A selection of health-related behaviours in 1986

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The analysis of young people and alcohol consumption, published in the previous issue of *Education and Health*, caused widespread attention in the media. This was just one small section of the Health Related Behaviour data bank, 1983-1986, which is now being studied in detail. Some other '1986' behaviours, as monitored for upper middle and secondary school pupils, are described here.

The complete data bank of health-related behaviours compiled by the HEA Schools Health Education Unit now represents the responses of more than 70,000 young people to the Health Related Behaviour Questionnaire. The first data was collected in 1980, after two years of trial work with pilot versions. The Questionnaire undergoes a continuous process of updating, reflecting the changing needs and priorities of teachers and health-care professionals.

The Questionnaire has been designed as a curriculum-planning aid, and was initially not expected to provide a 'national' sample of young people's behaviour. The belief which inspired its development is that teachers can often have distorted views of children's lifestyles, and therefore its use is largely confined to schools that wish to determine what these lifestyles are like. However, it has been used by so many comprehensive schools across the country that the sample is indeed a nationwide one.

Version 10 of the Questionnaire, used to obtain the 1986 data, contains 66 questions seeking information about the young people's life at home, at school, and with their friends. It explores many aspects, but the principal ones are as follows:

- Alcohol consumption
- Dental care
- Diet
- Homework
- Hygiene
- Jobs
- Medication
- Money
- Physical activity
- Road use
- Self-esteem
- Sharing problems
- Smoking
- Social activities
- Time to bed/time up
- TV, videos, etc.

In response to many requests, we have also developed an optional 'additional drugs' page for use from January 1987 onwards with the new Version 11 Questionnaire. Data from this is already being accumulated, and results will appear in due course, when we have had time to research the validity of the responses to this additional component.

The topics covered by the questions may be collected into different groups, as follows:

Group 1: DIET
Group 2: DOCTOR & DENTIST
Group 3: HEALTH & SAFETY
Group 4: HOME
Group 5: 'LEGAL' DRUGS
Group 6: MONEY
Group 7: ROAD USE & SPORT
Group 8: SOCIAL & PERSONAL

Table 1. Degree of 'ease' when last visiting the doctor. Total sample 7185 boys, 8637 girls. (Percentages.)

	BOYS					GIRLS				
Year group:	**1**	**2**	**3**	**4**	**5**	**1**	**2**	**3**	**4**	**5**
Not at ease	23	21	20	21	15	27	30	32	32	27
Don't know	24	20	17	15	12	28	24	18	14	11
At ease	53	59	62	66	73	45	47	51	54	63

Table 2. Was the doctor a man or a woman? Total sample 8999 boys, 8974 girls. (Percentages.)

	BOYS					GIRLS				
Year group:	**1**	**2**	**3**	**4**	**5**	**1**	**2**	**3**	**4**	**5**
Male GP	85	85	85	86	86	80	83	83	84	83
Female GP	15	15	15	14	14	20	17	17	16	17

Data from some of these topic groups is presented here. In this space it is not possible to study more than a small fraction of the information available, but further details may be obtained upon request.

Group 2 (Doctor and dentist)

These comments concentrate upon one particular aspect of visits to the doctor, which have implications for visits by young people to other 'professional' people both inside and outside the medical disciplines. The questions include the following:

33c. *On your last visit, was the doctor a man or a woman?*

33d. *Did you feel at ease with your doctor on this last visit?*

The results obtained from these questions are shown in Tables 1-4, and the implications are discussed below.

Table 1: Were you at ease? The figures for the boys suggest that the older ones were more at ease when they visited the doctor: the 'at ease' percentage rises from 53% in the 1st year to 73% in the 5th year, and both the 'no' and 'don't know' categories fall.

The girls' 'no' values do not indicate an overall fall, but the 'don't know' percentage drops, and the 'at ease' percentage rises, with increasing age. Overall, however, more boys than girls indicated that they were at ease during this last visit.

Table 2: Was the doctor a man or a woman? This table shows the percentage of boys and girls who saw a male or female doctor. It will be seen that a slightly higher percentage of girls than boys (on average, 17.3% compared with 14.5%) saw a female doctor. These figures differ somewhat from the official statistics, which in 1982 showed a ratio of 77.7% male compared with 22.3% female General Medical Practitioners. The details of the ratio for 1986 would be interesting to examine. What DHSS figures do not show are the numbers of patients dealt with by sex of GP, which would provide a basis for comparison with our data.

