Research paper

Young people’s perspectives on health-related risks

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Contextualisation

This paper draws upon empirical work undertaken as part of current doctoral research. An interest in the field of young people’s health stems from previous professional experience as a nurse. Observing the diversity of young people’s health-related experiences inevitably ignited professional concern for their health and well-being, whilst it simultaneously made me aware of the marginalisation of young people’s perspectives within protectionist discourses that guide much current public health policy and practice. The disjunction between protectionist and participatory discourses in public health policy and practice, coupled with the marginalisation of young people’s own perspectives on health, provided the impetus for a study that addresses young people’s own concerns regarding health and health-related risks.

Abstract. Drawing upon socio-cultural understandings of risk, this study highlights the disjunction between expert risk discourses that permeate official public health policy and practice, and young people’s own perspectives on health and risk. Data were collected from 45 young people aged 14-16 years through the use of group and individual interviews in a school and community youth centre setting. A thematic analysis was undertaken and data were coded according to the study’s aim. Findings from this study question the saliency of expert-defined health-related risks to young people’s everyday lives. Young people in this study saw health as closely linked to ‘being happy’. Friendships and a sense of personal achievement were particularly important to participants’ health. When accounting for their participation in health-related practices identified as ‘risky’ in government policy – such as smoking, alcohol and substance use – young people emphasised the levels of pressure they experienced. Sources of pressure included arguments with friends, school work, and negative stereotypes of young people in general. These areas indicated young people’s concerns that reach beyond the official prescriptions permeating current health policy.

Introduction

Notions of ‘risk’ and, in particular, ‘health-related risks’ dominate modern day public health discourses about young people’s health. The health-related risks associated with smoking, binge-drinking, unprotected sex, drug use and unhealthy eating are frequently in the news, and are highlighted in UK government policy (DH, 2004). Discourses about young people’s health-related risks have not only ignited widespread political concern for young people’s health, but also privilege the idea that risk is a central component of young people’s everyday lives and experiences. Consequently, a number of policy documents and related health promotion practice highlight the need to reduce and regulate young people’s risk behaviours (DH, 2004; DfES, 2006).

However, whilst highlighting negative impacts of young people’s risk behaviours on their present and future health status, the actions most usually typified as risk behaviours have

1 See Choosing Health: Making Healthy Choices Easier (Department of Health, 2004, chp 3) for an example of protectionist discourses on young people’s health. This chapter sets out the government’s action to protect young people’s health through developing young people’s knowledge and skills to responsibly manage their ‘risk’ behaviours.
been pre-defined and identified as risky, not by young people themselves, but by expert-defined notions of risk. This emphasis on expert-defined notions of health-related risks downplays the salience and meaning of risk to young people themselves and deflects attention from how young people’s own perspectives of their health-related practices define and shape their health-related behaviours within the context of their everyday lives (Mitchell, 1997). Not only is this pre-defined expert-led approach contradictory to a parallel political emphasis on individual choice and responsibility within the field of health promotion (DH, 2004), it also fails to take seriously young people’s own perspectives on their behaviours and the risks they may, or may not, face.

The disjunction between expert and lay perspectives on risk

Health-related policies drawing attention to young people’s health, typically privilege ‘expert’ risk knowledges as the ‘scientific’ basis for identifying and managing health risks (see for example, DH, 2004). Based on realist ontological assumptions, not only do such expert discourses define risk as an objective entity to be measured and managed, they also equate risk with danger and harm (Lupton, 1999). The resulting proliferation of risk assessments and risk management strategies advocated in health policy serve to quantify ‘risk factors’, ‘risk groups’, and ‘risk behaviours’ and construct risks as measurable harms to be regulated and reduced (Zinn, 2005).

