



GREATER GLASGOW  
HEALTH BOARD

**health**  
PROMOTION  
DEPARTMENT

FOR  
REFERENCE ONLY

*Health Related  
Behaviour of Young  
People in Secondary  
Schools in Greater  
Glasgow 1994*

REFERENCE

MF1

YOU/GGHB

NOT TO BE  
TAKEN AWAY

Much of this report provides information on the health behaviours such as smoking, exercise and drug use which directly determine young people's health status. There are, in addition, a number of other personal factors (self-esteem for example), and also wider social and environmental issues which influence such behaviours. It is essential to examine some of these background influences on the health behaviours of young people, if a good understanding of schoolchildren's health is to be gained. This report, therefore, starts with an exploration of these background factors.

### **A Note on Methodology and Significance Levels**

The questionnaire used for this survey comprises only 'closed' questions. In other words, responses are limited to those categories offered in the questionnaire and thus do not reflect the full spectrum of beliefs, attitudes and behaviours that are exhibited by teenagers. This must be borne in mind when interpreting the results presented.

Where significant differences are described, they relate to issues of statistical significance - those where we have a level of confidence that differences have not arisen simply by chance. Significant associations referred to in the report are identified as follows:

\*  $p = 0.05$

\*\*  $p = 0.01$

\*\*\*  $p < 0.001$

Any other 'differences' referred to in the text of the report cannot be considered as being statistically significant.

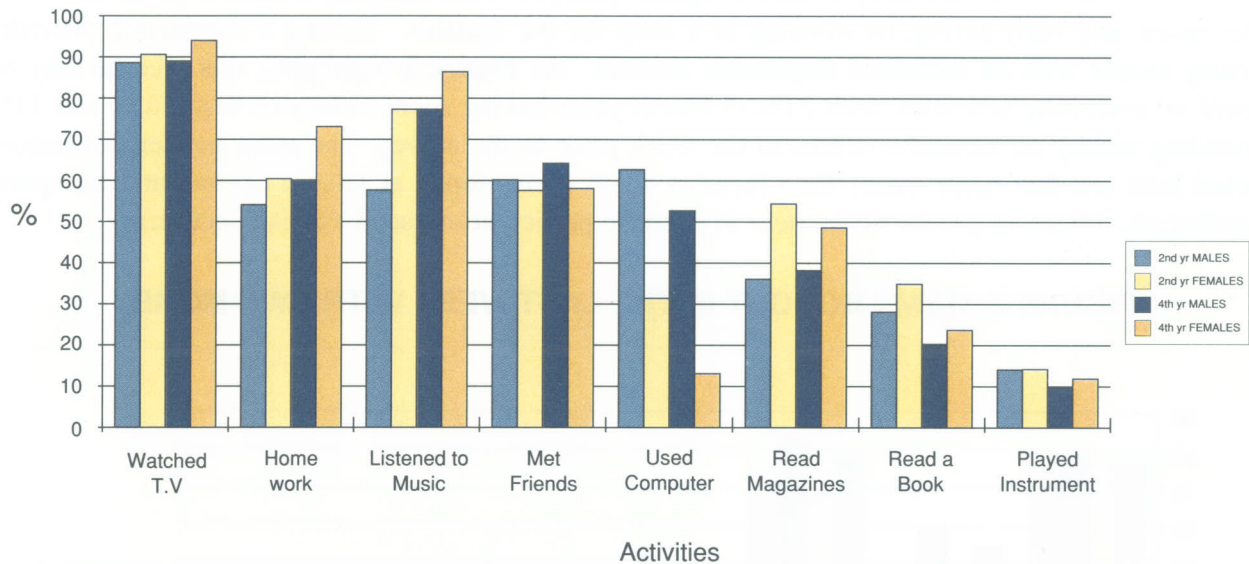
## BACKGROUND FACTORS

### HOME LIFE/ENVIRONMENT

The majority of young people in the sample (70%) lived at home with their mother and father, with a further 19% living with their mother only.

Young people are subject to many influences around them. **Figure 1** illustrates how those in the sample spent their free time on the day prior to completing the questionnaire, with watching television, listening to music and meeting friends proving to be the most popular pastimes overall. Using a computer was a more popular pastime for the males than the females, while reading magazines proved more popular with the females.

