



EUROPE AGAINST CANCER

**COMMISSION
OF THE
EUROPEAN COMMUNITIES**

TEACHERS AND CANCER PREVENTION

January 1990

rue de la Loi, 200

B - 1049 Brussels

This survey of European teachers was carried out in all twelve countries of the European Community by the European Omnibus Survey, representing a group of 12 national institutes, all members of Gallup International.

The international coordinator was Madame Hélène Riffault, "Faits et Opinions" (Paris).

2 750 teachers (around 240 per country, but only 66 in Luxembourg), divided into roughly a third primary school and two-thirds secondary school teachers, were interviewed orally by professional researchers in January-February 1989.

This report by Emmanuel Médioni (Faits et Opinions), does not in any way reflect the views of the Commission of the European Communities.

CONTENTS

	PAGES
GENERAL INTRODUCTION	1
1. HOW TEACHERS STAND ON HEALTH	3
1.1 Awareness of health issues	3
1.1.1 Interest in health issues	3
1.1.2 Treatment of health questions in a professional capacity	5
1.2 Concept of the role of the teacher	16
1.2.1 Environment	16
1.2.2 Pupil receptivity	25
1.2.3 Rôle	29
1.2.4 Knowledge of the subject	32
2. TEACHERS' OPINIONS AND PERSONAL PRACTICE REGARDING CANCER	40
2.1 A healthy lifestyle and cancer prevention	40
2.1.1 Credibility of a healthy lifestyle	40
2.1.2 Attitudes to prevention	40
2.2 Practice vis-à-vis rules of prevention	44
2.2.1 Image	44
2.2.2 Personal observance	47
2.2.3 Practice in respect of pupils	50
2.3 Position regarding the European code against cancer	57
2.3.1 Awareness of the Programme and the Code	57
2.3.2 Opinion on the principle of the Code and whether it should be publicized	59
2.3.3 Appropriateness of Community action	65
SUMMARY ANALYSIS	71
GENERAL CONCLUSION	84
ANNEXES	86

GENERAL INTRODUCTION

This report is based on the results of a survey of teachers' opinions, attitudes and practice with regard to health education which was carried out in January and February 1989 and involved interviews with around 240 teachers in each of the twelve Community countries (except Luxembourg, where only 66 were interviewed).

Due attention was given to the geographical distribution of survey interviews in view of the large number of regional initiatives on health education. Several survey points were therefore selected in each country.

For each survey point (town or region), the establishments to be covered were taken from lists.

One teacher only from each establishment was then selected by the researcher, bearing in mind the required quotas in terms of age, sex and subject¹.

The survey covers primary and secondary school teaching. For the purposes of comparative analysis of results according to level of education, each national sample comprises around a third primary school teachers and two-thirds secondary school teachers.

Unfortunately, educational levels are not exactly equivalent in the twelve countries, so a distinction between the first and second stages of secondary education is not always an accurate reflection of the real situation. This distinction has therefore not been applied systematically.

Finally, in those countries in which technical training is carried out in specific institutions, it is generally represented on a pro rata basis, according to the number of teachers in such institutions in proportion to the number of teachers in secondary education overall.

In secondary schools, teachers were selected on the basis of the a priori link between their subject and health education. In all countries, this meant interviewing teachers of physical education, biology (natural sciences) and social studies. Teachers of other subjects are also represented but occupy a more marginal position in the various national samples. The secondary school teachers interviewed are not representative of the category as a whole but, for each country, represent a subgroup particularly orientated towards health education¹.

¹ See Annex 1 for a more detailed description of the samples and methodology.

There are therefore pitfalls in determining a weighted European average, as this would imply adjustment of the samples according to the number of teachers in each country. Given the composition of the sample for teachers in secondary education (various disciplines, as far as possible linked to health education), it is difficult to determine accurate adjustment coefficients. The "overall" figure which is sometimes given is a weighted average of the results of the sample, based on data from the Organization for Economic Cooperation and Development on the number of teachers per country in 1985, and is given merely as a guideline. In all cases, we felt it was necessary to present the results by country and by educational level.

The aim of the study is twofold, being on the one hand to identify teachers' attitudes towards health matters, and on the other their opinions and practices in respect of cancer prevention.

The first part of the survey, covering health matters in general, takes two basic starting points: are the teachers interested in health issues, and to what extent do they deal with them in a professional capacity? We then go on to find out how this interest is linked to a more general concept of the teacher's role in health education.

The second part is more specifically concerned with cancer prevention. The teachers' general viewpoint on the credibility of prevention through following a healthy lifestyle, and their own daily practices, both personal and in respect of their pupils, are analysed in turn.

The chapter concludes with a study of teachers' attitudes towards the European Code against Cancer.

To assume their full significance, the survey results must be seen in the light of the different national systems of health education. Annex 2 gives a brief description of how the various bodies responsible for health education in the Community countries function.

1. HOW TEACHERS STAND ON HEALTH

1.1 Awareness of health issues

1.1.1 Interest in health issues

The first aspect of the survey covered by our analysis of the results is teachers' awareness of health issues.

Question: Are you interested in programmes on television or radio about health, or articles in the press about health? If yes, do you listen to, watch or read such articles or programmes...

		Compare EB27 (general public)
. Often	62%	41%
. Sometimes	33	39
. Rarely	4	12
. Never	1	7
. No reply	-	1
TOTAL	100	100

The results demonstrate a lively interest in health questions among teachers, a significant majority claiming to take an interest in media coverage of the subject.

However, closer analysis of the numbers replying "often" - the only response requiring a clear stance to be taken - reveals significant differences between countries:

- . the greatest interest shown in media coverage of health issues was in Italy, where health education is very clearly integrated into the syllabus both at primary and secondary level;
- . at the other end of the scale, in Spain, only a third of the teachers replied "often".

In response to the same question, the general public in Europe (cf. Eurobarometer No 27) also showed a marked interest in programmes and articles on health, eight out of ten saying that they "often" or "sometimes" watched radio or television programmes or read press articles on the subject. On the whole, however, the level of interest was not quite so high as it was among teachers. On the other hand, national differences were less marked.

An analysis of results by educational level does not reveal any systematic variation, Germany, Italy, Ireland and Portugal in particular showing very similar results.

It should be noted that this question provides an indication, but an indication only, of teachers' interest in health issues; a teacher replying "rarely" is as likely to be expressing an attitude towards the press and television as an interest or otherwise in health as such.

FOLLOW MEDIA COVERAGE OF HEALTH

	Often	Sometimes	Rarely	Never	No reply	Total
BELGIUM						
Primary.....	54	36	9	1	0	100
Secondary.....	63	26	8	2	1	100
DENMARK						
Primary.....	60	31	5	1	3	100
Secondary.....	86	11	3	0	0	100
GERMANY						
Primary.....	52	43	4	1	0	100
Secondary.....	47	45	7	1	0	100
GREECE						
Primary.....	69	30	1	0	0	100
Secondary.....	76	22	2	0	0	100
SPAIN						
Primary.....	27	60	9	4	0	100
Secondary.....	37	51	8	3	1	100
FRANCE						
Primary.....	39	53	4	4	0	100
Secondary.....	71	23	4	1	1	100
IRELAND						
Primary.....	60	32	5	3	0	100
Secondary.....	63	33	2	1	1	100
ITALY						
Primary.....	79	19	2	0	0	100
Secondary.....	76	22	1	1	0	100
LUXEMBOURG						
Primary.....	33	43	24	0	0	100
Secondary.....	47	49	4	0	0	100
NETHERLANDS						
Primary.....	52	44	4	0	0	100
Secondary.....	66	32	1	1	0	100
PORTUGAL						
Primary.....	66	33	1	0	0	100
Secondary.....	64	32	3	1	0	100
UNITED KINGDOM						
Primary.....	54	37	5	4	0	100
Secondary.....	71	25	3	1	0	100

The Luxembourg sample comprised 21 primary and 45 secondary school teachers. Percentages were calculated from such small numbers simply to facilitate comparison with the results of the other countries.

The replies may also reflect the need for information felt by teachers (see below).

1.1.2 Treatment of health questions in a professional capacity

Two questions enable the extent to which health is covered in a professional capacity to be evaluated. The first is whether the subject of health is broached with pupils, specifying both how often and which aspects. The second is how often health questions concerning young people are discussed with colleagues or parents.

1.1.2.1 Discussion of health questions with pupils

Question: In the course of your work as a teacher do you ever happen to talk about questions of health?

On the whole, health does feature to a significant degree teaching in all Community countries. There are, however, differences in the frequency with which the subject is discussed:

. In five countries: Belgium, Germany, Spain, Luxembourg and the Netherlands, the proportion claiming to discuss health problems with pupils frequently is lower than 50%;

. In Denmark, Italy and the United Kingdom, however, there seems to be a particularly positive attitude to the subject.

If the results are analysed by educational level, three groups of countries emerge:

. In five countries - Netherlands, Belgium, Greece, Luxembourg, Germany, Spain and Portugal, the frequency with which teachers broach the topic of health with their pupils does not vary significantly according to educational level (primary or secondary);

. by contrast, in France, the United Kingdom, Denmark and Ireland there are considerable differences. In France, for example, 62% of secondary school teachers interviewed said they "often" dealt with health questions, as against only 36% of primary school teachers (these proportions were more or less reversed for the response "sometimes");

. there was also a significant difference in Italy, but here, the proportion of teachers dealing with health questions was higher in the primary sector.

HEALTH QUESTIONS DISCUSSED WITH PUPILS

	Often	Sometimes	No	No reply	Total
BELGIUM Overall	49	48	3	0	100
Primary.....	56	41	3	0	100
Secondary.....	46	51	3	0	100
DENMARK Overall	70	30	0	0	100
Primary.....	65	35	0	0	100
Secondary.....	87	13	0	0	100
GERMANY Overall	48	48	4	0	100
Primary.....	45	50	5	0	100
Secondary.....	49	47	3	1	100
GREECE Overall	61	34	5	0	100
Primary.....	65	32	3	0	100
Secondary.....	59	35	6	0	100
SPAIN Overall	47	44	9	0	100
Primary.....	41	49	9	1	100
Secondary.....	49	42	9	0	100
FRANCE Overall	53	42	5	0	100
Primary.....	36	59	5	0	100
Secondary.....	62	33	5	0	100
IRELAND Overall	63	34	3	0	100
Primary.....	54	40	6	0	100
Secondary.....	67	31	2	0	100
ITALY Overall	74	26	0	0	100
Primary.....	86	13	1	0	100
Secondary.....	67	33	0	0	100
LUXEMBOURG Overall	49	42	9	0	100
Primary.....	43	48	9	0	100
Secondary.....	51	40	9	0	100
NETHERLANDS Overall	43	54	3	0	100
Primary.....	38	60	1	1	100
Secondary.....	45	51	4	0	100
PORTUGAL Overall	73	25	2	0	100
Primary.....	75	25	0	0	100
Secondary.....	72	25	3	0	100
UNITED KINGDOM Overall	79	20	1	0	100
Primary.....	69	30	1	0	100
Secondary.....	85	15	0	0	100

Whether or not there is a difference between the primary and secondary educational levels can probably be explained by the way in which health education is approached. Generally speaking, in those countries leaning most towards the concept of "health-promoting school"², which tends to stress development of the child's personality rather than acquisition of knowledge, there would tend to be more interest in health education among primary school teachers. The more traditional forms of health education would be less appropriate for the younger children. In Italy and Portugal, for example, the "health-promoting school" concept is quite widespread, though not necessarily implemented.

Another explanation may be confusion as to what actually constitutes "health questions"; the great diversity of replies to the question below on the topics discussed with pupils seeming to imply that some teachers, particularly in the primary sector, did not consider that the subjects they were discussing were "health questions" as such. A study carried out in Germany by the "Bundeszentrale für gesundheitliche Aufklärung" between 1981 and 1986 showed that primary school teachers often dealt with health education without being fully aware of the fact. This could partially explain why, in certain countries, more attention seems to be paid to health education at secondary level.

Finally, in the countries in which health education is at a rudimentary stage and is largely left to the teacher's initiative, it is highly likely that the willingness to teach the subject would be equally spread across the primary and secondary sectors.

The question below allows closer analysis, by providing an indication of how certain major health education topics are approached in the twelve Community countries.

Question: And if yes do you talk about...

cancer	63%	Percentages based on the whole sample of teachers interviewed
AIDS	62	
drugs	78	
other health matters	57	
Total	over 100	due to multiple replies

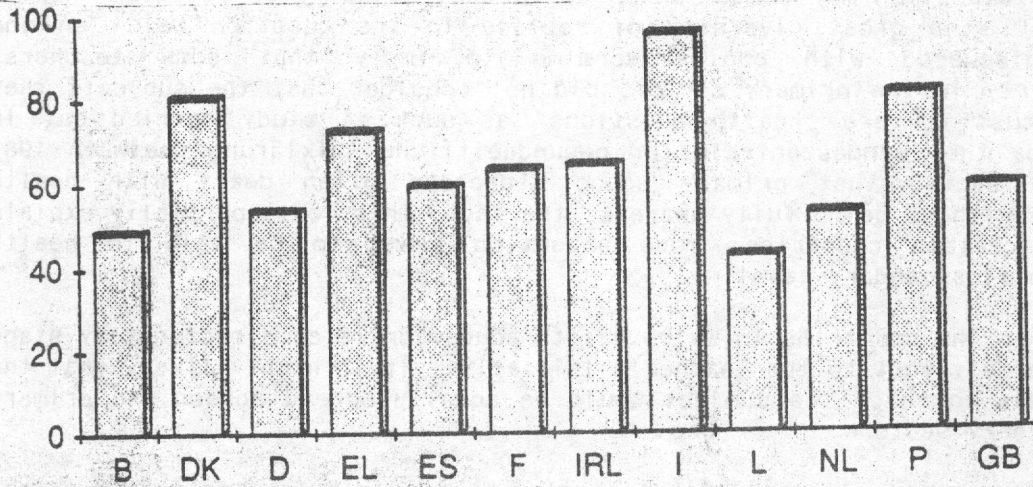
2 The concept of "health-promoting school" is based around the interplay of three factors:

- . health education taught as part of the school curriculum,
- . the pupil's environment within the school,
- . the influence of the pupil's environment outside school.

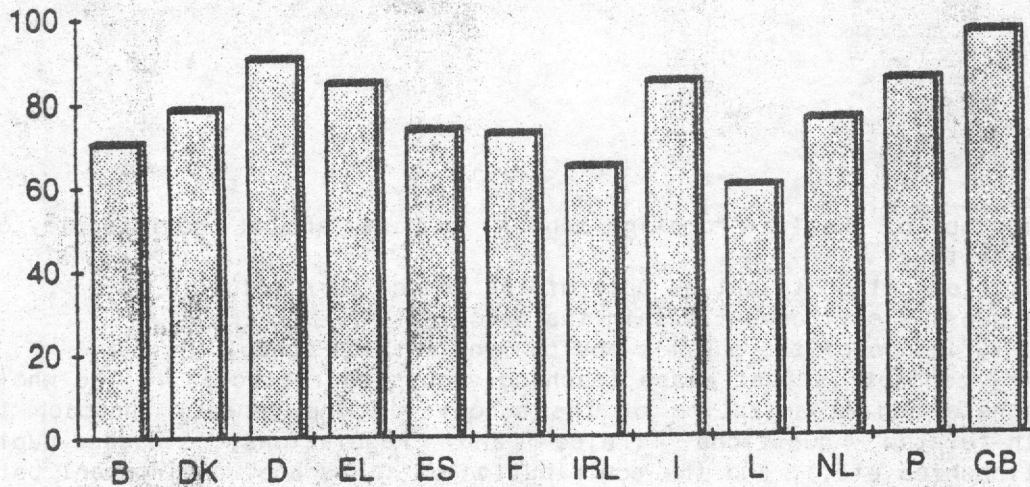
The key concept is that class teaching should be reflected in the whole atmosphere and organization of the school via the general approach to health-related questions (rules and regulations, teacher-pupil relationships etc.), and the contribution of the school environment both in and outside the classroom should be reinforced by the home environment, or the non-school environment in general, involving cooperation with parents etc.

HEALTH ISSUES DISCUSSED WITH PUPILS
PERCENTAGE OF TEACHERS DISCUSSING DRUGS

Primary school teachers



Secondary school teachers



Drugs were by far the most common topic and were mentioned by a majority of teachers in all the Community countries. In southern Europe, it seems to be the only topic with any real motivational value.

The popularity of the subject reflects a high-profile anti-drugs information and education policy which has found widespread implementation:

. Several countries have run targeted or regional anti-drug campaigns. This is particularly true of France and Germany with various targeted projects, Portugal with specific teacher training on anti-drugs education etc.

. Other countries are running long-term national projects (Spain and the United Kingdom, where "drug coordinators" play an important role).

. In Italy, schools have been legally responsible for anti-drugs education since 1975.

The difference between the primary and secondary levels, which is not systematic but always biased towards secondary, does not seem to be linked to the total number of teachers discussing drugs in a given country. Apart from the nature of the subject, which has a more direct bearing on pupils of secondary school age, this may be a result of the way teaching support programmes (resources etc.) are channelled, often angled towards either primary or secondary education but rarely both. In Germany, for example, the University of Berlin is working on programmes for primary schools (classes 1 to 4).

The proportion of teachers discussing cancer or AIDS is generally similar for any given country, and (generally) lower than the figures for drugs. Looking exclusively at secondary education, it is interesting to note that the subject of AIDS, despite its newness, is generally given the same weight as cancer.

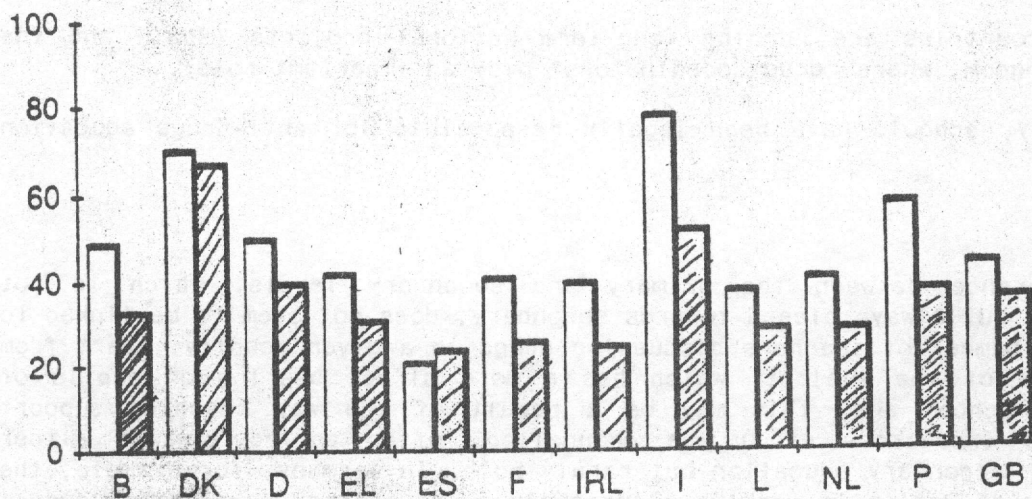
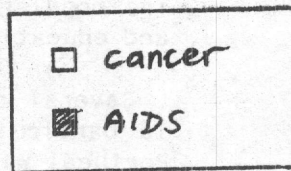
In fact, these can both be regarded as "secondary school topics", in that there is more of a tendency to talk about them at this level.

In the case of AIDS, the nature of the illness itself is sufficient to explain the situation, whereas in the case of cancer, the way in which health education is taught may be an explanatory factor; in some cases, particularly at primary level, there is more emphasis on the principle of teaching the child to make free informed choices in the light of general guidelines on a healthy lifestyle rather than teaching linked to a specific disease or complaint (this is the case, for example, in France and Germany).

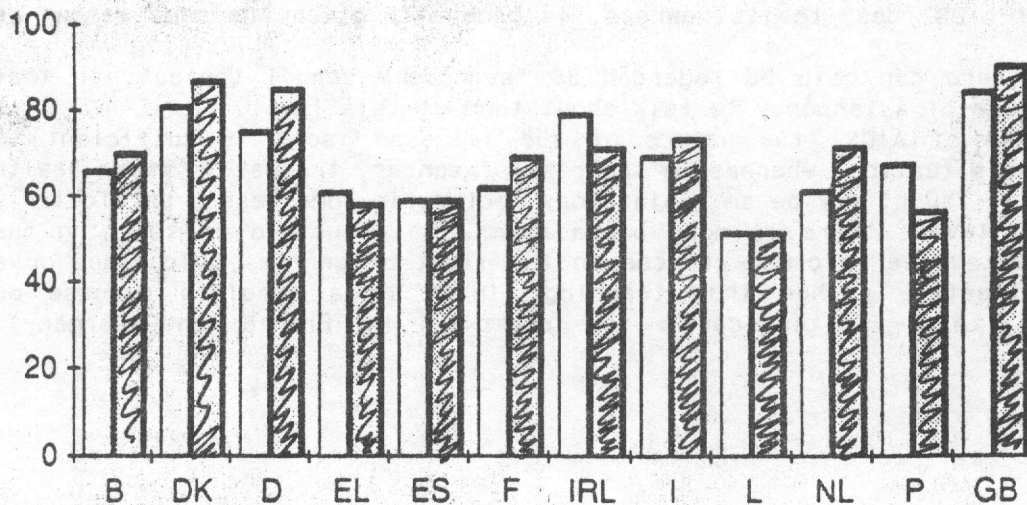
HEALTH TOPICS DISCUSSED BY TEACHERS WITH PUPILS

DISCUSSION OF:

Primary school teachers



Secondary school teachers



TALK WITH PUPILS ABOUT:

	Cancer	AIDS	Drugs	Other topics	Total
BELGIUM Overall	60	57	64	22	(1)
Primary.....	49	33	49	25	(1)
Secondary.....	66	70	71	20	(1)
DENMARK Overall	73	73	81	90	(1)
Primary.....	70	67	81	91	(1)
Secondary.....	81	87	79	86	(1)
GERMANY Overall	67	71	79	44	(1)
Primary.....	50	40	54	51	(1)
Secondary.....	75	85	91	41	(1)
GREECE Overall	55	49	74	33	(1)
Primary.....	42	31	73	44	(1)
Secondary.....	61	58	74	27	(1)
SPAIN Overall	46	47	69	46	(1)
Primary.....	21	24	60	49	(1)
Secondary.....	59	59	73	44	(1)
FRANCE Overall	55	54	65	70	(1)
Primary.....	41	26	64	74	(1)
Secondary.....	62	69	65	69	(1)
IRELAND Overall	66	56	79	65	(1)
Primary.....	40	25	65	59	(1)
Secondary.....	79	71	85	68	(1)
ITALY Overall	72	66	93	39	(1)
Primary.....	78	52	96	36	(1)
Secondary.....	69	73	92	41	(1)
LUXEMBOURG Overall	47	44	55	58	(1)
Primary.....	38	29	43	62	(1)
Secondary.....	51	51	60	47	(1)
NETHERLANDS Overall	54	57	68	89	(1)
Primary.....	41	29	53	96	(1)
Secondary.....	61	71	76	86	(1)
PORTUGAL Overall	64	50	84	52	(1)
Primary.....	58	38	81	59	(1)
Secondary.....	67	56	85	48	(1)
UNITED KINGDOM Overall	71	72	84	90	(1)
Primary.....	44	36	59	95	(1)
Secondary.....	84	90	96	87	(1)

(1) Total over 100 due to multiple replies

Within the primary sector, there is considerable variation among countries in the percentage of teachers discussing cancer; around one teacher in five in Spain, one in two or even more in Germany, Italy or Belgium. One reason for this could lie in how well-informed the teachers themselves are (see below). Spanish teachers in particular often regarded themselves as inadequately qualified to teach these topics, often preferring to leave them to health workers.

The results for Denmark on this point must be interpreted with some care, as "primary" here actually covers pupils from six to sixteen years (Folkeskole).

The same comments apply to AIDS.

Teaching is not restricted to these major themes, teachers introducing many additional topics. Diet and hygiene are the most common (except in France, where diet was not mentioned explicitly by any of those interviewed, vitamins by only one, and the related area of teeth by eight teachers).

As teacher training is paying increasing attention to health education, it is natural to assume that the youngest teachers would be the most prepared to tackle the subject. In fact, this is not the case; basic teacher training often seems to be the weak point of health education systems and it tends, by contrast, to be the older teachers (those over 50) who are most at home with health matters in the classroom at both primary and secondary levels.