The pervasiveness of such expert discourses is evident in recent public health policy. For example, with respect to healthy eating, recent government advice has been to “reduce the consumption of fat, salt and sugar and to increase the consumption of fruit and vegetables and other essential nutrients” (DH, 2004, p 58) and establish “clear and consistent criteria on what food counts towards 5 A DAY based on scientific evidence” (p 21). In relation to sexual health, individuals are advised to “ensure that they understand the real risk of unprotected sex, and persuade them of the benefits of using condoms to avoid the risk of sexually transmitted infections (STIs) and unplanned pregnancies” (DH, 2004, p 23).

By utilising discourses of individual choice, control and responsibility for health, current health-related policies appear to privilege the notions of a ‘reflexive self’ and a self-governing health conscious being in order to minimise and regulate self-imposed health risks (Lupton, 1995). In relation to young people, the importance of their health to future public health, coupled with the problematization more generally of ‘youth at risk’ (Kelly, 2006, p 17), arguably tightens this regulatory process. However, typically located within a protectionist, future-orientated discourse, such official discourses marginalise the meanings of health-related risks to young people themselves.

Socio-cultural approaches to risk, however, draw attention to the plurality of risk knowledges which are constantly negotiated and experienced in the course of everyday life (Tulloch and Lupton, 2003). Young people’s discussions about alcohol, for example, have been shown to reveal constructions of the ‘risky’ Other (Bogren, 2006) who represents a threat to the integrity of the identity of the Self.

The pertinence of risk to young people’s identity construction is further highlighted within the literature (Denscombe, 2001). Green et al (2000), for example, indicate how taking risks represents and affirms an expression of selfhood and the development of autonomy and self-identity. In an analysis of the risk posed by smoking, Katainen (2006) observed a mark of ‘true’ autonomy in the individual’s ability to critically question, and indeed resist, official risk discourses through continuing to smoke.

Actively choosing to engage in behaviours defined as risky reveals both young people’s resistance to authority and their increasing control and autonomy (Croghan et al, 2003). This challenges the findings of a strand of psychological research which had argued that risky
behaviours are indicators of low self-esteem (Wild et al., 2004; Busseri et al., 2007). As West and Sweeting (1997) highlight, the extent to which such behaviours may sometimes provide evidence of young people’s high self-esteem through their emphasis on autonomy and control, has been left relatively unexplored.

Lupton (1999) highlights the degree of control and autonomy, and indeed pleasure, that can be attained from engaging in behaviours defined as risky. The notion of control is a central component of the pleasure associated with risk-taking, highlighting an individual’s sense of personal agency and self-actualisation achieved through taking risks (Lupton, 1999). The intensity of emotion experienced, coupled with a surge of adrenaline, break down the imposed control and society’s regulation of the individual. These positive aspects and pleasures involved in risk-taking have been demonstrated by Tulloch and Lupton (2003) in their exploration of voluntary risk-taking in areas such as health, work, and relationships.

Not only do lay perspectives on the nature of voluntary risk-taking highlight discourses of pleasure and autonomy, risk-taking often occurs, contrary to the opinions expressed in official discourses, in full knowledge of the potential risks to health. Denscombe (2001) illustrated how young people’s accounts of smoking exist in full knowledge of tobacco’s risks to physical health but emphasise instead the pertinence of choice, control and pleasure. In a parallel vein, research by Skidmore and Hayter (2000) found that individuals participated in unprotected sex in full knowledge of the risks presented to health but highlighted the context in which health risks were taken.

Researching young people’s perspectives on health-related risks

To date, the investigation of young people’s health-related risks has been heavily influenced by concern with official ‘expert’ discourses. Much of this research (for example, Busseri et al., 2007) adopts a quantitative approach and seeks to measure the prevalence of individual risk-taking practices and identify risk factors associated with negative health behaviours. When seeking explanations of such behaviours, research draws heavily on normative frames of reference from within psychology, which see the causes of risk-related action as residing in young people’s deficient personalities, their lack of self-esteem, or their apparent irrationality (Wild et al., 2004).

