Communicating Health Risk to Teens in Non-news Formats

1. Introduction

The identification of an increasing raft of potential “harms” and consequent projects to eliminate or minimise associated risks have come to characterise western societies in what Giddens has termed a “climate of risk”,¹ or in what Beck has described as the “risk society”.² In late modernity, risk management has become a personal responsibility across many issues³ but is especially prominent in health-related areas where taking more responsibility for one’s health is increasingly emphasized in adult healthcare agendas. As responsible citizens, we all have an obligation to seek health advice in the continuous project of harm reduction and risk-minimisation.⁴ Risks are presented by experts, but it is up to individuals to calculate the likely consequences, and hence the “ideal enterprising citizen […] is one who actively monitors, regulates, and manages their own health (with the help of appropriate expert advice and knowledge) as part of a broader project of rationalized lifestyle management”.⁵ These points may seem self-evident for adults, but the process is more complex for teens.

Formal teen health information through education campaigns is synonymous with risk warnings. While teens constitute a group which is stereotypically characterised by uncertainty and transition, young people themselves seem to take good health and well-being for granted. For many, the teen years are a time of focusing on goals like becoming more popular, more successful, finding satisfying personal relationships, gaining self-confidence and becoming self-sufficient, but it is also a time when they
make choices involving risky behaviour. As is often argued, the significant threats to health in this group are not biomedical but social, environmental and behavioural, and consequently, can be deemed preventable.

The health status of young people in developed countries may be compromised through “risky behaviour” with the US Centers for Disease Control listing alcohol, drug and tobacco use, injury and violence, nutrition, physical activity, and sexual behaviours as critical contributors to the death and disability in young people. This may stem from a lack of awareness but it could also be a result of underestimating risks and misjudging consequences – an “it won’t happen to me” attitude. Perceptions of the riskiness of some of these behaviours represent inconsistencies in expectations that adults hold for young people as distinct from those behaviours which have more social acceptance in adult groups. As well, the routine problematising of these behaviours in teens (who, by definition, are not yet legally responsible) from such a perspective into a discourse of “youth-at-risk” may alienate the very audience for which these messages are designed as evidenced by the limited success of health promotion campaigns designed for this group.

Teens’ own media were chosen for this study because this group is more likely to seek health information from such sources than from regular news or health-related media which place specific risk issues on public agendas for older audiences. As well, adolescents are often reluctant to seek advice on sensitive issues from medical practitioners (especially in the company of a parent), and rely on magazines and the web for a sense of confidentiality. This paper now turns to a selection of teen media
(teen girl magazines and teen health websites) to examine their approaches to risk
information.

2. Health Advice in Teen Magazines

Adolescence has become an increasingly lucrative market as publishers and
advertisers recognize the increased spending power of this group. It remains a
gendered market with boys reading titles on sport, music, cars, personal computing
and games, while girls read titles on fashion, beauty, gossip and relationships, which
resemble younger versions of their older siblings’ magazines like Cosmopolitan. The
industry’s relationship with audiences is complex and the publication of health topics
is linked as much to market share and advertising revenue as it might be to a drive to
inform or advise. In addition, each title tries to achieve a brand distinctiveness based
on a certain identity related to lifestyle and attitude,\textsuperscript{11} or according to CosmoGIRL’s
UK website, “to inspire teen girls to be the best they can possibly be”.\textsuperscript{12}

Teen girl magazines publish health information alongside celebrity gossip, fashion,
and advice on how to attract young men. Online versions (usually “teasers” for the
current issue) offer similar articles but provide links to other information, discussion
groups, online quizzes etc. The mode of address used by magazines (like Dolly and
Girlfriend in Australia, Sugar and Bliss in UK, Seventeen in USA, and the various
young versions of Cosmo across several countries) becomes significant because many
of the girls are likely to be younger than the legal drinking age, not old enough to buy
cigarettes legally or to hold a driving licence, and may be younger than the age of
consent. This has implications for the magazines when trying to deal with “risky”
topics (like drinking, smoking, driving under the influence, having unprotected sex)
while trying to fulfil moral and ethical obligations to the wider community. This was clearly demonstrated in the UK, firstly with an attempt to pass a Parliamentary Bill in 1996 to prevent sexually explicit material from being published in magazines aimed at young teen girls, and later in the establishment of the Teenage Magazine Arbitration Panel by the Periodicals Publishers’ Association to self-regulate content from within the industry.

The language register adopted in the teen girls’ magazines is one of sharing confidences with a best friend\(^{13}\). Without wishing to compromise this identity as trusted friends to turn to for advice, the implicit imperative of taking responsibility for risk is prominent in columns where health professionals regularly answer a range of queries. Many are of the embarrassing question type, and could seem inconsequential to adults, although clearly they are of interest and concern to these readers. While advice is not offered to individuals, columns offer guidance on questions like “I want to go to a solarium. Are they bad for you?”; or “A lot of people tease me at school about how much I eat. I can’t help myself, I’m always hungry. What should I do? You’re the only one that can stop me from committing suicide. Please help me”\(^{14}\). Whether or not they are genuine letters is arguable, but the magazines receive enough queries from angst-ridden teens to fill many columns. The letters (or now more commonly emails) are not answered personally but in a manner which acknowledges the presence of a wider audience. While specific advice is occasionally given, most replies offer general advice or suggest a consultation with a health professional.