1.1.2.2 Health matters concerning pupils

Question: Do you ever discuss questions of health and young people?

	%
Yes	87
No	12
No reply	1
Total	100

If yes, with whom?

With colleagues	74	Percentages based on the total num- ber of teachers interviewed
With parents of pupils	49	
At meetings with the school governors	29	
At staff meetings	39	
Other	17	
Total	(1)	

DISCUSS QUESTIONS OF HEALTH AND YOUNG PEOPLE:

	With colleagues	With parents	At meetings with school governors	At staff meetings	Other	Total
BELGIUM Overall.....	70	39	17	32	13	(1)
Primary.....	78	47	17	13	15	(1)
Secondary.....	66	34	17	42	12	(1)
DENMARK Overall.....	92	57	38	44	22	(1)
Primary.....	91	66	39	50	21	(1)
Secondary.....	94	32	34	27	24	(1)
GERMANY Overall.....	71	58	48	26	15	(1)
Primary.....	59	59	40	20	9	(1)
Secondary.....	77	58	51	29	17	(1)
GREECE Overall.....	59	28	10	8	18	(1)
Primary.....	62	32	11	7	12	(1)
Secondary.....	58	26	10	8	21	(1)
SPAIN Overall.....	57	30	17	28	3	(1)
Primary.....	53	25	13	18	3	(1)
Secondary.....	59	33	19	33	3	(1)
FRANCE Overall.....	70	45	21	34	11	(1)
Primary.....	69	55	26	20	10	(1)
Secondary.....	71	40	18	42	11	(1)
IRELAND Overall.....	63	29	16	25	20	(1)
Primary.....	64	36	11	21	19	(1)
Secondary.....	62	26	18	27	20	(1)
ITALY Overall.....	77	50	33	45	3	(1)
Primary.....	78	57	39	50	2	(1)
Secondary.....	76	47	30	43	4	(1)
LUXEMBOURG Overall.....	64	32	21	53	23	(1)
Primary.....	62	48	24	48	29	(1)
Secondary.....	64	24	20	56	20	(1)
NETHERLANDS Overall.....	76	50	14	36	51	(1)
Primary.....	76	55	18	21	53	(1)
Secondary.....	76	47	12	43	50	(1)
PORTUGAL Overall.....	75	39	22	53	17	(1)
Primary.....	78	45	23	55	10	(1)
Secondary.....	74	36	21	51	21	(1)
UNITED KINGDOM Overall.....	85	58	34	59	44	(1)
Primary.....	79	61	41	69	30	(1)
Secondary.....	88	56	31	54	51	(1)

(1) Total over 100 due to multiple replies

A very large majority of teachers throughout the Community discuss health matters not only with their pupils but with colleagues or parents. Such discussions may take place informally, or at such occasions as staff or governors' meetings.

Discussion with colleagues is by far the most common way in which teachers approach questions of health and young people in a professional capacity. This is a positive indication of continuity in health education between different subjects, or successive classes in primary schools. The results are encouraging, but show that outside Denmark and the United Kingdom a high proportion of teachers (around 40% in Greece and Spain) teach health education purely on their own initiative.

The approach to discussing health and young people with parents also gives an interesting insight into the organization of health education in different countries. In some, the interplay of the school and home environment is an explicit objective (being one of the aspects, yet again, of the "health promoting school"). The replies to the question on approaching the matter with parents are partly a reflection of this type of organization.

However, different national approaches to the subject probably have an even greater impact on the sometimes striking national differences to emerge.

There is a remarkable difference between Ireland and the United Kingdom, Ireland, along with Greece and Spain, being one of the countries where teachers are least likely to discuss health questions with parents. Ireland's results in respect of all the questions dealt with so far tend to be slightly lower than those of the United Kingdom. Resistance, in the interest of maintaining traditional values, to advances in new forms of health education, particularly the "health promoting school", are probably contributory factors. (Cf. Trefor Williams, "A feasibility report on School Health Education in the twelve Member States" 1988.)

Finally, discussion with parents seems to be more common practice in primary schools than in secondary schools. Whether this difference is inherent in the teaching system, independently of health education (in the secondary schools we tended to interview the teacher with particular responsibility for relations with parents, who is not necessarily the most active in health education), or whether it actually reflects a difference in approach to health education at the two levels, is difficult to determine.

The replies to the question on staff or governors' meetings give an idea of how well-coordinated health teaching is between subjects.

DISCUSS QUESTIONS OF HEALTH AND YOUNG PEOPLE:

	With colleagues	With parents	At meetings with school governors	At staff meetings	Other	Total
BELGIUM Overall.....	70	39	17	32	13	(1)
Primary.....	78	47	17	13	15	(1)
Secondary.....	66	34	17	42	12	(1)
DENMARK Overall.....	92	57	38	44	22	(1)
Primary.....	91	66	39	50	21	(1)
Secondary.....	94	32	34	27	24	(1)
GERMANY Overall.....	71	58	48	26	15	(1)
Primary.....	59	59	40	20	9	(1)
Secondary.....	77	58	51	29	17	(1)
GREECE Overall.....	59	28	10	8	18	(1)
Primary.....	62	32	11	7	12	(1)
Secondary.....	58	26	10	8	21	(1)
SPAIN Overall.....	57	30	17	28	3	(1)
Primary.....	53	25	13	18	3	(1)
Secondary.....	59	33	19	33	3	(1)
FRANCE Overall.....	70	45	21	34	11	(1)
Primary.....	69	55	26	20	10	(1)
Secondary.....	71	40	18	42	11	(1)
IRELAND Overall.....	63	29	16	25	20	(1)
Primary.....	64	36	11	21	19	(1)
Secondary.....	62	26	18	27	20	(1)
ITALY Overall.....	77	50	33	45	3	(1)
Primary.....	78	57	39	50	2	(1)
Secondary.....	76	47	30	43	4	(1)
LUXEMBOURG Overall.....	64	32	21	53	23	(1)
Primary.....	62	48	24	48	29	(1)
Secondary.....	64	24	20	56	20	(1)
NETHERLANDS Overall.....	76	50	14	36	51	(1)
Primary.....	76	55	18	21	53	(1)
Secondary.....	76	47	12	43	50	(1)
PORTUGAL Overall.....	75	39	22	53	17	(1)
Primary.....	78	45	23	55	10	(1)
Secondary.....	74	36	21	51	21	(1)
UNITED KINGDOM Overall.....	85	58	34	59	44	(1)
Primary.....	79	61	41	69	30	(1)
Secondary.....	88	56	31	54	51	(1)

(1) Total over 100 due to multiple replies

Care must be taken with interpretation, however, ensuring that the results are applied at the appropriate educational level (in France, for example, staff meetings are only relevant at secondary level), and taking into consideration the fact that the health matters discussed by such bodies may be more concerned with health-related regulations, only touching very indirectly on teaching coordination.

Finally, the reply "other" was particularly frequent in the Netherlands and in the United Kingdom, and generally referred to friends or family.

1.2 Concept of the role of the teacher

1.2.1 Environment

The way teachers see their role in health education is partly dictated by the importance attached to health matters in their professional environment. This environment incorporates characteristics linked both to the organization of health education in the country, and to the institution itself (rules on smoking on the premises, for example).

In this report we have covered, in turn, advice or recommendations from Education Authorities etc., health teaching by teachers of different subjects and rules on smoking on the premises.

Question: Do you get, from the Department of Education, from your local authority, from the Health Education Authority, recommendations or advice to be passed on to the pupils about cancer prevention?

There were considerable variations between countries, Education Authorities etc. apparently playing a much greater role in Denmark, the United Kingdom, Ireland and Germany.

It is important to note that the replies to this question do not define the general level of involvement of Education Authorities in health education, nor the likelihood of initiatives from any source.

In many countries, health education initiatives are at least partly the province of the Health Authorities as well as the Education Authorities. This is particularly true of France, where the Health Education Committee is responsible to the Ministry of Health; Greece, where the Ministries of Health and Education are a successful example of active cooperation; Germany, where the Health Authorities act through the Bundeszentrale für gesundheitliche Aufklärung, and the United Kingdom.

RECEIPT OF RECOMMENDATIONS OR ADVICE FROM EDUCATION AUTHORITIES ETC.
TO BE PASSED ON TO PUPILS

	YES	NO	NO REPLY	TOTAL
BELGIUM				
Primary.....	20	79	1	100
Secondary	17	82	1	100
DENMARK				
Primary.....	46	51	3	100
Secondary	44	53	3	100
GERMANY				
Primary.....	23	76	1	100
Secondary	36	59	5	100
GREECE				
Primary.....	27	69	4	100
Secondary	14	83	3	100
SPAIN				
Primary.....	13	86	1	100
Secondary	19	80	1	100
FRANCE				
Primary.....	11	83	6	100
Secondary	18	79	3	100
IRELAND				
Primary.....	32	64	4	100
Secondary	34	63	3	100
ITALY				
Primary.....	29	71	0	100
Secondary	11	89	0	100
LUXEMBOURG				
Primary.....	24	76	0	100
Secondary	18	80	2	100
NETHERLANDS				
Primary.....	5	77	18	100
Secondary	12	78	10	100
PORTUGAL				
Primary.....	10	89	1	100
Secondary	21	78	1	100
UNITED KINGDOM				
Primary.....	25	70	5	100
Secondary	49	49	2	100

Moreover, certain legislative provisions are not considered as directives but rather as a general framework (this probably applies to the law on integrating health education into the primary school curriculum in the Netherlands).

It is, therefore, largely the type of organization itself, to a certain extent reflecting the importance attached to health matters, which is revealed by the replies to this question, and it may be that this type of organization implies more responsibility for the teacher.

Question: To teachers in secondary schools:
Within your school is there teaching about health education organized by teachers of different subjects?

	%
Yes	47
No	47
No reply	6
Total	100

This question, aimed at secondary school teachers only, was designed to reveal how far health education is taught outside the traditional related subjects (such as natural sciences) or, more specifically, taught non-incidentally. Initiatives in this area often vary from one region to another, and a national estimate can disguise considerable disparities within a country.

The results per country in fact vary considerably. In Denmark and the United Kingdom, over three-quarters of secondary school teachers knew of health education given by teachers of other subjects. Belgium, Ireland, Greece and Portugal also had a high proportion of educational establishments organizing such teaching.

At the other end of the scale, in Germany, Italy, Luxembourg, Spain and the Netherlands, establishments (within the sample) with such teaching arrangements were in a minority.

Question: Which teachers are responsible for health education?

	%
Science teachers	62
Physical education and sports teachers	34
Others	34
Total	(1)

(1) Total over 100 due to multiple replies

HEALTH TEACHING BY TEACHERS OF DIFFERENT SUBJECTS

	YES	NO	NO REPLY	TOTAL
BELGIUM.....	61	32	7	100
DENMARK.....	74	26	0	100
GERMANY.....	39	49	12	100
GREECE.....	53	40	7	100
SPAIN.....	38	58	4	100
FRANCE.....	47	46	7	100
IRELAND.....	51	48	1	100
ITALY.....	25	70	5	100
LUXEMBOURG.....	27	55	18	100
NETHERLANDS.....	36	58	6	100
PORTUGAL.....	57	39	4	100
UNITED KINGDOM.....	88	11	1	100

TEACHERS RESPONSIBLE FOR HEALTH EDUCATION,
ACCORDING TO THE SECONDARY SCHOOL TEACHERS INTERVIEWED

	Sciences	Physical education	Other	No reply	Total
BELGIUM.....	65	33	44	17	(1)
DENMARK.....	92	63	16	3	(1)
GERMANY.....	75	32	22	14	(1)
GREECE.....	57	36	14	18	(1)
SPAIN.....	50	24	19	32	(1)
FRANCE.....	69	32	28	12	(1)
IRELAND.....	54	42	46	11	(1)
ITALY.....	28	6	12	63	(1)
LUXEMBOURG.....	82	44	18	16	(1)
NETHERLANDS.....	66	46	66	7	(1)
PORTUGAL.....	96	54	24	2	(1)
UNITED KINGDOM.....	88	73	85	1	(1)

(1) Total over 100 due to multiple replies.

The natural sciences are seen as the main vehicle for health education by a majority of secondary school teachers in all Community countries (except Italy³).

Physical education was consistently mentioned less frequently than natural sciences. Many other subjects were also mentioned, some more often than physical education, but always to a lesser extent than the sciences.

This reflects the generally tendency in the Community to use related subjects, the most frequent being the natural sciences, as the vehicle for health teaching so as not to place too many demands on an already stretched timetable.

There were, however, considerable differences between countries:

. in the numbers quoting the same subject, Portugal, Denmark and the United Kingdom emphasizing the natural sciences to a much greater extent than Spain, Greece and Ireland;

. in whether the sciences were seen as the best vehicle of many, or the only feasible one, the United Kingdom and the Netherlands being two of the countries regarding the sciences as important but not the only possibility.

An analysis of the teachers' replies according to their own specialism shows that, in some cases, teachers of a particular subject were more likely to recognize their own role than their colleagues in other subjects were to attribute such a role to them. This suggests a lack of information and cooperation.

The opposite situation was also encountered, but less frequently; in these cases, responsibility for health education was wrongly attributed to teachers who did not consider it their province.

The replies appearing under "others" were very varied, and reflect particular aspects of organization in each country. They are shown in the annex.

Rules on smoking within an institution are one aspect of the teachers' environment which may to some extent affect how they perceive their role.

3 This question was intended to be distinct from the preceding one on the teaching of health by teachers of different disciplines. Unfortunately, the wording of the Italian version implied that the second question related only to schools in which such health teaching by teachers of different disciplines existed. This explains why the percentages obtained for Italy are significantly lower than those for other countries.

Furthermore, in view of the importance of smoking as representative of a certain discipline in the area of health, the question throws an interesting light on the approach to health education in the twelve countries.

According to a summary of proposals made at the Viterbo Conference on health education (particularly cancer prevention) in April 1989, a whole variety of anti-smoking measures have been tried in many schools. While the question is not sufficiently precise to allow proper evaluation of these experiments, the five situations described nevertheless give a reasonable outline:

Question: In the school where you teach, which of the following rules about tobacco apply to the teachers?

And to the pupils?

	Teachers %	Pupils %
. It's forbidden to smoke anywhere in the school	24	72
. It's only forbidden to smoke in the classroom	31	7
. It is only permitted to smoke in the corridor and the playground	11	7
. It is not forbidden to smoke	8	1
. Other	22	10
. No reply	4	3
Total	100	100

Applied to teachers

A total absence of rules, corresponding to the reply "it is not forbidden to smoke" was rare. The highest proportion was 30% in the Irish primary school sample, the figure being much lower elsewhere at both primary and secondary level.

The opposite situation, a total ban on smoking (throughout the premises) was more common in primary schools than secondary schools. This is particularly striking, as the other responses were often more or less equally spread between the two levels.

The response "other", which generally meant smoking was permitted only in the staffroom or a particular smoking room, was obtained with varying frequency, representing a low percentage in southern Europe (Greece, Italy, Spain and Portugal at primary level) and much higher numbers in the United Kingdom, Ireland, Denmark and Belgium.

SMOKING: RULES APPLIED TO TEACHERS WITHIN THE INSTITUTION

1. Prohibited throughout the premises
2. Prohibited in the classroom
3. Permitted only in the corridor and the playground
4. No ban on smoking whatsoever
5. Other
6. No reply
7. Total

	1	2	3	4	5	6	7
BELGIUM							
Primary.....	44	17	9	3	20	7	100
Secondary	34	22	7	1	29	7	100
DENMARK							
Primary.....	2	43	10	5	38	2	100
Secondary	0	35	10	5	45	5	100
GERMANY							
Primary.....	34	16	15	19	4	12	100
Secondary	23	26	11	9	20	11	100
GREECE							
Primary.....	0	76	20	4	0	0	100
Secondary	2	81	11	5	0	1	100
SPAIN							
Primary.....	36	56	1	3	3	1	100
Secondary	28	59	1	4	8	0	100
FRANCE							
Primary.....	16	39	15	8	21	1	100
Secondary	6	38	9	9	32	6	100
IRELAND							
Primary.....	18	18	3	30	26	5	100
Secondary	9	36	2	23	27	3	100
ITALY							
Primary.....	58	23	18	1	0	0	100
Secondary	41	30	26	1	2	0	100
LUXEMBOURG							
Primary.....	24	19	19	19	0	19	100
Secondary	7	36	7	13	33	4	100
NETHERLANDS							
Primary.....	13	59	8	4	16	0	100
Secondary	2	58	4	9	26	1	100
PORTUGAL							
Primary.....	77	11	4	3	4	1	100
Secondary	48	11	5	1	34	1	100
UNITED KINGDOM							
Primary.....	15	10	3	21	49	2	100
Secondary	5	17	2	14	60	2	100

SMOKING: RULES APPLIED TO PUPILS WITHIN THE INSTITUTION

1. Prohibited throughout the premises
2. Prohibited in the classroom
3. Permitted only in the corridor and the playground
4. No ban on smoking whatsoever
5. Other
6. No reply
7. Total

	1	2	3	4	5	6	7
BELGIUM							
Primary.....	80	3	1	1	0	15	100
Secondary	76	7	10	1	2	4	100
DENMARK							
Primary.....	22	17	13	2	45	1	100
Secondary	2	33	13	5	45	2	100
GERMANY							
Primary.....	66	6	9	10	5	4	100
Secondary	50	9	21	2	13	5	100
GREECE							
Primary.....	100	0	0	0	0	0	100
Secondary	87	8	4	0	0	1	100
SPAIN							
Primary.....	85	14	0	1	0	0	100
Secondary	69	26	0	1	3	1	100
FRANCE							
Primary.....	72	0	0	0	19	9	100
Secondary	61	5	12	2	18	2	100
IRELAND							
Primary.....	98	1	0	0	1	0	100
Secondary	91	1	4	2	1	1	100
ITALY							
Primary.....	100	0	0	0	0	0	100
Secondary	74	12	14	0	0	0	100
LUXEMBOURG							
Primary.....	66	0	5	5	0	24	100
Secondary	55	11	11	7	16	0	100
NETHERLANDS							
Primary.....	69	2	1	3	16	9	100
Secondary	19	10	7	0	63	1	100
PORTUGAL							
Primary.....	95	0	3	0	0	2	100
Secondary	88	3	4	2	2	1	100
UNITED KINGDOM							
Primary.....	85	0	0	2	0	13	100
Secondary	92	2	1	1	2	2	100

Applied to pupils.

In primary schools there is generally a total ban on smoking. The exceptions are (probably) schools covering both educational levels or schools accepting older pupils (such as the Folkeskole in Denmark).

A better international comparison can be made using the figures for secondary schools.

The United Kingdom, Ireland, Greece and Portugal seem to be "stricter", with a total ban on smoking in over 85% of cases. At the opposite extreme, the Netherlands and Denmark usually allow smoking in restricted areas.

The other countries fall between these two categories, the majority of schools banning smoking completely but a fairly large minority allowing it in certain specific areas.

It is interesting to note that the United Kingdom and Denmark, both highly progressive countries in terms of original ideas about health education, adopt opposite stances on this point.

1.2.2 Pupil receptivity

Apart from their environment, how teachers see their own role is affected by how receptive they perceive their pupils to be and their own daily activity in the classroom. Part of that rôle, if passive, is the example given by the teacher, and the importance attached to this is a factor affecting how the teacher assesses pupil receptivity.

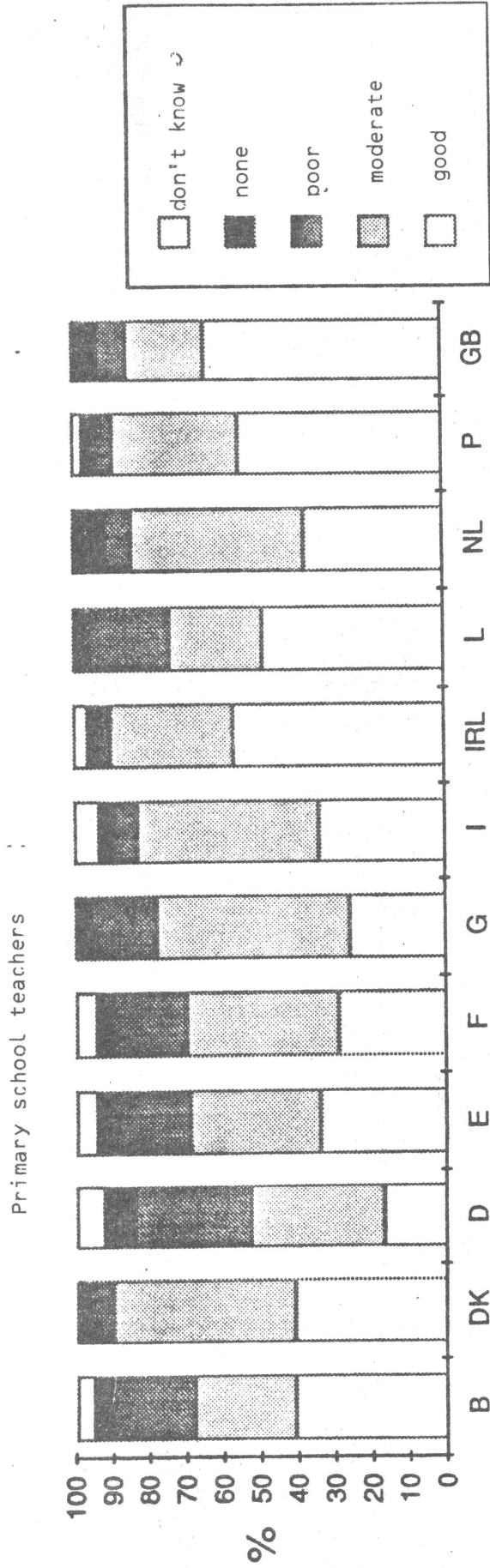
Question: To what extent do you feel that your pupils are receptive to teaching about issues of health and cancer prevention?

Almost three-quarters of teachers in the sample considered their pupils to be very or quite receptive.

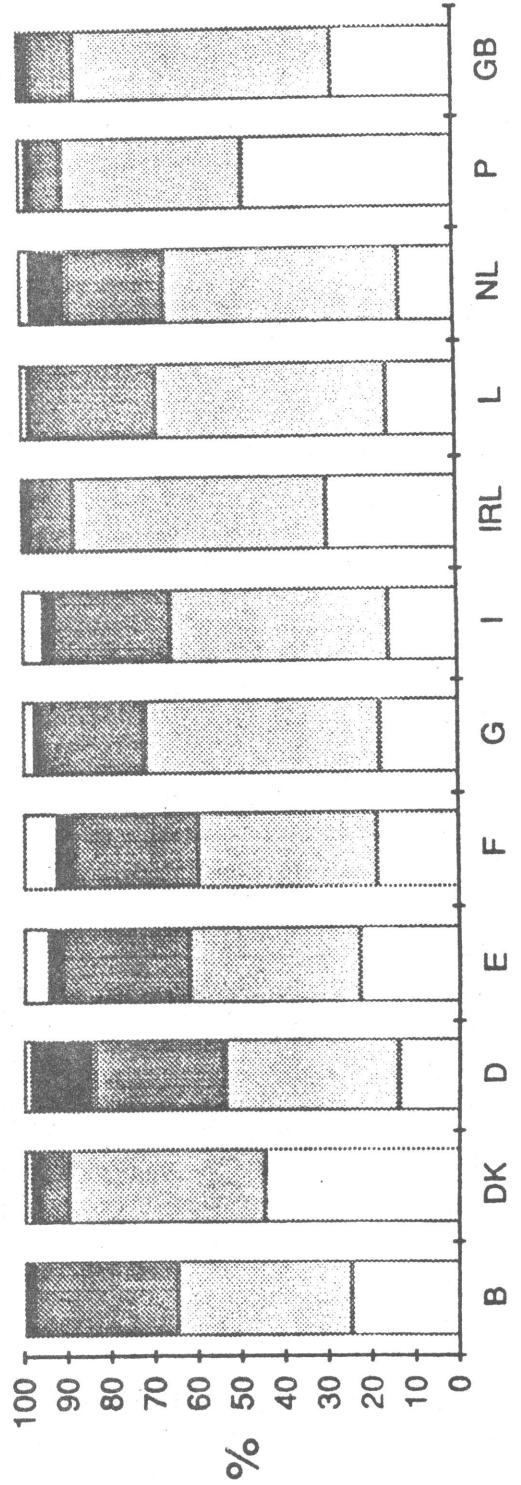
The British, Danish and Portuguese teachers saw their pupils as particularly receptive. These three countries all have a particularly enterprising and innovative approach to health education.

