

Young People into 2008

*The Health Related Behaviour Questionnaire
results for 32,162 young people between the ages of 10 and 15*

CHAPTER 8

Social and Personal

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SHEU

2008

8 Social and Personal

The questions included in this group refer to social relationships, sources of information about sex, school lessons and problem-sharing. Questions to discover the pupils' awareness about contraceptive methods and services are also included.



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8 Social and Personal



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Meeting others

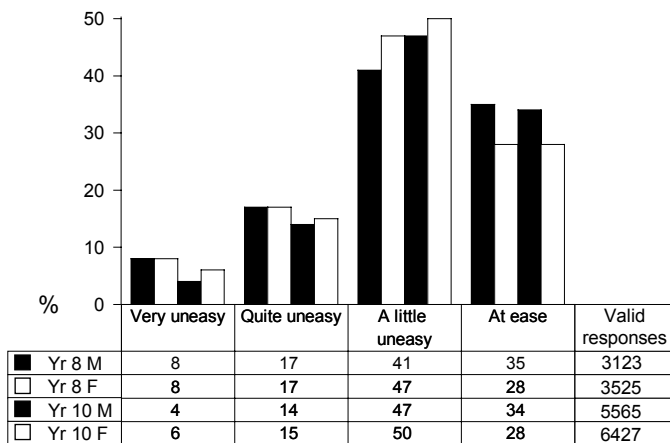
Up to 25%
are quite or very uneasy

How do you usually feel when meeting people of your own age for the first time?

1. Males are more likely to say that they are *at ease*. The Year 10 pupils express slightly more confidence than the Year 8 pupils. However, the differences are not very large.
2. Up to 25% are *quite or very uneasy*.

Comments

1. This question is specific to age and does not refer to the 'opposite sex' as in previous years, and is closely related to our measurement of self-esteem (page 108), which includes questions about self-confidence.
2. Should we be surprised that around a quarter of young people in a sample of over 20,000 12-15 year olds, say they are *quite or very uneasy* when meeting people of their own age for the first time?



Useful school lessons

Most lessons in the list are reported to be less 'useful' as pupils get older

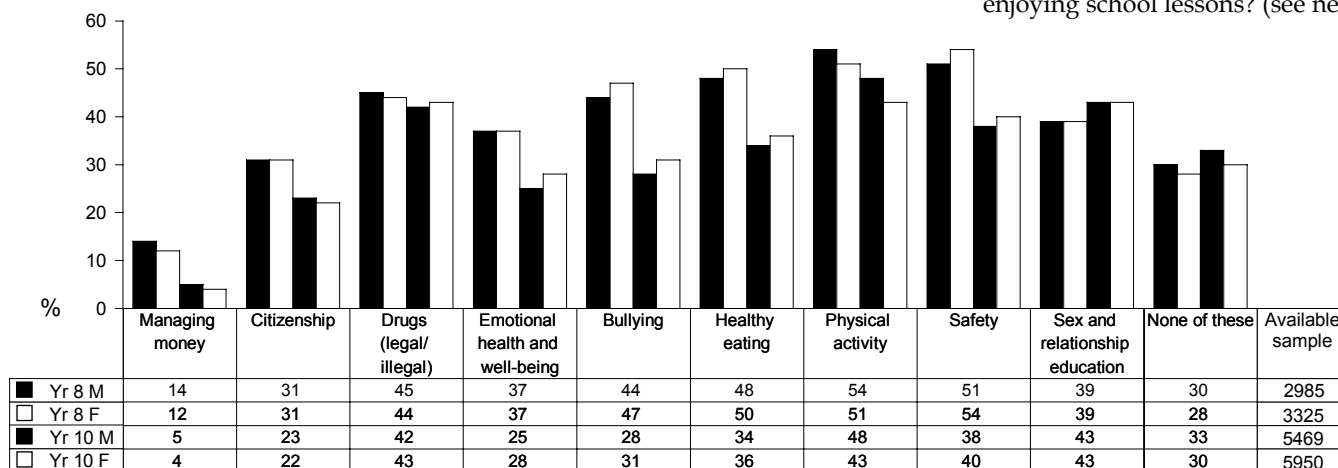
How useful have you found lessons about the following subjects?

Responses to 'quite useful / very useful'

1. Lessons about *Drug education, Safety and Sex and Relationships education* and *Physical activity* are the most useful for both age groups and genders.
2. Least useful are reported to be *Managing Money* and *Citizenship* lessons.
3. It is noticeable how 'usefulness' declines with age for nearly all subjects.
4. The *Healthy Eating* lessons appear to be less 'useful' as reported by older pupils e.g. 45% of 12-13 year old females find these lessons 'quite useful/very useful', compared with 33% of the 14-15 year old females.

Comments

1. We first asked this question in 1999. The range of lesson options has changed but the 'usefulness' scale has remained. Pupils are asked to 'circle one number for each answer' and each number refers to a scale of 'usefulness'. This scale ranges from *can't remember any, not at all useful, some use, quite useful, to very useful*.
2. The drugs subject is written as 'Drug education (including alcohol and tobacco)' in the current version of the questionnaire.
3. What factors influence the degrees of 'usefulness' reported for each subject? Is it surprising that the reported levels of 'usefulness' decline with age? How do these data relate to the general question about enjoying school lessons? (see next page)

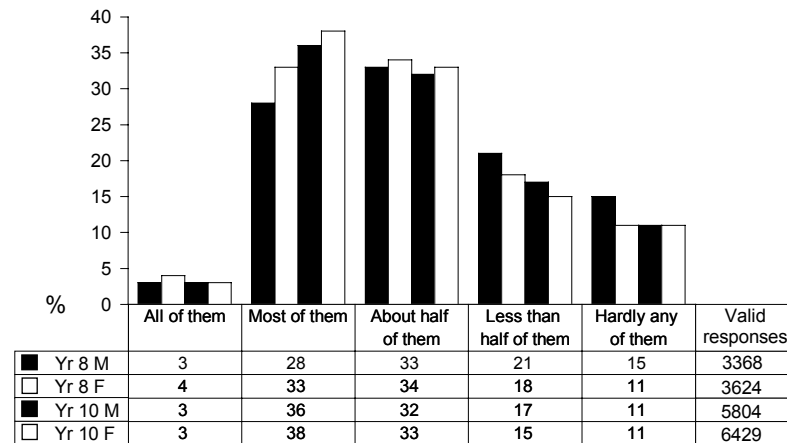


Enjoyable school lessons

Up to 38% report enjoying 'most' school lessons

How many school lessons do you enjoy at school?

1. The majority of 12-15 year olds report enjoying 'most' or 'about half' of their school lessons.
2. Up to 38% report enjoying 'most' school lessons.
3. The percentages remain similar across gender and age groups. Slightly more females compared with males report enjoying 'most' of their lessons.



Comments

1. This is the sixth time we have included this question and it appears early on in the questionnaire (question number 9).

Enjoying 'most / all' lessons	2002	2003	2004	2005	2006	2007
Yr 8 M	33	30	29	29	30	31
Yr 8 F	38	34	35	32	35	37
Yr 10 M	33	34	28	35	37	39
Yr 10 F	34	34	35	36	36	41

2. The question is about school lessons in general and not subject specific.
3. There appears to be slight difference, as pupils get older, in those reporting 'enjoying' lessons.