The consistent difference between boys and girls across all age groups suggests some measure of selection by the girls to see a female doctor.

Table 3: Sex of doctor and 'degree of ease'. By combining answers to Questions

33c and 33d, it is possible to examine how the sex of the doctor affected the degree of ease felt by the patient. This reveals an interesting difference between the boys and girls, averaged over the whole of the 1986 data. It will be seen that about 64% of the boys recorded feeling 'at ease' regardless of the sex of the doctor, but that only 51% of the girls felt 'at ease' with a male doctor, while the percentage rose to 63% when the doctor was female.

Table 4: Levels of 'ease' related to year group of patient and sex of doctor. A combination of data from all these questions allows further examination of these relationships to be made. This reveals a very interesting contrast between the responses of the boys and girls:

1. **More *boys* between Years 1 and 3 indicated that they felt 'at ease' with a male doctor. However, a greater percentage of 4th and 5th-year boys felt at ease with a female doctor.**
2. **More *girls* who saw a female doctor were at ease throughout all year groups. and the difference increased for the older girls.**

These results have implications both for the school and the health-care services. These are:

(a) A substantial percentage of boys and girls of all ages were either 'not sure' of their feelings or definitely 'not at ease' when seeing a doctor. What can the school do to affect this?

(b) The marked beneficial effect on many girls of seeing a female doctor did not seem to be reflected in the percentage of girls who did manage to see a female doctor, since the figures were very similar for boys and for girls.

Group 3: Health and safety

This group includes questions on medication and hygiene. The two tables reproduced here refer to the use of deodorants, and the frequency of washing hair. In the Questionnaire these appear as follows:

26. *How many times in the past 7 days have you washed your hair with soap, shampoo, or shower gel?*

28a. *How often do you use an anti-perspirant or deodorant?*

Table 5: Hairwashing. The increase in percentage of older boys and girls washing their hair more frequently is, perhaps, not surprising. Of the 1st-year boys, only 37% washed their hair three times or more, but this percentage had risen to 69% in the 5th year. The percentage of 'once a week' boys fell from 27% to 5%.

Table 3. Sex of doctor and 'degree of ease'. Total sample 8999 boys, 8974 girls. (Percentages.)

	ALL BOYS		ALL GIRLS	
Sex of GP	**Male**	**Female**	**Male**	**Female**
Not at ease . . .	19	22	31	22
Don't know . . .	17	14	17	15
At ease	64	64	51	63

Table 4. Feeling 'at ease' by sex of doctor. Total sample 5793 boys, 4791 girls (Percentages.)

	BOYS FEELING 'AT EASE'					GIRLS FEELING 'AT EASE'				
Year group:	1	2	3	4	5	1	2	3	4	5
Male GP	54	60	63	64	73	45	44	49	52	60
Female GP	49	55	58	71	76	47	58	60	63	74

Table 5. Number of times hair was washed in the past 7 days. Total sample 8727 boys, 8651 girls. (Percentages.)

	BOYS					GIRLS				
Year group:	1	2	3	4	5	1	2	3	4	5
Once	27	20	11	8	5	16	9	5	3	2
Twice	35	37	35	30	25	40	34	25	20	20
3 times	21	21	27	27	27	26	30	32	31	30
4+ times	16	20	26	34	42	17	28	38	45	48

Table 6. Use of deodorants. Total sample 8814 boys, 8699 girls. (Percentages.)

	BOYS					GIRLS				
Year group:	1	2	3	4	5	1	2	3	4	5
Never	39	26	12	9	6	16	4	2	1	1
Some days	32	31	29	20	18	30	14	8	5	4
Most days	15	20	24	23	22	19	20	16	12	10
Every day	14	22	34	48	54	35	62	74	81	85

The girls, as might be expected, tended to wash their hair more frequently. In the 1st year, 43% washed it three times or more, while in the 5th year this proportion had increased to 78%.

