

LETTER TO THE EDITOR

Anonymous postal surveys

Further to Doctors Campbell and Waters' article in the recent issue of the Journal (March 1990, p 75), we would like to report our experiences of an anonymous postal questionnaire survey which extends their observations. A postal survey was recently undertaken in three further and higher educational establishments in the Tyne Tees area, to ascertain students' AIDS related knowledge, attitudes and behaviour, and opinions on an HIV information pack supported by the Health Education Authority. The survey was administered anonymously for three reasons: first, to gain access to a "private register", ie, the academic register; second, to satisfy the local Ethical Committee's proper concern for confidentiality; and third, because of our hope that anonymous questionnaires would elicit frank and honest answers on sensitive issues.

A random sample of students was drawn from the academic registers of the establishments by their staff using a sampling technique specified by this research team. Questionnaires were sent to students ($n = 1874$) with our covering letter stating that they could not be identified. Anonymity was preserved as no identifying information was recorded on questionnaires. The research team was not aware of the identity of students, and similarly staff in the establishments would not identify respondents as completed questionnaires were posted direct to the offices of the research team. Unlike Doctors Campbell and Waters' surveys, two reminders were sent to all of the students, the first two weeks, and the second six weeks after the initial posting. The covering letter with the reminders made it clear that this was a reminder and students were asked not to fill in the questionnaire if they had already done so. Objections to both the initial mailing and reminders were rare.

A response rate of 49% was achieved by the time the first reminder was sent out. On the day the second reminder was posted, the response rate stood at 64%. Our final response rate was 74%.

One problem with anonymous reminder questionnaires is that respondents may return more than one questionnaire. The data were examined to find those students for whom establishment, age, sex, type of residence, age at first sexual experience, number of partners and alcohol consumption was the same. The handwriting in matching questionnaires was compared to identify duplicates. This process took one researcher three days. Twelve questionnaires were definite duplicates.

We agree with Doctors Campbell and Waters that postal surveys are a useful means of obtaining information for planning health education programmes in the field of HIV and AIDS. However, their study shows that anonymous questionnaires do not yield high response rates. Ours demonstrates that if circumstances necessitate an anonymous method, a satisfactory response rate can be obtained with reminders.

A major disadvantage of this approach is the additional cost of sending reminders to the whole study group. In our survey we administered 5600 questionnaires in total, about 2000 of which went to students who had already completed questionnaires.

R MADHOK
R McEWAN
R S BHOPAL
A McCALLUM
School of Health Care Sciences
University of Newcastle upon Tyne
Newcastle upon Tyne NE2 4HH
United Kingdom

This book will be read with pleasure by everyone who knew him. But what about those who did not? What a difficult judgement! Many of the references to people and events are so brief that a full appreciation depends upon personal acquaintance with the author and his colleagues, and direct experience of the medical and academic background against which the later part of his story unfolded. But I suspect they will.

E G KNOX

Health Promotion: Models and Values. R S Downie, Carol Fyfe, Andrew Tannahill. (Pp 183; £12.95.) Oxford University Press, 1990. ISBN 0-19-261739-7.

The 1980s saw an explosion in interest in the concept and practice of health promotion. This was reflected in the proliferation of postgraduate specialist courses (there are now over 10 in the UK), and the development of basic and postbasic training for professionals in fields as diverse as medicine, teaching, and community work. Until recently there has been a dearth of books which students and practitioners could use to obtain an overview or introduction to the subject. This situation is now starting to improve with the recent publication of several books which have looked at aspects of the theory and practice of health promotion. The publication of this book is therefore both timely and welcome.

As the title suggests this is neither a text book nor a recipe book setting out "how to do it". Rather the three authors draw on their diverse experience in public health medicine, social science research, and moral philosophy to explore and clarify the principles and values which underpin health promotion. They contend that unless we have a clear understanding of what health promotion is, what we are trying to achieve and why, and the values which underpin practice, we are unlikely to be, or be seen to be, effective.

The book is in two parts. The first considers concepts and definitions of health, health education, and health promotion and draws up models for good practice. It also includes a chapter on evaluation and another which discusses the application of these models. The second part of the book consists of two chapters on attitudes and strategies for change, and three chapters which explore the value base of health promotion, in particular liberalism, autonomy, social justice and citizenship.

Overall I think this is a book that anyone interested in health promotion will want to read, though readers without some previous knowledge of these issues and the health service will find certain parts somewhat obscure. The first part is essentially an elaboration of the health promotion model developed by Tannahill over the last few years and many of the ideas will be familiar to readers of his previous journal articles. I personally find his model useful both as a basis for teaching and designing programmes. I am sure that students would find these chapters a useful adjunct to lectures and I have already incorporated some of the models into my own teaching.

However the book is not without its weaknesses and on balance I was somewhat disappointed. Although the text is clearly written, with the main points summarised at the end of each chapter, at times it reads too much like the work of three individuals rather

BOOK REVIEWS

One Man's Medicine. A L Cochrane (Pp 283; £14.95.) BMJ Publications, 1989. ISBN 0-7279-0277-6.

This is Professor Archie Cochrane's autobiography completed, after his death, by coauthor Max Blythe. Richard Doll's foreword spells out the elements of the story in a few phrases—a combination of idiosyncrasy and wit, war and peace, drama and science, and of battles against obscurantism. Dick Cohen expands the theme in an introduction—providing a precis of what is to follow. Richard likens the book to a "well constructed novel". Dick's account suggests that it must be at least a Hemingway. Curiously, Hemingway appears in Archie's story in the context of the Spanish Civil War—to be dismissed in two uncomplimentary words—but this is *not* a novel.

First, although there is drama in the events recorded, there is none in the manner of telling. Dramatics are avoided: evaded. Archie had drama visited upon him, but it was not a style to his taste. He was too fond of understatement and of paradox, the eccentric twist in the tale. He could make a joke from almost anything. Under a bombing attack in Crete he penned . . .

" . . . remember if you pass this way

To pause and say:

'There is a corner of a Cretan lane

For ever Spain' . . .

and, later, his delicious socio-scientific-medical dogma that "all effective treatment should be free".

Second, it does not have the structure of a novel. There is no plot: no lesson spelled out. This was not Archie's style. The messages are there, but they have to be read between the written lines. This is rather the seriatim story of events as they happened: an expansion of a diary. This is an account of the present as driven by the past, rather than converging to illustrate a revealed grand theme. Grand ideas were the stuff that dictators were made of, and he *did* have an explicit message here. He lived through the lives and times of the worst despots of modern history and he saw their crimes, the greatest in the history of mankind. He outlived them all. He was especially glad to have outlived Franco and to return to Spain.