This year we repeated an analysis first attempted in 2003 where we found a positive relationship between pupils enjoying lessons and finding PSHE lessons useful. Those pupils that report enjoying 'all' or 'most' lessons were also more likely to rate the subjects on the list (see previous page) as 'quite useful' or 'very useful'.

GCSEs

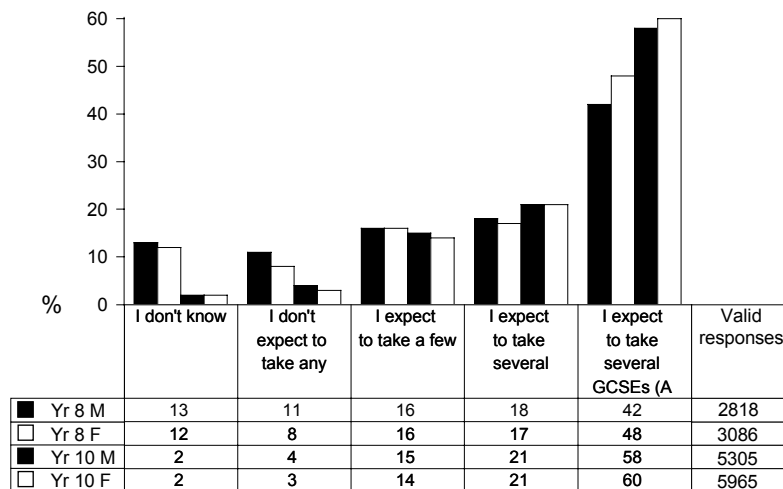
60% of 14-15 year olds expect good grades at GCSEs

Which of these statements about GCSEs best describes you?

1. The majority of 12-15 year olds *expect to take several GCSEs and get mostly good grades (A-C)*.
2. As pupils get older their expectations, about taking more GCSEs and getting good grades, increase.
3. Females report higher expectations than males. Slightly more males than females report the lowest levels of expectation.
4. 21% of 14-15 year olds expect to take several GCSEs.

Comments

1. Around 59% of older pupils continue to expect good GCSE grades and slightly more females report higher expectations.
2. By the time they are 13 years old, around 45% of pupils expect good grades at GCSEs. This figure rises to around 59% by the time they reach 15 years of age.
3. Do the responses confirm our understanding of young people's expectations of involvement with GCSEs? Do we think more young people would expect to get good grades?
4. In England in recent years, around 55% of pupils have achieved GCSEs at grades A-C.



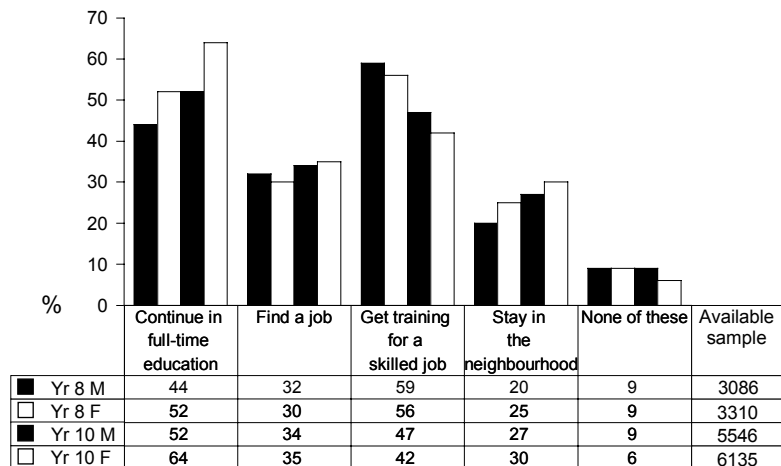
After Year 11

64% of 14-15 year old females want to continue with full-time education

After the end of Year 11 what would you like to do?

Responses to 'Yes'

1. From this sample, 64% of 14-15 year old females want to continue in full-time education after Year 11 and 30% want to stay in the neighbourhood where they live.
2. For the older males, 52% want to continue in full-time education and 47% want to get training for a skilled job.
3. The aspirations of the younger pupils lie in the direction of skills training and not full-time education. As they get older, we see a reversal of these views.
4. Around 33% responded to the option *Finding a job as soon as you can*.



Comments

1. This is the sixth time this question has been asked. Pupils are asked to circle a three point scale ranging from 0=No, 1=Don't know and 2=Yes in response to four options.
2. It is noticeable that the gender and age differences show that, as the females get older, more are interested in continuing full-time education and staying in their neighbourhood. As they get older the females are less interested in *finding a job as soon as you can* and getting training for a skilled job.
3. Both males and females show more of an interest in staying in the neighbourhood as they get older.
4. In the past six years the figures from 14-15 year old females who want to continue in full-time education after Year 11 has risen from 54% to 64%. Up to 30%, of this group, want to stay in the neighbourhood where they live.

Worries

39% of 14-15 year olds females worry about *family problems*

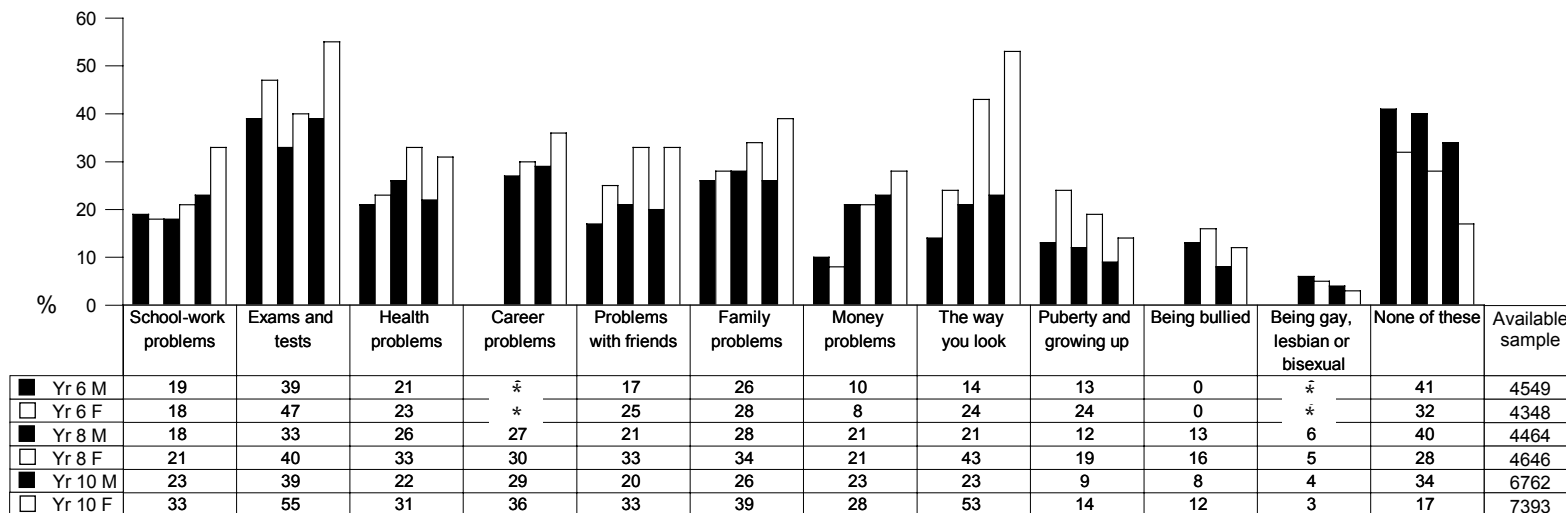
How much do you worry about these problems?

