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Social norms and health promotion

The social norms approach to human behaviour has important implications for health promotion and prevention.

Social norms are people's beliefs about the behaviour that is expected of them in a particular social context. People's perceptions of social norms are often a good predictor of what they will say and do. For example, surveys of US college students reveal that most students greatly overestimate the amount of heavy drinking that occurs on their campus and on college campuses in general. Based on this misperception, students may conclude that heavy drinking is the social norm, which in turn may lead them to drink more. The misperception may cause students to believe they are both justified and pressured to drink at a risky level in order to be like other students.

The theory predicts that overestimation of problem behaviour will increase risky behaviour while underestimation of healthy behaviours will discourage individuals from engaging in them. Thus, correcting

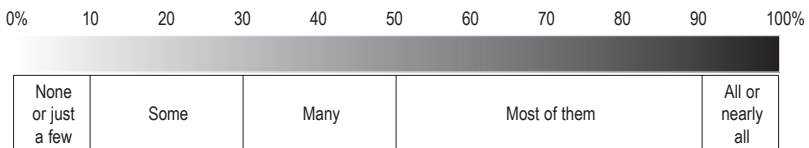
misperceptions of group norms is likely to result in decreased problem behaviour or increased prevalence of healthy behaviours.

These assumptions have been validated by extensive research on teenage and young-adult drinking and cigarette smoking and by interventions to promote safe drinking and smoking cessation.

Students

The [Students Health Education Unit](#) routinely asks students in secondary school and college to estimate what proportion of their peers they think take part in various activities. By comparing their answers of estimated levels of drinking etc. amongst their peers with the actual levels recorded earlier in the Health Related Behaviour Questionnaire, we hoped to see how well the two sets of figures married up. The data came from a large sample from towns in the North West. To help young people in answering the question, they were given the following guide (Fig.1).

Figure 1



For the purposes of calculating averages, the following scores were used:

None or just a few	5
Some	20
Many	40
Most of them	70
All or nearly all	95

The scoring for this question obviously can greatly affect the results, but we hope we can defend other methods of scoring. These

calculated averages were compared with actual levels (Table 1 - page 72).

Perhaps contrary to expectations, young people's perceptions of the behaviour of their peers suggest that they think most other people are drinking alcohol less often, getting drunk less often and are less involved with drugs than they are.

It is only for taking drugs *in the last week* where there is a significant over-estimate,

Table 1. Actual and average perceived and levels of participation in health-related behaviours (Results for 16-18 year olds only)

	Actual		Perceived	
	M	F	M	F
Drank alcohol last 12 months	84	91	58	62
Drank alcohol last 7 days	57	57	49	50
Been drunk once in 7 days	41	44	39	43
Ever been offered cannabis	48	49	37	38
Have ever taken cannabis	39	39	32	34
Take drugs weekly	02	02		
Taken any drugs over 7 days			22	23
Ever had sex	55	66		
Sample	1054	1394	1256	1550

although it should be noted that the reports of drug-taking during the week are based on a description of frequency, not whether young people actually took drugs last week.

Figures for other age groups tell the same story. These findings have many implications for health promotion; it also suggests that simply disseminating the results of the study is a health promotion intervention in itself, which needs careful handling.

There is a more exact comparison available for the number of sexual partners, with two parallel questions being asked of the older subjects:

Please circle how many sexual partners you have had in your lifetime.								
0	1	2	3	4	5	6-10	11 +	
Thinking about other young people of your age, what do you think would be the average number of sexual partners they have had in their lives? Please circle one answer								
0	1	2	3	4	5	6-10	11 +	

Some of the answers to this question may well be exaggerated - despite the SHEU survey being anonymous. In this example, only those young people who had earlier said they had ever had sex answered this question, so those who had not had sex were assigned zero for the number of sexual partners they had. We can then compare these answers. The table below shows the results for 16-18 year-old males:

Percentages of actual and estimated average numbers of sexual partners (Results for 16-18 y.o. males only).

Sexual partners	0	1	2	3	4	5	6-10	11+
Actual	44%	21	11	6	5	3	6	4
Perceived	2	16	26	23	11	7	8	6

From this, we see that among that group, the most common number (44%) of sexual partners reported is none and the most common estimate for the average number is two. It is easy to see this as an example of 'when all is said and done, more is said than done' - that is, these young men perceive that sexual activity is more common than it actually is. However, the actual technical average (mean) is about two, so it is possible to see this estimate as quite accurate. (It is not certain how many young people read 'average' and imagine something more like 'mode'.) The other groups gave similar answers.

Moreover, the responses to each question are correlated +0.4, that is, the more sexual partners a young person reports, the more partners they suggest is the average for their

age group. So, perceptions in this case may be related to their own experience and probably the actual norms among their immediate circle of peers. Another feature of this correlation is a shift towards the higher values for estimates. So, young men with one or two sexual partners report the average as two or three. Again, this could be seen as a result of peer pressure, but they could also be reflecting accurately the prevalence in their own peer group.

Conclusion

This work seems to show:

1. Young people's social norms are in keeping with behaviour.
2. There is no great evidence for exaggerated perceptions driving health-risky behaviour.