Table 6: Use of deodorants. There is a steady increase in the use of deodorants by both sexes as they grow older. The 'every day' category increased from 14% of boys (35% of girls) in the 1st year to 54% of boys (85% of girls) in the 5th year. Bearing in mind the level of promotion of cosmetic products for young people, it is tempting to seek increases in the use of deodorants over a timescale of a few years. Comparison between the values found in the 1984, 1985, and 1986 data banks does not, however, support a definite interpretation.

Group 4: Home

Within this category are found questions about television watching, sleep, helping around the home, and newspaper readership. Tables 7 and 8 refer to two topics from this range. The following questions are used:

13. *For how long did you watch television programmes (live or home-recorded) after school yesterday?*

61. *What was the time when you went to bed last night?*

Table 7: Television-watching. Several conclusions may be drawn from this table.

1. **The percentage of boys and girls in the high television-watching category (5 hours or more) showed a decline from 1st year to 5th year.**
2. **Further information derived using another method showed that the boys in all years watched, on average, more television than the girls did, as follows:**

Year group	Mean hours watched	
	Boys	*Girls*
1	2.8	2.4
2	2.7	2.6
3	2.8	2.7
4	2.6	2.4
5	2.5	2.2

Table 7. Television watching on any weekday evening except Friday. Total sample 8805 boys, 8660 girls. (Percentages.)

	BOYS					GIRLS				
Year group:	1	2	3	4	5	1	2	3	4	5
Not at all	4	5	5	4	7	6	6	6	6	8
Up to 1 hour	13	13	13	15	17	17	14	16	18	18
Up to 2 hours	21	18	18	20	19	22	21	21	23	23
Up to 3 hours	18	18	19	21	22	22	19	20	20	21
Up to 4 hours	15	17	19	16	16	13	17	16	16	14
Up to 5 hours	10	12	11	12	9	8	13	10	10	9
Over 5 hours	19	17	16	12	10	11	11	11	8	6

Table 8. Time of going to bed on any weekday evening except Friday. Total sample 8371 boys, 8423 girls. (Cumulative percentages.)

	BOYS					GIRLS				
Year group:	1	2	3	4	5	1	2	3	4	5
By 9 p.m.	28	14	7	4	3	31	17	6	4	3
By 10 p.m.	71	57	29	27	18	78	64	42	32	22
By 11 p.m.	92	87	79	75	60	96	92	84	78	68
By midnight	98	96	95	94	87	99	98	96	95	92

Table 8: Going to bed. It should be noted that these times refer to bedtimes on Monday to Thursday nights only, and with school the following day.

Group 5: 'Legal' drugs

This group includes questions about smoking and the use of alcohol. The tables reproduced here are based on the following questions, which refer to alcoholic drinks.

57. *Since this time last week, how much of the following have you drunk?* [A check-list of different alcoholic drinks is given.]

58. *If you drank alcohol since this time last week, where did you get it from?*

Fig. 1: Sources of alcohol. This set of histograms, which is based on answers to Question 58, permits a number of conclusions to be drawn, including the following:

1. **Home was the major source, with greatest use by just more than a third of the 13 and 14-year-olds; the 5th-year figures are slightly lower.**
2. **The use of the pub as a source for purchase of alcohol for these young people presents a legal question, as does the consumption of the drinks on the premises, when this occurred. The doubling of the percentages between ages 13+ and 14+ and again between 14+ and 15+, to around 30% use by boys and girls in their 5th year of secondary school, suggests significant changes in practice across this age range.**
3. **The use of supermarkets and off-licences as sources is noticeable at all ages, with more use by boys than girls. One fifth of the 5th-year boys used the off-licence as a source within the past week.**
4. **The presence of alcohol at discos and parties is commonplace. The percent-**