Responses to 'quite a lot / a lot'

1. *Family problems* cause concern for up to 39% of pupils.
2. *Exams and tests* cause the main worries for the 10-11 year olds.
3. *The way you look* continues to be a worry for 12-15 year old females.
4. Among the highest worries for 14-15 year old males are problems with *school-work, health, family and the way you look*.
5. The *none of these* category shows that more females than males worry about things in the list.

Comments

1. These problems do not necessarily concern the respondents themselves, they could indicate worry about family or friends or even 'society'.
2. *Exams* was a new category in 2004 and percentages are higher this year.
3. As girls grow older, higher percentages worry about all the categories listed here apart from *pexams, puberty and growing up, bullying and being gay*.



* Options not available

School-work problems

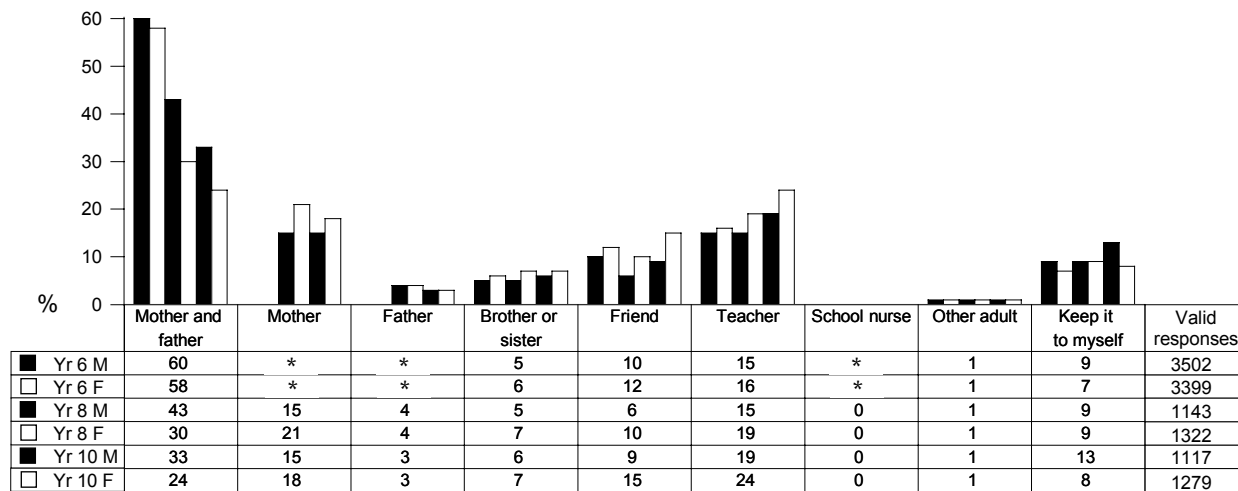
Up to 24% of pupils look to *Teachers* for support

If you wanted to share school-work problems, to whom would you probably turn?

1. *Mother and father* are the most common source of support which declines as pupils get older.
2. Up to 24% would turn to *Teacher*.
3. Up to 13% would keep such a problem to themselves.
4. The various sources of support rise (*Teacher, Friend*) or fall (*Mother and Father*) with age, and there are some marked gender differences.

Comments

1. Since 1999, between 35%-39%, of 14-15 year old females, have reported worrying 'quite a lot' or 'a lot' about school-work problems. The figure for 14-15 year old males is around 25%
2. Around 8% of 10-11 year olds report that they would not share a school-work problem but *keep it to myself*.
3. Since 1990, there has been an overall increase in the numbers of pupils reporting sharing school problems with a *Teacher* (SHEU, 2004, 'Trends-Young People and Emotional Health and Well-Being 1983-2003'). This years figures from older females shows an increase to 24%.



* Options not available

Health problems

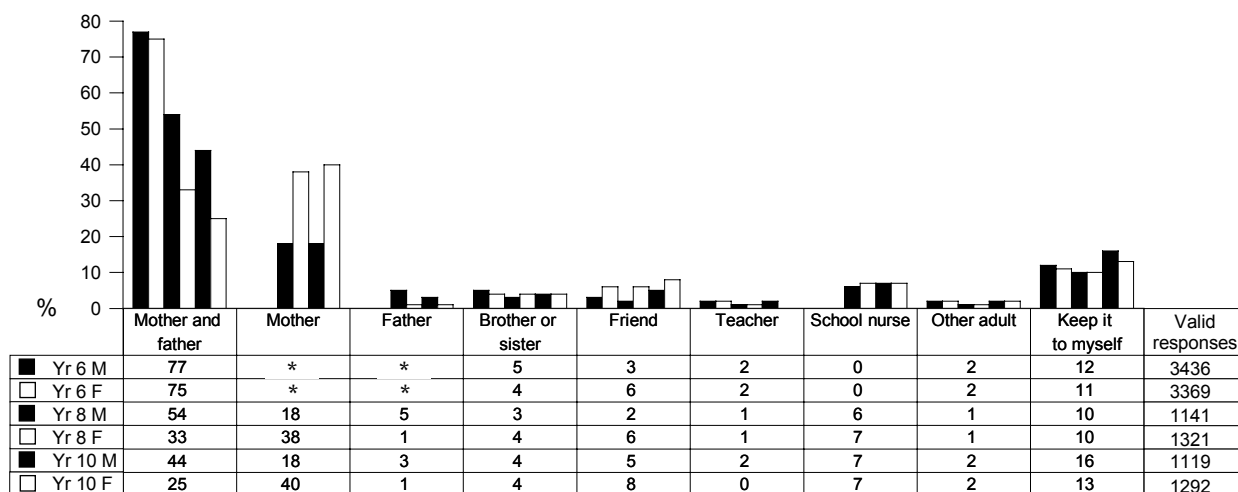
Mother features strongly for the females

If you wanted to share health problems, to whom would you probably turn?

Comments

1. Again, *Mother and Father*, are the popular choice but are less popular as pupils get older.
2. Up to 16% would *keep it to myself*.
3. The *School nurse*, the only health professional on the list, secures up to 7% of votes for this topic.

1. The expression 'health problems' is open to wide interpretation.
2. Although Mum and Dad might be the first port of call, it may be only through them that a young person will seek access to Health Care Professionals. We wonder if the small proportion responding *School nurse* reflects a lack of opportunity rather than a reluctance to see them. By 2010 the Government aims to have at least one, full-time, year round, qualified school nurse working with every cluster of primary schools and their linked secondary school.