The second striking feature is the clear difference, particularly in the United Kingdom, Italy, the Netherlands, Ireland and Luxembourg, between the primary and secondary levels, primary school teachers in general considering their pupils to be more receptive.

PUPILS: RECEPTIVENESS TO HEALTH TEACHING



Secondary school teachers



In Italy, policy on health education seems to be clearer cut in the primary sector, with an emphasis on pupil-centred teaching (personal experiences and development) rather than acquisition of knowledge.

In the Netherlands, health education has been officially included in primary school curricula since 1985, but is still at the planning stage in secondary education, where few concrete steps have been taken.

Finally, in Luxembourg, there are few official directives, but the BEO journal devoted to health education for primary school children is much more widely used by teachers than its counterpart in the secondary sector.

On the whole, the results suggest that in many countries there are more programmes and plans for the primary sector than the secondary sector, that more original thinking has gone into health education in the primary sector, and it is therefore likely to be more effective.

Such a hypothesis does not, however, fully take account of the situation in the United Kingdom and Ireland. In these countries, the current approach in secondary schools, pending implementation of the 1989 education reforms, also concentrates on developing pupils' personal attitudes. The difference in the results for the two levels of education in these countries is therefore perhaps more likely to be a result of an age-related difference in pupil receptivity than in the actual approach to teaching.

Moreover, in countries in which there is a difference between the two educational levels, primary teachers do not spend significantly more time on health education than their colleagues in secondary schools. It is not therefore a question of greater familiarity of primary pupils with the subject.

Question: Generally, do you think that the example given by teachers is crucial for the health education of pupils?

	%
Yes	77
No	19
No reply	4
Total	100

Throughout the Community, a majority of teachers in both primary and secondary schools considered their own example to be important. This majority is particularly marked in Portugal and Spain.

Over a quarter of secondary school teachers in France, the Netherlands and Belgium, and a third in Germany, however, felt their example was not crucial.

IMPORTANCE OF THE TEACHER'S EXAMPLE

	Crucial	Secondary	No reply	Total
BELGIUM Overall.....	76	22	2	100
Primary.....	86	9	5	100
Secondary.....	71	28	1	100
DENMARK Overall.....	91	8	1	100
Primary.....	92	7	1	100
Secondary.....	89	11	0	100
GERMANY Overall.....	59	32	9	100
Primary.....	64	27	9	100
Secondary.....	56	35	9	100
GREECE Overall.....	77	18	5	100
Primary.....	86	9	5	100
Secondary.....	73	23	4	100
SPAIN Overall.....	87	10	3	100
Primary.....	90	9	1	100
Secondary.....	86	11	3	100
FRANCE Overall.....	71	25	4	100
Primary.....	80	17	3	100
Secondary.....	68	28	4	100
IRELAND Overall.....	78	18	4	100
Primary.....	85	12	3	100
Secondary.....	74	20	6	100
ITALY Overall.....	86	11	3	100
Primary.....	90	7	3	100
Secondary.....	84	14	2	100
LUXEMBOURG Overall.....	59	29	12	100
Primary.....	53	33	14	100
Secondary.....	62	27	11	100
NETHERLANDS Overall.....	66	25	9	100
Primary.....	74	21	5	100
Secondary.....	61	28	11	100
PORTUGAL Overall.....	93	5	2	100
Primary.....	98	1	1	100
Secondary.....	91	7	2	100
UNITED KINGDOM Overall.....	79	20	1	100
Primary.....	86	14	0	100
Secondary.....	75	23	2	100

In general, where there is a significant difference between the replies of teachers in the two levels, those in the primary sector seem rather more convinced of the impact of their image than their colleagues in the secondary sector. Such differences are found in France, the United Kingdom and Ireland, Portugal, the Netherlands and Belgium.

In short, teachers in Europe are relatively optimistic as to the effectiveness of their efforts, on the whole tending to regard primary school pupils to be the more receptive.

1.2.3 Role

How do teachers see their role, whether "active" or "passive" (importance of example) in health education? Reference has been made to the role of parents or doctors. In this section, the extent of the link between this and the previous aspects - teachers' environment and pupil receptivity - will be investigated.

Question: When it comes to health education, do you think that you have a part to play as important as that of parents or doctors?

	%
Yes	70
No	25
No reply	5
Total	100

The way the question was worded meant that the teacher was led to make a direct comparison of the importance of his own role in health education and that of parents and doctors.

The overall results reflect a clear awareness on the part of teachers of the contribution they can make to encouraging good health habits, an awareness which also emerged clearly from the preceding section.

This sense of responsibility seems particularly highly developed amongst the Portuguese, while teachers in Luxembourg, Spain and Germany make a clearer distinction between their own responsibilities and those of parents and doctors.

There are few significant differences between the primary and secondary levels, which suggests that the influence of environment and pupil receptivity is complex and probably does not operate in the same way at the two different levels.

ROLE OF TEACHERS

	Principal	Secondary	No reply	Total
BELGIUM Overall	73	21	6	100
Primary.....	82	15	3	100
Secondary.....	68	24	8	100
DENMARK Overall	68	25	7	100
Primary.....	70	24	6	100
Secondary.....	63	26	11	100
GERMANY Overall	49	40	11	100
Primary.....	51	40	9	100
Secondary.....	47	40	13	100
GREECE Overall	80	14	6	100
Primary.....	79	15	6	100
Secondary.....	80	14	6	100
SPAIN Overall	58	35	7	100
Primary.....	64	31	5	100
Secondary.....	54	38	8	100
FRANCE Overall	83	17	0	100
Primary.....	80	20	0	100
Secondary.....	84	16	0	100
IRELAND Overall	76	19	5	100
Primary.....	65	28	7	100
Secondary.....	81	15	4	100
ITALY Overall	73	22	5	100
Primary.....	72	20	8	100
Secondary.....	73	23	4	100
LUXEMBOURG Overall	50	41	9	100
Primary.....	43	52	5	100
Secondary.....	53	36	11	100
NETHERLANDS Overall	54	33	13	100
Primary.....	61	31	8	100
Secondary.....	50	34	16	100
PORTUGAL Overall	97	1	2	100
Primary.....	94	0	6	100
Secondary.....	99	1	0	100
UNITED KINGDOM Overall	75	24	1	100
Primary.....	74	26	0	100
Secondary.....	75	24	1	100

If these two factors and the perception of the teacher's role interrelated in the same way in the primary and secondary sectors, the perception of role would reflect the same differences observed between the two levels when considering the environment and pupil receptivity.

In general, the receptivity factor seems to have more impact than the environment (Judging from the existence of recommendations from the Education Authorities⁴).

1.2.4 Knowledge of the subject

We have seen the extent to which teachers feel responsible for health education.

The next stage is to establish how they take on the responsibility they are the first to acknowledge, and particularly whether they feel they are sufficiently well equipped to tackle it in the best possible conditions.

First of all, then, we shall look at how well informed teachers are on health in general and cancer prevention in particular, which will be the main subject of the second part of the report.

Question: As a teacher do you think that you are well informed or not well informed:
 . about health in general?
 . about cancer prevention?

Those interviewed felt relatively well informed about health in general, at least 50% in each sample replying positively.

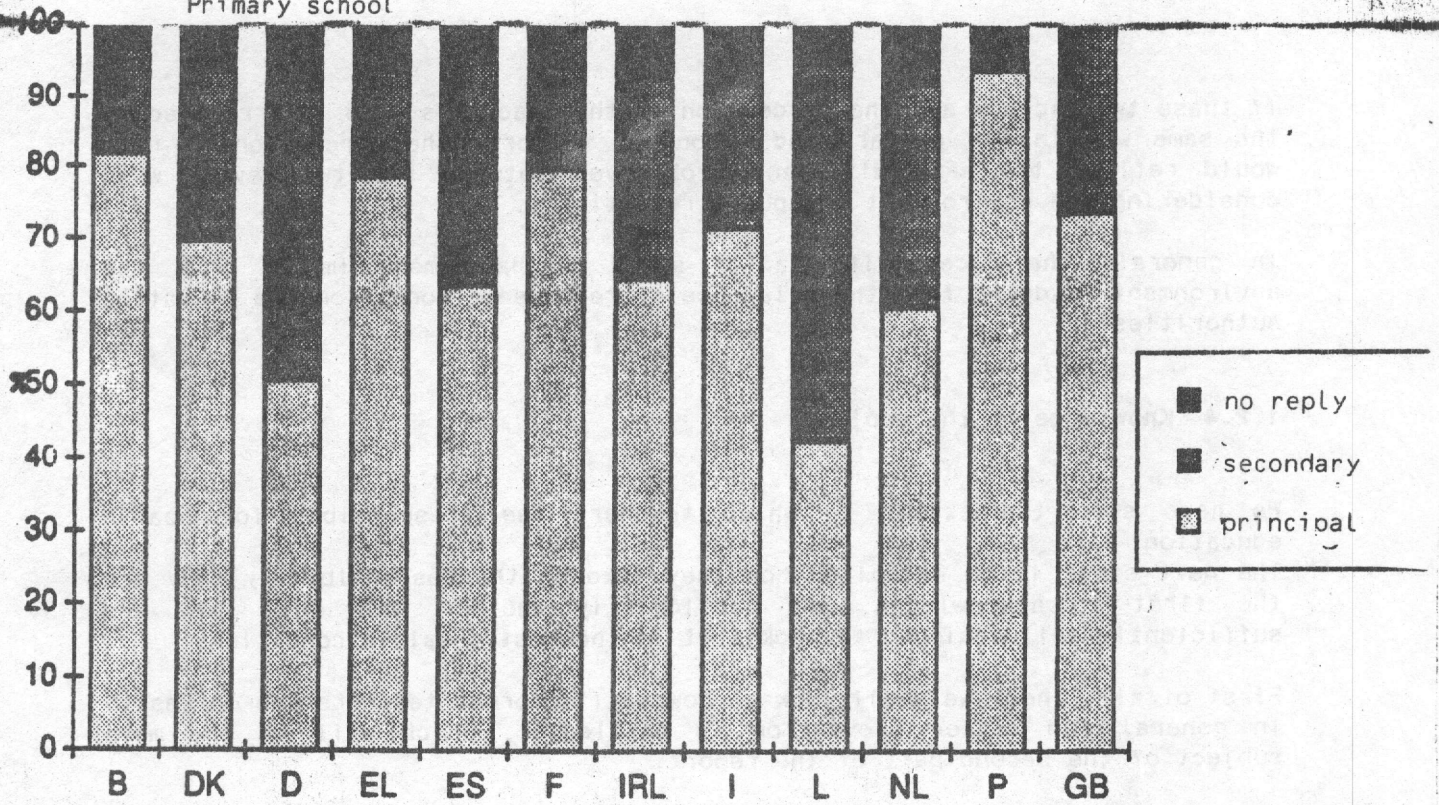
The reactions varied a great deal between countries, but were relatively consistent at each educational level.

In France, Belgium and the southern European countries (Greece, Spain, Portugal) teachers seemed to feel less well informed than in the rest of Europe. Of the southern European countries, the highest proportion of teachers considering themselves well informed was in Portugal, confirming its position ahead of its Mediterranean neighbours in the field of health education.

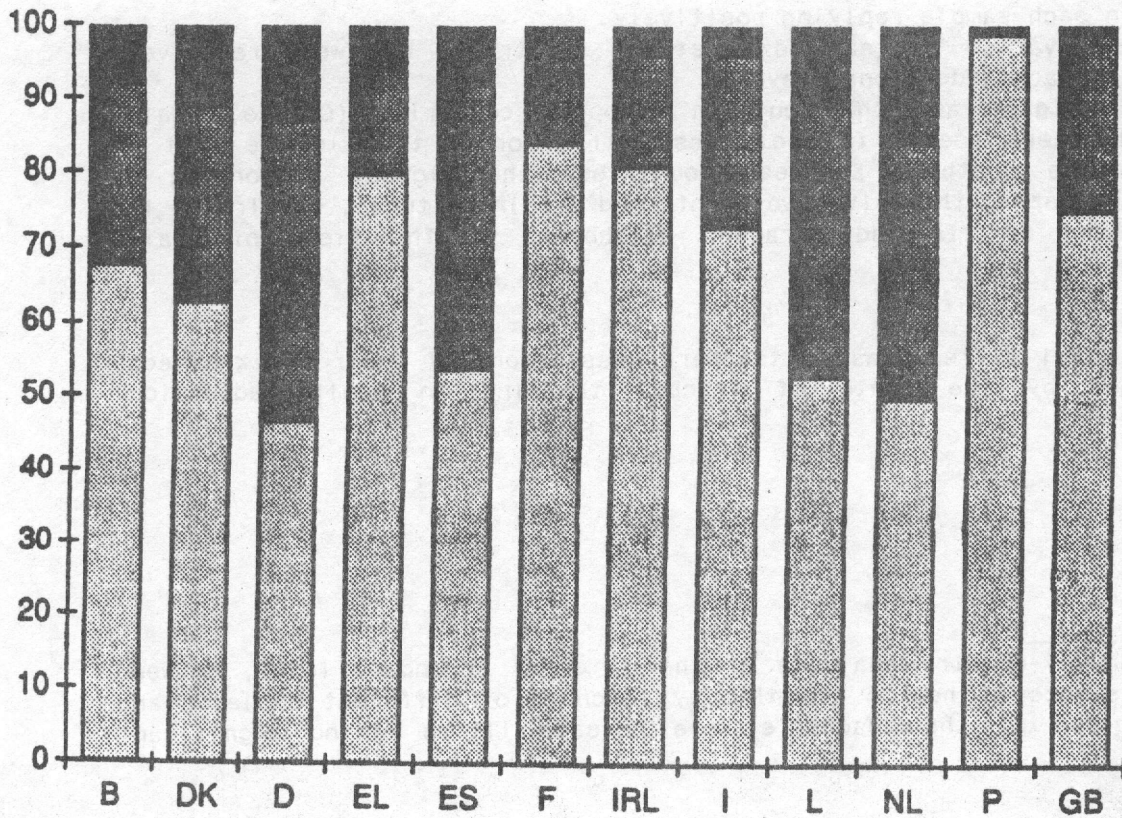
Can the national differences in teachers' assessment of their own knowledge be explained by the state of teacher training in health education?

4 A country-by-country analysis of the link, at secondary level, between the existence of health teaching by teachers of different subjects and the concept of the teacher's role reveals little or no significant impact.

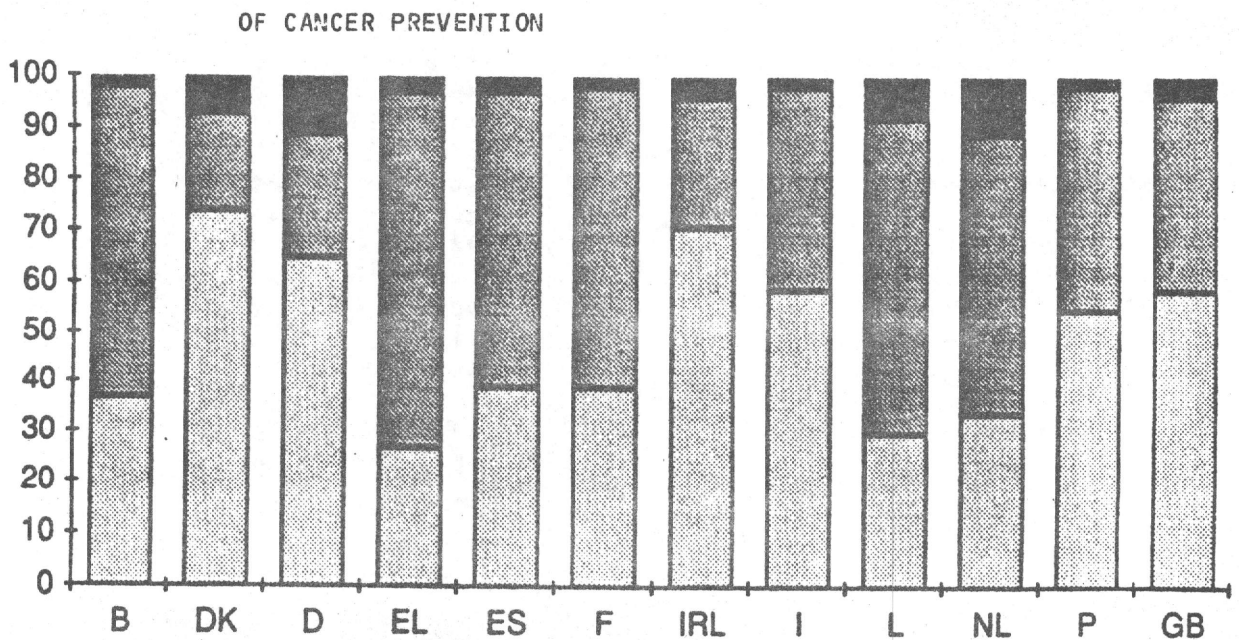
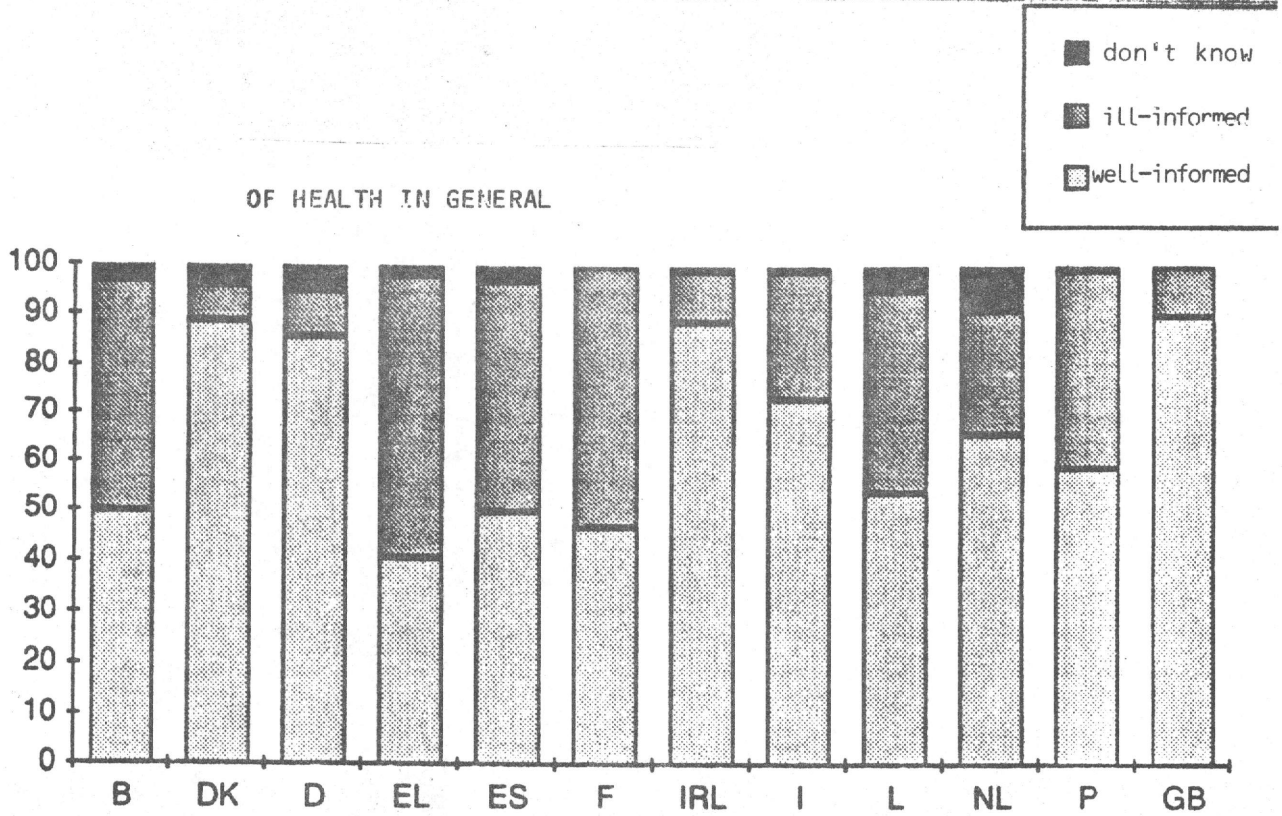
Primary school



Secondary school



TEACHERS' KNOWLEDGE



WELL-INFORMED ON HEALTH IN GENERAL

	Yes	No	No reply	Total
BELGIUM Overall.....	50	47	3	100
Primary.....	46	52	2	100
Secondary.....	53	44	3	100
DENMARK Overall.....	89	7	4	100
Primary.....	88	7	5	100
Secondary.....	93	7	0	100
GERMANY Overall.....	86	9	5	100
Primary.....	87	9	4	100
Secondary.....	85	9	6	100
GREECE Overall.....	41	57	2	100
Primary.....	42	56	2	100
Secondary.....	40	57	3	100
SPAIN Overall.....	50	47	3	100
Primary.....	44	52	4	100
Secondary.....	53	44	3	100
FRANCE Overall.....	47	53	0	100
Primary.....	40	60	0	100
Secondary.....	50	50	0	100
IRELAND Overall.....	89	10	1	100
Primary.....	85	14	1	100
Secondary.....	91	8	1	100
ITALY Overall.....	73	26	1	100
Primary.....	76	24	0	100
Secondary.....	72	27	1	100
LUXEMBOURG Overall.....	55	41	5	100
Primary.....	52	48	0	100
Secondary.....	55	38	7	100
NETHERLANDS Overall.....	66	25	9	100
Primary.....	61	29	10	100
Secondary.....	67	24	9	100
PORTUGAL Overall.....	59	40	1	100
Primary.....	58	41	1	100
Secondary.....	60	39	1	100
UNITED KINGDOM Overall.....	90	10	0	100
Primary.....	94	6	0	100
Secondary.....	87	12	1	100

WELL-INFORMED ON CANCER

	Yes	No	No reply	Total
BELGIUM Overall.....	37	61	2	100
Primary.....	32	68	0	100
Secondary.....	40	56	4	100
DENMARK Overall.....	74	19	7	100
Primary.....	74	19	7	100
Secondary.....	74	19	7	100
GERMANY Overall.....	65	24	11	100
Primary.....	71	19	10	100
Secondary.....	63	26	11	100
GREECE Overall.....	27	70	3	100
Primary.....	28	68	4	100
Secondary.....	26	72	2	100
SPAIN Overall.....	39	58	3	100
Primary.....	35	61	4	100
Secondary.....	41	57	2	100
FRANCE Overall.....	39	59	2	100
Primary.....	31	65	4	100
Secondary.....	43	56	1	100
IRELAND Overall.....	71	25	4	100
Primary.....	63	36	1	100
Secondary.....	75	20	5	100
ITALY Overall.....	59	39	2	100
Primary.....	67	31	2	100
Secondary.....	56	43	1	100
LUXEMBOURG Overall.....	30	62	8	100
Primary.....	24	71	5	100
Secondary.....	33	58	9	100
NETHERLANDS Overall.....	34	55	11	100
Primary.....	27	59	14	100
Secondary.....	38	53	9	100
PORTUGAL Overall.....	55	43	2	100
Primary.....	50	49	1	100
Secondary.....	57	41	2	100
UNITED KINGDOM Overall.....	59	37	4	100
Primary.....	62	35	3	100
Secondary.....	58	38	4	100

The United Kingdom, where 90% of teachers consider themselves well informed, has one of the most highly developed training systems in Europe; for the other countries, it is difficult to establish any correlation between the level of information and level of training, as it is difficult to rank the various training systems in any sort of order. In practice, teacher training in health education takes many forms, including pre-service or ongoing training and the provision of teaching aids, which often contain an information module. All these aspects, often varying between regions, must therefore be taken into account in a systematic analysis of how far training affects information level.

The question may be approached from a different angle, by studying the different age groups. In view of the gradual introduction of health education into teacher training, it would be reasonable to expect the younger teachers to feel better informed than their elders. An analysis by age shows that this is not the case. On the whole, teachers in the 25-35 age group feel less well-equipped than their older colleagues. In many countries, the difference is not statistically significant, but the trend is still there.

This suggests that training is not yet sufficient to offset the relative lack of experience of the younger teachers.