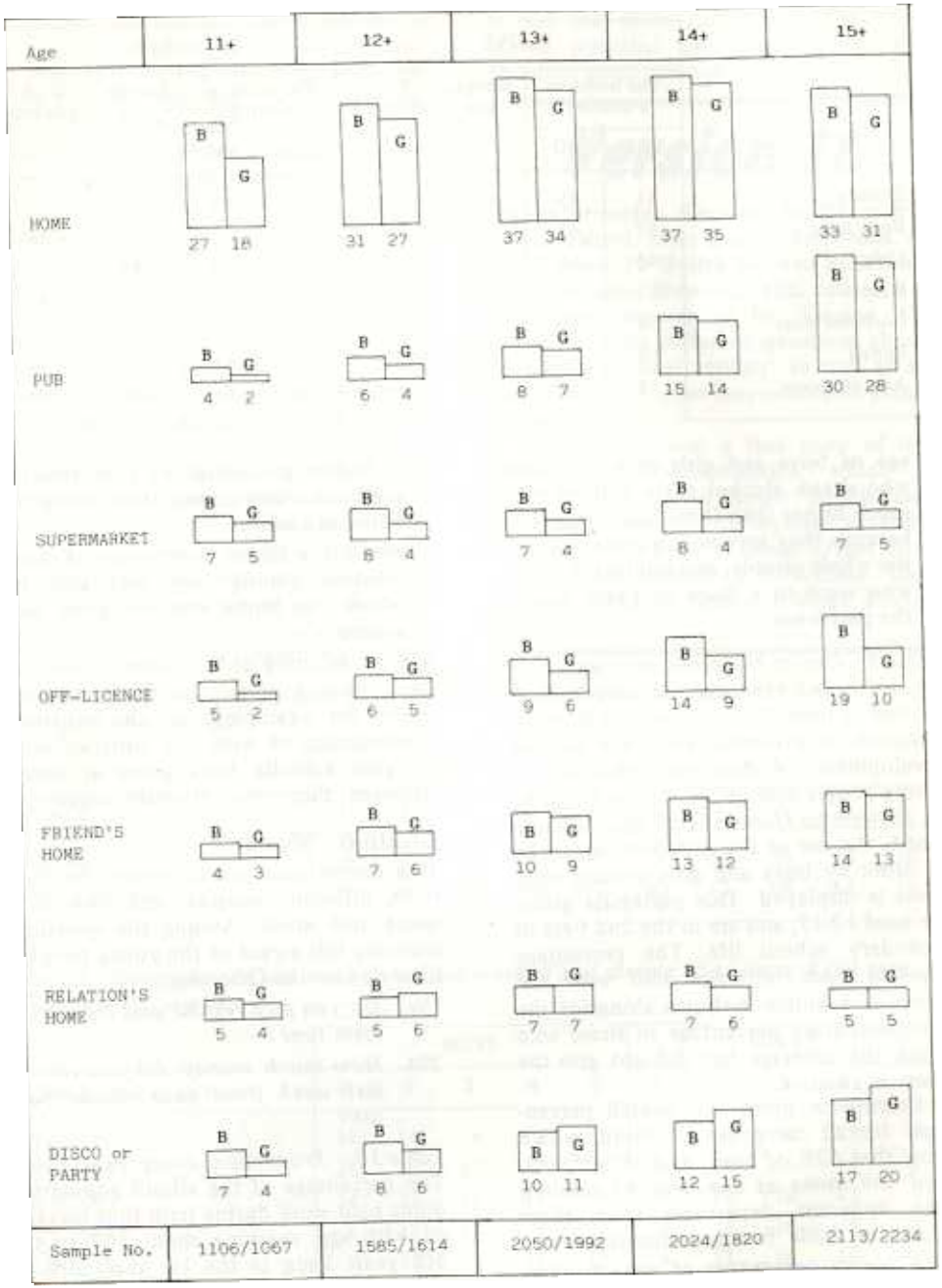

Fig. 1. The percentages of boys (B) and girls (G) in different secondary year-groups obtaining alcoholic drink from various named sources. Total sample 8878 boys, 8727 girls.

Table 9. Use of the home as a source of alcohol, and type of beverage consumed, by 2nd-year pupils. Total sample 1322 boys, 1439 girls. (Percentages.)

	BOYS				GIRLS			
	The home as a source?		Sample size	% of drinkers	The home as a source?		Sample size	% of drinkers
	YES	NO			YES	NO		
Shandy . . .	51	49	469	60	57	43	339	53
Beer/lager . .	57	43	315	40	58	42	113	18
Cider	45	55	214	27	57	43	145	23
Wine	65	35	266	34	70	30	285	44
Fortified wine	54	46	118	15	75	25	137	21
Spirits	58	42	110	14	57	43	63	10
Any of above	52	48	787	100	59	41	641	100

age of boys and girls going to these who drank alcohol there will be very much higher than these figures suggest, because they represent a percentage of the whole sample, and not just the ones who went to a disco or party during the past week.

