Young People in 2000

The Health Related Behaviour Questionnaire
results for 42,073 young people between the ages of 10 and 15

3 Health and Safety

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2001
3 Health and Safety

Many of the questions in this group reflect a traditional view of health — physical cleanliness, use of medicines, and common ailments. We have recently added questions about accidents, and the vulnerability of young cyclists is also a major concern.

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Safety helmets

When you cycle do you wear a safety helmet? (E8) (Pri.24)

1. Most of the respondents at least own a bicycle, although by Year 10 this figure is down to 65% for the females.
2. With age the percentage of cyclists who at most times wear a safety helmet is seen to fall dramatically: from 21% of females in Year 6 to 6% of females in Year 10.
3. 40% of Year 10 males do not have a safety helmet.

Comments

1. Head injuries are the commonest cause of accidental death among young people.
2. Cycling seems to be currently fashionable, but does this extend to wearing a helmet? Over the years we have seen changes between years large enough to suggest that helmet-wearing may be a ‘volatile’ behaviour, sensitive to publicity campaigns and the opinions of others.
3. Cycling is environmentally friendly and promotes fitness, but it presents dangers to young people and is a cause of anxiety to their parents. Efforts to promote the wearing of cycle helmets have shown mixed results. In Britain, sales of cycle helmets reached one-million in 1991 and there is evidence that some local schemes have increased helmet usage (Morris & Trimble, 1991).
Toilet hygiene

How often do you wash your hands after visiting the lavatory? (H1) (Pri.32)

1. More than two-thirds of the males and over 80% of the females do wash whenever possible. This gender difference is consistent across the three age groups.
2. The percentage that never or almost never wash is very small.

Comments

1. There are many health benefits from this practice, including breaking the cycle of infection of parasitic worms such as threadworms.
2. Another question we could ask is about washing hands before meals.
3. Whenever possible recognises that for reasons of time or lack of facilities, it may not always be possible or convenient.
4. We have seen a general increase in the proportion choosing whenever possible from 1986-2000.
Baths and showers

How many baths or showers have you had in the past week? (H2)

1. About half the males and females in each year group report having had at least six baths or showers in the previous week.
2. More females than males, and more Year 10 than Year 8 respondents, had had large numbers of baths or showers, although the differences are not large.

Comments

1. We have seen a general increase in the mean number of baths or showers taken in the week from 1986-2000.
Asthma

Do you have asthma? (H6) (Pri.25)

1. Up to 18% of the year-gender groups report yes, with a similarity of responses between the two genders.
2. With age there is a decrease in the percentage of young people who Don’t know if they have asthma.
3. See page 24 for the eczema data.

Comments

1. The young people may ‘have asthma’ but be free from symptoms.
2. There are several stages from the presence of symptoms to confirmation of asthma (e.g. have symptoms ➔ notice symptoms ➔ report to parents ➔ see GP for diagnosis ➔ child reports this in survey). It is not clear if the observed differences relate mainly or only to having asthma symptoms, as the young people’s own reports are all we have to go on.
3. Our mental health monograph No Worries? (Balding, 1998), describes the high level of connection between general levels of worry and asthma and its symptoms.
4. The frequency records of asthma medication taken in the previous week are shown on page 26.

<table>
<thead>
<tr>
<th>Asthma medication</th>
<th>Count</th>
<th>Percentage who worry about 5 or more topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males: No</td>
<td>11730</td>
<td>78%</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1501</td>
</tr>
<tr>
<td>Females: No</td>
<td>12711</td>
<td>92%</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1660</td>
</tr>
</tbody>
</table>

| Yr 6 M  | 75     | 7     | 18     |
| Yr 6 F  | 78     | 7     | 15     |
| Yr 8 M  | 73     | 9     | 18     |
| Yr 8 F  | 73     | 10    | 17     |
| Yr 10 M | 75     | 8     | 18     |
| Yr 10 F | 75     | 8     | 17     |

Valid responses: Yr 6 M (10-11 yrs) 6446; Yr 6 F 6349; Yr 8 M (12-13 yrs) 6868; Yr 8 F 7368; Yr 10 M (14-15 yrs) 6865; Yr 10 F 7277.
Eczema

Do you have eczema? (H7)

1. The male-female difference is very marked with almost twice as many females reporting that they have eczema.
2. The gender difference is constant across the two age groups.

Comments

1. We have never seen it suggested that eczema is more common in females, and so try to find an explanation for this unexpected result. Perhaps they are just more likely to complain of skin rashes.
2. Are females more likely than the males to recognise the word at all? This would mean that the males are under-reporting, and we might expect to find them entering more don’t knows. If it is a question of word-recognition, it is hard to explain why more of the younger males appear to understand what it means. Also why, on the next page, do a much greater proportion than in the table above report eczema in their close family?
3. The data on page 26 shows that under half of the percentage of sufferers shown here took any medicine for eczema during the previous week, although a higher and more similar percentage to the ones shown here took remedies for Other skin problems.
4. See the website www.eczema.org.uk for further information.
Dyslexia

Do you have dyslexia? (H8)

1. Around 90% of young people report not having dyslexia.
2. Gender differences are apparent both in the levels reporting either not knowing or positively identifying themselves as having dyslexia, with more males than females reporting that they have this condition.

