000
This report surveys all our drug use data back to 1987 and suggests that young people’s contact with drugs may have peaked in 1989-90. £8.50

Young People and Illegal Drugs in 1998
This report contains the first information derived by the Unit on habitual use, and likely frequency of use, by young people in the 11-15 age range. £7.00

Preparing for Life after Primary School
The principal audience of this 15-part resource are experienced primary-school teachers who have used SHEU material in their schools. They bring fresh insights into how health-related behaviour data can be used in primary schools, not only within the classroom and the staffroom but to encourage closer links between the school, the parent, and the local community. Each source book (ranging in length from 22 to 26 pages) studies a topic from these various viewpoints, and includes an overview, suggestions for policy review and action, lesson plans, photocopiable worksheets and scenarios, and in some cases model letters. The complete series is as follows:

Introduction (Free with all orders)
Bullying (S2)
Health & hygiene (S10)
Stranger danger (S10)
Food & nutrition (S22)
Personal & sanitary (S22)
Exercise & sport (S21)
Complete set, in slip-cases, £70.00.

Education and Health
Our journal is aimed at primary and secondary teachers, health-care professionals, and anyone else interested in the healthy development of young people. It contains articles on recent health education initiatives, relevant research, news articles and strategies for schools, health-related behaviour data, reviews, and letters. It is now in its 16th year, during which time a great range of health topics have been included. Education and Health is published four times per annum. The individual annual subscriptions are £10.00, but LAs or health authorities wishing to purchase large numbers for distribution into schools are offered special terms.

The Young People's series
Young People in 1986 (Y106) began the series and was based on a sample of 13,032 pupils between the ages of 11 and 16 in 88 schools in England, Scotland Wales and Northern Ireland. They had completed version 10 of the Health Related Behaviour Questionnaire (HRBQ). Reported in 'Education and Health' (vol 5 no.4), the Y106 article was based on a selection from almost 200 tables contained in the report. We believed then that Y106 was the most up-to-date and comprehensive of its kind ever published - a claim which would still be upheld today with YP95.

Reading from the 1996 article a number of interesting comparisons can be made with current data as presented in this article. For example in 1986:
- 20% of 14-15 year olds had experienced illegitimacy for all breakfast
- Approximately half the sample had visited their doctor within the last three months
- Approximately 4% of the 14-15 year-olds worked for more than 10 hours a week 'Young People in 1986' also provided a unique portrait of the health-related behaviour of young people. HBBQ results from 200,000 pupils since 1983 were analysed. 'Education and Health' (vol 17 no.1) summarised the report. Among the headlines were:
- "more girls than ever want to lose weight" 
- "increase in physical activity decreases" 
- "the trend for smoking has been reversed" 

John Balding is Director of the Schools Health Education Unit

A unique contemporary archive of young people, "Young People in 1999" provides the answers to 115 health-related behaviour questions.

Young People in 1999
36,856 young people tell us about what they do at home, at school and with their friends

The 'Young People' series has reported on data from more than 3,500 separate school surveys. The important dimension of "Young People in 1999" is to be able to see at the same time the behaviours from both primary and secondary school. Many surveys have involved individual secondary schools at the same time as their feeder primary schools. These results inform action in communities.

Striking changes
In 'Young People in 1998' we saw some striking changes looking back over the last 17 years of data. We didn't see a lot of additional change between 1998 and 1999, but some important findings have been repeated - like the changes in worrying about school, and the reports of illegal drug use. This latest report provides the answers to 115 health-related behaviour questions. 36,856 young people, between the ages of 10 and 15, tell us about what they do at home, at school, and with their friends.

Good news
The data tables show clearly the changes of behaviour as children move to secondary school and begin to mature. The tables should dispel the illusion that all is innocence in the primary school, but also give some heart to those that work with older children - there is a lot of good news here.
As usual we offer readers some key findings from the report together with examples from the data tables.

**Key findings**

- The older they get, more young people think that drugs are 'always unsafe'. Cannabis is the only drug which is considered to be safer by the older groups, and is by far the most common drug used with almost 20% of 14-15-year-old males and females reporting having tried it.

- The way you look is the principal worry for young people, but school, money and career worries are also high on the list of the older teenagers. Females are more likely to worry about all the topics than males, with 55% of 14-15-year-old females worrying 'a lot' or 'a bit' about 'the way you look', and 38% about 'school work problems'.