If these results are seen in the perspective of the teachers' own perception of their role in health education, two different types of country can be clearly distinguished.

In Germany a high proportion of teachers feel well-informed (86% of those interviewed), but put definite limits on their responsibility. Denmark and the United Kingdom show a similar trend, though less accentuated.

In Portugal, teachers are very highly motivated but feel comparatively ill-prepared for their role. The situation in France and Belgium is similar, though to a lesser extent.

Finally, in some countries, the percentage of teachers who feel that their role is important is comparable to the percentage considering themselves well-informed.

Turning to cancer prevention, there is a general lack of information among teachers. Here too, national differences are more marked than differences between educational levels.

Analysis according to age group shows the same trend as for knowledge of health matters in general.

The teachers also showed great interest in teaching aids on cancer, as evidenced by the many replies given per interviewee when asked to assess the merits of different types of teaching aid.

Question: As a teaching aid, which of the following appear to be the best for a teacher like yourself?

	%
Books	37
Professional journals	36
Audio tapes or cassettes	18
Video tapes or cassettes	78
Seminars, conferences	37
Other	11
No reply	1

Total over 100 due to multiple replies

The teaching aids put forward were of two types: some suitable for use in the classroom (books, audio or video cassettes), others being aids to lesson preparation (seminars and professional journals).

Video cassettes were the favourite among teachers in all countries (except Greece, where seminars were equally popular).

Books and seminars were next in popularity. In Germany, Denmark, the Netherlands and primary education in Belgium and the United Kingdom, books were preferred to seminars, the reverse generally being true in the other countries (in some cases, the two were considered of equal merit).

There was, then, quite a clear difference between the northern European countries and the rest in the preference for seminars or books. The choice may have been conditioned by the level of information, often seen as better in northern Europe. Seminars may seem excessive in countries where information is seen as satisfactory⁵.

Question: Have you so far received, or if not would you like to receive, for your own information and for that of your pupils, educational material relating to cancer prevention?

There are still insufficient teaching materials available on cancer prevention and there is a great demand for more, confirming the need felt by teachers for information on this topic.

At present, more materials seem to be available in Denmark, Belgium, Germany and Portugal, while resources in Greece and Spain are few and far between.

⁵ The wording of the question in the Irish version did not make clear how many teaching aids should be mentioned, and many teachers only mentioned one. It is therefore difficult to include Ireland in an international comparison.

BEST TEACHING AIDS

	Books	Professional journals	Audio cassettes	Video cassettes	Seminars	Other	No reply	Total
BELGIUM Overall	30	28	9	82	23	11	0	(1)
Primary.....	35	20	15	77	17	9	0	(1)
Secondary.....	27	32	6	84	25	12	0	(1)
DENMARK Overall	52	42	27	87	15	11	1	(1)
Primary.....	51	39	34	86	15	11	1	(1)
Secondary.....	55	48	7	87	16	10	0	(1)
GERMANY Overall	44	56	28	71	38	7	2	(1)
Primary.....	46	45	29	64	39	8	4	(1)
Secondary.....	43	61	28	74	38	7	1	(1)
GREECE Overall	44	25	9	64	65	0	0	(1)
Primary.....	41	25	11	58	64	0	0	(1)
Secondary.....	46	25	8	67	66	0	0	(1)
SPAIN Overall	42	43	22	76	53	4	1	(1)
Primary.....	38	40	23	78	48	3	0	(1)
Secondary.....	44	44	21	76	56	5	2	(1)
FRANCE Overall	26	22	14	81	38	16	2	(1)
Primary.....	33	13	20	74	21	20	3	(1)
Secondary.....	23	26	11	85	47	13	2	(1)
IRELAND Overall	17	5	12	79	14	7	1	(1)
Primary.....	22	1	17	62	14	9	3	(1)
Secondary.....	14	6	9	88	15	6	0	(1)
ITALY Overall	30	37	16	74	33	1	1	(1)
Primary.....	32	29	22	82	26	0	0	(1)
Secondary.....	29	41	12	69	37	2	1	(1)
LUXEMBOURG Overall	32	36	5	76	36	32	0	(1)
Primary.....	38	29	5	86	24	38	0	(1)
Secondary.....	29	40	4	71	42	29	0	(1)
NETHERLANDS Overall	51	47	15	78	15	24	3	(1)
Primary.....	58	36	18	70	13	26	5	(1)
Secondary.....	47	52	13	83	16	23	3	(1)
PORTUGAL Overall	46	49	21	85	46	3	0	(1)
Primary.....	53	48	24	73	43	1	0	(1)
Secondary.....	43	49	19	91	48	4	0	(1)
UNITED KINGDOM Overall	46	24	15	89	41	29	3	(1)
Primary.....	54	26	15	80	38	19	4	(1)
Secondary.....	43	22	15	93	42	35	0	(1)

(1) Total over 100 due to multiple replies.

EDUCATIONAL MATERIAL ON CANCER PREVENTION

	Already receive	Would wish to receive	Do not wish to receive	No reply	Total
BELGIUM					
Primary.....	23	71	5	1	100
Secondary	28	64	3	5	100
DENMARK					
Primary.....	41	46	6	7	100
Secondary	42	42	2	14	100
GERMANY					
Primary.....	19	55	20	6	100
Secondary	37	51	8	4	100
GREECE					
Primary.....	5	91	3	1	100
Secondary	2	91	5	2	100
SPAIN					
Primary.....	6	87	6	1	100
Secondary	6	85	7	2	100
FRANCE					
Primary.....	9	79	11	1	100
Secondary	19	64	11	6	100
IRELAND					
Primary.....	23	72	3	2	100
Secondary	16	83	0	1	100
ITALY					
Primary.....	19	74	4	3	100
Secondary	11	83	5	1	100
LUXEMBOURG					
Primary.....	14	81	5	0	100
Secondary	31	62	7	0	100
NETHERLANDS					
Primary.....	19	67	11	3	100
Secondary	29	62	7	2	100
PORTUGAL					
Primary.....	14	84	1	1	100
Secondary	28	70	2	0	100
UNITED KINGDOM					
Primary.....	7	76	14	3	100
Secondary	17	80	2	1	100

2. TEACHERS' OPINIONS AND PERSONAL PRACTICE REGARDING CANCER

2.1 A healthy lifestyle and cancer prevention

2.1.1 Credibility of a healthy lifestyle

The following question gives an initial insight into teachers' attitudes to prevention.

Question: In your opinion, is it possible nowadays to reduce the risk of getting some kinds of cancer by following a healthy way of life?

	%
Yes	96
No	2
No reply	2
Total	100

The results are quite clear; in all countries and at all educational levels teachers are convinced that a healthy lifestyle can reduce the risk of contracting certain cancers.

On the whole, they seem more convinced than the general public, no doubt partly because they have more training of a kind promoting belief in prevention (cf. Eurobarometer No 27). There are also more national differences among the general public than among teachers.

2.1.2 Attitudes to prevention

The question below takes the analysis a little further by listing the different causes of cancer according to the number of times they were mentioned.

Question: With the help of this list, could you tell me what are, in your opinion, the most common causes of cancer? (Several responses possible)

	%
1. Heredity	32
2. Working in certain trades or professions	53
3. Pollution	60
4. Tobacco	91
5. Alcohol	37
6. A diet lacking sufficient fresh fruit and vegetables	28
7. A diet with too much fatty food and being overweight	28
8. Viruses	16
9. Psychological problems, stress	35
10. Radioactivity	71
11. Excessive exposure to sunlight	62

Total over 100 due to multiple replies

CAN THE RISK OF SOME CANCERS BY REDUCED BY
FOLLOWING A HEALTHY LIFESTYLE

	YES	NO	NO REPLY	TOTAL
BELGIUM.....	97	1	2	100
DENMARK.....	96	2	2	100
GERMANY.....	94	2	4	100
GREECE.....	94	3	3	100
SPAIN.....	97	2	1	100
FRANCE.....	97	1	2	100
IRELAND.....	98	0	2	100
ITALY.....	95	2	3	100
LUXEMBOURG.....	98	0	2	100
NETHERLANDS.....	96	1	3	100
PORTUGAL.....	100	0	0	100
UNITED KINGDOM.....	95	2	3	100

MAIN CAUSES OF CANCER

1. Heredity
2. Certain trades and professions
3. Pollution
4. Tobacco
5. Alcohol
6. Insufficient fresh fruit and vegetables
7. Being overweight
8. Viruses
9. Stress
10. Radioactivity
11. Sunlight
12. No reply

	1	2	3	4	5	6	7	8	9	10	11	12
BELGIUM.....	31	37	51	90	43	29	27	14	29	63	63	0
DENMARK.....	24	58	66	88	24	51	52	12	46	54	42	0
GERMANY.....	30	55	67	84	32	30	30	23	49	62	59	2
GREECE.....	40	51	80	91	33	36	39	19	47	88	54	0
SPAIN.....	25	44	43	91	39	26	26	18	20	72	63	2
FRANCE.....	37	46	41	92	56	26	23	12	33	61	66	4
IRELAND.....	39	38	39	94	22	28	25	12	37	73	64	0
ITALY.....	32	57	84	93	32	27	32	15	38	84	47	0
LUXEMBOURG.....	23	56	56	95	48	18	24	11	27	48	0	0
NETHERLANDS.....	43	64	79	91	32	22	33	17	34	83	76	2
PORTUGAL.....	22	45	67	95	61	41	33	18	23	79	78	0
UNITED KINGDOM.....	33	62	45	95	24	27	21	18	33	68	80	1
EC												
Teachers.....	32	53	60	91	37	28	28	16	35	71	62	
General public ³ ...	24	34	44	72	30	8	13	14	17	54	27	

³ March/April 1987 survey.

The results revealed no marked differences between different educational levels within a country, and we have therefore, for the time being, presented them for each national sample as a whole.

The causes cited can be divided into three groups: some mentioned behaviour (tobacco, alcohol, excessive exposure to the sun, etc.), others the environment (radioactivity, pollution) and associated these with ecological concerns, while still others considered that chance played a role, but in a way which was to some extent controllable (viruses, heredity). The latter were clearly considered to be minor factors and were mentioned to a similar extent in all the countries. Teachers evidently considered the first two groups to be the major causes.

The most striking feature of the replies was the general consensus on the dangers of smoking, which was considered a major cause of cancer by teachers throughout the Community.

This is in keeping with the results of a European survey of over 2 000 general medical practitioners carried out in 1988, which showed that not smoking was seen as the single most important factor in preventing cancer.

Excessive exposure to the sun, radioactivity and pollution were mentioned in second and third place in almost all countries (the only exceptions being Denmark, where working in certain trades or professions took third place behind pollution, and Luxembourg, where working in certain trades or professions was considered as important as pollution and excessive exposure to the sun).

The results emphasize the importance attributed to environmental factors (pollution, radioactivity, working in certain trades or professions) as opposed to behavioural factors (alcohol consumption, eating fresh fruit and vegetables, weight).

There were more national variations in the numbers mentioning alcohol, with a higher proportion in France and Portugal. The French concern with alcohol confirmed a national preoccupation already revealed by the survey of general practitioners.

The numbers mentioning stress were also highly variable, it being considered a more dangerous factor by the Germans, Danes and Greeks than by the Spaniards and Portuguese.

Finally, being overweight and a diet lacking fresh vegetables were generally seen as secondary factors, except in Denmark.

A comparison with the general public (cf. Eurobarometer No 27) shows that smoking is still the cause most frequently mentioned, but generally by a lower proportion of the sample.

Here, too, radioactivity, pollution and working in certain trades or professions come relatively high on the list compared with alcohol.

Again, France and Portugal are among the countries attaching most importance to alcohol, the United Kingdom and Denmark giving it low priority.

2.2 Practice vis-à-vis rules of prevention

In this section we shall go on to describe the importance teachers attach to the European Code against Cancer recommendations, how these are reflected in school life, the personal practice of teachers, and above all how the recommendations are put across to pupils and how difficult teachers find them to explain.

2.2.1 Image

Question: Here is a list of recommendations meant to help reduce the risk of cancer. Could you read this and tell me what you think of it by replying to some questions I am going to put to you?

- A. Do not smoke
- B. Moderate your consumption of alcoholic drinks
- C. Avoid intense or prolonged exposure to the sun
- D. Eat fresh fruit and vegetables
- E. Avoid being overweight and eating too much fatty food

Could you tell me for each of the recommendations if it is very important, fairly important or not important in reducing the risk of cancer?

The recommendation not to smoke was considered very important by a large majority of teachers throughout Europe and was the only subject on which there was firm agreement.

Drinking less alcohol was seen as less important.

Along with the Portuguese, quite a high proportion of teachers in France gave high priority to this recommendation. Emphasis of this point is peculiar to France and is shared by doctors, though not by the general public.

There is still little awareness of the importance of diet in certain countries. This is true of France, the United Kingdom, the Netherlands and Luxembourg, where barely a third of the teachers interviewed attached importance to eating fresh fruit and vegetables. France, the United Kingdom and Spain were also unconvinced of the importance of keeping weight down in preventing certain cancers.

Finally, the importance attached to exposure to the sun varied very widely between countries.

IMPORTANCE OF RECOMMENDATIONS ON PREVENTION

1. Very important
2. Quite important
3. Unimportant
4. No reply
5. Total

	TOBACCO					ALCOHOL					SUN				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
BELGIUM.....	90	9	1	0	100	46	41	11	2	100	44	49	6	1	100
DENMARK.....	77	23	0	0	100	18	43	33	6	100	31	52	15	2	100
GERMANY.....	83	15	1	1	100	42	35	21	2	100	54	32	11	3	100
GREECE.....	82	18	0	0	100	39	43	15	3	100	49	40	6	5	100
SPAIN.....	75	25	0	0	100	36	45	15	4	100	38	48	11	3	100
FRANCE.....	90	9	0	1	100	48	43	7	2	100	44	49	6	1	100
IRELAND.....	95	5	0	0	100	27	54	15	4	100	71	27	2	0	100
ITALY.....	87	12	1	0	100	44	41	13	2	100	32	46	20	2	100
LUXEMBOURG.....	97	3	0	0	100	26	54	15	5	100	18	67	12	3	100
NETHERLANDS.....	91	9	0	0	100	19	44	29	8	100	37	55	5	3	100
PORTUGAL.....	99	1	0	0	100	81	18	1	0	100	91	9	0	0	100
UNITED KINGDOM.....	95	3	2	0	100	24	47	25	4	100	63	35	2	0	100
EC															
Teachers.....	88					40					46				
General public ³ ..	75					57					44				

³ October/November 1988 survey

IMPORTANCE OF RECOMMENDATIONS ON PREVENTION
(continued)

1. Very important
2. Quite important
3. Unimportant
4. No reply
5. Total

	FRUIT AND VEGETABLES					WEIGHT				
	1	2	3	4	5	1	2	3	4	5
BELGIUM.....	41	38	16	5	100	30	39	26	5	100
DENMARK.....	50	41	6	3	100	43	34	19	4	100
GERMANY.....	46	41	11	2	100	40	43	15	2	100
GREECE.....	56	30	9	5	100	56	28	11	5	100
SPAIN.....	41	36	17	6	100	25	43	22	10	100
FRANCE.....	28	40	22	10	100	21	43	26	10	100
IRELAND.....	41	45	10	4	100	35	39	20	6	100
ITALY.....	55	28	15	2	100	54	30	13	3	100
LUXEMBOURG.....	32	42	21	5	100	24	53	20	3	100
NETHERLANDS.....	30	42	19	9	100	37	32	23	8	100
PORTUGAL.....	76	22	1	1	100	65	32	1	2	100
UNITED KINGDOM.....	29	42	24	5	100	22	42	32	4	100
EC										
Teachers.....	42					36				
General public ⁴ ..	56					47				

⁴ October/November 1988 survey

Comparison with the general public (cf. Eurobarometer No 30) reveals three types of trend:

. Teachers' attitudes to the no smoking rule, compared to the general public, showed a shift towards "very important" in all countries except Spain, where similar results were obtained for both groups.

This difference probably reflects a generally higher level of awareness among teachers as a result of training.

In Europe as a whole, awareness of the dangers of tobacco is directly linked to the amount of anti-smoking publicity, except in Spain (cf. Eurobarometer No 31), where it is those least exposed to such publicity who appear most convinced of the importance of not smoking. This is the only country in which this negative impact is statistically significant⁶.

. On the subject of alcohol, teachers are less likely to regard moderation of consumption as "very important" than the general public, except in Portugal where teachers seem to be particularly convinced of the relationship between alcohol and cancer.

This trend, which runs counter to opinions on smoking, is probably due to the socio-demographic structure of the teaching body: most obviously, their level of training is higher than average, and in some countries there may also be some distortion caused by differences in age structure compared with the population as a whole.

On eating fresh fruit and vegetables and watching weight, teachers were generally less convinced than the general public, except in Italy and Portugal. These three recommendations, all of which come under the heading of "eating habits", thus constitute a second trend.

. Finally, there was no systematic difference in how teachers and the general public viewed the recommendation on excessive exposure to the sun.

The results show that some teachers are still inadequately informed (a fact of which they are well aware, as demonstrated in the first section). In particular, discussion of diet and nutrition in schools could be an excellent vehicle for introducing certain recommendations on cancer prevention, but first, the importance of these recommendations must be properly recognized.

2.2.2 Personal observance

Question: Personally, of each of these recommendations, would you say that you already observe it, that you are willing to observe it or that you are not willing to observe it?

General comments:

The five recommendations are applied by a majority of teachers throughout Europe. The teachers were generally more health-conscious in their behaviour than the general public, even in terms of weight-watching and eating fresh fruit and vegetables, which objectively they tended to regard as less important than did the general public.

⁶ The same trend is observed in Greece and Italy, but the differences are not statistically significant.

OBSERVANCE OF HEALTH RECOMMENDATIONS

1. Already observe
2. Intend to observe
3. Do not observe
4. No reply
5. Total

	TOBACCO					ALCOHOL					SUN				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
BELGIUM.....	82	9	7	2	100	82	8	6	4	100	76	7	15	2	100
DENMARK.....	65	13	19	3	100	64	19	13	4	100	67	19	9	5	100
GERMANY.....	79	13	6	2	100	70	17	10	3	100	67	16	13	4	100
GREECE.....	70	24	6	0	100	85	9	6	0	100	73	18	9	0	100
SPAIN.....	66	20	12	2	100	88	9	1	2	100	67	20	10	3	100
FRANCE.....	84	10	5	1	100	98	1	1	0	100	72	9	16	3	100
IRELAND.....	86	9	4	1	100	89	7	3	1	100	79	10	8	3	100
ITALY.....	74	19	7	0	100	92	3	4	1	100	68	10	19	3	100
LUXEMBOURG.....	83	12	3	2	100	77	12	11	0	100	73	12	12	3	100
NETHERLANDS.....	76	14	10	0	100	82	7	10	1	100	67	11	19	3	100
PORTUGAL.....	79	17	4	0	100	92	6	2	0	100	85	12	2	1	100
UNITED KINGDOM.....	86	9	5	0	100	88	8	3	1	100	73	14	12	1	100
EC															
Teachers.....	78					87					70				
General public ¹ ..	63					77					64				

¹ October/November 1988 survey

OBSERVANCE OF HEALTH RECOMMENDATIONS
(continued)

1. Already observe
2. Intend to observe
3. Do not observe
4. No reply
5. Total

	FRUIT AND VEGETABLES					WEIGHT				
	1	2	3	4	5	1	2	3	4	5
BELGIUM.....	77	12	7	4	100	71	14	8	7	100
DENMARK.....	82	16	1	1	100	77	17	3	3	100
GERMANY.....	84	14	1	1	100	72	23	4	1	100
GREECE.....	81	17	2	0	100	73	23	4	0	100
SPAIN.....	86	10	2	2	100	71	22	4	3	100
FRANCE.....	86	6	6	2	100	77	15	6	2	100
IRELAND.....	85	12	2	0	100	73	23	2	2	100
ITALY.....	87	9	3	1	100	81	15	3	1	100
LUXEMBOURG.....	89	9	2	0	100	76	23	2	0	100
NETHERLANDS.....	90	6	3	1	100	77	16	5	2	100
PORTUGAL.....	89	10	1	0	100	81	17	2	0	100
UNITED KINGDOM.....	94	5	1	0	100	80	18	2	0	100
EC										
Teachers.....	87					77				
General public ² ..	76					67				

² October/November 1988 survey

Results for each recommendation:

Do not smoke: International distribution was relatively consistent, with between 65% (Denmark) and 86% (United Kingdom) of teachers interviewed claiming to observe the recommendation. Four countries stand out, however: the United Kingdom, Ireland, Belgium and France. These countries do not have particularly high proportions of non-smokers in the population as a whole, suggesting that teachers are a special case, which may be the result of greater awareness due to more exposure to anti-smoking programmes and projects in the context of health education.

It is worth noting that the United Kingdom stood out by a long way as the Community country in which doctors were least likely to smoke.

Moderate your consumption of alcohol:

Italy and France seem to be the great champions of this recommendation, reflecting the results for the general public. This is probably the expression of a desire to cast off a traditional image, France, for example, being seen as a major consumer of alcohol.

Exposure to the sun, eating fresh fruit and vegetables and avoiding being overweight:

Opinions on these recommendations are similar in all countries, and it is difficult to make any distinction between the proportion of teachers claiming to apply them.

Avoidance of excessive exposure to the sun seems to be the least applied (and least likely to be, judging from the results for "intend to observe"), despite being more generally regarded as very important (cf. 2.2.1). This is a concrete example of the difference between the recommendations seen as important but more difficult to apply, and those regarded as of secondary importance but which have generally become part of an accepted way of life.

2.2.3 Practice in respect of pupils

How much attention is given to these recommendations in the classroom by European teachers of different educational levels, whatever their opinions on the importance of the recommendations or their own personal observance of them?

A priori, smoking is a sufficiently immediate topic (daily contact with smokers in the institution itself and outside it, existence of rules which can be discussed etc.), to be broached quite readily in the classroom by all the teachers interviewed.

The subject of alcohol and both recommendations on diet were easiest to approach in institutions which already had courses and material on food and nutrition.

The subject of exposure to the sun was shown to be more difficult to integrate into teaching.

In this section, we have also covered teachers' attitudes towards pupils smoking in prohibited areas within the institution, which gives a further insight into how they implement recommendations.

Question: For each of these recommendations, could you tell me whether you teach it to your pupils?

It is reasonable to assume that the subjects broached in the classroom depend on the group being taught. It emerged quite clearly from the first part of the report, for example, that the subject of cancer was more likely to be discussed in secondary schools. The results have therefore been presented by educational level (primary and secondary).

Tobacco:

The proportion of teachers dealing with the subject was around 80% in primary schools and generally 90% or over in secondary schools. Such high proportions are consistent with the importance attached to the "no smoking" recommendation. They are, however, considerably higher than the percentage claiming to deal with cancer (generally closer to 50%). This suggests that teachers discussing tobacco do not necessarily go into any detail about its implications in terms of cancer.

Alcohol:

Teachers are less likely to talk to pupils about moderating alcohol consumption than about smoking.

The topic is more likely to be taught in secondary schools, with a larger gap between primary and secondary than for the subject of smoking. The proportions are particularly variable in the primary sector, ranging from 47% in Belgium to 90% in Portugal.

In general, if attitudes are compared to those on tobacco, there seems to be less consistency in the way the problem is dealt with, both between educational levels within a country, and for the same level in different countries.

Exposure to the sun:

The paradox revealed by the study of teachers' own observance of the recommendation appears again here: excessive exposure to the sun, while widely considered to be a primary cause of cancer, occupies only a secondary place in the topics dealt with in class. Only in Portugal is the subject covered by a large majority.

Eating fresh fruit and vegetables:

This subject is regarded as of lesser importance, but is frequently discussed in class.

