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Citation for published version:

Hartley, JEK 2015, 'Risky health-related behaviours among school-aged adolescents: a rational 'consumer' choice?' *International Journal of Adolescent Medicine and Health*. DOI: 10.1515/ijamh-2015-0004

Digital Object Identifier (DOI):

[10.1515/ijamh-2015-0004](https://doi.org/10.1515/ijamh-2015-0004)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Publisher's PDF, also known as Version of record

Published In:

International Journal of Adolescent Medicine and Health

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Short Communication

Open Access

Jane E.K. Hartley*

Risky health-related behaviours among school-aged adolescents: a rational 'consumer' choice?

Abstract: Within the contemporary culture of consumption, school-aged adolescents, though neither waged nor salaried producers, are nevertheless treated by the media and the advertisers as if they are active consumers who are engaged in the project of the self. For those adolescents who lack the financial resources to 'buy into' this culture, anxiety may ensue. In order to ease this anxiety, and to acquire social status, some – not all – may make the 'rational' 'consumer' choice to engage in risky health-related behaviour. In situ ethnographic research is needed in order to complement and inform the existing survey-based evidence on the relationship between economic status and health-related behaviour among school-aged adolescents as they deal with the pressures of consumerism.

Keywords: adolescents; critical ethnography; culture of consumption; health; risk behaviour.

DOI 10.1515/ijamh-2015-0004

Received January 7, 2015; accepted January 17, 2015

Consumerism in health tends to mean the positioning of the patient as an informed, empowered and rational consumer of health-providers (1). Here, however, the purpose is to consider in a general way the relationship between contemporary consumer culture and the 'risky' health-related behaviour of school-aged adolescents. ('Risky' behaviour would include drinking, smoking, use of illegal/some prescription drugs, unprotected sex, unhealthy eating and the over-use of technology.) It purports to open a debate about whether or not risky health-related behaviour in school-aged adolescents is a

form of 'rational' consumer choice. Put briefly, the media encourage young people to construct their identity with personalised symbolic and material goods, continually prompting the question in the individual: how shall I symbolise myself? For the individual who is able to afford these symbolisations, only low-level anxiety may ensue, but for the individual who is unable to acquire them – to 'buy' an identity so to say – then deeper anxieties may ensue, and she or he may 'rationally' engage in risky health-related behaviours in an attempt to ameliorate them.

What is meant by consumer culture and the project of the self? During the 1980s, informed by monetarist economics, policy-makers in some anglophone countries began to de-regulate the market from the state. A neo-liberal ideology became entrenched. Individuals were positioned as being able to make rational, informed choices from among the personalised products that the market offers. Today, categories and definitions that were once rooted in biological 'givens', in religion or in tradition now become uncertain (2). A sense of self and purpose in life are therefore no longer ascribed or given, and so, their development becomes a key task for individuals (3), and the task is especially fraught for the young. The construction of the self becomes a continuing project in process. As a cultural, as well as an economic process, consumption practices provide meaning, purpose and social identities (4). Now everything can be commodified: the material, the body, the emotions, even the spirit (5). But the identities that are thereby constructed are provisional; the market does not permit the consumer to rest assured. Disruption occurs; identities are subverted, or offered enhancements with the latest up-grade or makeover.

Into this culture of consumption are placed school-aged adolescents who are marginal to the wage economy. Although they are not yet paid producers, they are increasingly targeted as would-be consumers (6). By 2005, the *Bangkok Charter for Health Promotion in a Globalized*

*Corresponding author: Jane E.K. Hartley, University of Edinburgh – Scottish Collaboration for Public Health Research and Policy, Edinburgh, UK, E-mail: jane.hartley@ed.ac.uk

World listed some of the ‘critical factors that now influence health’, the first three of which are: ‘increasing inequalities within and between countries’; ‘new patterns of consumption and communication’; and ‘commercialization’ (7). In 2007, the UNICEF survey (8), *An overview of child well-being in rich countries*, reported on one aspect of well-being, that of ‘relationships’. The two most neo-liberal economies – the US and the UK – were ranked next-to-last and last respectively out of the 21 countries surveyed. Furthermore, and of interest here, was that the highest incidence of risky behaviours (obesity, substance abuse, violence and sexual risk-taking) was in the UK. Some young people – those whose parents and guardians are on very low incomes – are not in the financial position continually to re-brand themselves. Instead, they themselves are ‘branded’ as failed, non-consuming individuals, as ‘abnormal’, the ‘collateral consequences of consumerism’ (9).