While some more open-ended and qualitative research exists, it too tends to focus on pre-defined health-related risks such as smoking (Denscombe, 2001), binge-drinking (Bogren, 2006), sexual behaviour (Skidmore and Hayter, 2000), illicit drug use (Hunt et al., 2007), and unhealthy eating (Bauer et al., 2004). Such research, whilst exploring young people’s perspectives on priority health topics, arguably also remains constrained by dominant health and risk discourses. Relatively, little research has attempted to explore the potentially different frames of reference young people themselves use when discussing health-related risks. In light of these concerns, the present study was developed to explore young people’s perspectives on health-related risks.

Methods

Group interviews

Focus groups typically emphasise the exploration of shared meanings and group interaction (Bryman, 2004). The strength of the focus group method lies in its ability to examine processes of group interaction and the ways in which participants’ responses are expressed.
in relation to the perspectives of other group members (Hyde et al., 2005). Despite the reported strengths of focus groups, it is important to consider some of the limitations of this method. Much of the research literature highlights concern for the effects of peers, dominant participants and group dynamics (Krueger and Casey, 2000). The notion of ‘group think’ (Janis, 1982), whereby collective responses given are more extreme or polarised than individual opinions held, also raises serious concerns for validity. In light of these concerns, and in line with the study’s aim, focus groups and small group interviews were selected as methods to be utilised with a particular focus on the effects of group dynamics on accounts elicited.

**Individual interviews**

In order to take account of potential threats to reliability and validity posed by group interviews, individual interviews were also conducted. The strength of the individual interview lies in its detailed exploration of individual perspectives in a manner not susceptible to the peer influence potentially present within focus groups (Bryman, 2004).

Again a note of caution is offered with respect to this method. Arguably individual interviews cannot guarantee validity since, as some evidence suggests, participants accounts may be slanted by official perspectives (Harden et al., 2000). Whilst individual interviews are not subject to group effects, the researcher’s presence may hold significance for the responses elicited.

**Sample and recruitment procedures**

Participants were recruited from two different settings: a school and a local community youth centre. The school setting appeared an obvious context in which to undertake the research due to the centrality of schools in young people’s everyday lives (Hagquist and Starrin, 1997). It was acknowledged, however, that responses given by school-based participants would potentially be influenced by the school environment itself and the dominant ‘healthy schools’ rhetoric and related risk reduction health education strategies currently to be found in many schools (DfES/DH, 2005). Consequently, a local community youth centre provided an alternative setting in which to recruit young people.

In view of the small nature of this study, one large secondary school in England with a diverse socio-economic attachment area was identified. In consultation with the school’s Vice Principal, year 10 pupils were invited to take part in the study through class and assembly presentations. Young people of comparable socio-economic status and ethnicity attending a local community youth centre were similarly invited to participate.

**Data collection**

A total of 15 data collection sessions were undertaken with 45 participants. Tables 1 and 2 indicate the number and composition of interviews conducted in both settings.

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3 Access into the school and youth centre was achieved through previously established professional contacts.
Table 1. Socio-demographic characteristics of school participants

<table>
<thead>
<tr>
<th>Sample Characteristics</th>
<th>Focus group</th>
<th>Small group interview</th>
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<tr>
<td>Number eligible for free school dinners</td>
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Table 2. Socio-demographic characteristics of youth centre participants

<table>
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<th>Sample Characteristics</th>
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<th>Small group interview</th>
<th>Individual interview</th>
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<tr>
<td>Number eligible for free school dinners5</td>
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In order to minimise response bias and to avoid priming around notions of risk, respondents were asked to discuss their own understandings of ‘feeling well’ and ‘feeling good’, in addition to their understandings of ‘not feeling good’. This included identifying factors participants perceived to influence, promote or constrain their feelings of ‘wellness’. Participants were further asked for their suggestions for parents, teachers and government concerning important factors relating to young people ‘feeling good’. To facilitate comparison across discussions, questions presented were similar for individual and group interviews. However, in order to remain faithful to the exploratory nature of the enquiry, interview guides remained fairly unstructured.