RECOMMENDATIONS DISCUSSED WITH PUPILS

	TOBACCO				ALCOHOL				SUN			
	Yes	No	No reply	Total	Yes	No	No reply	Total	Yes	No	No reply	Total
BELGIUM												
Primary.....	75	23	2	100	47	48	5	100	38	54	8	100
Secondary	94	4	2	100	78	18	4	100	57	37	6	100
DENMARK												
Primary.....	94	5	1	100	79	18	3	100	49	45	6	100
Secondary	90	10	0	100	71	29	0	100	63	34	3	100
GERMANY												
Primary.....	73	21	6	100	56	35	9	100	59	34	7	100
Secondary	92	6	2	100	86	10	4	100	64	32	4	100
GREECE												
Primary.....	82	14	4	100	48	41	11	100	68	27	5	100
Secondary	94	6	0	100	68	31	1	100	72	26	2	100
SPAIN												
Primary.....	67	33	0	100	60	40	0	100	49	49	2	100
Secondary	90	9	1	100	78	21	1	100	64	34	2	100
FRANCE												
Primary.....	82	18	0	100	64	35	1	100	33	66	1	100
Secondary	88	11	1	100	64	35	1	100	47	52	1	100
IRELAND												
Primary.....	78	18	4	100	58	36	6	100	32	61	7	100
Secondary	94	6	0	100	79	20	1	100	51	47	2	100
ITALY												
Primary.....	86	14	0	100	69	31	0	100	49	51	0	100
Secondary	95	5	0	100	65	35	0	100	49	50	1	100
LUXEMBOURG												
Primary.....	95	0	5	100	62	33	5	100	43	48	9	100
Secondary	87	11	2	100	74	22	4	100	40	56	4	100
NETHERLANDS												
Primary.....	81	15	4	100	60	33	7	100	29	66	5	100
Secondary	96	3	1	100	86	11	3	100	41	55	4	100
PORTUGAL												
Primary.....	94	6	0	100	90	10	0	100	85	14	1	100
Secondary	94	6	0	100	88	12	0	100	76	24	0	100
UNITED KINGDOM												
Primary.....	90	9	1	100	49	47	4	100	46	53	1	100
Secondary	99	1	0	100	94	6	0	100	65	32	3	100

RECOMMENDATIONS DISCUSSED WITH PUPILS
(continued)

	FRUIT AND VEGETABLES				WEIGHT			
	Yes	No	No reply	Total	Yes	No	No reply	Total
BELGIUM								
Primary.....	77	17	6	100	45	46	9	100
Secondary	57	36	7	100	51	42	7	100
DENMARK								
Primary.....	91	8	1	100	85	14	1	100
Secondary	87	13	0	100	85	15	0	100
GERMANY								
Primary.....	87	9	4	100	72	23	5	100
Secondary	74	21	5	100	80	19	1	100
GREECE								
Primary.....	74	22	4	100	67	28	5	100
Secondary	70	27	3	100	72	26	2	100
SPAIN								
Primary.....	85	15	0	100	63	36	1	100
Secondary	72	26	2	100	70	28	2	100
FRANCE								
Primary.....	75	25	0	100	54	46	0	100
Secondary	61	38	1	100	65	35	0	100
IRELAND								
Primary.....	80	19	1	100	57	39	4	100
Secondary	75	23	2	100	71	27	2	100
ITALY								
Primary.....	89	11	0	100	78	22	0	100
Secondary	69	31	0	100	68	31	1	100
LUXEMBOURG								
Primary.....	90	5	5	100	67	28	5	100
Secondary	56	42	2	100	74	24	2	100
NETHERLANDS								
Primary.....	94	6	0	100	84	12	4	100
Secondary	69	29	2	100	74	25	1	100
PORTUGAL								
Primary.....	94	6	0	100	81	19	0	100
Secondary	81	19	0	100	76	24	0	100
UNITED KINGDOM								
Primary.....	91	8	1	100	86	13	1	100
Secondary	94	6	0	100	94	6	0	100

Unlike smoking or alcohol, this subject is more frequently introduced at primary school, most probably as part of general lessons on food and nutrition.

Portugal, the United Kingdom, Denmark and the Netherlands lead the field, with more than 90% of the teachers in primary schools dealing with the subject.

On the whole, these differences can be explained by the presence of the subject in the curriculum and availability of relevant materials. In Denmark, for example, nutrition forms part of the core curriculum taught in the Folkeskole. In the Netherlands, nutrition is one of the sections of the "keeping healthy" programme which is widely used in primary schools.

Avoiding being overweight:

The above comments also apply, mutatis mutandis, to this recommendation.

Question: For each of them, could you tell me whether you find or would find it difficult to explain it to your pupils?

The first thing to emerge from this series of questions is that, on the whole, teachers have no difficulty in explaining health matters to their pupils. Comparing these results with those on actual teaching in the classroom, it seems that a considerable number of teachers do not cover the subject, not through lack of information, but rather because it is difficult to fit it into the existing curriculum.

The second point to emerge is that the difference in reactions between primary and secondary school teachers is generally minimal. In some countries, certain aspects seem to be difficult to explain whatever the level of education, and therefore irrespective of the pupils' ability to understand. The reasons for such difficulties, always relative, must therefore be sought elsewhere:

- . a possible lack of information; (see section 1.2.4 on teachers' knowledge of the subject);
- . a possible lack of teaching aids, which may explain the very low figures for the Netherlands and the United Kingdom on eating fresh fruit and vegetables.

To conclude, the cases where 20 and 25% of teachers in a particular country have difficulty explaining certain recommendations (this being the case for at least one recommendation in almost every country), have been interpreted as an appeal for specialized help.

FIND OR WOULD FIND IT DIFFICULT TO EXPLAIN THE RECOMMENDATIONS

	TOBACCO				ALCOHOL				SUN			
	Yes	No	No reply	Total	Yes	No	No reply	Total	Yes	No	No reply	Total
BELGIUM												
Primary.....	18	79	2	99	20	73	7	100	26	69	5	100
Secondary.....	16	81	3	100	21	76	3	100	17	79	4	100
DENMARK												
Primary.....	9	89	2	100	13	81	6	100	16	70	14	100
Secondary.....	13	82	5	100	18	72	10	100	19	71	10	100
GERMANY												
Primary.....	15	81	4	100	14	81	5	100	27	69	4	100
Secondary.....	19	79	2	100	16	82	2	100	14	79	7	100
GREECE												
Primary.....	9	89	2	100	6	85	9	100	9	91	0	100
Secondary.....	9	91	1	101	7	92	1	100	9	87	4	100
SPAIN												
Primary.....	16	80	4	100	15	81	4	100	11	85	4	100
Secondary.....	19	81	0	100	14	86	0	100	15	84	1	100
FRANCE												
Primary.....	8	92	0	100	9	90	1	100	15	82	3	100
Secondary.....	11	88	1	100	14	83	3	100	18	80	2	100
IRELAND												
Primary.....	11	84	5	100	14	79	7	100	9	84	7	100
Secondary.....	8	91	1	100	14	84	2	100	8	84	8	100
ITALY												
Primary.....	12	86	2	100	11	84	4	99	19	77	4	100
Secondary.....	12	87	1	100	11	86	3	100	15	80	5	100
LUXEMBOURG												
Primary.....	5	86	9	100	5	86	5	100	14	72	14	100
Secondary.....	7	93	0	100	11	87	2	100	11	89	0	100
NETHERLANDS												
Primary.....	6	94	0	100	9	91	0	100	21	70	9	100
Secondary.....	5	94	0	99	4	95	1	100	8	82	10	100
PORTUGAL												
Primary.....	10	87	3	100	16	83	1	100	11	88	1	100
Secondary.....	9	91	0	100	10	90	0	100	9	91	0	100
UNITED KINGDOM												
Primary.....	6	94	0	100	16	79	5	100	21	75	4	100
Secondary.....	7	93	0	100	9	90	1	100	10	89	1	100

FIND OR WOULD FIND IT DIFFICULT TO
EXPLAIN THE RECOMMENDATIONS
(continued)

	FRUIT AND VEGETABLES				WEIGHT			
	Yes	No	No reply	Total	Yes	No	No reply	Total
BELGIUM								
Primary.....	17	80	3	100	21	72	7	100
Secondary	23	70	7	100	26	65	9	100
DENMARK								
Primary.....	9	89	2	100	13	82	5	100
Secondary	18	79	3	100	16	81	3	100
GERMANY								
Primary.....	16	84	0	100	15	80	5	100
Secondary	11	86	3	100	13	83	4	100
GREECE								
Primary.....	6	93	1	100	7	92	1	100
Secondary	8	89	3	100	9	89	2	100
SPAIN								
Primary.....	10	86	4	100	11	84	5	100
Secondary	13	86	1	100	11	88	1	100
FRANCE								
Primary.....	19	81	0	100	27	69	4	100
Secondary	24	72	4	100	22	73	5	100
IRELAND								
Primary.....	10	85	5	100	10	85	5	100
Secondary	12	83	5	100	12	82	6	100
ITALY								
Primary.....	9	89	2	100	9	88	3	100
Secondary	15	81	4	100	14	82	4	100
LUXEMBOURG								
Primary.....	10	76	14	100	10	71	19	100
Secondary	11	85	4	100	9	87	4	100
NETHERLANDS								
Primary.....	3	97	0	100	6	91	3	100
Secondary	7	91	2	100	10	86	4	100
PORTUGAL								
Primary.....	11	88	1	100	14	84	2	100
Secondary	11	88	1	100	12	87	1	100
UNITED KINGDOM								
Primary.....	6	94	0	100	10	90	0	100
Secondary	8	91	1	100	11	88	1	100

Question: Have you ever found it necessary to request a pupil to put out a cigarette?

In most cases, the replies from primary school teachers reflected the organization of the school (possibly including classes at secondary level within the same Institution), but did not provide any real basis for making generalizations, the question being largely irrelevant to pupils of that age.

More can be drawn from the replies from secondary school teachers, the vast majority of secondary schools having at least one restriction on the use of tobacco. In view of this, the proportion of teachers who never ask a pupil to put out a cigarette is high, reaching over 50% in Spain, Greece, Portugal and France. The Germans (22% replying in the negative) and the British (35%) are the strictest.

By and large, health education is restricted to the classroom, and the teachers do not see it as their place to act as watchdogs.

2.3 Position regarding the European code against cancer

2.3.1 Awareness of the Programme and the Code

The replies to the three questions below give an idea of how well publicized the code is among teachers. There are very few differences between educational levels and, in the interest of simplification, the results have therefore been presented by national sample.

Question: Have you recently read or heard anything about a European programme for the fight against cancer?

	%	Compare E.B. 31 (Oct./Nov. 1989) (General public)
Yes	36	38%
No	62	
No reply	2	
Total	100	

The number of teachers who were aware of the existence of the European programme against cancer varied enormously between countries. The most effective publicity was in Italy and Portugal where the programme is also very much in the public eye. Denmark and the Netherlands lagged behind slightly, which is consistent with the results for the general public.

Overall, however, there were significant differences between the figures for the general public and for teachers, except in Portugal, Italy and Germany, where results were comparable.

ASKED A PUPIL TO PUT OUT A CIGARETTE

	Often	Sometimes	No	No reply	Total
BELGIUM					
Primary.....	1	2	94	3	100
Secondary	17	29	50	4	100
DENMARK					
Primary.....	7	33	59	1	100
Secondary	13	55	32	0	100
GERMANY					
Primary.....	16	16	68	0	100
Secondary	33	44	22	1	100
GREECE					
Primary.....	1	1	92	6	100
Secondary	19	26	54	1	100
SPAIN					
Primary.....	3	11	85	1	100
Secondary	18	29	53	0	100
FRANCE					
Primary.....	0	0	86	14	100
Secondary	15	18	66	1	100
IRELAND					
Primary.....	3	5	90	2	100
Secondary	12	39	49	0	100
ITALY					
Primary.....	0	2	97	1	100
Secondary	25	33	42	0	100
LUXEMBOURG					
Primary.....	5	19	67	9	100
Secondary	20	44	36	0	100
NETHERLANDS					
Primary.....	0	4	92	4	100
Secondary	9	42	48	1	100
PORTUGAL					
Primary.....	0	6	93	1	100
Secondary	17	29	54	0	100
UNITED KINGDOM					
Primary.....	0	4	96	0	100
Secondary	8	56	35	1	100

Where there are differences, the bias is not always in the same direction.

In some countries in which teachers are less aware of the code, this difference can probably be explained in part by the level of training; it has been shown that - curiously - those with the least training are more likely to claim to have read or heard something about a European programme. Teachers, however, belong to the category with a high level of training.⁷

It is also likely that the word "recently" in the question focused attention on the immediate past, thereby tending to elicit replies reflecting the impact of recent campaigns rather than general awareness of the Programme. Knowledge of the various campaigns in different countries would no doubt cast further light on the response.

Question: Have you heard about a "European code against cancer"?

	%	Compare E.B. 31 (Oct./Nov. 1989) (General public)
Yes	23	27%
No	75	
No reply	2	
Total	100	

The European code against cancer was found to have a consistently lower profile than the European programme overall right across the board.

In general, the gap between the two was narrower among teachers than among the general public. This suggests a more precise knowledge of the Programme among teachers, more often based on knowledge of the Code.

Question: Here is the European Code against Cancer, which consists of ten elementary rules for the prevention of cancer which have been produced by the Committee of Cancer Experts for the European Commission.

Have you seen this document before?

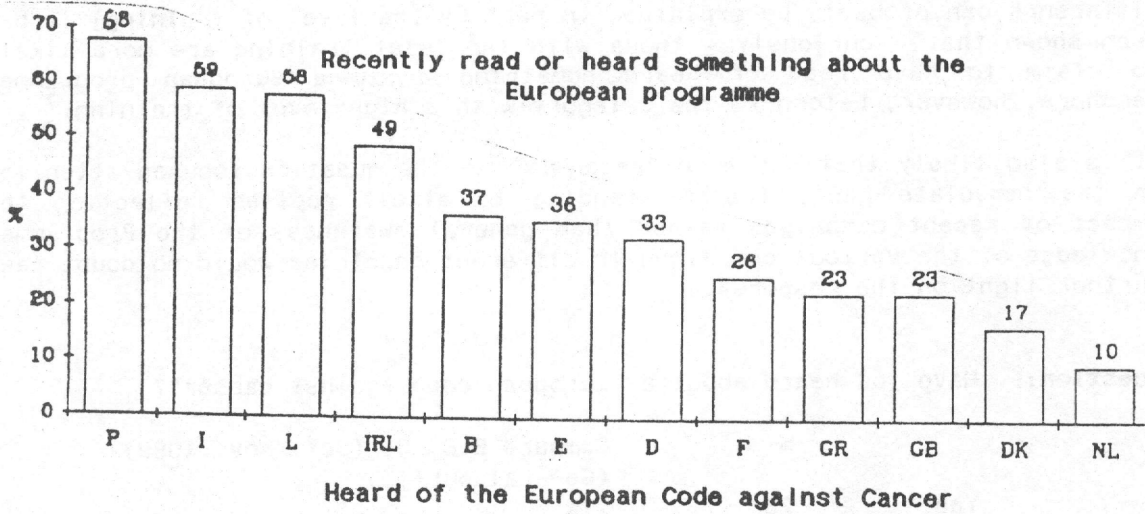
Here again, the replies varied greatly between countries.

The general shift in the responses to this question as opposed to the question on general awareness of the code observed among the general public was not systematic among the teachers interviewed; in some countries, the response was similar, or even less positive when they were shown the document.

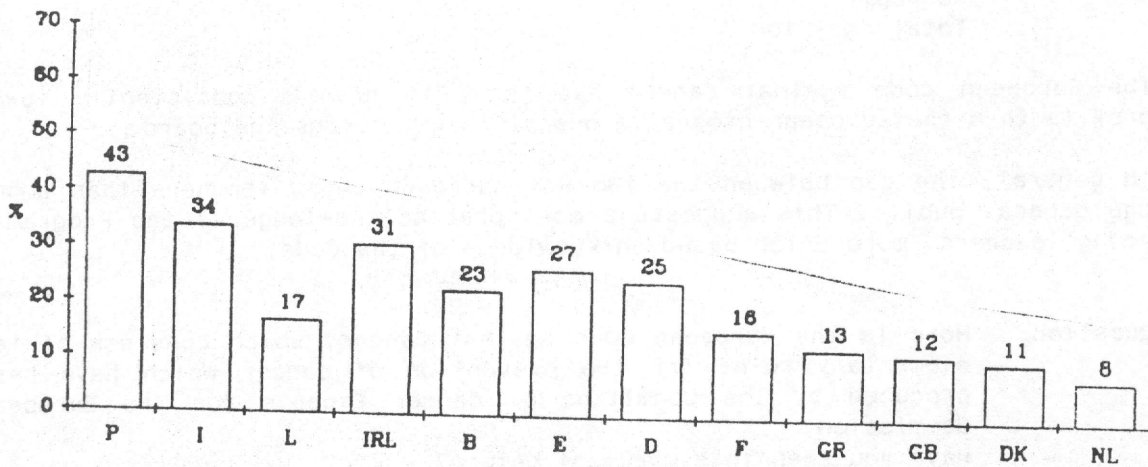
⁷ The link between the level of training and awareness of the code is less obvious in the most recent studies (cf. Eurobarometer No 31). This could reflect more widespread knowledge of the Code among those with a higher level of training.

AWARENESS OF THE PROGRAMME AND EUROPEAN CODE AGAINST CANCER SHOWN BY COUNTRY

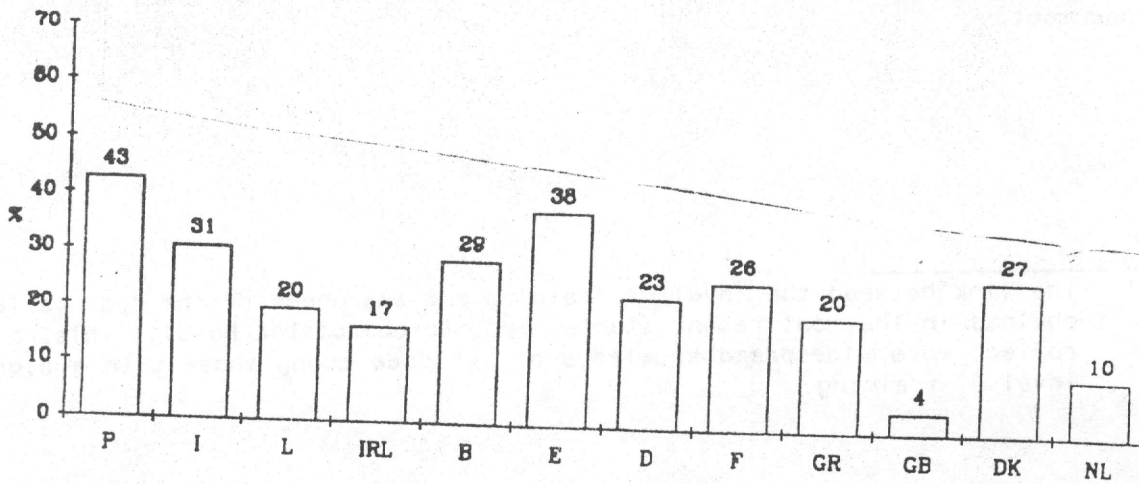
(In decreasing order)



Heard of the European Code against Cancer



Remembered having read or heard something about the Code when it was shown to them



The latter tendency was found in only two countries, the United Kingdom and Ireland; while it was not observed in the general public, it was evident from a study of doctors and cancer prevention, in Ireland and several other countries.

2.3.2 Opinion on the principle of the Code and whether it should be publicized

Question: Whether you have seen it before or not, could you tell me if, generally speaking, you agree or don't agree with the principle of such a Code?

The principle of the Code was generally very well received in every country.

There was, however, slightly less enthusiasm in Denmark and the Netherlands (72% and 79% strongly in favour respectively), which also trailed behind slightly when the same question was put to general practitioners. Once again, the Portuguese teachers were "top of the class".

These two aspects of publicizing the Code, its effectiveness on the one hand, and teachers' willingness to be associated with it on the other, are presented here both for the national samples as a whole and by educational level. It is logical to suppose that the replies would tend to be dictated by the audience at which the publicity was aimed.

Question: Do you think that making this Code available to young people will be very effective, somewhat effective or not at all effective?

Results varied greatly between countries, probably reflecting how well-informed young people are on cancer, and the state of health education in general. Those countries where awareness was highest, or where information was particularly lacking, could be expected to put more faith in the Code. Certain national trends cannot be explained so simply, however, some of the same tendencies having already emerged from the survey of general practitioners. France and the Netherlands scored badly in both surveys. By contrast, Greece and Germany came across as particularly enthusiastic in both surveys. Closer analysis of opinions and attitudes towards the Community may cast an interesting light on these results.

The differences between educational levels were negligible.

AGREEMENT WITH THE PRINCIPLE

	Agree comp- letely	Agree to some extent	Disagree to some extent	Disagree completely	Other	No reply	Total
BELGIUM.....	85	12	1	0	1	1	100
DENMARK.....	72	24	1	0	2	1	100
GERMANY.....	80	17	0	0	1	2	100
GREECE.....	85	15	0	0	0	0	100
SPAIN.....	85	13	0	0	0	2	100
FRANCE.....	87	13	0	0	0	0	100
IRELAND.....	90	9	0	0	0	1	100
ITALY.....	85	14	1	0	0	0	100
LUXEMBOURG.....	79	20	0	1	0	0	100
NETHERLANDS.....	79	16	1	0	0	3	100
PORTUGAL.....	95	5	0	0	0	0	100
UNITED KINGDOM.....	88	10	0	0	1	0	100

THE EUROPEAN CODE AGAINST CANCER

	EFFECTIVENESS OF PUBLICITY				Total	WOULD BE PREPARED TO PUBLICIZE THE CODE			
	Very effective	Moderately effective	Ineffective	No reply		Yes	No	No reply	Total
BELGIUM									
Primary.....	53	42	5	0	100	94	5	1	100
Secondary	50	47	2	1	100	96	2	2	100
DENMARK									
Primary.....	34	38	23	5	100	94	5	1	100
Secondary	21	53	18	8	100	95	5	0	100
GERMANY									
Primary.....	71	24	3	2	100	74	17	9	100
Secondary	65	33	2	0	100	89	6	5	100
GREECE									
Primary.....	65	33	1	1	100	93	1	6	100
Secondary	72	27	0	1	100	95	4	1	100
SPAIN									
Primary.....	38	57	5	0	100	85	11	4	100
Secondary	41	54	3	2	100	99	0	1	100
FRANCE									
Primary.....	19	71	7	3	100	91	8	1	100
Secondary	12	77	9	2	100	96	3	1	100
IRELAND									
Primary.....	63	35	1	1	100	93	1	6	100
Secondary	52	46	2	0	100	99	1	0	100
ITALY									
Primary.....	67	31	2	0	100	92	4	4	100
Secondary	60	36	3	1	100	98	1	1	100
LUXEMBOURG									
Primary.....	43	52	5	0	100	90	0	10	100
Secondary	27	66	7	0	100	100	0	0	100
NETHERLANDS									
Primary.....	6	83	11	0	100	54	31	15	100
Secondary	6	75	15	4	100	88	6	6	100
PORTUGAL									
Primary.....	41	59	0	0	100	99	0	1	100
Secondary	25	72	3	0	100	100	0	0	100
UNITED KINGDOM									
Primary.....	13	77	9	1	100	75	22	3	100
Secondary	10	76	13	1	100	98	1	1	100

Question: Would you yourself be willing to publicize this Code, for instance by giving it to your pupils?

Whatever their opinion on the effectiveness of the European Code against Cancer, a very large majority of European teachers was prepared to publicize it to pupils. In the Netherlands teachers, like doctors, were slightly less willing than average (only 77% being prepared to teach it). In fact, this reluctance was largely found among teachers at primary level. Making pupils aware of the Code would clearly involve a certain amount of explanation, and that this should be more difficult at primary level is quite understandable, particularly when dealing with aspects such as check-ups and early detection. This explains the lesser willingness among primary teachers in certain countries.

Question: Is the European Code against Cancer, or some parts of it, displayed as posters at your school?

	%
The Code is displayed	2
Some of the rules are displayed	21
Nothing is displayed	74
No reply	3
Total	100

If yes, which one(s)?	
Do not smoke	20
Moderate your consumption of alcoholic drinks	7
Avoid intense or prolonged exposure to the sun	1
Eat fresh fruit and vegetables	6
Avoid being overweight and eating too much fatty food	5
Other	1

Percentages based on the whole sample.

