JOHN BALDING

‘Into the Nineties’ with 125,000 young people!

version is a robust questionnaire administered within an abundantly used and tested method.

This questionnaire method has had continuous critical scrutiny, not only by those who devised it but by the teachers who administer it and the pupils who answer it. We encourage questionnaire survey supervisors to note down any problems of meaning or interpretation that occur, while pupils have been consulted either directly by interview or indirectly through subject class work involving the returned data either as printed tables or as files for computer analysis.

The purpose of the present editorial is to provide information for the school staff to assist curriculum review and planning. The information, as stated above, is often used in the classroom and in the selection and support of methods and materials used in lessons. Thus, the exploration of the meaning of the data and its interpretation is encouraged.

With this enormous amount of carefully-collected information in our data banks, extending back over most of the Eighties, we decided to undertake the major task of analysing it to produce a baseline document for the Nineties. Preliminary analysis of the whole database is already finished, and the complete set of books will be as follows:

Book 1: Doctor and Dentist
Book 2: Health
Book 3: Diet
Book 4: Drugs
Book 5: Home
Book 6: Money
Book 7: Road Use and Sport
Book 8: Social and Personal
Book 9: Into the Nineties

Changes and trends

One reason for studying the data was to look for changes in behaviour over time. Although changes in behaviour from younger to older children are fascinating, many of these have already been revealed and published in our Young People in . . . series. The most exciting thing about this mass of data is the possibility of detecting national trends over the 7-year period from 1984–1990 across a uniquely broad range of behaviours. Moreover, some questions have shown a very constant picture, which is itself interesting and important, especially if a percentage minority of younger people record behaviours that give cause for concern.

The sample

Young People into the Nineties begins with a careful description of the method of data collection, its history and its unique features, and then proceeds to a discussion of the sample, whose representative quality is fundamental to the validity of the results. After this, the data is presented in tabular and histogram form.

The total number of young people represented in this survey is 125,000, and the total 7-year sample is divided for analysis into calendar year, age group, and sex of respondent, making a total of 70 smaller samples or subsets (see Table 1). The size of these subsets ranges from the lowest (266 year 11 girls, 1984) to the highest (3,434 year 10 boys, 1988).

The average subset size is 1,800. Of the total sample, 18 subsets or 26 are under 3,000, of which 14 are in years 7 or 11. These two year groups tend to receive the least attention in school surveys—needless to mention, educational systems, children may not enter secondary school until year 9, and exams have priority in year 11.

The average size of subset in years 8, 9, and 10 is 2,300, and, as explained in the introduction to the books, the sampling method in the community involved draws from school populations of at least twice that size.

The book contains analyses of the sample as follows: day and month of survey, type of school, ethnic minority, free-meal and bussed pupils in each school; type of lunch provision, and type of catchment area.

Doctor and Dentist

Not every child goes into hospital, but visits to the doctor and dentist are bound to take place. Questions about visits to these health-care professionals have always been included in the questionnaire, and this article previews some of the material presented in the first book of the series.

The following aspects are studied in the book:

DOCTOR

Frequency of visiting

Confidence during consultation

Alone or accompanied

Seek the doctor

Reason for the visit

DENTIST

Frequency of visiting

Having teeth filled

Trouble eating frequency

We shall examine two of these items in some detail, and then present a summary of the more important findings from the other data.
Doctor: Reason for visit

In Version 11 of the questionnaire (1987–89), respondents were invited to state the reason for their visit if they wished to do so. About two-thirds of those did. One may speculate that those who did not were more sensitive about the reason than those who did, and that therefore the list displays a bias towards the "comfortable" complaints. However, some may have interpreted the instruction as meaning that the answer was unimportant, while others may have considered the matter confidential regardless of the problem.

Table 2 presents a detailed breakdown of the percentages of pupils reporting on five of the most frequent reasons stated for visiting the doctor. The object of this table is not to seek trends but to indicate the internal consistency of the data. The greatest variation is seen for years 7 and 11, which examination of Table 1 will show contain much smaller sample numbers than the other year groups.

The high level of visits to doctors with coughs and colds — up to 20% for some of the girls' groups — is regarded by some as a waste of the GP's time. If this is a trivial use of time, and so many of this three-year sample of almost 50,000 younger went for this reason, then let us hope that the effect of seeing the GP was more useful than just dealing with the cold.