**FIGURE 1: TIME SPENT ON ACTIVITIES YESTERDAY**



80% of the sample live in the centre or suburbs of Glasgow, and **Table 1** shows how they rate facilities and their safety in the area in which they live. 52% do not feel safe going out after dark, and around half feel that the leisure centres, parks and play areas, and swimming pools in their area are not adequate.

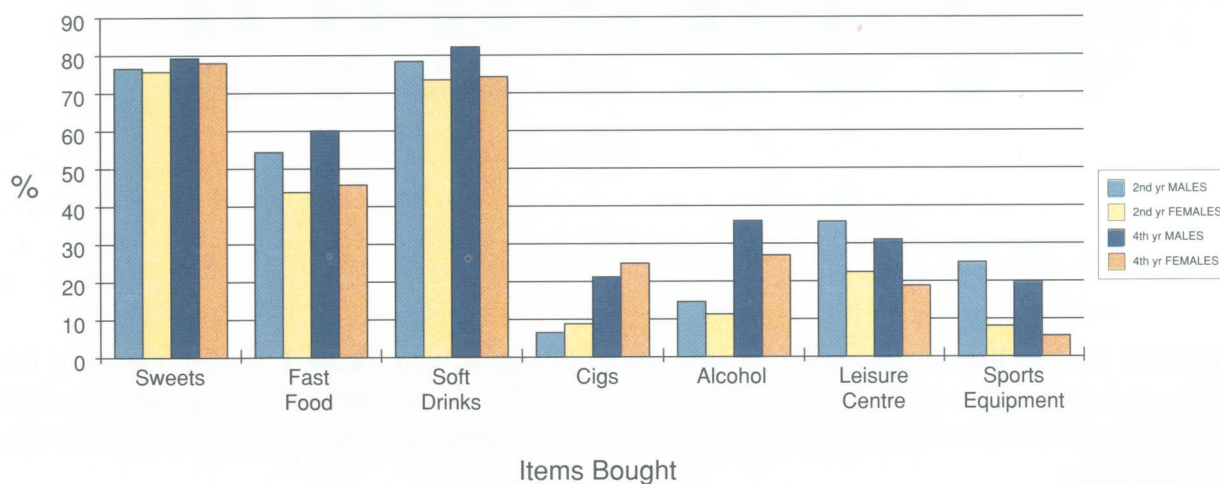
**TABLE 1: PERCENTAGE OF THOSE WHO RATE THE AREA IN WHICH THEY LIVE AS 'ADEQUATE' OR 'GOOD/VERY GOOD'**

	2nd Year		4th Year	
	Male (%)	Female (%)	Male (%)	Female (%)
Housing	81.5	81.5	84.9	85.6
Other buildings	75.9	76.0	80.2	79.8
Parks & play areas	50.3	46.5	52.4	51.1
Leisure centres, swimming	54.0	58.8	55.3	58.4
Street cleaning etc	62.0	62.9	75.2	74.5
Road safety	61.7	62.9	68.9	68.7
Safety going out after dark	50.6	47.5	57.7	54.4
Safety going out during day	76.6	79.5	83.3	85.8

**JOBS AND MONEY**

By fourth year, 37% of the sample have a regular, paid job. This is mainly a milk or paper round for the males, and baby-sitting, or working in a shop for the females. Having a regular job provides young people with an increased disposable income. As **Figure 2** highlights, this income may be spent on unhealthy activities, with 23% of fourth years having spent money on cigarettes, and 31% spending money on alcoholic drinks in the week prior to the survey. The main gender differences noted here are that more males than females spent their money at leisure centres and on sports equipment, reflecting gender differences in exercise participation (see Exercise Section).