* Options not available

Friend problems

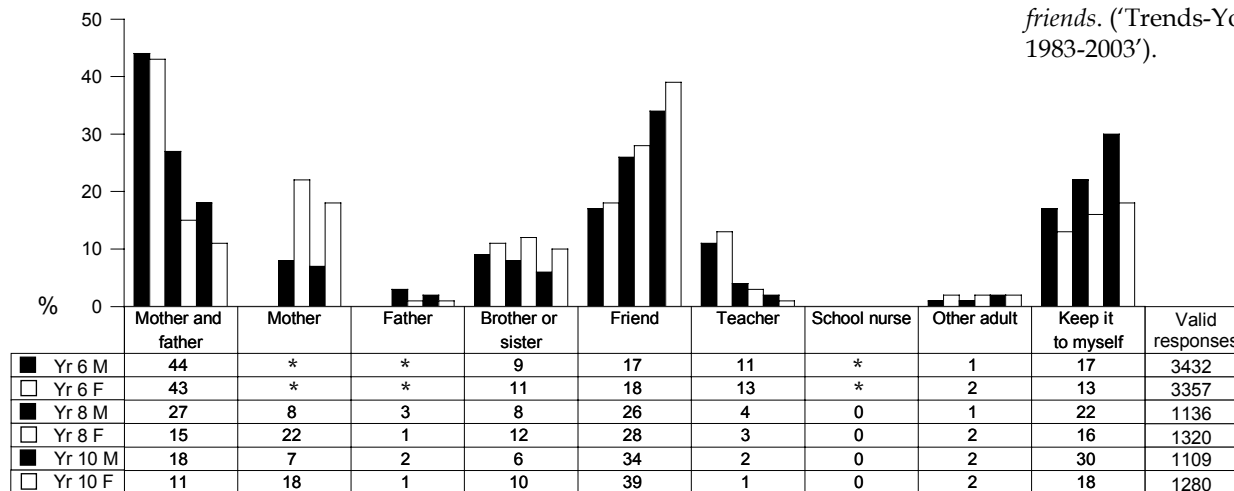
30% of 14-15 year old males would keep the problem with friends to themselves

If you wanted to share problems about friends, to whom would you probably turn?

Comments

1. Gender differences are pronounced. More males say *mother and father*, or would *keep it to myself*; more females say *mother* and also most females would share the problem with another *friend*.
2. Older pupils tend to seek less support from their parents and teachers but rely more on *friends* or simply keep things to themselves.
3. 30% of 14-15 year old males would keep the problem with friends to themselves.

1. Year 6 pupils were more likely to turn to their teacher than the older pupils within secondary schools. Perhaps this is due to the closer bonds they have with their primary school teachers, developed through the higher level of contact.
2. The importance of seeking support from other friends is clearly seen as pupils get older.
3. Since 1985, there has been an underlying increasing trend to share problems with friends with *mother and father* and other *friends*. Older males and females have, since the late 1990s, consistently chosen other *friends*. ('Trends-Young People and Emotional Health and Well-Being 1983-2003').



* Options not available

Bullying problems

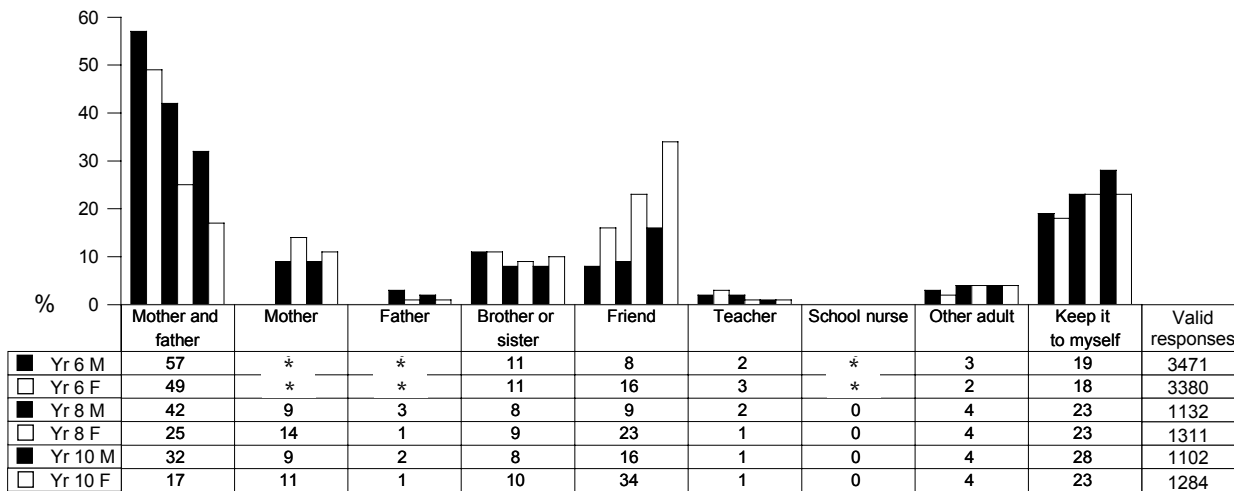
Up to 28% would *keep it to themselves*

If you wanted to share bullying problems, to whom would you probably turn?

Comments

1. *Mother and father* would be the most common resource, but another large group say that they would *keep it to myself*.
2. The percentage seeking support from their friends is higher for the older females.

1. Bullying (page 31-32 and pages 120-122) is an issue for females more than males and pupils in Year 6 and Year 8 are more concerned than pupils in Year 10. Since 1999 we have seen that in the Year 6 group, up to 13% more females than males report feeling afraid of going to school because of bullying. This is the third year we have included this option for Year 6 pupils.
2. The high percentage, saying that they would not talk to anyone about this problem, is cause for concern. For example, 28% of 14-15 year old males would not share their bullying problem with anyone.



* Options not available

Sources of support (1)

My family and friends are important for 12-15 year olds

Where would you go first for help or information about the following?

1. *My Family* provide the main support and source of information for many of the topics.
2. 33% would look to support from school for school problems.
3. 11% chose *Connexions Personal Adviser* for career information.
4. *Friends* remain an important resource when help is needed with *problems with other friends, problems at home and sex and relationships*.

Comments

1. This was a new question in 2006 and data are from Years 8 and 10 from an available sample of over 23,000 12-15 year olds.
2. Unsurprisingly *My family* and *Friends* are the first choice for help and information. However, a successful outcome may depend on the resources known to pupils' family members and friends.
3. Should we be surprised that 11% chose *Connexions Personal Adviser* for career information?

%	My family	Friends	Someone at school	Connexions Personal Adviser	Doctor, nurse, other health worker	Local Advice Centre	Books, Magazines	Internet e.g. web pages	Telephone helpline
School problems	49	13	33	1	1	0	0	3	0
Health	62	8	1	1	24	0	1	2	0
Career	60	9	10	11	1	3	1	5	1
Problems with friends	40	52	5	1	0	1	1	1	0
Parents/carers not getting on with each other	33	50	6	3	1	3	1	1	3
Problems between children and parents/carers in your family	36	46	6	3	1	3	1	1	4
Feeling sad or upset a lot of the time	51	41	2	1	1	1	1	1	1
Sex and relationships	34	50	2	2	5	1	2	3	2

Sources of support (2)

Healthy eating issues are first discussed at home by 68% of 12-15 year olds

Where would you go first for help or information about the following?