Table 3. The percentage of respondents whose main reason for cleaning their teeth was to make their teeth and mouth feel clean

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys (%)</th>
<th>Girls (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 (11–12)</td>
<td>17 16</td>
<td>12 23</td>
</tr>
<tr>
<td>8 (12–13)</td>
<td>18 17</td>
<td>23 27</td>
</tr>
<tr>
<td>9 (13–14)</td>
<td>24 24</td>
<td>28 28</td>
</tr>
<tr>
<td>10 (14–15)</td>
<td>26 25</td>
<td>30 31</td>
</tr>
<tr>
<td>11 (15–16)</td>
<td>30 30</td>
<td>37 33</td>
</tr>
</tbody>
</table>

In this connection, are doctors missing an opportunity to influence the young population? If so many youngsters are visiting the GP, should not each doctor over the two or three specific health messages prepared for each patient according to their age, sex, and general condition?

**Dentist: Teeth feel clean**

Increasing numbers of boys and girls have selected this reason for brushing their teeth over the seven years presented in the data. The older children also tend to select this option more often than do the younger ones.

More girls than boys select this answer, reaching 50% of the oldest pupils recently surveyed.

Combining these two trends, as is done in the highlighted diagonal series of figures, suggests that among a cohort of children born in, say, 1973, about twice as many would have given this answer in 1990 as in 1984.

A further investigation has shown links between reasons for brushing teeth and various other behaviours, especially the more "social" ones. For example:

- Those year 10 boys in 1990 whose main reason for brushing their teeth was to make them feel clean or look nice, were more at ease when first meeting members of the opposite sex than were those choosing one of the other reasons.
- Those year 10 boys in 1990 who had a regular girlfriend were more likely to give "looking nice" or "teeth feeling clean" as their main reason for brushing their teeth.

**Doctor: Visit last month**

- Just over 20% visited the doctor in the last month, around 70% at least once in the last 6 months, and 90% in the previous 12 months.
- No noticeable trends with time, no differences between boys and girls, or differences with age, have been detected.
- Doctors may need reminding that they are in an excellent position to pass on health education messages to young people.

**Doctor: At ease or uneasy?**

- Boys tend to be more 'at ease' than girls.
- No obvious trends with time, or differences between older and younger children, have been detected.
- More young people of both sexes were 'at ease' if the doctor was a woman.

**Dentist: Fillings**

- Slightly more boys than girls had fillings on their last visit.
- There is some evidence that young people who brush their teeth more frequently are less likely to need fillings.
- Regular consumption of fizzy drinks is likely to lead to fillings being needed.
- There was no sign of a trend with time.

**Doctor: Male or female?**

- The percentage of women GPs seeing young patients has risen from about 16% in 1984 to over 20% in 1990.
- Slightly more girls than boys saw a woman GP in 1989 the figures were 24.4% for girls and 21.5% for boys in year 10.
- There is not much difference in the values for younger and older children.

**Dentist: Why clean your teeth?**

- Dental hygiene was not necessarily the most important reason. The more popular main reason, for boys and girls, was to make their teeth and mouth feel clean, and this became more popular over the period 1984–1990.
- About 27% of all age groups selected the 'hygiene area' to avoid toothache and dental treatment.

**Postscript: Bias in responses**

Questions about visits to the dentist were ‘improved’ in response to feedback from those supervising the classroom collection of data, from young people interviewed, from data processors, and from discoveries of inconsistencies during analysis. Overall, the atmosphere in which information is gathered is crucial in affecting the quality of the data. Every method has its bias. In this method the atmosphere that is generated is one of high importance, confidentiality, and honesty. The outcome may be that under these conditions young people will regard themselves as more co-operative and responsible than they are, and questions on seemingly naughty or unhygienic practices may move them, unconsciously, to select more 'responsible' options.

The survey of the decade!

Young People into the Nineties

A study of 125,933 young people, between the ages of 11 and 16

Based on the use of the Health Related Behaviour Questionnaire in over 700 schools between 1984 and 1990

Book 1 (Doctor and Dentist) has just been published

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