Comments

1. It is generally agreed that there is no single definition that adequately defines dyslexia, both in terms of what it is or what causes it. The Dyslexia Institute in attempt to define dyslexia state:

   *Dyslexia is a specific learning difficulty that hinders the learning of literacy skills.*

   But also add:

   *It can accompany, but is not a result of, lack of motivation, emotional disturbance, sensory impairment or meagre opportunities.*

2. It is currently estimated by the Dyslexia Institute that there around 375,000 pupils in the United Kingdom with dyslexia.

3. As the survey data shows, males are more likely to report having dyslexia than females. This finding is supported by data held by the Dyslexia Institute, which suggests that three times as many males than females need additional teaching for dyslexia.
Medical complaints

On how many days in the past week have you taken remedies for these complaints? (H9) (Pri.26)

1. Colds are top of the list, asthma being second and Hay fever/allergies and other skin problems equal third.
2. In almost all cases, more females than males report having used these remedies and in particular: colds/throat/flu and Hay fever/allergies.

Comments

1. The figures show that approximately two-thirds of the percentage reporting that they have asthma (page 23) took medication for it during the previous week, while about half those who said they have eczema (page 24) took medication. (See also the question on asthma symptoms, page 27 & 29.)
2. The none of these figures show that more females than males are treating some medical problem. To what extent does this reflect their inclination towards self-medication, rather than their need to do so?
3. Specific medications are compared on page 28.

* Year 6 not asked this question
Night cough

Do you have a night cough that disturbs your sleep? (H14)

1. More females than males report that they do at least occasionally, as well as slightly more of the Year 8 respondents.

Comments

1. These data are valued for their connection with asthma, as this is believed to be a good diagnostic question.
2. This does not mean that nearly 50% of the females have asthma: it has to be taken in the context of the ‘wheezing’ question on page 29.
3. A considerable number of girls’ nights are disturbed, perhaps also by colds (see previous page). We have shown a link between night coughing and fear of bullying in our report Bully Off (Balding, 1996); fear of bullying is most common among younger girls.
Remedies and medication

On how many days in the past week have you used these remedies or medications? (H10)

1. Painkillers are the most frequent remedy used, especially by the Year 10 females, who also reported taking vitamin tablets.
2. Almost half the males, and more than half the females, used at least one of these remedies during the previous week.

Comments

1. Half the Year 10 girls are taking painkillers, but they cannot all be suffering from period pains during the week before the survey. Assuming that up to a quarter are, the other 25% must be taking painkillers for other reasons, matching the proportion of boys that are doing so.
2. Although more Year 10 than Year 8 respondents are taking remedies of some sort, the Year 8 levels are already substantial. At what age do such large numbers of youngsters start regularly using pills and potions, and do they become more complacent about the safety aspects?
3. More females than males are seen to be taking medication.
4. Worries may literally prove to be headache: when we look at the number of significant worries against painkiller use for males and females, there is a clear association:

<table>
<thead>
<tr>
<th>Painkillers</th>
<th>Count</th>
<th>Percentage who worry about 5 or more topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>8224</td>
<td>81%</td>
</tr>
<tr>
<td>Yes</td>
<td>2665</td>
<td>87%</td>
</tr>
<tr>
<td>Females:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>7121</td>
<td>92%</td>
</tr>
<tr>
<td>Yes</td>
<td>5008</td>
<td>96%</td>
</tr>
</tbody>
</table>
‘Wheezers’

When you run, do you ‘wheeze’ and have trouble breathing (not just feel out of breath)? (H13)

1. More females than males report some degree of discomfort.
2. Between 15% and 24% of each group exhibit these symptoms quite often or very often.

Comments

1. This question is valuable because of its use as a marker for asthma. It is a belief among many paediatricians that there is a degree of under-diagnosis of asthma, and thus also a population of young people who, if they sought medical support to manage their symptoms, could have a better quality of life. (See the medication question, page 26.)
2. The wheezy noise of asthma is characteristic, however, the difference between ‘wheezing’ and ‘breathlessness’ may not always be clear to young people, and this question is probably picking up some young people who are just unfit.
3. Good asthma control may reduce wheeziness, even during exertion.
4. The perceptible fall with age in the percentage reporting quite often and very often could be linked to (a) improvement in their asthmatic condition, (b) less running and vigorous activity generally, or (c) greater understanding among older pupils of the difference between wheezy breathlessness and just lack of fitness.
Community safety

How do you rate the following safety factors in the area where you live? (H16)

1. Males are more likely to feel safe than females, and in general there is little difference in the perception of safety between the two age groups.
2. The perception of safety after dark is far lower than during the day for both age and gender groups.

Comments

1. Whether perceived safety is related to actual safety, we do not know, but it is likely that perceived safety has an effect on young people’s quality of life.
2. Are individual differences in perceived safety related to other attitudes and anxieties? We might expect those more anxious about safety to worry more about other matters.
Fear of being bullied

Do you ever feel afraid of going to school because of bullying? (R10) (Pri.12)

1. 18-42% of the year/gender groups fear bullying at least sometimes.
2. The females are more fearful than the males, and the Year 6s are more concerned than the Year 10s.