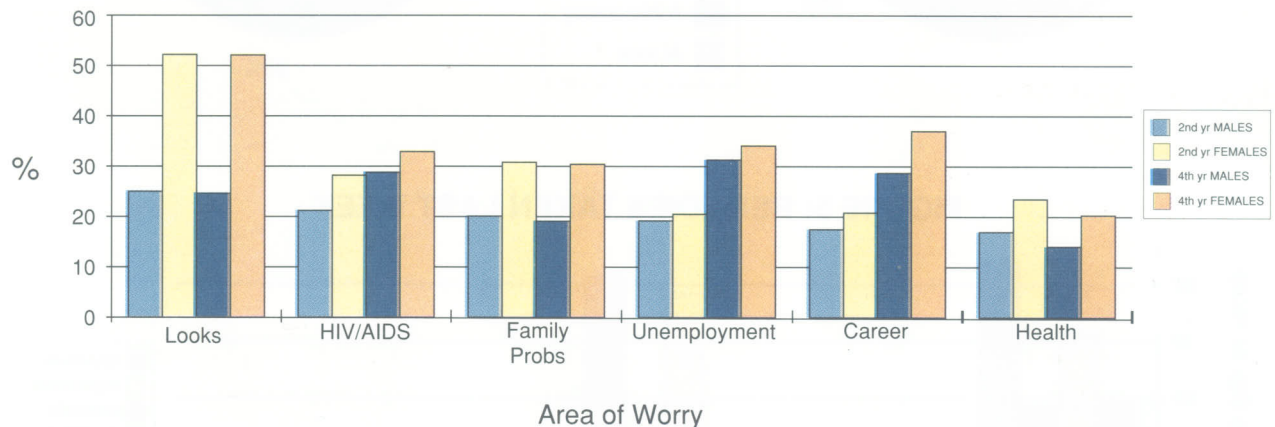
**FIGURE 2: ITEMS BOUGHT IN THE LAST WEEK WITH OWN MONEY**



## WHAT YOUNG PEOPLE WORRY ABOUT

When asked if they worried about health problems, 15% of females, and 22% of males said they worried 'quite a lot' or 'a lot' about health. Other issues that the pupils worried about are outlined in **Figure 3**. The pattern changes over time, with careers and unemployment becoming more of a source of concern in fourth year. There is also a gender difference in issues of concern, with the females significantly more likely than the males to worry about their looks in both second and fourth year.\*\*\* HIV/AIDS featured as a concern for boys and girls in each year group.