- 18% of the 14-15 year old females had 'nothing at all' for breakfast this morning.

- Parents are the most likely group to talk with Year 6 pupils (10-11 years old) about puberty and growing up. Over 20% of the 10-11 year old males do not have discussions with any of the listed groups. Schools may be teaching about menstruation to the end of Year 6, which in our view is too late.

- "Young People in 1999" is divided into nine sections and the following pages present some examples from the sections to provide more detail to the key findings.

**Food choices and weight control**

The figures that have always attracted most attention here have been those related to the very high proportion of young women who want to lose weight - over 60% this year.

We have been able to relate this desire to lose self-esteem and general anxiety about their appearance. In their behaviour, we find these female pupils who want to lose weight are more likely to skip breakfast or lunch, and to eat a calorie-conscious diet - but it's certain that most of these young women do not need to lose weight.

We would like to add our voice to those who wish to see a much greater variety of body shapes presented positively in print and other media.

**Breakfast (Table 1)**

- 18% of the 14-15 year old females had 'nothing at all' for breakfast this morning.
- Lunch: 15% of the 14-15 year old females ate no lunch on their previous day at school.
- Breakfast & Lunch: 23% of the 14-15 year old females who had nothing to eat at breakfast this morning had nothing to eat at lunch the previous day at school.

**Healthy eating**

- Females are more likely than males to take health into account when choosing what to eat. A quarter of the 14-15 year old males never do.

**Weight**

- 65% of the 14-15 year old females and 28% of the 14-15 year old males would like to lose weight, but only 13% of males and females are 'clinically' overweight.

**Food choices**

- Over 90% of older pupils have dairy products. Wholemeal bread is as popular as chips. Females, from 10 - 15 years, show a greater preference for fresh fruit, salads and vegetables. Crisps remain popular but, for older pupils, around 20% lower than previous years.

Table 1: What did you have for breakfast this morning?

<table>
<thead>
<tr>
<th></th>
<th>Valid responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 8  M</td>
<td>3175</td>
</tr>
<tr>
<td>Yr 6</td>
<td>3100</td>
</tr>
<tr>
<td>Yr 8</td>
<td>9882</td>
</tr>
<tr>
<td>Yr 10</td>
<td>8645</td>
</tr>
<tr>
<td>Yr 10</td>
<td>7238</td>
</tr>
<tr>
<td>Yr 10</td>
<td>8076</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eating all</th>
<th>Just a drink</th>
<th>Toast or bread</th>
<th>Cereal and toast instead</th>
<th>Cooked breakfast</th>
<th>Snacks before school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 8  M</td>
<td>4 5 45 15 9 4</td>
<td>25</td>
<td>23</td>
<td>22</td>
<td>32</td>
</tr>
<tr>
<td>Yr 6</td>
<td>4 6 44 16 8 3</td>
<td>25</td>
<td>23</td>
<td>22</td>
<td>32</td>
</tr>
<tr>
<td>Yr 8</td>
<td>10 9 50 12 9 4</td>
<td>22</td>
<td>20</td>
<td>21</td>
<td>31</td>
</tr>
<tr>
<td>Yr 10</td>
<td>14 14 60 16 5 1</td>
<td>22</td>
<td>20</td>
<td>21</td>
<td>31</td>
</tr>
<tr>
<td>Yr 10</td>
<td>11 12 64 12 11 4</td>
<td>22</td>
<td>20</td>
<td>21</td>
<td>31</td>
</tr>
<tr>
<td>Yr 10</td>
<td>16 18 32 17 4 1</td>
<td>22</td>
<td>20</td>
<td>21</td>
<td>31</td>
</tr>
</tbody>
</table>

**Table 2: On this last visit, did you feel at ease with the doctor?**

<table>
<thead>
<tr>
<th></th>
<th>Valid responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 8  M</td>
<td>83.22</td>
</tr>
<tr>
<td>Yr 6</td>
<td>8440</td>
</tr>
<tr>
<td>Yr 10</td>
<td>7712</td>
</tr>
<tr>
<td>Yr 10</td>
<td>8544</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Very uneasy</th>
<th>Quite uneasy</th>
<th>A little uneasy</th>
<th>At ease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 8  M</td>
<td>7 12 28 58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yr 6</td>
<td>8 14 40 38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yr 10</td>
<td>5 9 29 57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yr 10</td>
<td>8 13 33 41</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Going to the doctor**

About 25% of the males and about 30% of the females reported visiting their GP within the previous month, and about 65% of all the young people had done so within the previous three months.