Comments

1. We do not attempt to define bullying: in the question it is largely self-defining as behaviour that is feared.
2. Schools are particularly anxious to discover the levels of bullying recorded by their pupils, since (a) it is a dimension of the environment in which their pupils work and play, and (b) unlike many of the factors affecting their pupils, it is something that they may be able to influence.
3. As with some other questions, such as asthma or visits to the doctor, some of the pupils most affected by the threat of bullying may not be in school to take part in the survey. The figures for very often, therefore, may underestimate the true proportion.
4. We have shown elsewhere, (Young People in 1998, Balding, 1999), that the proportion fearing bullying in different schools varies widely.
5. Significant reductions in bullying have been achieved elsewhere (Olweus 1989) through: (a) the involvement of teachers and parents (b) support to both the bullied and bully (c) whole-school emphasis on bullying in terms of identifying both the problem and possible solutions (d) involving the young people in all discussions about changes.

Many items in the survey can be linked with fear of bullying, most notably low self-esteem and poor perceived control, but also asthma, eczema, birth order.
Accidents (1)

In the past 12 months, how many accidents have you had which were treated by a doctor or at a hospital? (E6a) (Pri.27)

1. Overall, around 30% of the respondents reported having an accident that needed some sort of treatment by a doctor or at a hospital.
2. Consistently more boys than girls report involvement in such an accident.

Comments

1. Over half the fatal accidents in very young people occur at home, but once children reach school age there is an increase in deaths through road accidents, particularly head injuries.
2. Teenagers will always take risks: is it possible to take risks safely?
3. Males may well pursue activities with a higher risk of injury. Are older girls generally more risk-averse? Perhaps, but the picture is complex. Some health-risky behaviours, like smoking, are actually most frequent among older girls.
4. We can show links between reported accidents and health-risky behaviours relating to substance use: for example, pupils reporting a recent accident are more likely to report smoking and drinking in the last week, or ever having used illegal drugs, and these differences apply in all age groups. The figures in the table below are for the year 10 males.

<table>
<thead>
<tr>
<th>Accident in last year?</th>
<th>Smoked last week</th>
<th>Drank last week</th>
<th>Ever used drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>15%</td>
<td>37%</td>
<td>11%</td>
</tr>
<tr>
<td>Yes</td>
<td>20%</td>
<td>54%</td>
<td>16%</td>
</tr>
</tbody>
</table>
Accidents (2)

Please think about the most recent accident within the last 12 months - what sort of accident was it? (E6b) (Pri.28)

1. The percentages on the table are of those that reported having an accident at all.
2. Percentages reporting that their most recent accident involved a break or a cut reveal higher percentages, consistently, for the males. For a bruise/sprain this gender pattern is reversed.
3. Bruises and breaks also show a marked age gradient.

Comments

1. The gender differences are striking and probably reflect the different activities pursued by males and females. (The activities being pursued at the time of the accident are reported overleaf.)
2. Other explanations are possible: for example, the different attitudes they and their carers have to injuries severe enough to require medical attention.
3. The age differences may be interpreted in similar ways.
Accidents (3)

Most accidents occur while playing sport, for males, and at home for females.

What were you doing or where were you? (E6c) (Pri.29)

1. With the exception of those percentages for an accident on a bike and playing sport, higher levels are reported by the females.
2. Many of these categories are strongly age-related, for example, sport. The increased power, mass and speed that comes with growing up bring their own risks.
3. Many sports accidents may in fact be falls, and so could come into either category.

Comments

1. Clearly the highest cause of accidents from the list is through playing sport, naturally causing the question to be posed: ‘Is exercise good for your health?’ Unquestionably it is, but sports injuries are so common that we wonder if sufficient care is being taken.
2. Work-related injury is a category with low frequency, but given the dangerous nature of many workplaces the injuries may be more serious.
Sunburn

Do you try any of the following ways to avoid sunburn? (H15) (Pri.30)

Responses to ‘at least sometimes’.

1. There is a clear gender and age difference in these data.
2. A very small percentage take no precaution against sunburn; an attitude which is seen to increase with age.

Comments

1. These figures are likely to reflect the responsible attitudes of parents as much than the behaviour of the youngsters themselves. Even so, they are very encouraging.
2. Primary school teachers still occasionally see children who come back after a weekend of hot weather badly burned because they were unaware of the strength of the sun.

Available sample

<table>
<thead>
<tr>
<th>Year</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yr 6 M</td>
<td>6511</td>
</tr>
<tr>
<td>Yr 6 F</td>
<td>6391</td>
</tr>
<tr>
<td>Yr 8 M</td>
<td>7180</td>
</tr>
<tr>
<td>Yr 8 F</td>
<td>7648</td>
</tr>
<tr>
<td>Yr 10 M</td>
<td>7034</td>
</tr>
<tr>
<td>Yr 10 F</td>
<td>7409</td>
</tr>
</tbody>
</table>