News from the Unit

We have been pleased to welcome, for the sixth successive year, our distinguished colleague Dr Ian MacGregor from the Dental School at the University of Newcastle. Ian has been working with David, exploring the databases for insights into young people’s toothbrushing habits. At the end of August a bundle that looked suspiciously like a monograph was hustled into the publishing office for desk-top publishing treatment by James and Sally.

Data from the Smoking Evolution Project has been accumulating over the summer, and reports for this and other projects are being prepared for the start of the new academic year.

Beryl reports that with respect to drug abuse, a new dimension in Scottish schools has been to look at the level of knowledge and use of xenobiotics. Jellies, as they are more commonly called, have taken on a new meaning south of the border!

An enquiry developed by the Unit to support health care planning for young adults. Health and Relationships, has also proved popular in schools this year.

Anne has been writing summary reports following area Health Related Behaviour surveys in Durham and Ayrshire & Arran. This was interpreted with producing schools’ survey data on computer discs, to allow them to interrogate their own data. This is becoming an increasingly popular service, with schools moving towards their own customised selections.

John has been tirelessly promoting the work of the Unit, particularly with respect to new surveys. Cambridge and Yorkshire are two of the larger users of the Unit’s services that will be repeating surveys in the near future.

S.F.

Some Unit publications...

Lifestyles: 1 Mainly Social ....... £10.00
A computer database of 200 Year 10 pupils’ selected Health Related Behaviour results. Aspects of their lifestyles can be examined and links between different behaviours studied statistically. A fascinating reference, usable with most data analysis packages. On 5.25 or 3.5 inch disc, with explanatory manual.

Young People in 1992 ....... £20.00
The latest of our annual reports, with results from 20,188 young people between the ages of 11 and 15 who completed the Health Related Behaviour Questionnaire.

Video pack: ‘The Extra Guest’ ....... £12.50
(Excluding VAT)
This was developed to support alcohol education in secondary schools. The well-received video depicts a teenage party, and the materials include background information, suggestions for its use, worksheet materials, and overhead transparencies.

Schoolchildren and drugs in 1987 ....... £2.50
The use by young people of the illegal drugs, based on the reported behaviour of 18,014 boys and girls between the ages of 11 and 16, is described and discussed.

We teach them how to drink! ....... £2.50
Accounts of young people’s frequent sources of alcohol.

Young People into the Nineties
The ‘survey of the decade’ a study of 125,993 young people between the ages of 11 and 16 over the period 1994-1995. A total of 3,034 books are planned, at £6.00 each. The Doctor’s Dentist and Health volumes are currently available.

Alcohol Education in Schools ....... £15.00
A report on current alcohol education practice in a nationwide sample of secondary schools, with an evaluation of some widely used resources and recommendations for good practice.

These prices include postage and packing.

Education and Health

Volume 11 Number 3, 1993

ISSN 0265-1602

£1.25

What 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.

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.

Pictures of health

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

Helen Babb & Andrew Sparkes

What is health?

Defining ‘health’ alone was difficult, although the group members had very clear images of what a healthy or 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, toned (because, according to Sam, “it shows you’re out in the sun a lot, out 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 health extended to eating healthy food and to being actively 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 include “sleep, take your time, socialising”.

Friends also seemed 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 investigations, when one of my questions was: "What kind 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." Anna 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 thinness 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 an unequivocal yes. On being asked Can't 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."

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, 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 with perfect figures which make 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 around on a normal beach, you can only see them in Baywatch."

However, 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 slimmer is better was dismissed by Becky, when she said that these people are "hacking in brains or something".

Another media image which has obviously had an impact is the 'Special K' advert, since this was mentioned spontaneously 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 one 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 exercise being as acceptable if the person were happy, they were not accepted 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 afford jogging machines, jogging suits and tenners", in other words, the equipment to participate in exercise to improve health, they could also "buy lots of sweets and drinks 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 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 family 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.

She also noted that working in an office can be unhealthy for 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'.

The members of the group felt that their personal health 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.

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 ‘mental’ 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 subjects 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 discussed. What is striking, however, was the 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 thinness’ 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 it did not automatically ensure it; in fact lack of facilities, especially transport, was also seen as encouraging exercise.