The interviews and focus groups were conducted in a quiet meeting room in the school and office in the youth centre. Teachers and youth workers were not present during data collection. Discussions were typically 45 minutes to one hour in length. All discussions were tape-recorded and field notes taken, detailing thoughts about any extraneous factors pertaining to researcher and participant interaction, group dynamics, and the intensity of responses.

4 Ethnicity data collected by school; youth centre data based on participants’ self-report.
5 One participant was excluded from school and therefore unable to give information on eligibility for free school dinners.

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Ethical considerations

Ethical approval was sought and granted in accordance with the Institute of Education’s Faculty Research Ethics Committee procedures for Doctoral School students and followed the British Educational Research Association guidelines (BERA, 2004).

Written permission was obtained from the school and youth centre. Parents/guardians were sent a letter and information sheet outlining the study’s purpose and were given the opportunity to contact the researcher and ask further questions. Written informed consent was obtained from participants prior to data collection. In order to ensure consent was well informed, participants were given an information sheet and encouraged to ask questions prior to data collection sessions. It was made clear that participation was voluntary and that participants were free to withdraw from the study at any point.

Anonymity was ensured through the omission of participants’ names from data collected and data was stored in accordance with the requirements of Data Protection Act (1998). The challenges of maintaining confidentiality when using group methods were discussed with participants prior to data collection.

It was acknowledged that sensitive issues might be raised in discussion with young people. Consequently, appropriate support services were informed of the research and their support for the study ascertained. Participants were given an additional information sheet with contact details of local and national support services and help lines for young people. Criminal Records Bureau (CRB) clearance was obtained by the researcher.

Data analysis

Discussions were transcribed verbatim immediately after the sessions. A short summary of each interview and focus group was prepared following each session to capture the main themes. Transcriptions were then checked against the tape for accuracy and amended as necessary. Data were inductively analysed whereby themes were generated and emerged from the data itself (Bryman, 2004).

The first stage of analysis served to describe and summarise the data and highlight emerging themes. A multi-stage thematic analysis was then undertaken whereby responses were coded and categorised according to the interview guides’ main themes. These included feeling well/feeling good; influences and barriers to feeling well/feeling good; not feeling good; and participants’ suggestions to parents, teachers and government. The consistency of match between young people’s perspectives on health-related risks and dominant discourses about young people’s health was also noted. This involved the identification of government health-related risk priority areas set alongside participants’ discussions. Finally an analysis was undertaken between the different research methods, to identify any similarities and differences between emerging themes.

Results

Participants’ perspectives on health-related risks raised important questions concerning the saliency of expert discourses on risk that are privileged within current government policy and resonates with findings from previous research (Exel et al, 2006). Rather than seeing health and risk as intimately connected, young people saw health as more closely linked to affective states such as ‘being happy’.

6 All names have been changed.

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Sarah: It's not just like being physically well, it's being like well like really happy inside with how you're doing and stuff.
(Small group interview, school).

Friendships and a sense of personal achievement were found to be of particular importance to young people's happiness and well-being – a finding also supported by previous research (Johansson et al, 2007).

Liam: It's like, usually like when they're your friends, you have things in common and, or if you have problems at home, they're willing to listen usually as well and things like that and that's what makes you feel good.
(Male focus group, school).

Greg: The feeling you get when you've achieved something....You've got happy from achieving something....Like it's an achievement that makes you happy, when you've achieved something that feels great.
(Individual interview, youth centre).

Consistent with findings of other research (Stjerna et al, 2004), results from this study suggest that young people are often aware of the reported health risks associated with smoking, binge-drinking, drug use, and the consumption of 'junk' food. This may represent something of the success of recent health promotion efforts aimed at increasing young people’s knowledge of heath and risk (see DfES/DH, 2005). However, participants emphasised the notion of choice, rather than risk, with respect to their health-related decision making.