**FIGURE 3: PROBLEMS WORRIED ABOUT 'QUITE A LOT' OR 'A LOT'**

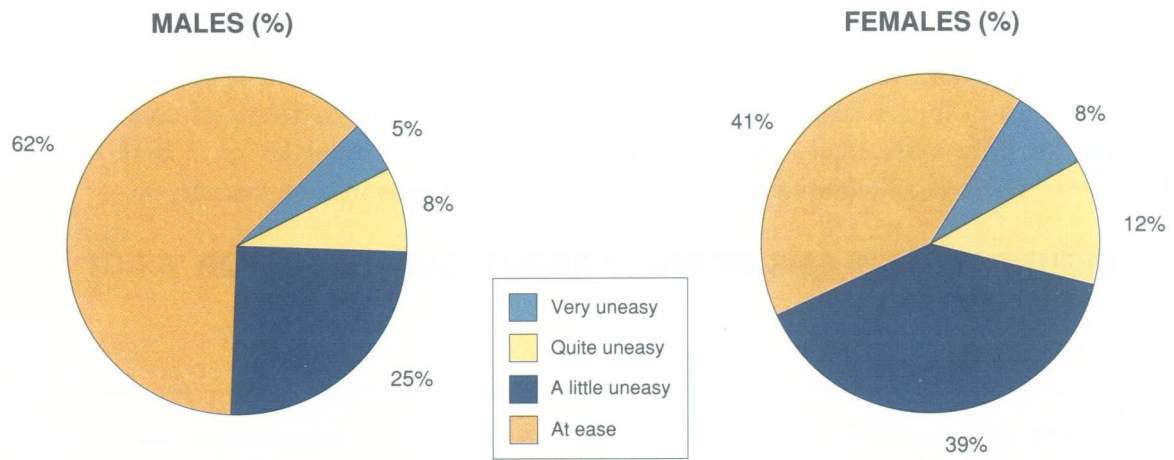


## DOCTOR AND MEDICINES

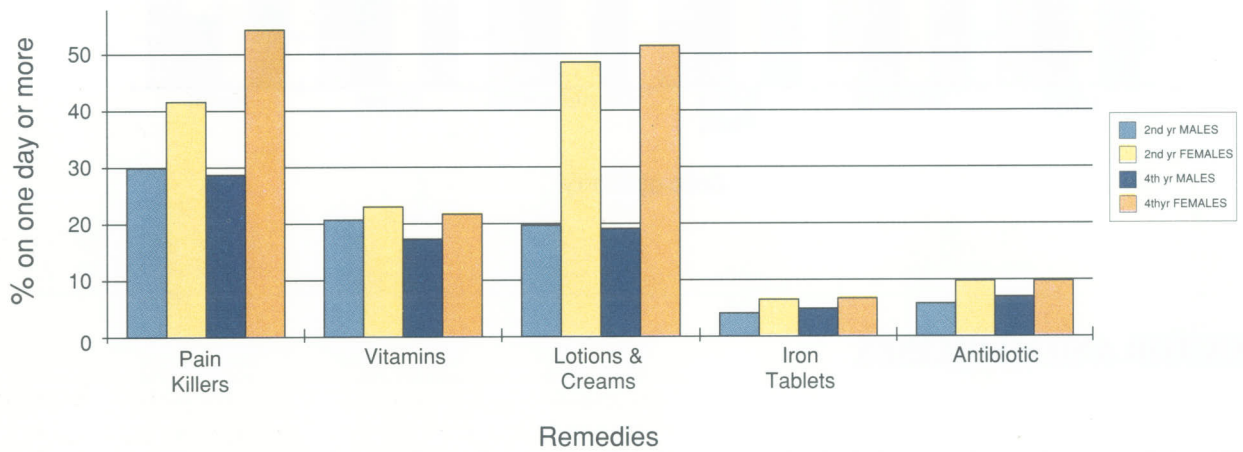
57% of the sample had visited their doctor in the three months prior to the survey. There was little gender or year difference in this behaviour. However, the girls were significantly less likely than the boys to feel at ease with the doctor when they did visit \*\*\* (see **Figure 4**). A gender difference can also be seen for the children who had taken medicines in the week prior to the survey (see **Figure 5**). Significantly more females than males in the sample had used the following remedies in the week before the survey:

- Painkillers\*\*\*
- Vitamins\*
- Lotions & Creams\*\*\*
- Iron tablets\*
- Antibiotics\*\*

**FIGURE 4: ON YOUR LAST VISIT DID YOU FEEL AT EASE WITH THE DOCTOR?**



**FIGURE 5: REMEDIES TAKEN LAST WEEK**



The amount of contact with GPs and pharmacies highlights the opportunities which exist for primary care teams to target young people in their health promotion initiatives, and the need to work particularly with young females to help them feel more at ease when visiting their GP.

## **SELF-ESTEEM AND FEELING IN CONTROL**

Self-esteem and the feeling of control an individual has over their health influence health behaviours, and also how health promotion messages are perceived. **Table 2** illustrates that self esteem appears to increase with age, although the females have lower self-esteem scores than the males.

**TABLE 2: SELF ESTEEM SCORES**

	2nd Year		4th Year	
	Male (%)	Female (%)	Male (%)	Female (%)
0 to 4 (low)	1	3	1	1
5 to 9	15	25	8	15
10 to 14	47	52	42	50
15 to 18 (high)	37	20	48	33
<b>TOTAL (%)</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

In this survey, one of the health behaviours which appeared to relate to self esteem was the children's intention to protect themselves from HIV in the future. Significantly more than expected of those with a high level of self-esteem stated that they would take precautions against HIV in the future.\*\* The associations of self esteem with other behaviours are described in future sections of this report.

The Health Locus of Control score reflects a person's overall perception of the extent to which they see themselves as personally having control of their health (internal locus of control) and the extent to which they see control lying with outside influences (external locus of control).

**Table 3** shows that health locus of control remains more stable over time than self-esteem. More of the males have a stronger internal health locus of control than the females, suggesting that the boys have a tendency to feel more in control of their health than the girls.

**TABLE 3: HEALTH LOCUS OF CONTROL SCORES**

	2nd Year		4th Year	
	Male (%)	Female (%)	Male (%)	Female (%)
-4 to -2 (external)	6	6	5	4
-1 to 0	32	34	28	33
1 to 2	42	47	47	47
3 to 4 (internal)	20	13	20	16
<b>TOTAL (%)</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Those individuals in the sample with a stronger internal health locus of control were:

- a) significantly more likely to have never smoked and say they never will\*\*\*, and
- b) significantly less likely to be regular smokers\*\*\* than those with an external locus of control.