Comments

1. *My family* are the usual first source of support for most of the topics.
2. Issues around *Healthy eating* are first discussed by 68% at home.
3. *Friends* are a particularly important source of support for the *way you look* (51%). They also feature to support issues around *puberty and growing up* (26%), *being bullied* (26%) and *being gay/lesbian* (26%).

1. *Healthy eating* issues are first discussed by 68% at home and only 2% say that school would be the first source of support. Although the home would traditionally be the first place for this issue, it is perhaps surprising that, given the emphasis on food and healthy eating in school, pupils do not see it as a resource.
2. Should we be concerned, that for 35%, *friends* are chosen first for help and information about drugs? From an information and education point of view we might expect *school* to receive more than a 3%.

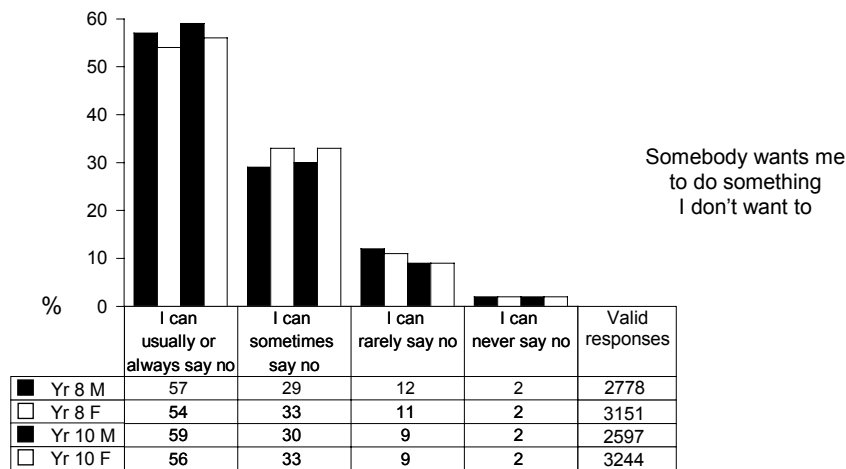
%	My family	Friends	Someone at school	Connexions Personal Adviser	Doctor, nurse, other health worker	Local Advice Centre	Books, Magazines	Internet e.g. web pages	Telephone helpline
Drugs	43	35	3	2	7	2	1	3	3
Healthy eating	68	10	2	1	12	1	2	3	1
Helping and volunteering	52	14	15	3	1	6	2	6	1
Money problems	83	10	1	1	0	2	0	1	1
The way you look	40	51	1	1	2	1	2	1	1
Puberty and growing up	59	26	2	1	5	1	2	3	1
Being bullied	58	26	10	1	0	1	1	1	1
Thinking you are gay, lesbian or bisexual	55	26	2	2	3	2	2	4	5

Peer Pressure/Self-efficacy

More pupils appear able to say no than being able to say what they want

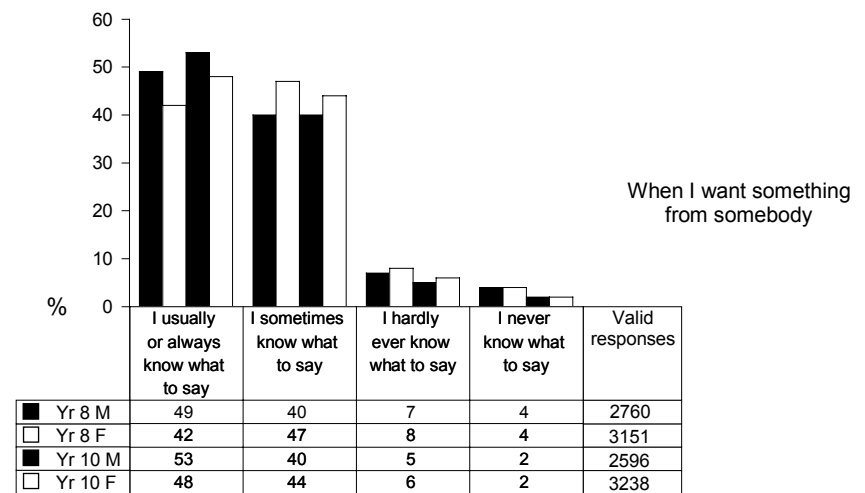
When somebody wants me to do something I don't want to... When I want something from somebody...

1. Up to 59% are usually able or always able to say no when somebody wants me to do something I don't want to
2. Around 31% are sometimes able to say no.
3. Up to 53% usually know what to say when they want something
4. Up to 47% sometimes know what to say.



Comments

1. These are new additions to the 'Young people' series. Pupils are asked to circle the number that most closely describes them.
2. More pupils appear to be able to say no to doing something they do not want to than being able to say what they want when they want something.
3. Schools' PSHE programmes often lay some emphasis on young people being able to say 'no'. We have published other work (Trends - Young People and Illegal Drugs) which shows that many young people can and do decline offers of e.g cannabis.



Index of self-esteem

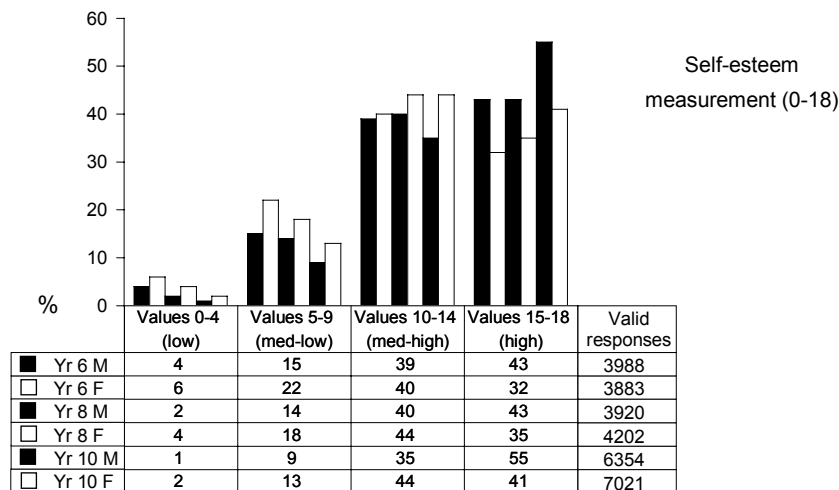
The level of self-esteem tends to increase with age

Self-esteem measurement (0–18)

Comments

1. The *high* group included more males than females.
2. The great majority scored more than 10/14, and more than a third of the whole sample were in the *high* group.
3. The level of self-esteem tends to increase with age.

1. This measurement is derived from the responses to a set of nine statements, taken from a standard self-esteem enquiry method developed by Denis Lawrence (Lawrence 1981).
2. Many health educators believe high self-esteem may motivate positive behaviour, as well as being a general contributor to emotional well-being.
3. The gender differences are a challenge: we do not see them in every school, which means that they are more marked in some other schools.

