

*Young people are bombarded with health messages. What is a healthy person really like?*

Helen Babb & Andrew Sparkes

# Pictures of health

**W**hat do young people understand by 'health' and 'being healthy'? Such questions underpinned a Professional Development Project (PDP) undertaken by Helen Babb during her third year as an undergraduate student at Exeter University, under the supervision of Andrew Sparkes (1).

Before the PDP was conducted we were aware that few studies had focussed directly on the perceptions of young people regarding health issues, and so we were concerned to initiate a small-scale project that would assist in 'filling the gap'. As a consequence, a series of tape-recorded group interviews regarding their views on health issues were conducted with six Year 10 girls at a secondary school in Devon.

The methodology of the study is discussed in more detail in the full report (1), but it needs to be recognised here that while we saw the advantage of a tape recorder in making available a permanent record of the discussions, some members of the group were a little apprehensive about its presence in the early interviews. Likewise, some problems were experienced in relation to the limited attention span of the group, and Helen, as the interviewer, had to adopt a dynamic role in the discussions in order to stimulate debate.

## What is health?

Defining 'health' alone was difficult, although the group members had very clear images of what a healthy or an unhealthy person should look like. According to Tracy, an unhealthy person would be "eating greasy foods, quite fat, not taking part in things — sit around, watch TV, couch potato".

By contrast, the healthy person would be slim, tanned (because, according to Sam, "it shows you're out in the sun a lot, out of doors"), and according to Becky "they may have jogging stuff on", which represents the image of exercise promoting health. A healthy person would be "standing up straight" with good posture, which indicates a positive attitude to oneself, leaving you feeling good. Positive or good health experiences tended to be more closely related to complex and intangible emotions such as enjoyment and a sense of wellbeing than to health itself.

The girls also referred to mental health, which mainly included depression, stress, and not being able to cope with day-to-day living. Things we can do to keep our minds healthy included "sleep, take your time, socialising".

Friends are seen to have a great deal of influence over health. They help you to reduce

stress by talking about problems, and they are also seen to influence exercise habits: "Like if I say to my friend that I'm going to netball club, then instead of her standing there and watching she'll join in as well."

### Health and lifestyle

The girls felt that lifestyle was a major determinant of health. This was discovered early on in my investigation, when one of my questions was: *So what kinds of things do you do to keep healthy. . . what is being healthy?* this was answered by the group as "regular exercise, eating properly, personal hygiene, changing clothes".

It seems that these ideas stem from a whole host of images and ideologies. When the group were asked if they could *Name a pop star or someone on TV who is healthy*, it was the image of their lifestyle that told them if they were healthy or not. For example, the answers included "Madonna. . . because she takes a lot of exercise", "Paul McCartney. . . he's a vegetarian. He eats beans and pulses and lives in the country," and "Jane Fonda because she takes a lot of exercise and is skinny". Anneka Rice and Lizzie of TV-AM's work-out were also mentioned.

### Health, fitness and exercise

The link between fitness and health, as expressed by the group, is somewhat confusing and contradictory. On the one hand, it seems that images of fitness mean images of slimness as indicated above. This, of course, represents a lack of body fat, which, according to the group, gathers up and clogs the blood system. This therefore represents health, but the response to *Do you think health is related to how fit we are?* was very unsure. On being asked *Can you be healthy and not fit?* the reply was: "Yes, because if you are unfit it means you don't do enough exercise, but it doesn't mean you're unhealthy because you may eat all the right foods".

The proposed link between the 'triad' of exercise, fitness and health became more complicated when people with, for example, AIDS or cancer were considered. Likewise, the girls found it difficult to conceptualise the triad in relation to disabled people. When they were asked if such people were 'healthy' or not, Kate replied: "Yes, because they can still play basketball which will keep the arms healthy".

**Can you be healthy and not fit? Can disabled people be healthy?**

**Entering the cult of slenderness**

### Diet and health

'Diet' was seen in two very different ways by the group. One way was what we actually take into our bodies — which kinds of food are good for us and which are not? — while it was also referred to as the amount of food we take in, which affects our body shape.

Unhealthy foods, in the opinion of the group, are "junk foods, chocolate and crisps". Sam, in her vision of an unhealthy person, said: "They would be standing there with a massive portion of chips". In fact Sam, of a very slim build, says she eats chips every day and doesn't like 'healthy' foods. "I don't worry about it because I don't have to. As long as I don't eat healthy foods I am OK." In reply to this, Kate said: "Even if you eat loads of fatty foods and don't put on any weight, your body can be different on the outside to what it is inside — could be unhealthy inside".