**Confidence with the doctor**

Almost 55% of the males, compared with about 40% of the females, reported being 'at ease' on their last visit.

**Young People in 1999**

The Health Related Behaviour Questionnaire results for 36,956 young people between the ages of 10 and 15

"SHEU has gained a reputation as one of the most reliable sources of information about children's health" BBC

Schools Health Education Unit (SHEU) Tel 01392 667272
Health and Safety

We continue to see high attention to personal hygiene among most young people. The willingness of some of them to self-medicate must be a reassurance to the pharmaceutical industry. A third of the 12-13 year olds have had fears about going to school because of bullying. Any fear must have a disabling effect and undermine performance.

Cycling

The percentage of young people that 'always' or 'whenever possible' wear a safety helmet when cycling, falls from 24% (10-11 years) to 5% (14-15 years).

Toilet hygiene

Few pupils 'never' or 'almost never' wash their hands after using the lavatory.

Baths & showers

About half the young people having at least six baths or showers during the week before the survey.

Asthma

Up to 19% of the 10 - 15 year olds report having asthma. Fewer of the primary school children report having asthma or not. Over 50% of the females report asthma in the family.

Wheeze'ers' (Table 3)

Over 50% report 'wheezing' and have trouble breathing (not just out of breath) when they run.

Eczema

Almost twice as many females as males report having eczema. Over 30% of females say that eczema is suffered by close family members.

Disturbed nights

About a third of the males and almost half the females experience disturbed sleep through coughing.

Medication

Half the 14 - 15 year old females had taken painkillers on at least one day during the previous week, and two-thirds of the older females and half the older males had taken a remedy for something. During the same period nearly a quarter of the males and a third of the females had taken medication for colds, throat infections, or flu.

Safety outside after dark and during the day

Between 15% and 20% of the sample felt that safety after dark was 'poor' or 'very poor' in their neighbourhood, with females and the younger age group feeling more apprehensive.

Being bullied

Nearly half of the 10 - 11 year old females have a fear of bullying. Females are more fearful than males. Many items in the survey can be linked with fear of bullying, most notably low self-esteem and poor perceived control.

Accidents

During the previous year, 40% of the males in Year 8 (10-11 years) and Year 10 (14-15 years) needed treatment from a doctor or at a hospital. Nearly 50% of the older males broke a bone. Most accidents occur while playing sport and also at home for older females.

Table 3: When you run, do you 'wheeze' and have trouble breathing (not just feel out of breath)?

<table>
<thead>
<tr>
<th>Year</th>
<th>% Never</th>
<th>Occasionally</th>
<th>Quite often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-11</td>
<td>68</td>
<td>35</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>14-15</td>
<td>70</td>
<td>47</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 4: How did you travel to school today?

<table>
<thead>
<tr>
<th>Method</th>
<th>% Valid responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car</td>
<td>48</td>
</tr>
<tr>
<td>School bus</td>
<td>27</td>
</tr>
<tr>
<td>Other bus</td>
<td>12</td>
</tr>
<tr>
<td>Train</td>
<td>7</td>
</tr>
<tr>
<td>Taxi</td>
<td>7</td>
</tr>
<tr>
<td>Bicycle</td>
<td>5</td>
</tr>
<tr>
<td>Walking</td>
<td>5</td>
</tr>
</tbody>
</table>

Family and Home

The home is such an important feature of young people's health careers. We have seen this year some interesting if not surprising differences between the health behaviours of young people from different ethnic groups.

TV and computers are no less popular in this compilation. TV tends to get a bad press when compared with reading, but there's no doubt that the best TV is better than the worst books.

Family structure

Up to 70% of the young people live with both parents, and up to 10% live in single-parent families. Around 60% live in a household with four people, and the majority live in a home with two children. At least 60% have at least one younger sibling and more than 8% of the only child at home.

School journey (Table 4)

At least 50% walk to school, around 20% go by school bus, and about a quarter (the majority female) go at least part of the way to school by car. Almost 50% of the sample have two or more cars in their family.