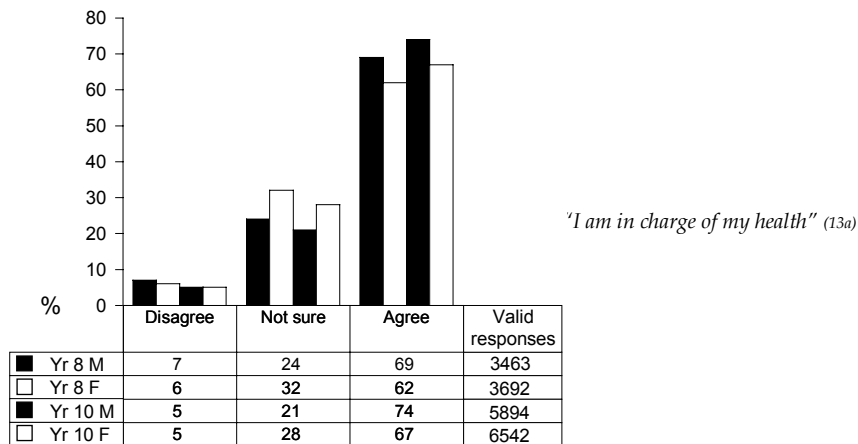


Control over health (1)

The majority feel they are in control of their health

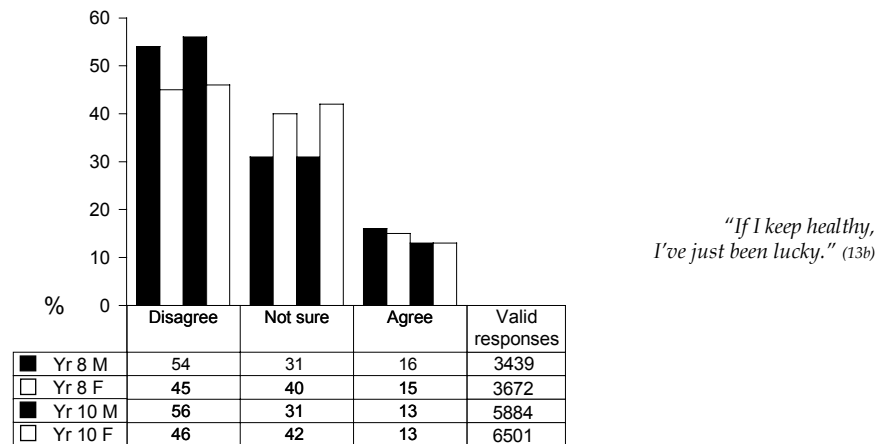
“I am in charge of my health.”
“If I keep healthy, I’ve just been lucky.”

1. The four groups in the sample were fairly close in their responses, although more males than females agreed with (“I am in charge of my health”) and disagreed with (“If I keep healthy, I’ve just been lucky”).



Comments

1. These two sets of statements are used, together with the two on the following pages to generate a ‘health locus of control’ score.
2. We have discovered some interesting correlations with these responses. For example, a feeling of low health control links with fear of bullying (page 31).



Control over health (2)

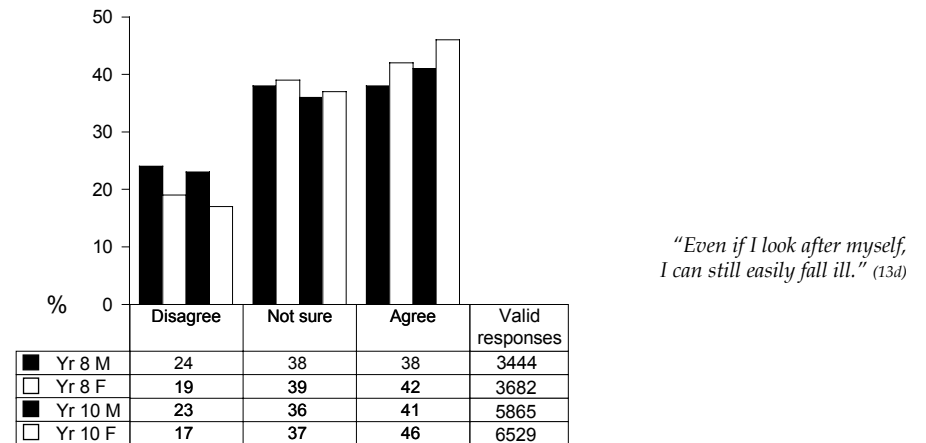
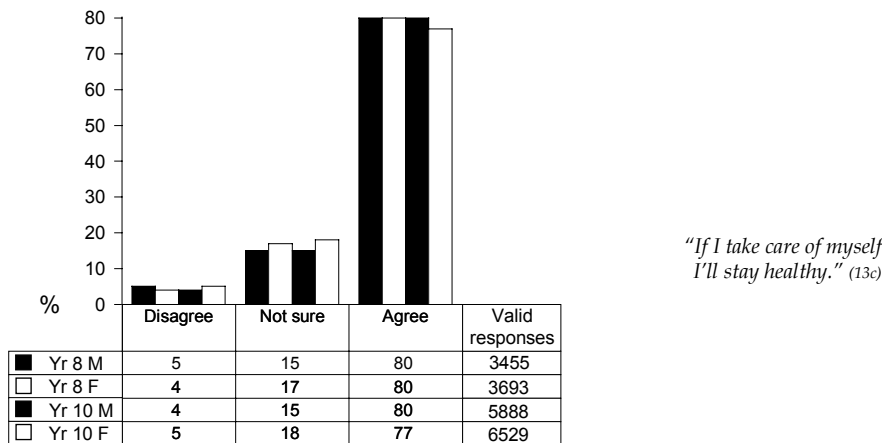
Most feel they can do something about their health

“If I take care of myself I’ll stay healthy.”
“Even if I look after myself, I can still easily fall ill.”

Comments

- The four groups in the sample were fairly close in their responses, although more males than females agreed with (“If I take care of myself I’ll stay healthy”) and disagreed with (“Even if I look after myself, I can still easily fall ill”).

- We find that about 80% think they will stay healthy if they take care, and around 42% think that they can still fall ill even if they do take care. The apparent contradictions between the items seem to be more in the mind of the logician than the young person.

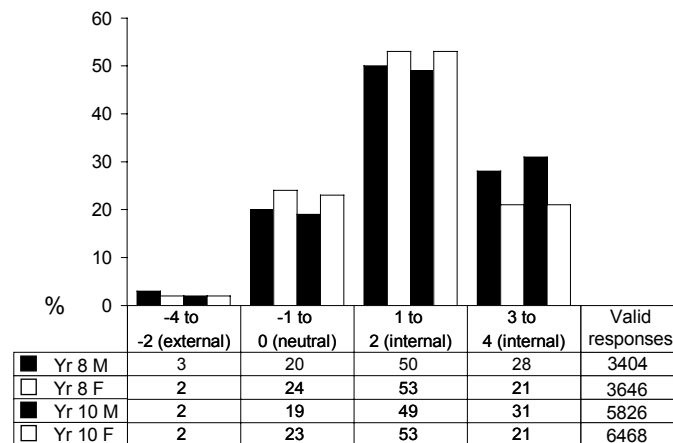


Control over health (3)

The majority recorded positive control

Health locus of control score (-4 to +4)

1. Half of all the groups recorded positive control at the +1 to +2 level.
2. Slightly more males than females felt that they were in positive control of their health.