Helen: What they've done with our food now is cut all our burgers and, half our chocolate's gone hasn’t it really, apart from the cakes. It's just full of like healthy stuff and I don’t think that's right because if they put burgers and healthy stuff, the people that want to eat healthy it’s there....

Chris: Well again it’s back to government again, it’s trying to limit our choice

Paul: It should be a choice if you want healthy food....
(Mixed focus group, school).

The notion of choice, and its links to control and responsibility, present in young people’s accounts highlights participants’ assimilation of individualistic health and risk discourses. However, whilst dominant discourses privilege notions of choice and responsibility, it is uncritically assumed that individuals will follow the expert-defined ‘healthy’ choice. Findings from this study reveal young people’s notions of choice also involve decisions to act against adult and professional judgment. This importantly illustrates the disjunction between official and lay perspectives on health and risk (Duff, 2003).

Instead of seeing themselves as especially vulnerable or at risk, young people discussed the levels of pressure they experienced in their everyday lives which negatively influenced their experiences of feeling well. When discussing their experiences of ‘not feeling good’, social pressures figured strongly in participants’ accounts, arising from sources including group conflicts, pressure from school work and the ‘need’ to succeed, and negative representations of young people within the media. Participants’ despondence at the lack of action taken by the school to address bullying (in particular) undermined their trust in the ability of adults to attend to their ‘real’ concerns.
Harry: I remember a couple of years ago, I got the mick taken off of me, she didn’t do anything, I told her all about it and told her what people were doing it, when it happened, how it happened….and she didn’t do anything about it. (Male focus group, school).

Findings such as this question the effectiveness of current measures to address issues such as bullying, revealing pertinent implications for policy seeking to address young people’s emotional well-being and health (DfES/DH, 2005).

Lack of self worth and feeling undervalued were compounded by the effects of negative representations of young people as ‘troublesome’. Images of ‘young people at risk’ (Kelly, 2006) or young people as ‘dangerous others’ (Stephen and Squires, 2004), were a central theme within the discussions. This finding points to the negative impacts of prevalent stereotypes in the media and dominant health discourses on young people’s health and well-being – a currently under investigated area.

Jackie: Also when you’re outside of school, if you hang around in a group now the police are always suspecting you and like, you can just be sat in a park and they’ll drive passed, like that’s them sort of thing and we’re just here

Reseacher: Why do you think they suspect you?

Jackie: I’m not actually sure, like it’s just like what the media says and the government says like ‘crack down on teenagers’. (Small group interview, school).

Participants’ repeatedly drew attention to incidents of prejudice enacted towards them by adults who complained about young people ‘hanging around’ on the streets and in local parks. Young people’s own accounts of such practices highlighted the boredom they experienced and the lack of affordable alternative things to do, similarly reiterated in previous research (Green et al, 2000).

Jackie: Make more places for us to go, so like around my estate there’s like loads of parks and if you ever go there then the neighbours like all complain and things….So we have no where to go

Sarah: Yeah ‘cos they always complain about us being on the streets but we have no where else to go.
(Small group interview, school).

Furthermore, the frustration experienced as a consequence of the misjudgements made by adults, highlighted participants’ strong desire to be positively regarded and trusted. Negative representations of young people came, according to participants, at the expense of marginalising the more valuable contributions young people make to the lives of others and to society as a whole. Consequently, valuing and acknowledging young people for who they are and what they do was a central concern.

Sarah: I think the school could really like send more like stuff to the media and say how well we’re doing and send more stuff good home about us….They never send anything good home about us, they only ever send really bad stuff, they like phone home and tell your parents how bad you’re doing but if you ever do something good they’re not gunna phone home about that.
(Small group interview, school).
The importance of adults understanding and listening to young people was mentioned repeatedly by participants. Participants believed that having their voices heard was central to the experience of ‘feeling good’ but was rarely acknowledged by teachers, parents, government and society as a whole. Participants readily expressed their frustration at the inability of adults to listen, trust and understand young people. Such frustrations have been evident in other studies and highlight some of the barriers young people experience to articulating their concerns (Hine et al., 2004; Boylan and Ing, 2005).