Television

More females watched up to one hour and more males watched up to 3 hours of television on the previous weekday evening. 10% or fewer did not watch at all.

Homework

More females than males did homework on the evening before the survey, and they tended to spend longer hours at it. 34% of the 14-15 year olds did no homework.

Computer games

Up to 60% of the males, compared with up to 31% of the females, spent some time playing computer games on the previous evening.

Internet

Up to 77% of 14-15 year old access the Internet and up to 55% of the same group have access at school. At least one quarter of pupils have access to the Internet at home. 35% of 14-15 year old males brows without adult supervision.

Evening activities

The most common activity last week was television watching (about 90%). Also popular were playing computer games, meeting with friends and playing sport; with females' caring for pets, doing homework, reading books or magazines.
Legal and Illegal drugs

Most young people don’t smoke, or use drugs, and those that do usually do so in moderation. It’s very easy to focus only on the behaviour of those few young people who use illegal drugs or who drink to excess.

As reported in the early part of this year, this is the third year that we have seen a new lower level of reported illegal drug use among young people in our data, which peaked between 1995 and 1996.

When we first saw a drop we were hesitant about its interpretation, but some other surveys seem to be telling the same story now (see Education and Health, 18(3) p.41-42, Steve Flood “Drug misuse among the young may have peaked”).

Drug safety (Table 5a & 5b)
The older they get pupils think that drugs are ‘always unsafe’ except cannabis which is considered to be ‘always unsafe’ by a smaller percentage of the older groups.

Smoking levels
28% of the 14-15 year old females and 16% of the 14-15 year old males smoked at least one cigarette during the previous week.

Sources of cigarettes
18% of the 14-15 year old females were able to buy cigarettes from a shop and 9% of the same group were supplied by friends.

Table 5a & 5b
What do you know about these drugs? Response to ‘always unsafe’
As pupils get older fewer think that cannabis is always unsafe

<table>
<thead>
<tr>
<th></th>
<th>10 M (14-15 yrs)</th>
<th>9 M (12-15 yrs)</th>
<th>9 F</th>
<th>10 F</th>
</tr>
</thead>
<tbody>
<tr>
<td>From whom do you buy cigarettes?</td>
<td>64%</td>
<td>73%</td>
<td>68%</td>
<td>73%</td>
</tr>
<tr>
<td>How many have you ever smoked?</td>
<td>62%</td>
<td>57%</td>
<td>62%</td>
<td>60%</td>
</tr>
<tr>
<td>Do you feel that cigarettes are ‘always unsafe’?</td>
<td>74%</td>
<td>71%</td>
<td>69%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Key finding
The older they get, more young people think that drugs are ‘always unsafe’. Cannabis is the only drug which is considered to be safer by the older groups, and is by far the most common drug used with almost 20% of 14-15 year-old males and females reporting having tried it.
7 Exercise and Sport

The poor levels of physical activity among young people is of concern - particularly the older girls. We must put more effort into making sport and other physical activities attractive and accessible to them.

**Enjoyment of sport (Table 7)**

44% of the Year 6 females enjoy physical activity a lot but this decreases to 29% for year 10 females.

**Active sports**

Nearly all of the 36 activities listed show a decline in involvement with increasing age except for 5-a-side football, soccer, badminton and weight training for males. Volleyball, badminton and basketball remain generally constant across the age groups and between genders.

**Fitness**

44% of pupils in Year 6 think they are fit. Over 20% of the Year 10 females describe themselves as 'slimming' or 'very unfit'. Perceived fitness declines with age in males and females.

**Aerobic exercise**

Over 50% of all groups (10-15 year olds) had exercised to the level of 'breathing hard' at least once in the previous week. The gap is seen to widen between males and females among the frequent exercisers as they get older.

<table>
<thead>
<tr>
<th>Valid responses</th>
<th>Year 6 M (10-11 yrs)</th>
<th>Year 6 F (10-11 yrs)</th>
<th>Year 6 M (12-13 yrs)</th>
<th>Year 6 F (12-13 yrs)</th>
<th>Year 6 M (14-15 yrs)</th>
<th>Year 6 F (14-15 yrs)</th>
<th>Year 6 M (16-17 yrs)</th>
<th>Year 6 F (16-17 yrs)</th>
<th>Year 6 M (18-19 yrs)</th>
<th>Year 6 F (18-19 yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>2</td>
<td>11</td>
<td>23</td>
<td>34</td>
<td>32</td>
<td>39</td>
<td>36</td>
<td>39</td>
<td>32</td>
<td>39</td>
</tr>
<tr>
<td>A lot</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Quite a lot</td>
<td>23</td>
<td>23</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>A little</td>
<td>36</td>
<td>27</td>
<td>36</td>
<td>30</td>
<td>36</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>36</td>
<td>30</td>
</tr>
</tbody>
</table>

Table 7 How much do you enjoy physical activity?