Comments

1. 'Health locus of control' is an attempt to establish whether young people feel in control of their health (positive score) or unable to influence it (negative score).
2. The HLOC score reflects the person's overall perception of whether they are personally in control of their health ('internal locus of control') or not and are thereby at the mercy of outside influences ('external locus').
3. We learn from these results that at least a quarter of all the groups do not think that they can influence their health by their own efforts.
4. We know from the work of ourselves and others that the answers to these questions can be strongly correlated with behaviours. For example:



We have found that 54% of Year 10 females with scores of 3 or 4 on this scale have never smoked at all, whereas of the females whose replies yield neutral or negative scores 36% have never smoked.

In *Bully Off* (Balding, 1996), we described a strong link between scores of these questions and fear of going to school because of bullying.

Trustworthy adults

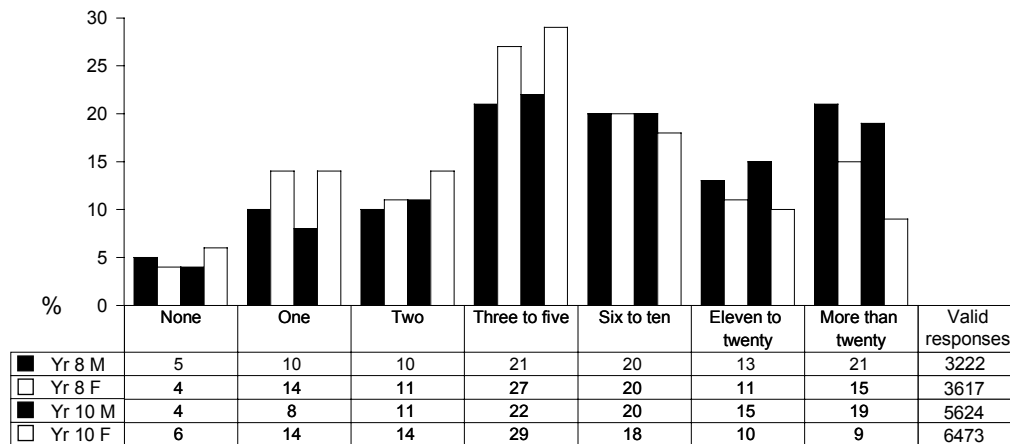
Around 5% of pupils trust no one

How many adults can you really trust?

Comments

1. Around 85% trust at least two adults.
2. Most pupils trust 3-5 adults.
3. We notice that trustworthiness levels drop slightly in Year 10, and that more males than females are inclined to trust a lot of adults.

1. The group that demand particular attention are those responding 'none' - 4% in Year 8 and up to 6% in Year 10. The percentages rise slightly as pupils get older.
2. There are age and gender difference - more females than males report higher percentages from the 'none' to 'three to five' categories. Older females report higher percentages, for these categories, compared to younger females. Does this suggest that female pupils, and in particular younger female pupils, trust fewer adults than male pupils?



Satisfaction with life

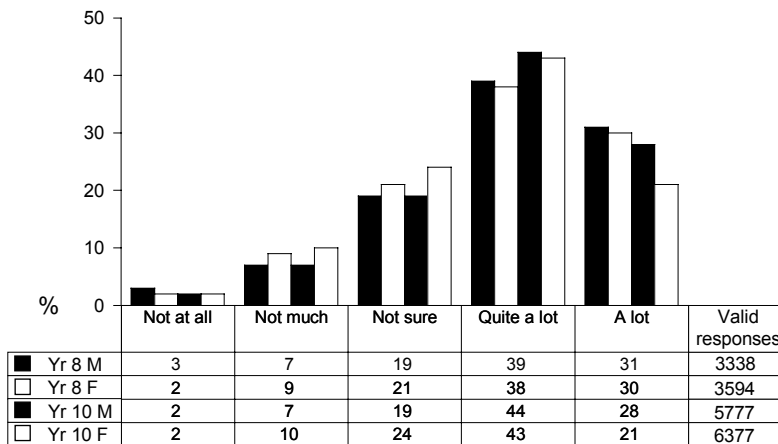
Males express greater satisfaction than females

In general, how satisfied do you feel with your life at the moment?

1. Slightly more males record *a lot*; and slightly more females record *not much*.
2. Overall, more than 64% report *quite a lot* or *a lot*, and around 10% are dissatisfied to some extent (reporting *not much* or *not at all*).
3. The females' level of dissatisfaction increases a little with age.

Comments

1. The difference in the percentage of satisfied males and females is in line with the evidence on page 100 that females worry about more things than males.
2. Since 1995, there has been an upward trend for all groups choosing the satisfied *a lot* option. Males more than females have consistently reported higher levels of satisfaction with life. Younger males have always been the most satisfied group. Older females have consistently been the group most likely to report *not much* satisfaction with life *at the moment*. (SHEU, 2004, 'Trends-Young People and Emotional Health and Well-Being 1983-2003').



Sexually transmitted diseases

Up to 11% think HIV/AIDS can be treated or cured

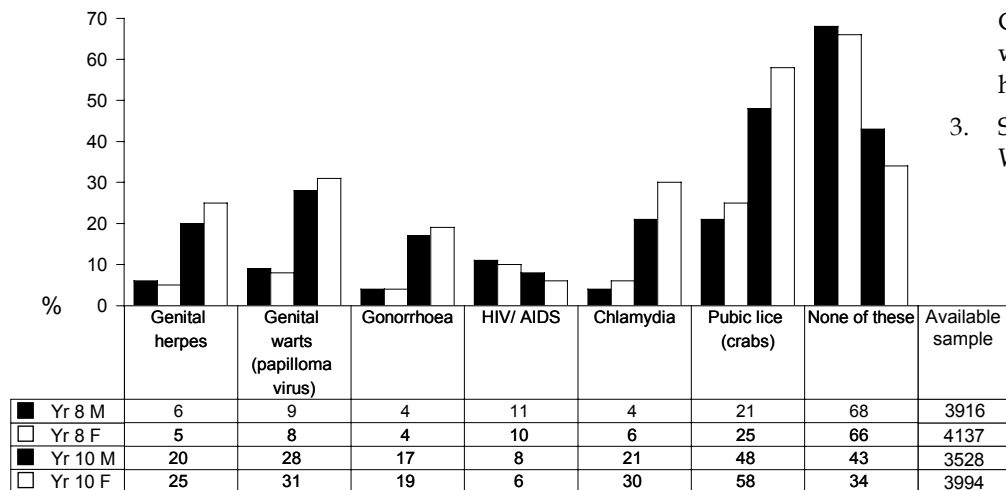
What you know about sexually transmitted diseases and infections?

Responses to 'Can be treated and cured'.

1. Most commonly identified treatable infections are warts and pubic lice.
2. Between 6-11% of pupils think that HIV/AIDS can be treated and cured.
3. Older females, compared with males, responded most frequently across categories (apart from 'HIV/AIDS').