How might school-aged adolescents deal with the anxieties that derive from their structured deprivation and incapacity to ‘buy into’ consumer society? To pose this question is to accept a world wherein market and consumerist values are natural, beneficial and shared. Put simply, the assumption is that consumerism is a ‘good thing’: that, given its resonance with the democratic notion of ‘freedom’ to choose, it is in everyone’s best interests. However, not everyone is able to buy what they want or need; and even if one can afford something, advertising sends the message that there is always something better, always something just out of reach. For this reason, one of the principal goals of advertising is to create feelings of inadequacy and dissatisfaction, which in turn create desires to buy things that will serve to make the consumer feel adequate and satisfied. But satisfaction is not the enduring outcome. Here lies a central paradox in consumer culture: it may create or reinforce those very anxieties that by itself it offers to assuage (10, 11). If we consider how integral consumer goods are to the construction of an identity, then this may be experienced as stressful: that is, we cannot express ourselves or be known to others in the way we wish if we cannot buy certain products that we feel would help us to achieve this identity. If the watchword of consumerism is ‘choice’, how do school-aged young people cope with their financial incapacity to choose (and to pay for) this or that bought identity? Advertising and the media may provoke a stressful internal dialogue within young people that tells them that they are never quite good enough.

The epidemiological literature (12) shows that in more unequal advanced societies both less and more

advantaged individuals are more likely to have poorer health than those in less unequal societies, with the UK, the United States and Portugal being the most unequal. Moreover, the consequences of post-2008 austerity policies for health are beginning to emerge, and they do not bode well (13–15), especially for those young people who lack the money to ‘buy into’ the culture of consumption.

We have explored thus far a speculation that the contemporary project of the self is largely conditional upon the capacity to symbolise it with bought goods and services. This symbolisation is costly, beyond the means of many school-aged adolescents in these times of fiscal austerity. The theoretical position being aired here speculates that some young people may ‘rationally’ choose risky health-related behaviours in order to assuage the anxiety that may derive from their inability to afford the identity that they seek. It remains, however, an open empirical question whether or not school-aged adolescents ‘rationally’ choose risky health-related behaviours in response to the anxieties that may derive from their ‘having to’ engage in the culture of consumption in order to complete their project of the self. Survey data points to a strong association between income inequality, declining levels of social capital and risky health-related behaviours (16). Logically, the ‘interventions’ – the policies and practices that purport to reduce this association – should be based on how these data are theorised. At present, the data are largely statistical; they are aggregations, and for the most part not derived from the actual social situations in which macro-structural influences become expressed as everyday symbolisations in institutional settings such as schools. When compared to the large-scale surveys, relatively little is known about how young people deal with the pressures of consumer culture in their everyday lives, and what the health-related consequences of how they do so might be. Anthropologically grounded research on these matters is little in progress; and, when it does occur, it tends to be judged against the criteria of a positivist paradigm, and not against its own (17). More ethnographic studies which explore the nexus among material conditions, consumer culture and risky health-related behaviour among school-aged young people could complement those which undertake a more quantitative approach, thereby enabling a creative dialogue between the two (18).

During the 30 years prior to the 2008 global financial crisis, those Western industrial democracies that had adopted economic neo-liberalism had seen levels of trust and social capital decline. Individualism, particularly of an almost narcissistic kind, had eroded what

before had been a strong sense of the social. Enabled by new digital technologies, the advertisers and the social media have made inroads into the lives of young people as never before. The media in its various forms constantly emphasised the makeover, and the products and services that could deliver it. Nearly every aspect of life could be bought, discarded and renewed. Individual identity became an issue for all, especially for the young. Brand and logo have come to matter. School-aged adolescents are both knowledgeable observers and would-be participants in the culture of consumption. They know that they are expected to 'buy into' it, and thereby, to reveal their identity and status. But the financial capacity to participate in this culture is not evenly distributed. When they are of school age, they must rely upon parents or guardians for money: when it is not available, they cannot easily 'become' someone; and, even when money is forthcoming, difficult 'choices' have to be made about how best to symbolise their identities with the cultural and material goods on offer. Different kinds of anxieties may beset the 'haves' and the 'have-nots'; and different solutions to dealing with these anxieties may play out in different cultural and institutional settings. Some of these solutions affect health adversely, but it has been the speculation here that some young people 'choose' to engage in risky health-related behaviours rationally in order to cope with the pressures of consumer culture. Whether or not they do so remains largely an open question, which awaits evidence of an anthropological kind. Only ethnographic studies will show whether their 'commonsense theories' are consonant with the public 'scientific' theories that currently circulate within the academy. In globalised societies that are becoming increasingly given to consumerism; in societies that encourage customers to 'give voice' to their preferences; in societies wherein, according to the World Health Organisation, the 'voices' of the marginalized should be heard, then it is perhaps ironic that the voices of the young, school-based, would-be consumers and producers are seldom heard, or, if they are, then they are 'focused' as 'respondents'.

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