The whole idea of diet is underpinned by the vision of fat and body shape. When considering 'diet', so much of what we should eat and why was ignored, for example the fact that dairy products give us calcium for strong bones and teeth, and the girls concentrated simply on diet and 'looking good'.

### Slimness and health

What we are entering into now is the 'cult of slenderness' coined by Tinning (2), and the idea of 'slimness' being preferred to fatness had greatly affected the group. Nicky felt that her Number One 'health' aspect was having a good attitude to the body, which included "looking after yourself, wanting to do things like keep-fit and exercise, good diet". This idea was underpinned by an individualistic slant, since she implied that personal health was promoted by "wanting to do things". This ignored other factors such as social circumstances — for example wealth, sex, or location — which might limit participation.

Tinning, in his exploration of the ideology of 'shapism' and the cult of slenderness, made specific reference to how the media has led to the slender body shape achieving widespread prominence as a metaphor for health, well-being and affluence. During this research it became clear just how much the girls were influenced by media presentations.

A classic example of this is when Becky said: "Like on Baywatch you see all those women

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with perfect figures which makes you feel fat. On Baywatch it's always gorgeous women, you don't ever see an overweight person. It makes you really self-conscious."

What is ironic is that media images such as those that appear in Baywatch are not considered to be 'normal'. "You don't see them walking down the street like that, there aren't women like that walking around on a normal beach"; but nevertheless we still strive to be like them. This seems to suggest that they are 'better' than us and we are envious of them. However, the idea that slimness is better was shunned by Becky, who felt that these people are "lacking in brains or something".

Another media image which has obviously had an impact is the 'Special K' advert, since this was mentioned rapturously by the group. They realised that its effect was to make you buy the product and hopefully be as slim as the girl in the advert. A strong belief amongst the group is that society's pressures say 'slim is healthy' and 'slim is attractive', and, what's more, 'slim is better'.

A joint effort by the group to describe someone who is healthy resulted in an image of a person with "eyes shining, clean hair, skin looking healthy, and clean clothes. A man will have muscles, bright white teeth, and hasn't got a cold."

### Drugs — links with health

Tobacco, alcohol and other drugs were spoken about as being very detrimental to health, and, unlike fatness being excused as acceptable if the person were happy, they were not excused in the same way.

Kate observed that although smoking and excessive drinking were unhealthy, nevertheless "some can't help it". Surprisingly, since the group on the whole supported the 'individualistic' model of health, this was not argued against by the others, even though most believed that the individual was entirely to blame for taking up unhealthy habits.

### Health and the economic environment

An interesting feature of the research was the manner in which the girls felt that greater wealth did not (at first) mean having a better 'degree' of health, although it was accepted that money gave some individuals greater access to better health.

This was because although "richer people can

**The members of the group felt that their personal health lay firmly in the hands of their parents.**

afford jogging machines, jogging suits and trainers", in other words, the equipment to participate in exercise to improve health, they could also "buy lots of sweets and cakes and things — they can buy more unhealthy foods".

However, further consideration of the issue brought more sympathy for people on lower incomes, which ran in parallel with statistical evidence that such people *do* have a lower level of health.

Kate said: "Like when you haven't got much money you can't buy much food, and the food you get might just be the basics", suggesting that individuals cannot be blamed if limited financial resources affect their health. Tracy, however, was not convinced, and replied that even though they may have a poor diet they could "still exercise and be healthy, which doesn't cost anything", and Kate, taking this into consideration, went on to imply that people on lower incomes were 'lucky' because they probably "can't afford a car and walk everywhere, which is good for them".

### Health and the occupational environment

The whole group agreed that your occupation can affect personal health. Sam felt very strongly about this, since her dad drives a bus. This not only affects his physical health because "he is sat down all day" and not getting any exercise, but also his mental health in the form of stress and the boredom of going round the same route day after day.

Sam also noted that working in an office can be unhealthy for very much the same reasons. Even highly-paid jobs were sometimes seen as unhealthy since "usually you have to work quite hard to get the money, then you are too tired to do anything". Here we can see that our health has again been determined by what we 'do'.

