

Group use of the Health Related Behaviour Questionnaire

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This article describes how a group of teachers were brought together to conduct and discuss the results of a health-related behaviour survey in their schools. The exercise has allowed them to pinpoint areas of concern and to identify the type of input needed, and hence to improve the quality of the programmes which they offer to their pupils.

The Health Related Behaviour Questionnaire was first introduced to Wigan teachers in November 1981 at an HEP 13-18 Co-ordinators' Course¹. The first reaction of those teachers was one of interest – the second was one of dismay when money was mentioned! A suggestion that the Health Education Unit might be prepared to help with processing costs restored smiles to the faces of the teachers.

In the year following this course, a number of schools took up the offer of the Health Education Unit to pay for processing of the Questionnaires. To this end, arrangements were made with the HEC Schools Health Education Unit in Exeter to deposit with them money to pay for processing. The schools photocopied the Questionnaires and paid the postage. When the latter item was causing a problem for one school, as the school fund was depleted because it was near the end of the summer term, the Health Education Unit paid the postage as well!

Some initial problems

A number of problems emerged as schools began to use the Questionnaire. Some of these were internal problems; the Health

Education Unit was able to help with others. Decisions about the sample – which years, how many pupils, and the selection of those pupils – were made in school. Sometimes the photocopying of the Questionnaires was difficult, especially if the cost of this had to be taken from a particular departmental budget. Once these problems were settled, time had to be found for the pupils to complete the Questionnaire, which was particularly difficult if only part of a class was involved. Allowance also had to be made for the fact that some pupils completed the Questionnaire in half an hour, whilst others took up to an hour.

It was not always realised that the processing of the Questionnaires could take some weeks, and pupils were often impatient for the results. It was, therefore, essential to brief all colleagues fully, especially those who had to sit with the pupils, so that they could cope with all questions and queries. Furthermore, it was most important that the pupils themselves were fully informed as to the purpose of the exercise, and assured that although the individual results were confidential, the combined results would be available to them after processing. It

was also found advisable to explain the purpose of the exercise to those pupils not involved.

Consternation!

When the results did arrive in school, the first reaction of the staff was often one of consternation! However, once they had confessed that there were aspects of the printout that they did not understand, co-operation with school computer experts usually brought results. Once they started extracting information, it was put to a number of uses. Most schools began looking for trends in the statistics – at levels of smoking and of drinking alcohol, and at diet, exercise, and rest. Some results caused internal investigations within the school – one Deputy Head set off hot-foot to the PE department – why did so few pupils have showers after PE or games?

Other results caused concern. In one school, it was hoped to implement a project on school meal choices. Elsewhere there was some worry about the number of children who were given alcoholic drinks by their parents, and the individual who claimed to have drunk ten pints of beer in a week. There may be some exaggeration, but sometimes it was possible to identify individuals, and this raised the issue of whether the teachers could intervene on this evidence when anonymity had been promised.

Using the data

Despite these individual difficulties or worries, each school now had a mass of information concerning its own pupils which was generally seen as the most valuable result of the exercise. This was used by schools in a number of ways. In some cases, staff used them in formulating priorities for course planning; for example, a realisation of the number of 1st-year pupils who rode bicycles led to the inclusion in their programme of work on safety.

As they used their data, staff became aware that the situation may not be simple. Most children do not smoke – does this mean that smoking education is not relevant? Or does it in fact mean

that pupils need this non-smoking behaviour to be reinforced? One pupil expressed this need during a discussion on the need for education as “I like to be told what a good guy I am for not smoking”. A number of surveys, including the Avon prevalence study², have shown that children tend to over-estimate the number of smokers in their age group, so this information was useful in reinforcing non-smoking behaviour.

The sort of session which was triggered by the results gave opportunities to discuss the pupils' needs with them, and enabled teachers to develop the subtlety of the course. Discussion of the results with the pupils led to improvement in staff-pupil relationships, and sometimes the acquisition by the staff of odd sidelights on pupils' behaviour – for example, the boy who claimed to read *The Times* while doing a newspaper delivery round!

Some of the schools which used the Questionnaire in the first phase of the HEP 13-18 Co-ordinators' Course in 1982 are still using their printouts as a source of information and statistics. These are used in PSE (Personal and Social Education) courses, in Human Biology, and in other parts of the curriculum. One of these early participants is considering doing the Questionnaire again, to see if there are any interesting changes in the trends shown by the results.