Researcher: Why do you think they don’t listen?

Hope: Because they wanna do whatever they want to do

Chris: Even though young people are their future, they don’t actually care

Andy: They don’t understand…
(Mixed focus group, school).

However, listening to young people’s concerns may pose a significant challenge for adults since in articulating their concerns young people may directly challenge adult opinion. Evidence of participants’ resistance to the imposition of power and control, a concept extensively discussed in the youth literatures (see Aggleton, 1987; Raby, 2005) was also present in this study. Participants’ expressions of autonomy and challenge most often were the consequence of ‘being told what to do’, highlighting their desire to make their own decisions, and indeed make ‘mistakes’, in their own lives. Far from being ‘rebels without a cause’, young people’s resistance to dominant discourses of health and risk can be seen as a logical response to the authority and control imposed on their lives.

However, as highlighted in other research drawing upon Foucauldian notions of ‘truth regime’, such resistance may be readily dismissed by dominant protectionist discourses as indicating young people’s lack of knowledge and rationality to act as autonomous, responsible beings (Raby, 2005). Paradoxically, therefore, young people’s examples of resistance may inadvertently support the very notion that they are in fact ‘at risk’.

Some reflections on process and context

Given the relatively small number of group and individual interviews conducted, it is not possible to draw firm conclusions concerning the quality of the data elicited by the different methods employed. A number of trends were, however, apparent which seem worthy of closer investigation.

The use of humour

A notable feature of group interviews was participants’ use of jokes and humour. Humour not only created a lively atmosphere but was also importantly used by participants to challenge each other’s responses in a non-threatening manner. This minimised the researcher’s need to probe as participants themselves challenged responses given by other participants.

Renaye: Yeah a lot of people argue ‘cos a lot of people get into trouble

Joanne: Yeah Nathan!

Nathan: What?! Laughter.... I don’t get into trouble when I get drunk
Joanne: Yeah you do, you start breaking in things

Nathan: Shut up Joanne!

Renaye: Getting arrested….

Nathan: What they’re talking about, it turned out to be trespass by the way. (Mixed focus group, youth centre).

Such challenges and humour were absent in individual interviews. Responses in individual interviews were generally more inhibited and required greater probing by the researcher in order to ‘open up’ discussion.

Craig: Bring chocolate back into school, ‘cos that Jamie Oliver thing

Researcher: Can you say why you don’t agree with it?

Craig: Chocolate gives you energy

Researcher: Ok…Anything else?

Craig: …Pause… Crisps come back and that’s it really, chocolate back

Researcher: So tell me a bit more about the Jamie Oliver thing – what happened there?

Craig: He went on, changing all these schools to eat healthy ain’t he, it’s crap

Researcher: What is it you don’t like about it?

Craig: ‘Cos you’ve gotta eat healthy all the time and having like chocolate like once a day’s alright but we can’t do that now. (Individual interview, school).

Group dynamics

Group dynamics appeared to prompt the desire for collective action within the research process itself and, as indicated by the literature (Bryman, 2004), responses given in group interviews were expressed more intensely than those in individual interviews. For example, during focus group discussions participants often suggested taking the tape from the discussion to the head teacher and to have their comments given to government.

Paul: Is this like being sent to the government or something?

Chris: Put it in a big binder run up to Tony Blair and give it him. (Mixed focus group, school).

Freddie: We should take this tape to (school principal)

Kelly: I think yeah that we should take this all to the teachers so that they could listen to what we say. (Mixed focus group, school).
Acceptability of research methods to young people

The importance of listening to young people’s concerns was further exemplified by some participants’ preferences for group discussions. Some participants were critical of research using questionnaires which may reveal broader methodological concerns for future enquiry with young people.