Table 9: Use of the home as a source of alcohol by 2nd-year (age 12+) pupils. How alcohol is used (or not used) at home is obviously a powerful influence on the development of drinking behaviour as young people mature. In this table, based on answers to Questions 57 and 58 combined, the use of the different categories of drink by boys and girls in their early teens is displayed. This particular group are aged 12-13, and are in the 2nd year of secondary school life. The percentage drinking each beverage who used the home as a source is shown alongside the complementary percentage of those who drank the beverage but did not give the home as a source.

Bearing in mind the overall percentages for all categories of drink, which show that *52% of boys, and 59% of girls, used the home as a source of alcohol,* then apparent departures from these figures in Table 9 suggest the following:

1. **A higher percentage of wine-drinkers among boys and girls with the home as a source.**
2. **A higher percentage of girls drinking fortified wines among those using the home as a source.**
3. **Possibly a higher percentage of cider-drinkers among boys and girls for whom the home was not given as a source.**

N.B. – As some of the 'home users' also used other sources, the figures do not *prove,* for example, that the enhanced consumption of wine and fortified wine by girls actually took place at home, although they may strongly suggest it.

Group 6: Money

This covers paid work, money received from different sources, and how it is spent and saved. Among the questions studying this aspect of the young people's lifestyles are the following:

19a. *Do you do a regular paid job during term time?*

20a. *How much money did you receive last week from your regular paid job?*

Table 10: Proportion doing paid work. The percentage of the school population doing paid work during term time increased with age, reaching about 50% in the 5th year. Even in the 1st year, 20% of girls and 29% of boys had a paid job.

Table 11: Money earned from regular work. The pattern of earning shows a predictable change with increasing age, the percentage of higher earners rising in the older year groups. There was also a general tendency for the boys to be earning slightly more than the girls, although in the 5th year there was a greater percentage of high-earning girls than boys. Over a third of the 5th-year 'workers' earned more than £10 a week in 1986.

Summary

All this information, and vastly more which cannot be included here, has been obtained in the course of studies by middle and secondary schools into the health-related behaviour of their own pupils. Behind each of these seemingly widely-varied questions is a common aim – to help the school establish a profile of its population, and from that to reach decisions about the appropriate content of a health education or personal & social education course. The Health Related Behaviour Questionnaire has been developed with this aim, above all others, in mind. The derivation of 'national' data such as the material presented in this article is an interesting and valuable by-product of the service to schools, but this is not the main function of the Unit, whose principal aim is to support and promote good practice in schools.

Version 11

The information discussed in this article was obtained from pupils' responses to the Version 10 Health Related Behaviour Questionnaire. However, this edition has now been superseded by Version 11, which includes different questions about diet and physical activity, as well as an optional set of questions related to illegal drugs.

You may obtain a free copy of the Version 11 Questionnaire, which is suitable for use in upper middle and secondary schools, by writing to Sally Thorneycroft, HEA Schools Health Education Unit, School of Education, University of Exeter, Heavitree Road, Exeter EX1 2LU.

Table 10. Proportion doing paid work during term time. Total sample 8852 boys 8707 girls. (Percentages.)

	BOYS					GIRLS				
Year group:	**1**	**2**	**3**	**4**	**5**	**1**	**2**	**3**	**4**	**5**
'Workers'	29	35	48	51	47	20	28	32	43	50
'Non-workers'	71	65	52	49	53	80	72	68	57	50

Table 11. Money earned last week from paid work. Total sample 3341 boys, 2790 girls. (Percentage of 'workers'.)

	BOYS					GIRLS				
Year group:	**1**	**2**	**3**	**4**	**5**	**1**	**2**	**3**	**4**	**5**
Up to £1	34	14	6	3	1	46	20	6	2	1
Up to £2	23	16	12	7	5	21	23	16	11	3
Up to £3	14	21	15	11	9	11	18	18	12	7
Up to £4	8	13	14	9	7	8	7	10	8	6
Up to £5	9	12	16	16	12	4	14	16	16	10
Up to £10	10	17	26	30	31	8	12	23	32	36
More than £10	2	7	11	24	35	2	5	11	20	38