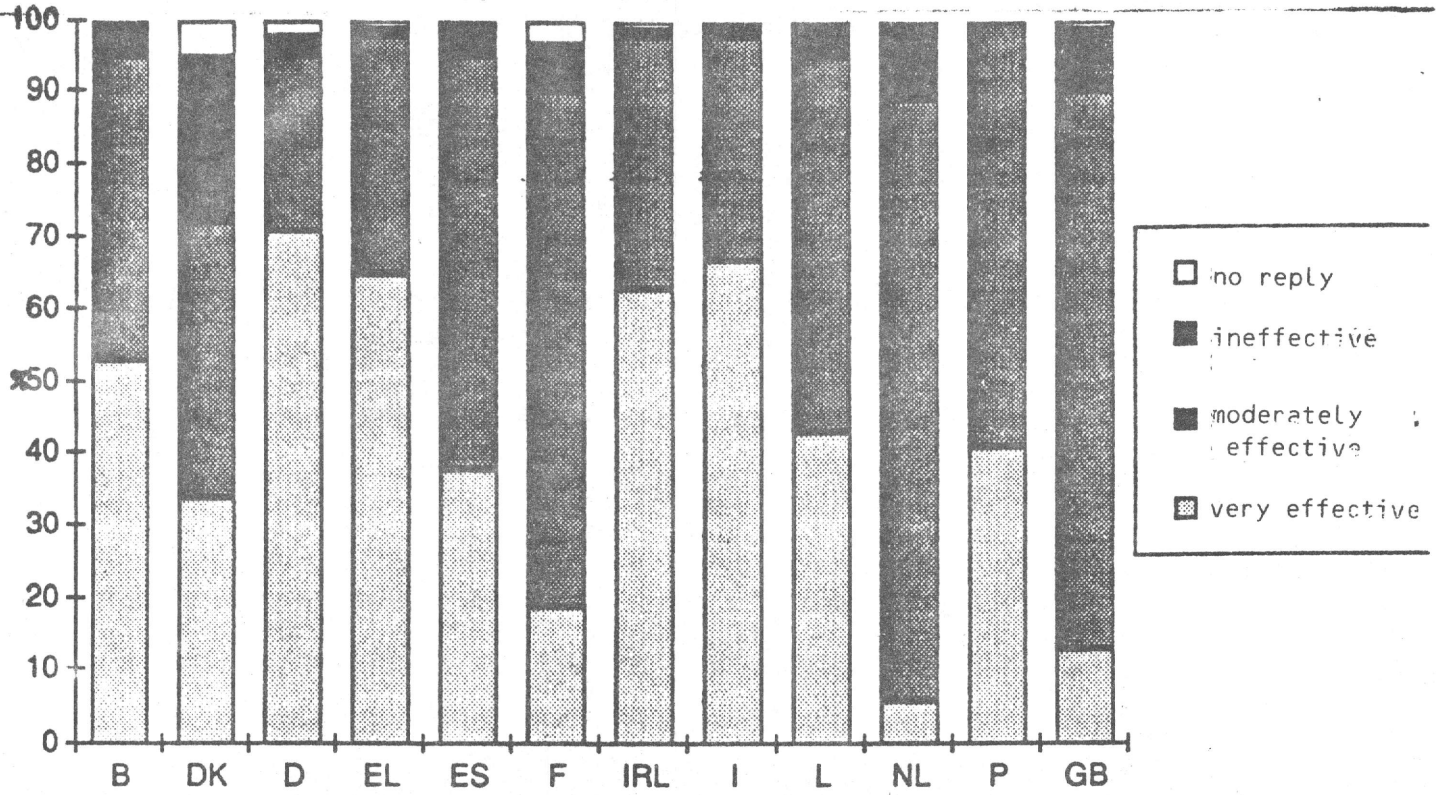
The results give an objective idea of how widely the Code has been publicized. Clearly, it has not been publicized to any great extent. Of the rules displayed, those on tobacco and eating fresh fruit and vegetables are the most frequent.

2.3.3 Appropriateness of Community action

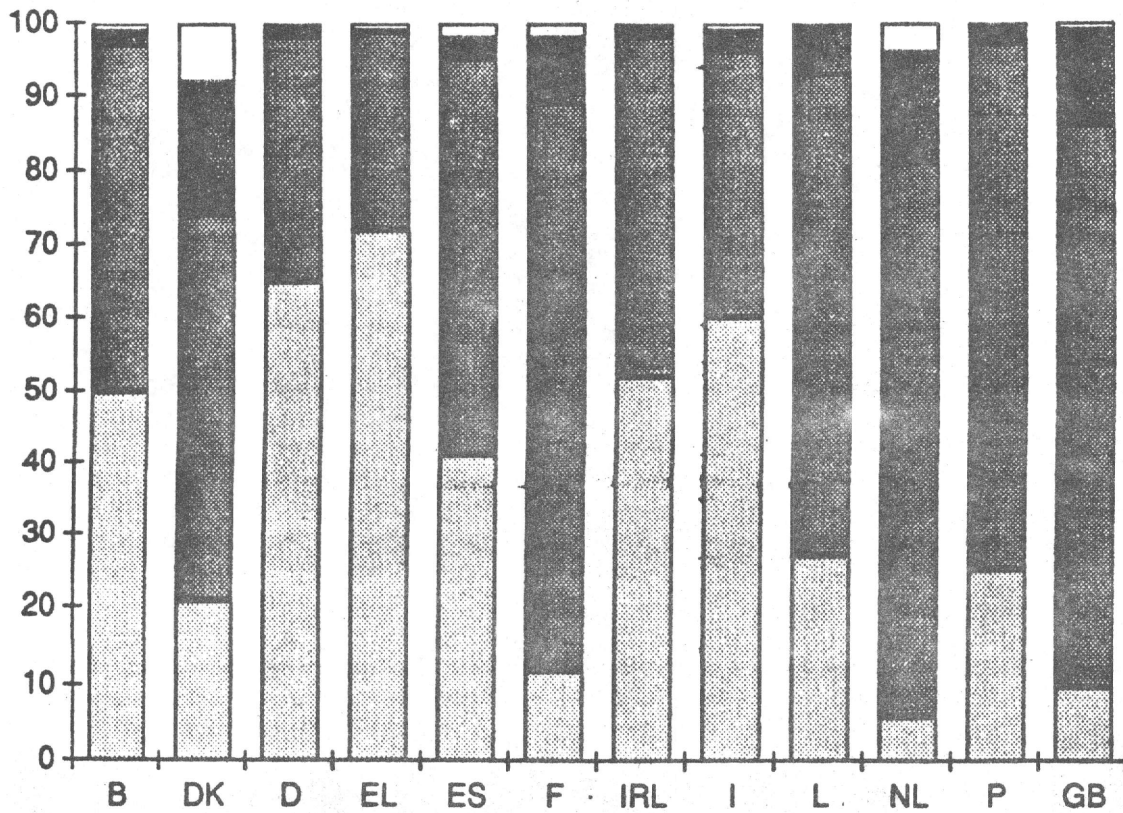
Question: Do you think that the European Community is right to concern itself with the prevention of cancer in Member countries or do you think that it is rather more the business of each Member country to deal with?

	%
The European Community is right to concern itself with it	84
It is the business of each country	9
Other replies (spontaneous)	4
No reply	3
Total	100

Primary school teachers



Secondary school teachers



CODE DISPLAYED

	In full	In part	Not at all	No reply	Total
BELGIUM					
Primary.....	7	37	53	3	100
Secondary	11	38	50	1	100
DENMARK					
Primary.....	0	25	68	7	100
Secondary	0	21	74	5	100
GERMANY					
Primary.....	3	11	81	5	100
Secondary	5	8	78	9	100
GREECE					
Primary.....	2	31	67	0	100
Secondary	4	37	56	3	100
SPAIN					
Primary.....	0	21	75	4	100
Secondary	0	36	63	1	100
FRANCE					
Primary.....	0	20	80	0	100
Secondary	1	31	64	4	100
IRELAND					
Primary.....	0	5	91	4	100
Secondary	5	27	66	2	100
ITALY					
Primary.....	0	3	94	3	100
Secondary	0	3	95	2	100
LUXEMBOURG					
Primary.....	0	29	71	0	100
Secondary	2	45	49	4	100
NETHERLANDS					
Primary.....	0	14	84	2	100
Secondary	1	12	83	4	100
PORTUGAL					
Primary.....	0	19	81	0	100
Secondary	7	53	39	1	100
UNITED KINGDOM					
Primary.....	2	29	69	0	100
Secondary	1	37	62	0	100

PARTICULAR RULES DISPLAYED

	Do not smoke	Moderate alcohol consump- tion	Avoid sun	Fruit and vegetables	Over- weight
BELGIUM					
Primary.....	30	7	3	20	5
Secondary	36	11	3	9	5
DENMARK					
Primary.....	21	5	2	20	9
Secondary	21	5	3	15	11
GERMANY					
Primary.....	9	6	3	3	6
Secondary	8	6	1	1	1
GREECE					
Primary.....	31	0	3	3	1
Secondary	37	2	2	3	1
SPAIN					
Primary.....	21	3	1	4	1
Secondary	36	9	1	1	1
FRANCE					
Primary.....	20	5	3	5	1
Secondary	31	9	1	3	4
IRELAND					
Primary.....	3	0	0	1	1
Secondary	25	4	0	5	6
ITALY					
Primary.....	3	0	0	1	0
Secondary	3	1	0	0	0
LUXEMBOURG					
Primary.....	19	10	0	10	1
Secondary	44	29	2	0	0
NETHERLANDS					
Primary.....	11	2	0	10	5
Secondary	11	8	0	5	5
PORTUGAL					
Primary.....	18	0	0	4	0
Secondary	53	8	3	9	3
UNITED KINGDOM					
Primary.....	25	1	0	20	10
Secondary	36	22	1	25	24

. Results given as a percentage of the whole sample.

. Question put only to teachers who said all or part of the Code was displayed in their school.

The teachers' replies were clearly in favour of European Community action. There was little difference between educational levels in the same country. National differences showed Germany, the United Kingdom and Denmark as relatively less well disposed towards Community action. Along with Ireland and Belgium, these are the countries in which Community intervention in the fight against cancer is least well regarded by the general public.

International cooperation within Europe has, in fact, already begun. For example, British materials have been used in pilot anti-drugs projects in Greece (Athens University).

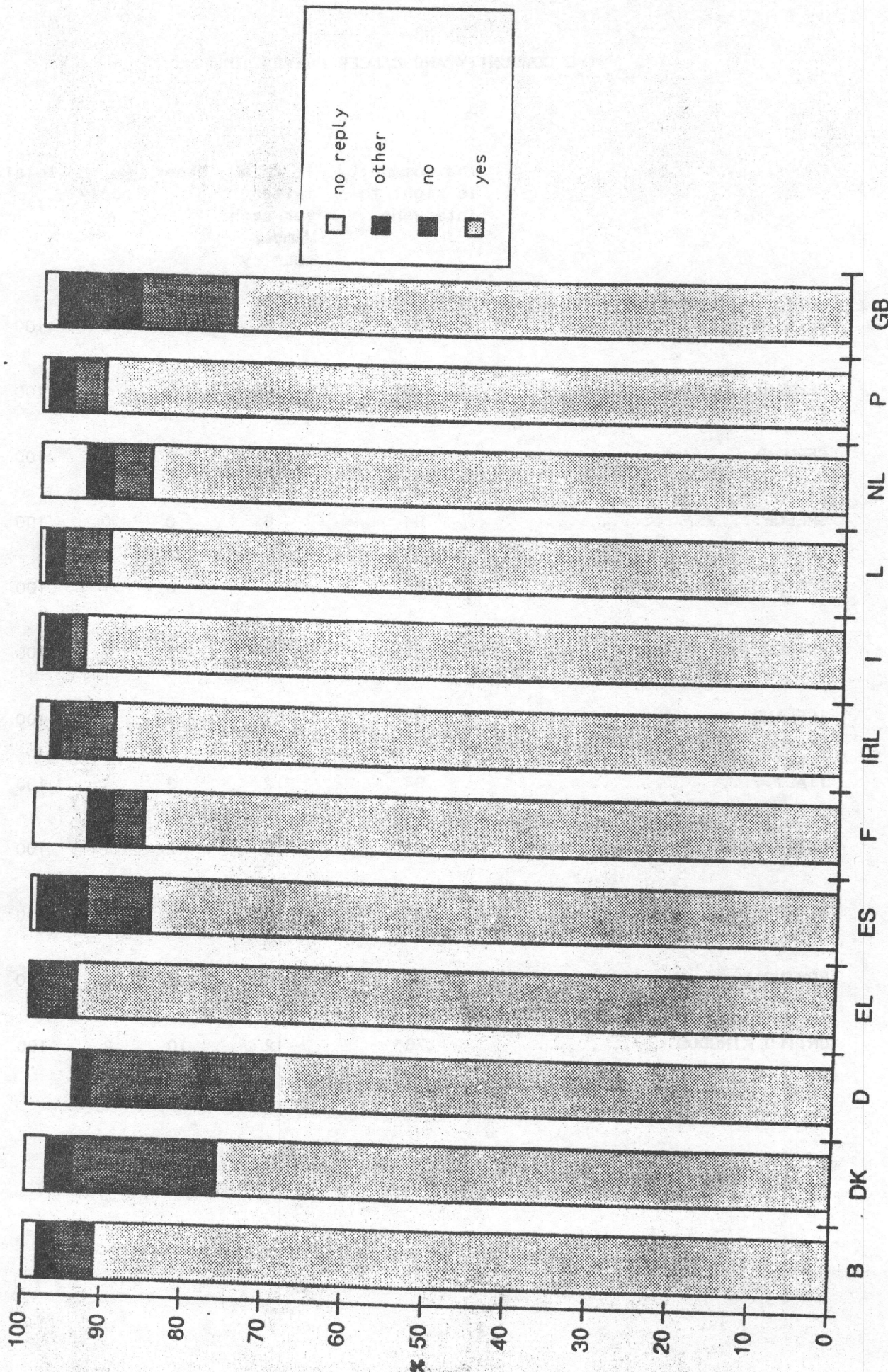
Not enough has yet been done in this direction, however, and teachers are probably unaware of progress so far.

The results for the whole sample show that a positive opinion on Community action goes hand in hand with agreement with the principle of the Code: this could go some way towards explaining the better results obtained, and the less favourable view of the principle of the Code itself, in countries such as Denmark.

THE COMMUNITY AND CANCER PREVENTION

	The Community is right to intervene	It is a matter for each Member country	Other	No reply	Total
BELGIUM.....	91	5	2	2	100
DENMARK.....	76	18	3	3	100
GERMANY.....	69	23	2	6	100
GREECE.....	94	6	0	0	100
SPAIN.....	85	8	6	1	100
FRANCE.....	86	4	3	7	100
IRELAND.....	90	7	1	2	100
ITALY.....	94	2	3	1	100
LUXEMBOURG.....	91	6	2	1	100
NETHERLANDS.....	86	5	3	6	100
PORTUGAL.....	92	4	3	1	100
UNITED KINGDOM.....	76	12	10	2	100

SHOULD THE EUROPEAN COMMUNITY CONCERN ITSELF WITH PREVENTION ?



SUMMARY ANALYSIS

|

The study highlighted a wide variety of aspects of teachers' interest in health questions, many of which are discussed in the classroom.

To take the subject further, we have attempted to measure the extent to which teachers are active in health education. The idea is to classify the teachers interviewed into a small number of categories according to well-defined differences in their approach to health teaching deduced from the replies to related questions.⁸

This presents the problem of how to determine this level of activity and the criteria for classifying a particular teacher in a particular category. There are several possibilities.

The personal characteristics of the teacher may be an influencing factor. It is therefore worth investigating whether age, sex, educational qualifications or seniority have any significant direct influence on the teacher's attitude towards health education.

The next point to consider is the teachers' environment. This involves determining the importance of context, such as educational level (primary or secondary), the size of classes and of the school itself.

Finally, two factors which seemed particularly important when the results were analysed may have some bearing on the teachers' level of activity: how well-informed the teachers themselves are about health, and their belief in the effectiveness of health education and their own ability to teach it.

We have tried to divide the teachers into a few distinct categories while maintaining maximum possible homogeneity within each category and thus to obtain some kind of scale, however rough-and-ready, on which to measure awareness level and belief in the effectiveness of health education.

⁸ For methodological reasons, no international weightings were used for the analyses presented in this section.

On this basis, the following model has been established:

. As a variable, a typology of teachers according to level of activity in health education.

. Secondly, two types of possible explanation for the variable, one being knowledge of the subject, the other belief in the effectiveness of health education.

. Thirdly, characteristics of the teachers themselves or of their own environment, which may have a bearing on their activity and knowledge of or attitude towards health education.

This model is presented below. The first part describes how the teachers have been classified according to level of activity and knowledge of and belief in health education.

In the second section, we have described the interaction between these three elements, and drawn conclusions on the impact of teachers' characteristics and environment.

1. Description of types of teacher

1.1 Analytical measurement of teachers' level of activity in health education

Several questions in the survey reveal how active teachers are in health education and the form which that activity takes. The idea of the typology is to use all these questions to create teacher profiles according to level and type of activity. A "distance" between teachers is defined on the basis of these questions and they are then categorized into groups, with the maximum homogeneity within each group and with the groups being kept as distinct as possible.⁹

One question concerns discussion of the health problems of young people with others (friends, colleagues, etc.). Several questions touch on the discussion in class of health questions and the five prevention rules in the European Code against Cancer. There is also a question on willingness to publicize the Code among pupils and another on how often teachers ask a pupil to put out a cigarette.

⁹ A detailed description of the types is given in the annex.

This typological analysis allows three types to be identified, which can be described as:

Type 1: active and highly motivated

These are the teachers who spend a considerable time on health matters with their pupils, and who often or occasionally ask a pupil to put out a cigarette. They represent 31% of the sample.

Type 2: active but easy-going

This category also covers teachers who are active in teaching health in the classroom, but who, unlike those in group 1, never ask a pupil to put out a cigarette. They represent 47% of the sample.

Type 3: non-active

These are the teachers who rarely broach health matters in the classroom. A majority never ask a pupil to put out a cigarette. They represent 22% of the sample.

In fact, analysis shows that the distinction between the two types of "active" teacher, which is based largely on whether or not they ever ask pupils to put out a cigarette, is closely linked to the level at which they teach. For some teachers, particularly at primary level, the situation probably simply never arises, and they are therefore classified as "active but easy-going", when they might have been among the "active and highly motivated" group had they worked in a different type of school. It would therefore seem more reasonable to base further analysis on two groups only: teachers classified as "active", whether or not they ever ask pupils to put out a cigarette, and the "non-active" group, who rarely discuss health matters in class.

1.2 Knowledge of the subject

We have used all the variables linked to teachers' level of awareness of health questions. Two questions directly concern how well informed they are for teaching purposes on health matters in general and cancer in particular. Three questions concentrate on knowledge of the European Programme and Code against Cancer. One further question is on acquisition of health information from the television, press or radio.

Typological analysis enables three types of teacher to be identified, which may be described as:

Type 1: well-informed teachers

Those within this category feel well-informed on health matters in general and cancer in particular. They are generally aware of the European Programme against Cancer (90%) and the Code (83%). They are also interested in media information on the subject. These teachers represent 22% of the sample.

Type 2: moderately well-informed teachers

Interested in media information on the subject, they feel well-informed on health in general (75%), and slightly less so on cancer. The main difference between these teachers and the preceding group lies in their lack of awareness of the European Programme and Code against Cancer. They represent 54% of the sample.

Type 3: ill-informed teachers

Moderately interested in health matters in the media, they rate their own knowledge on health matters and cancer as quite low, and are unlikely to be aware of the Code. These teachers represent 24% of the sample.

3. Belief in the effectiveness of health education

This is the third fundamental aspect of teachers' attitudes to health education. We have used four questions to define an analytical indicator. The first is on the importance of the teacher's example in health education. A second concerns pupils' receptivity to the subject, and the third the importance of the teachers' role in health education for children. The fourth asks for a judgement on the likely effectiveness of teaching the European Code against Cancer to pupils.

The typological analysis allows a clear distinction to be made between two types:

Type 1: the believers

This group feels the teacher has an important role to play in health education. Convinced, on the whole, of the importance of example, they are also confident that pupils are receptive to their teaching. They represent 77% of the sample.

Type 2: the sceptics

Divided on the importance of example and the teacher's role in health education, they feel that pupils are not receptive to the subject. These teachers represent 23% of the sample.

2. Which teachers fall into the various categories?

2.1 Analysis by country

The following graphs show the situation for each European country. Without wishing to award merit marks or stand certain countries in the corner, teachers are clearly lagging behind on all three indicators in some of them. This is the case in Spain, France, Luxembourg and Belgium. Others, such as Portugal, Denmark and the United Kingdom, come top of the list every time. In the other countries, the results are more variable.

An example of this is provided by the German teachers, who seem particularly sceptical about the effectiveness of health education while coming in fourth place in terms of degree of activity. The actual situation in Germany is that teachers set very precise limits on their own role and that of parents and doctors, and Germany is one of the countries with more sceptical views on pupil receptivity. This explains their position at the bottom of the table for the indicator "belief in the effectiveness of health education".

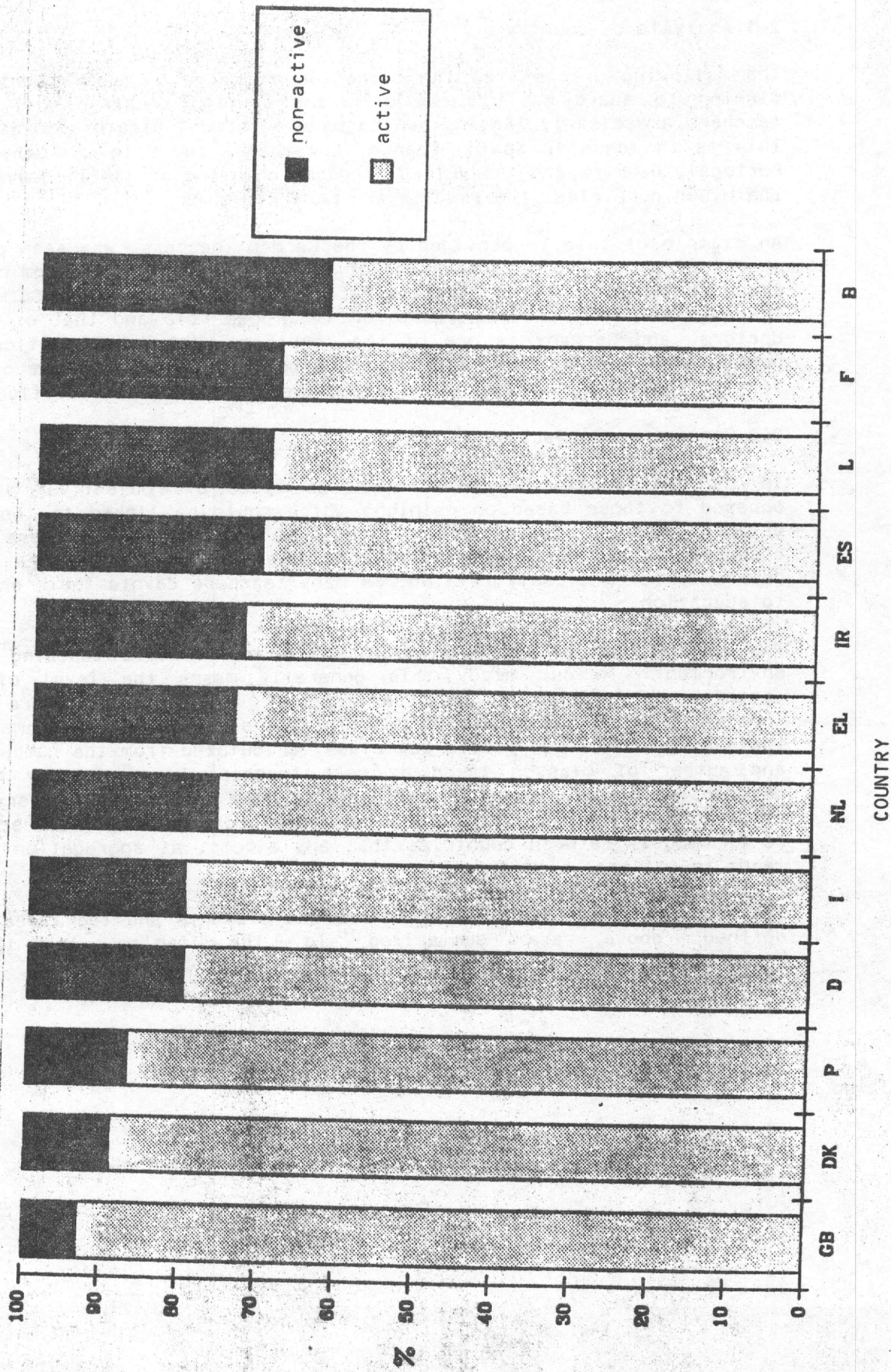
2.2 Context and objective factors

In the Introduction we pinpointed two types of "objective" variable (as opposed to those based on opinion) which could be linked to the indicators defined above. These are, first of all, the teachers' personal characteristics: sex, qualifications, age and seniority, the latter two generally being closely related, as many teachers devote their entire career to education.