Comments

1. This was a new question in 2002 that provides four possible options: *Never heard of it. Know nothing about it. Can be treated but not cured. Can be treated and cured.* Responses *Can be treated and cured* are shown in the chart opposite. This need not mean that young people think sexually transmitted diseases/infections (STDs and STIs) cannot be treated and cured, they may have opted for one of the other options.
2. Of those on the list that can be treated and cured e.g Gonorrhoea, Chlamydia and pubic lice, we see the highest percentages for pubic lice which may be due to the pupils' knowledge of treatment and cure for head lice.
3. Should the apparent lack of knowledge about Gonorrhoea and Genital Warts, and in particular the older females, cause us concern?



Methods of contraception

Condoms - selected by up to 71%

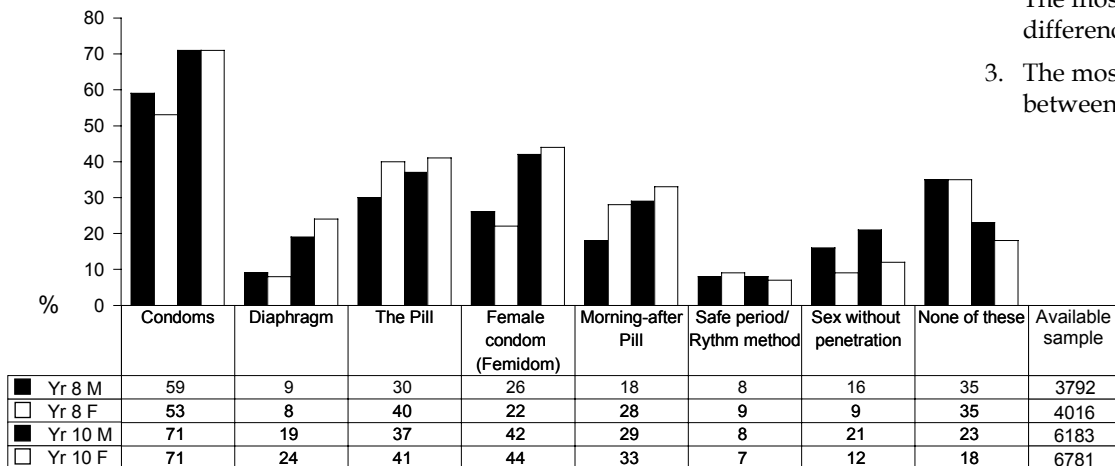
What do you know about methods of contraception?

Responses to 'Reliable to stop pregnancy'

1. The most popular method chosen by the males, that is 'reliable to stop pregnancy', was *Condoms*. For older females, the most popular methods chosen were *The Pill*, *Condoms*, and *The Female Condom*.
2. Between 59%-71% of all pupils selected *Condoms*.

Comments

1. Pupils have a choice of four answers to describe best what they know about the list of contraceptive methods. The answers are 'Never heard of it', 'Know nothing about it', 'Not reliable to stop pregnancy', and 'Reliable to stop pregnancy'. Responses shown in the chart are from the last answer.
2. The data show clear gender and age differences. For many of the contraceptive methods there is a marked shift in response rates particularly between the females from 12-13 years old to 14-15 years old. The most noticeable - *Female Condom* methods show a 22% difference. The most popular choice for the females, *Condoms*, shows a 18% difference between the age groups.
3. The most popular choice for the males, *Condoms*, shows an 12% difference between the age groups.
4. This chart presents combined responses to several sub-questions and thus there is no single value for 'valid responses', the percentages of 'missing data' are included in the *None of these* column. With this in mind, 358% of the younger age group did not respond to the answer option 'Reliable to stop pregnancy'.



Contraception and HIV/AIDS

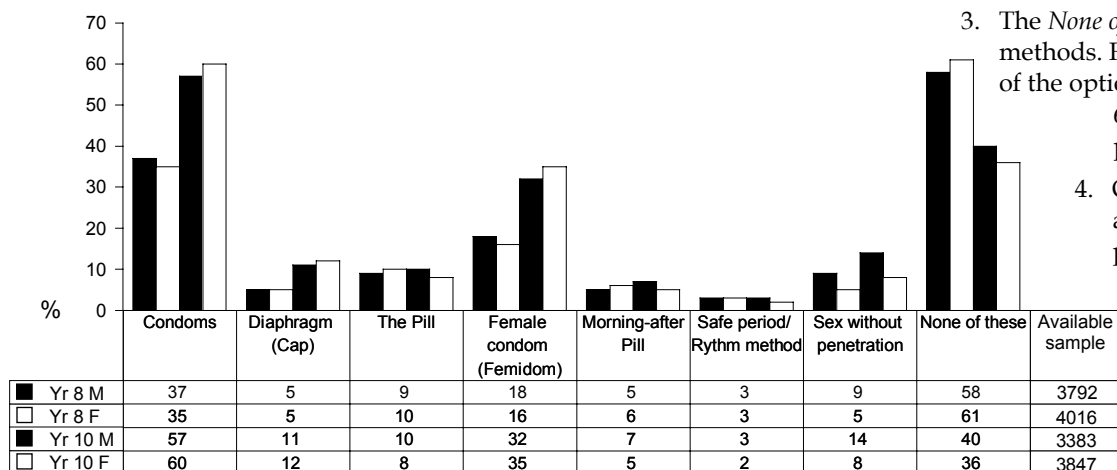
Up to 14% selected
sex without penetration

Which contraceptive methods are reliable to stop infections like HIV/AIDS?

Comments

1. The item *Condoms* was selected by up to 60% of all pupils and up to 35% selected *Female condoms*.
2. There are differences in percentages between some choices made by Year 8 and Year 10 pupils. For example, as they get older 25% more females choose *Condoms* and 19% choose *Female condoms*.
3. More males than females think *sex without penetration* is a reliable method to stop infections like HIV/AIDS. However, the maximum number choosing this option is 14% of older males.

1. In the questionnaire this question follows the question on the previous page. Pupils are asked to circle each letter, corresponding with a list of contraceptive methods, that they think is reliable to stop infection like HIV/AIDS.
2. If we accept that the barrier contraceptive methods (male and female condoms) and 'sex without penetration' offer protection against infections (see www.fpa.org.uk and www.avert.org.uk) then should the apparent level of knowledge of the 12-15 year olds in this sample cause us concern?
3. The *None of these* data refer to those pupils who did not choose any of the options on the list. For example, 36% of 14-15 year old females did not choose any of the options on the list. We do not know the reasons for this choice but 61% of 12-13 year old females could not decide which contraceptive methods are reliable to stop infections.
4. Often in a question we can distinguish between missing data and a definite *No* response. Because of the design of this particular question no such distinctions can be made.



Birth control service

Up to 52% of 14-15 year olds don't know about local services

Is there a special birth control service for young people available locally?

1. The females were more likely to know if there was one, and knowledge was much greater in Year 10.
2. Up to 52% *don't know* about a local service and up to 48% are aged 14-15 years old.

Comments

1. With the continuing concern over teenage pregnancies, as well as the spread of AIDS, a lot of money and effort is being directed towards this area of health education.
2. Local knowledge will be required to assess the responses to this question. Districts vary in the amount of publicity given to contraceptive services for young people, as well as in the nature and scale of provision.
3. Is it a satisfactory state of affairs when up to 52% of 12-13 year olds and up to 50% of 14-15 year olds don't know about local services – even the fact that there aren't any?