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8 Social and Personal

Since 1996 we have noticed a marked increase in the proportion of young people who worry about school, and, as previously reported, the 1999 figures continue at the new higher level. Schools still remain an important source of information about sex and infections like HIV, but there is always room for improvement.

**Boyfriends and girlfriends**

About 25% of all the young people had a 'steady' friend.

**Meeting the opposite sex**

Almost half of the young people feel at ease. 12-17% are 'quite' or 'very uneasy'.

**Information about sex**

Between Years 8 and 10 there is a trend away from parents and school lessons and a trend towards friends. Parents and/or school lessons should be the main source of information according to these young people.

**Worries (Tables 8a & 8b)**

14-15 year old females top the list of most problem areas. 'The way you look' is the principal worry for these young people, but school, money and career worries are also high on the list of the older teenagers. Females are more likely to worry about the topics than males, with 55% of 14-15 year old females worrying 'quite a lot' or 'a lot' about the way you look', and 25% about 'school work problems'.

**Table 8a & 8b How much do you worry about these problems?**

Year 10 females top the list of most problem areas

<table>
<thead>
<tr>
<th>Year</th>
<th>School work problems</th>
<th>Money problems</th>
<th>Health problems</th>
<th>Career problems</th>
<th>Problems with friends</th>
<th>Family problems</th>
<th>The way you look</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 6 M</td>
<td>15</td>
<td>12</td>
<td>20</td>
<td>20</td>
<td>25</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Year 6 F</td>
<td>16</td>
<td>8</td>
<td>21</td>
<td>12</td>
<td>25</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>Year 8 M</td>
<td>16</td>
<td>8</td>
<td>14</td>
<td>12</td>
<td>25</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Year 8 F</td>
<td>16</td>
<td>10</td>
<td>21</td>
<td>12</td>
<td>25</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Year 10 M</td>
<td>25</td>
<td>14</td>
<td>13</td>
<td>21</td>
<td>25</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>Year 10 F</td>
<td>36</td>
<td>20</td>
<td>23</td>
<td>30</td>
<td>30</td>
<td>37</td>
<td>30</td>
</tr>
</tbody>
</table>

* Year 6 pupils not asked about this

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Professionals "out of touch with young peoples' drug use"

New Department of Health funded research reveals that professionals working with vulnerable young people are falling to identify those most at risk of serious drug problems. Published by DrugScope, 'Vulnerable young people and drugs: opportunities to tackle inequalities', looks at the role of professionals working with young people in England. There are a number of factors which can make young people more vulnerable to drug misuse:

- poor housing
- mental and emotional health difficulties
- use of alcohol and tobacco much earlier than their peers
- young women can develop serious drug problems much more quickly than males
- lack of parental supervision especially around age 11-13
- insufficient assessment systems in place to recognise drug problems

Roger Howard, DrugScope's Chief Executive says, "Everyone responsible for vulnerable young people needs to recognise that drugs will be an issue. They need to make sure they are trained to spot where there is a drugs problem and know how to deal with it."

www.drugscope.org.uk

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Key finding

The way you look is the principal worry for young people, but school, money and career worries are also high on the list of the older teenagers. Females are more likely to worry about the topics than males, with 55% of 14-15 year old females worrying 'quite a lot' or 'a lot' about 'the way you look', and 25% about 'school work problems'.

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Available sample

<table>
<thead>
<tr>
<th>Year</th>
<th>Unemployment (situational)</th>
<th>HIV/AIDS (situational)</th>
<th>Gambling (situational)</th>
<th>Smoking (situational)</th>
<th>Drinking (situational)</th>
<th>Drugs (situational)</th>
<th>None of these</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 6 M</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
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<tr>
<td>Year 6 F</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
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<td>10</td>
</tr>
<tr>
<td>Year 8 M</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>10</td>
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School problems
There has been a marked rise in worry about school work since 1986. Mother and father are the most common source of support.