A significant relationship was also seen between those with an external health locus of control

- a) consuming more alcohol\*\*, and
- b) being unsure about whether they would protect themselves from HIV in the future\*\*\* than those with an internal health locus of control

### **POINTS TO NOTE**

- # *HIV/AIDS is a particular concern for girls and boys in both year groups*
- # *Self-esteem and feelings of control over health are lower amongst girls than boys*
- # *There is no gender difference in the use of their doctor, although girls feel less at ease than boys when visiting their doctor*
- # *Those with an external health locus of control are more likely to participate in health-damaging behaviour*

### **IMPLICATIONS**

Those involved in designing programmes of health promotion must understand the influential factors in young peoples' lives. What young people perceive as personal concerns, for example, will affect the perceived relevance of health messages. Their disposable income and other interests will affect their ability and motivation to behave in health-enhancing (or indeed health-damaging) ways.

While the school is an ideal setting in many respects for promoting the health of young people, this section highlights the opportunities which exist within other settings such as primary care.

A young person's general feeling of being in control of their health will also affect how they perceive health messages, and what they do with information and advice. The data have shown associations between an external locus of control and poor health behaviours, raising a challenge for health promoters to develop in young people the realisation of their own role in protecting and promoting their health.

## SMOKING

The uptake of smoking by young people remains a concern, as we know most people who start smoking as teenagers continue to smoke into adulthood. There is also some evidence that the younger someone starts regular smoking, the harder he/she will find it to give up in later life.

### The National Picture

Health status targets set in 1991 for Scotland aim for a 30% reduction in the number of smokers aged 12 - 24 years by the year 2000, (Base Year 1986).

While no numerical targets exist for young smokers in Glasgow, they are identified as a high priority group for action.

The 1990 OPCS<sup>(1)</sup> study provides us with a national picture of schoolchildren's smoking behaviour:-

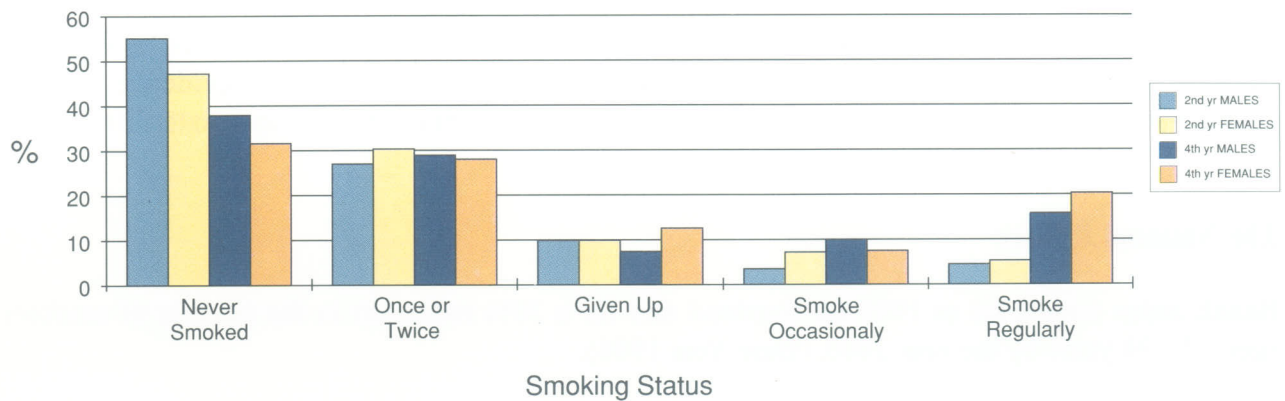
- \* In 1990, 12% of Scottish pupils aged 12 - 15 years said they smoked regularly, 8% smoked occasionally.
- \* The proportion of pupils smoking increased with age and progress through school.
- \* An estimated 1.5 million cigarettes are being smoked in Scotland each week by young people aged 11 - 15 years.
- \* Saliva cotinine levels in young people smoking over 10 cigarettes/day were very similar to adult smokers, suggesting children who smoke are just as likely to inhale as adults.
- \* 72% of young people in Scotland will have tried smoking by the time they are 16 years old.

### Results

In our sample, a sharp rise can be seen from 2nd to 4th year, in the number of pupils who describe themselves as 'regular' smokers. By 4th year, 16% of males and 20% of females report smoking regularly (see **Figure 6**). By this stage in school, only 32% of girls, and 38% of boys have never smoked at all.