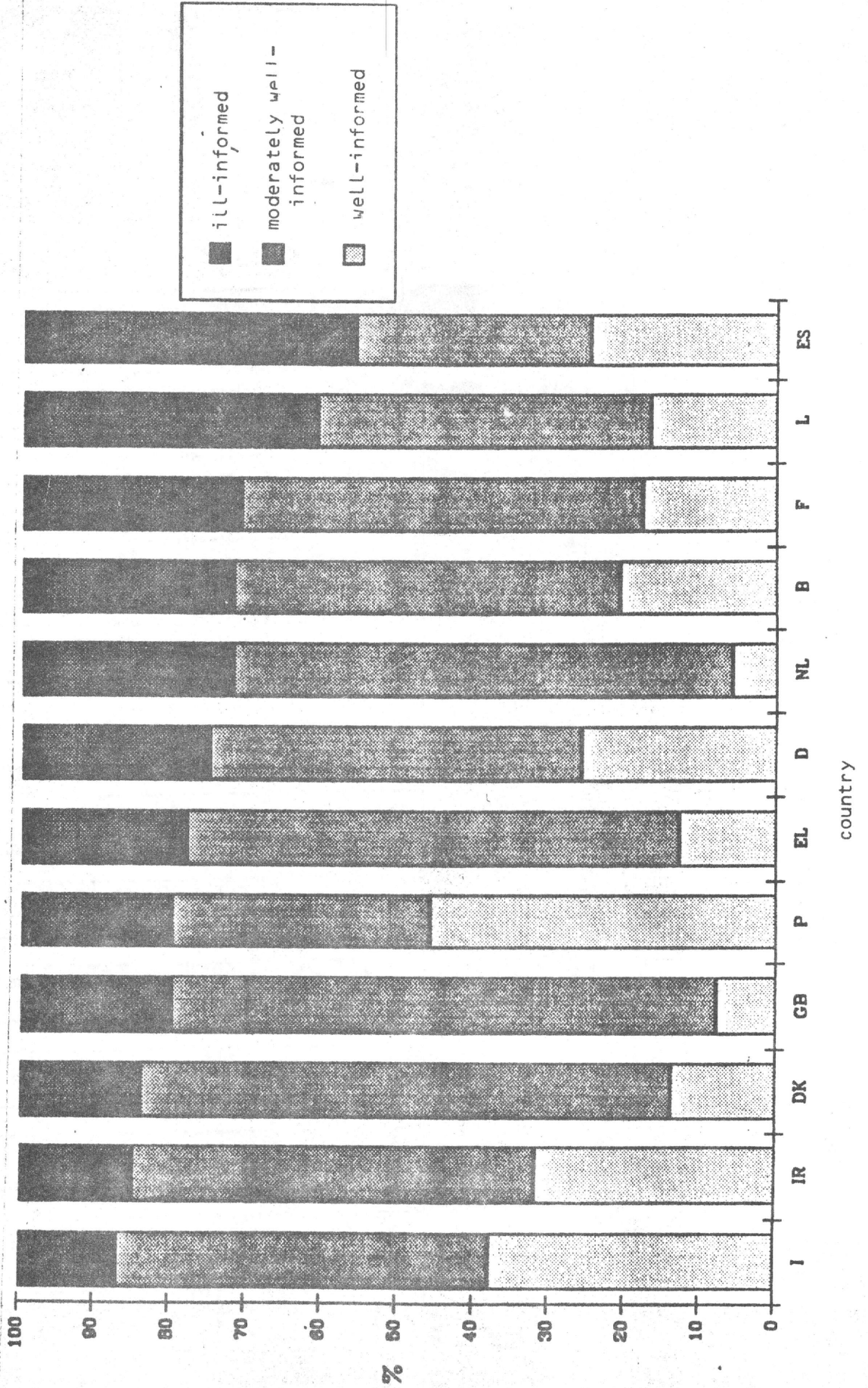
The second type of variable defines the individual's teaching context or environment. In our study this generally means the level of education (primary or secondary) and the size of the school. [There are other indicators among the variables describing the teachers' environment, such as the average number of pupils per class, calculated from the number of pupils and number of classes taken by each teacher. However, they have little descriptive value, probably because the same values cover very different situations. Other indicators, such as the proportion of private schools, vary so enormously between countries that any attempt at aggregation immediately leads to national bias.]

The relationships between these different elements and the three typologies defined above are summarized in the tables in the annex.

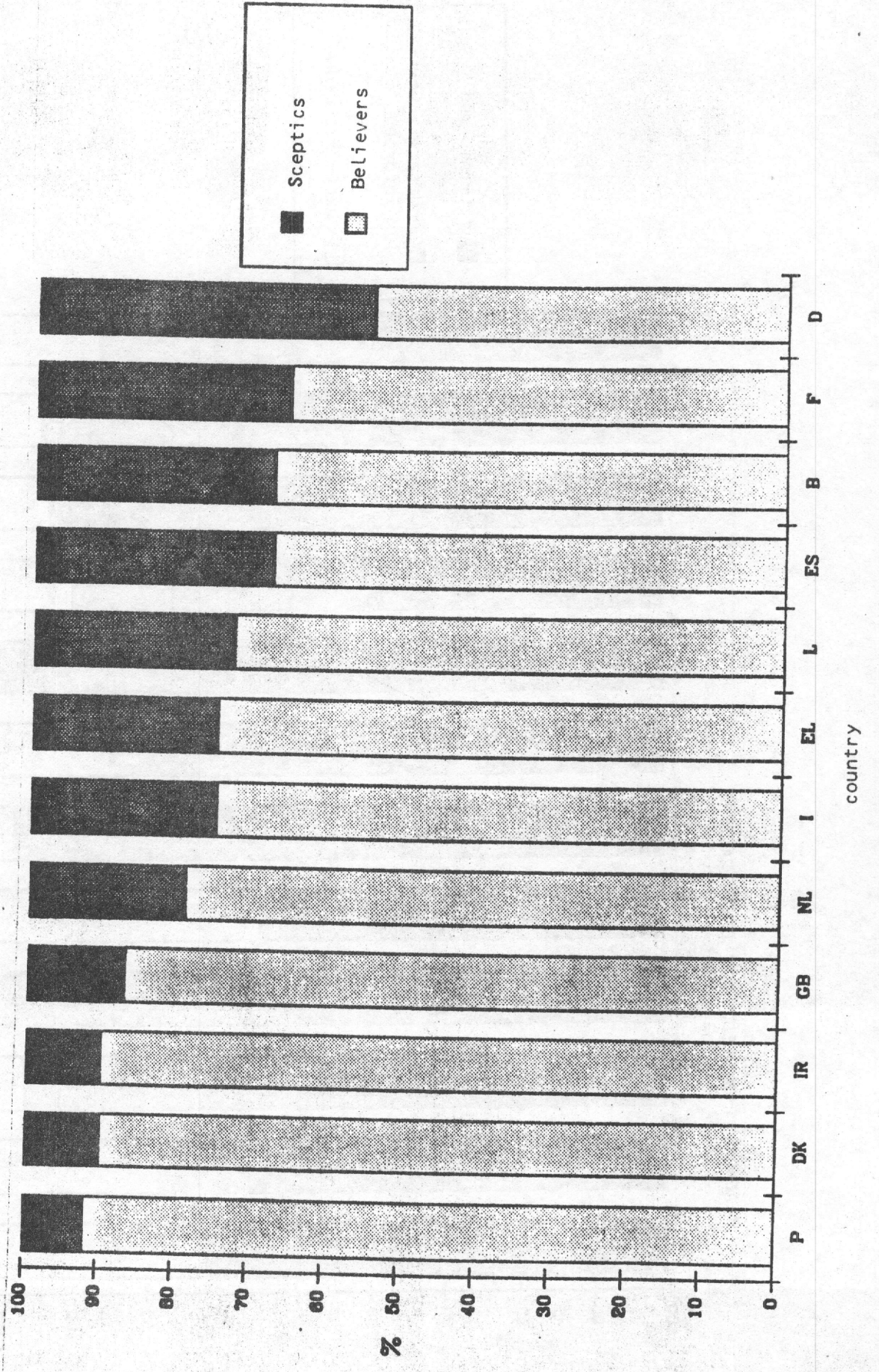
DEGREE OF ACTIVITY OF TEACHERS BY COUNTRY



TEACHERS' KNOWLEDGE OF HEALTH MATTERS



TEACHERS' BELIEF IN THE EFFECTIVENESS OF HEALTH EDUCATION



2.2.1 Knowledge of the subject

Objective factors, rather than the teachers' environment, seem better suited to explain how well-informed teachers are about the subject.

Age and length of service have a very obvious impact. In respect of age, the dividing line is between the over 35's and the rest. For length of service, the real cut-off point is between beginners and those with around ten years' experience or more. These differences become particularly obvious if the "ill-informed" category is compared with the others, i.e. those classed as "well-informed" or "moderately well-informed". We have already seen that awareness of the European Programme and Code varies much more between the latter two categories than between the "moderately well-informed" and "ill-informed" categories. It may seem surprising that awareness of the Programme and the Code is not directly related to how well-informed teachers are about health education generally. The explanation probably lies in the greater familiarity with information channels acquired with experience, which itself is a product of age and length of service. The inference is that improvement of these information channels and training teachers in how to use them would be the best indirect method of providing them with more information on the specific area of cancer prevention.

Sex also seems to have a slight influence, 26% of men being classed as ill-informed, as against only 22% of women.

Looking at the environment factor, educational level seems to have a minor influence (to a similar extent to sex), in that there is a slight bias in favour of secondary school teachers. The size of the school has some effect on the distribution of "well-informed" or "moderately well-informed" teachers. This is probably due to better publicizing of the European Code in the bigger schools.

2.2.2 Belief in the effectiveness of health education

This aspect cannot easily be explained by objective or environmental factors.

Length of service is here more or less irrelevant, and the influence of age and level of training is both minor and difficult to interpret. Belief in health education in Europe today does not, therefore, seem to be associated in any way with length of training, age or experience.

Given the quite considerable differences between countries, the "contextual" elements could be thought to be the major factor. In fact, the size of the school has little effect. The influence of educational level is clearer: 81% of primary teachers are "believers", as against 74% of secondary school teachers. This no doubt broadly corresponds to the differences observed

between the educational levels in reply to the question on the receptivity of pupils.

There may well be other factors at play which are not directly covered by the survey. National variations could, for example, be affected by relations between medical services and the school or parents and the school. These relations combine to create a particular idea of the respective roles of different people involved in health education, which is taken into account in our typology.

2.2.3 Level of activity of teachers

Here we have made a distinction between non-active and active (whether or not they ever ask a pupil to put out a cigarette, this having been seen to be largely a matter of the age group of the pupils concerned).

As for knowledge of the subject, objective indicators seem to be more relevant than environmental factors.

The age at which the teacher left full-time education seems to be particularly relevant, 32% of those who left school before the age of 16 belonging to the "non-active" category, as compared to 19% of those who were over 26 when they completed their studies. The real dividing line separates those who left school before the age of 18 and those who went to university. It may be that teachers having spent longer in the education system find it easier to explain the rules of the European Code against Cancer, which is the subject of one of the questions defining the typology. (There is, in fact, a slight difference here between those who left school at 16 and the rest.) Or simply having spent longer in education as a pupil may have given them more insight into what is required. This explanation would imply a certain discrepancy between word and deed, since teachers with the shortest training do not stand out in terms of belief in health education but only in terms of its actual implementation.

Sex was another factor slightly influencing teachers' level of activity, 25% of men and only 20% of women being classified as non-active.

Age and length of service also had some bearing, the oldest or most senior appearing to be most active. The explanation put forward in the analysis of level of knowledge of the subject also applies here. The most experienced teachers probably have more idea of how and where to obtain teaching aids and find it easier to introduce topics which are not necessarily part of the official curriculum.

Of the environmental factors, educational level is not significant. The size of the school seems to have a slight influence, medium-sized schools in general having a slightly lower proportion of non-active teachers.

3. Interrelation of the three indicators

Links between the three indicators characterizing attitudes towards health education and the objective characteristics or environment of the teacher can, therefore, sometimes be tenuous. The variations in belief in the effectiveness of health education are particularly difficult to explain. Knowledge of the subject and activity seem to be determined by objective characteristics rather than by environment.

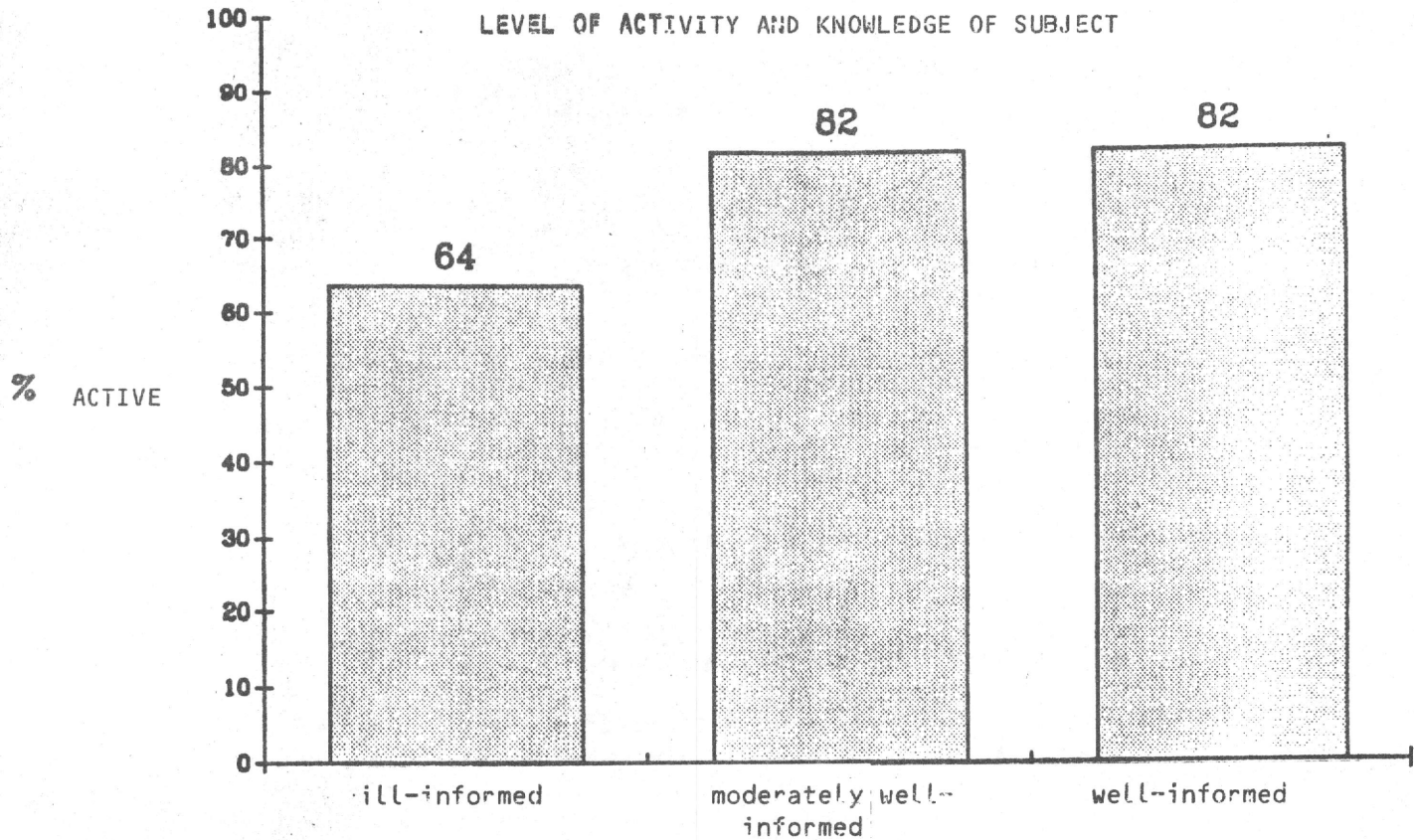
At the same time, there are strong links between the three key indicators - activity, level of knowledge, belief in effectiveness - taken in pairs. The two graphs below show the influence of belief in the effectiveness of health education and of knowledge of the subject on the teachers' level of activity.

It can be seen that only 64% of teachers in the "ill-informed" category are active, as against 82% of the remaining well-informed teachers. Well-informed teachers are therefore likely to be active teachers. However, there seems to be no difference in the level of activity of "well-informed" and "moderately well-informed" categories (the difference lying mainly in awareness of the European Programme and Code against Cancer). By the same token, 66% of teachers "sceptical" about the effectiveness of health education fall in the active category, compared with 81% of "believers".

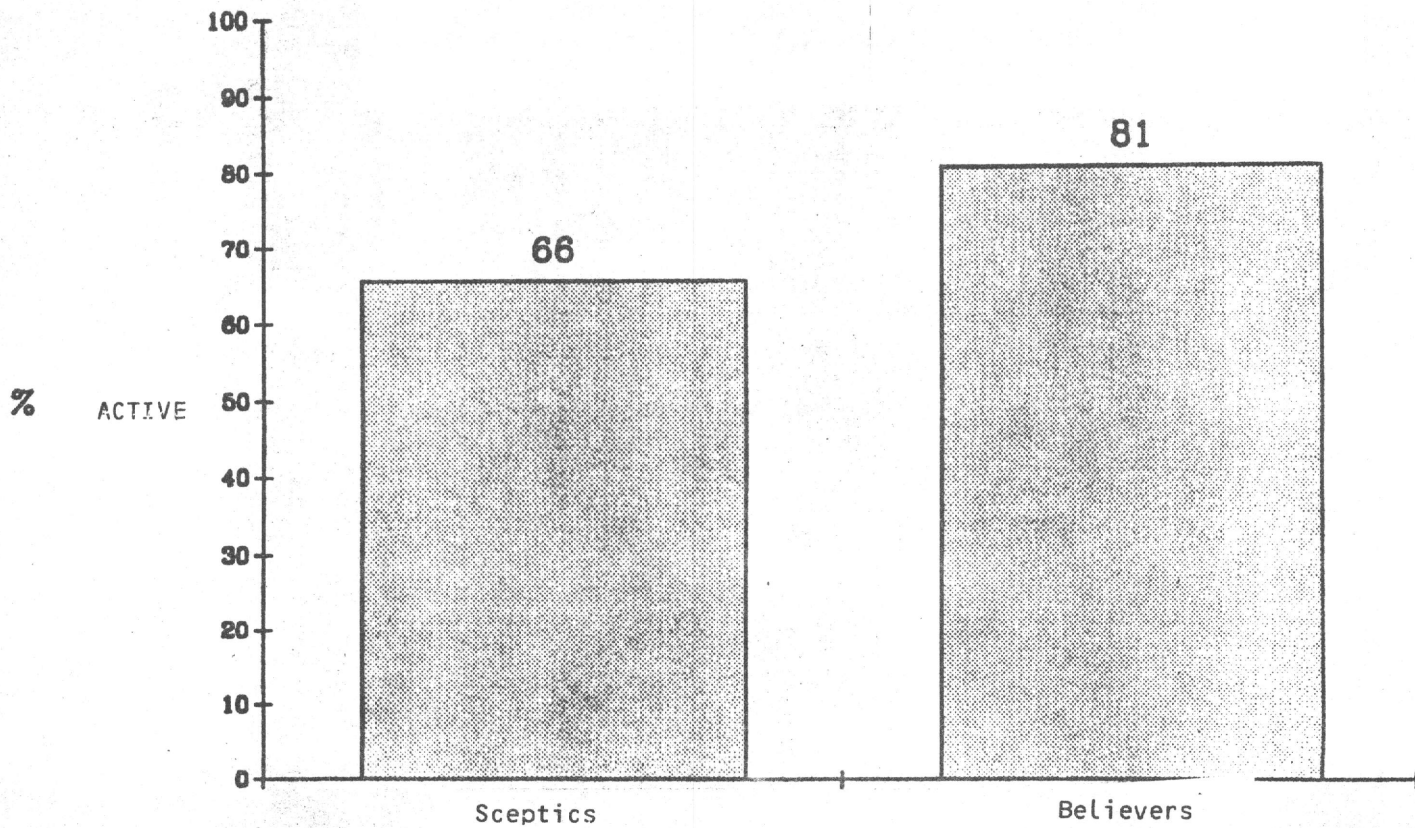
Degree of knowledge and belief in health education are therefore quantitatively comparable and reveal the need for parallel action on both counts. Variation of either of these factors, the other being constant, has a significant impact on activity.

For maximum effectiveness, teacher's knowledge and general attitude towards the subject must both be targeted in any health education promotion campaign.

LEVEL OF ACTIVITY AND KNOWLEDGE OF SUBJECT



LEVEL OF ACTIVITY AND BELIEF IN HEALTH EDUCATION



GENERAL CONCLUSION

The survey reveals European teachers to be particularly open to a great variety of health matters, many of which they discuss in the classroom.

This interest results from a clear awareness of the positive influence they can have on their pupils at both primary and secondary level - in most countries, many teachers believe they have as important a role to play in health education as parents or doctors.

Alongside this high level of interest throughout Europe, a further point to emerge is that countries vary enormously in the way they approach health education.

This is reflected in the disparity, often considerable, in the way teachers approach specific subjects such as drugs or cancer.

Attitudes towards cooperation with parents, which is often inadequate, also vary considerably, as do views on coordination of health teaching by teachers of different subjects, which has received little attention despite recognition of its fundamental importance by health education authorities.

Many factors combine to explain these differences, some examples being the organization of the school system, how responsibility for health education is allocated, the priority given to the subject in pre-service and further teacher training and, probably, the influence of traditional values.

Of all these factors, training and informing teachers are the two most important areas for action to improve the efficiency of health education.

Teachers' knowledge of health matters is, in general, satisfactory (according to their own assessment), but still inadequate in certain countries.

On the other hand, teachers clearly feel inadequately informed on cancer prevention and therefore, in many cases, ill-equipped to deal with the topic in the classroom.

However, inadequate information is not the only obstacle to more widespread teaching of certain topics. Broadly speaking, there are three specific areas

which could best be improved by receiving more emphasis during pre-service and further training:

- . greater awareness among teachers of their own role,
- . introduction of a standard approach to specific topics such as cancer,
- . consideration of how health matters should be presented, with emphasis on involving parents and the community in coordinated action.

Finally, other difficulties such as integrating subjects seen as low priority into a curriculum already stretched to the limit highlights the need for a complete overhaul of the system of health teaching.

Teachers are clearly in favour of active participation of the European Community in cancer prevention.

Awareness of the European Code against Cancer varied considerably between countries. Opinions on its effectiveness were also highly diverse. Nevertheless, teachers were perfectly willing to play a key role in publicizing it.

There can be little doubt that Europe Against Cancer can be instrumental in helping teachers to promote the Code, a role to which they are admirably suited.

ANNEXES

- 1) **Methodology**
- 2) **Description of the sample**
- 3) **Details of replies given under "Other"**
- 4) **Annexes to the summary**
- 5) **Dates of field work and institutions involved**
- 6) **Questionnaire**

METHODOLOGY

In each country, the sample was selected in three stages.

Stage one:

Selection of the geographical survey points in order to ensure representation of all regions.

Stage two:

Random selection of schools from existing lists for each survey point; telephone contact to ensure that the specified quotas were maintained for each type of school (public/private, general, technical).

Stage three:

Selection by the interviewer of one teacher per school, within the set quotas (for age, sex and subject); each interviewer was given a letter from the Commission of the European Communities explaining the aims and methods of the study in order to facilitate contact with the schools.

The aim of this three-stage procedure was to ensure a reasonable geographic spread of interviews, and avoid any bias which might have been introduced if the interviewers had selected the schools themselves, or if the choice of teachers to be interviewed had been left entirely to the school heads.