Money problems
Around 50% would talk to their mother and father.

Health problems
Almost half the males would turn to mother and father, but mother is the most frequent choice of the females.

Career problems
Mother and father are the most likely source of support and the school teacher plays a stronger part for older pupils. 20% of females would turn to their mother.

Friend problems
Gender differences are pronounced. More males say mother and father, or 'would keep it to myself'. More females say mother. A similar proportion, however, would share the problem with another friend.

Family problems
Females are twice as likely than males to turn to a friend. Males are more likely to go to mother and father or 'keep it to myself'.

Gambling problems
Around 20% would keep it to themselves.

Self-esteem
The level of self-esteem tends to increase with age. The 'high' group included more males than females.

Control over health
The majority feel they are in control of their health. At least a quarter do not think they can influence their health by their own efforts.

Getting on with adults
Up to 53% 'get on best' with both parents. Older pupils show a move away from parents towards other individuals, family members and friends. More than 85% trust at least two adults. 6% of older pupils trust no one.

Life satisfaction
Males are more satisfied than females. This difference is in line with evidence that females worry about more things than males.

Transmitting HIV
Sharing needles and unsafe sex are correctly seen as the top risks. Within each year group, the females' knowledge is more accurate than the males'.

Information about HIV
TV programmes and school lessons are the most widely-mentioned useful sources.

Precautions against HIV
More males than females say they will not take care of getting infected with the HIV virus. Nearly 25% of the 12-13 year old males say 'no' or 'not sure'.

Birth control services
43% of the 14-15 year old females know about the service for young people, and knowledge grew with age. 60% of the older males did not know of a source of free condoms whereas two-thirds of the females said they did know.

The primary and secondary school HRBQ have evolved since 1976. Data from 530,000 pupils between the ages of 8 and 18 are stored in the databanks.

John Balding
The Health Related Behaviour Questionnaire
What are young people in your area up to?

The Health Related Behaviour Questionnaire (HRBQ) was first developed in 1976 as an outcome of researches within the Department of Community Medicine at Nottingham University. My research in Nottingham led to the development of a curriculum planning method called 'Just One Minute', through which schools could consult parents, teachers, and the children to discover priorities for the social education programme in their schools. The Open University later adopted this as part of one of its courses, and in the early 1980s the method was revised and updated to form 'Just A Tick', which was also used with governors and health care professionals.

I have always felt great sympathy and admiration for the large number of teachers who care so much for the wellbeing of their pupils. They are so keen to guide them away from dangerous pitfalls. My observation has been that the motivation for much of their efforts has often arisen from the distorted media reporting of excessive behaviour. This 'bad news' takes on the status of what is normal, and not only do teachers have a distorted view, but so too do the youngsters.

The Health Related Behaviour method arose from my belief that if teachers could be more accurately and reliably informed of their pupils' behaviours, they would be better equipped to support them in their classes. What is now 'knowledge is that from the earliest surveys in the late 70s and early 90s, the data returned affected timing, content, and existence of health-related lessons.

Today the HRBQ is used widely across the UK and provides baseline data to identify priorities for health education planning, assessments and intervention programmes. The funders of the surveys are usually Health or Local Education Authorities. Survey results are returned to the funding authority as well as individual schools seeing their own report.

Secondary schools
The HRBQ has been used in nearly three thousand surveys in secondary schools in the UK. It has also been used overseas. Across a period of more than 20 years the method surrounding its use, together with its content, have evolved against the demands of the users. In the early years these were mainly teachers, but within the last decade the medical profession has...
become more and more involved in shaping the content against the demands of ‘Our Healthier Nation’ White Paper and to meet the concerns of the National Healthy School Standard. Similarly, from within schools there has been pressure to produce information that can fit within National Curriculum targets when fed back as results.