Andy: Instead of giving out questionnaires and guessing what you want, they should go out and talk to people, talk to them face to face and take into account what people say.

Chris: We got a questionnaire this morning about um food in our canteen….The questionnaire was badly set out, it was wrongly worded, half the questions were irrelevant….Why don’t you speak to me and I’ll tell you what my views are…Otherwise you’re just a number, you’re a sheet of paper…
(Mixed focus group, school).

Key issues for future consideration

Findings from this study offer critical insight into young people’s perspectives on health-related risks, and indicate something of the relative strengths and limitations of group and individual interviews with young people. However, the study’s strength is limited by its relatively small sample size and non-probability sampling strategy over two sites. Whilst additional research with young people of different ages and backgrounds is needed to demonstrate the relevance of findings to other contexts, the study does reveal a number of implications for health promotion policy, practice and future research. Based on results presented here, the following suggestions for future consideration are given.

Starting from where young people are

The reality of young people’s experiences and their perspectives on issues such as health and risk cannot easily be inferred by adults or health professionals without talking to young people about these experiences. This seems to be an important omission in current research that remains focussed upon exploring young people’s perspectives on pre-defined government policy areas (see Denscombe, 2001; Bogren, 2006). In the present study, participants drew important attention to the disjunction between what adults think about young people’s everyday lives and the authenticity and plurality of young people’s everyday lived experiences. This disjunction signifies the need, and indeed value, of developing health promotion efforts that resonate with young people’s everyday experiences (Percy-Smith, 2007).

Involving young people in health promotion

If young people’s perspectives are to be instrumental in defining and shaping future health promotion efforts, then young people themselves need to be fully involved at all levels of decision-making that impact upon their health – a point increasingly noted in research (Percy-Smith, 2007). However, far from being a tokenistic gesture, processes of consultation and participation need to be followed through with positive action that puts into place young people’s suggestions for improving health. This marks an important move towards acknowledging the value of young people’s contributions to the development of future health promotion policy and practice.
Valuing young people's positive contributions

Valuing young people for who they are and what they can do, demands action from adults at all level. As expressed by participants, acknowledging and valuing the contributions and achievements of young people is necessary to challenge pervading negative representations of young people as willful, problematic, risky and at risk.

Again, whilst this is acknowledged in recent policy (DfES, 2006), the contribution and impact of persistent negative representations of young people in the media on their health and well-being is under explored in the literature. Based on the results here, this would seem a vital area for future enquiry with important implications for policy.

Moving beyond health

The approach to addressing young people’s health emphasised in current government policy not only assumes that increases in knowledge in one area will translate into health-related behavioural change in another, it decontextualises young people’s health from the very areas in which health, health-related behaviours and any associated ‘risks’ are experienced (Mitchell, 1997). Addressing concerns that move beyond health includes increasing provision and access to a range of affordable activities and places to go for young people. The limited availability of affordable activities for young people challenges local and national government to work with, and not only for, young people to identify appropriate leisure activities and opportunities for voluntary and part-time work.

Future research with young people

Findings from this study suggest that future research on young people health needs to engage and resonate with young peoples own concerns which may well diverge from, and indeed challenge, official perspectives on health and risk. Furthermore, research with young people should utilise methods most effective and acceptable to young people, but should also display sensitivity to the context(s) in which data are collected and used. Critically, and drawing upon the sociology of childhood literature (James and Prout, 1997), future enquiry should contribute to a more positive recognition of young people’s contributions and achievements to the promotion of young people’s health.

References


Bauer, K. W., Wendy Yang, Y. and Bryn Austin, S. (2004) “How can we stay healthy when you’re throwing all of this in front of us?” Findings from focus groups and interviews in middle schools on environmental influences on nutrition and physical activity. Health Education and Behaviour 31 (1) 34-46.

Young people’s perspectives on health-related risks


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