In contrast, feature articles and personal stories offer more wide-ranging information on risks associated with sex and pregnancy, alcohol, drug and tobacco use, poor diet,
eating disorders and physical inactivity. They are presented as extended texts in the third person, covering two or more pages, accompanied by photographs, written in a colloquial style resembling current teen slang, with personal narratives and factual information accompanied by text boxes or sidebars containing medical information or sources to contact for help.\textsuperscript{15} Such third person narratives are the mainstay of women’s magazines and offer a vicarious experience for the audience, but, where in women’s magazines the protagonists are named celebrities or ordinary women and the stories are accompanied by suitably believable photographs, in teen girl magazines they are of the “not her real name” variety and the photographs are generic and are often sourced from image banks.

This personalised approach to teen health risk, both in advice columns and features, allows separate voices to come through: where peers appear to tell revelatory “personal” stories about health issues and the consequences of their own risky behaviours, where celebrities can be quoted, and where expert voices can offer advice. All position young readers into taking reflexive control of their own health, dealing with friends who are taking risks, and seeking help when needed. This kind of mix is needed to fit in with the teen register that the magazines use to address their readers, but more significantly, it is needed to minimize the disjunctions that occur between the “real life” problems and risky situations as experienced by young women and the limited solutions that can be offered through a peer voice.

Teen boys have not traditionally been included in socialising networks like those associated with girls’ magazines (which mirror, at an entry level, the structure and content of women’s magazines), but are serviced with hobby or sports titles, and as a
result, are not targeted with the same levels of health information and advice. The internet may be filling this gap for boys, as well as augmenting health sources for girls.

3. Teen Health Advice Websites

The internet has become a significant source of health information for many adolescents. The Pew Internet & American Life Project reports that 31% American teens look for health, dieting and fitness information online. The proliferation of health information means that the quality is variable, however, there is a growing list of dedicated teen health websites, including those associated with hospitals and government agencies, which endeavour to construct helpful messages in accessible, credible, non-technical language. These provide a different approach from the magazines, relying not on readers’ brand loyalty to a particular title which has to be purchased (and any issue of which may not include individually relevant health answers), but on the active interest and search capabilities of internet savvy teens who, once online, can access health information for little additional financial outlay.

The web is suited to the provision of health information in both informational and experiential styles utilising attractive formats and links, and includes opportunities for interaction online with feedback loops and online surveys to increase the saliency for young users. It has the advantage of 24-7 availability and confidentiality which appeal to teens for embarrassing or controversial questions. Websites and discussion boards provide avenues to request advice anonymously and to share health concerns with others in a mix of expert and lay advice which could be incorporated into a “young person’s specific lifestyle needs as an active health consumer”. “Cyber-
surfing” for health information and advice will collect both local and international sites since websites, unlike teen magazines, cross national boundaries and their audiences are potentially global.

A wider range of topics is available online but the main issues are similar to those appearing in the magazines. General health information is organised and archived for accessibility usually by topic, although the UK NHS website has special sections for teen girls and teen boys which in turn are organised by topic. It approaches issues like binge-drinking in gender-specific ways: the teen girl page explains: “Why booze is bad for you: weight gain, bad skin and the risk of making a fool of yourself... getting drunk isn't always a party”, while boys are offered “Binge booze nightmares. Getting hammered on a regular basis? A thumping hangover could be the least of your problems”. The girls are given helplines to call, while the boys are not offered a helpline contact but can “Find out if you're drinking too much with our interactive quiz tool”.

_Teens Health_ is more representative of a structure organised by topic and includes sections on “your body” “your mind”, “sexual health”, “food and fitness”, “drugs and alcohol”, “infections”, “diseases and conditions”, and “staying safe”. It has a section where experts respond to queries, but responses are accompanied by similar disclaimers to those used by magazines that questions cannot be answered personally and that for specific advice, a doctor should be consulted.

_Teen Health Website_ offers its advice under “sex and relationships”, “alcohol and drugs”, “smoking”, “physical activity”, “mental health”, “healthy eating”, “injury
prevention”. It does not offer interactive Q&A, instead, referring users to various professional services, support groups, and helplines etc.

*Dr Ann’s Virtual Surgery* (from UK)\(^2\) has links to comprehensive information on drugs and alcohol, sex, smoking, weight and eating, body changes, and moods, as well as a more general link to topics related to not feeling well. The site invites teens to “eavesdrop” on “Dr Ann” as she deals with questions like “Am I pregnant?” or to email their personal health concerns. Questions relating to what is normal especially in terms of sexual health pervade these emails.\(^2\) The day-to-day worries of a “teenage health freak”, the diary of “Pete Payne”, puts current topics like anorexia on the agenda.