DESCRIPTION OF THE SAMPLE

Division into educational cycles at both compulsory and post-compulsory level varies to some extent between countries. The concept of primary education is generally similar, with parallel divisions into pre-primary and secondary, the pupils being aged between around six and eleven years. Denmark is the major exception, the Folkeskole there comprising a long primary cycle (about ten years). Spain's situation is somewhere in between the two, in that the primary cycle is long but is divided into three separate cycles, the two lower levels being organized with one teacher per class, and the upper level with one teacher per subject, thus making comparison with the other countries easier.

The organization of secondary education is more problematic, partly because there is more difference between countries, and partly because division into cycles is not necessarily equivalent for pupils and teachers. In France, for example, there is a clear division between the two levels of secondary education, but many teachers are active in both, and still more work in schools covering both cycles.

In the study, the "secondary" label was particularly artificial for four countries (see below), and completely meaningless for Denmark, which has a short secondary cycle.

In Belgium, there are two or three subdivisions within secondary education (types 1 and 2) which we found difficult to separate.

In Luxembourg, because of the small numbers involved, it was also difficult to distinguish between teachers in the lower and upper cycles of secondary education.

In the Netherlands, secondary education basically comprises three "cursus", of four, five and six years respectively, and division into two cycles seemed relatively arbitrary.

Finally, in the United Kingdom, because the different cycles are often found in the same school (comprehensive/state secondary schools) it was difficult to distinguish between teachers of the different levels.

In the seven remaining countries, it was possible to divide secondary education into two cycles.

In the report overall, comparison has been made on two different bases;

- . primary versus secondary education, valid everywhere except Denmark;
- . primary versus secondary, the latter being divided into two cycles except in Denmark, Belgium, Luxembourg, the Netherlands and the United Kingdom.

Finally, it was possible, in most of the samples, to pinpoint teachers of technical or vocational subjects.

A certain number of these teachers were selected in Belgium, Germany, Spain, France, Ireland, Italy, Luxembourg and the Netherlands, generally applying a quota based on the ratio "number of teachers in the technical sector/total number of teachers" (or a ratio based on the number of schools).

The table below shows the numbers of teachers belonging to each educational level.

	Primary		Secondary					Total
			of which					
			1st cycle	2nd cycle	technical (no sub-division)	tech. 1st cycle	tech. 2nd cycle	
Belgium	87	162	-	-	49	-	-	249
Denmark	175	62	-	62	-	-	-	237
Germany	80	175	89	86	-	-	30	255
Greece	81	160	80	80	-	-	-	241
Spain	80	160	-	80	80	-	-	240
France	80	159	73	86	-	-	25	239
Ireland	81	164	81	83	-	21	28	245
Italy	90	166	89	77	-	-	-	256
Luxembourg	21	45	-	-	27	-	-	66
Netherlands	80	160	-	-	88	-	-	240
Portugal	80	160	87	73	-	-	-	240
United Kingdom	80	162	-	-	-	-	-	242

TYPE OF AREA

	Rural	Medium- sized town	Major city	No reply	Total
BELGIUM.....	46	38	16	0	100
DENMARK.....	23	39	38	0	100
GERMANY.....	30	46	23	1	100
GREECE.....	11	28	61	0	100
SPAIN.....	21	56	23	0	100
FRANCE.....	8	30	62	0	100
IRELAND.....	37	27	36	0	100
ITALY.....	0	56	44	0	100
LUXEMBOURG.....	41	41	18	0	100
NETHERLANDS.....	40	45	15	0	100
PORTUGAL.....	11	39	50	0	100
UNITED KINGDOM.....	28	32	40	0	100

DISTRIBUTION BY SEX

	PRIMARY		SECONDARY	
	Men	Women	Men	Women
BELGIUM.....	31	69	52	48
DENMARK.....	45	55	63	37
GERMANY.....	21	79	52	48
GREECE.....	51	49	47	53
SPAIN.....	29	71	44	56
FRANCE.....	31	69	42	58
IRELAND.....	24	76	54	46
ITALY.....	13	87	39	61
LUXEMBOURG.....	52	48	71	29
NETHERLANDS.....	45	55	78	22
PORTUGAL.....	9	91	47	53
UNITED KINGDOM.....	26	74	42	58

TYPE OF SCHOOL

	Public	Private	No reply	Total
BELGIUM.....	41	59	0	100
DENMARK.....	87	13	0	100
GERMANY.....	96	4	0	100
GREECE.....	95	5	0	100
SPAIN.....	63	37	0	100
FRANCE.....	82	18	0	100
IRELAND.....	98	2	0	100
ITALY.....	88	12	0	100
LUXEMBOURG.....	82	18	0	100
NETHERLANDS.....	30	70	0	100
PORTUGAL.....	82	18	0	100
UNITED KINGDOM.....	92	6	2	100

DISTRIBUTION BY AGE

	Under 25	25-35	35-50	50 and over	No reply	Total
BELGIUM						
Primary.....	9	25	48	18	0	100
Secondary	0	28	55	17	0	100
DENMARK						
Primary.....	0	21	60	19	0	100
Secondary	0	14	71	13	2	100
GERMANY						
Primary.....	0	6	83	11	0	100
Secondary	0	11	70	19	0	100
GREECE						
Primary.....	7	21	47	25	0	100
Secondary	1	22	66	11	0	100
SPAIN						
Primary.....	3	24	57	16	0	100
Secondary	1	39	50	10	0	100
FRANCE						
Primary.....	1	18	59	22	0	100
Secondary	0	21	53	26	0	100
IRELAND						
Primary.....	5	31	44	20	0	100
Secondary	4	34	47	15	0	100
ITALY						
Primary.....	2	10	49	39	0	100
Secondary	1	19	62	18	0	100
LUXEMBOURG						
Primary.....	9	5	62	24	0	100
Secondary	0	18	58	24	0	100
NETHERLANDS						
Primary.....	9	40	44	7	0	100
Secondary	1	25	63	11	0	100
PORTUGAL						
Primary.....	2	34	44	20	0	100
Secondary	7	46	34	13	0	100
UNITED KINGDOM						
Primary.....	3	6	62	28	1	100
Secondary	1	17	64	17	1	100

SUBJECTS TAUGHT BY THE SECONDARY SCHOOL
TEACHERS INTERVIEWED

	Natural Sciences	Physical education	Social studies	Other	No reply	Total
BELGIUM.....	37	2	7	54	0	100
DENMARK.....	65	55	10	37	0	(1)
GERMANY.....	62	25	45	29	1	(1)
GREECE.....	59	23	21	0	0	(1)
SPAIN.....	57	21	24	37	0	(1)
FRANCE.....	54	25	4	24	0	(1)
IRELAND.....	53	20	22	38	0	(1)
ITALY.....	24	27	39	30	0	(1)
LUXEMBOURG.....	42	44	13	29	0	(1)
NETHERLANDS.....	32	23	31	59	0	(1)
PORTUGAL.....	57	22	4	31	0	(1)
UNITED KINGDOM.....	33	17	0	72	0	(1)

(1) Total over 100 due to multiple replies.

TEACHERS RESPONSIBLE FOR HEALTH EDUCATION

Compiled from replies under "others"

Below are the replies received under "others" to the question: "Which teachers are responsible for health education?"

The figure in brackets shows the number of times the reply was received.

Belgium:

see attached sheet

Denmark:

- . form master
- . domestic science
- . Danish
- . civics
- . where it fits in
- . physics
- . visiting school nurse

Germany:

see attached sheet

Greece:

- . home economics

Spain:

see attached sheet

France:

see attached sheet

Italy:

see attached sheet

Ireland:

- . religion/pastoral care (23)
- . domestic science (29)
- . civics (14)
- . all teachers/none in particular (16)
- . career guidance (2)
- . school management (1)
- . health education teacher (1)

Luxembourg:

- . geography (1)
- . all teachers (1)
- . religious instruction (1)
- . hygiene (1)
- . ethics (2)

Netherlands:

see attached sheet

Portugal:

- . health

United Kingdom:

- . home economics
- . life skills
- . guidance

P.S.E./Personal

and

Social

Development

BELGIUM

French-speaking sector:

- 196 home and social economics teachers
- 197 ethics teachers
- 204 hygiene and personal care teachers
- 203 pastoral assistants
- 201 biology, dietetics and pathology teachers
- 193 all teachers with their own class
- 191 certain form teachers
- 190 the other teachers
- 187 ethics teachers
- 164 general studies
- 162 primary school class teacher
- 161 form teacher
- 160 class teacher
- 158 hygiene and social education teachers
- 157 external doctors
- 156 hygiene and first-aid teachers
- 155 doctors and nurses
- 154 domestic science teacher
- 152 ethics teachers
- 148 ethics, religion and hygiene teachers
- 147 health and hygiene
- 144 psychology and social science teachers and nurses
- 141 religion teachers
- 134 information given during lessons
- 133 nursing colleges
- 132 ethics and religion teachers
- 121 social science teachers
- 120 religion teachers
- 119 biology
- 118 religion
- 117 ethics and cookery teachers
- 115 religion teachers
- 113 ethics teachers
- 107 as part of other lessons
- 108 home economics teachers
- 105 as part of other lessons
- 180 primary school class teacher

Dutch-speaking sector:

301 dietetics teacher
304 social science teacher
314 religion teacher
312 biology teacher
127 home economics teacher
117 biology and social science teacher
112 home economics teacher
111 religion teacher
109 practical laboratory work teacher
107 dietetics and child care teacher
106 religion and ethics teacher
105 ethics teacher
001 applied science teacher
130 home economics and hygiene teacher
131 ethics teacher
037 language teacher
039 religion teacher
040 religion and ethics teacher
042 language teacher
043 religion teacher
044 religion and ethics teacher
045 craft and design teacher
046 ethics teacher
047 religion, ethics and dietetics teacher
048 social science teacher
049 religion teacher
050 social science teacher
052 home economics teacher
055 ethics teacher
056 current affairs
058 health and hygiene teacher
066 biology and ethics teacher
070 religion and ethics teacher
075 biology and ethics teacher
074 environmental studies
076 home economics teacher
081 Dutch teacher
082 health and hygiene teacher
083 French teacher
084 religion and ethics teacher
086 religion teacher
088 home economics teacher
103 religion teacher
104 religion teacher
089 social science teacher
092 craft and design teacher
097 form teacher
098 craft and design teacher
099 religion and Dutch teacher
005 home economics teacher
015 biology teacher
022 biology teacher
023 child care and hygiene teacher
024 biology and ethics teacher
028 ethics teacher
033 health and hygiene teacher
034 craft and design teacher
014 religion teacher

GERMANY

Question 148, p. 5

No

00062	Religion and social studies
00063	Biology, home economics and social studies
00070	Form teacher
00046	Religion, social studies
00048	Rural studies, social studies
00049	"Preparation for work" teacher
00050	Environmental studies, form teacher
00052	Form teacher
00059	Information science
00032	Form teacher
00039	Form teacher
00014	Biology teacher
00017	Form teacher
00018	Form teacher and environmental studies teacher
00020	Religion teacher
00150	Form teacher
00130	Religion
00132	Teacher responsible for information on AIDS
00134	Form teacher
00135	Relevant form teacher
00138	All teachers
00106	Form teacher
00110	All teachers, taught across subject boundaries
00112	Form teacher
00115	Religion
00117	German and cookery
00119	General studies teacher
00120	Biology and home economics
00089	Religion
00094	Any teacher who feels it his duty
00095	The entire teaching staff
00252	All teachers
00257	Religion teachers
00259	Form teachers
00245	Religion teacher
00249	Social studies
00251	Religion
00225	Social studies
00230	Social studies
00238	Home economics
00239	Home economics and form teacher
00217	Social studies
00187	Form teacher
00189	Social and religious studies
00197	Sports teachers
00198	German, philosophy
00169	Nursing instructors
00170	Religion teachers

SPAIN

Nurse
All staff
Social Science and ethics
All staff
Psychologists and sexologists
Nurses and pharmacy department
Doctors
Doctors
Ethics
Biology and medical departments
Training in health and hygiene
School doctor
Form teacher
Nurse (occasionally)
Qualified pharmacists and nurses
Home economics teacher
Form teachers
Form teachers
All staff
Institution's doctor
Languages
Form teachers
Social studies and natural science teachers
Parents advisory centre
Form teachers
Form teachers
Form teachers
One teacher for each educational level, independent of subject
All teachers
All staff

FRANCE

Q.148: Teachers responsible for health education

3 Health education and social studies teacher
14 Nurse
6 Teachers running the keep fit/sports club
3 Welfare assistant
1 Teachers committee on tobacco and drugs
1 Medical/social sciences teacher
2 Craft and design teacher
2 French teacher
3 Occasional individual initiatives by certain physics/chemistry
teachers
1 History/geography teacher
1 Technology teacher
1 University lecturer

ITALY

Survey No 89008

Question 14

- Humanities 7 - 14 - 97 - 179 - 214
- Information technology 9
- Technical instruction 14 - 60 - 89 - 112
- Class committees 37
- Various teachers 41
- Hygiene 50
- Mathematics 112
- Religion 169 - 215 - 226
- External experts 31 - 95 - 170 - 248 - 35 - 41 - 155 - 233

NETHERLANDS

Q.148, code 3: Which teachers are responsible for health education? "Other" answers:

Total: 107

Sociology/civics: 47x
Health education: 40x
Form teachers: 8x
All teachers: 13x
Housecraft: 9x
Nursing: 4x
Visiting speakers: 6x
Religious education: 3x
Careers advisors: 2x
Ethics: 3x
Pathology: 2x
Others: 7x

ANNEXES TO THE SUMMARY

DESCRIPTION OF THE TYPOLOGY OF TEACHERS' DEGREE OF ACTIVITY

	Active and motivated	Active but easy-going	Non-active	Over-all
Discuss health matters with pupils:				
. Often	70	70	23	60
. Sometimes	29	29	65	37
. No	1	1	12	3
. No reply	0	0	0	0
TOTAL	100	100	100	100
Discuss health and young people:				
. Yes	93	88	75	86
. No	5	11	23	12
. No reply	2	1	2	2
TOTAL	100	100	100	100
Discuss the recommendation "Do not smoke":				
. Yes	98	95	69	90
. No	1	4	30	9
. No reply	1	1	1	1
TOTAL	100	100	100	100
Discuss the recommendation "moderate consumption of alcohol":				
. Yes	87	80	39	73
. No	11	17	59	25
. No reply	2	3	2	2
TOTAL	100	100	100	100
Discuss the recommendation "Avoid excessive exposure to the sun":				
. Yes	67	66	14	55
. No	30	30	84	42
. No reply	3	4	2	3
TOTAL	100	100	100	100
Discuss the recommendation "Eat fresh fruit and vegetables":				
. Yes	87	95	30	77
. No	11	4	68	21
. No reply	2	1	2	2
TOTAL	100	100	100	100
Discuss the recommendation "Avoid being overweight":				
. Yes	88	91	12	72
. No	11	7	85	26
. No reply	1	2	3	2
TOTAL	100	100	100	100
Asked a pupil to put out a cigarette:				
. Often	36	0	3	12
. Sometimes	63	0	30	26
. No	0	99	65	60
. No reply	1	1	2	2
TOTAL	100	100	100	100
Willingness to publicize the Code among pupils:				
. Yes	98	93	85	92
. No	1	4	10	5
. No reply	1	3	5	3
TOTAL	100	100	100	100

DESCRIPTION OF THE TYPOLOGY OF TEACHERS' KNOWLEDGE OF THE SUBJECT

	Well- informed	Moderately well- informed	Ill- informed	Overall
Take an interest in health issues in the media:				
. Often	73	83	-	61
. Sometimes	27	17	76	33
. Rarely	-	-	18	4
. Never	-	-	5	1
. No reply	-	-	1	1
TOTAL	100	100	100	100
Well-informed on health in general:				
. Yes	78	75	40	67
. No	21	23	55	30
. No reply	1	2	5	3
TOTAL	100	100	100	100
Well-informed on cancer in particular:				
. Yes	69	60	13	50
. No	28	37	79	45
. No reply	3	3	8	5
TOTAL	100	100	100	100
Heard of the European Pro- gramme against Cancer:				
. Yes	90	19	20	35
. No	8	79	79	63
. No reply	2	2	1	2
TOTAL	100	100	100	100
Heard of the European Code against Cancer:				
. Yes	83	3	8	22
. No	13	95	91	76
. No reply	4	2	1	2
TOTAL	100	100	100	100
Seen the Code before:				
. Yes	73	9	12	24
. No	25	89	85	74
. No reply	2	2	3	2
TOTAL	100	100	100	100

DESCRIPTION OF THE TYPOLOGY OF BELIEF IN HEALTH EDUCATION

	Believers	Sceptics	Overall
Importance of the teacher's example:			
. Yes	82	65	78
. No	14	7	18
. No reply	4	6	4
TOTAL	100	100	100
Pupils' receptiveness to health information:			
. High	39	-	30
. Fairly high	59	-	45
. Low	-	83	19
. None	-	11	3
. No reply	2	6	3
TOTAL	100	100	100
Role of teachers in health education:			
. Major role	76	54	71
. Secondary role	18	41	23
. No reply	6	5	6
TOTAL	100	100	100
Effectiveness of publicizing the European Code against Cancer:			
. Very effective	42	32	40
. Moderately effective	51	58	53
. Ineffective	6	8	6
. No reply	1	2	1
TOTAL	100	100	100

ACTIVITY - KNOWLEDGE - CONVICTION
RESULTS BY COUNTRY

	ACTIVITY		KNOWLEDGE			CONVICTION	
	Active (%)	Non-active (%)	Well-informed (%)	Moderately well-informed (%)	Ill-informed (%)	Believers (%)	Sceptics (%)
BELGIUM	63	36	21	51	28	68	32
DENMARK	89	11	14	70	16	90	10
GERMANY	80	20	26	49	25	55	45
GREECE	74	26	13	65	22	75	25
SPAIN	71	29	25	31	44	68	32
FRANCE	69	31	18	53	29	66	34
IRELAND	73	27	32	53	15	90	10
ITALY	80	20	38	49	13	75	25
LUXEMBOURG	70	30	17	44	39	73	27
NETHERLANDS	76	24	6	66	28	79	21
PORTUGAL	87	13	46	34	20	92	8
UNITED KINGDOM	93	7	8	72	20	87	13
European average	78	22	22	54	24	77	23

ACTIVITY IN HEALTH EDUCATION

	Active	Non-active	Total	Number of staff
SEX:				
Male	75	25	100	1 209
Female	80	20	100	1 541
AGE:				
Under 25	68	32	100	62
25-34	75	25	100	656
35-49	79	21	100	1 545
50 and over	77	23	100	484
LENGTH OF SERVICE:				
1 - 4 years	72	28	100	241
5 - 9 years	74	26	100	425
10 - 14 years	80	20	100	559
15 - 19 years	79	21	100	525
20 - 24 years	79	21	100	441
25 years or over	77	23	100	549
AGE FULL-TIME EDUCATION COMPLETED:				
Under 16	68	32	100	209
16 - 18	73	27	100	156
19 - 22	78	22	100	1 048
23 - 25	77	23	100	848
26 or over	81	19	100	488
EDUCATIONAL LEVEL TAUGHT:				
Primary	77	23	100	1 015
Secondary	78	22	100	1 735
SIZE OF SCHOOL: (In terms of number of pupils)				
Under 50	68	32	100	37
50 - 100	78	22	100	119
101 - 500	77	23	100	1 422
501 - 1 000	81	19	100	769
1 001 - 2 000	75	25	100	343
Over 2 000	73	27	100	59
SAMPLE OVERALL	78	22	100	2 750

Note: In some cases the total number of staff in each category is slightly lower than 2 750 due to missing data.

ADEQUACY OF KNOWLEDGE FOR TEACHING HEALTH

	Well- informed	Moderately well- informed	Ill- informed	Total	Number of teachers
SEX:					
Male	20	54	26	100	1 209
Female	24	54	22	100	1 541
AGE:					
Under 25	18	47	35	100	62
25-34	24	47	29	100	656
35-49	21	57	22	100	1 545
50 or over	26	52	22	100	48
LENGTH OF SERVICE:					
1 - 4 years	22	47	31	100	241
5 - 9 years	20	50	30	100	425
10 - 14 years	22	55	23	100	559
15 - 19 years	22	58	20	100	525
20 - 24 years	23	55	22	100	441
25 years or over	25	53	22	100	549
AGE FULL-TIME EDUCATION COMPLETED:					
Under 16	22	50	28	100	209
16 - 18	25	54	21	100	156
19 - 22	20	55	25	100	1 048
23 - 25	25	51	24	100	848
26 or over	22	56	22	100	488
EDUCATIONAL LEVEL TAUGHT:					
Primary	19	54	27	100	1 015
Secondary	25	53	22	100	1 735
SIZE OF SCHOOL: (In terms of number of pupils)					
Under 50	11	65	24	100	37
50 - 100	19	56	25	100	119
101 - 500	23	56	23	102	1 422
501 - 1 000	24	54	22	100	769
1 001 - 2 000	28	43	29	100	343
Over 2 000	25	51	24	100	59
SAMPLE OVERALL	22	54	24	100	2 750

Note: In some cases the total number of staff in each category is slightly lower than 2 750 due to missing data.

BELIEF IN THE EFFECTIVENESS OF HEALTH EDUCATION

	Believers	Sceptics	Total	Number of teachers
SEX:				
Male	75	26	100	1 208
Female	78	22	100	1 541
AGE:				
Under 25	79	21	100	62
25-34	77	23	100	656
35-49	75	25	100	1 545
50 or over	79	21	100	483
LENGTH OF SERVICE:				
1 - 4 years	76	24	100	241
5 - 9 years	76	24	100	
10 - 14 years	75	25	100	559
15 - 19 years	76	24	100	525
20 - 24 years	76	24	100	441
25 years or over	80	20	100	548
AGE FULL-TIME EDUCATION COMPLETED:				
Under 16	73	27	100	209
16 - 18	75	25	100	156
19 - 22	81	19	100	1 047
23 - 25	73	27	100	848
26 or over	75	25	100	488
EDUCATIONAL LEVEL TAUGHT:				
Primary	81	19	100	1 014
Secondary	74	26	100	1 735
SIZE OF SCHOOL: (In terms of number of pupils)				
Under 50	78	22	100	36
50 - 100	81	19	100	119
101 - 500	77	23	100	1 422
501 - 1 000	75	25	100	769
1 001 - 2 000	76	24	100	343
Over 2 000	73	27	100	59
SAMPLE OVERALL	77	23	100	2 750

Note: In some cases the total number of staff in each category is slightly lower than 2 750 due to missing data.

DATES OF FIELDWORK

BELGIUM	Dimarso 78 Boulevard Lambert B.1030 - BRUXELLES	13 to 30 January 1989
DENMARK	Gallup Markedsanalyse A.S. Gammel Vartovvej 6 DK.2900 - HELLERUP COPENHAGEN	22 January to 9 February 1989
GERMANY	Emnid Institut GmbH Bodenschwinghstrasse 23-25a D.4800 - BIELEFELD 1	9 January to 7 February 1989
GREECE	Icap-Hellas S.A. 64 Queen Sophia Avenue GR.115 28 ATHENS	9 to 30 January 1989
SPAIN	Intergallup P° de la Castellana, 72-1° E.280046 - MADRID	12 January to 1 February 1989
FRANCE	Institut de Sondages Lavalie 6/8 Rue du 4 Septembre F.92130 - ISSY-les-MOULINEAUX	9 January to 27 February 1989
IRELAND	Irish Marketing Surveys Ltd 12-20 Upper Pembroke Street IRL. DUBLIN	19 January to 1 February 1989
ITALY	Istituto per le Ricerche Statistiche e l'analisi dell'opinione pubblica (Doxa) Via Panizza 7 I.20144 - MILANO	19 January to 6 February 1989
LUXEMBOURG	Institut Luxembourgeois de Recherches Sociales (IIRès) 6, rue du Marché aux Herbes GD.1728 - LUXEMBOURG	26 January to 10 February 1989
NETHERLANDS	Nederlands Instituut Voor de Publieke Opinie (Nipo) B.V. Westerdokhuis, Barentzplein 7 NL.1013 - AMSTERDAM	13 January to 2 February 1989
PORTUGAL	NORMA - Sociedade de Estudos para o Desenvolvimento de Empresas, S.A.R.L. Rua Marquês de Fronteira, 76 P.1000 - LISBOA	9 to 30 January 1989
UNITED KINGDOM	SOCIAL SURVEYS (Gallup Poll) 202 Finchley Road UK. LONDON NW3 6 BL	12 to 31 January 1989

UNITED STATES

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917