National and regional trends

A number of schools have shown an interest in comparing the statistics produced for their pupils with those in Mayfly, in an attempt to see how their pupils compared with national trends. Although very little has actually been carried out in this field, the Health Education Unit has been able to compare statistics from several schools, and this has shown several interesting patterns – for example, frequency of teeth cleaning (Table 1). This may help to make the case for improved dental health education.

A recent edition of *Education and Health* gave an interesting regional comparison between two aspects of drinking behaviour. This was of special interest to Wigan, as some Wigan schools were

included in the North West regional statistics³. An analysis of these figures shows a number of interesting trends, and pupils in the North West would seem to drink less frequently than those from the other regions. However, as these findings are based on a smaller number of pupils than the other regions, they should be treated with caution. Looking at the source of alcohol consumed by pupils, home is seen as the main source, but Wigan pupils appear to buy alcohol from off-licences more than those in the other regions, and would appear to use pubs and supermarkets far less. This information is currently being used to support the launch of an Alcohol Education Programme in secondary schools (Table 2).

In conclusion . . .

Most schools have found the information obtained from the Questionnaire to be valuable, and have used it to design and modify courses. It is also useful in allowing schools to pinpoint areas of concern

and to identify the type of input needed — for example, deciding whether pupils need more information, or whether they need a chance to sort out and clarify attitudes. Are there any skills which will help the pupils to change their behaviour? The results have enabled schools to improve the quality of the programmes which they offer to their pupils, and they represent an interesting and useful source of information about the school and the pupils in it.

References

1. *Health Education 13-18. Developing Health Education: A Co-ordinator's Guide.* Schools Council/Health Education Project. Forbes Publishing, 2nd ed., 1984.
2. Nelson, S. C., et al, The Avon Prevalence Study: A survey of cigarette smoking in secondary school children. *Health Education Journal*, p.44, 1985.
3. Balding, J.W., The Health Related Behaviour Data Bank: Examining differences between regions. *Education and Health*, 3, 2, 42, 1985.

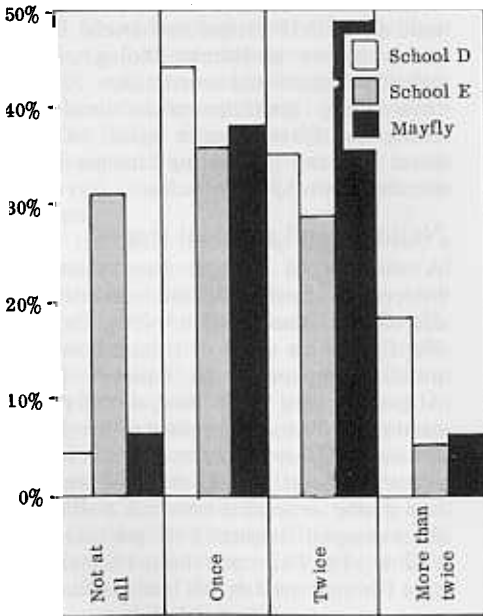


Table 1. Responses from two Wigan schools, and the 4th-year pupils in Mayfly, to 'How many times did you brush your teeth yesterday?'

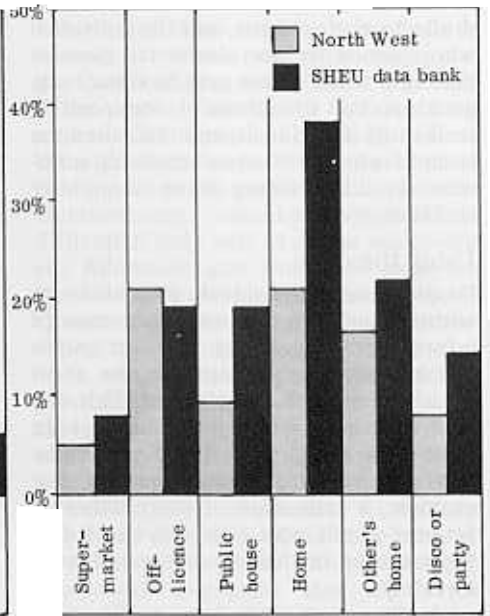


Table 2. Responses from the North West schools, and 4th-year pupils in the Unit's data bank, to 'If you drank alcohol last week, where did you get it from?'