Current secondary version

Since its origin, the HRBQ has been regularly revised and improved, and is now in its 21st version. It contains the following sections:

1. Personal background: age, family structure, ethnicity, home background, self-esteem, feelings of control, personal safety, height and weight
2. Nutrition: lunch and breakfast, frequency of consumption of unsweetened foods
3. Drugs: smoking, alcohol, other drugs
4. Hygiene: medication, dental, frequency of use of medication, relationship with GP, dental hygiene, health problems
5. Relationships: mental health, HIV, ‘‘boyfriend/girlfriend’’, problems and sources of support, HIV knowledge & precautionary intentions
6. Leisure and money: leisure activities, income, money spent, National Lottery, Instant scratchcards, money saved
7. Exercise: frequency of involvement, feelings about fitness & exercise, cycling training & safety, accidents

Primary schools

The primary-school version of the HRBQ was introduced in 1988 after many requests by primary school teachers for an inquiry instrument similar to that available in secondary schools, but appropriate to the primary school age range.

It is well known that several important health-related issues (such as diet, physical activity, self-esteem, drinking and smoking) have their roots in the early years. Primary-school children are often highly receptive to ideas presented by their teachers. However, the staff may have little idea where intervention is needed and at what age is most appropriate. Introducing the questionnaire also raises interest in the topics and can begin to generate a health education agenda even before the results are returned.

Current primary version

The primary-school HRBQ is now in its 9th version, having gone through a process of evolution and thorough scrutiny from teaching and medical professionals alike, similar to that received by the secondary-school version. Pupils aged 7–11 anonymously complete the questionnaire in school. It consists of 50 questions within 12 short sections.

1. You and your home
2. Your health
3. The food you eat
4. Feelings
5. Your money
6. Hygiene
7. ‘‘Balloons’’
8. Alcohol
9. ‘‘Stranger danger’’
10. Smoking
11. Leisure time
12. Growing up

After the Survey

The Health Authority or LEA funding the survey will receive a bound volume of the combined results, together with a number of other services. These include comparing the combined survey data with SHEU’s unique databanks which hold HRBQ results from nearly 530,000 pupils.

Individual schools involved in the survey also receive a bound volume of results together with a number of other services.

- ‘‘After the Survey’’ is a substantial volume of information on the potential for, for schools, staff, parents and government use of the survey result.
- This collection of examples of good practice is the outcome of 20 years of evolution and repeated use of the method in schools. The manual shows how specific questions link with National Curriculum requirements, and gives examples of the use of the data in health education programmes across the curriculum.
- The ‘‘School Report’’ presents the principal findings from the survey, with commentary on selected questions.
- The ‘‘Health Risk Appraisal’’ shows the results of the Health Risk Appraisal calculations for individual boys and girls. PIRAs are used to feedback data to individuals, so protecting their identity.

‘Pyramids’

The pyramid model involves co-ordinating HRBQ surveys in secondary schools with HRBQ surveys in their ‘feeder’ primary schools. Each secondary school, together with its cluster of feeder primary schools is termed one ‘pyramid’.

Much of the resulting data may be linked, revealing patterns in health-related behaviours of young people between the ages of 9 and 16 within their shared communities. Schools can reach out for help with health issues, and the opportunity is provided for outside agencies to offer support.

The pyramid model provides a detailed evaluation of current health-related behaviour of pupils in primary and secondary schools, placed in the context of their social environment. Statistical data can also be separated into GP practice for analysis at local level. Pyramid surveys provide opportunities for linked schools to work collaboratively, and enable the tracking of pupils from primary school into secondary school.

Repeat surveys

Strategic planning of repeated HRBQ surveys provides information whereby potential partners may monitor changes in health-related behaviour patterns for their area. A sampling strategy which anticipates a repeat survey after an interval of two years requires that alternative year groups are sampled, so that the repeat survey will catch the same groups at a later stage of their development.

Using HRBQ data

The survey data enables schools to review the content and timing of their current PSHE curriculum. This enables them to target appropriate teaching according to need and correct age groups. Current advice on good practice in PSHE programmes recommends entitled ‘Preparing for Life after Primary School’. These materials have been developed in consultation with primary school teachers, they have benefited from responses from advisers and inspectors, and they have undergone multiple trialling within primary classrooms. They are designed to enable teachers to begin with pupils’ current knowledge and experience, through looking at survey data and discussion, and then develop appropriate attitudes and life skills to prepare them for the years ahead.

The HRBQ has seen many developments and remains an innovative tool. Health Authorities and schools continue to use it, resulting in a greater understanding of young people’s health-related behaviour. Many positive outcomes have been achieved including the establishment of behaviour levels of defined groups of young people at particular times, and effective intervention programmes. The continued use of the HRBQ ensures that this important work carries on.