The language used ranges from the distanced, but friendly, professional language of the experts in Nemours’ *Teens Health* to the more casual “peer-like” language of Pete Payne’s diary. Where there are opportunities for interaction, the questions and responses are generically similar to those in the magazines and suggest archetypes of the worries of young people. While it may seem odd to describe the content of websites as static, what the analysis of these websites has revealed is a structure of an extensive, but relatively stable, background information to be used as an archive augmented by opportunities to ask questions and to receive expert responses. However, web-based technologies also provide opportunities for users to produce content in weblogs. Sites like, [http://teenadvice.about.com/](http://teenadvice.about.com/) encourage users to contribute to or comment on weblogs on health issues along with other everyday topics.
4. Conclusion

The empirical direction of this study has focused on how selected teen media present health risk information to their readers/users. The choice of media was based on availability and access for young people and for the confidentiality they offer. While teen magazines are “old media”, and health websites “new media”, both contribute to the provision of health advice to teens, augmenting the information they derive from parents, schools, and medical practitioners; and consequently, both could be said to be “mutually entangled in everyday life”.\textsuperscript{27} The extent of media influence on young people and their health is hard to assess, as it is for other groups, given the complexity of the media-audience relationship as audiences interact with media texts, use what is relevant to them, construct their own meanings and draw their own understandings of health management as a lifestyle choice. Seale has argued that the plethora of health information in the media means that the audience’s experience with health information is “intertextual”, made up like a collage of elements taken from a variety of media stories, channels and formats.\textsuperscript{28} Part of that collage is likely to include online communities or social networks like MySpace which are heavily populated by young people, where cathartic testimonials on daily life may include health troubles, tips and advice, along with listings of favourite television programs, movies, and music. These “sociable” media with an emphasis on “real life” and personal experience have the capacity to present health issues quite differently from the relative stasis of magazines and even information websites, but have not been included in this study.

The magazines operate as a commercially successful medium which cannot afford to alienate its young audience, and yet which cannot be seen to be advocating risky behaviours. They are not in the business of providing a public service.\textsuperscript{29} yet it is clear
at least in terms of health risk information, that teen magazines do offer advice in such a frame. Their use of personal, chatty “peer” narratives identify a raft of health risks and their consequences, and how they might be avoided or dealt with. However, in order to maintain credibility with their young readers (and to avoid the censure of the wider community), they include, but separate out, the voice of the expert in text boxes and sidebars, along with advice on helplines and relevant websites. Their question and answer columns allow the expert voice to be heard more directly and for advice on health and risk management to be given. Unless teen readers maintain a large collection of the magazines (and of course some do), specific health risk topics are not easily retrievable.

Teen health advice websites do not operate under the commercial constraints of magazines, nor do they have to meet the demands of the media publication cycle to produce new stories each month to engage and entertain their readers. Instead, they provide extensive, searchable archives of health information which can be updated as required. They are able to provide hyperlinked access to other information and to offer a higher degree of interactivity and personalised response. They, too, manage to locate the personal within more public contexts. However, their audiences are more diverse than that of the magazines which operate in narrowly defined, age-related, gendered markets created by the magazines themselves and targeted by their advertisers. Magazine brand identity is part of the trust bond between the publishers and readers, but websites achieve their loyalty (and trust in the quality of the advice) through their institutional affiliations, the usefulness of the information, 24/7 availability, and the ability to respond to individual questions. The websites can never be quite sure of their audience (in terms of gender, age and even geographical
so, their advice needs to be more general than that in the magazines, but they can encourage more opportunities for interactivity and engagement. As a consequence, the websites use a wider range of registers from the expert to the very personal, switching from one to the other in different sections of the same site.

The producers of the magazines/sites both endeavour to individualise risks and make them relevant to their readers/users, and both accommodate to a young audience through their use of vernacular language and peer experience, and at the same time switch registers to offer more scientific or medical advice in their attempts to negotiate the pitfalls of explaining and elaborating health risk advice to young people. Both manage to engage with the personal within a public mediated context. Both have the potential to provide an educative, even empowering, role in reflexive self-care for this age group, however, both contribute to and perpetuate the “epistemological fallacy”30 of late modernity by focusing on the individualisation of health risk rather than on the social, structural processes that might produce them.

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12 See mission statement – http://www.cosmoGIRL.co.uk.


21 Lewis, “DIY Selves?”, 462.

22 see e.g. [http://www.nhs.uk/LiveWell/TeenGirls/](http://www.nhs.uk/LiveWell/TeenGirls/)


24 from public health services and university medical school in Nova Scotia, Canada - [http://www.chebucto.ns.ca/Health/TeenHealth/](http://www.chebucto.ns.ca/Health/TeenHealth/)