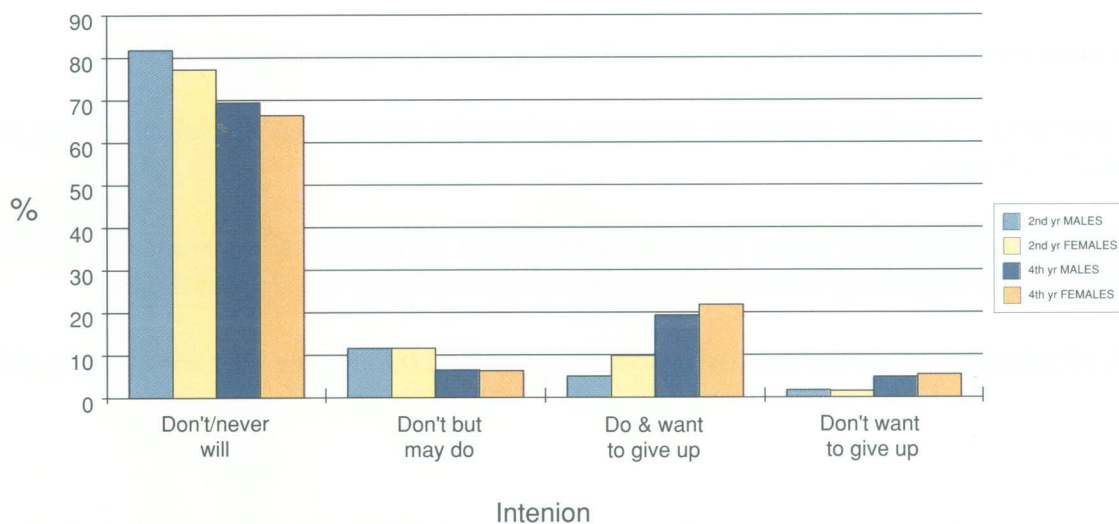
An increase from 2nd to 4th year is also seen in the number of cigarettes being smoked. In 2nd year 2% of boys and 2% of girls report smoking over 45 cigarettes a week. By 4th year this has risen to 12% for males, and 13% for females.

**FIGURE 6: CIGARETTE SMOKING STATUS**



**Figure 7** illustrates that already, most of the young people who smoke want to give up, emphasising the need to provide tailored smoking cessation help for this group.

**FIGURE 7: CIGARETTE SMOKING INTENTION**



A variety of factors were found to be associated with smoking behaviours:

**Personality Factors**

Those describing themselves as regular smokers were significantly more likely than the non-smokers to have an external health locus of control.\*\*\*

There was however no significant difference in the self-esteem of smokers and non-smokers in the sample, although those smokers with higher self-esteem were significantly more likely than those with low self-esteem to say they did not want to give up.\*\*

## **Social Factors**

Again, the pupils who described themselves as regular smokers were significantly more likely than the non-smokers to have a mother figure\*\*\*, father figure\*\*\* or close friend\*\*\* who also smoked.

There is also evidence from the data which suggests some clustering of poor health behaviours. Those who describe themselves as regular smokers were significantly more likely than non-smokers to:

- a) Drink alcohol, \*\*\* and
- b) Never consider their health when choosing what to eat.\*\*\*

### ***POINTS TO NOTE***

- # *Smoking prevalence increases from 2nd to 4th year*
- # *16% of boys and 20% of girls in 4th year describe themselves as regular smokers*
- # *Most of those who do smoke wish to stop*

### ***IMPLICATIONS***

The pattern of smoking in young people in this sample reflects the nationwide pattern, with prevalence rising sharply between second year and fourth year.

We know that 72% of young people in Scotland will have tried smoking by the time they are 16 years old, emphasising the need for continued work in primary prevention.

85% of smokers in our sample said they want to stop. Given the difficulties of quitting smoking in adulthood, and the toll of smoking on health, it is imperative that young people are offered appropriate help and advice at this relatively early stage in their lives.

Primary prevention and smoking cessation work with young people must also take cognisance of the individual characteristics and social and environmental issues which might influence their decision to try smoking or remain smokers.

The self-esteem and smoking issue is more complex. While there was no significant relationship in this sample between self-esteem and starting to smoke, we know in later life that those with low self-esteem find it more difficult to give up. Health promoters concerned with reducing smoking prevalence therefore cannot ignore the importance of approaches which address people's self-perceptions.