### Health and the family environment

The members of the group felt that their personal health was beyond their control and lay firmly in the hands of their parents. This was the case because parents control diet, which makes it seem that this is the most important aspect of health to the group members, especially since there was no mention of any of the other 'health' characteristics they have defined.

The girls were divided over whether this was a good thing. Jo felt it was better that parents controlled your health because "they know

***“They say stop smoking, but they don’t really give you any facts.”***

best”, but Kate retorted that “they are older than we are and have old ideas — they are out of touch”. In a positive sense, parents were seen as caring about health by limiting unhealthy foods — “junk foods, chocolate and crisps”. However, Sam feels she would change her diet if it were under her control and she would be more healthy without parental influence. She said that “I’d walk more places, I take advantage of having transport”.

The idea of who has control over your health again raised the issue of who or what is to blame if you are unhealthy: is it your fault? According to Kate it is, some of the time, but “you might not have time to do things that are healthy. You may have a disease like MS. Some things are beyond your control.”

Not only does this contradict what she said earlier about whether health is under your control and about whether diseased people are healthy or not, but other factors such as time and personal resource limitations have been recognised as characteristics that can affect health. This quote appeared in the final discussion, which made us wonder whether the line of thought of the group had matured and become more settled over time.

### Motivation to be healthy

On the whole, it was recognised that although health is a day-to-day aspect of living, it is very much taken for granted and ignored, which coincides with the findings of Eadie et al (3) in their exploratory study. Health was largely seen by them as a maintenance concept — the reason for taking part in exercise was for maintenance of health and for enjoyment: “I just do it because I enjoy it. Doing it to enjoy yourself is being healthy anyway.” This also emphasises the ‘mental’ aspect of health and its value.

In fact, the ‘health’ aspects of exercise were generally seen as happiness and enjoyment. For example, Sharon says that an enjoyable thing to do that is healthy is “dancing, because it’s a sport and a social event”.

In the group’s opinion, information about health is inadequate and limited. It appears that information on health matters is sectioned off to some subject departments in school, for example P.E., R.E. and Home Economics. Little information on drugs or smoking had been given to the girls: “They say stop smoking, but they don’t really give you any facts”.

Although exercise is included as part of the

P.E. programme, Kate criticised it because “you are just basically learning the sport, not much to do with fitness. Like sometimes you are running round the gym and you don’t know why.” This is where Health-Related Fitness can play a part.

The real value of health was only considered when they thought about their Number One priority in life. Generally speaking, the girls saw enjoyment and happiness as their main life priorities, therefore living for the present rather than the future. This is in direct contradiction of Eadie’s study. It was here that health was seen as a necessary precondition to quality life and without it life could not be fulfilled: “If you are not healthy, you can’t do anything else. It restricts what else you can do.”

None of the girls showed any real commitment to improving health. They have the odd phase of changing to a ‘healthier’ diet, but are largely prepared just to maintain it, with the hope of preventing poor health.

Kate summed up the feeling of the whole group: “I don’t think about it all the time. This was the first time I’d really thought about it. It just comes naturally, I suppose. You just do things.”

### Conclusion: a picture of health?

Reflection on these results led us to consider a number of points, which are summarised here.

1. Although ‘health’ is an everyday concern, as a concept it is rarely defined and thought about. What was striking, however, was the very clear image held by the group of what it was to look healthy or unhealthy.

2. The group saw ‘health’ as being directly linked with certain lifestyle and social activities, such as exercise and healthy eating.

3. The ‘cult of slenderness’ has imposed enormous pressures on them to lose weight or not gain weight. Although the slim women in Baywatch and the Special K advertisement are seen to be by no means normal, many strive to be like them.

4. The group tended to blame people with poor health for their own shortcomings, regardless of personal circumstances. An exception was smoking, where it was remarked that “some can’t help it”.

5. Health was seen to be directly linked with environment. Money increased access to better health, although did not automatically ensure it; in fact lack of facilities, especially transport, was also seen as encouraging exercise.

6. Occupational environment was seen to influence health, although highly-paid jobs were not necessarily healthier.

7. For the young people themselves, parental influence was seen to be the main factor controlling their health.

Finally, it would seem that young people have little idea of the importance of the social and physical environment in determining the health of others less privileged than themselves; perhaps teachers, too, need to recognise that information and education given to improve health must be relevant to the social context of the individual. All choices are not available to all.

### References

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